

Compassion and Choices

MAGAZINE

Spring 2005



YOUR CEOs CLIENT SUPPORT ESSENCE OF C&C COURTS, CONGRESS & COMMUNITY

Compassion and Choices

MAGAZINE

Spring 2005 Volume 4 Number 1

Support. Educate. Advocate. Choice & Care at the End of Life.

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Your Staff at Compassion & Choices

Portland

CEO	Barbara Coombs Lee
Client Support	Helen Beum, Clinical Director Elizabeth Olson, Services Coordinator Mary Knight, Staff Nurse Jennifer Gorman, Administrative Assistant
Development	Peter Freedman, Director
Design	Ian Greenfield, Creative Director
Legal Affairs	Kathryn Tucker, Director
Marketing	Judith Fleming, Director Summer Goodwin, Outreach Coordinator
Media Communications	Claire Simons, Director
Research & Grant Writing	Jason Renaud, Director

Denver

CEO	Marsha Temple
CFO	Marcia Campbell
Accounting	Crystal Ewers, Assistant Joe Badalpour, Data Entry Specialist
Client Support	Julian Rush, Director of Volunteers Aspen Felt, Manager of Advance Directives
Chapter Relations	Roland Halpern, Director Nancy Bale, Chapter Representative Rhi Moro, Assistant
General Office	Brandi Alexander, Administrative Assistant Jacque Powell, Administrative Assistant
Information Systems	Susie Klee, Manager
Legislative Affairs	Michelle Holbrook, Director Rachael Bibby, Specialist
Marketing	Carissa Snyder, Staff Writer
Membership.....	Jane Sanders, Director D. Christian Abeyta, Associate John Franzgrote, Member Services Belem DeLaHoya, Member Services

Editor-in-Chief
Judith Fleming

Managing Editor
Carissa Snyder

Graphic Design
Ian Greenfield

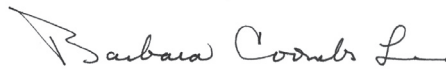
Contributing Writers
Helen Beum
Robert Brody
Barbara Coombs Lee
Peter Freedman
Michelle Holbrook
Julian Rush
Jane Sanders
Carissa Snyder
Marsha Temple
Kathryn Tucker

Advertising, Rights, and Permission
Compassion & Choices
P.O. Box 101810
Denver, CO 80250-1810
800-247-7421 (t)
303-639-1202 (t)
303-639-1224 (f)
www.compassionandchoices.org
info@compassionandchoices.org

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From Your CEOs



Courage. Commitment. Choice. We have carried these core values with us through years of struggle. We grew stronger, we formed strategic alliances, and our efforts redefined care, choice, dignity and control at life's end.

Now we are taking our unified organization, Compassion & Choices, to the next level. We're moving forward with a passion and a purpose that makes us formidable catalysts for social change. Choice and end-of-life care is a movement whose time has come.

As individual organizations, we were often sprinters, offering excellent services for the needs of the moment. Now we are long-distance runners ready for a marathon. We understand the tasks at hand and how they fit into the long-term goals of our movement. We know the future of choice in dying is entrusted to us and we need the stamina to go the distance.

Never before has an organization offered the client support and the legal and legislative programs that bring every person access to excellent care and maximum choice. Our resources include:

- Active legal and legislative efforts in seven states with several more states underway soon;
- Comprehensive client services throughout the US;
- Local groups in 33 states;
- More than 150 committed volunteers;
- Over 30,000 members and supporters.

Our Client Support Program is exceptional in its reach and inclusiveness. For the first time, anyone in the United States can call us toll-free for help, regardless of membership status or diagnosis. We provide information, support, counsel and referrals to all who call. We help with advance directives, from writing them to enforcing them at the bedside.

Our legal and legislative programs are unparalleled in

their scope. In courtrooms and legislatures across the country, we are your advocates. Collectively, we lead the charge to bring choice to comprehensive end-of-life care.

Our local presence in communities across the country allows us to provide the best possible services to our clients. Hundreds of trained volunteers help us maintain a personal connection to clients during a profoundly vulnerable time in their lives. These individuals also inspire grassroots activism in the communities they serve. This ever-expanding network of support gives our movement an even stronger voice.

Our history—with all of its challenges, its lessons learned and each cherished victory—brings us to a view of the tough road ahead. As we go to press, we recognize the familiar face of adversity. The upcoming Supreme Court case, *Gonzales v. Oregon*, calls for unrelenting fortitude on the part of Compassion & Choices. This is not an insurmountable obstacle; we are resolute in our dedication to defend Oregon's aid-in-dying law.

Our past is rife with legal struggles. We are grateful to the prominent law firms that have contributed millions of dollars in pro bono work to fight for the right to comfort and choice. In this moment, they are preparing for Supreme Court arguments that will likely occur in November. Their work and your support have never been more precious to us. Any financial donation you can provide at this time will be deeply appreciated.

