

## *President's Letter*

Dear members and friends,  
As the saying goes, "I've got good news and I've got bad news." You already got the bad news in the last Beacon insert, which stated that Hemlock of Florida was considering terminating due to lack of membership interest and administrative help. The good news is that, at the June meeting, the board voted to initiate a search for a part-time paid, professional Executive Director to revitalize our management and expand our statewide image and services.

As your president for the past seven years, I think this is terrific. I have been asking for help for several years and now, hopefully, it's coming. Over the summer a search committee has brainstormed toward finding and hiring an Executive Director. The committee consists of Kathy Anderson and John McCormack (Orlando), Bill Long (Maitland), Portia Westerfield (Mulberry) and myself (Melbourne).

Together, we have set short- and long-term goals to aid in forming a job description and

other criteria for the Executive Director. It remains an exciting and challenging experience for us and we hope you will be pleased with the outcome. Once we have this important new person in place, you will be notified in a letter from the board.

On another topic, I am deeply concerned about the plight of Final Exit Network. Thus far, seven members have been arrested and the organization's assets frozen. Investigations of these seven people are ongoing, and there could be more arrests. When the first arrests were made, all files and computers were confiscated and are being used to investigate other members in several states. It is a frightening situation for those already arrested and many others, especially Exit Guides.

I do hope you will donate to the Legal Defense Fund, which pays the attorneys defending those arrested. You can donate by visiting [www.finalexitlibertyfund.org](http://www.finalexitlibertyfund.org) OR mail your check, payable to Final Exit Liberty Fund, to ERGO, 24829 Norris Lane, Junction City, OR 97448. Financial support from all of us is

vital to those who may be facing a criminal trial—please be as generous as you can.

At the same time as the four initial arrests and the freezing of Final Exit Network funds, all moneys belonging to the World Federation of Right to Die Societies were also frozen, because a Final Exit Network member had been on the board of the Federation. Thus, the right-to-die movement is hampered globally as well. You can view the World Federation Newsletter by going to <http://rtde.eu/wrtd-newsletter-56-summer-2009.pdf>. It is written by Faye Girsh, a Senior

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# Hemlock Society of Florida, Inc.

## Beacon Newsletter

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Advisor of Final Exit Network. Faye does a terrific job covering important world news on right-to-die issues.

And don't forget to check out our web site at [www.hemlockflorida.org](http://www.hemlockflorida.org) which contains the current and previous issues of the Beacon.

*Donna*

## Health Care Reform Bill

by Donna Klamm

In 2008, the U.S. Department of Health and Human Services\* presented a report entitled "Advance Directives and Advance Care Planning: Report to Congress." From all indications, Congress applied many suggestions in this Report into the Health Care Reform Bill (also known as America's Affordable Choices Act of 2009.) The "Advance Directives..." report criticized insufficient attention paid to communication between the individual and the doctor, a necessary element in giving the patient the treatment he wants. The report also says doctors should be trained in how to educate patients about their illnesses, the prognoses and available treatments. Informed

patients then decide for themselves what treatment they prefer and work with their doctors to implement it.

This addition to the Health Care Reform Bill resulted in the proposed (optional) end-of-life consultation that has caused so much misunderstanding. If you wish to read the report on the internet, go to: <http://aspe.hhs.gov/daltcp/report/2008/ADCongRpt.pdf>.

At particular issue is Section 1233 of HB3200, Advance Care Planning Consultation, which requires Medicare to pay for one session of counseling every five years. Below are some of the requirements of this section of the bill which will, hopefully, clarify some of the issues.

Once every five years, Medicare will pay for this Advance Care Planning Consultation with a health practitioner (physician, nurse practitioner or physician assistant). This consultation may occur more frequently if there is significant change in the individual's medical condition. These would include diagnosis of chronic, progressive, life-limiting disease, life-threatening or terminal diagnosis, life-threatening injury, or upon admission to a skilled nursing facility, long-term care or hospice facility.

During this consultation, the

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practitioner explains advance-care planning which includes the living will and durable powers of attorney for health care documents and the role and responsibilities of the proxy.\*\* The practitioner also gives sources for end-of-life services and support, including palliative care and hospice, reasons why these are beneficial to the family and proxy, and why this information should be updated periodically.

The bill also covers the preparation of orders for life-sustaining treatment. The Order should be uniquely identifiable and standardized within a given area (e.g., State) and signed by the practitioner. This document defines the extent of care the individual desires and is to stay with the individual from one healthcare facility to another.

