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## Civil Liberties Award

For significant contributions to civil liberties and civil rights



Peter Goodwin, MD

On March 6, 2010 Compassion & Choices of Oregon's board member and one of the chief petitioners of Oregon Death with Dignity Act **Dr. Peter Goodwin** was honored by the ACLU.

Dr. Goodwin worked tirelessly to pass the law and after its passage he has been instrumental in implementing it. Dr. Goodwin has earned this honor and more. ■



## 2009 Advisory Board Luncheon



**Dr. Nick Gideonse** was the keynote speaker at the 2010 annual Advisory Board luncheon, held at Waverley Country Club in Portland on May 25. More than 40 advisory board members, board members and staff heard Dr. Gideonse share his experience working with terminally ill patients who used Oregon's Death with Dignity Act. Advisory board member Robert Trotman, board chair, Julie McMurchie and Executive Director, George Eighmey, also addressed the audience with messages of inspiration and gratitude for the ongoing support of and promotion for Physician Aid in Dying. Those

present contributed more than \$3,000 toward Compassion & Choices of Oregon's programs that allow Oregonians to define and achieve a peaceful death on their own terms. ■



Left to right: Julie McMurchie, Nick Gideonse, MD, Robert Trotman



## EXECUTIVE DIRECTOR'S CORNER



A HUGE  
*Thank You*  
TO

**Yvonne Shaw**, our Administrative Director, and **Stacie White**, an advisory board member and our Administrative Assistant, for organizing the luncheon.



**George Eighmey**

### Volunteers Make a Difference

A story reported by The Associated Press in June, 2010, "Volunteering in America is on the rise," made me think yet again about Compassion & Choices of Oregon's dedicated and compassionate volunteers. To you, our client support volunteers, advisory board & board members, and to all volunteers I dedicate this article in thanks for making our world a better place in which to live.

The Corporation for National and Community Service, which oversees AmeriCorps, among other national service programs, prepared a study, with the help from the U.S. Census Bureau and the Bureau of Labor Statistics, that found

in 2009 more citizens reached out to help their communities during the worst economic recession since the 1930s.

The numbers tell a bit of the story:

- In 2009, 63.4 million Americans volunteered to help their communities ... that's an additional 1.6 million volunteers compared to 2008, making it the largest single-year increase since 2003.
- Volunteers provided 8.1 billion hours of service in 2009, with an estimated value of \$169 billion.
- In 2009, 36.7 million women volunteered ... up 1.2 million from 2008.
- Oregon ranked 11th in the nation for volunteering and Portland ranked 2nd among the 51 largest cities.
- Oregon also ranked a little better for the average hours contributed per resident, putting the state at No. 7 in the report.

The report showed that between 2007 and 2009, about 1 million volunteers in Oregon contributed nearly 134 million hours of service, based on the average over those three years. Individually, Oregonians volunteered nearly 45 hours of service per year on average during that period.

Obviously, numbers don't really tell the full story, which unfolds

day by day, in the many ways Oregonians help Oregonians.

The "Volunteering in America 2010" report found that raising money or selling items was the top volunteer activity. The next most frequent activity was collecting and distributing food. Providing social services also ranked high on the list of activities.

Social and community groups such as Compassion & Choices of Oregon, along with religious organizations, were the most common groups where people chose to volunteer their time.

Interestingly volunteers work at their jobs as many hours as those who don't volunteer, but to make time to volunteer they watch nearly two weeks less television per year than do non-volunteers.