We are both immensely proud to have you join us at the forefront of this movement. In this time of significant social change, we answer the call to stewardship. Together we bring an unwavering commitment to you and to our cause.

We're Here To Help: Our Client Support Program



Our Client Support Program is starting strong. By combining and expanding Choices' Caring Friends and Compassion's Case Management Programs, we have created a comprehensive program of service and support to assist people at any point along their end-of-life journey.

The Client Support Program was designed by volunteers and staff from both original programs, starting with the question, "Why do people call us and what do they need?" In addressing this question, it quickly became evident what our program should be.

The Client Support Program provides services at no cost to anyone who contacts us, regardless of diagnosis or membership status. Information, support, counsel and referral are available to all callers. If we have local volunteers in a client's community, the client may be connected with a nearby volunteer. If there are no local volunteers available, a staff counselor will work with the client by phone. Everyone who calls is served.

Client Support Program staff and volunteers are open to all types of questions. We offer referrals to local pain specialists, hospice programs, social service agencies and disease-specific support groups. We help people to complete their advance directives and talk to their loved ones and health care providers about their wishes. We advocate for people in nursing homes or who are receiving inadequate care.

We continue to serve those who have been diagnosed with a terminal illness and are interested in learning about hastened death. Those not yet in the terminal phase of their illness may receive information about stopping medical therapies, such as dialysis or medication, and forsaking food and water. Those who are terminally ill and are mentally capable may receive detailed information on other options such as the use of medications and helium. If requested, two trained Client Support representatives may be present when a client hastens death.

Last year our programs served more than 3,000 clients with direct support and presence. Now we have widened our scope and hope to reach even more. Members, local groups and the general public can reach us toll-free at 800-247-7421. Let us know what you need as you contemplate life's end. Whether it is advocacy, information, counseling or specific, concrete help, you only need to pick up the phone.

Call us. We're here to help. ☎

Client Support Highlight: Advance Directives

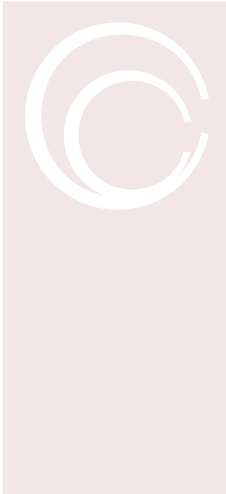
Compassion & Choices members receive far more than advance directives forms.

Our Client Support Program provides free individual counseling on completing and implementing your advance directives.

Contact us at 800-247-7421 or clientsupport@compassionandchoices.org to find out more!

Our Core

The Essence of Compassion & Choices



Robert V. Brody, MD
chairman of the board



With all the adjustments that have surrounded our recent unification, there is one thing that hasn't changed: our mission. Compassion & Choices works to improve care and choice at the end of life. We are here to help people die better. It's as simple as that. Or is it?

With unification, our capacity for advocacy and service has expanded significantly. We have enhanced our Client Support Program to be a premier source of help, support and comfort for those nearing the end of life. Our advocacy presence is felt in courtrooms, communities and legislatures across the country. Our membership and fundraising drives are larger than ever. Chapters and affiliates are merging to create a powerful local presence. How does all this activity translate into what we're here to do?

As it turns out, our mission is not as basic as it may seem on the surface. In order to serve our ultimate goal, there is much that needs to be realized.

To start, we may accomplish our goals by action, but we establish them by listening. Our values come from our experience, from the declarations of people we help. The questions that come to us through our phone lines, our mailbox and our web site tell us what is needed by

people who are dying, and by the loved ones who support them.

They need help navigating the maze of options available to them, and accessing choices that their doctors may not talk about. They need information on what is available within the health care system and outside of it. They need someone to be their voice, to pave the way for more safe and legal options at the end of life.

This, then, is on what we base our mission. As Compassion & Choices, we support, educate and advocate for choice at the end of life. This is our purpose. This is our core.

The programs we have in place are well-equipped to position us for success. Nowhere in the country is our Client Support Program matched in its scope. By calling a single toll-free number, clients everywhere can reach a staff counselor and in appropriate circumstances be connected with a local volunteer. Membership status and diagnosis don't matter. Neither does ability to pay – all our services are provided at no charge. As desired as it is, this level of help and support is unique to Compassion & Choices.

Likewise, our education programs are broad in topic and far-reaching. Our Speakers Bureau is available to provide speakers on end-of-life topics including aid in dying, advance directives, changing the law and more. Local groups hold regular meetings and events that are open to the public, engaging communities in the choice-in-dying movement. Our web site, books and information products are available nationwide to answer questions and help members of the public to educate themselves on the issues.

Effective advocacy is essential to our mission. Our teams in legal and legislative affairs are at work to de-

Organization News

fine statutes, set precedents and, very importantly, change the law. Legal aid in dying is available in only one of our 50 states, and that law is being groundlessly assailed. Laws that demand adequate pain treatment, allow patients to control pain and require professional education on the end of life and symptom management are vital – if they're enforced. We are sponsors, we are lobbyists, and we are watchdogs. We pass the laws, and we make sure they're used correctly.