Of course, there is much more to the Bill but this gives you an idea of what is actually stated therein. One thing to keep in mind is that, once Congress resumes in the fall, there will undoubtedly be many changes.

Another important point to remember is there is no "euthanasia" statement in the bill.

\*U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation along with the RAND Corporation.

\*\*The Act uses the word "proxy" but in Florida the term "surrogate" is used.

If you have internet access, you can view the entire bill by going to <http://Thomas.loc.gov> and the act is highlighted on the home page as HB 3200 Health Care Reform Bill. It is a long bill (1,017 pages). Section 1233 begins on page 424.

## Around the World

**Australia** - Controversial right-to-die advocate Philip Nitschke spoke recently in Perth and said he has changed his views on voluntary euthanasia. In addition to terminally ill patients, it

should also be available to elderly people afraid of getting old and incapacitated.

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Christian Rossiter has made a request to his nursing home to discontinue his nutrition via a feeding tube. Mr. Rossiter was paralyzed following two separate accidents—first in a 100-foot fall and the second when he was hit by a car while bicycling.

He stated to the nursing home, "I'm Christian Rossiter and I'd like to die. I am a prisoner in my own body. I can't move. I can't even wipe the tears from my eyes. I have no fear of death—just pain. I only fear pain." The nursing facility said Rossiter's request has placed it in a conflicting situation between his care and honoring his request.

The Western Australia court agreed to hear the case. Right-to-die advocate Philip Nitschke said this was a highly important case for the right-to-die movement in Australia. Mr. Rossiter has demanded that the court convene at his bedside so that it can witness the full extent of his condition.

Mr. Rossiter's case has been heard and the court has agreed that he can refuse food from his health-care provider. Upon hearing the decision, Mr. Rossiter said, "It's comforting to know that when you say you're going to starve yourself to death no one's going to come along in the night when you've lost consciousness and keep you alive to suffer a bit longer." *Editor's Note: Mr. Rossiter died mid-September.*

**Canada** - According to an article in the The Senior Times in Montreal, there is little chance of physician-assisted-death becoming law anytime soon. A Parliamentary private member's bill that would legalize assisted death has been presented. Francine Lalonde is sponsoring the bill, which had a first reading earlier this year. The bill was initially introduced in 2005 and has failed twice since then. There are those who are

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opposed to such a law and have been quite vocal about it. Liberal MP Marlene Jennings stated that "...more resources should cover proper pain management rather than looking at extremes." Jennings also claims that in countries where assisted-dying is legal, doctors have not followed protocols and there are serious concerns that families request euthanasia for another family member when the relative has not given consent for such action.

It appears that Jennings has support for her bill but, unfortunately, does not have a majority to pass such legislation. MP Thomas Mulcair said, "I don't think it's something that one private member can stand up and simply do. I think we should sit down with experts on medical ethics ...and see if there's anything that actually has to be done in Canada right now." So, Canada will move slowly and cautiously on the issue of assisted-dying.

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The Quebec College of Physicians is proposing that Canada's Criminal Code be revised to permit medical euthanasia in strictly controlled circumstances. A statement is being prepared by the physicians for release in November. The statement will call for "drug-induced euthanasia to be allowed in certain particular circumstances when dealing with terminally ill patients in severe pain." Spokesman Dr. Yves Robert said, "Avoiding the debate contributes to the general hypocrisy around the issue. To say that it doesn't happen because it is illegal is completely stupid." The document will emphasize that politicians and lawyers have no role in the doctor's final care of a patient and ensuring death with dignity.

**Czechoslovakia** - According to a recent poll Czechs are more tolerant of abortion than euthanasia although tolerance for both issues has been rising. Over 60 percent of those polled said Czech law should enable euthanasia and 27

percent disagreed. In 2007 a poll revealed that 58 percent would approve euthanasia. Nearly 75 percent of the current respondents agreed that a woman should have the right to decide on abortion while 16 percent said abortion should be approved only over serious health and social reasons. As expected, Roman Catholics disagree with euthanasia more often than other religious followers or atheists.

**Chile** - A recent poll in Chile asked, "do you agree or disagree with euthanasia or 'assisted death' in cases of terminal or incurable diseases?" Sixty-four and a half percent agreed while 32.3 percent disagreed. This poll was rather surprising since Chile is regarded as one of the most conservative countries in the Americas. An election is to be held in December and the more liberal candidates appear to promote change. One campaign states the need for more progressive policies and has launched a national consultation on questions on abortion, nuclear energy, same-sex marriages and euthanasia, in addition to other issues. Changes come slowly to governments. Chile did not permit divorce until 2004.

