



City Council &lt;citycouncil@cityofwatsonville.org&gt;

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**Letter for City Council Mtg**

9 messages

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**Allyne Alina Hammer** <shineyourlight69@gmail.com>  
To: citycouncil@cityofwatsonville.org

Sat, May 22, 2021 at 11:51 PM

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 **Stefanie Elkins.pdf**  
129K

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**Allyne Alina Hammer** <shineyourlight69@gmail.com>  
To: citycouncil@cityofwatsonville.org

Sat, May 22, 2021 at 11:51 PM

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 **Democratic Women's Club of Santa Cruz\_SB380\_Support Letter (1).pdf**  
171K

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**Allyne Alina Hammer** <shineyourlight69@gmail.com>  
To: citycouncil@cityofwatsonville.org

Sat, May 22, 2021 at 11:51 PM

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 **Johanna Ferman.pdf**  
274K

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**Allyne Alina Hammer** <shineyourlight69@gmail.com>  
To: citycouncil@cityofwatsonville.org

Sat, May 22, 2021 at 11:52 PM

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 **CCAN\_Support Letter\_SB 380.pdf**  
3767K

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**Allyne Alina Hammer** <shineyourlight69@gmail.com>  
To: citycouncil@cityofwatsonville.org

Sat, May 22, 2021 at 11:52 PM

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 **Tomas Moran.pdf**  
113K

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**Allyne Alina Hammer** <shineyourlight69@gmail.com>  
To: citycouncil@cityofwatsonville.org

Sat, May 22, 2021 at 11:52 PM

**Hospice of Santa Cruz.pdf**

618K

**Allyne Alina Hammer** <shineyourlight69@gmail.com>

To: citycouncil@cityofwatsonville.org

Sat, May 22, 2021 at 11:52 PM

**Catherine S. Forest, MD\_Support Letter\_SB 380.pdf**

131K

**Allyne Alina Hammer** <shineyourlight69@gmail.com>

To: citycouncil@cityofwatsonville.org

Sat, May 22, 2021 at 11:58 PM

**SB 380 Watsonville City Council Letter.pages**

293K

**Beatriz Flores** <beatriz.flores@cityofwatsonville.org>

Bcc: citycouncil@cityofwatsonville.org

Mon, May 24, 2021 at 11:58 AM

**Beatriz Vázquez Flores, MMC**

City Clerk

Office: (831) 768-3040

Direct: (831) 768-3042

275 Main St, Suite 400, Watsonville, CA 95076

[beatriz.flores@cityofwatsonville.org](mailto:beatriz.flores@cityofwatsonville.org)**Business Hours: 8:00 am to 5:00 pm Monday - Friday.**

----- Forwarded message -----

From: **gohammer** <[moondancesista@gmail.com](mailto:moondancesista@gmail.com)>

Date: Mon, May 24, 2021 at 11:04 AM

Subject: Re: Letter for City Council Mtg

To: Beatriz Flores <[beatriz.flores@cityofwatsonville.org](mailto:beatriz.flores@cityofwatsonville.org)>

Here it is. I hope this works,

Allyne Hammer  
721 Bay Street #12  
Santa Cruz, CA 95060

May 25, 2021

Watsonville City Council  
275 Main Street, Suite 400 Fourth Floor  
Watsonville, Ca 95060

RE: SB 380

To City Council Members,

I am writing in support of Senate Bill 380, which would make permanent and improve California's End of Life Option Act 2016.

Medical Aid in Dying first came on my radar in the early 80's when HIV/AIDS came to our Community. We saw incredible suffering, like we had never seen before or since. People were dying and asking (begging) for help to end their unbearable suffering as they faced their death. It has been more than forty (40) years and now Medical Aid in Dying is legal in ten states across the nation and Washington D.C. as well.

Recent studies show that in [California](#), [three \(3\)](#) out of four (4) Californians support MAID. And since the EOLOA took effect in 2016, nearly 2,000 Californians with six months or less to live have exercised their legal option to receive a prescription for medical aid-in-dying medication to peacefully end their unbearable suffering. Clearly the Residents of our state support Medical Aid in Dying.

Regardless of that, as a resident of this County, I do not have access to the law as I write this letter. Because I am affiliated with a local religious Health Care System, I do not have a doctor that is permitted to support my legal option to MAID when I qualify for the law. I do not even have a doctor that is permitted to share information with me so I can find my way to accessing the law. I support their right to opt out and not support MAID, but they need to support my right to access and at least share information with us so I can access the law somewhere else. What good is it to have a law, if we cannot access it? It's almost the same as not having a law. But Medical Aid in Dying **is** legal in California.

Yet due to the bureaucratic and burdensome 10+ step process as spelled out in the EOLOA, too many suffering terminally ill Californians have been unable to access their end of life options. Unfortunately, I am not the only one. It's important for you to know that Santa Cruz County has been named a "dry spot" in the state because access to EOLOA is so difficult.

I believe that California lawmakers should permanently reauthorize the End of Life Option Act via Senate Bill 380 which includes amendments to improve access to the law. Help is needed especially for underserved communities of color and rural communities, ensuring all eligible terminally ill people can access it, while preserving its essential patient safeguards.

Just as terminally ill patients frequently enroll in hospice too late, so do they wait until the very end to request aid-in-dying medication. According to a study by Kaiser Permanente Southern California, one third of terminally ill adults who sought to access the End of Life Option Act died before completing the time-consuming process which includes a 15-day waiting period and can sometimes take months to complete. This is why the amendment to reduce the mandatory minimum 15-day waiting period to 48 hours for all eligible patients is so important.

Finally, this bill includes other important amendments that will increase transparency by having medical aid in dying policies posted on all healthcare system and hospice websites.

It is difficult enough to deal w/ all things in your life ending and the fear of the unknown that death brings. But the fear escalates when thinking about having to endure unbearable, unnecessary pain and suffering during the dying process. ***I support Medical Aid in Dying and SB 380.***

For these reasons, I believe that California lawmakers should permanently reauthorize the End of Life Option Act via Senate Bill 380. It includes amendments to improve access to the law, especially for underserved communities of color and rural communities, ensuring all eligible terminally ill people can access it, while preserving its essential patient safeguards. We need better access to EOLOA here in Santa Cruz County.

Please vote yes on Item #71 to adopt a Resolution in support of SB 380.

Very sincerely,

*Allyne Hammer*

On May 24, 2021, at 10:54 AM, Beatriz Flores <[beatriz.flores@cityofwatsonville.org](mailto:beatriz.flores@cityofwatsonville.org)> wrote:

We are not able to open this attachment.



"Working with our community  
to create positive impact  
through service with heart".

**Beatriz Vázquez Flores, MMC**  
City Clerk

**Office:** (831) 768-3040  
**Direct:** (831) 768-3042

**275 Main St, Suite 400, Watsonville, CA 95076**



[beatriz.flores@cityofwatsonville.org](mailto:beatriz.flores@cityofwatsonville.org)

**Business Hours: 8:00 am to 5:00 pm Monday - Friday.**

On Sat, May 22, 2021 at 11:58 PM Allyne Alina Hammer <[shineyourlight69@gmail.com](mailto:shineyourlight69@gmail.com)> wrote:

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May 21, 2021

Mayor Jimmy Dutra  
City of Watsonville  
275 Main St., Suite 400 (4th Floor)  
Watsonville, CA 95076

RE: SUPPORT: End of Life Option Act – Agenda Item 7.L

Dear Mayor Dutra,

The Democratic Women's Club (DWC) of Santa Cruz County is writing to support Senate Bill 380, which would keep and improve California's End of Life Option Act.

The California End of Life Option Act took effect in 2016 and since that time nearly 2,000 mentally capable, terminally ill Californians with six months or less to live have exercised their legally available option to receive a prescription for medical aid-in-dying medication to peacefully end their unbearable suffering.

At the same time and for a variety of reasons, too many suffering terminally ill Californians have been unable to access their end of life options. The bureaucratic and burdensome 10+ step process has hampered or prevented many patients from accessing the law.

Just as terminally ill patients frequently enroll in hospice too late, so do they wait until the very end to request aid-in-dying medication. According to a study by Kaiser Permanente Southern California, one third of terminally ill adults who sought to access the End of Life Option Act died before completing the time-consuming process which includes a 15-day waiting period and can sometimes take months to complete. This is why the amendment to reduce the mandatory minimum 15-day waiting period to 48 hours for all eligible patients is so important.

In addition, COVID-19 pandemic has exposed health disparities in access to care among different communities.

For these reasons, we believe that California lawmakers should permanently reauthorize the End of Life Option Act via Senate Bill 380 which includes amendments to improve access to the law, especially for underserved communities of color and rural communities, ensuring all eligible terminally ill people can access it, while preserving its essential patient safeguards.

Our State Senator John Laird and our Assemblyman Mark Stone are co-sponsors. The DWC hopes you will also support this measure.

Sincerely,  
*Peggy Flynn*  
*Corresponding Secretary*

*DWC of Santa Cruz County*



May 21, 2021

Mayor Jimmy Dutra  
City of Watsonville  
275 Main St., Suite 400 (4th Floor)  
Watsonville, CA 95076

RE: SUPPORT: End of Life Option Act - Agenda Item 7.L

Dear Mayor Dutra,

Be Present Care is writing to support Senate Bill 380, which would keep and improve California's End of Life Option Act.

The California End of Life Option Act took effect in 2016 and since that time nearly 2,000 mentally capable, terminally ill Californians with six months or less to live have exercised their legally available option to receive a prescription for medical aid-in-dying medication to peacefully end their unbearable suffering.

At the same time and for a variety of reasons, too many suffering terminally ill Californians have been unable to access their end of life options. The bureaucratic and burdensome 10+ step process has hampered or prevented many patients from accessing the law.

Just as terminally ill patients frequently enroll in hospice too late, so do they wait until the very end to request aid-in-dying medication. According to a study by Kaiser Permanente Southern California, one third of terminally ill adults who sought to access the End of Life Option Act died before completing the time-consuming process which includes a 15-day waiting period and can sometimes take months to complete. This is why the amendment to reduce the mandatory minimum 15-day waiting period to 48 hours for all eligible patients is so important.

In addition, COVID-19 pandemic has exposed health disparities in access to care among different communities. The hurdles that make it difficult for dying people to use this compassionate law is magnified in communities of color, where patients often don't have access to the same resources and referral networks that can best inform them about their end of life options.

Finally, this bill includes other important amendments that will increase transparency by having medical aid in dying policies posted on all healthcare system and hospice websites.

For these reasons, we believe that California lawmakers should permanently reauthorize the End of Life Option Act via Senate Bill 380 which includes amendments to improve access to the law, especially for underserved communities of color and rural communities, ensuring all eligible terminally ill people can access it, while preserving its essential patient safeguards.

The Senate Health Committee and Senate Judiciary Committee approved the measure, and I hope you will also support it. Please vote YES on SB 380.

Sincerely,

  
Stefanie Elkins  
Be Present Care



City Council <citycouncil@cityofwatsonville.org>

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## Letters for City Council Mtg

1 message

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**Allyne Alina Hammer** <shineyourlight69@gmail.com>  
To: citycouncil@cityofwatsonville.org

Sat, May 22, 2021 at 11:52 PM



**Rabbi Paula Marcus.pdf**  
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05.21.2021

Mayor Jimmy Dutra  
City of Watsonville  
275 Main St., Suite 400 (4th Floor)  
Watsonville, CA 95076

Re: Agenda Item 7.L

I am a CA family medicine physician and clinical associate professor of family medicine at UCSF Natividad Family Medicine Residency.

I have participated in medical aid-in-dying (MAID) since it became legal in CA. In January of 2020, my own uncle was in decline and unable to use MAID, despite initial request, because he died within the 15 day waiting period. He had expressed his desire to die this way since the law first passed in his home state of Oregon. My aunt, his wife of 50 years, died in his arms a peaceful death of cancer hastened by MAID and it had been his wish to die the same way.

Last week I was contacted by a colleague seeking guidance for how to manage medical aid-in-dying for a patient who was in rapid decline. In January, this cancer patient had a change in insurance (January – happens every year) and their new insurance is not, a Catholic system and a primary care physician unable to participate in medical aid-in-dying, had told them to find someone outside to help them. As this dying patient was already in decline had thought they had clearly made their first request in December. Their cancer was advancing swiftly and was causing cascading problems resulting in increasing pain and loss of function.

For the past 2 months of this person's life, they and their family were trying to simply find a physician that they could transfer the process to. The barriers were phenomenal. This outcome was simply unconscionable. While this patient was waiting to find a medical home to complete their request for medical aid-in-dying, they were unable to identify where they might be able to go for appropriate

medical aid-in-dying care, they could not get accurate, informed referral information from their medical provider, and ultimately, accurate and truthful documentation led to delays in care so this patient who was eligible for medical aid-in-dying, suffered unnecessarily and they and their family spent the last precious time at the end of their life scrambling for needed medical care.

SB380 provisions would help prevent tragedies like this at the end of life for Californians who choose aid-in-dying.

Key improvements include:

- Reduce the mandatory minimum 15 day waiting period between the two oral requests for aid-in-dying medication to 48 hours for all eligible patients.
- Improve transparency of healthcare facility policies by requiring them to post their medical aid in dying policies on their websites.
- Remove the redundant fourth request for medical aid in dying (referred to as the final attestation).
- Clarify that medical providers should document and date requests for medical aid in dying, which can be referenced should a patient choose to transfer care.
- Clarify that medical aid in dying medication may be self-administered within a healthcare facility.

Ultimately, improving our CA End of Life Option Act will not result in more people dying, but in fewer people suffering. Some day, denying the terminally ill help to hasten their death will be considered as inhumane as denying people the option of pain relief during childbirth.

SUPPORT SB 380 to make the California End of Life Option Act permanent and improve upon the law so that more eligible Californians are able to access the law.

*Catherine S. Forest, MD MPH FAAFP*

CA license G75171/NPI 1174652622



May 21, 2021

Mayor Jimmy Dutra  
City of Watsonville  
275 Main St., Suite 400 (4th Floor)  
Watsonville, CA 95076

Re: Agenda Item 7.L End of Life Option Act

Dear Mayor Dutra,

I am writing to urge you to pass a resolution in support of SB 380, to keep and improve the End of Life Option Act (EOLOA).

Since the California End of Life Option Act went into effect in 2016, data collected by the California Department of Public Health shows that the law works as intended for those who can access it. Keeping in line with more than 50 combined years of data from all of the states that have similar medical aid in dying laws, there has not been a single incident of coercion or abuse.

The CA Healthcare Foundation found that 75% of Californians and the majority of every demographic approve of the California End of Life Option Act.

Unfortunately, not all eligible terminally ill Californians who want the option of medical aid in dying can access it. In fact, a study by Kaiser Southern California demonstrates that 30% of eligible terminally ill patients die unable to make it through the waiting period. SB 380 removes unnecessary regulatory roadblocks, while keeping intact the same basic eligibility requirements and core safeguards that have always protected vulnerable patients.

Attached is a fact sheet, the LA Times endorsement of SB 380 and 850 individual endorsements of the bill. Also, there is a summary of the bill.

Thank you for your time and consideration. Please don't hesitate if you have any questions.

Sincerely,

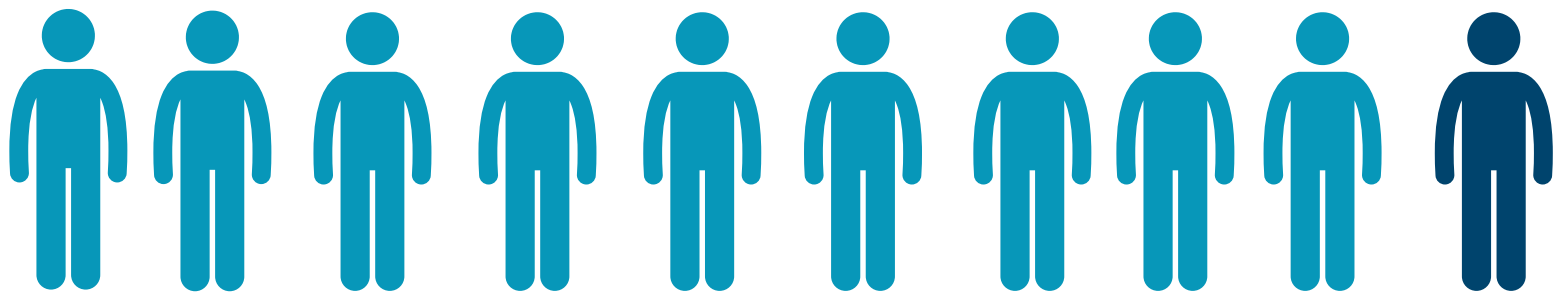
A handwritten signature in black ink that reads 'Sam Trad'.

