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Oregon's Twelfth Year Report

The Oregon Department of Human Services released its' 2009 report on the demographics and characteristics of those who used Oregon's physician aid-in-dying law last year. Compassion & Choices of Oregon (CCO) facilitated more than 97% of those cases.

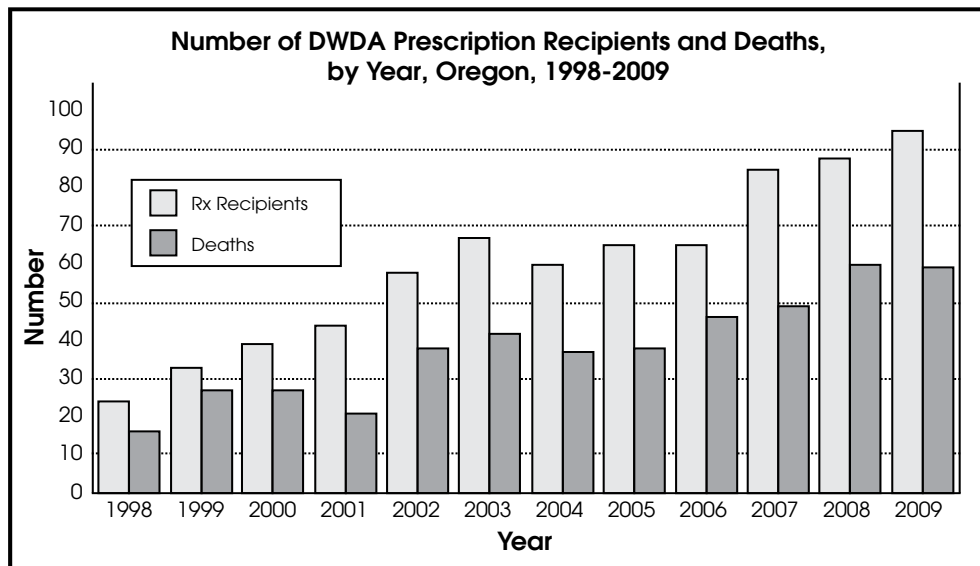
The 2009 report, the twelfth such one issued since Oregon's Death with Dignity Act was first implemented in 1998, showed once again that Oregon's law is seldom used, but for thousands of terminally ill Oregonians it provides comfort and control at the end of life.

When terminally ill Oregonians contact CCO they are urged to enroll in hospice for pain and

symptom management during their final months. Once in hospice care almost 7 out of 10 people who consider using Oregon's law change their minds because their quality of life is acceptable to the end.

During the past twelve years more than 460 terminally-ill Oregonians died using our law, but, as the annual reports indicate, end of life care has improved over the years. More Oregonians die at home than do those in most other states. More Oregonians are enrolled in hospice care at their death than are those in 46 other states.

The following chart shows the number of deaths of people who ingested the lethal dose of medication and how many received it in each of the past 12 years. ■



“Thanks for all you do. I never plan to leave Oregon where I can keep Plan B snugly in my pocket.”
 - Best, Susan



Executive Director's Page

The poem below, written by CCO client support volunteer Susan Smith of Eugene, poignantly expresses my thoughts for this issue.

— George Eighmey

The Choice

by Susan Thompson Smith

Everything's complete now.
 Your terminal diagnosis confirmed,
 Oregon's legal requisites accomplished,
 Date set.
 Family gathered –
 Relationships healed –
 Final goodbyes said
 Medications readied.
 Last chance to opt out –
 Choose again.
 I take your hand and say,
 "You understand what will
 happen when you take this
 medication."

Our eyes connect...
 Soul to Soul
 Your gaze so profound –
 it takes my breath away.
 So deep, So steady ... So
 sure.
 Trust – Knowing –
 Readiness
 You say, "I'm not afraid to
 die."
 We smile, knowingly.
 You...ready to birth into the
 Unknown
 Me...honored to be your
 Midwife
 Both of us focused...
 on releasing
 Your Suffering.
 I hand you The Choice –

You consume it with intent.
 To sleep, perchance...
 Your family surrounds
 you....
 Breath held
 Concerned you will
 awaken disappointed...
 suffering even more.
 Reassurances –
 Compassion – Invitations
 to share memories
 Favorite music playing
 in the background.
 Your Breath fades –
 Their Breathing returns.
 Tears of sadness –
 Tears of relief,
 As you, Blessed Being,
 Journey On.....