**New Zealand** - It appears likely that American Susan Wilson may be charged with aiding and abetting Audrey Wallis of Auckland, New Zealand, to commit suicide. Police sources say it is unlikely that she would be extradited to New Zealand considering the failure to extradite Wilson's former colleague, George Exoo, in a similar case in Ireland. There are several theories on how Ms. Wallis died, including the use of helium. Wilson and Wallis became friends about a year before the death. They talked on the phone about voluntary euthanasia and about their chronic health problems. In 2007 Wallis gave Wilson about \$2,000 to cover her travel expenses to New Zealand. They met only once and spoke on the phone a few times. Wilson said she was unaware of Wallis's death until after she returned to her home in North Carolina.

*Continued on Page 5*

Wilson admitted she had counseled people who wanted to end their lives but did not help them. She did say that she had stayed with people while they took their lives “as a comfort to them.”

**South Korea** - Last June the South Korean Supreme Court upheld the lower court decision that the family that had sued a hospital requesting the patient’s right-to-die with dignity could have life support withdrawn. The 77-year old patient had been declared brain-dead in February after suffering severe brain damage and doctors said there was no chance of recovery. Life-support was removed and nearly a month after the removal the patient is still alive, breathing on her own. *(Editor’s Note: Is she still receiving nutrition and hydration? If so, she could survive for a long period of time. Case in point: Karen Ann Quinlan had life support withdrawn and lived for almost ten years—she received hydration and nutrition following removal of the respirator.)*

**Switzerland** - Zurich has formulated new regulations for assisted death. The rules pertain to assisted death only in cases of “serious suffering due to health problems, accident or disability.” These rules were drawn up with the organization EXIT since no national regulation is in sight. The Zurich authorities failed to have Dignitas accept this agreement. Dignitas Director Ludwig Minelli was dismayed, saying there were minimal abuses and violations under the existing procedures and, therefore, new regulations were not needed.

Two initiatives dealing with assisted death have enough signatures for a vote in canton Zurich but no date has been scheduled. The first calls for allowing assistance for people who have been canton residents for at least a year. The second calls for the canton to insist on change to the Swiss federal law which would ban all encouragement of, and assistance to, people

ending their lives.

Assisted death has been allowed in Switzerland since the 1940s if performed by a non-physician who has no vested interest in the death. A study last year revealed that a growing number of people seeking assisted death were not terminally ill. There is growing and heated debate about foreigners coming to Switzerland to die (“death tourism”) and the Swiss government is considering stronger regulations or banning assisted dying.

**United Kingdom** - Two issues in the UK have brought attention to the right-to-die issues in Great Britain.

The ongoing case of Debbie Purdy seems to be close to resolution. Debbie Purdy suffers from progressive multiple sclerosis and has progressed through the courts in her quest to know if her husband would be prosecuted if he accompanied her to the Swiss clinic Dignitas where she wishes to die if her condition worsens. She argued that it would be a breach of her human rights not to know whether her husband would be prosecuted. The law lords ordered the Director of Public Prosecutions (DPP) to issue a policy on when one accompanying another to Dignitas could expect to be prosecuted. The court ruled that lack of clarity is a violation of the right to privacy. Thus far, no one has been prosecuted for an assisted death upon their return to Great Britain from Dignitas.

Keir Starmer, the head of the Crown Prosecution Service, said that the new policy would cover both individuals accompanying another abroad or one aiding another at home. In an interview with [The Telegraph](#), Mr. Starmer stated, “On the question of whether this is better dealt with by Parliament, there’s nothing much I can do to nudge them along. They’re divided, there’s no inclination to change the law, so we have no choice but to produce this policy.” Mr. Starmer is expected to publish an interim policy in

September for public consultation and a permanent policy will be published next spring.

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The other notable case in Great Britain is the death of Sir Edward Downes, 85, conductor of the BBC Philharmonic and the Royal Opera, and his wife, Lady Joan, 74. The two traveled to the Dignitas clinic in Zurich and ended their lives. Their children said that after 54 happy years of marriage the couple decided to end their lives rather than continuing the struggle of failing health. The Downes' son and daughter were with their parents when they ended their lives. The son said, "How you end your life is one of the most important decisions you can make and it seems to me reasonable that one should be allowed to do it without interference from people who frankly aren't affected by the decision."