Sam Trad  
CA State Director



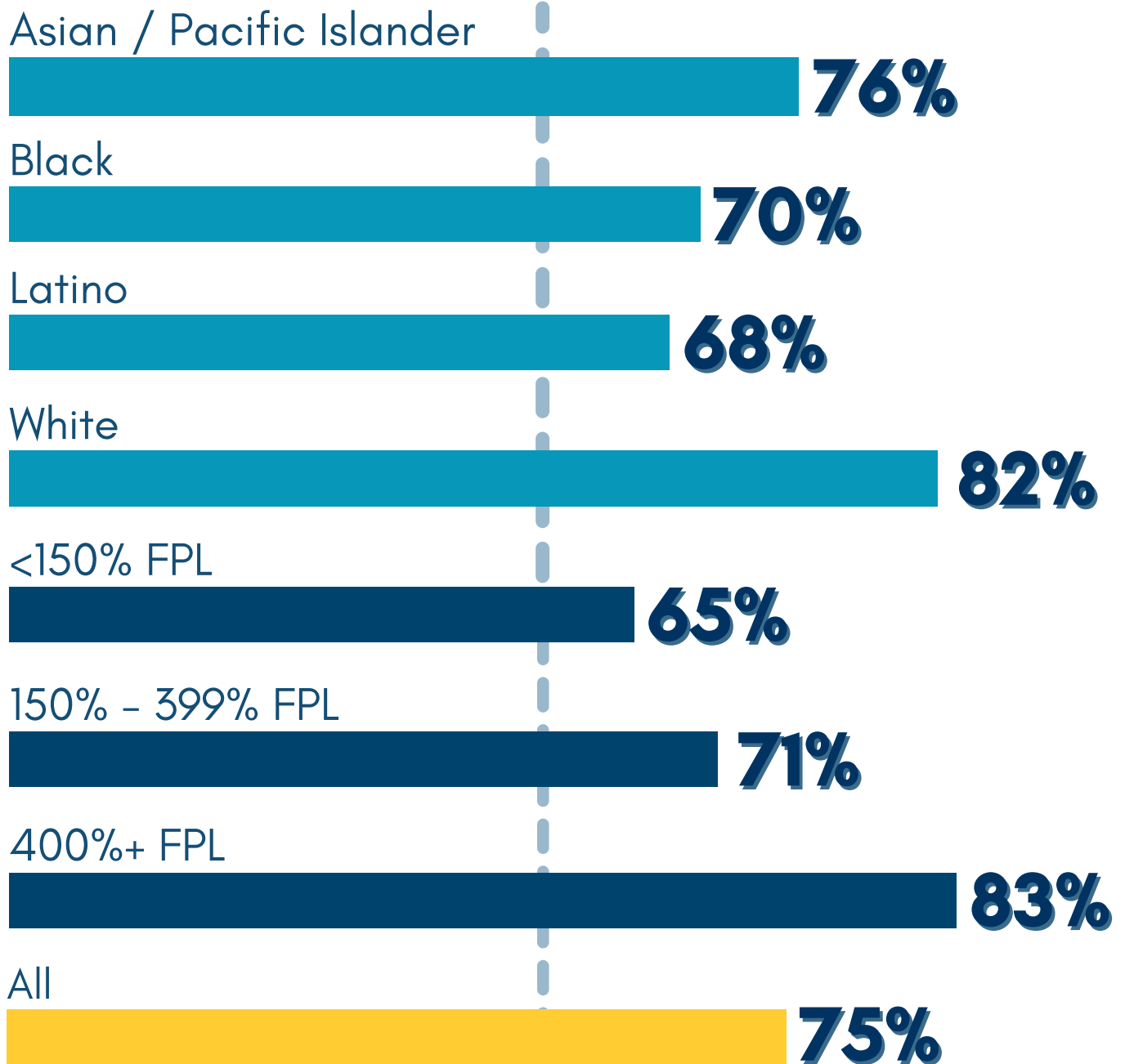
**3 in 4**

**Californians support the  
End of Life Option Act**



**Over 9 in 10 respondents of all races, ethnicities, and  
income levels said they would want “as much  
information as possible” if faced with a serious illness.**

## A majority support the End of Life Option Act across racial groups, ethnic groups, and income levels.

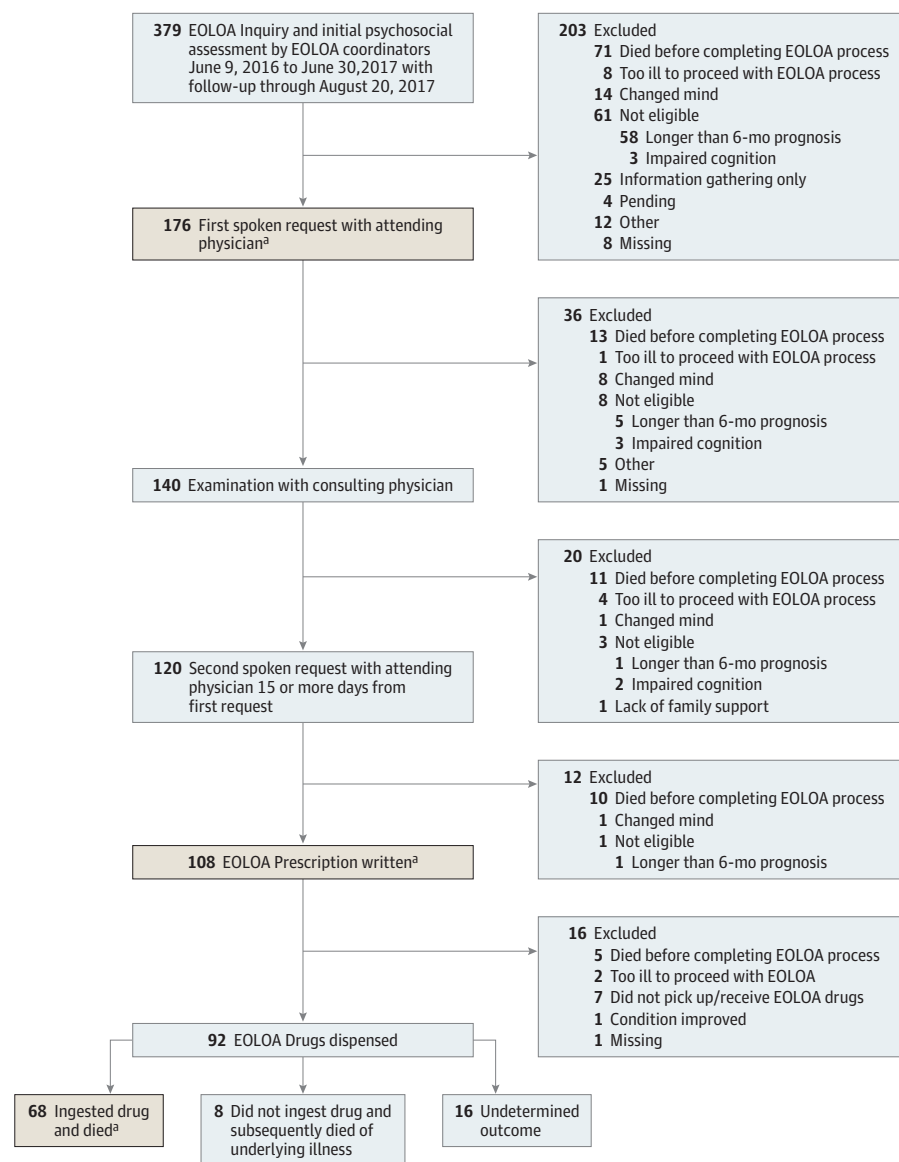


## Characterizing Kaiser Permanente Southern California's Experience With the California End of Life Option Act in the First Year of Implementation

The California End of Life Option Act (EOLOA),<sup>1</sup> which took effect on June 9, 2016, allows qualified adults diagnosed with a terminal disease to request aid-in-dying drugs from their physician. The California Department of Public Health recently published data on 191 individuals who received aid-in-dying prescriptions during the act's first 6 months.<sup>2</sup> In response to recommendations for more comprehensive documentation of EOLOA implementation to improve end-of-life care,<sup>3</sup> this study describes the experience of a large integrated health system and provides in-depth descriptions of individuals who initiated the EOLOA process.

**Methods** | This study was based in Kaiser Permanente Southern California using data from June 9, 2016, through June 30, 2017, with follow-up through August 20, 2017. An executive EOLOA task force was formed 7 months prior to the EOLOA taking effect with representatives from bioethics, operations, quality, psychiatry, pharmacy, education, nursing, legal, and palliative care to ensure appropriate policy and structures were in place. Key implementation steps included the following: physicians were surveyed about their willingness to participate after viewing an educational video; staff were trained regarding how to manage EOLOA requests; additional training was provided for volunteer physicians; volunteer pharmacists were identified to dispense and provide education on proper use of the medications; and training was provided for

Figure. Patient Flow Through the EOLOA Process



EOLOA Indicates California End of Life Option Act.

<sup>a</sup> Patients who completed the 3 key steps in the EOLOA process (tan shaded boxes) are described in Table 1.

Table. Characteristics of Patients Who Completed 3 Key Steps in the EOLOA Process

Characteristic	No. (%)		
	Completed First Oral Request (n = 176)	Prescribed EOLOA Drugs (n = 108)	Ingested EOLOA Drugs (n = 68)
Age at time of death, median (IQR), y	69 (62-79)	69 (62-79)	69 (62-80)
18-34	2 (1)	0	0
35-54	11 (6)	7 (6)	4 (6)
55-64	46 (26)	31 (29)	22 (32)
65-74	49 (28)	30 (28)	17 (25)
75-84	45 (26)	25 (23)	14 (21)
≥85	23 (13)	15 (14)	11 (16)
Sex			
Male	99 (56)	61 (56)	39 (57)
Female	77 (44)	47 (44)	29 (43)
Race			
White	141 (80)	88 (81)	52 (76)
Hispanic	17 (10)	9 (8)	7 (10)
Black/African American	1 (1)	0	0
American Indian/Alaska Native	1 (1)	1 (1)	1 (1)
Asian	13 (7)	8 (7)	7 (10)
Multirace	1 (1)	0	0
Marital status			
Married/partnered	86 (49)	56 (52)	32 (47)
Unpartnered	80 (45)	46 (43)	33 (49)
Missing	10 (6)	6 (6)	3 (4)
Social support			
Lives with others	116 (66)	69 (64)	45 (66)
Patient informed family of EOLOA decision	155 (88)	100 (93)	64 (94)
Education (census based)			
<High school	20 (11)	12 (11)	8 (12)
High school	90 (51)	55 (51)	35 (51)
College	64 (36)	40 (37)	26 (38)
Unknown	2 (1)	1 (1)	0
Income (census based), \$			
<20 000	24 (14)	14 (13)	9 (13)
20 000-49 999	40 (23)	25 (23)	15 (22)
50 000-74 999	28 (16)	17 (16)	11 (16)
75 000-149 999	51 (29)	31 (29)	20 (30)
≥150 000	31 (18)	20 (18)	12 (17)
English speaking	164 (93)	102 (94)	63 (93)
Insurance coverage			
Medicare	115 (65)	69 (64)	41 (60)
Medicaid	5 (3)	0	0
Commercial	41 (23)	30 (28)	23 (34)
Private pay/other	14 (8)	8 (7)	4 (6)
Unknown	1 (1)	1 (1)	0
Clinical and functional characteristics			
Disease burden			
Charlson comorbidity index, mean (SD)	9.3 (4.26)	9.2 (4.46)	9.4 (4.63)
Quartile 1 (0-6)	44 (25)	28 (26)	18 (26)
Quartile 2 (7-9)	44 (25)	27 (25)	17 (25)
Quartile 3 (10-12)	50 (28)	31 (29)	17 (25)
Quartile 4 (≥13)	36 (20)	20 (19)	15 (22)

(continued)

Table. Characteristics of Patients Who Completed 3 Key Steps in the EOLOA Process (continued)

Characteristic	No. (%)		
	Completed First Oral Request (n = 176)	Prescribed EOLOA Drugs (n = 108)	Ingested EOLOA Drugs (n = 68)
Underlying terminal diagnosis			
ALS	9 (5)	7 (6)	5 (7)
Cancer	130 (74)	82 (76)	52 (76)
Genitourinary	23 (13)	14 (13)	11 (16)
Lung	23 (13)	13 (12)	8 (12)
Gastrointestinal	18 (10)	9 (8)	7 (10)
Head/neck	18 (10)	13 (12)	7 (10)
Pancreas	14 (8)	10 (9)	6 (9)
Breast	11 (6)	8 (7)	4 (6)
Other	23 (13)	15 (14)	9 (13)
CHF	7 (4)	4 (4)	3 (4)
COPD/Other pulmonary conditions	12 (7)	6 (6)	2 (3)
MS	4 (2)	3 (3)	2 (3)
Parkinson	3 (2)	2 (2)	0
Other illnesses	7 (4)	3 (3)	3 (4)
Unknown	4 (2)	1 (1)	1 (1)
Functional status at time of inquiry <sup>a</sup>			
ADL Impairment	96 (55)	55 (51)	37 (54)
Instrumental ADL impairment	43 (24)	23 (21)	15 (22)
End-of-life concerns at time of inquiry <sup>b</sup>			
Does not want to suffer	110 (63)	76 (70)	45 (66)
Unable to enjoy daily activities	97 (55)	62 (57)	40 (59)
Loss of autonomy	36 (20)	24 (22)	10 (15)
Burden on family/friends	38 (22)	23 (21)	16 (24)
Inadequate pain control or concern about it	36 (20)	23 (21)	19 (28)
Loss of dignity	24 (14)	17 (16)	14 (21)
Other (eg, financial concerns)	16 (9)	9 (8)	6 (9)
Timing of EOLOA processes, median (IQR), days			
Timing from inquiry to first oral request	7 (3-14)	7 (3-14)	7 (2-13)
Timing from inquiry to second oral request	26 (20-35)	27 (20-38)	24 (18-33)
Timing from first to second oral request	17 (15-20)	17 (15-21)	16 (15-18)
Timing from prescription to ingestion/death	NA	NA	9 (7-85)
Care near the end of life, median (IQR)			
Primary care visits in 12 months prior to inquiry	3 (2-8)	3 (1-8)	4 (2-8)
Specialist care visits in 12 months prior to inquiry	13 (6-28)	14 (6-29)	14 (6-27)
Palliative care (outpatient or home-based)			
At time of inquiry	84 (48)	55 (51)	34 (50)
Ever	109 (62)	70 (65)	43 (63)

(continued)

dedicated EOLOA-licensed clinical social work coordinators. The primary responsibilities of the EOLOA coordinators were to provide assistance with navigation to patients, perform psychosocial assessments, serve as a resource for health care professionals involved in the care of these patients, ensure the integrity of informed consent and compliance with the legal requirements, and be available for staff debriefing after patient deaths. Data for this study were obtained from electronic medical records, logs maintained by the EOLOA coordinators, and standard state reporting forms. The study was

approved by the Kaiser Permanente Southern California institutional review board and informed consent was waived owing to the retrospective nature of the study. Descriptive statistics were performed with SAS statistical software (version 9.3, SAS Institute, Inc).

**Results** | A total of 379 patients initiated an inquiry from June 9, 2016, through June 30, 2017 (**Figure**). Of these, 79 (21%) patients died or were too ill to proceed, 61 (16%) were ineligible, and 176 (46%) who were deemed eligible proceeded with their



Table. Characteristics of Patients Who Completed 3 Key Steps in the EOLOA Process (continued)

Characteristic	No. (%)		
	Completed First Oral Request (n = 176)	Prescribed EOLOA Drugs (n = 108)	Ingested EOLOA Drugs (n = 68)
Length of time since first exposure to PC services prior to inquiry, median (IQR), days <sup>c</sup>	92 (22-338)	110 (28-391)	103 (72-397)
Hospice care			
At time of inquiry	84 (48)	52 (48)	38 (56)
Ever	139 (79)	86 (80)	59 (87)
Length of time on hospice prior to inquiry, median (IQR), days <sup>c</sup>	16 (5-60)	16 (4-75)	23 (4-65)
Advance care planning on record at inquiry			
Advance directive	108 (61)	68 (63)	43 (63)
POLST	88 (50)	53 (49)	33 (49)
Code status at inquiry			
Full code	72 (41)	42 (39)	24 (35)
DNR	73 (42)	46 (43)	32 (47)
Missing	31 (18)	20 (19)	12 (18)
Death location			
Home/home hospice	170 (97)	106 (98)	68 (100)
Hospital/ED/SNF/other	6 (3)	2 (2)	0

Abbreviations: ADL, activities of daily living; ALS, amyotrophic lateral sclerosis; CHF, congestive heart failure; COPD, chronic obstructive pulmonary disease; DNR, do not resuscitate; ED, emergency department; EOLOA, California End of Life Option Act; IQR, interquartile range; MS, multiple sclerosis; SNF, skilled nursing facility; POLST, provider orders for life-sustaining treatment.

<sup>a</sup> For the 3 respective column categories, activities of daily living missing for 24 (14%), 11 (10%), and 6 (9%); instrumental ADL, missing for 35 (20%), 17 (16%), and 10 (15%).

<sup>b</sup> Patients could endorse multiple reasons at the time of their initial inquiry and reasons could change during the EOLOA process but this was not captured in this analysis.

<sup>c</sup> Length of palliative care or hospice service only for patients who received palliative care or hospice prior to inquiry.

first spoken request to an attending physician. Many of the withdrawals at each step of the EOLOA process were owing to death or patients being too ill. Sixty-eight (74%) of the 92 patients who received the EOLOA drugs ingested them and died within a median of 9 days after the prescription was written. The sociodemographic, clinical, and end-of-life care characteristics of patients who completed the first oral request, proceeded to receive a prescription for the aid-in-dying drugs, and ingested the drugs were for the most part similar (Table). Most patients who initiated EOLOA had cancer (74%) and received care primarily from specialists in the previous 12 months. Ninety-six (55%) patients had an activities of daily living impairment and were on palliative care or hospice at the time of their inquiry. The 2 most common reasons patients cited for pursuing EOLOA were that they did not want to suffer and that they were no longer able to participate in activities that made life enjoyable.