Each of these pieces is needed to fulfill our mission. We cannot improve the way people die without a firm foundation and careful grounding. We cannot reach those who need support today unless we make ourselves accessible. Our mission is one of activism. We must reach out.

As we move forward in this young century, we hope to realize change. Our goal is that the role of a choice-dying organization such as ours might be referral and moral support. The laws people need will be in place, and the issues people face at the end of life will be so ingrained in our health care community that no one will slip through the cracks. It will be a long time coming.

Our time has come, but we are at the very beginning of the massive social change that will enable our society to embrace choice in dying. Now we must seize the moment, and capitalize on the open-mindedness that envelops our issue. We go into the future with all possibilities open to us. It is a heavy charge, to effect a change that will improve our very humanity.

Fortunately, we are prepared for the challenge. We have the structure and the programs that we need to serve our members and clients while shaping the future. We have the tools and our work is cut out for us. Our mission is to make choice in dying a reality. ©

Barbara Coombs Lee At Florida Forum

Barbara Coombs Lee participated in a panel discussion in Florida on February 27, entitled "Is It Compassionate Or Is It A Crime?" The Bartow event was an interactive forum and was open to the public. Other panel members included representatives from the Florida legislature and the University of South Florida, area hospices, and Dr. Timothy Quill.

New Web Site

A new web site for Compassion & Choices will be rolled out this spring. With the domain name www.compassionandchoices.org, our web site will have the latest information on what's happening with Compassion & Choices, with information and interactive tools concerning client support, legislation, and products. Watch your email inbox for the kickoff of our new site!

New Staff

You all know that Compassion & Choices has named new executives and a new board of directors. What about our new additions? Join us in welcoming Peter Freedman as director of development and Roland Halpern, formerly director of Compassion In Dying of Hawaii, as director of chapters and affiliates.

The Advocacy Bulletin

Are you getting your copy of The Advocacy Bulletin? This email publication comes monthly to your inbox. It focuses specifically on the legal and legislative efforts of Compassion & Choices and our local groups. For current, important and immediate communication about law and legislation in your state, email us at legislativeaffairs@compassionandchoices.org.

Where To Pay Dues

When you renew your membership this year, please make your check payable to End-of-Life Choices. Compassion & Choices is a 501(c)(3) organization with two branches, a 501(c)(3) and a 501(c)(4). The 501(c)(4), the membership branch, is called End-of-Life Choices. Find more information on this in our Membership article on page 9.

Our Pillars

Courts, Congress and Community: Your Advocacy Team



As the legislative and legal team, we are your advocate. In courtrooms, legislatures and communities, we fight the battles to secure the right to choice at the end of life.

A prominent legal case is that of Margaret Furlong, an 82-year-old California resident who was resuscitated against her wishes, despite having brought her advance directives and DNR to the hospital. The resulting lawsuit charging elder abuse, led by Kathryn Tucker and a California elder-abuse attorney, is pending before the California Supreme Court.

Such cases are poignant in California, a markedly progressive state in pain control. California allows for effective pain treatment by relinquishing judgment to doctors and patients. A 2001 California jury decision held a doctor who undertreated an elderly patient's pain accountable for elder abuse, awarding the survivors \$1.5 million.

Against this background Compassion & Choices has sponsored AB 654, the aid-in-dying bill now in the California Assembly. Modeled after the Oregon law, the Compassionate Choices Act would allow terminally ill, mentally competent California residents to request a prescription for a lethal dose of medication.

Other legislative efforts include Health Care Decisions Week, adopted in Georgia and now being considered in Arizona, which helps promote the use of advance directives and encourages residents to discuss their wishes for medical care.

New York pain management legislation directs health care professionals to provide pain-relieving medications to the extent authorized by accepted professional guidelines. S06312 would require medical professionals to complete regular pain management instruction and would provide for professional discipline for undertreatment of pain.

The Vermont Death with Dignity Act stands strong in the legislative process. A Vermont Legislative Council report affirmed the success of Oregon's aid-in-dying law, and a Vermont poll found that nearly 80 percent of respondents support such a law.

We remain alert to new opportunities in the fight for end-life choice. Grassroots campaigns designed for community activism will further utilize the dedication of our members. Ask your local leader how you can help!

Now is the time to get involved. Legal and legislative reforms are just around the corner, but we need your help to make it happen. Contact us--make sure that when the time comes, you have a say in how you die. ©

Marilyn Kappes, Ph.D., Co-President of Laguna Woods Community Group of Compassion & Choices, speaking in support of the proposed Compassionate Choices Act in California.



Our Grounding

The Compassion & Choices Membership



Jane Sanders

Bringing two membership programs together is a daunting task, but the rewards far outweigh the challenges. Both Compassion In Dying and End-of-Life Choices have their own membership communities. It is our task to build a unified member base that assures our organizational longevity, supports our mission, and acts as our diplomat to the general public.