Both of these cases have intensified the debate about right-to-die issues and whether laws should be changed. Unfortunately, the bill before the House of Lords by Lord Falconer to allow Britons to help terminally ill die at 'suicide clinics' failed by a vote of 141 to 194. So the debate continues. *The Guardian* (London) and *The Daily Telegraph*. Editor's note: The preliminary report has been issued by the DPP and a BBC article on clarification is available at: <http://news.BBC.co.uk/1/hi/health/8270320.stm>

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Labour Party MP, David Winnick, said, "The question arises from yesterday's decision—should we recognize cases such as Debbie Purdy, should we change the law, should people have to go abroad? I'm not saying for a moment 'let's try and encourage people to die' but if a person with a terminal illness does reach such a conclusion, that they don't want to go on and want assisted dying, such a facility should exist."

He said the issue needs to be "debated thoroughly" in Parliament and will put forward a private members' bill suggesting "a measure whereby assisted dying could take place in this country."

The proposed would be entered into a ballot in the fall, along with 300 others, but only a few will be debated. Even if it is chosen there may not be time for it to be debated. However, it will keep up public interest on the issue of assisted death. *The Daily Telegraph* (London)

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A new poll by Populus in Britain shows that 74 percent of the people want doctors to be allowed to help terminally ill patients end their lives. Six of ten people also want friends and relatives to be able to help their dying loved ones to end their lives without fear of prosecution. The report also noted that two out of three doctors oppose legislation. *The Times* (London)

### United States

**California** - The case of June Hartley, who helped her wheelchair-bound brother end his life, has been finalized. Ms. Hartley must pay a fine of \$260, serve three years probation and perform 250 hours of community service. It was determined that there were no hidden motives and that Ms. Hartley helped her brother to die, at his request, out of sisterly love. She could have received three years in prison but the leniency was given since she had no criminal record and there were several unusual circumstances in the case.

Ms. Hartley is very fortunate to receive the light sentence since she placed the plastic bag over her brother's head and turned on the helium tanks. Derek Humphry, author of *Final Exit* states, "In my book it says very clearly, 'Do not touch.' The person wishing to die must do the switching." As this case points out, anyone helping in any way is liable to prosecution for

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assisted-death.

**Indiana** - The Fort Wayne (IN) News Sentinel reported this past spring that care providers have changed the language from “do not resuscitate” (DNR) to “allow natural death” (AND) to help families facing the death of a loved one. Embracing death is a natural process and the change in terminology will aid in patients’ care. For many years the do-not-resuscitate order has been the protocol for not prolonging a life when the heart stops beating or breathing stops. Health care facilities say AND is a more positive term for what is allowed as opposed to something that is not done.

Sister Carole Langhauser, vice president of Mission Integration at St. Joseph and Dupont Hospitals said, “It’s more than just semantics. It’s more a philosophy of looking at death and dying. Life is a continuum. This is making dying as positive as being born. What a wonderful gift that is.”

Some people interpret the DNR order as the end of care, which is definitely not the case. Sister Langhauser said, “The whole idea of health care and medicine is to cure the patient. There comes a time when cure isn’t possible—then it’s more caring than curing. Many comfort measures can be included in that caring list.”

A 2008 study in the Journal of Medical Ethics surveyed nurses, nursing students and family members regarding the use of DNR or AND. The nurses group overwhelmingly supported the “do not treat” order as requested by the patient, regardless of the terminology. But families had greater hesitancy with DNR language. Using “allow natural death” increased the probability all groups queried would endorse and abide by the order.

Andy Candor, president and CEO of Visiting Nurse and Hospice Home of Northeast Indiana, said, “We are looking at how to incorporate

AND into our terminology which aligns wholly with the hospice philosophy. *News Sentinel, Fort Wayne, Indiana*

**Michigan** - In the spring of 2010 HBO will air a movie on Jack Kevorkian. It is based on the biography, Between the Dying and the Dead: Dr. Jack Kevorkian’s Life and the Battle to Legalize Euthanasia by Neal Nicol and Harry Wylie. There will be an all-star cast with Al Pacino as Dr. Kevorkian, Susan Sarandon as Janet Good and John Goodman as Nicol. There is much controversy over the film by right-to-die proponents fearing it will present the doctor as a martyr. Kevorkian’s downfall came when he videotaped his assistance in the death of Thomas Youk and sent the tape to the television show, “60 Minutes” which aired the episode.

