

**Lonny Shavelson, M.D.**

Bay Area End of Life Options  
Berkeley, California  
510 423-0577  
Fax: 888 504-2370  
e-mail: [info@BayAreaEndOfLifeOptions.com](mailto:info@BayAreaEndOfLifeOptions.com)

**Moving to The Bay Area for the End of Life Option Act:**

Since June 9, 2016, when California's law went into effect, I've had contacts from a number of people and their families who want to move to California so they can "die with dignity." Other calls are coming in from Southern California, as well as rural parts of California, where it's been difficult to find physicians who will participate in the End of Life Option Act. Those patients are inquiring about moving to the Bay Area so they can come under my care. They all state that the reason they want to move here to get an aid-in-dying medication is because their quality of life is so diminished by their disease that they need to die immediately.

My response has uniformly been: If you are concerned about your quality of life as you are dying, stay where you are. You do not improve the quality of your life by uprooting yourself, your family and your caregivers at a time when you're already severely ill; by transporting yourself across the state or country to a new place; by moving into a hotel or new apartment that lacks the comforts and familiarity of home; by establishing new care with two doctors (the law requires a 2nd opinion) and a new hospice team.

The ability to die with dignity did not start suddenly on June 9 in California, and there are many, many ways to die with dignity without an aid-in-dying medication. An essential part of such a death with dignity is to be surrounded by and cared for by your loved ones in a place that feels like your home, that has a history for you and your family and caregivers. So if you have a choice between receiving an aid-in-dying medication by traveling to an entirely new location and circumstances, away from loved ones, family and familiarity, vs. hospice care at home -- quality of life and dignity in death is much more likely to be achieved by hospice care at home.

I've been an advocate for legal aid-in-dying for more than two decades. That belief has been firmly reinforced in my time working with California patients seeking out their new legal right. And when it's appropriate, I've been aiding people to die. The more I do this, the more strongly I believe that it's not only correct, but is a crucial part of medical practice and human rights.

But dying by use of an end-of-life medication is far from the only method to achieve a dignified death. In fact, it's rarely necessary. And I'm more impressed every day by the complexities of end-of-life decisions, and how careful we have to be to keep track of the reasons and goals that drive our plans. I've already seen many become so obsessed with the need to control the time and method of their demise that they lose track of the "dignified death" goal and instead focus on making philosophical points or following through on complex plans that don't lead to any quality of death at all.

I'm speaking generally, of course, since I don't know you or the details of your circumstances. But possibly some of the above may be useful to you as you work through these complex questions. I wish you the best.