Each member in our organization has the potential to change the hearts and minds of Americans to support the mission of Compassion & Choices. Many of you do this without even being conscious of it and we thank you. With our recent merger we thought it was important for you to have some historical information about the two organizations that have become “Compassion & Choices.”

End-of-Life Choices, formerly known as the Hemlock Society, has been a membership organization for many years. For most of that time, it was organized as a 501(c)(3) corporation, as recognized by the IRS. That meant that all contributions to it were tax-deductible. In the late 1990s, the IRS determined that Hemlock was spending too much money on lobbying efforts. As a result, the Hemlock Society became a 501(c)(4) to which only non tax-deductible donations can be made. The Hemlock Foundation was formed to accept tax-deductible contributions. At the end of the last fiscal year (June 30, 2004), End-of-Life Choices had nearly 30,000 members.

Compassion In Dying has benefitted from the generous support of donors since its inception in 1993. The membership program, started in 2002, has been built upon serving clients and fighting to uphold Oregon’s aid-in-dying law. Membership dues to Compassion In Dying were tax deductible.

As we enter 2005, End-of-Life Choices remains the “membership arm” of Compassion & Choices. It is still formed as a 501(c)(4) organization, and as such dues cannot be tax-deductible, according to IRS rules. Although not tax deductible, the funds raised through members’ dues are critical to our success in making progress on the legislative front.

We are committed to growing our membership numbers. Each one of you can help us by talking with your friends and family about why our work is important to you. They may want to become involved. You can contact us at 800-247-7421 or info@compassionandchoices.org and ask us to send membership materials to you, or we can mail directly to your friends. Friends, family and colleagues of our members are an important source of new members. We will continue to look for new members through direct mail campaigns to members of like-minded organizations.

We look forward to a long and meaningful relationship with each and every one of you. Thank you for being a member of Compassion & Choices. Together we shall make our society more humane and compassionate, advocating for care and choice at the end of life. If you have questions, please contact us at membership@compassionandchoices.org or 800-247-7421. ©

Our Grounding

Your Board of Directors



Meet your board of directors! Members of both for
of directors of Compassion & Choices. Please read

Robert Brody, MD, Chairman

Dr. Brody is a clinical professor of family and community medicine at the University of California at San Francisco. He serves as chief of the Pain Consultation Clinic, chair of the Ethics Committee and director of the Ethics Service at San Francisco General Hospital. A former hospice director, Dr. Brody teaches end-of-life care to students and medical residents.

Susan J. Dunshee

A co-founder of Compassion In Dying, Susan Dunshee also served as executive director of the Seattle AIDS Support Group (SASG) for more than 10 years. She served as president of Compassion In Dying during the pivotal years of growth and maturity from 1993 to 1997.

Mary Hoagland, JD

A practicing attorney since 1975, Mary Hoagland has been a devoted organizer and compassionate voice for the disadvantaged for more than 35 years. She is a founding member of SafeHouse Denver,

the Colorado chapter of the National Organization for Women, and the Women's Lobby of Colorado.

Professor Sylvia A. Law, JD

Professor Law is the Elizabeth K. Dollard Professor of Law, Medicine and Psychiatry at the New York University School of Law, and co-director of the Arthur Garfield Hays Civil Liberties Program. Ms. Law's publications include various books and articles on patient rights and reproductive law. In addition, she has written numerous briefs for and been instrumental in many of the landmark Supreme Court cases of our time.

E. James Lieberman, MD

Dr. Lieberman is a practicing psychiatrist, a member of the board of his local chapter, and also an active member of the Speakers Bureau. Much of his professional career has been spent in a variety of educational posts. These range from adjunct, associate, and clinical professorships to consultant for such organizations as the Peace Corps, UNICEF, and WHO. He is also an active volunteer for the



Former boards have come together to create the board
for brief profiles of each of your board members

National Council on Family Relations, Advocates for Youth and the Jewish Peace Fellowship.

Christine Loker

Chris Loker has been a “helping professional” throughout her working career, experience she puts to work as a Client Support Volunteer. In her professional career, Chris worked in human resources with a number of California companies, including Bank of America, Levi Strauss, Universal Studios, and Charles Schwab and Co. She now works with her husband, in their rare and antique book business.

Florent Morellet

Florent Morellet is a leading New York City social activist. Since immigrating to New York from France in 1978, he has been a leader in issues ranging from gay rights and AIDS to abortion rights and architectural preservation. He has made his eponymous Restaurant Florent a center for activism and issues, as well as for food and a non-stop party. Florent is also an artist

who exhibits his work in New York, Germany and France.

B. Kirk Robinson

A past chairman of the Compassion board, Kirk Robinson is owner and CEO of The Robinson Company, a construction management firm. He has a longstanding interest in aid in dying, having served as president of Washington Citizens for Death with Dignity during the 1991 Initiative 119 campaign. He also was the chief spokesperson during that political campaign.