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Contribute to CCO at www.compassionoforegon.org



St. Charles Stands Up for Patients

The following is an excerpt from an article written by The Source Staff out of Bend, OR on 2/17/10

Many people think the Catholic Church's position on contraception is Medieval. They're wrong – it's several centuries older than that.

"Because of its divine institution for the propagation of man, the seed is not to be vainly ejaculated, nor is it to be damaged, nor is it to be wasted," wrote Clement of Alexandria in 195 AD.

The church's thinking has changed very little in the roughly 19 centuries since then, so we have no doubt Clement of Alexandria would have approved of the decision announced this week by Robert Vasa, bishop of the Diocese of Baker, to end the church's 92-year relationship with St. Charles Medical Center in Bend.

For several years the diocese has had problems with some of the practices at St. Charles, such as selling contraceptives in its pharmacy, providing emergency

contraception for victims of rape (as state law requires,) and allowing patients to sign do-not-resuscitate orders. But the big objection was to the hospital's performance of tubal ligations, a surgical procedure that makes women infertile by tying their Fallopian tubes.

"It is my responsibility to ensure the hospital is following Catholic principles both in name and in fact," Vasa said in a press release. "It would be misleading for me to allow St. Charles Bend to be acknowledged as Catholic in name" when it's violating church doctrine.

In practical terms, the church's decision to divorce St. Charles won't mean much. The hospital – like its counterparts in Redmond, Madras and Prineville – is operated by Cascade Healthcare Community, a secular corporation. St. Charles will keep its name, and the big cross will stay on the building. The principal change will be that "Catholic items" will be removed and Mass will no longer be offered in the hospital chapel.

It's tough to come down too hard on Vasa for following the teachings of his church as he understands them – although we wish he could have given them a less rigid interpretation. Only a few Catholic dioceses in Ameri-

ca have felt compelled to sever their connection with hospitals over the contraception issue. St. Charles has to provide care for non-Catholics as well as Catholics, and it would be unfair and inhumane for it to refuse to perform necessary and legal medical procedures because one church happens to object to them.

Fortunately, Cascade Healthcare Community President Jim Diegel and St. Charles's board of directors agree.

According to Diegel, the board considered cutting back on the number of tubal ligations but decided that would be a disservice to the community.

While he was "saddened" to see the end of the hospital's relationship with the church, Diegel said, "We have an obligation to provide comprehensive health care services to our patients while remaining true to our values of compassion and caring for all." ■

"In the end, it's not the years in your life that count. It's the life in your years."
 - Abraham Lincoln



Justine Heavilon



Susan Smith

End-of-Life Panel Takes Center Stage

by Justine Heavilon PhD & Susan Smith RN, MS, MA

In the theatre of life, people carry ideas, beliefs and questions about death and dying and the end-of-life choices involved. On Tuesday, March 16th, the Emerald Valley Playback Theatre troupe and a panel of end-of-life specialists will come together to present Graceful Closure: Exploring End-of-Life Choices from 7 to 9pm at Unity of the Valley. This unique event brings together the general public, health care professionals, and terminally ill patients and their families to a tempo of thoughtful theatrics and compelling considerations.

The event showcases hospice care, Oregon's Death with Dignity law, the social components of terminal illnesses in Oregon, and the importance of using legal directives to communicate one's choices with medical staff and family. Equal time will be allotted to the panel of specialists and to audience questions. The Emerald Valley Playback Theatre troupe will lead off the

event, engaging the audience and panel with thought-provoking improv scenarios that invite a fresh look at the subject matter through the experience of theatrical empathy.

The panel follows with Deborah Whiting Jaques, Executive Director of the Oregon Hospice Association (OHA). Jacques will address questions about hospice care in general, and discuss trends in Oregon and around the country. Oregon is a national leader in end of life care. The OHA educates terminally ill patients and their families about in-home health care, physical therapy and life enrichment activities.

Dr. Sharon Flynn, Associate Medical Director of Cascade Health Solutions Hospice who is also a certified palliative care physician and Robin Cochran, a Medical Social Worker from Cascade Health Solutions Hospice, will discuss their roles, services available in the area, medical dynamics and social mores terminally ill patients encounter as their diseases progress. They will also address the needs of family members and friends coping with inevitable loss and the need to be



both supportive and supported.

