64% of Californians support end of life options.

54% of physicians nation-wide support Death with Dignity.

5 states currently have Death with Dignity laws, 27 states are considering such legislation.

Modeled after Oregon’s “Death with Dignity Act”: Legislation upheld for the past 15 years.

Many safeguards are written into the bill to ensure self-determination, privacy, and consequences for misuse.

The Basics of Senate Bill 128
End of Life Option Act
Authors: Senators Wolk and Monning

- Establishes criteria for identifying a patient who has been diagnosed as terminally ill prior to seeking aid-in-dying medication;
- Requires two separate physicians to confirm the diagnosis and prognosis, to confirm that the requesting patient has the mental competency to make informed and autonomous health care decisions;
- Requires the terminally ill individual make two oral and one written requests to a physician, all a minimum of 15 days apart, all in the presence of two witnesses, before life-ending medication can be prescribed;
- Ensures that the patient has the right to rescind the request at any time, and is not required to take the aid-in-dying medication once it is prescribed;
- Establishes attempts to coerce a patient, or forged/fraudulent requests, as a felony.

TO FURTHER SUPPORT SB 128 CONTACT YOUR LOCAL LEGISLATOR AND VISIT US ON FACEBOOK: https://www.facebook.com/californiansforsb128
Since the law was passed in 1997, 1,173 people have had DWDA prescriptions written and 752 patients have died from the medication.

97.4% of the patients who took the medication in Oregon died in their own homes.

97.0%, were enrolled in hospice care either at the time the DWDA prescription was written or at the time of death.

28 of the 122 patients who received DWDA prescriptions during 2013 did not take the medications and subsequently died of other causes.

Hospice use has increased since the passage of DWDA in Oregon.

End of Life Options legislation is supported by the American Public Health Association, College of Legal Medicine alongside other leaders of the medical community.

SB 128 guidelines around the role of medical participation:

- A health care provider or professional organization or association may not subject an individual to censure, discipline, suspension, loss of license, loss of privileges, loss of membership, or other penalty for participating or refusing to participate in good faith compliance.

- Nothing may be construed to authorize a physician or any other person to end an individual’s life by lethal injection, mercy killing, or active euthanasia. Aid-in-dying medication shall be self-administered.

- The cause of death listed on an individual’s death certificate who uses aid-in-dying medication shall be the underlying terminal illness.

- If a health care provider is unable or unwilling to carry out an individual’s request under this part and the individual transfers care to a new health care provider, the prior health care provider shall transfer, upon request, a copy of the individual’s relevant medical records to the new health care provider.

After an extensive survey of 21,000 physicians, the majority with 54% indicated support for aid-for-dying options.1