**Discussion** | To our knowledge, this is the first detailed report describing the outcome and characteristics of all individuals who initiated the EOLOA process from a large health care system in California. The characteristics of this sample were similar to a recent report<sup>2</sup> with the exception that a higher percentage of these patients proceeded with ingesting the aid-in-dying drugs (75% vs 59%); this may be owing to the longer follow-up time. Similar to Oregon's experience,<sup>4</sup> patients' end-of-life concerns appear difficult to palliate with the most common cited reasons for pursuing EOLOA being existential suffering, inability to enjoy life, and loss of autonomy.

**Huong Q. Nguyen, PhD, RN**  
**Eduard J. Gelman**  
**Tracey A. Bush, MSW, LCSW**  
**Janet S. Lee, MS**  
**Michael H. Kanter, MD**

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**Author Contributions:** Dr. Nguyen had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.

**Study concept and design:** All authors.

**Acquisition, analysis, or interpretation of data:** Nguyen, Gelman, Bush, Lee.

**Drafting of the manuscript:** Nguyen, Gelman, Bush, Lee.

**Critical revision of the manuscript for important intellectual content:** All authors.

**Statistical analysis:** Nguyen, Lee.

**Administrative, technical, or material support:** Gelman, Bush, Kanter.

**Study supervision:** Nguyen, Kanter.

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1. Assembly Bill No. 15 (End of Life). 2015; [https://leginfo.ca.gov/faces/billNavClient.xhtml?bill\\_id=201520162AB15](https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201520162AB15). Accessed August 29, 2017.
2. California End of Life Option Act: 2016 Data Report. <https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CDPH%20End%20of%20Life%20Option%20Act%20Report.pdf>. Accessed August 29, 2017.
3. Cain CL. *Implementing Aid in Dying in California: Experiences from Other States Indicates the Need for Strong Implementation Guidance*. Los Angeles, CA: UCLA Center for Health Policy Research; 2016.
4. Blanke C, LeBlanc M, Hershman D, Ellis L, Meyskens F. Characterizing 18 years of the death with dignity act in Oregon. *JAMA Oncol*. 2017;3(10):1403-1406.
5. Typographic error in Figure [published online February 5, 2018]. *JAMA Intern Med*. doi:10.1001/jamainternmed.2018.0093

## Types and Distributions of Biomedical Industry Payments to Men and Women Physicians by Specialty, 2015

Although the number of women in medicine in the United States has increased (34% of active physicians in 2015; 47% of enrolled medical students in 2015-2016),<sup>1</sup> inequities between men and women physicians are pervasive. Most physician specialties are predominantly male. Compared with men, women physicians receive lower salaries and less research funding. Career progression is hindered by the proverbial “glass ceiling,” with fewer women in faculty, department head, and dean positions.<sup>2</sup>

In our recent study<sup>3</sup> on industry payments to physicians, we found that men received a greater number and higher value of general payments than women physicians and were more likely to hold ownership interests and receive royalty or licensing payments when grouped by specialty type (surgeons, primary care, specialists, and interventionalists). We extended this study of the types and distributions of payments from industry to physicians in 2015 to provide greater detail on the impact of sex within each specialty.<sup>3</sup>

**Methods** | We analyzed all physicians in the 2015 Centers for Medicare & Medicaid Services National Plan & Provider Enumeration System (NPPES) database linked to 2015 Open Payment reports of industry payments (general payments and ownership interests) to US allopathic and osteopathic physicians.<sup>3</sup> General payments include all forms of payment (such as speaking fees or food and beverage) other than those classified for research purposes. Data were aggregated by specialty, and payment outcomes were compared between physician sexes. Further details of the methods were previously described.<sup>3</sup> As years in practice is not included in Open Payments or NPPES, we also conducted a subset analysis of all licensed practitioners in California to investigate years in practice as a potential confounder.<sup>4</sup> This study was approved by the University of California San Diego institutional review board.

**Results** | Across all specialties, men received a higher per-physician value of general payments than women, with a median difference of \$1470 (Figure, A). The largest mean difference (\$12 976) was for orthopedic surgeons. The largest

per-physician value of general payments for men was for neurosurgery (\$15 821 compared with \$3970 for women neurosurgeons). Men held 93% of the value received from ownership interests and received a higher per-physician value across most specialties, with the largest difference among radiologists (\$5568; Figure, B). Women in certain fields, such as obstetrics and gynecology, psychiatry, and urology, held higher values of ownership interests than men, with the greatest difference in obstetrics and gynecology (\$1061). After controlling for years in practice among 63 466 California physicians, men were more likely than women to receive general payments and hold ownership interests and received higher numbers and values of general payments (Table).

**Discussion** | Across most specialties in 2015, we found that men physicians in the United States received higher values of general payments from industry and held higher values of ownership interests than women physicians. In a subset analysis of California physicians controlling for years in practice, this pattern persisted.

Two of many possible explanations are that women physicians are less focused on industry endeavors and may have different career motivations. Recent data on US dual-physician couples showed that women physicians with children worked fewer hours than women without children, whereas men physicians' career hours were not as affected by parenting obligations.<sup>5</sup> Women may negotiate less often for payments, or perhaps biomedical companies offer women physicians payments of lower value. Biomedical industries, largely led by men, may target more men physicians for product development or ownership. In our analysis, women physicians also earned significantly less in royalty payments (data not shown); other studies have shown that women hold fewer patents than their male counterparts, and women who obtain patents are less likely to license them.<sup>6</sup>

Limitations of our study include the inability to account for certain potential confounders not included in NPPES, such as age or race/ethnicity. In addition, our study was retrospective; we were unable to examine cause-and-effect and other potential relationships between industry payments and physician behavior.

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**Drafting of the manuscript:** Both authors.

**Critical revision of the manuscript for important intellectual content:** Both authors.

**Statistical analysis:** Both authors.



# SUSAN TALAMANTES EGGMAN

## REPRESENTING SENATE DISTRICT 05

### SB 380 – EOLOA Sunset Elimination and Revisions

#### **SUMMARY**

Since the End of Life Option Act took effect on June 9, 2016, we know from data collected by the California Department of Public Health through December 31, 2019, that nearly 2,000 mentally capable, terminally ill individuals with six months or less to live have received a prescription for medical aid-in-dying medication to peacefully end unbearable suffering. However, we don't know how many eligible patients were unable to access the law. The bureaucratic, multi-step process to utilize the law is hampering or outright preventing many terminally ill individuals from using it.

In nearly five years of practice, the protections in the End of Life Option Act have proven effective, with no reported instances of abuse or coercion. However, redundancies have proven to be a barrier to access. This bill preserves core protections, while eliminating duplicative and excessive barriers to access.

#### **BACKGROUND**

A study by Kaiser Permanente Southern California shows one-third of terminally ill adults who request to use the End of Life Option Act die before completing the time-consuming process which includes a 15-day waiting period and often takes weeks or months to finish. Using this one-third ratio we estimate that nearly 1,000 individuals statewide have died before obtaining a prescription (approximately 275 people on an annual basis) vs. the nearly 2,000 who completed the process and received prescriptions for medical aid in dying.

California modeled the End of Life Option Act after Oregon's medical aid-in-dying law, which has worked for those who could access it for over 20 years. In 2019 Oregon updated their law because too many people were dying during the waiting period. Oregon authorized a waiver of the waiting period when the attending physician has medically determined that the qualified individual will, within reasonable medical judgement, die within 15 days after making the initial verbal request for

aid-in-dying medication. Just recently, New Mexico passed End of Life legislation that included a 48 hour waiting period. We believe reducing the 15 day waiting period in California to a 48 hour period between oral requests for all terminally ill individuals will provide more eligible patients with greater access to this desperately needed medication.

Another barrier to access is that healthcare facilities, under existing provisions of the End of Life Option Act, can forgo participation in medical aid in dying completely and have no obligation to tell their patients about their policy. Under current law, this bill maintains that no health care provider who objects for reasons of conscience, morality or ethics is required to participate in this Act. However, it has become necessary to clarify that if a health care provider is unable or unwilling to carry out an individual's request for a prescription for medical aid in dying medication, at a minimum, a health care provider must inform the individual that they do not participate in the Act, document the patient's date of request and provider's notice to the patient of their objection in the medical record and transfer their medical record upon request.

Under the current process, oral requests for medical aid in dying should be dated and documented in the individual's medical record and remain valid even if care is transferred to another attending physician. However, this does not consistently occur and it is necessary to clarify by explicitly requiring documentation of such requests. The failure to document such requests has resulted in further delays beyond waiting periods prescribed in the law.

#### **THIS BILL**

This bill maintains the End of Life Option Act's core eligibility requirements: only terminally ill adults with 6 months or less to live, who are mentally capable of making their own healthcare decisions and able to self-ingest aid-in-dying medication qualify to use the law. All patients will



# SUSAN TALAMANTES EGGMAN

## REPRESENTING SENATE DISTRICT 05

### SB 380 – EOLOA Sunset Elimination and Revisions

still have to make two oral requests, a written request, and be evaluated by two-different physicians. This bill will reduce the mandatory minimum 15-day waiting period between oral requests to a 48 hour waiting period. This bill will clarify that a physician who is unable to participate in the Act must inform the patient, document their objection in the medical record and transfer their relevant medical records upon request.

To ensure timely medical care is provided, this bill will require that the date of all oral and written requests must be documented in an individual's medical record and upon a transfer of care that record be provided to the qualified individual.

This bill will also repeal the sunset date of the End of Life Option Act.

Monterey County Palliative Care Collaborative  
Mera Consulting  
Monterey County Palliative Care Collaborative  
Older Women's League San Francisco  
Pilgrim United Church of Christ  
Sonoma County Democratic Party  
Southern California Secular Coalition  
Voyages  
Women for Orange County  
Over 850 Individuals

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#### **SUPPORT**

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LA Patients Advocate  
Laguna Woods Democratic Club  
Libertarian Party of California  
Long Beach Gray Panthers



**Los Angeles Times**



# Editorial: It's cruel to force dying people through bureaucratic hoops to end their pain

# Editorial: It's cruel to force dying people through bureaucratic hoops to end their pain



Amanda Villegas is shown with her husband, Chris Davis, before his death. Davis, 29, died in 2019 of bladder cancer before he could complete the 13-step process to receive life-ending medication. (Family photo)

By THE TIMES EDITORIAL BOARD

MARCH 3, 2021 3 AM PT



California's medical aid-in-dying law gives terminally ill patients the right and ability to control how their lives will end — but only after they jump through a gantlet of hoops that would exhaust even someone not suffering from a fatal disease or condition.

In fact, it takes 13 steps to obtain life-ending medication under California's 5-year-old End of Life Option Act, beginning with finding two different doctors who will help. Not all will. The law allows doctors and entire health systems to opt out of helping suffering patients hasten their death.



Patients must also make two requests orally, 15 days apart, for help to end their life. It takes weeks, if not months, to be deemed mentally competent and sufficiently sick to qualify for a life-ending medication. Not surprisingly, some people who seek the means to end their suffering never get the chance to do so.

Of course, it's important to ensure that patients are making the decision of their own free will before taking this action, but it's cruel to prolong the suffering of someone who's about to die.

That's why advocates of the law want to shorten the process in cases in which someone may die before obtaining the final sign-off. The change is part of [a bill by state Sen. Susan Talamantes Eggman](#) (D-Stockton) that would allow but not require a physician to waive the 15-day waiting period between oral requests for people truly close to death.

It's a totally reasonable change, as there's no science to the two-weeks-and-a-day waiting period. In fact, Oregon [amended its Death with Dignity law](#) this way two years ago. Plenty of guardrails would remain in place to ensure that the patient is making the decision rationally and freely. Eligible patients will still have to get the consent of two doctors and make two requests orally as well as one in writing that is signed, dated and witnessed by two adults before they are given a prescription.

[Eggman's bill](#) would make other improvements to the End of Life Option Act, such as requiring healthcare systems to provide information about the law to patients even if they don't participate and prohibiting them from gagging their doctors from talking about the law with patients. But most notably, the bill would make the law permanent. Otherwise, it would end on Dec. 31, 2025. There's no reason not to do so; the law has worked as intended, with not a single reported case of coercion or abuse, according to the author. Indeed, it has been modestly used, [mostly by cancer patients](#).

But that doesn't mean it can't work better, and the changes proposed would do so by making it easier for those who are dying to end their lives on their own terms.

OPINION

EDITORIALS



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Name	Reason	Employer	Occupation
Cummings, Thomas	I am personally involved in EOLOA prescribing and feel that the changes represent an improvement in insuring that suffering at end-of-life is minimized.	Interim Hospice of San Diego	Hospice Physician
Heikoff, Lisa	As a Palliative Care physician I find this is one approach among many to meet the individual needs of dying patients	SCPMG	Physician
Tomita, Mitsuo	As a family physician, I've seen patients suffer and die, and I've seen other patients and their families find a peaceful death when they are nearing the end of life and their suffering makes living worse than death. I believe individuals should have the choice of medications to allow them to avoid suffering and to die on their own terms. The waiting period is too long.	Retired	family physician, retired.
Gordon, Jeffry	I have known and observed many cases of terminal illness where incredible pain and suffering were endured without any legal options for relief.	retired	Physician
Scarmon, George	I am a physician and mortally ill people need end of life options that are compassionate and effective and comply with their personal needs and values	self	physician
Snyder, Thomas	Because my father, dying of Lou Gehrig's Disease, asked me several time in his last two years if he could simply be "put asleep" - a privilege we offer to our most loved animals, and should continue to offer to our beloved humans, too.	The Permanente Medical Group, Inc.	Physician / Surgeon (Retired)

Name	Reason	Employer	Occupation
Zasorin, Nina	If I am significantly cognitively impaired, but can ask a physician to hasten my death. I would like to be treated for a suspected pneumonia with Tylenol, cough suppressants, without antibiotics.	Retired	Oto-Nerrologist
Quinones, Susan	People who are faced with a terminal illness should have agency over the end of their life.	Wilshire Hospice -	Nurse
Kidd, Karin	I have seen patients die in fear, uncontrollable pain and suffering. It prevented a sense of peace of mind, dignity and having last moments with loved ones in peace, love and CHOICE IN ONES ABILITY TO DIE WITH DIGNITY.	Retired	Registered Nurse
Dela Cruz, Felicitas A.	For humane purposes.		Nurse
Oda, John	It is more humane.	Cpmc	Nurse
Lane, Carol	As an RN i have seen many folks pass in a way they did not choose. Please support the California End of Life Option.	Retired	Nurse,
Stewart, Dashawn	To allow Autonomy of an individual's will over his /her life, to own the ability to be able to exit this world with dignity, respect and without prolonged suffering.	Altamed Health Services	Registered Nurse
Beck, Sharon	An individual should have a choice as to how much they are willing to suffer	Retired	Nurse

Name	Reason	Employer	Occupation
Wilson-Hopkins, Lori	As a nurse I've seen too many people die a horrible death trapped in a hospital with little if any control over their situation. I totally support allowing mentally competent terminally-ill individuals to choose a more dignified death that allows them some control of their remaining time here on planet earth.	UC Davis Medical Center	RN
Peterson, Dawn	The time may come that I want to do this. I have had a spinal cord injury and I'm disabled with limited function. I've also cared for many patients who wanted to end their suffering, but could not because of the laws.	Retired	Nurse
Miessler, Diane	I believe people with terminal diseases deserve to die with dignity intact, at a time of their choosing if desired. No one should have to suffer unnecessarily or become more of a burden on caregivers than they want to be. It's the humane thing to do.	Nevada County	Nurse
Bass, Dan	It is important for people with terminal diagnoses to have the option to determine the course of the end of their lives. Having worked in hospice as a social worker for seven years, I witnessed firsthand the positive impact on those people who had the opportunity to make this choice and the dignity and peace of mind it afforded them (and their loved ones) before taking their last breath.	Self Employed - Dan Bass, LCSW	Psychotherapist
Cvikel, E. A.	I want the choice to leave peacefully.	None	Retired Social Worker

Name	Reason	Employer	Occupation
Hirshfeld, Mark	These decisions need to be between the person dying and their medical provider, NOT the state, the insurance companies or anyone else.	Mark A. Hirshfeld, LCSW	Clinical Social Worker
Rice, Melissa	I am currently in the role of an End of Life Coordinator and assist patients who are seeking this option. I fully support this bill and would love to see all of these improvements to be able to offer this to more patients who are suffering with terminal illness who are unable to utilize this option due to current situation (in a hospital or SNF) and those who have very limited life expectancy and cannot fulfill the current waiting period.	Kaiser Permanente	social worker
Ervin, Margaret	As a hospice social worker I believe patients have the right to self determination	Sutter Hospice	Hospice social worker
Owen, Karen	So I don't have to accept someone else's authority for what is in my best interest.	Dept. Fish & Wildlife	Retired State Employee
Willahan, Kathy	I have Mantle Cell Lymphoma and it is progressing. As a person living in a free country, I want to decide when and how I die. Yes I want safeguards, but I do not want to put my family, nor myself, in a position where I am in pain and wasting away with no chance of survival. I have chosen to end the life of all the pets I have had, in this compassionate, moral and loving way. I believe how I end my life if I am dying is my decision, not the government.	County of Orange	retired
willahan, kenneth	It should be each person's right!	LAFD	Firefighter



