

United Spinal Association, et al., v. State of California

In April 2023, United Spinal Association, Not Dead Yet, and other plaintiffs sued the State of California for discrimination on the basis of disability in violation of the Americans with Disabilities Act, the Rehabilitation Act, and other laws to declare unlawful the End of Life Options Act, California's physician-assisted suicide law. A Federal District Court judge for the Central District of California dismissed the suit on March 27, 2024. We have filed a notice of appeal to the 9th Circuit US Court of Appeals.

The case was dismissed because the court felt the damage that we alleged the End of Life Options Act is causing is hypothetical. Here's the real story.

The American Medical Association opposes physician-assisted suicide. However, it is legal in ten states and the District of Columbia.

In California, to be eligible for lethal medication prescribed by a doctor, the patient must be terminal (six months or less to live). Here are the resulting issues:

- Some doctors consider the refusal to be treated terminal. When people fracture their spine and are rendered quadriplegic, grief regarding loss of physical abilities and future dreams can cause them to want to die. Doctors who may agree that life as a quadriplegic is not worth living can prescribe drugs under the statute to quadriplegics who refuse treatment.
- The End of Life Options Act is so opaque that the state does not monitor compliance with the law's requirements by the medical profession, and exempts doctors who participate in the program, i.e. prescribe lethal medication, from any liability for wrongfully prescribing poison.
- Additionally, quadriplegics struggling to live in the community, faced with housing, financial, and transportation problems, and the constant struggle to obtain adequate homecare and coverage of mobility equipment from government and insurers, are overwhelmed and depressed often.

Doctors should not help overwhelmed people with disabilities kill themselves; California government should solve the underlying problems causing them to give up.

The relationship between patients and doctors will be forever changed when doctors can facilitate suicide.

Consider this. California funds suicide prevention programs at the same time as it facilitates suicide. It is our contention that an examination of who is diverted to prevention programs and who is prescribed lethal medication will reveal structural bias, i.e. severely-disabled people tend not to be diverted.

A California legislator recently introduced a bill to expand physician-assisted suicide for non-terminal patients to their own satisfaction, including people with psychological disabilities. She withdrew her bill because of the lawsuit.

Nevertheless, the Federal District Court in California dismissed the case, refusing to look behind the plain language of the statute that requires patients to be terminal.

Studies have shown that the great majority of those requesting physician-assisted suicide do not do so because they are in pain or even because they are dying. It is because they are distressed by their loss of physical autonomy and dependence on others, they do not want to be a financial or care burden on their families, or they cannot get homecare and must be admitted to nursing homes.

25 year old quadriplegics, whose life expectancies are consistent with their able-bodied peers if they receive adequate care, should not live in nursing homes, because California cannot keep them living in the community—but that is their only alternative. Except, of course, for physician-assisted suicide: a less expensive alternative.

United Spinal opposes state adoption of physician-assisted suicide statutes because of potential for abuse. We are considering litigation in other states, as we review current practices and policies in the jurisdictions where it is legal.