George Eighmey, Executive Director of Compassion & Choices of Oregon, a non-profit agency designated to assist the terminally ill and their physicians in using Oregon's Physician Aid in Dying (PAD) law, will discuss this end-of-life option. Compassion & Choices of Oregon has guided more than 1450 terminally ill Oregonians through Oregon's aid-in-dying process. More than 360 of them chose to use Oregon's Death with Dignity Act by taking the medication legally prescribed for them under the law. An overwhelming number of their surviving family members and friends expressed appreciation to Compassion for guiding their loved ones through the process and for making certain their loved ones had the options to die according to their wishes.

The panel will then answer questions from the audience.

Graceful Closure: Exploring End-of-Life Choices. March 16, 2010, 7-9 PM at Unity of the Valley, 3912 Dillard Rd. (39th & Hilyard), Eugene, OR 97405

For additional information, contact Susan Smith (541)342-2044 or Yvonne Shaw (503) 525-1956 ■



Living Well

by Yvonne Shaw, Administrative Director

Fatigue, pain and isolation cause frustration for people with chronic diseases, their families and caregivers. A new education program designed to teach health strategies, coping techniques and treatment evaluations is now available in the majority of counties in Oregon.

Living Well with Chronic Conditions, often called "Living Well," is a series of workshops designed by Stanford University to address the ongoing challenges of those with chronic illnesses or disabilities. Trained leaders facilitate weekly workshops on physical activity, medication management, nutrition, communicating with family members and caregivers, and treatment.

People with different chronic health conditions, including people with multiple chronic conditions, and their caregivers

attend the workshop series together. Participants meet once a week for two and half hours, over six weeks' time. At least one of the trained leaders must be a non-healthcare professional living with a chronic disease.

Results are positive. Participants consistently showed improvement in physical health such as exercise, flexibility and endurance, as well as emotional health like decreased fatigue and increased cognitive symptom management. In addition, both caregivers and those with chronic illnesses felt more comfortable defining their social roles and limitations, compared to people who did not attend the Living Well workshops. Participants also spent fewer days in the hospital and had fewer outpatient visits, resulting in a cost-savings ratio of about 1:4.

Oregon's Department of Human Services supports the Living Well program because it has proven to be successful in improving health outcomes of those living with chronic conditions. DHS promotes the program through county health departments, community-based organizations and local health systems. If you are interested in attending a Living Well workshop in your area, contact your local county health

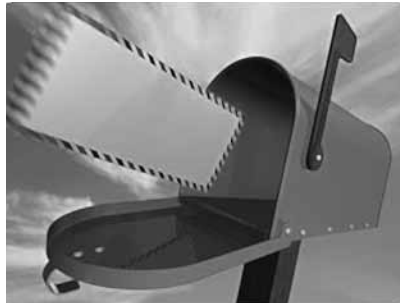


department or statewide Living Well coordinator, Cara Biddlecom at 1-888-576-7414 or living.well@state.or.us. You may also visit Living Well on the Web at <http://oregon.gov/DHS/ph/livingwell/index.shtml>. ■

"Unitarians may disagree about life after death and life before birth. But we all know there is life after birth. That's what we've got to focus on."

- Reverend Webster "Kit" Howell, Unitarian minister

**Send Your Help
Today
IT IS CRUCIAL**



Our organization, like so many other non-profits, has not received the level of contributions in the past year as we did in previous years. In 2008 we received \$243,000 to meet our expenses, but in 2009 we only received \$183,000, a 25% decrease. We need your support now so we may continue to serve terminally ill Oregonians who contact us. Our numbers have increased from an average of 25 active clients per month in 2007 to 55 per month this year. We cannot continue to provide our services at this higher number without your support. Please donate today to **Compassion & Choices of Oregon**, PO Box 6404, Portland, OR 97228.

“They say such nice things about people at funerals that it makes me sad to realize that I’m going to miss mine by just a few days.”

- Garrison Keillor

“If you live to the age of 100 you have it made because very few people die past the age of 100.”

- George Burns



What is a Good Death?

by Mike Houston, CCO’s Volunteer-Volunteer Coordinator

Every month, the Compassion of Oregon Client Support Team volunteers meet to connect, collaborate, build fellowship, and attend a mini-seminar on end-of-life topics like respite care resources and disease



dynamics. It is a well-attended event which also provides peer support and an opportunity to discuss challenging issues presented by our clients.