Compassion & Choices of Oregon volunteers donate more time than do other Oregon volunteers; 100 hours per year compared to 45 by others. Our volunteers and advisory board members contribute more than \$30,000 per year to make certain we are able to provide our services. This has enabled us to counsel, guide, and be present with our clients and their family & friends during the final days. My sincere gratitude goes out to all of you. ■

### Comings & Goings



**Jim Moody, PhD**, is our only volunteer who provides client support in both Oregon and Washington. He has lived in the Washington city of Van-

couver for 13 years and taught at Clark College. His retirement is a "fulfilling and busy, busy time." He volunteers with the Kiwanis, Special Olympics, plays bluegrass guitar, and participates in a men's group. It was a C&C presentation about Death with Dignity at the Kiwanis that rekindled Jim's interest in supporting dying patients. Years ago, Jim taught about death and dying at a New Zealand medical school and volunteered with the Hemlock Society. Jim thinks the Oregon and Washington DWD Laws can be very helpful, but many people do not know their rights and don't get the help they need in making end-of-life choices. The biggest problem for the patients Jim has supported is finding doctors who are willing to participate. He encourages more people to volunteer to be client support volunteers, saying that "you see people at their very best, and there are wonderful examples of love and compassion," and that "it rekindles your faith in humans."



CCO board member **Derianna Mooney, RN**, has resigned her long-time position on the board. Her

decision reflects her desire to make room for new board members, to focus her efforts more fully on CCO speaking engagements, and to fulfill family commitments. Derianna served as board Chair for two years, and she will continue to support CCO as a volunteer

Derianna realized her passion for CCO in 1998, soon after moving from Texas to Oregon. She has practiced nursing since graduating from school in 1964, including maternal child nursing for 20 years and eight years as a midwife. She worked for the last 26 years in community nursing including home health, hospice and care management.

"Over the years, I have seen some painful and protracted deaths," she said. "What a concept that in Oregon, terminally ill people can die with dignity! The births, deaths and suicides I knew about in Texas helped me to be more compassionate. We are where we are in life because our code of ethics, our trials and tribulations bring us here."

Derianna considers the board to be at a pivotal moment, and is

encouraged by the leadership of board, advisory board and community members. She sees a need for additional fundraising, and plans to lead other advisory board members in that endeavor, along with community education. She appreciates the work behind the scenes, as well.

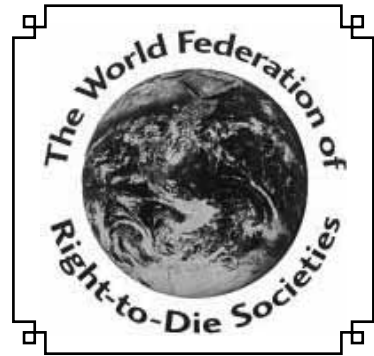
"I have truly appreciated the quality and leadership of our administration. The volunteers, George, and Yvonne, are like a family. I want to continue to stay involved because I am passionate about the difference we make in our clients and families.



**Dr. Nick Drakos**, is a practicing psychiatrist at the Native American Rehabilitative center in Portland.

He has an extensive background working in various aspects of community mental health and served for ten years as medical director for Portland's Garlington Center. He is leaving CCO's board to pursue his other interests. We will miss his wisdom and wish him well in his new ventures. Thank you Nick.

*(Next issue features new board member) ■*



### Speaking at the World Federation of Right to Die Conference

CCO Executive Director George Eighmey has accepted an invitation to speak at the World Federation of Right to Die Societies in Melbourne, Australia in October. Eighmey will present Oregon's Death with Dignity Act, and his personal experience in the field of death and dying in a forum titled "The Oregon Experience."

His presentation will cover the components of Oregon's law, how the law has impacted Americans, and his role in the legislative process. Eighmey will share stories of CCO clients who used Death with Dignity and the role of volunteers in providing direct client services. His insight into front-line implementation



of right-to-die laws and end-of-life legislation will impact an international audience committed to advancing laws in their own countries.

The World Federation of Right to Die Societies is an international organization that promotes legislation allowing freedom of choice and individual rights at end-of-life. Further goals include supporting continuing international education on the need for Living Wills and Advance Directives, as well as providing counseling and other assistance on end-of-life rights.

World Federation representatives meet biennially. The theme of this year's conference is "Dying with Dignity-Bridging Principles and Practice." Delegates are interested in how the Oregon law works and how it might be implemented in other countries. ■

*"I want to die like my father, peacefully in his sleep, not screaming and terrified, like his passengers."*

— Bob Monkhouse

## Celebrating 30 Years



*Here When You Need Us*

### What is hospice?

Hospice is a philosophy of compassionate and comprehensive care for dying persons and their families that addresses the medical, psychosocial, spiritual and practical needs of the individual and the related needs of the family and loved ones throughout the periods of illness and bereavement. Hospice is a good choice when curative treatment is no longer effective or wanted and when life expectancy is measured in months or weeks.

