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OPINION

In support the End-of-Life Option Act

Feb. 13, 2015 | Updated Feb. 12, 2015 6:27 p.m.

By **ROBERT OLVERA** / Contributing Writer

As a Catholic and a physician, I feel compelled to dispel the myths about the End-of-Life Option Act (Senate Bill 128) perpetrated by its opponents. These opponents include the Catholic Church, some disability and palliative care groups and the American Medical Association and its state chapter, the California Medical Association.

The End-of-Life Option Act would allow a mentally competent, terminally ill person in the final stages of their disease to request life-ending medication from a physician to bring about a peaceful death. Inspired by Brittany Maynard's move from California to Oregon to utilize its Death with Dignity Act for her terminal brain cancer, the End-of-Life Option Act co-authors, Sens. Lois Wolk, D-Davis, and Bill Monning, D-Carmel, modeled the bill mostly after the Oregon law.

They made a wise decision. The Oregon law has a stellar 16-year track record with no legally documented cases of abuse or coercion. Dying adults who go through the lengthy process of obtaining the medication in Oregon hold onto it for weeks or months, as Brittany did, before taking it – if they take it at all.

One-third to one-half of those who get the medication each year never take it, according to the Oregon Public Health Department. Having it in their possession gives them great comfort in knowing they have it in case their end-of-life suffering exceeds their pain threshold. Contrary to claims by opponents, medical aid in dying is not “euthanasia.” Euthanasia requires someone other than the dying person to take action to cause death. It is commonly thought of as lethal injection and often referred to as “mercy killing.” Euthanasia is legal in a few European countries, but it is illegal throughout the United States.

Medically and legally, aid in dying also is not “assisted suicide,” as critics wrongly call it. The American Public Health Association, the nation's largest organization of its kind, supports aid in dying. It recognizes that “the term ‘suicide’ or ‘assisted suicide’ is inappropriate when discussing the choice of a mentally competent, terminally ill patient.”



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The American Academy of Hospice and Palliative Medicine, American College of Legal Medicine, American Medical Student Association and American Medical Women's Association have adopted similar policies.

The five states that authorize aid in dying – Oregon, Washington, Montana, Vermont and New Mexico – have separate laws prohibiting assisted suicide. The death certificates of terminally ill adults who utilize aid in dying in these states confirm that they died from their terminal disease, not assisted suicide.

In addition, 17,000 U.S. doctors representing 28 medical specialties support by a 54 percent to 31 percent margin the decisions of patients with “incurable and terminal” diseases to end their lives, according to an online survey conducted by Medscape.

Despite the opposition of some disability groups to aid in dying, polls of people with disabilities show they support this end-of-life option by the same percentage as the general population.

When a person with only months, weeks or even days to live cannot get relief from extreme pain, we should allow that person the option to end their suffering when the time comes. My 25-year-old daughter, Emily Rose, desperately pleaded for this option during the final few agonizing months of her life last spring, when she suffered in horrific pain from terminal leukemia, despite getting great home hospice and palliative care.

I am at peace knowing that Emily Rose is now in heaven, where she is running free from cancer. I pray to God for the passage of the End-of-Life Option Act. It will ensure that dying Californians have the option to pass peacefully in their sleep, suffer less and spare themselves the pain of a lengthy and prolonged death.

Dr. Robert Olvera, M.D., is a Harvard-educated physician specializing in family practice and sports medicine. He lives in Orange County. He is a volunteer for Compassion & Choices, the nation's oldest, largest end-of-life choice advocacy organization.



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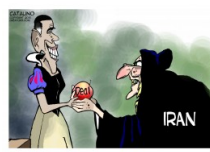
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