One of the most often discussed topics is how we can offer meaningful support to clients and their families when it becomes clear they will not be able to get the life-ending medications they want. The most common reasons is the client waiting too long to contact Compassion and Choices of Oregon rendering them unable to see the doctors who might be willing to assist them. In many circumstances, the client might not survive the minimum 15 days required to secure the prescription. In other cases, the clients may not have a disease that lends itself to the six month prognosis required by the law. In these situations our volunteers help the clients and families to think outside the realm of physician-aid-in dying. We encourage families to remember that there are many paths to a peaceful death. Sometimes the most important

thing volunteers bring to the clients and families is the ability to help them articulate what a peaceful and dignified death means to them. If the client is not already in a hospice program we outline all the potential benefits and recommend that they enroll. We also continue to provide emotional support for the client and/or their families and work, in concert with other social service agencies, to help them to understand and implement as many of the twelve principles of a good death (listed below) they believe to be important.

Twelve principles of a good death were identified in The Future of Health and Care of Older People by the Debate of the Age Health and Care Study Group. Principles of a Good Death, according to the Debate of the Age Health and Care Study Group, included:

1. **To know when death is coming and to understand what can be expected.**
2. **To be able to retain control of what happens.**
3. **To be afforded dignity and privacy.**
4. **To have control over pain relief and other symptom control.**
5. **To have choice and control over where death occurs (at home or elsewhere).**

6. **To have access to information and expertise of whatever kind is necessary.**
7. **To have access to any spiritual or emotional support required.**
8. **To have access to hospice care in any location, not only in hospital.**
9. **To have control over who is present and who shares the end.**
10. **To be able to issue advance directives which ensure wishes are respected.**
11. **To have time to say goodbye, and control over other aspects of timing.**
12. **To be able to leave when it is time to go and not to have life prolonged pointlessly.**

Physician Aid in Dying is one way to achieve a “good death.” Clients strive for control, choice and a peaceful end, especially when confronted by a potentially uncomfortable end of life. However, the peace at death is a culmination of many factors, only some of which are a result of having or taking life-ending medication. Compassion volunteers support a peaceful death, whatever the form. Their dedication, commitment and communication skills contribute toward that end. For instance, a peaceful death for one person might be found in some sort of redemption for actions in years

prior. Or it could be found in saying thank you to a good friend. Or in maintaining a self-defined level of dignity.

Sources: Smith R. *A good death*. BMJ 320:129-130. 15 January 2000. 8 November 2006. <<http://www.bmj.com/cgi/content/full/320/7228/129>>

Debate of the Age Health and Care Study Group. *The future of health and care of older people: the best is yet to come*. London: Age Concern, 1999. ■

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You are Welcome to Attend these Upcoming Presentations

March 16 | 7-9p | **Unity of the Valley Church, 3912 Dillard Rd., Eugene, OR**

Compassion & Choices of Oregon's ED and volunteers Susan Smith, Justine Heavilon, and Tom Leach, will give a presentation on Oregon's Experience with the Death with Dignity Act. Open to the public.

April 9 | 12:15-1p | **City Club of Eugene, Hilton Hotel, 66 E 6th Ave., Eugene, OR**

Compassion & Choices of Oregon's ED will debate Dr. Ken Stevens, member of Physicians for Compassionate Care, an organization that opposes the use of Oregon's Death with Dignity Act. Open to the public.

April 14 | 6-7:30p | **Walnut Community Room at Fire Station #5, 4950 NW Fair Oaks Dr., Corvallis, OR**

Compassion & Choices of Oregon's ED and Death with Dignity National Center's ED will give a presentation on End-of-Life Care at the Open to the public with registration required. (*Just off of 53rd Street, near Martin Luther King Jr. Park.*)

May 16 | 1-2p | **First United Methodist Church, 680 NW Bond St., Bend, OR**

Compassion & Choices of Oregon's ED and volunteer Harriet Richard, together with Rabbi Alan Berg, will give a presentation on Oregon's experience with the Death with Dignity Act. Open to the public.

June 6 | 1-2p | **Unitarian Church, 4505 East 18th Street, Vancouver, WA**

Compassion & Choices of Oregon's ED will give a presentation during the "Planning Your Exit Strategy: an End-of-Life Workshop." The workshop begins at 8:45 a.m. and ends at 2:30 p.m. Open to the public.

Call us at **503-525-1956** or visit our website at **www.compassionoforegon.org**

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