Name	Reason	Employer	Occupation
Graziano, Francesca	No one should have to suffer in excruciating pain while dying. This law gives people that are dying the option to have a peaceful death.	Retired	Retired
Presley, Carol A.	I feel that people are entitled to pass without undue suffering, and to have a choice when the outcome is inevitable. It is difficult enough to say goodbye without having to be in pain or for those loved ones to have their final memory of you in agony. Saying goodbye should be a celebration of life as much as our emotions allow us to do so.	currently unemployed	environmental engineer
Adams, Harriet	There should be end of life options to end the pain and suffering to end life with dignity.	Retired	Retired
Rodriguez, Timri	I think if someone is terminally ill they should be able to make a decision about when they want to pass.	Nord	Trainer
Soares, Cathleen	Do you not want a prolonged terminal death. And Unnecessary doctors and medicines. I do not want my children to take care of me if I have dementia or Alzheimer's which inevitably leads to death. I would like to die with dignity. I'm stating this while I am not ill but have thought about this often.	Retired various jobs and homemaker,Mother	Retired
Hammer, Allyne	Everyone should have autonomy over their bodies and over their pending death. This bill has safeguards so no abuse occurs. If someone has a 6 month or less prognosis, ND are facing their death, they should have the option to decide how they spend Their life! Their Death!	Retired	Retired

Name	Reason	Employer	Occupation
Loomis, Charlotte	Quality of life matters. When there is no quality of life but just a pain I want to be able to be left able to chose dying.	Self Employed	educator
Wynn, Sharon	I am a nurse and have seen the suffering of terminally ill patients. So much kinder to let families say their good byes without the horrible memories of terrible suffering end days.	Retired	Retired
Kemp, Daniel	Individual rights	Retired	Retired
Minor, Jacqueline	This is one of the most critical pieces of legislation of our time and must be preserved for generations to come.	The Fountain Group	Infra Operation-Systems Engineer
Payment, Margaret Kirkbride	I want a simplified legal choice for ending my life that matches the real world.	Maggi Kirkbride Editing Services	Editor
Minor, Sherry	We were thrilled when spouse able to use. Any improvements welcome.	Retired	Retired
Busch, Barbara R.	It's terrible to allow people to suffer when there is no hope.	Retired	Retired
Baybrook, Rebecca	My husband died of ALS, a process that can be torture for the victim and his family. We were fortunate because the disease took him fairly quickly. Before then, we were clear that he and I wanted him to be able to end his life with dignity, the way he lived. So, in his memory, I'm deeply committed to providing the right for a dignified death to anyone who wants that option. I don't believe a government for, of and by the people should get in the way of that 'pursuit of happiness.'	Baybrook Enterprises	Human Resources Consultant

Name	Reason	Employer	Occupation
Munn, Pamela	We have the right to live the way we want. More importantly we also need that freedom to choose how we pass. With dignity.	Retired	Retired
Jung, Pam J.	Medical aid in dying is humane. Any one with a conscience should support it.	Retired	Retired
MCCLOUD, Danette	I am the only one that can determine how I want to manage my end of life.	Not Employed	none
Conway, Cathy	The mission of our organization is to honor the choices of individuals and families facing serious illness and end of life. We are committed to supporting individuals to live and die with dignity and the End of Life Option Act is a choice that we will continue to support.	Hospice of Santa Cruz County	Executive
Bonyadi, Jasmen	As a daughter I watched my mother suffer in pain being morphine intolerant for weeks before she passed away. No family should have to witness torturous death of loved one!!!!!!!	Coldwell banker	Realtor
Larsen, Barbara and Bill	I support this bill and would even like an amendment to include making provisions for end of life before an individual may suffer from Alzheimer's disease or a related neurological impairment.	Self Employed/Barbara Larsen	Geriatric Care Manager
Donahue, Kristin	Because I want to have it for a personal choice if that is what I decide is the right thing for me. Humans should not have to suffer - we are more humane with our pets than we are humans and that should not be the case.	Hospice of the Foothills	Director

Name	Reason	Employer	Occupation
Davis, Mary Anne	Working in hospice care, I have seen first-hand the benefits of those suffering who can decide for themselves when it's time for them to die. They have a choice which is important.	Hospice of the Foothills	Marketing/Event Manager
Shannon, Beverly	I have worked with clients who wished to control their end-of-life, including several who suffered terribly in their last days. I also wish to have this option available to me if needed	Retired	Professional fiduciary
Wiener, Robin	Personal freedom and compassion.	Retired	Retired
Weisbrot, Marcia	It's the most humane treatment of an important end of life choice	Self Employed	Clinical Counselor LPCC
Beigel, Lynda	You never know when YOU will NEED it!	Retired	Retired
Watson, Janine	It's a person's right to die in peace	Retired	Retired
Turner, Martha	I hope this End of Life Options Act is available for all who wish to have the option, for all time!	Full Circle of Living and Dying	President
Ofer, Ron	It is the proper approach	Retired	retired
Lefranc, Dominique	My life, my choice to die with dignity as I choose and fast.	Retired	Retired
Besdansky, Brenda	This bill is a lifeline to a good death which is something all of us want. Sign me up!	Retired	Retired

Name	Reason	Employer	Occupation
Hope, Glenda Briscoe	I am an ordained Presbyterian pastor for 51 years. I have walked with many dying people and stood with them and their mourners near the end of life. So many times I heard things like: 'why must I suffer so much?' or 'why is it so hard to die?' or 'why doesn't God take me?'. Indeed, this very day I conversed with a woman who is suffering excruciating pain from cancer and we talked about her options. It is a relief to people like my friend and to me, as her pastor, that she has the choice of medically assisted dying. God does not want anyone to suffer needlessly and pointlessly	Older Women's League SF	Board President
Rhodes, Martin A.	End unnecessary suffering. WE MUST HAVE THAT CHOICE !!	G-d	retired
Perrin, Jeff	No one should be required to endure an extended painful suffering just because others with a religious agenda don't want to allow everyone the freedom of personal healthcare and deathcare decisions.	HomeSmart Evergreen Realty	Realtor
Fracchia, Jeanne	People should not have to die in deep pain and distress, unless that is their choice. Science can diagnose when a person is close to death, is beyond further assistance. We have the drugs to help people die without pain, in dignity and compassion. Giving people the option to be released from further suffering when there is no way to help them otherwise is the humane and morally right thing to do.	Retired	Administrator

Name	Reason	Employer	Occupation
Domb, Doreen	A no-brainer -- it's the moral and ethical thing to do. Government or any other outside agency has no business here, whatsoever	Reiki Master Certified Practitioner	Certified Reiki Master practitioner
Greenberg, Hindi	Individuals should be able to decide for themselves when to end their pain and/or their lives, without the government or medical establishment telling them they cannot do so. I definitely want that option.	Self	Consultant
Logan, Carol	Both of my parents died in my arms. Thank you for supporting a world with compassion.	Retired	retired
Balistreri, Juliana	I support the human dignity of having choice in life and death decisions and care. I support making this law permanent and easier to access for more people.	Metta ReSources	Care Coordination/EOLD
Kimbauer, Elli	It is in line with my values and ethics in life, even in my spiritual and religious beliefs.	Retired	Psychologist
Knickerbocker, Deanna	I support improving the End of Life Option Act by passing important modifications.	none	none
McIntosh-King, Bethann	We need the freedom to support ourselves and each other to make informed choices at the end of life. This bill protects that freedom.	Retired	Retired
Drake Jurras, Sylvie	I believe in its principles	Sylvie D. Jurras	Writer
Greenhalgh, Thomas	We love our pets enough to euthanize them, the rest of our family should have the choice as well.	Self Employed	Consultant

Name	Reason	Employer	Occupation
Flax, Toby	end of life situations are vital to the well being of senior citizens who spend time thinking about their death and want as much assurance that their death will be as comfortable for themselves as well as their family or caregivers.. Its humane!	n/a	retired interior designer
Feldman, Victoria	I believe in sovereignty	Self Employed	Therapist
FLOYD, BRIAN	I strongly believe in Compassionate Choices and a persons right to decide how they want to die, especially if they are terminal.	Retired	Retired
Sargent, Sharon	Don't think anyone wants to go down the path that Alzheimers is taking them.. Sharon sargent	Retired	Retired
Arnold, Tina	I believe it is every individual's right to decide how best to die with dignity. My 96-year-old mother in Michigan is in agony and suffering every day. It breaks my heart to see her like this. She constantly tells us that she wants to go, but Michigan laws won't let her. We need protections for everyone to be able to let go with dignity. And we can't have so many hurdles along the way that make it virtually impossible to honor a dying person's wishes.	Retired	Retired
Lame, Linda	Everyone should have the right to choose!!!	Unemployed	Unemployed
Robinson, Stuart	My wife and I have long supported responsible availability of end-of-life options.	Retired	retired
Goldwater, Helaine	No one should have to suffer unnecessarily	Retired	Retired

Name	Reason	Employer	Occupation
Herrick, Camille	We need this option for people who are truly suffering at the end of their lives. If we can put down our pets when there is no more hope for any quality of life, we should be compassionate enough to do this for people also.	Not Employed	Not Employed
Brownstein, Beryl	Attention must be paid to end of life situations! People who are failing must have control over their end of life situations. This will make their final days a bit more bearable. And it will remove the decision making from various family members who often do not know the patient's feelings and choices.	Retired	Retired
steneck, wayne	I want to die quickly. Not just for my sake but for my families sake as well.	Retired	Retired
Clemens, Sydney Gurewitz	I've seen people (mom, aunt) live past any quality of life, don't want to do that. The option is important!	Retired	Retired
Marks, Joan B.	Gives individuals ability to make their own decisions re health csre, etc	Not Employed	Not Employed
McGraw, Stepheny	My body should be controlled by me -- not politicians or theologians.	Retired	Retired
Inghram, Lydia	My personal experience verified the humanity of this bill.	Retired	Retired
Ward, Joyce	I am 88 and have witnessed an excruciating death of a relative with ALS	Retired	Retired
Mulvany, Karen	We need to remove unnecessary barriers to patient access to End of Life Options. It is the humane and dignified thing to do for dying people who wish to chose the timing and manner of their passing.	IHSS	property manager



Name	Reason	Employer	Occupation
Baker, Frank	As an older person, I see the value to all of us in having the opportunity to end one's life when dying.	Retired	Retired
Rosenthal, Peter	This is a critical need for patients reaching their end of life. Utilizing this humane option can greatly relieve the anxiety that goes with facing a debilitating life threatening disease. We need to make it easier, yet safe to employ medical aid in dying. My wife of 58 years recently completed the paperwork to utilize the current options. Please pass this bill so it doesn't expire.	Retired	Retired
Terry, Lydia	Human kindness and the right to choose, how to live and when one deems pain is the only option at the end.	Retired	retired
Evans, Henry Allen	I am 83 years old and want as much freedom as possible to choose how my life ends if I develop a severe medical condition that will likely result in my death within a short time.	Retired	Retired
Chittenden, David H.	I am 86 years old. Peripheral neuropathy is taking my ability to walk. I don't want others to control my life or death	Retired	Retired
Newlin, Maureen	No person should suffer needlessly at end of life. It is only humane to offer this option to those who need it.	Retired	Retired
Lippman, Alicia	Everyone deserves compassion and dignity in their final moments!	Ali Lippman Voice Studio	Singing Teacher
Hecht, Kathryn A.	IT MAKES THE PROCESS EASIER	Retired	educator

Name	Reason	Employer	Occupation
Skenazy, Judith	To avoid unwanted and unnecessary pain, both to the dying person and the family members and/or care-givers who may be participating in their care.	Retired	none/retired
Newman, Leslie C.	It's no one else's business how someone decides to end their life. It's a personal decision and should not be influenced by government, religion, or any other party.	Retired	Retired
Hall, Jane	Chronically ill citizens deserve compassionate laws. (SB 380) / California End of Life Option Act permanent is an essential protection.	Not Employed	Disabled
Grieco, Mercy	Every adult should be allowed to make end-of-life decisions without additional red tape.	Retired	Retired
Emanuel, Rosalie	A dying person should be permitted to have the choice of ending their own suffering. in addition, the rules should not be onerous at this difficult time, a dying person should not have to deal with road blocks set up to make this process take longer and be more difficult than it already is.	self	RETIRED
Akins, Robert J.	Common sense	Retired	Engineer
Morris, Nancy	We should treat our end of life people better than we treat our suffering pets. I ant doctor assisted end of life choice too! which is not available in the US today.	Retired	Retired

Name	Reason	Employer	Occupation
Ross, Hazel E	Individual choice is never more important than at the end of life, and should not be denied by others. No one except that particular individual at that particular time can have any comprehension what he or she is facing. The original bill was a good bill with appropriate safeguards, but needs the proposed improvements and should be permanent.	Retired	Retired
González, Rafael J.	No one should have to go through unnecessary suffering against their will.	Retired	Professor retired
GLASSER, David	It is the right thing to do! No one should suffer because of an other's religious beliefs.	Retired	Retired
Fite, Gregory	Compassion means allowing people the chance to die with dignity, on their own terms.	Retired	Retired
Pavlovsky, Joyce	I believe in having the CA. End of Life Option Act become permanent so I can have choice at the end of my life.	Not Employed	Homemaker
Nolley, David	I am candidate for an opportunity to control the end of my own life	Nolley & Zajac Psychological Services Inc.	Licensed Psychologist
Prescott, Anne T.	People need all the options they can have as they face their ends of life.	Retired	Retired
Greenberg, Donna	As an elder, this bill gives us dignity and choice and I want all Californians, regardless of economic status, race or ethnicity, to have this choice. I want to trust that SB 380 is a permanent part of California law.	unemployed currently	personal assistant

Name	Reason	Employer	Occupation
Hayes, Christine B.	It is the personal choice of each individual to choose when and how to die when facing an end-of-life situation. Doctors should assist patients with information to make this choice as easy as possible during these sad times.	Retired	Retired
dougal, jon	I am 82 and I can see it is in my future when I don't want to be here anymore, politics, environment, aches and pains, compromised mobility	SupraAlgaeUSA	Mangmt
Lampe, Kurtis	I don't believe in making end of life decisions so complicated and difficult for the people experiencing such an emotional event.	Unemployed	Unemployed
Ramos, Sigrid E.	I have always believed this to be humane.	Retired	Retired
Griswold, Jane	I deserve to be able to choose dying in dignity and I want that to be supported by our laws and healthcare systems.	Self Employed	Legal Document Assistant
Kleinheksel, Caroline	People should have more options to end their suffering. Forcing people to suffer needlessly is inhumane.	Retired	Retired
Osmer, Judith A.	Those who wish to die for legal and medical reasons should have help from willing Doctors!	Retired	Retired
Gehlfuss, Shulamit	I want to have that choice and not have to go to a foreign country for the option.	Retired	Retired
McKeegan, James	It's the right thing to do!	Psomas	Land Surveyor
Rose, Jane	It's the right of ever living being to have the right to end their life if they choose to do so. It's a personal decision, no one else can ever walk in another's shoes, period.	Retired	Retired

Name	Reason	Employer	Occupation
Wright, Stacey	We don't let our animals suffer, why do we let our loved ones? Makes no sense...	Self Employed	Caregiver
Grow, Ann	Because I helplessly watched my beloved husband die in agony, with no way for him to end his suffering. No one should be forced by others to die that way.,	Retired	Retired
Pegg, Sarah M.	As it stands, the law now in effect is too difficult for very ill patients to get help when they really need it.	Not Employed	None
Greene, Shawna	We are sovereign beings. Free choice is a 'divine right.'	Self Employed	Consultant
Huddleston, Molly	Because this should always be a persons choice	Retired	Retired
Stoddard, Marilyn	The patient should have control.	SJPL	Librarian
England-Bozeman, T R	My husband Larry suffered for years with numerous chronic diseases. These diseases multiplied and progressed to become life ending. We were unaware of this option before his painful lingering passing in 2019. When Larry was clear thinking he would have chosen this option as he spoke often of Suicide to end his own suffering. Larry was finished mentally, emotionally and physically with the constant unbearable pain. Larry suffered with no other known option.	Retired	Retired
Nakadegawa, Judy	We should be able to participate in our own lives & life ending.	Retired	Retired
Hinman, Grace R.	When the time is up, why prolong the dying process.	Retired	retired

Name	Reason	Employer	Occupation
Flores, Martin	It's the right thing to do as well as being the human thing. I suffer with PTSD.	Not Employed	senior
Gantos, Angela		none	retired
Garibaldi, Douglass G.	After seeing my grandmother and now a neighbor in her mid 30's suffer uncontrollable pain with metastatic breast cancer and as a Stage IV melanoma patient/survivor, I want the to have the choice of how to end my life and to alleviate suffering for those to come	self	attorney
Jackson, Larry G.	I have had to deal with helping old age family members with Dementia and luckily had them fill out their Advanced Health Directives before it was too late. Sadly, I had to meet with the directors of the care facilities to make them carry out the orders.	Retired	Retired
Maddock, Katie	Simple - it is humane.	Retired	Retired
Jago, Marlene	NO one should have any power to tell me that I have to live longer than I wish to.	Retired	Retired
Thacker, Sandy	I am a long-time supporter of people being able to choose a compassionate and dignified end of life for themselves.	Women's International League for Peace and Freedom	Membership Chair and Treasurer
Stinton, Hilary	I want to avoid excessive suffering, or being on life support and unconscious; I want to choose my end.	N/A	Retired
West, Susan R.	No one should have to suffer a painful death. We should have the same options we have for our beloved pets	Retired	Retired