### What is palliative care?

Palliative care focuses on comfort, but prolonging life may be part of the goal. It's provided by hospice and palliative care teams of doctors, nurses, social workers, and others.

### Where is hospice care provided?

Hospice makes it possible for people to choose to remain at home, or in a homelike setting. Patients can receive services at home, in a hospital, in a nursing facility or inpatient hospice, or other residential facility.

### What services does hospice provide?

Hospice works with the patient's physician providing care under a treatment plan designed by the team in conjunction with the patient and the family. Services include:

- Intermittent home and hospital visits by nurses and other health care professionals
- Management of pain and symptoms
- Medical treatments as prescribed
- Instruction and supervision of family members in patient care
- Personal care and household services
- Providing or arranging respite care
- Assistance in obtaining medical equipment, supplies or medications
- Physical, occupational and speech therapy
- Short-term inpatient care
- Counseling and emotional support for patient and family
- Spiritual support
- Companionship by lay volunteers
- Information and guidelines regarding insurance, financial aid, in-home support and transportation agencies, community agencies
- 24/7 on-call emergency/crisis assistance

### What does it cost?

Hospice care is covered by Medicare, the Oregon Health Plan and private insurance. Patients may be asked to meet co-pay or other uncovered costs. No one will be turned down for financial reasons.

### How long does hospice last?

There is no limit under Medicare, and the physician and hospice program medical director will periodically re-certify that patient has a life expectancy of six months or less, if disease follows its normal course.

### Why would hospice stop?

Sometimes patients get better, or they wish to resume curative measures. Hospice patients may stop services anytime and resume their regular Medicare benefit.

### How are people referred to hospice care?

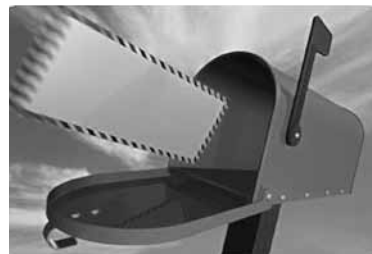
Most are referred by their physicians. Others come themselves or are referred by the hospital, an agency, a friend or relative.

### Why are referrals to hospice delayed?

Sometimes doctors wait for patients to bring up hospice care, while patients assume the doctor will tell them when they need hospice. Some patients demand treatment, not realizing treatment options may no longer be effective.

### What happens when hospice referrals are delayed?

Patients are more likely to have futile treatment and more likely to have unrelieved pain. ■



## Send Your Help Today IT IS CRUCIAL

Save the Date  
**OCTOBER 26**  
for our  
Annual Luncheon

A growing number of Oregonians are diagnosed with terminal illnesses every year. CCO supports Oregonians' right to a peaceful death and options at the end-of-life. CCO also supports Oregon physicians by completing legal paperwork and submitting compliance forms to the Oregon Department of Human Services on their behalf.

In addition, CCO supports a burgeoning volunteer program. All of these activities are covered through CCO operating expenses. These expenses include renting office space, producing patient packets for hospices, and reimbursing mileage for volunteers who make home visits to clients. We never charge physicians or clients for our services.

You can be a part of this comprehensive support network by contributing generously to Compassion of Oregon. You can help by:

- giving a contribution using the enclosed envelope.
- lending your talents and skills by becoming a CCO volunteer.
- joining the Advisory Board or Executive Board.
- hosting a fundraising or friend-raising party.
- attending our luncheon in October 2010!



*"A recent survey stated that the average person's greatest fear is having to give a speech in public. Somehow this ranked even higher than death which was third on the list. So, you're telling me that at a funeral, most people would rather be the guy in the coffin than have to stand up and give a eulogy."*

— Jerry Seinfeld

**Question:** "If you could live forever, would you and why?"

**Answer:** "I would not live forever, because we should not live forever, because if we were supposed to live forever, then we would live forever, but we cannot live forever, which is why I would not live forever."