Paul Spiers, PhD

A past chairman of the Choices board, Dr. Spiers is a practicing neuropsychologist and an integral part of the Speakers Bureau. Dr. Spiers conducts research at the Massachusetts Institute of Technology, teaches at the Boston University School of Medicine and has a private practice examining clients and testifying as an expert witness in both civil and criminal cases. ©

Arizona

End-of-Life Choices Cochise County
April 16, 2005, 1:30 p.m.
Sierra Vista Public Library (Mona Bishop Room)
2600 East Tacoma St, Sierra Vista

This meeting is open to the public. For information contact Billie at 520-803-9285 or bstockl@cox.net.

End-of-Life Choices Flagstaff
April 17, 2005, 1:00 p.m. – 5:00 p.m.
Unity Church of Flagstaff
2708 North 4th Street, Suite E-1
Knoles Village Square, Flagstaff

Speaker: Roland Halpern, national chapter relations director, on "Taking Control: Your Choices at the End of Life." For information contact Severy at 928-774-5105 or partridgebird2@yahoo.com.

California

End-of-Life Choices Paradise Chapter, Inc.
April 16, 2005, 2:00 p.m.
May 16, 2005, 2:00 p.m.
June 18, 2005, 2:00 p.m.
Church of Religious Science
789 Bille Rd, Paradise

For information contact Dorothy, 530-877-4507 or loismcdd@earthlink.net.

Greater Bakersfield Chapter
May 18, 2005, 7:00 p.m.
California State University
9001 Stockdale Highway, Bakersfield

A public forum on whether a person should have the legally enforceable right to have a physician provide him or her with a prescription that, if self administered, will result in death, subject to careful, enforced controls. Information: Jack Turnbull, 661-323-2226 or weejock@lightspeed.net.

End-of-Life Choices San Diego
May 8, 2005, 1:30 p.m.
Joyce Beers Community Center
Located at Vermont St & Vermont Way, San Diego
Speaker: Dr. Stanley Terman, on "Ending Life by Withholding Nutrition & Hydration." For information call 619-233-4418 or email eolcsandiego@earthlink.net.

Colorado

End-of-Life Choices Boulder
May 8, 2005, 10:00 a.m. – 11:30 a.m.
Elim Tabernacle
Located at 16th and Spruce, Boulder

For information contact Jim, 303-443-7958 or jwolf@carbon.cudenver.edu.

Florida

Bradenton Community Group
April 9, 2005, 1:00 p.m. – 2:30 p.m.
United Bank (Braiden Room)
2520 Manatee Ave West, Bradenton

An informal discussion groups exploring death and dying. Ideas, questions, and suggestions are welcome. No food, please; bottled water only. Meetings are open to both members and guests. For information contact Donna, 800-849-9349 or dcklamm@aol.com.

Suncoast/Sarasota Community Group
May 7, 2005, 1:00 p.m. – 2:30 p.m.
Gulfstream Towers Condominiums
33 South Gulfstream Ave (Social Room), Sarasota

Informal discussion groups exploring death and dying. Ideas, questions, and suggestions are welcome. No food, please; bottled water only. Meetings are open to both members and guests. For information contact Donna, 800-849-9349 or dcklamm@aol.com.

Our Grounding Calendar of Events

Iowa

End-of-Life Choices Iowa
May 14, 2005, 1:00 p.m.
Peoples Unitarian-Universalist Church
600 3rd Ave SE, Cedar Rapids

For information contact Dr. William Jamison, 319-366-4731 or jamisonj@plutonium.net

Maryland

End-of-Life Choices National Capital Area
April 17, 2005, 2:00 p.m. – 4:00 p.m.
Cedar Lane Unitarian Church
9601 Cedar Lane, Bethesda

Speaker: Dr. Jim Lieberman, member of the Compassion & Choices Board of Directors, on "A Psychiatrist Looks at the End of Life."

Michigan

End-of-Life Choices of Michigan
May 7, 2005, 11:00 a.m. – 1:30 p.m.
Location to be announced

This is a general membership meeting; light lunch to follow. Program and location to be announced. For information, please contact Judy Coats at 248-375-9773 or judcoats@aol.com.

Montana

End-of-Life Choices Montana
April 1, 2005, 12:00 p.m. – 1:30 p.m.
May 6, 2005, 12:00 p.m. – 1:30 p.m.
June 3, 2005, 12:00 p.m. – 1:30 p.m.
Missoula

Meetings are a lunch and discussion group held at local restaurants in Missoula. For information contact Joan, 406-273-2466 or joanbnewman@hotmail.com.

New York

End-of-Life Choices New York
April 26, 6:00 p.m.
Unitarian Church of All Souls
1157 Lexington Ave, New York City

Topic: "What do you do when someone you love is in pain and they ask you to end it for them?" Author Larry Cuocci will read from his book, "A Very Good Year," a memoir of when he was 17 years old and his ailing mother asked him to end her life. Join in the discussion.