Name	Reason	Employer	Occupation
Lutz, Marjorie B	I strongly object to the ongoing policy of 'keep them alive as long 'as possible.' Why stay in my body 'if I'm in unbearable pain, knowing that eventually the body will die anyway. Why would we want to torture our loved ones (or ourselves) as they are dying? Dying is a very real part of living. Let me do it naturally, let me go when I am ready to go!	Not Employed	Artist
Berne, David	It is a personal choice to shorten and relieve suffering when there is no chance to improve an individual's quality of life that continues to disintegrate with further pain and suffering or irreparable treatment for irreversable body damage from aging.	Retired	Retired
RUDOFF, MAXINE	I believe it is my right to choose when I want to die.	Retired	Retired
Duncan, Larry	There are some things in life that should be up to the individual, with advise of their medical professional, and not the rest of society. I've seen enough medical suffering by friends and relatives to know that it should be their decision if they no longer wish to endure the pain of an illness that will eventually cause their death.	Retired	Retired
Smith, Diane	It is humane.	Retired	Legal Secretary
Ward, Kay	human kindness	Retired	Retired
Cavanaugh, PATRICIA	It is the right and compassionate action to take.	Self Employed	Psychologist
Lipson, Harriet	It's right / responsible thing to do in a modern enlightened society	Retired	Retired

Name	Reason	Employer	Occupation
Mahe, Marie-Christine	I have never met an older person who wasn't worried about being kept 'alive' when their life is effectively over. I've also seen closely how difficult it can be to refuse medical care when there's no hope. This is not acceptable, people should be allowed to decide when to throw in the towel.	Unemployed	Software Engineer
Wilkerson, Dee	for me it's a humane act	Retired	retired
Doctor, Marcia	I feel people should be in control of their lives and how they wish to end their lives if gravely ill and in pain. Why should people be forced to live out their remaining days in pain? We should be compassionate and assist them in ending their lives.	Not Employed	retired
Overholser, Sharyl	My husband has Alzheimers disease. It is a horrible way to pass and i feel if he could speak, he would support end of life with dignity in a heart beat! We have no children, so there's mop moral dilemma. People have the right to end their life is they have a critical,. end of life disease,.	Not Employed	retired
Harris, Roger	My wife used medical aid in dying to end her intolerable pain and suffering when she was dying from breast cancer. She died peacefully in her sleep like she wanted.	Retired	Retired
Roney, Katherine	Because a very close friend of mine was able to use medical aid in dying. But not as soon as he wanted to due to the waiting period. I never want to suffer how he did, nor see anyone else suffer like that.	Northrop Grumman	Engineer



Name	Reason	Employer	Occupation
Moore, Sharon	People facing a terminal diagnosis should not be forced to linger in pain or in a helpless, dependent state.	Retired	Retired
OConnell, Mark	People should be able to control their own death and not be forced to undergo unnecessary pain and suffering and not to mention often enormous end of life expense that causes additional harm to the family.	Retired	Attorney
Meister, Susan	I believe in personal choice, particularly at the end of life when medical intervention will not reverse the course of my disease, and so I can choose the date of my peaceful passing with friends and family around me.	Retired	Retired
Comerford, John	common sense, an individual's right, personal choice takes precedence over all	retired!	retired
Goldstein, Marcia	Needless suffering has no positive role at the end of one's life, and no institution has the right to impose that on anyone.	Retired	Retired
Rosenstein, Lynne	Mentally stable individuals should have the option to end their own life if they are terminally ill and suffering great pain.	Retired	retired
McIntosh, Fay		None	Retired
Krinsky, Anne	I think this is a right that all individuals are entitled to. The decision to prolong pain and suffering belongs to the individual, not a medical provider or any other person. This legislation will enhance this right and prevent its expiration. It is essential that it be passed.	Retired	Retired

Name	Reason	Employer	Occupation
GOLDMAN, MARILYN	I HAVE BEEN IN FAVOR OF THIS FOR MANY YEARS.....SELF DETERMINATION!!	NYC BOARD OF EDUCATION	Retired
Alexander, Andrea	I am older and I do not want to burden why children when my time has come. I have indicated my wishes in my Living Trust and I want legislation in place so my children will not be burdened with court costs etc. to defend my wishes. I feel that others should have the same decision capability too.	Retired	retired
MCADARA, MARY	I firmly believe that anyone who is suffering from a debilitating terminal illness with less than 6 months to live should be entitled to choose a death with dignity rather than being enforced to endure the indignity and agony of a long and painful death with no quality of life.	Retired	Retired
Burstin, Janice	It's the only way for individuals to face a terminal illness, if they so choose!!	Retired	Retired
CARLTON, Deborah	It's the right thing to do.	VMS	Gate Ambassador
Magid, Stephanie	Everyone should have the right to choose.	Retired	Retired
Franke, Metche	I am old.	Retired	Retired
Means, Janet	Choices are important, as is human dignity.	self	retired
Kvas, Sharon	We have compassion for our pets.	Retired	Retired
de Leo, Marilyn	It is compassionate.	Retired	Retired
Elbaum, Jan	I firmly support my right to terminate my life when it is no longer viable or useful to me anyone else, and I believe everyone should have the same right.	Retired	retired

Name	Reason	Employer	Occupation
Fox, Debra	People should have a choice for their end of life.	Retired	Retired
Frolichman, Libby	People will always die at some point, so compassionate choices at the end of life should never sunset. Allowing the dying person the dignity of choosing how and when they die is the only ethical option. Other people's religious beliefs should never dictate how an individual lives or dies.	Self	Homemaker
Tromp, Mary	I strongly believe you should have the right to end your life is you are suffering and there is no cure.	Retired	Retired
AGON, CAROL	I support end-of-life options because of loved ones I lost who suffered a great deal for a tremendous period of time. It is a loving kindness to allow people to make this into flight decision	Retired	Retired
Joshi, Ramesh	The right to die with dignity is as important as it is to live and protect those who wish to live. To make anyone live and suffer in pain is inhuman. We allow our pets to die without suffering. We must allow all to have the same right to die with dignity.	The University of Calgary	Professor Emeritus of Civil Engineering
Panitch, Jo	I support Dying with Dignity and not prolonging ineffective 'life-saving' medications. Too many cancer patients die at home and in hospitals while still being treated with chemotherapies. Family members are saddled with the cost of hospitalization and chemo drugs.	Cancer Support Community, Redondo Beach,	LMFT
Perlstein, Gerald	When you lack an adequate quality of life, life is not worth living anymore.	Retired	Retired

Name	Reason	Employer	Occupation
Hawkins, Dorothy	It is the right thing to do.	retired	technical
Karbach, Donna	I want to exit this life with as little suffering as possible and with grace.	Retired	Retired
Gagen, Neta	This is not a religious issue. Each individual should have the right to die on his/her own terms.	Retired	Retired
Horne, Shari	I believe in having options. I would use it myself. Our beloved pets get put to sleep so they won't suffer. This is an important law, and my friend wrote it.	City of Laguna Woods	Elected official-Mayor
Elias, Sandra L.	People should have the choice to die.	Retired	retired
Mehler, Maureen	I have the right to decide how to pass when my time comes.	Retired	Retired
Ayala, Marilyn	I watched my mother go slowly and painfully and my sister would not let her die. I want to be able to make my own decision if necessary and choose a way of leaving this life with some dignity.	Retired	Retired
Planz, Velora	The ending of things are hard enough; suffering and/or incapacity, whether it be mentally or physically, is inhumane and unnecessarily cruel.	Self	Real Estate Appraiser
Keehan, Michael	Believer in compassion and choices.	retired	retired
McHugh, Colleen	Because it is humane.	Retired	Retired
Friedman, Carol Smulevitz	It is inhumane to be forced to die in agony and medication stupor. It is not government's business to force me to suffer. This law takes away my right to make decisions concerning my own body. It is steeped in religious doctrine, in violation BBC of the Constitutional protections for religious freedoms.	Retired	Retired

Name	Reason	Employer	Occupation
Gillespie, Marleen	People with terminal illness should be allowed to die with dignity and not be forced to endure a prolonged period of anguish before death.	Retired	Retired
Nelson, Craig	Individuals should have the right to end their life peacefully and with dignity should they have a terminal illness. I watched my wife of 42 years die of colorectal cancer. She should have had the option when there was no hope to end her suffering.	California Teachers Association	Retired education consultant
Stiefel, Raana	Compassion for the dying.	Fresenius Kabi	Hospital sales manager
Koehler, Kathleen	Personal choice and death with dignity are rights that we all deserve. After witnessing first hand the death of loved ones who would have chosen a LESS painful way to die if given an easier path to do so, there is no doubt in my mind that IMPROVING and keeping the California End of Life Option is crucial.	Retired	Homemaker
Fachko, D.	It's the right thing to do!	N/A	N/A
Bialka, Sheila	Everyone has the right to end their lives if the suffering is unbearable and there is no hope for recovery	Retired	Retired
Himmelstein, Harriet	Husband died 8/2020 after long illness. Do not want that for others and myself.	Retiredself employed	Retired
Weltman, Ronna		Retired	Artist
Rego, Joseph	Aid in dying for terminal patients is an essential part of good, compassionate end of life care. I do not know what I would do if I were dying in prolonged and excruciating pain. I would hate to be a burden to my family especially if I am unable to care for myself.	Retired	Engineer

Name	Reason	Employer	Occupation
Mendelsohn, Linda	Everyone deserves to die with dignity and to make their own choices to reach that end.	Retired	Retired
Duncan, Kathleen	Even though I am healthy now, it hurts too much to think about being terminally ill. Imagine lying there, in agony, second after second, waiting for death. Dr. Kevorkian said that many people chose to live longer and happier, when they did not have to fear a lengthy agonizing death. People like choice.	SSI disability	Retired - on SSI Disability
Zima, Suellen	Dying is a part of life. It is important that we die so that life goes on as it was meant to do.	retired	retired
Freeman, Herbert	increases accessibility and reduces uncertainty about continued access to this important end of life option	Retired	Retired
Malt, Ilene	It's compassionate and humane.	Self	Psychotherapist
FitzGerald, Theresa A	Gives individual the right to choose how to end their life on their terms not suffering for self and family.	Self Employed	Chiropractor
Proskurowski, Wlodek	SB 380 is removing known roadblocks, in particular, it will make the California End of Life Option Act permanent.	USC	Retired Professor
Furman, Janet R.	I am elderly with some long term health issues & I remember my Father suffering for a prolonged period at the end of his life & how difficult it was to have to watch him suffer to the end. My Sister died of terminal cancer & she too suffered before finally dying. I believe people should have this option whether they choose to use it or not.	Retired	Accountant

Name	Reason	Employer	Occupation
Carr, David	Having lived through periods of intense physical suffering and seen the extent of physical and emotional resources consumed by friends and caregivers--to the detriment of their families and work!!!--my ego felt bad seeing the cost. If I had been within six months of death during that time, the emotional distress I was experiencing unnecessarily would have made the end of my life feel bitter. That is not something I would want family and friends to have to remember.	self	Editor
Molnar, Deborah E.	I may need it, having recently received a scary diagnosis. As a hospice nurse I support our right to decide. I saw many people essentially starve to death or die of pneumonia.	Retired	Retired
Gusman, John	Having been with my father for the two weeks before his death after a major stroke, I have strong feelings about how important it is to do whatever we can to allow for a quicker and more compassionate end of life. The medical establishment, while doing much to alleviate suffering, is also guilty of prolonging it when fully conscious people see that they want to have their life come to an end in a reasonable fashion. To be a truly caring community, we need to allow for people to more actively and easily choose when and or how they want to have their life end.	Retired	Psychotherapist

Name	Reason	Employer	Occupation
Karimian, Ahoo	Death with dignity is a humane option for those suffering and is as much a part of providing good medical care as any other intervention.	VA Medical Center	Neuropsychologist
Green-Templeton, Lisa	I believe in compassionate and humane ability to have choice over one's own life to pass without more suffering when the outcome is eminent and there is no chance of recovery.	None	N/A
Carpenter, Deborah	Because unnecessary suffering is absurd in this day and age, and some of the current legislation especially regarding opiates and other medication needs to change as well. I am a disabled senior with chronic health problems, and I pray that we can make a difference in the legislation for all those who suffer needlessly.	Retired	Retired
Clarkson, Courtney	These improvements seem logical and important.	Self Employed	Self Employed
Singer, Suzanne	I believe that everyone has the right to a life and a death with dignity. Unbearable suffering is not what I believe an individual should have to endure, especially if their time on earth is limited. I also believe that having access to medication for aid dying gives people a sense of control over their end, and thus provides relief at a time of great distress.	Riverside Temple Beth El	Rabbi



Name	Reason	Employer	Occupation
Malcarne, Deborah	I want every eligible person to have the right to choose the option of medical aid in dying, and the fact that myself and my friends and family who live in CA have that right gives me immense comfort. There are some minor improvements needed in the CA law, but thank goodness we in CA already have this right as I feel terrible for anyone eligible who wants this choice but lives in a state where such is not available to them.	Retired	Retired
Smith, Kathleen	In my 70th year, I reflect on a full life of wonder and joy. Now I have MS and cancer and have seriously contemplated what the end of my life will look like. I hope for continued wonder and joy in the final stretch. We can and should prevent end of life suffering if possible as well as any barriers and roadblocks to the choice for a peaceful and compassionate final act. So I support SB 380.	retired	writer
Diamond, Mitchell	Freedom to make my own life decisions	Retired	Retired
Powell, Ginny	We should all have the ability to end our lives the way we choose	Retired	Retired
Bates, Jan	My body...my choice.	Retiredooo	Rtired
Maynard, Nancy	This is a kind thing to allow	Retired	Retiredthis
Banez, Linda J.	I've supported the idea of dying with dignity for almost twenty years (I was in the audience when Berg and Levine held a hearing in Northridge, CA) and now, at 80 yrs of age and reminded almost daily - in a failing mind and body - of my own mortality, I support it even more.	Retired	Timekeeper - Retired

Name	Reason	Employer	Occupation
Potter, James		Retired	Retired
Cohen, Suzie	This bill provides access to a peaceful death for people w/ a terminal illness and enables caring and comfort for the dying person and his/her family members.	Retired	Retired criminal justice consultant
Paley, Wendy	I believe it is inhumane to let a human suffer agonizing pain when they have a terminal illness that is not controlled with pain medication. We do not make our dogs and cats suffer the way many humans do.	Retired	Employment counselor retired
Westendorf, Randee	For all who have a terminal illness, it is imperative we have a choice to receive this vital care in all communities.	Self Employed	Farmer
Fahrner, Rita	We need medical aid in dying. I have seen way too many people suffer at the end of their lives.	Retired	RN, NP
Curenton, Lisa	It's the humanitarian thing to do	Retired	Retired
Sellin, Deverau B.	Too many people suffer as their life ends. We should give all the choice to stop the suffering and leave this life when they wish.	Retired	Retired
Deadwylier, Destiny	Every person should have the right to die with dignity, peace, and no pain.	Self Employed	Writer
Davidson, Camille	I would want everyone to have this option. I've seen far too many suffer needlessly.	Retired	Retired
Taylor, Christine	This is an individual decision made in conjunction with family members. Everyone has their own unique set of circumstances. Prolonging living for the sake of being alive and but not living is a personal choice.	Los Angeles Superior Court	Official Court Reporter

Name	Reason	Employer	Occupation
CORAL, ALAN	It is the least we can do to have a humane, kind, sensible and intelligent policy for those of us whose quality of life has reached the point of being unacceptable whether through age or disease and disability. Those who oppose it do so only out of greed for money while posing as benefactors.	Retired	Retired
Lenihan, Ursula		Self Employed	USTA TENNIS OFFICIAL
Lehn, Carla	Everyone deserves to have a right to choose if they find themselves in an unbearable terminal medical situation	Retired	Retired
Bischoff, Stephen J.	The End of Life Option is an essential provision for a person with a terminal illness!	Retired	Retired
Stern, Nancy	I want be able die with dignity.	Self Employed	Consultant
Westman, Walter	All Californians should have access to this important option.	Self Employed	Self Employed
Poklen, Karin	It is the compassionate thing to do!	Retired	Retired
Brown, Ray	I'm 81 years old. If worst comes to worst, it comforts me to know I could opt to have a death with dignity.	Retired	Retired
Cheesman, Jean	Because it's the right thing to do!	Retired	Retired
Robertson, Richard	Individuals must retain the right to determine their own health care, including end of life options.	Univesity of California	Professor
Kaminaka, Elizabeth	I volunteer for a hospice and I see the need for this. People suffer unnecessarily and this should be a personal choice.	Retired	Retired
Westman, Susan	Would improve options.	Retired	Retired