Derek Humphry, founder of the Hemlock Society, said, “He (Kevorkian) came to me hoping that I, as head of Hemlock, would send him patients. I said ‘No,’ I don’t believe there should be a clinic for assisted suicide. It should be done at home or in a hospital. People are aware of euthanasia because of him, but I think he ruined it in the eyes of the medical profession.” *ABC News and Empire Movie News*

**Oregon** - A study by Oregon doctors found that the majority of dying Oregonians are either not interested or medically ineligible to participate in the State’s doctor-assisted dying option. Oregon was the first state to legalize physician aid-in-dying. From 1998 through 2007 the total deaths in Oregon was 296,000 and a mere 341 people ended their lives with a legally prescribed lethal medication. That is a very small number relative to the total number of deaths.

Those unlikely to use the Death With Dignity Act included the very old (85 or older); those dying of causes other than cancer, AIDS or amyotrophic lateral sclerosis (ALS); those with less than a high school education; and those who are not white or Asian.

It is noted that patients are ineligible for assisted death if they are incapable of making and communicating health care decisions. It is estimated that one-third to one-half of those older than 85 have some form of dementia. The largest category of assisted death participants was cancer patients, which is the most likely group to have a prognosis of less than six months to live.

The study notes that there was considerable debate at the onset of the Death With Dignity Act about whether vulnerable people, such as persons of color or poor or uneducated patients, would be coerced into participating. The data show that this has not been an issue.

**Washington** - In the last issue of the Beacon it was reported that some hospitals are opting out of the Death With Dignity Act by not offering physician aid-in-dying. Recent articles have since reported that they will allow, but not require, doctors to counsel terminal patients on life-ending drugs. What the Olympic Medical Center will not allow is the final step of the act to occur on its premises. Right-to-die advocates suggested the board reconsider their action. The League of Women Voters president, Penney Van Fleet, said, "We understand that there are citizens who reject this act—a lot of it based on their religious beliefs—and we understand that some of you and some of your staff may share some of these views. But neither these citizens, nor you, nor your staff, are required to participate in the act. You should allow those who wish to avail themselves of a state law the ability to do so."

It appears that many hospitals in Washington State are opting out of the Death With Dignity Act, basically on religious grounds. Many will allow the counseling but will not allow the death to take place in their facilities.

Washington had the first death under the Death With Dignity Act guidelines on May 21 when Linda Fleming, 66, self-administered the lethal

drugs in her home. It was recently reported that eleven patients used the lethal medication to end their lives during the first six months the Death With Dignity Act has been in effect. An additional five patients received the medication but died without using it.

**Final Exit Network** - The investigation continues into the Final Exit Network program. Thus far, seven volunteers have been arrested—four in a Georgia case and three in an Arizona case. The investigations continue in Colorado, Connecticut, Florida, Illinois, Maryland, Michigan, Missouri, Nebraska, Ohio and Washington State. As reported by the Network, the purpose of these investigations appears to be two-fold: to find more evidence to support their case in Georgia and to destroy the Final Exit Network with numerous prosecutions. The defense of these cases will be based on the First Amendment of the Constitution—freedom of speech and information.

Members of all right-to-die organizations are urged to use extreme caution in discussing end-of-life options since all right-to-die web and e-mail traffic is being monitored.

New Contact information for Final Exit Network

P.O. Box 553  
Kingston, NJ 08528  
866-654-9156 (toll free)  
[www.finalexitnetwork.org](http://www.finalexitnetwork.org)  
FLORIDA CONTACT  
Jim Chastain, 941-953-9539

**Dignitas** - Some time ago there was an inquiry about how many Americans have used the services of Dignitas in Switzerland. The response was that, according to meticulous Dignitas records, there have been 860 deaths from 1988 to April 2008. These included 13 Americans and three Canadians.

*Around the World news is from World Right-to-Die News or as noted.*

# BOOK REVIEW

by Donna Klamm

## Talking About Death by Virginia Morris

This book was originally published in 2001 with the title, Talking About Death Won't Kill You.

Virginia Morris is a journalist who specializes in health and medical issues. This book was recently brought to my attention and I think it has much to offer. It is a combination of personal experience, experiences related in the author's interviews and practical suggestions for preparing for one's end-of-life care by having conversations with family, friends, physicians and caregivers. I considered this book so informative that I reread it.

