California doctors uneasy about prescribing lethal drugs
3 June 2016, by Julie Watson

In this Wednesday, May 18, 2016 photo, Terry Petrovich poses in her home in Jamul, Calif. Petrovich, who was diagnosed in 2012 with stage four non-Hodgkin’s Lymphoma, asked her oncologist point blank: "Am I going to count on you to help me achieve a good death?" A number of doctors in California say they feel uneasy about prescribing life-ending drugs for the terminally ill under a new law to go into effect June 9. (AP Photo/Gregory Bull)

Terry Petrovich asked her oncologist point blank: "Am I going to count on you to help me achieve a good death?"

To her relief, he told her he would have no problem prescribing a lethal dose of drugs under California's new law allowing such prescriptions for the terminally ill.

But many in California's medical community are grappling with the law that goes into effect June 9. Some physicians have told their patients they are not willing to play a role in intentionally ending a person's life.

Catholic hospitals will not provide the prescriptions because it goes against the church's stance on the issue, according to Alliance of Catholic Health Care, representing 48 facilities, 27 of which provide hospice services. The organization, though, cannot bar its affiliated physicians from talking about it, or referring patients to medical offices willing to prescribe such drugs.

How it plays out in trend-setting California, the country's most populous state, could determine whether the practice spreads nationwide. Some see providing the choice to the dying as a logical evolution in a medical care system advanced in helping people live longer but limited in preventing slow, painful deaths.

In this Wednesday, May 18, 2016 photo, Terry Petrovich pauses as she walks her dog on a trail behind her home in Jamul, Calif. Petrovich, who was diagnosed in 2012 with stage four non-Hodgkin's Lymphoma, asked her oncologist point blank: "Am I going to count on you to help me achieve a good death?" A number of doctors in California say they feel uneasy about prescribing life-ending drugs for the terminally ill under a new law to go into effect June 9. (AP Photo/Gregory Bull)

Petrovich was diagnosed in 2012 with stage 4 non-Hodgkin's Lymphoma that's spread to her bone
marrow.

"I'm not suicidal by any means," said Petrovich, wearing a "Stupid Cancer Get Busy Living" T-shirt. "I want to keep hiking keep loving my dog, just keep living until I can't anymore—and then I want that option."

She fought for passage of the law after identifying with 29-year-old California resident Brittany Maynard, who was dying from brain cancer and moved to Oregon in 2014, the first state to make it legal, so she could take the drugs to end her suffering.

California has more safeguards than the other four states—Oregon, Washington, Vermont and Montana—where it is allowed. Still there are concerns it will lead to hasty decisions, misdiagnosis, and waning support for palliative care, in which dying people can be sedated to relieve suffering.

"I think everyone has that personal, ethical dilemma because we're not really taught in medical school to cause someone's death, and yet we certainly think society is moving toward wanting the option," said Dr. Daniel Mirda of the Association of Northern California Oncologists.

Mirda opposed the bill because he did not think it was a doctor's place to weigh in, but now he plans to decide on a case by case basis.

"The majority of physicians, it seems, are neutral, nervous, not comfortable prescribing it, but are not going to stop someone from seeking out another physician for help to do this," he said.

Jan Emerson-Shea of the California Hospital Association says a terminally ill person is more likely to be prescribed the medicine when they are at home or in a hospice setting and not in a hospital.

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It is not known when the first prescription could be written. Patients must be given six months or less.

"I think everyone has that personal, ethical dilemma to live, make two verbal requests within 15 days of
each other and submit a written request.

People with terminal illnesses, like Petrovich, are preparing for when that time may come.

After undergoing immunotherapy, Petrovich's cancer appears stable and she is still working as the administrator of the Cabrillo National Monument in San Diego.

But she is cognizant that her cancer may become aggressive and the treatments ineffective. She does not want her daughter to see her suffer like her own mother who died from ovarian cancer.

"I just heard this heartache in her voice," said Petrovich, recalling one of the last conversations with her 77-year-old mother, who was bedridden in diapers after two rounds of chemotherapy. "She said Terry, if I could get up out of this bed and find a gun, I would kill myself, and that just like totally—I mean I still gets goosebumps when I think of it—because it was just totally devastating for me that my mom could be in so much pain at the end stage of her disease, where she had done all the treatment that she could, there was no other option for her, but she was still completely aware of everything that was going on and there was nothing that she could do to get herself out of this pain."

Petrovich's ex-husband died from blood cancer and their daughter learned "what a bad death looks like" at the age of 18, Petrovich said.

"I don't want to be conscious fully, my mind fully there, but lying in my bed unable to move, unable to get up and go to the bathroom, unable to pet my dog, unable to go outside," said Petrovich, who hikes daily with her dog, Piper.

After the law passed, Petrovich talked to her daughter about her wishes. On the refrigerator at her home in Julian, east of San Diego, is the form giving her 33-year-old daughter the power to make medical decisions when she is not physically capable of doing so.

She doesn't know that she'll ever take the drugs, but "I now have the reassurance that I don't have to have a bad death. That's really comforting."