Name	Reason	Employer	Occupation
Johnston, Susan	I am a California citizen and urge you to approve SB380 on behalf of all terminally ill California citizens now and in the future. This important and compassionate bill harms no one, but instead simply allows your constituents who are suffering in pain from a terminal illness the personal option to control their death in a peaceful manner.	CSUDH	Retired professor
Isrowcohen, Barbara	I believe in the individual's right to choose, when a compassionate death is involved.	Retired	Retired
Brunkhorst, Bonnie	Respect for individuals. My religion.	Retired	Retired
Barber, Susan	I see the benefits of this bill almost every month	Mission Hospice & Home Care	Community Education Manager
Davis, Stephanie	Everyone has the right to end their own lives if they have a disease that is not curable or treatable. Four members of my family died of pancreatic cancer. They all suffered, in horrific pain, until the day they died. Please pass this bill. We desperately need this right in California. Thank you, Stephanie R. Davis, JD, MA, MFT	Self Employed	Attorney for family LLC
Cook, Ruth	If we believe in freedom, then folks should have the freedom to choose how they wish to pass on.I	Santa Clara University	Professor Emerita
Schmit, Victoria	I am a diagnosed Stage IV metastatic breast cancer patient. I want this option to be available to myself and others with as few unnecessary barricades to access as possible.	Not Employed	Homemaker
Heiman, Margaret	It is a humane option for end of life choices.	Retired	Retired

Name	Reason	Employer	Occupation
Neff, Nicola	I believe that a peaceful death and avoidance of end of life pain are human rights	retired	retired
Drake, Susan	I want the assurance that if I choose to end my life, my family will avoid legal percussions if they agree to my wish. I also do not want to cost anyone (Medicare or individuals) money for procedures that would only prolong a miserable situation.	Retired	Retired
Meyers, Gilda	Because we need this legislation.	Self	Psychotherapist
Cermak, Rick	I'll never forget, my mother's long and frightful death. My siblings and I want to be better able to have a more dignified end.	Retired	Retired
Weiss, Sura	So that it is there if I ever need to use it.	FourEyeCatMom	Sole proprietor - Internet based sales
Hennings, Deirdre E.	Because it is cruel and unusual punishment to force a dying person to exist in pain for longer than they want if they are already dying.	Retired	Retired
McAllister, Mary	As medical science has progressed to the point that life can be sustained when it is no longer worth living, it becomes increasingly important to enable people to decide when they are ready to die.	Retired	Retired
DeMar, Caroline S.	This bill not only gives individuals the rights to make their own decisions but it aids health organizations in better supporting those decisions.	Retired	Retired
Thew, Janet	I want the freedom to end my own suffering.	None	None

Name	Reason	Employer	Occupation
	<p>I have seen first hand, first with my husband, and then with my mother, how horribly painful dying can be. Both would have taken advantage of our Death with Dignity law, if it had been available at the time. In fact, my mother begged me to help her die, which of course, I couldn't.</p> <p>Fortunately, her hospice company kept her comfortable most of the time. In my husband's case, his palliative care/hospice team assured him that they would not let him suffer. Both the doctor and his nurse said it was their job to make sure he died peacefully. They lied! They let him suffer intractable pain in the last weeks of his life. The cancer had spread to every part of his body, including his bones and his brain. Yet they fiddled with his medications, pretending they were increasing the pain meds, when all they did was reduce the effectiveness. They day before my husband died, I got a hospice outside of Kaiser. While they were working to make my husband comfortable, which by this time was very difficult, his previous doctor's excuse for not increasing his pain meds was that 'it might have killed him.' He was already dying!!! He died the very next day!!! So letting him suffer seems to have been their agenda all along. If it was due to their religious beliefs, that should not be allowed. It should be up to the dying person, no one else, to determine his/her means and time of death. This painful death should NEVER happen to anyone else, unless the patient chooses to suffer. But if a patient wants to die with dignity, on his/her own terms, that should be the law. We</p>		

Name	Reason	Employer	Occupation
Florsheim, Stewart	It's all about human rights and dignity at the end of life!	Salesforce	Director
Rohrer, William		Retired	Retired
bricker, jeffrey		Retired	Retired
BALDERAMA, Disa	Dignity in life and death	Retired	Retired
Lieberman, Sharon	People should not be forced to suffer needlessly. They should have the option to choose a more gentle, more dignified death.	Retired	Retired
Jensen, Margaret	I work in a safety-net clinic and frequently talk with patients about end-of-life situations. It is soooooo clear that these are the options that people want, whether they ever end up using them or--more likely--not. Too many of my conversations are with the loved ones of people who were in care facilities towards the end of their lives, but who had the time and desire to have control over their own deaths, and found obstacles put in their ways. Loved ones could not always advocate or gain access to decision-makers. These are additions and reforms to the original legislation that are overdue.	Hill Country Health and Wellness Centers	Service Coordinator
Aiken, Michele	Watched my father-in-law suffer. I want options!	Retired	Retired
Abkin, Michael	For something as personal as our own death, it is critical for quality of life that we have some say, some agency, in the matter of our death.	Retired	Retired
Harris, Clara M.	It is needed.	Retired	Consultant
Raffel, Judith	I have always wanted these options so more people can avail themselves of this Act.	Retired	Retired

Name	Reason	Employer	Occupation
ALLAN, DAVID M.	I will be using it shortly - I am 92	Self Employed	Self Employed
Meyers, Stephen J.	To keep an extremely important and private decision in the hands of the individual or health care agent.	Retired	Retired
Neil, Kenneth	I want to have more control over my death.	Retired	Retired
Lubs, David S.	I am in favor of anything that makes it easier for those who need aid-in-dying easier obtain that kind of assistance.	Retired	Retired
Roberts, Karen	I want all Californians to have a choice, if they have a short life expectancy with pain and suffering. Patients deserve the medical care they prefer, which could be to end their life a little sooner; before they are terrorized by a body, painfully dying slowly but surely.	Self Employed	Artist
Heglar, Mary	It enables human dignity, patient control and common-sense decency at the end of life.	retired	retired
Day, Misty	I think it's a step in the right direction. Next on the agenda could be aid in dying for people with mental illness who want to leave their bodies.	retired	part-time writer
Greek, Christine	Please help make this a useful tool for dying patients	Retired	Retired



Name	Reason	Employer	Occupation
Holm, Barbara Jean	My late husband died at age 49 from bone cancer. It was a long, painful death. Within a month of his dying I became a Lifetime member of Hemlock Society. To this day I follow Compassion & Choices, reading everything I can get my hands on. I remarried 16 years later. John and I have been married almost 11 years. Two months ago, John, was diagnosed with Stage 4 tongue cancer with spread to 4 lymph nodes in his neck. He started radiation and Chemotherapy yesterday. We understand that the 7 weeks of treatment will be tough but I am hopeful that he survives and is cured. But it is comforting to know that End of Life Choices is out there .	Retired	Retired
Lifschiz, Julian M.	To allow myself the options!!!!	Retired	Doctor
NORRIS-ALVAREZ, SHELLEY	I believe that people should be able to make the choice to die with dignity if they have a terminal condition.	County of Marin	Social Service Worker
Poppenk, Rita L.	No one should be forced to suffer.	Retired	Retired
Geisser, Judith B.	My brother used it during a period when it was legal. It was such a gift to him to avoid the suffering he would certainly have suffered.	Retired	Retired
McFadden, Joan K	It is the right thing to do	retired	retired
MASSEY, EILEEN	We should have the right to choose our own path to our end of life experience.	Retired	Retired
Pernice, Bettyann	The California End of Life Option is a humane way to die. I expect that I will use it myself one day.	Retired	Retired

Name	Reason	Employer	Occupation
Gunther, Pamela	Have watched too many loved ones lie in pain or near unconsciousness until finally dying. My greatest fear is that I will not pass on quickly when it is my time. No quality of life means it is time to move on!	Retired	Retired
schmidtgal, Anne M	I believe in the choice to die with dignity should be a human right if your illness is terminal	Not Employed	Disabled
Dooley, Braddie		Retired	Retired
Leventhal, Gayle	I believe in it!	Retired	Retired
DENNY, SANDRA	Terminally ill patients have a right to end their suffering without bureaucratic obstacles and needless waiting periods. Health agencies and professionals should be required to inform them of their rights and assist them in the process.	Retired	Retired
Trebor, Robert	It's decent	Self Employed	Director
Albert, Shan	I have witnessed the people in excruciating pain suffering and losing their dignity when they could have expired in peace and dignity if it wasn't illegal. I still have nightmares of the suffering my aunt was forced to endure. Instead of remembering her as the very special woman she was I keep seeing her in that horrendous hospital room begging to be allowed to go home and die peacefully in her bed.	Zed Laborstories	Skin care product developer

Name	Reason	Employer	Occupation
Bridges, Terry A.	I'm a firm believer in deciding how much I would want to endure when I die, and how much I would suffer. That includes my loved ones. Dying with dignity should be a personal choice. Not the government's, or religious organizations.	Retired	Retired
Canaan, Colleen	We need to show the same compassion to humans as we do our beloved animals	Self	Resale shop. Return engagement
Portillo, Evaan L.	I just think medical aid in dying, which can be self administered, is a humane option. Individuals should have the right and the freedom to decide when they want to pass, and that right should be made permanent.	Retired	Retired
Nicholson, Donald	Terminally ill need compassion and assistance, not unnecessary hurdles.	Retired	Retired
Polesky, Alice	No one has the right to tell us how to live or die. In my opinion, the Act doesn't go far enough. People can live longer than six months in unbearable pain. They have a right to die if they choose to.	none	retired
Mejia Contact, Marianna	I am old and it makes sense.	Marianne Gabriel Mejia MFT	Lmft
messina, sergio	End needless suffering at the end of life. Good life - good death...	Retired	living in good health
Befu, Kei	I believe it's the right we all could have when we want it.	n/a	retired
Coleman, Karen	It's critical, in my opinion, that we die as we have lived...with at least some control over our being.	Not Employed	Not Employed
Wolfe, Charles	I believe the option is a necessary option for terminally ill people. We have it for non-human animals, don't people deserve as much?	Retired	Retired

Name	Reason	Employer	Occupation
Mishodek, Sandy	It is so important we have options in reducing pain, physical and mental, at the end of our lives.	Retired	Retired
Day, Felicity	Having sat with my best friend, then my husband, through long painful deaths, I want to encourage lawmakers to make it possible for a terminal patient to have the choice to escape the suffering with help from the medical profession.	Retired	CAD technician
Mandel, Judith A	I want us to be able to have the choice to die without agony.	none	retired
Meriwether, Dave	This type of choice will keep people from going to other places to die with dignity.	Retired	Retired
Jarrett, Lenta	Because I may want this option in the future.	Retired	Retired
Williford LCSW, Nancy	I have witnessed many in personal and professional situations where people have suffered medical futility and wanted to die and could not get Maid (Medical Air in Dying) which was a waste of quality time, drained human and financial resources and exacerbated their physical and emotional pain. With Maid, people can die peacefully and leave with grace & dignity. This law needs to be expanded to include dementia, the situation that most seniors fear and abhor.	Self Employed	Psychotherapist/LCSW
Ramirez, Erlinda	Terminally ill individuals should be able to die peacefully, painless and with dignity.	Retired	Retired
Eggers, Lynne	I think it's an extremely important aspect of complete health care.	Retired	Retired

Name	Reason	Employer	Occupation
stephens, kitty	I'm old and feel we should be in charge of our demise.	Retired	Retired
Silk, Wendy	Have always believed in choice	Retired	Retired
Dodd RN, Catherine	I've witnessed people suffer physically, and emotionally at the end of life.	Alliance of Nurses for Healthy Environments	Consultant
Portillo, Roland	It's the humane action to take.	Retired	Retired
Love, Rodney	Obvious no-brainer.	Therapist	Self Employed
Lawson, Beverly	Because I want to have the right to choose how and when my life ends. I'm almost 89 years old and still doing pretty well. Some in my family have lived to be 100 and more. I do NOT want my ending to be long and terrible.	Not Employed	Not Employed
S, C	It absolutely improves a person's choice to end their suffering,	Retired	Teacher
Sanchez, Pamela	It's the humane thing to do	Retired	Retired
Gouw, Tan H.	If I was terminally ill, I would really like to have this option available.	Retired	Retired
Bailey, Ruth	Why would you want anyone to suffer unnecessary pain?	Retired	Retired
Jamal, Aileen	My mother died of dementia caused by lack of Blood Pressure monitoring leading to Mimi-strokes undiagnosed by Doctor. No one should have to die like this. I also lost a dear school friend in 2019 suffering from a devastating neurological disease and the UK govt. would not allow him release from intense suffering. I would like to make that decision myself.	Retired	Retired

Name	Reason	Employer	Occupation
Plumb, Shelley	It is morally and ethically wrong to have people at the end of their lives suffer in excruciating pain while waiting to die. I know, I watched my dear mother suffer for six agonizing months before death took her.	Retired	Retired
Hansen, Kathleen	We need this for the dignity of people that have terminal illnesses	Retired	Retired
Safarjan, Bill	Individuals should have control over their own death. As people age, they frequently become incapacitated, severely diminishing their quality of life. There should be a reasonable option to end it, if they so choose. Forcing them to continue is inhumane.	Retired	Psychologist
Trezise, Robert	I believe that people should be able to die with dignity without having to endure years of pain and medical expense for themselves and their families. If there is a valid law, medical people and institutions should not be able to avoid it or not discuss with the patient. Why should seriously ill patients have to be subjected to the strain of jumping through hoops and finding doctors when there is a law that addresses the issue and provides a remedy.	Retired	Retired
Lundeen, Susan	It seems the most humane way for a dying person to deal with the end of his/her life. We treat our animals this kindly, and don't let them continue to suffer pain and debilitation. Why would we keep that choice from our own loved ones?	Retired	Retired

Name	Reason	Employer	Occupation
Lamorte, Lynn	People in modern society should have no reason to suffer and excruciating death. I mean, we euthanize our pets to keep them from suffering. Why should humans be any different? We already go through so much living through and fighting through our horrific prognosis, we deserve peace. It's in humane to allow any living thing to suffer when we have the means to allow people to decide. We have no control over the sad fate that was given us when we were diagnosed, we should at the very least be able to have control over when we would like to pass on and be free of suffering.	Self Employed	Makeup Artist
Slutsker, Dorrie	I had a neighbor who used this act to end her life beautifully. I want the same opportunity for myself and for everyone who wants this option. Death with dignity and without unnecessary suffering should be a human right.	Retired	Refired
Florea, Rita	WE ALL NEED TO BE ABLE TO CHOOSE OUR FINAL EXIT!	Retired	Retired
Torres, Carol	Because it is something I would want available to me if I were ever in that situation.	Retired	Retired
Bernstein, Judith	i had family members and severak fruebds kept alive when the were in pain and clearly dying. I don't want this to happen again.	Retired	retired
gaeta, jessica	If an individual is truly suffering and life becomes a painful struggle, they should be able to choose to move on	Private	Respite caregiver

Name	Reason	Employer	Occupation
Broide-Miller, Nitza	so that people who are suffering and definitely have no hope for recovery can die in dignity.	Self Employed	Psychologist
dolan, kelley	Because it's the caring and compassionate thing to do. People should be able to make their own decisions on the outcome their lives.	Retired	Retired
Kozlov, Tommie	Palliative care at end of life is important.	Retired	Retired
Jaeger, Evette	I want this option for my future use.	Retired	retired
Frauman, Cindy	Everyone has a right to live their life the way they choose and they have a right to die without pain and with dignity,	Capistrano Unified School District	Student Supervisor
Webber, Nancy	I am a concerned senior in early eighties.	Self Employed	Artist
Magilen, Julie	Because I don't want to go through what my husband experienced.	Retired	Retired
Pender, Sarah	As a Bereavement Coordinator for hospice, Gerontology Chairperson/professor, licensed clinical psychologist and Marriage Family therapist, I have watched deaths of patients tortured to death by pain, or losing their sense of self by falling into drug induced comas due to pain medication. Let dying patients keep their sense of self and avoid becoming drug addicts required due to their pain.	Retired	Retired
Lewis, Cynthia	All people should have the option to control how they die.	Self Employed	educational consultant
Gold, Frances	I don't want people suffering unnecessarily. It should be a persons choice not to suffer when there is horrible quality of life.	Retired	Retired



Name	Reason	Employer	Occupation
Cohen, Herbert	I have been a court appointed Conservator and POA - Health Care and am aware that certain clients would want this option.	Retired	Retired
Ross, Jennifer	If terminally ill and suffering at the end of life, we should have the option to end it and not continue to suffer.	Unemployed	Unemployed
McGarry, Timothy	It's right	Self Employed	Home Care
henderson, sandra	personal family experience ..... mother,father and husband	Retired	Retired
Branstrom, Bob	For people facing death, this law provides a compassionate alternative for those who want it. Two of my neighbors have taken advantage of this option, providing both of them comfort and relief. This bill makes the option permanent and adds several important improvements.	Retired	Retired
O'Donohue, Kathi	My mom could have done this, if she wanted to.	Unemployed	Unemployed
Abernethy, Ronald		Napa County	Attorney
Adams, Sheridan		Self Employed	psychotherapist
Adderson, Bev		Retired	Retired
Adler, Jonathan		Retired	Retired lawyer; Dem Party of O.C. Cntrl Cmte mbr
Adler, Louise		Retired	retired
Baker, Diane		Retired	Retired
Hall, Suzanne		Unemployed	Unemployed
Donaldson, John R.		Retired	Retired
Allphin, Beverly		Retired	Retired
Reimer Espinosa, Tamara		Self Employed	Homemaker
Ahlquist, Susan		Retired	Retired
Berlin, Lori		City of Berkeley	RN
Ahumada, Chandra		SSI	Disability