North Carolina

End-of-Life Choices Asheville
May 1, 2:00 p.m.
Unitarian Universalist Church
1 Edwin Place, Asheville

Speaker: Reverend Mark Ward on "Step-by-Step Review of Advance Directives." For information contact Ruth, 828-254-9154 or olemisrebel@juno.com.

End-of-Life Choices North Carolina
May 12, 2005, 2:00 p.m.
Unitarian Universalist Church
409 East Patterson St, Hendersonville

For information contact Don, 828-685-9995 or emon@cytechcis.net.

Wisconsin

End-of-Life Choices Wisconsin
April 16, 2005, 9:30 a.m.
First Unitarian Society (Lower Meeting House)
900 University Bay Dr, Madison

This annual meeting will include the election of our board of directors. Fellowship begins at 9:30. For information contact Anne, 608-742-7508 or destucki@tds.net.

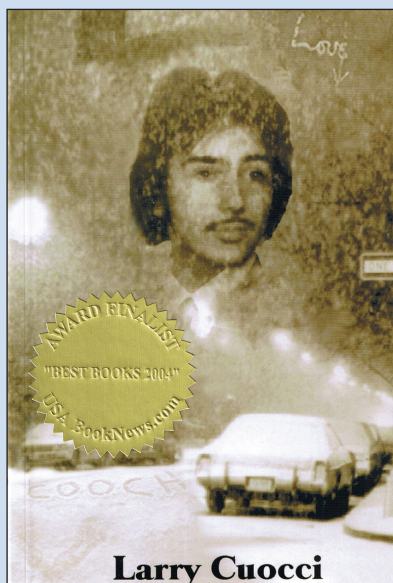
Ask the Expert

Do you have questions for us? Our panel of staff and volunteer experts is on hand to help. Our *Ask the Expert* column will field questions on dying, dealing with the system, client support, and our organization, all answered here by a subject matter expert.

Our experts can answer questions on advance directives, client support, ethics, pain control, our organization, coping with the health care system, and more. Published questions will be those that have the broadest appeal and demonstrate our mission and expanded scope of services. Send your questions to us at expert@compassionandchoices.org or Expert, Compassion & Choices, P.O. Box 101810, Denver, CO 80250.

Off the Press

Looking for new reading material? Try *A Very Good Year* by Larry Cuocci. This memoir recounts the year in which the author was 17 and his terminally ill mother asked him to help her die—a moving story of life, death and love. ISBN 1932912045



Peter's Penny: Development & Fundraising

Allow me to introduce myself. I have been the national director of development since November. I'm working hard to get to know our organization, our people, and our potential for raising money. I am delighted to be part of an organization fighting for choice and compassion.

My career has been in nonprofit work, with a background in social activism, community mental health, and intercultural work.

I plan to have an article each month in our newsletter focused on making friends and raising money to support our cause. I think of each and every one of you as part of the fund-raising department! As I write these columns, I hope you will come to think of yourselves the same way.

Please feel free to contact me with your thoughts and ideas about how we can raise money. While all our services are free, someone has to pay the piper. Together I believe we can raise the money needed to change how our society views the end of life, enact legislation, and make the world a more compassionate place.

Peter Freedman

Peter Freedman
pfreedman@compassionandchoices.org

Our Core Voices: A Letter from a Client

Dear Helen,

I am writing to thank you for the enormous support you provided when my dad was in the final stages of melanoma. I'm not sure you'll remember the details of our conversation, but it is one I will never forget.

My dad had been ready to die for a while. As his weight, strength and appetite disappeared, I think he began devoting a lot of time to researching his options. Although I assured him that he did not need to worry, he was not convinced. When I reached you on the phone you provided the comfort and accurate information I had been searching for. My dad experienced immeasurable relief knowing he could still exercise control over his life.

I cried for a long time that night. I was able to help my dad find someone who provided the ultimate peace of mind. After our talk, the "how" was over. My dad regained control of his life. After contacting you that night, I knew I'd done everything possible to help my father.

Another component of the tears, I believe, comes from finding the only person, throughout the illness, who completely understood what my dad and I wanted. I remember that although it was late (I believe around 6:00 p.m. your time) you spoke with me for at least 45 minutes. Never did I feel rushed or pressured to economize my questions. Often, when my dad and I met with doctors, there was the sense that their time was so valuable, so important that we had to tailor our questions to their tight schedule. When I spoke with you, I felt that you existed for us. Our needs were your top, and only, priority.

You said that when the time came, no matter what hour or day, we could reach you on your cell phone. You said you would provide as much support as we needed. And you were available afterwards if issues arose. What I'm trying to convey is the massive gratitude I feel for you. While there were several wonderful doctors who helped along the way, the only time I felt completely taken care of is when I spoke with you. I knew my father was in the hands of someone warm, competent and caring. I think the tears are tears of happiness. Our time on the phone, and your talk with my dad, provided unbelievable relief and joy at the hardest time in our lives. You should be proud of the job you do and how you do it.

