

## Unflinching End-of-Life Moments

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PARK CITY, Utah — Most screenings at the [Sundance Film Festival](#) here are mob scenes — half-frozen film lovers in a mad dash for limited seating, reporters skittering around in search of news nuggets, agents pacing the aisles.

None of that hubbub was on display at the Sunday premiere of what is without question one of the most difficult-to-watch movies of the festival, this year or any year: “[How to Die in Oregon](#),” a documentary from Peter D. Richardson about physician-assisted suicide. The film opens with a man dying of cancer on camera.

Maybe the lack of attention has something to do with this film’s being one of the few at Sundance that people nationwide are guaranteed the opportunity to see. [HBO](#) produced “How to Die in Oregon” and plans to run it in the summer as part of its high-profile documentary series, or in the fall.

But Sheila Nevins, president of HBO Documentary Films, said she thought people were also squeamish. Even half her staff — and this is not a crew unaccustomed to difficult topics — refused to watch the whole film, she said. Meanwhile, the movie’s experienced publicity team said it had never witnessed such universal can’t-cope-with-that rejection from members of the media at Sundance, who left some empty seats at the screening.

“Nobody wants to stare death in the face, and that’s the reason nobody wants to see this film,” Ms. Nevins said over breakfast at the nearby Canyons Ski Resort. “Don’t get me wrong — it’s very harsh, a very hard watch. But ultimately it’s an important film about courage, about dignity, about compassion.”



“How to Die in Oregon,” which took Mr. Richardson, who is 31, four years and about \$750,000 to make, primarily follows Cody Curtis, a 54-year-old mother of two who suffers heroically through a roller coaster of emotions and debilitating, often humiliating, symptoms stemming from recurrent cancer of the liver. “I don’t ever want to have another night like that,” Ms. Curtis fearfully tells her husband, Stan, one morning after enduring hours of extreme pain.

You watch over 10 months as an increasingly ill but steadfastly upbeat Ms. Curtis gives away her jewelry to her daughter, Jill, and helps her son, Thomas, learn how to make a favorite holiday dessert. Finally, when even large doses of morphine won’t stop her pain, she decides that her goal of making it just a few more weeks — through Christmas 2009 — is not reachable. With her husband holding her hand, Ms. Curtis swallows a lethal dosage of Seconal, a barbiturate.

At the film’s premiere several audience members openly sobbed.

Thomas Curtis, 30, said on Sunday that he was extremely reluctant to share his mother's remaining time with Mr. Richardson's camera.

"In the beginning none of us wanted to do it except Mom," he said in an interview. "Taking her own life was a very difficult decision for her, but she felt strongly that others should have the same choice. For her, it wasn't about dying but living with dignity and not being a burden to her family."

Mr. Richardson's unflinching look at one family's decision and the contentious Oregon law that allows physician-assisted suicide for the terminally ill comes as the debate over assisted suicide is set for another round. The Legislature of one state, Montana, is weighing whether to join Oregon and Washington in allowing such deaths. The new governor of Vermont, Peter Shumlin, has signaled that he is open to a similar examination in his state. (Neither the Oregon law nor the Washington law allows doctors to do more than prescribe the lethal dose; the patient alone must administer it.)

How people die is likely to become an even bigger issue for society as baby boomers age and science finds ever more ways to treat debilitating illness and extend life.

"Control and choice in end-of-life decisions are going to be put under an incredible microscope," said Mr. Richardson, who was careful to include in his film the viewpoints of doctors opposed to assisted suicide.

For the physician who aided Ms. Curtis, a gentle-eyed surgical oncologist named Katherine Morris, the decision to facilitate her patient's request was painful.

"This is a law that supports my values, but I had never actually taken a pen and written a prescription for something that would end someone's life," Dr. Morris said in an interview.

Dr. Morris was the most reluctant participant in "How to Die in Oregon," partly because she feared being made a target by opponents of the [Death With Dignity movement](#). Mr. Richardson finally won over Dr. Morris by sending her cute pictures of his cats. ("So you've learned the art of documentary filmmaking — bribery," Ms. Nevins said with a laugh after Mr. Richardson recounted the story. "First comes the purr, then comes the scratch.")

For those who manage to make it through "How to Die in Oregon," the film's message is ultimately uplifting, Stan Curtis said. "My wife understood the meaning of her own life," he said. "It seems like a story about dying, but actually it is very much a story about living."