Name	Reason	Employer	Occupation
Motarjemi, Shereen		Self Employed	Personal trainer
Ailey, Carolyn		Retired	Retired
Garner, Jan		Retired	Retired
Short, Margaret		Retired	Retired
Baker, Arlene		Creators Equity Foundation	exe asst
Lieberman, Jim		Retired	retired
MILLER, Dale		self-employed	real estate
Teller, Roberta		retired	retired
Alderette, Gary		Eco Automotive Distributors	Delivery Driver
Bostian, Carol Page		Retired	Retired
Williams, Thomas		Enrollment Projection Consultants	Demographer
Amador, Guadalupe		Retired	Retired
Amato, Ronnie Jeanne		Mercy San Juan Medical Center	Retired
American Nurses Association CA		ANA\C	Professional nursing association
Anderson, Georgia		Retired	Retired
Andrade, Esther		Retired	Retired
Andrade, Laura		Retired	Retired
Andrews, Julia		SAG-AFTRA	Artist
Kronmal, Barbara		Retired	Retired
Angeli, Carol		Retired	Retired
Bogin, Ronald		Retired	Retired
Hathaway, Susan		law offices	clerical
Needleman, Larry		Retired	Retired
Surch, Anastasia		Retired	Retired
Freemond, Ilene		Retired	Retired
Apfelbaum, Elizabeth		Retired	Retired
kern-marshall, marjorie		Retired	retired
Valenti, Michael		Retired	Retired
Nussbaum, Rhoda		retired	physician
Herndobler, Beth		IAMSOL	Owner

Name	Reason	Employer	Occupation
Compton, Carla		Buttercup Pantry	Homemaker-Disabled
Graves, Margot		Retired	Teacher
Simpson, Errol		Student	Teacher
Arace, Marylucia		none	none
glasser, mark		none	person
Hadley, Christopher		Retired	Retired
Asmundson, Sally J.		Retired	Retired
Austin, Betty		NA	retired
miller, judy		Retired	Retired
Avellino, Vincent		Retired	Retired
Nelson, Joani L.		Retired	Retired
Baggelaar, Sandra		Retired	Retired
Cheema, Kathrin		Partner in my business	Art Consultant
Bahr, Ronald		Retired	Retired
Seil, Fredrick		Retired	Retired
Pahl, Lisa		Torrance Memorial	Licensed Clinical Social Worker
Shavelson, Lonny		American Clinicians Academy on Medical Aid in Dyin	Physician
Zimmerman, Ely		Self Employed	Life Coach
Edwards, Mary Anne		Retired	Retired physician
Cook, Bink		Retired	Retired
Randolph, Robert B		unemployed	construction materials
STEINBRONN, SHARON A.		Self Employed	Consultant
Poplawski, Terry		Retired	Retired
Morgan, Merrilee		EUSD	Retired educator
Christopher, Sandra		Retired	Retired
Neil, Cookie		Retired	Retired
Lassus, Joann		organizer	self employed
Baker, Georgette		Self Employed	Self Employed
Baker, Linda K.		Unemployed	Unemployed
Banerjee, Chandana		City of Hope	Physician

Name	Reason	Employer	Occupation
Barbera, Jayne E.		Retired	Retired
baville, mary		Retired	Retired
bean, eliot		Metropolitan Water District of Southern California	Analyst
Reisman, Gail		N/A	Gerontologist
Beasley, George Dale		Retired	Retired
Beck, Pamela		Retired	Retired
Wilkinson, Judith A.		Retired	Retired
Bell, Donald		Retired	professor
Bellin, Judith		J. Bellin	Lifestyle coach
Benjamin, Elaine		Retired	Retired
Evans, Ronald		Retired	Retired
Bennett, Ann B.		retired	retired teacher
Bennett, Myra		Compassionate Crossings	End of life doula
Bennett, William C.		Self Employed Bennett Farm operatontions diedLLC	cattle rancher
Berberian, Jane		Miss	Disabled
Bergman, Laurel		Retired	Retired
BERNAL, ANTONIO		RETIRED	TEACHER
VerPlanck, Ann		Retired	Mental health therapist
Besso, Robert		Retired	Retired
Best, Simone		Retired	Retired
BittermanHernandez, Nancy		Salinas union High School District	Retired teacher
Bjerre, Mads B.		Retired	Retired
Blachman, Linda		Self Employed	Life Coach
Black, Celeste		Self Employed	Massage Therapist
Black, Stephen		Retired	Retired
Blank, Michael		Retired	Retired
Bloch, Anne-Marie		Self Employed	Psychologist
Bond, Shelley		Retired	Retired
Boone, Barri		IHSS	retired Home Care Worker

Name	Reason	Employer	Occupation
Borevitz, Mary		Retired	Retired
Bourne, Patricia G.		self	retired
Boyce, Nancy		Retired	Retired
Bradford, Loretta		Not Employed	Homemaker
Brenza, Tina		Self	Dentist
Hazucha, Robert		Retired	Retired
garfinkle, deborah		de anza college	educator
Brinkman, Carol		Carol Brinkman	Self Employed Medicare & ACA health insurance
Brisby, Susan		Not Employed	Homemaker
Brooks, David Allen		Retired	Retired
Brooks, Esther		Retired	Retired
BROWN, LANNY		retired	retired
Brown, Sydney		Retired	Retired
Brownell, Eileen		Rev.	Minister
Bull, May		Retired	Retired
Burn, Shawn M.		State of CA	Professor
Burr, Betty		Self-employed	Gerontologist
Butler, Sam		Self Employed	Business manager
Byrne, Ellen		Retired	Retired
Cain, Jon J		Retired	Retired
Calkins, Lynne		Retired	Nurse
Camhi, Lynn		Not Employed	retired teacher
Campbell, Stephanie M.		Retired	Retired
Doyka, Christine		Heart of the Redwoods Community Hospice	Grief Counselor
Carrozza, Linda M.		Retired	Retired
CARTER-JOHNSON, JUDY		Retired	Retired
Carter, Gayle Ann		Retired	Retired
CERVANTES, JOHN		Self Employed	tennis instructor
Champion, David		Retired	retired
Chapman Lenz, Karen		Retired in 1995	Retired Teacher

Name	Reason	Employer	Occupation
Chaput, Steven		Retired	Retired
Charnofsky, Norene M.		Retired	Retired
Chen, David		Retired	Retired
Cole, J		self	proofreader
Chodroff, Paul H.		Retired	Retired
Cirillo, Lila		Retired	Retired
Cleveland, George		Retired	Retired
Cliver, Frederick		Self Employed	consultant
Cohen, Donald H.		Retired	Retired
Cohen, Elena N.		Retired	Retired
Coleman, Marilyn		Retired	N/A
Coletti, Donna		Retired	Retired
Connally, Jan		Retired	Retired
Connett, Joe		Navy	Engineer
Contact Name		Employer	Occupation
Corbin, Brett		Networks 2000	Owner
Cramer, Judith		Retired	Retired
Crase, Steve		Retired	retired
D'Anna, Susan Levy		Not Employed	N/A
da Costa, Debra		Retired	retired
Danielson, Zoe Joyner		Retired	I am retired
Danjelic, Erica		Retired	Retired
Danque, Flora		Flora I. Danque, M.D., Inc.	Family Practice Physician
Davidson, Robin K.		Retired	RN, L.Ac.
davis, kristen		Retired	Retired
Day, Tracy		Retired	Retired
De Baca, Sylvia		Retired	Retired
De Clark, Bonnie		retired	retired
DeBenedetti, Kerry		Retired	n/a
Debra, Ruth		Peace and Pride	Self Employed
Murphy, Owen		IUPAT	Installer

Name	Reason	Employer	Occupation
Shoberg, Lu		Retiredretired	Retired
DEPINTO, URTIE		Retired	Retired
Diamond, Debbie		Retired	Retired
Distefano, John		Self Employed	Self Employed
ditzler, m susan		Not Employed	Retired RN
Domser, Mal		Retired	Retired
Doughty, Caitlin		The Order of the Good Death	Advocate
Dowler, Edward		Retired	Retired
Du, Xinwei		Student	Student
DuFau, Claudia		Self Employed - CPD Advertising & Design, Inc.	Designer
Dunlevy, Patrick		Retired	Retired
Dworaczyk, Debra		hospice	Social Worker
Earl, Nancy Anne		Retired	Retired
Eckelmeyer, Karin		retired	retired
Effress, Lauraine		Retired	Retired
Eitel, Dolores		Retired	Healthcare
Eldon, John		UCSD	University Lecturer
Emerson, Nancy		Retired	Retired
Erickson, Janet		Retired	Retired
Erickson, Judith A		County of Sonoma	Analyst
Erwin, Henry		retired	retired
Ettinger, Victor G		Telehealthdocs Medical Group	Physician
Eulberg, Susan Kate		Retired	Retired
Farwell, Larry		Unemployed	Unemployed
Favorini, Lisa		Not Employed	retired
Fells, Sharon Ryan		Retired	Retired
Fendel, Dan		Retired	Retired
Ficht, Angela		Unemployed	Unemployed
FIELDER, AIXA		Self Employed	Design Custom Furnishings
Fisher, Dixie L.		Retired	Retired

Name	Reason	Employer	Occupation
Flores, David		County of Santa Clara	Nutrition and Food Service
Forcucci, Angela		Advance Care Pharmacy	Pharmacist
Forest, Catherine Sonquist		UCSF Natividad	family medicine physician
Fowler, Patricia		Retired	Retired
Fox, Andrea		Retired	Retired
Fredrickson, Krisa		currently unemployed	Botanist
Frentner, Shaun		US EduCon	Teacher
Fuggiasco, Deedrah J.		Retired	Retired RN
Fung, Elaine		Self Employed	Self Employed
Gallin, Kay		Self Employed - Kay Gallin	bookkeeper
Ganapol, Mary		Arizona End of Life Options	Southern Arizona Lead
Garrett, Valerie J.		Self - Valerie Garrett Therapy	Marriage and Family Therapist
Gaspari, Enrica		Self Employed	Massage Therapist
Geller, Rabbi Laura		Retired	Retired rabbi
Ghermann, Ernst F.		Retired	Engineer
Giesey, Marisa		Retired	Retired
Gilbert, Steve		Retired	Retired
Gilbert, Sue		Retired	Teacher
Gilfillan, Nedrabeau		Retired	Retired
Gilmore, Kim		CVUSD	Teacher
Ginsburg, Paula		SFUSD	retired teacher
Glancy, Chelly		Unemployed	Unemployed
Glantz, Robert		Retired	Retired
Glenn, Lewis		Retired	Physicist
Goldman, Marsha		VNA Health Hospice	Social Worker
Goldwyn, Lori K		Retired	Retired
Goodyear, Brian PhD		Self Employed	Psychologist
Gore, Lynn		Retired	Retired
Greenleaf, Judith		self	Artist
Greenwood, Richard		Retired	Retired
Guzzo, Dixie		Retired	Retired



Name	Reason	Employer	Occupation
Haight, Robert		Retired	Retired
Hall, Dorothy-Kaye		unemployed	retired
Hallam, Esther		Retired	NA
Hallock, Yori		Retired	Retired
Hamlat, Joy		Senior Citizen not employed	Retired Senior
Haring, Isobel		Unemployed	Unemployed
Harper, Larry		Retired	Retired
Harrison, Dea Lee		Retired	Retired
Hartigan, Theresa		Retired	RN
Hartman, Edward C.		Retired	Retired
Haule, Anne		Not Employed	Retired attorney
Hayashi, Steven		Retired	Retired
Hayward, Carol		Retired	Retired
hedgepeth, don		Self Employed	Realtor
Heliker, Larry		Retired	Retired
Henderson, Karla		Retired	Retired
Hermann, Birgit		Retired	Retired
Herndon, Laura		The Walt Disney Company	Office Clerk
Herrera, Pam		Not Employed	retired
Hertl, Julie		A major health care system in WA state	Medical Social Worker
Herzig, Jacquelyn		Self Employed	business woman
Heyman, Chris		UCSD	Researcher
Heyman, Kerry		Zendesk	Sales
hill, Angela		Retired	Retired
Hilp, Brodie		N/A	N/A
Hite, Linda		Retired	Retired
Hoeschele, Steven		Stanford University	Communicator
Holley, Mary		Retired	Retired
Holmes, Anita		Self Employed	Self Employed
Hong, KEELUNG		TLC Biopharmaceuticals	Executive

Name	Reason	Employer	Occupation
Hornstein, Francie		Retired	Retired
Howard, Karen		Retired	Retired
Hoyt, Nancy W.		Retired	Retired
Hughan Rojas, Mary		la goal	staff
Hughes, Carol		Retired	Retired
Hynds, Patricia A.		Retired	Retired
Ilfeld, Jeffrey		Self Employed	Owner, California Clean Energy, LLC
INFANTE, KATHLEEN		RETIRED	REGISTERED NURSE
Jackson, Ruth		Retired	Retired
jacobs, sybil Ashley		Retired	Retired
Jacobsen, Nancy		Retired	Retired
Jamall, Ijaz		Theodor Billroth Academy	Scientist
Jasmin, Judith		Retired	Retired
Johansing, Loydell		Retired	Retired
Johnson, Donald M.		Retired 2018 @ 87	ARCHITECT
Johnson, Grace		Retired	Retired
Johnston, Victoria J.		Vanguard Properties	Realtor
Joyce, Audrey		Retired	Retired
Judt, Joanne		Retired	Retired
Kaan, Jessica		Vancouver Clinic	Physician
Kahn, Patricia		Self Employed	Pat Kahn Designs
karr, louise		Self Employed	psychotherapist semi retired
Kaufman, Ellen		Retired	Retired
Kavelin, Barbara		Retired	Retired
Kawamura, Geraldine N.		Retired	Retired
Kearney, Linda M.		retired	RN
Keehn, Kathleen J.		Retired	Retired
keel, Betty A.		Retired	Retired
Keenan, Robert		Retired	Retired
Kelly, Judianne		Retired	Teacher

Name	Reason	Employer	Occupation
Kemp, Joan		Retired	Retired
Kepple, Cynthia B.		Retired	Retired
kinsch, Kevin		Retired	Retired
Kiser, Carol		Retired	Retired
Kiva, Jo Ann		Retired	Retired
Kleinman, Linda		Retired	Retired
Kleinman, Lowell		John Muir Health	Physician
Klinger, Lisa		Retired	Retired
Knestrick, Brian		ICS	ILS Worker
Knestrick, Sharon		retired	retired
Knox, Elena		Retired	Retired
Koch, Johanna		Tahoe Forest Hospital	Physician
KOESSEL, KARL		Retired	Retired
Kolkey, Zora		Bay Area Counseling With Zora	Psychotherapist
Kolpack, Susan		Retired	Retired
Kovalsky, Abby		Retired	Retired
Kramer, James		Retired	Retired
Kret-Matthews, Christi		Bongo ink	Screen Printer
Kudler, Jacqueline		College of Marin	Teacher
Kuseski, Rhett		IRWD	Network Admin
Lake, Bruce M		Retired	Retired
Lazure, Rende		Retired	Retired
Lee, Brenda		Retired	Retired
Leneman, Cecile		Self Employed	writer
Leslie, Patricia		Patricia A. Leslie	Author
Levin, Roger		Retired	Retired
Levine, Jeffrey		Self Employed	Physician
LEVY, MAURICE		Retired	Retired
Lilith, Ms		Retired	Retired
Lilly, Sherrie		Retired	Retired
Lipman M.D., Leonard M.		self - retired	retired

Name	Reason	Employer	Occupation
Loper, Kathryn		Self Employed	Special Events Director
Lopez, Ralph J.		none/retired	retired
Luce, Thomas		N/A	N/A
lucero, antonio		Retired	Retired
Lynch, Margaret		Student	Retired
Lyons, Connie		None	Sahm
Mabie, Jean L		Retired	Accountant
Macarai, Michelle		CSS of Alameda County	LCSW
MacLaren, Hannah		retired	retired educator
Macneil, Mary-Allen		Retired	Retired
Major, Kyle		Self Employed	Chef
Mannon, Elaine		Retired	Retired
Mardigian, Sandra		Retired	Retired
Margolin, Kim		Retired	Physician
Marino, Joseph		Self Employed - Consult43 business consulting	Consultant
Marston, Natasha		PCCSB Inc.	Physician
Marton, Lucy		Not Employed	retired
Mass, Donna		Retired	Retired
Matchett, Eddie J		Retired	Retired
Mattei, Irene		Retired	Retired
Maxfield, P Tanzy		retired	retired
May, Stephen Seiferheld		Retired	Retired
McCanse, Al Ross		Retired	Retired
McDuff, Robin		none	retired
McGee, Maureen		Hammer Museum	Art conservator
McKeegan, Bonnie		Bonnie McKeegan, LCSW	Clinical Social Worker / Psychotherapist
McKown, Scott A.		Retired	Retired
McQuarrie, Ellie		Retired	retired
McWhirter, Lora		Retired	Retired
Mera, Csaba		Mera Consulting, LLC	Consultant