Morris covers many topics, such as how to raise the subject of death with family; how to explore our fears; how to avoid the obstacles—false hope, guilt, blind faith; what we need to know about life support, pain relief, and hospice before we make decisions; and how to find meaning, forgiveness and peace at life's end.

One of the issues that "hit" me was her criteria for a "good" death. As Morris states, there is really no good death but if family and other caregivers, including medical personnel, communicate, they can certainly achieve a calmer and more humane death. All individuals involved must listen to the patient and carry out his/her wishes. Most decisions made by other than the patient are usually a reflection of the decision-maker's wishes rather than what the patient wants. Morris lists five factors for a "good" death.

1. The patient and family are fully informed and their decisions respected.
2. Pain relief and symptom management are not considered an alternative to invasive medi-

cal treatment, but an essential part of the continuum of care.

3. Emotional and spiritual pain, which are often overlooked, should receive serious attention.
4. Whenever feasible, death should occur in a place where the patient is most comfortable and has the most control over his own life.
5. The patient and family should be aware that death could come at any time and act accordingly.

Morris elaborates on the change in attitudes in the past several decades wherein medical technology has taken over with less interaction between the doctor and patient. She says we must take control, become informed and speak out on our wishes for medical care and end-of-life care in particular.

Of course, it is impossible to predict every type of situation that may arise at the end of life and the living will cannot possibly cover all issues. Therefore, it is imperative to communicate frequently with your family and your physician.

Morris also has suggestions on how to communicate with a dying individual. Of course, this will depend on the relationship you had prior to a terminal diagnosis. Perhaps the patient is unable or too tired to talk and holding a hand may be comforting. This may also be the case when dealing with the family following a death.

The most touching parts of this book are the vignettes she tells about various situations of the dying and their families. Morris has much compassion and insight into those she has interviewed. I highly recommend this book. It is not a technical book but more of a personal journey.

"If we can achieve a greater sense of peace in dying it will lead us to rediscover the art of living."

# CALL TO MEMBERSHIP

Each issue of the Beacon contains a notice regarding your membership. This notice is the date on the address label, for instance "Oct 2009," which reminds you that your membership is expiring and it is time to pay your annual dues. If you see no such date on the address label, that means you are not a paid member.

Several years ago, the Hemlock Board of Directors set the annual dues at \$20 per person per year, deliberately low because we know many of you already pay dues to other right-to-die organizations. The Hemlock Society of Florida has a mail list of over 2,000. Of that number, a mere 200 are current with dues. Most of you who receive this newsletter have paid no dues to the Florida organization since it

became independent in 2004!

Each issue of the Beacon costs us over \$2,500 to print and mail. If you wish to continue receiving this publication, please send us your membership check now. A self-addressed envelope is included in each issue of the Beacon, so you can enclose your check, place a stamp on the envelope and mail it. Pretty easy, isn't it?

Hemlock of Florida is moving forward toward hiring an Executive Director to expand our image and services within the State. Without a much-improved level of support, we will not be able to do this. We aim to work with as many local area organizations as possible to educate the public on end-of-life issues and care, the crucial importance of having a fully completed Advance Directive, and knowing your rights as a patient. Thank you for your support

## DONORS

We would like to recognize individuals and organizations that have donated to the Hemlock Society of Florida and the Hemlock Foundation of Florida. Your financial support is critical to the operation of these organizations and is greatly appreciated. REMINDER: If you want your donation to be deductible from your income tax, your check must be made payable to the Hemlock Foundation of Florida, Inc. Your dues and donations to the Hemlock Society of Florida, Inc. are not tax deductible.

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Arthur Urrows  
John R. Vogler  
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## Hemlock Society of Florida, Inc.

### MEMBERSHIP APPLICATION

Membership dues are **\$20 per person per year**

- New/Renewal      Name: \_\_\_\_\_  
(Make check payable to Hemlock Society of Florida, Inc.)
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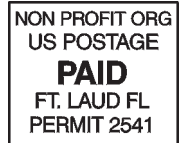
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**Fall-Winter 2009**

## *Mission Statement*

*Dedicated to improving the quality of dying through education and advocacy, thereby empowering all citizens to make and carry out their own end-of-life decisions. We affirm the individual's dignity and free will throughout life, including the freedom to hasten death under certain circumstances.*

*Pass this newsletter on to your physician as well as interested friends who may want to join us.  
If you would like additional copies please send request to  
P. O. Box 121093, West Melbourne, FL 32912-1093.*

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