After we spoke, my dad set the date for a month away. As the days went on, his girlfriend and I realized he would not make it to that date. One night, with the help of a local hospice nurse, he passed away peacefully, with dignity. I think he was happy because he died peacefully.

I hope that the legal right and wherewithal to die with dignity and control is granted to everyone someday soon. Until then, I am comforted knowing that you are there for me and for everyone who needs to realize the most basic right.

With the warmest thoughts,
Noah

A poem by a member

Thirst by Stewart Florsheim

My mother and I are given careful instructions
on how to hasten her death.
Once you stop drinking, it's only a matter of days.
When I was a boy, I was so frail
I could barely walk up a flight of stairs.
Dr. Turnauer told my mother to force me to eat:
Try anything. Raw egg yolks in chocolate milk.
I can still see my mother separating the yolk
from the egg white until she only had the yellow
center
back in its cracked shell,
the albumen dripping reluctantly into the porcelain
sink.
She would drop the yolk into the dark brown
liquid
and beat it as hard as she could,
then hold up the container to see if the yolk had
disappeared
but it was elusive, the light always detecting
the yellowish wisps that would help me survive.

"Thirst" originally appeared in 88, *A Journal of Contemporary American Poetry*, Issue 1 (Hollyridge Press, 2001) and *A Girl Eating Oysters* (2 River, 2005).

Send your original *Voices* contribution to: Editor, *Compassion & Choices*, P.O. Box 101810, Denver, CO 80250 or editor@compassionandchoices.org

Last Wishes Dishonored

My grandmother was 82 when she died, only a year ago. She had a couple of aneurysms in her heart. We were told that they were "serious, but not hard to fix." She went into the hospital for a heart bypass with a 70 percent survival rate.

She was in pretty good health otherwise. She watered her plants every day inside and outside. She tended her flower beds and had "best yard" awards for countless years. She was the absolute love of my life.

She went into surgery on a Saturday. She died 35 days later.

My grandmother had a living will with a DNR in place since 1996. The hospital didn't honor it. My grandma suffered for 35 days with acute respiratory distress, a tracheotomy, fear and everything else that comes with being intubated and knowing you don't want to die in the hospital.

I've known about your organization for a long time. I've seen relatives rot with cancer and beg God to take them. I've even been asked to "do the deed" by an aunt. I am glad there are people and organizations out there who agree with a person's right to die and not be tortured by machines. I only wish my grandma didn't have to go through what she did.

ANONYMOUS

A Grateful Family

I need to have you take my mother off your mailing list... Mother ended her life this spring. She was in a lot of pain and decided she had had enough. She was 83.

I am so thankful for your efforts. She was able to handle life and death in her own way. My only

Our Grounding Speakout: Letters From Our Readers

regret is that she had to do it alone. She had expressed a preference to have myself and/or my sister with her. Due to the fact we had monetary gain, we didn't think that was wise. So she did it alone.

Thank you again for all your efforts!

LINDA PIERCE
California

Depression and Hastened Death

In the Fall 2004 issue of *End-of-Life Choices*, an anonymous writer commented on the article "Depression and Planned Death" from the previous issue. As a psychologist who has worked with chronically and terminally ill individuals for over a decade and who has thought and written a lot about how mental health and relationship issues may affect the desire for death, I wanted to respond to the writer's comment that "quality of life' is entirely subjective, and for the depressed person who is well aware of the circumstances of the illness and the probable future, a life worth living may quite simply be beyond reach."

I should note that I do believe that, in some situations, death may be a person's best, or least worst, option. However, my experience is that people who are truly clinically depressed—not just sad, blue, upset or grieving—may be unable to truly appreciate "the circumstances of the illness and the probable future" and that the person may not realize that "life worth living" is not beyond reach, but just beyond sight.

At the same time, I am not saying that no one who is clinically depressed can make a well-reasoned decision that death is the best choice. Because of the complications associated with clinical depression, I believe that a trained, experienced mental health

professional should be involved in helping the person determine whether quality of life can be improved.

My rationale for this is that we often say that a pain-management expert should be involved if someone wants to hasten death because we know that pain and other symptoms can be poorly managed, and this can lead to a person wanting to die. Similarly, we know that clinical depression is poorly detected and treated by many medical professionals. We also know that many medical professionals and ill people and their loved ones assume that depression is normal and should be endured, but I can assure you that clinical depression and hopelessness are neither expected nor untreatable.

A qualified mental health provider should be able to detect depression, even in terminally ill individuals, and collaborate with the ill person to develop a treatment plan that can improve the quality of the person's living and dying. After any clinical depression is eliminated the person may still want to hasten death, but at least it is less likely that the decision and judgment are impaired by a treatable condition such as clinical depression or associated hopelessness.

JAMES L. WERTH, JR., PhD
Ohio

Editor's Note—

Compassion & Choices supports the balance struck by Oregon's aid-in-dying law. If either physician suspects depression or other psychological cause of impaired judgment, the request cannot proceed without a full evaluation. To evaluate every request implies the request itself is a sign of mental illness and we know that is not true. It also inserts another, unneeded step in a request procedure that is already elaborate and burdensome.