Name	Reason	Employer	Occupation
Merritt, Jerilynn		Retired	Retired
Meyer, Nancy L.		Retired	Retired
Michaels, Paula Klein		none	retired
Millard, Frederick		UC San Diego Health	Physician
Miller, Joan K.		Retired	Retired
Modic, Robert		Retired	Retired
Monroe, Dana		Retired	Retired
Moore, David		Retired	Teacher
Morgan, Donald		Retired	Retired
Morin, Karen		Self Employed LA Patient Advocates	RN
Mourenza, Lydia		Retired	Attorney
Murphy, Michele		Retired	Attorney
Nahigian, Kenneth E.		State of California	Programmer
Napoli, Marie		Retired	Psycholoist
Nelson, Cary		Self Employed	Doctor
Nichols, Mary Alvin		Cancer Support Community Pasadena	Therapist
Nicholson, Adrienne		Retired	Retired
Ning, Surrina		SFAM	Administrator
Nugent, Lynne		Retired	Social Worker
nutter, susan		Retired	Retired
O'Donnell, Jeri		None	None
O'Riley, Robert		County of Ventura	Chief of Staff
Ogden, Leslie		Retired	Retired
Ogella, Edith		Retired	retired
Onufer, Cindy		Retired	RN
Orman, Joette		Joette Orman	Stuntwoman
Orozco, Eva		Retired	Retired
Ostro, Hans		Retired	Retired
Palermo, Jeannie		Retired	Retired
Palmer, Barbara K.		Retired	retired court reporter

Name	Reason	Employer	Occupation
Palmer, Ruth		Retired	Retired
Park, Matty		Retired	Retired
Parness, Velma		Retired	Retired
Pascual, Caesar		Healthcare	Social Worker
Paul, Mary		Retired	Retired
PAULSON, SUSAN		Not Employed	Retired
Pearson, Dairine		VNA Health	Social Worker
Penaloza, Mayra		Oc hospice	Social Worker
Perez, Margarita		LAUSD	Teacher
Perloff, Jean M.		Retired	Retired
Peter, Elizabeth		Retired	Retired
Petrick, Mara		VNA Health	Social Worker
Philippi, Frederick W.		Retired	Retired
Pieper, Bill Jr.		Self Employed	Writer
Pietroforte, Lynda		Sharp	Recruiter
pocekay, Dennis		retired	physician
Pope, Thaddeus Mason		Mitchell Hamline	Professor
Porter, Susan		Retired	Homemaker
Primeau, Kathryn		Good Grief Doula	End of Life Doula
PULLMAN FISCH, SOLANGE		RETIRED	RETIRED
Rajan, Shilpa		C&C	SCA
Ramos, Nanette		Retired	Retired
Randall, Marion		Retired	Retired
Ratto, Christine		Retired	Retired
Rawley, Barbara		Retired	Retired
Redfern, Lisa		Redfern Studio	Self Employed
Reeves, C		Retired	Retired
Renfroe, Annora		IHSS	Caretaker
Reynolds, Linda		retired, real estate company	retired
Richman, Theresa		Retired	Retired
Roberts, Jane K.		retired	retired

Name	Reason	Employer	Occupation
Roberts, Pamela		CSULB	Professor
Robinson MD FACOG, Susan C.		Retired	Physician
Rodd, Marion		Retired	Retired
Rodriguez, Julie Andersen		Self Employed	Psychologist
Rosen, Natalie		Self Employed	Owner, Parenting Specialist
Rowland, Dan		Self Employed	Consultant
Rowson, Tracie E.		Retired	Retired
Salomon, Charlotte		Retired	Attorney
Sanders, Mickey		Retired	Retired
sandoval, judith		Not Employed	Not Employed
Saslow, Rondi		Self	Family and Marriage Therapist
Schegloff, Myra J. W.		Retired	Retired
Scheinman, Barbara		Retired	Social Worker
Schnack, Judith		Retired	Nurse
Schuster, Dana		Retired	Retired
Schuster, Jay		Retired	Retired writer editor newsletters video director
Senoglu, Rebecca		Enloe Medical Center	Cancer Support Program Coordinator
Serber, Diane		Retired	Retired
Shaw, Cora		Retired	Retired
Shea, Rita		Retired	Retired educator
Shockley, Madison T. II		Pilgrim United Church of Christ, Carlsbad, CA	Pastor
Siddle, Stanley		Retired	Retired
Simmons, Deanna		retired	retired
Slaughter, Marianne		Not Employed	Not Employed
Sloane, Marcia		Navarro River Music	Musician
Smiley, Janet		Retired	Attorney
Smith, Judith		Retired	Retired
Smith, Sheila		Retired	Retired
Smitson Sehnert, Patricia		Retired	Retired

Name	Reason	Employer	Occupation
Snider, Joanne T.		not employed	retired
Sniderman, Courtney		unemployed	RN
Solomon, Phyllis		Self Employed	Self Employed
Soper, Kathleen		NA	NA
Spears, Sylvia L.		Retired	Retired
Squier, Nanci		Retired	Retired
St John, Rick		Retired	Retired
St. James, David		Various studios	Actor
Stacy, Madeline E.		Individual	Private Caregiver
Stone, Ann		Retired	Retired
stone, Carol		Retired	Retired
Stone, Elizabeth L.		Retired	Retired
Stupka, Anne		Retired	Retired
sullivan, margaret M.		retired	retired
tanaka, christine A.		Retired	Retired
Taradash, Jan E.		Retired	Attorney
Tate, Donna		Retired	Retired
Taubman, Paula		Retired	Retired
Taylor, Patrice		Self Employed	Bookkeeper
Taylor, Pradub		Self-employed	Writer
Telford, Lynn K.		Weber and Company	Accountant
Teuffel, Carol Jean		Retired	Retired
Thorman, David		Retired	Retired
Thornhill, Robert		Retired	Retired
Trad, Samantha		Compassion & Choices Action Network	California State Director
Trumbo, Rita		Trumbo Consultancy	Business Person
Trygstad, Carl		Unemployed	Unemployed retired
Tuomi, Linda		City of SB/SBPD	Office Specialist II/Live Scan Fingerprint Tech
Turbow, Myron		Retired	Retired
Tutman, Miriam		Self Employed	RN



Name	Reason	Employer	Occupation
Van Arsdale, Janet		Retired	Retired
van der Naald, Anje		I have no employer. I am retired, as stated	professor emerita (retired)
Vandel, David		Retired	Retired
Vargas, Alejandra		Student at UCLA	Student
VON HUSEN, PAULA		Retired	Retired
VonHusen, Kavie		NeuroRestorative	Occupational Therapist
Wacasey, Trina		self employed	End of Life Doula
Wallace, Rosalie		retired	retired
Warshal, William		Seasons Hospice	Physician
Watson, Sandra		Retired	retired
Watts, Elizabeth		Retired	Retired
Weatherly, Judy		Retired	Retired
Weiner, Paula		Retired	Retired
Weinstein, Debra		Santa Maria Juvenile Hall	Physician
Wells, Barbara G.		Retired from UCLA	Mathematics Educator
Wernette, Mary		Self Employed	Homemaker
Whipple, Dave		Retired	Retired
Whitaker, Howard J.		Retired	Retired
White, Cate		Retired	Retired
white, irene		Retired	Retired
White, Thomas		Retired	Molecular Biologist
Wilder, Carol		Retired from Kaiser	Retired RN
Wile, Patricia A.		Retired in 2013 from Los Angeles U.S.D.	Retired Sp. Ed. Teacher
Williams, Deborah		Self Employed	Writer
Winters, Verna		Self Employed	Performing Arts Specialist/Teacher/director:Piano,
Wolff, Steve		Self Employed	Consultant
Wolk, Lois G.		Retired	Senator, retired
Woo, Helen Y		Retired	Retired
Yockey, Samuel D		Retired	Retired

Name	Reason	Employer	Occupation
Yoffe, Amy		Access TLC Hospice	Hospice Social Worker
Young, Jerelyn		Retired	Retired
Zebker, David		David Zebker	CPA
Ziff, Sharon		Retired	Nurse
Zimmerman, Ann		Retired	Retired
Zimmerman, Stephen H		Not Employed	Not Employed



May 21, 2021

Mayor Jimmy Dutra  
City of Watsonville  
275 Main St., Suite 400 (4th Floor)  
Watsonville, CA 95076

RE: SUPPORT End of Life Option Act - Agenda Item 7.L

Dear Mayor Dutra,

I send this letter to you today on behalf of the Hospice of Santa Cruz County patients that have requested and chosen to utilize California's End of Life Option Act.

The California End of Life Option Act (EOLOA) took effect in 2016 and since that time nearly 2,000 mentally capable, terminally ill Californians with six months or less to live have exercised their legally available option to receive a prescription for medical aid-in-dying medication to peacefully end their unbearable suffering.

While the number of patients choosing the EOLOA at Hospice of Santa Cruz County remains small, I have witnessed the comfort and relief that patients receive from having this option. It is affirming to witness the dignity that patients feel by gaining some control at a time when they often feel like their bodies are failing them. We have also seen how comforted family members can be by knowing that their loved one died on their own terms.

For a variety of reasons, too many suffering terminally ill Californians have been unable to access their end of life options. A study by Kaiser Permanente Southern California revealed that one third of terminally ill adults who sought to access the EOLOA died before completing the time-consuming process which includes a 15-day waiting period and can sometimes take months to complete.

In addition, COVID-19 pandemic has exposed health disparities in access to care among different communities. The hurdles that make it difficult for dying people to use this law are magnified in communities of color, where patients often don't have access to the same resources and referral networks that can best inform them about their end of life options.

For these reasons, we believe that California lawmakers should permanently reauthorize the End of Life Option Act via Senate Bill 380 which includes amendments to improve access to the law while preserving its essential patient safeguards.

Cathy Conway  
Chief Executive Officer

May 21, 2021

Mayor Jimmy Dutra  
City of Watsonville  
275 Main St., Suite 400 (4th Floor)  
Watsonville, CA 95076

RE: SUPPORT: End of Life Option Act - Agenda Item 7.L

Dear Mayor Dutra,

I am writing personally and as a medical advocate who has seen the benefits of end of life choice at close range, and in my capacity as a policy-maker (formerly New York State's Deputy Commissioner for Clinical Policy and Programs in Mental Health and one who has served in a range of medical leadership positions.) I will speak briefly to each, as I believe them relevant to the decision-making at hand.

- More personally, in 2018, a very dear friend -- a gifted nurse -- suffering with end-stage ovarian cancer was able to use her choice because of the 2016 ground-breaking legislation. I was given the gift of bearing witness. It was at this juncture -- well into her metastatic disease -- that she was informed that no further medical intervention was available. After she experienced the first metastases into her brain, she faced what was the likely path of things to come: increasing discomfort, mental fog and complete dependency. Well-schooled in the 2016 legislation, she had been put at far greater ease about the 'what happens when' scenario. Once (and *only when*) her circumstances met these criteria was she able to come to the decision, completely of her own accord. Her passing was a blessed one, a gift to herself -- and to the many people who loved her and were able to be with her in her final moments. Knowing *that she had that choice* made her last years productive and without the continuous anxiety that accompanies so many of us with deteriorating illness.

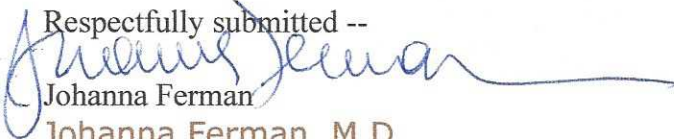
This choice is what I wish for myself. A choice without compunction, as the utilization of the legislation has shown possible -- a choice that has multiple controls and steps, a deeply thoughtful, reflective journey -- very far indeed from any routinized process.

- As a physician deeply embedded in policy-development for large systems, I have rarely seen the well-spring of stakeholder support that has been in evidence around SB380: from patients and their family members, to care providers and prescribers. The primary catalytic energy for this is coming from where it needs to come; that is, from the recipients/potential recipients of the Act themselves and from their loved ones. In case after case, we hear of the benefits of the legislation, the peace of mind for those who are suffering, the stringency of the controls, just as I had witnessed with my dear friend in 2018. It is time to put to rest some of the barriers as well --
  - Reduce the waiting period to 48 hours.
  - Improve transparency of healthcare facility policies by requiring them to post their medical aid in dying policies on their websites.

- Remove the redundant fourth request for medical aid in dying (referred to as the final attestation).
- Clarify that medical providers should document and date requests for medical aid in dying, which can be referenced should a patient choose to transfer care, and
- Clarify that medical aid in dying medication may be self-administered within a healthcare facility

It is my hope that legislative policy can build on the good sense in evidence since 2016 during this first five years of practice -- with clear passage for SB380 - ELOA -- eliminating the sunset provisions and making its sensible modifications in view of on the ground experience.

Respectfully submitted --

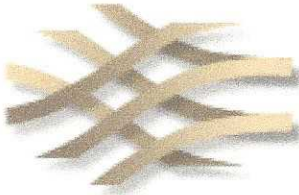


Johanna Ferman

Johanna Ferman, M.D.

Principal

Integrus Health Group



[www.integrushealth.com](http://www.integrushealth.com)

510.789.7270

May 21, 2021

Mayor Jimmy Dutra  
City of Watsonville  
275 Main St., Suite 400 (4th Floor)  
Watsonville, CA 95076

RE: SUPPORT: End of Life Option Act - Agenda Item 7.L

Dear Mayor Dutra,

I am writing to support Senate Bill 380, which would keep and improve California's End of Life Option Act.

A compassionate and carefully administered method to allow terminally ill persons to work with practitioners to receive medical aid-in-dying.

Between 1999-2009, I served as Director of Quality at the Palo Alto Medical Foundation. Prior to that, I was Associate Director of Quality at Stanford Hospital and Clinics. In both roles, I promoted the use of Advanced Directives and other tools to enable each person to clearly understand their choices. In my experience, when appropriately implemented, these tools promote dialogue about the end-of-life considerations.

As part of the work to promote Advanced Directive use, I came to see that a small but significant number of persons were looking for the type of assistance that this End of Life Option Act now permits — but which was not available 20 years ago. Further, the implementation over the last 3 years has demonstrated that this can be rolled out carefully and compassionately in tandem with hospice programs and other end-of-life structures.

I believe that California lawmakers should permanently reauthorize the End of Life Option Act via Senate Bill 380 which includes amendments to improve access to the law, especially for underserved communities of color and rural communities, ensuring all eligible terminally ill people can access it, while preserving its essential patient safeguards. Other amendments include:

- Requiring healthcare systems and hospices to post their medical aid-in-dying policies on their websites
- Ensuring that patients would have to be provided factual information about the End of Life Option Act when they ask for it and make sure that physicians are upfront with their patients and tell them if they will not support them.

The Senate Health Committee approved the measure 8-1, and I hope you will also support this measure.

Sincerely,

  
Tomas Moran  
PO Box 1629  
Palo Alto CA 94306  
650-799-0008



Temple Beth El  
Jewish Community Center

May 21, 2021

Mayor Jimmy Dutra  
City of Watsonville  
275 Main Street, Suite 400  
Watsonville, CA 95076

Re: Agenda Item 7.L

Dear Mayor Jimmy Dutra,

As the Senior Rabbi of Temple Beth El in Aptos, I am writing to support Senate Bill 380, which would keep and improve California's End of Life Option Act.

The California End of Life Option Act took effect in 2016 and since that time nearly 2,000 mentally capable, terminally ill Californians with six months or less to live have exercised their legally available option to receive a prescription for medical aid-in-dying medication to peacefully end their unbearable suffering.

At the same time and for a variety of reasons, too many terminally ill Californians who suffer, have been unable to access their end-of-life options. The bureaucratic and burdensome 10+ step process has hampered or prevented many patients from accessing the law.

Just as terminally ill patients frequently enroll in hospice too late, so do they wait until the very end to request aid-in-dying medication. According to a study by Kaiser Permanente Southern California, one third of terminally ill adults who sought to access the "End of Life Option Act" died before completing the time-consuming process which includes a 15-day waiting period and can sometimes take months to complete. This is why the amendment to reduce the mandatory minimum 15-day waiting period to 48 hours for all eligible patients is so important.

In addition, COVID-19 pandemic has exposed health disparities in access to care among different communities. The hurdles that make it difficult for dying people to use this compassionate law is magnified in communities of color, where patients often don't have access to the same resources and referral networks that can best inform them about their end-of-life options.

For these reasons, we believe that California lawmakers should permanently reauthorize the "End of Life Option Act" via Senate Bill 380 which includes amendments to improve access to the law, especially for underserved communities of color and rural communities, ensuring all eligible terminally ill people can access it, while preserving its essential patient safeguards. Other amendments include:

Paula Marcus Senior Rabbi  
Josh Carter President

L. Shifra Weiss-Penzias Associate Rabbi  
Tanya Lorien Executive Director

Richard Litvak Rabbi Emeritus  
Lisa Mendez Simcha Preschool Director

- Requiring healthcare systems and hospices to post their medical aid-in-dying policies on their websites
- Ensuring that patients would have to be provided factual information about the “End of Life Option Act” when they ask for it and make sure that physicians are upfront with their patients and tell them if they will not support them.

The Senate Health Committee approved the measure 8-1, and I hope you will also support this measure.

Sincerely,

*Rabbi Paula Marcus*  
Senior Rabbi  
Temple Beth El, Aptos