— Miss Alabama,  
1994 Miss Universe  
Contestant



Just a few of our more than 75 volunteers, board and advisory board members - Medical Director, Dr. Nancy Crumpacker, Gov. Barbara Roberts, Dr. Jeffrey Menashe, Justine Heavilon, Brian Ruess, Mary Zenorini & our lobbyist, Lynn Partin.



IF YOU ARE INTERESTED IN BECOMING A CCO VOLUNTEER, CONTACT YVONNE AT (503) 525-1956



## Our Volunteers

Compassion Client Support Team (CST) volunteers support clients, family members and friends in a variety of ways.

Deciding to use Physician Aid-in-Dying takes a great deal of courage. It is a stand for taking control in a way that will forever impact friends and family. This impact reflects a spectrum of emotions, from joy to grief, anger to relief. And at the end of the day, a family member, friend, loved one, caregiver, neighbor, or acquaintance grapples with loss, however expected it may be. Compassion volunteers assist in that transition in several ways.



### Compassionate Experience

Family and friends delve to understand the dynamics of disease progression and to accept the grim outcome. To this end, Compassion volunteers offer experiences gained in their professional lives in the medical industry, in their personal lives with

family and friends, and in their volunteer capacity, with clients who have terminal illnesses. Such experiences provide a platform from which to

engage thoughtful discussions around fear, control, inevitability and acceptance.

### Community Resources

CCO volunteers may recommend resources in the community that will benefit clients and loved ones.

In-home hospice care, for instance,

can assist in pain and symptom management while building quality of life for patients and their loved ones. CST volunteers may recommend a local resource such as Healthy Living classes for people with chronic illnesses. Or they may offer suggestions on how to set up respite care, to give caregivers a break. Following the death, CCO volunteers remain available to family members who want to talk through the event of losing

their loved one. They may recommend a bereavement program through hospice, or send letters of condolences, support or encouragement.

### Perspective and Support

CCO volunteers care about fellow Oregonians. They support Oregonian's right to control and empowerment at the end of life, and they have a deep empathy for those going through loss and grief. They are uniquely qualified to support CCO clients and families because they have had a friend or relative go through the PAD



process. They offer inside perspectives that are educational and comforting, to individuals facing the final decisions of their lives.

*Your financial support assists the CCO volunteer program by providing*

*administrative support, mileage reimbursements, training courses and volunteer recognition activities. Visit the CCO website [www.compassionoforegon.org](http://www.compassionoforegon.org), or call (503) 525-1956 to contribute! ■*

Visit our website: [WWW.COMPASSIONOFOREGON.ORG](http://WWW.COMPASSIONOFOREGON.ORG)

## Service in the Name of *Compassion*

When Oregon's Death with Dignity Act passed in 1994, Julie Sutherland McMurchie '81 hardly noticed. A new mom who had three babies in four years, she was overwhelmed with family responsibilities. The Act zoomed into precise focus for her in 2001, though, when her beloved mother was dying of lung cancer at age 68—and made the decision to choose the way she would die.

Peggy Sutherland was an active, intelligent, and independent woman who had survived a

bout of cancer in 1986. When she was diagnosed with a new lung cancer in 2000, she and her family fought it until they had exhausted all medical



treatments, and she was declared terminal. In great pain and discomfort, Peggy knew what she wanted: to die on her own terms. After going through

the state's careful screening process, she died at home in January 2001 after taking a lethal dose of barbiturates supplied by her doctor. She was surrounded in peace by her family and their love, and Julie was by her side.

This experience was transformative for Julie. She and her family had received counseling from Compassion & Choices of Oregon, a group dedicated to informing the public about end-of-life choices. The organization recognized Julie as someone who believed in their cause both emotionally and intellectually. After her mother died they asked Julie if she would like to do media appearances and public speaking about her mother's experience. Julie became an impassioned speaker. "Public speaking makes me remember my mom and keeps me close to her," she says. "It has been a good part of my grieving." ■

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