

Compassion in Dying of Oregon

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In the News

Illinois and Oklahoma Legislators Attack Oregon's Law

Sen. Don Nickles (R-OK) and Rep. Henry Hyde (R-IL) introduced a bill this past legislative session that is intended to overturn Oregon's Death with Dignity Act. The bill will not only nullify Oregon's Act, but will place every physician in the US under the suspicious eye of the Drug Enforcement Administration (DEA).

The bill, entitled the Pain Relief Promotion Act (PRPA), will discourage doctors from providing adequate pain medication. There is a provision in it that permits local law enforcement agencies and the DEA to second guess a doctors intent in prescribing pain relief medication.

If a patient should die after having received the medication the doctor's intent in prescribing it could be misinterpreted. The doctor could be charged with the intent to hasten the patient's death instead of relieving the patient's pain. This will subject the doctor to possible investigation, loss of prescribing privileges, and a possible imprisonment from 20 years to life.

The American Medical Association (AMA) executive committee endorsed the bill, but at least twelve state medical associations oppose the PRPA; including the Oregon Medical Association (OMA).

The OMA voted on November 7 to ask the AMA to reconsider its support for the PRPA. The resolution passed by a resounding "aye" voice vote. The vote sends a strong message to rank and file doctors of the AMA that Oregon doctors want them to seriously reconsider their endorsement of the PRPA.

In a surprise move the AMA House of Delegates directed its leadership to oppose any future legislation that would impose criminal penalties on doctors or that define medical practice. This vote indicates many AMA members have serious concerns about the Hyde/Nickles' bill and want further study of it.

Oregon's Senator Ron Wyden has promised to filibuster the bill if it hits the floor of the Senate. The more time we have to educate the public, the physicians and US Senators on the negative impacts of the bill the better our chances of defeating it. We also have more opportunity to influence President Clinton to veto it if it does pass.

We need your help to get this job done. Please give generously to COMPASSION IN DYING of Oregon so we may continue to serve patients and their families who seek information and guidance in choosing their end-of-life options. We need your support today.

Write to COMPASSION IN DYING of Oregon, PMB 410, 6312 SW Capitol Hwy., Portland, OR 97201 or call us at 503-525-1956. You may also find us on the web at or email us at: or@compassionindying.org

LA Times

COMPASSION IN DYING of Oregon was mentioned more than two dozen times in the November 14, 1999 issue of the LA Times. The story, entitled "A Legal Way Out," chronicled the final months in the life of one of our patients. It detailed the struggles a dying man and his family faced over his decision to hasten his death.

The article featured our case managers and staff. The widow of our patient said of Teresa Grove, a COMPASSION case manager, "--she is a person who sees clearly what is right and wrong. She's not a person who lacks scruples or feeling. She's a person who, if she thinks it's the right thing, will give everything to support it, and won't if she doesn't." Teresa was in the Spring- Summer 1999 issue of the COMPASSION Quarterly "In the Spotlight". Call our office if you wish to receive a copy of the LA Times' article.

Death with Dignity Vote to be Held in Maine

Mainers for Death With Dignity gathered enough signatures to send a proposal to the Maine legislature to force a vote on a bill modeled after Oregon's Death with Dignity Act.

If the legislature fails to approve the bill it will be sent to the voters in Maine in November 2000. Polls indicate over 65% of Maine voters support a terminally ill person's right to hasten their death under guidelines and safeguards.

Mainers for DWD are very optimistic their state will be the second state in the nation to approve a legal aid-in-dying law. Hopefully next year we will be able to say that the right to die with dignity is the law from Portland to Portland.

Is Aid in Dying Legal in Ohio?

A little known Ohio Supreme Court opinion issued in 1987 (ten years before Oregon's Death with Dignity Act became legal) held that in Ohio assisting a person to die is not a crime. The Court's reasoning was that because committing suicide is not a crime then "aiding and abetting" or "assisting" one to commit suicide cannot be a crime unless specifically made so by the state legislature. The Ohio State legislature has remained silent on the issue for 12 years.

Death with Dignity Bill on Hold in California

Another bill modeled after Oregon's Death with Dignity Act is slowly wending its way through the California legislative process. Assembly-woman Dion Aroner introduced the bill which made it through two committees before being placed in a holding pattern until next year's session. Assembly-woman Aroner promised "We're going to try to get the Legislature up to where the general public is, because clearly the public supports this." The latest Field Poll in CA showed that 75% of the state's population favor aid-in-dying for the terminally ill.

A PERSONAL PERSPECTIVE *This is a true story. The names and places have been changed to protect the family*

Michael's Way

In late September Michael, a 56-year-old computer consultant, returned from a sales meeting in San Francisco feeling exhausted. He barely noticed the warmth of the sun filling his seaside home. Michael had been struggling with a persistent, aggressive, malignant growth in his pancreas. He was told his disease would cut his life short. His doctor told him with curative treatment he had maybe nine months to live and without it less than six months. Michael refused treatment.

Michael, a pragmatic man, drove up to his beach home on that late fall afternoon having decided he was not going to give away control over his life to the mass growing inside him. He knew he would need assistance in carrying out what he considered the most dignified option available to him.

He climbed the flight of stairs to his home, dialed COMPASSION'S number. In a businesslike manner he explained what he wanted to do. Michael talked for about an hour. He assured the COMPASSION person his pain under control, that he would enroll in hospice within a few weeks, and that he had reached his decision to hasten his death without pressure from anyone.

During the months following his decision Michael made certain all his business affairs were in order and, most importantly, he made certain he spent time with his son.