Choice in Dying in the News

Connecticut Man Charged

A 74-year-old Connecticut man has been charged with assisting suicide. Huntington Williams provided a gun to a friend who was suffering from cancer, knowing that he meant to use it to end his life. The charge of second-degree manslaughter carries a maximum sentence of 10 years in prison, though a bill in the state legislature would make Mr. Williams eligible for accelerated rehabilitation. This well-publicized case has sparked interest in safe, legal aid in dying.

Evelyn Martens Acquitted

In November 2004, a Toronto jury acquitted Evelyn Martens of two counts each of assisting suicide and counseling suicide. The jury found that Ms. Martens, formerly of the Right to Die Society of Canada, acted out of compassion, and that there was no proof that she was anything more than a bystander during the deaths.

For details contact Friends of Evelyn Martens, 145

Macdonell Avenue, Toronto ON M6R 2A4, Canada or www.evelynmartens.ca.

Health Care Decisions Week Takes Off

California and Georgia have passed resolutions designating the first week in November as Health Care Decisions Week, and Arizona is considering a similar resolution. This promotes the use of advance directives and encourages people to think and talk about their wishes for medical care. Contact us to find out about passing a resolution in your state!

Oregon Aid-in-Dying Law Reaches Supreme Court

The U.S. Supreme Court will hear the Justice Department's case against Oregon's landmark aid-in-dying law. The Justice Department argues that the Oregon law violates the Controlled Substances Act, a claim already rejected by a U.S. District Court and the Ninth Circuit Court of Appeals. The justices will hear arguments during the 2005-2006 term, which begins in October.

Terri Schiavo Tragedy Ends

Terri Schiavo passed away on March 31, 2005, in a hospice in Pinellas Park, Florida. She was 41 years old, and had existed in a persistent vegetative state since her heart stopped suddenly in 1990.

In a widely publicized case, Mrs. Schiavo's gastric feeding tube was disconnected at her husband's request on March 18. Last-minute efforts to prevent the tube's removal were rife in the Florida legislature and in Congress. When Florida's efforts failed, Congress first issued subpoenas, and then passed an emergency law send the case to federal courts.

A U.S. District Court and the 11th Circuit Court of Appeals both upheld the state court and refused to order the reinsertion of the feeding tube. After a seven-year legal battle, Terri Schiavo was allowed to die.

The long and bitter dispute over her care is a graphic example of the need for advance directives. Barbara Coombs Lee offers sound advice. "In this political climate, everyone must take steps to protect themselves. The greatest fear of our constituents is that other people—complete strangers—will make end-of-life decisions for them."

We're here when you need us. Our advance directives services provide state-specific forms and individual counseling on how to complete and implement them. Members at the benefactor level and above can also obtain a free wallet-sized CD of their advance directives. If you aren't in one of these categories, please ask us about upgrading your membership.

Contact us at 800-247-7421 or clientsupport@compassionandchoices.org to find out how to protect yourself and your loved ones.

A Gentle Nudge

Most of us can use a nudge now and then to do something we know we should do—like writing or updating a will. We find it easier to procrastinate than to accomplish the task, and a good nudge can get us moving in the right direction. If this describes you, consider this little article a nudge.

The reason we want to nudge you to obtain or update your will is that we have seen the difficulties that arise when a person dies intestate (without a will). We also know that many people who wish to include Compassion & Choices in their will fail to get their wish unless the bequest has been clearly stated in a valid will.

Another reason we want to gently prod you is that we know you will be glad when the job is done. You will have peace of mind about your final affairs—and you will thank us for the nudge.

One way we can assist you is to make things as easy as possible. We have a variety of informational brochures that will help you in planning your will. They contain basic information that helps you think through the various issues and prepares you for your visit with an estate-planning attorney. The topics of these brochures include: Making a Will, Estate Planning for Women, Distributing Your Estate, Basic Estate Planning, and Estate Planning Strategies.

The main thing is to complete this extremely important matter while you are able to thoughtfully consider the options and make sound decisions.

To receive your free copies of these brochures, use the handy response form below, or contact Jane Sanders, our director of membership at 800-247-7421 or membership@compassionandchoices.org.

PLEASE COMPLETE AND MAIL THIS FORM:

Dear Friends at Compassion & Choices:

- Please send me your free brochures on planning a will
- I (we) have included Compassion & Choices in our estate plans.
- Please contact me (us) about a personal visit. The best time to call me (us) is:
- Please send information about the Legacy Circle.

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Mail this form to Jane Sanders, Director of Membership & Planned Gifts, P. O. Box 101810, Denver, CO 80250-1810

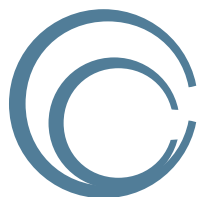
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My doctor has to follow my
end of life wishes *

* Don't bet on it



Download your living will today: www.compassionandchoices.org



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