One of those special times included a week long visit to Hawaii. Despite Michael's increasing and debilitating pain, it was more important to share his last days with his son than to seek pain relief.

Ten days before Thanks-giving Day, Michael called to say he had set the date he would die. His physician prescribed the medication, the pharmacist filled the prescription and a volunteer physician picked it up.

On Michael's appointed day, two of our volunteers arrived in the late afternoon. Michael and his son greeted them at the door. Dressed in a red and black checked flannel shirt and loose fitting jeans, Michael appeared calm and confident. They all sat in the living room watching a magnificent sunset over the ocean and talking about what Michael needed to do to prepare to take the medication.

After the conversation Michael and his son held each other tightly, wept silently, shared a laugh and expressed their love for one another. Michael, in his determined voice, then told the case managers he was ready. Michael sat on the edge of his bed, held his son's hand, looked at the case managers and said thank you. He reached for the glass filled with the now-dissolved medication and drank it quickly down. He then took a few swallows of a soda and a deep breath. The case managers left the room so that Michael and his son could say one final good-bye. Two minutes later Michael dropped into a deep, peaceful coma. He died with-in 20 minutes.

The only sound in the room for the first few minutes after Michael died was of his son's soft sobs. Everyone in the room instinctively knew they were experiencing a moment of reverence and spiritual deliverance. Michael died as he wished; with dignity and on his terms.

After a few moments, Michael's son said "Thank you; my father wanted it this way. We could not have done it without your presence and help." After consoling Michael's son the case managers said their good-byes. He assured them he felt at peace.

With the roar of the ocean behind them, the case managers drove home. They spent their time talking about Michael and his life.

IN THE SPOTLIGHT

David Holmes, MD

We are fortunate to count Dr. David Holmes among our dedicated volunteers. He is a retired anesthesiologist with more than 40 years in practice. His personal experience with his beloved wife, who had a lengthy battle with cancer and was not able to legally choose how she wished to die, made him vow that others would not have to suffer an agonizing death.

Dr. Holmes has graciously accepted each case presented to him. He has demonstrated his commitment to our cause by voluntarily flying his plane to Southern Oregon to assist a patient, by visiting patients in their homes, care facilities and even helping one patient move from a foster home. He mentors new case managers and faithfully attends our monthly case manager meetings. We are grateful to have Dr. Holmes on our team. He truly is a role model that has earned the "Spotlight".

CHANGES AT COMPASSION

A Change for Melissa.

Melissa Ackerman was COMPASSION'S first Assistant Director. During her nearly 2 years with us she created our system of reporting on patients, contributions and expenditures. She maintained and created forms for use by case managers, patients and physicians.

Many patients wrote letters to express their thanks for her guidance. Melissa decided to leave her full time position with COMPASSION to pursue her masters Degree in Psychology. However, she will continue to be a volunteer case manager.

On behalf of the staff, volunteers and patients, we wish Melissa the best in her new endeavors and thank her for her devotion to our cause.

Sean Joining COMPASSION

Upon Melissa's announced departure COMPASSION tackled the difficult task of finding her replacement. After interviewing numerous applicants we were fortunate to have Sean Cox accept the position of Assistant Director.

He is a native Oregonian who graduated from PSU, receiving his BA degree in 1998. He comes to us with a long history of volunteerism. He has worked extensively the past few years with persons facing life-threatening illnesses.

His dedication to addressing the needs of youth led him to form a charitable organization known as *For Us Northwest* whose purpose is to provide support for HIV infected and affected youth. His passion for caring for others, coupled with his experience with people facing health crisis, makes him a natural for our team.

New Member of the Board

COMPASSION'S board of directors is one of the most dedicated and committed boards in the State.

We are proud to welcome Linda Kaeser, Ph.D. as the newest member to the board. Linda's professional background reads like a "Who's Who" in geriatric medicine. She has worked extensively in the fields of gerontology and medical education.

She is presently an Adjunct Professor at Oregon Health Science University, which she accepted after retiring from her post as the Director of The Center on Aging at the University of Texas at the Houston Health Science Center. Linda also found time in her busy schedule to establish the Texas Alliance for Geriatric Education Centers.

Linda has already contributed her expertise and experience to our cause and will continue to be an extraordinary board member.

Finances

COMPASSION is a small organization. Serving our patients and their families throughout the state requires \$150,000 per year.

Our budget is modest, and covers two full time staff salaries, education outreach presentations, speakers bureau, mailings, case manager training programs and miscellaneous operation expenses.

We do not charge our patients for any of our services and receive no state, federal or United Way funds. We are considered too controversial to be funded by Oregon foundations, and rely exclusively on the generosity of our individual supporters. Currently, the number of donors is small. We hope to see them grow, and would like to encourage you to give generously this holiday season and in the New Year.

We depend on your generosity in order to continue to provide support and information to patients and families, and to assure the responsible implementation of Oregon's Death with Dignity Act. Without your support we could not exist.

The Affiliate Report

COMPASSION IN DYING Federation sponsored its inaugural affiliate retreat in November at its Portland offices. Representatives from Alaska, Washington, Oregon, and Northern and Southern California attended the weekend event. COMPASSION IN DYING founder, Sheila Cook, provided the gathering with an informative historical perspective on our organization's birth.

During the two day event we covered topics on board development, effective fundraising, case management training, and media relations. The representatives from Oregon and Washington, the two groups with the most experience, were able to pass on several useful bits of information on affiliate development and leadership styles. All agreed this year's meeting set the tone for what we hope will be an annual affair.