

President's Letter

Dear members and friends,
In late January you received a letter announcing the selection of Ben Wilcox as Executive Director for Hemlock Society and Foundation of Florida, Inc. Ben and I have been working together to formulate the direction of these organizations and what we hope to accomplish in the coming year. Below is Ben's introductory letter to you.

We also have added two new board members. They are Judi Ake of Boca Raton and Dr. John McCormack of Orlando. They bring fresh ideas and perspectives and they will be great additions to the board. I am hoping that we can add at least two more individuals to the board by the end of the year. The current board members have been serving for many years and are getting a bit weary, so I think new members should give us the spark we need to move forward.

Also, in the abovementioned letter, I explained that I would be undergoing surgery. Lots of events have occurred that have delayed the surgery, such as

my surgeon traveling to Haiti for several weeks to help the earthquake victims, my blood donation expiring due to the delayed surgical date and, finally, my option to not have surgery until the latter part of March. I do want to thank those of you who sent get-well cards. Must admit that they took me by surprise and I greatly appreciate your thoughtfulness.

As I mentioned in the last Beacon, I was concerned about the arrest of several members of Final Exit Network and the freezing of the organization's assets. At this writing, a judge has ruled that the funds must be released to Final Exit Network since no action has taken place in the past eight months against the arrested members. A thank you to all who donated to the Final Exit Liberty Fund.

LATE NEWS: On March 9 a Grand Jury returned an indictment charging Ted Goodwin, Claire Blehr, Dr. Larry Egbert and Nick Sheridan with violating the Georgia RICO Act (racketeering), assisting a suicide and tampering with evidence. The four will be arraigned in Forsyth County,

Georgia on April 1. This turn of events will make it necessary to increase the need for legal funds. Anyone wishing to contribute to the defense fund may send a check to Final Exit Network, P.O. Box 553, Kingston, NJ 08528. Make a note on the check that it is for the "Legal Defense Fund."

Donna

Member
of



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Hemlock Society of Florida, Inc.

Beacon Newsletter

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Executive Director

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Letter from the Director

Dear Members and friends of
the Hemlock Society of Florida,



I write to intro-
duce myself as
your new
Executive
Director. It's an
honor and a

privilege to represent an orga-
nization with the reputation
and rich history of the Hem-
lock Society. I hope to meet as
many of you as possible in the
coming months and I applaud
you for sustaining this organi-
zation through the years.

Please continue to support us
as we work to re-establish and
energize the Hemlock Society
of Florida in these new and
changing times.

I first learned about the Hem-
lock Society of Florida from my
mother who was a proud
member for many years. She is
now 94 and requires nursing
home care. She remains a
strong supporter of the Hem-
lock mission and has often
impressed on me her own end-
of-life choices as well as the
need for everyone to prepare
for that eventuality.

I come to you from a back-
ground in journalism and
advocacy. For the first 20 years
of my career, I was the news
director for the Florida Public

Radio Network and respon-
sible for the nightly program
"Capital Report" during the
legislative session. In 1999, I
decided to try to "fix" some of
what I saw as problems in
Florida government and I
joined Common Cause Florida
as their Executive Director. For
ten years I was a public-inter-
est advocate for government
reform in Tallahassee. I hope
to use the skills I gained as a
journalist and an advocate to
advance the mission of the
Hemlock Society of Florida.

Common Cause and the Hem-
lock Society are similar in that
they are both membership-
based and have existed for at
least 20 years. And I think both
organizations face similar
challenges. The challenges I
see for the Hemlock Society
relate to the public's percep-
tion, or misperception, of what
we do. We don't personally
assist people in hastening
death, as some mistakenly
believe. We do educate people
about their end-of-life options,
so they can make informed,
carefully considered decisions
on important issues like the
extent to which medical tech-
nology will be used to artifi-
cially prolong their lives.

While other organizations have
emerged that promote an
individual's right to hasten
death when facing terminal or
hopeless illness, the Hemlock
Society remains a principled

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and consistent, but sometimes overlooked, voice. My goal for Hemlock of Florida is to expand our visibility as an organization dedicated to promoting dignity and autonomy at the end of life. We do important work which the public should recognize and accept.

During the coming months, I hope to find new ways for our organization to spread our message and reach out to begin the conversation so many people are reluctant to have. It is essential that this conversation take place with our loved ones and friends.

After all, it really isn't about death but about **quality of life** to the very end. Who among us wants to live just for the sake of living, without recognition or pleasure and possibly in debilitating pain, or in a vegetative state? Only by confronting the fear of death can we rise above it and make reasoned and informed decisions, to ensure a "good life and a good death." I look forward to working with you to make the Hemlock Society of Florida a trusted voice and resource for all Floridians.

Ben

Ben Wilcox
Executive Director

AROUND THE WORLD

Current Status of Right-to-Die Laws

(Information provided by ERGO – Final Exit Network)

Where voluntary euthanasia (VE) and/or physician-aid-in-dying (PAID) is now legal under specific guidelines:

Switzerland – Physician and non-physician assistance since 1940. VE is banned.

Columbia – VE since 1997

Oregon – PAID since 1998 (voted by state residents)

Netherlands – VE and PAID since 2002

Belgium – VE since 2002

Luxembourg – VE and PAID since 2008

Washington State – PAID since 2009. VE banned (voted by state residents)

Montana – PAID per Montana Supreme Court Decision on December 31, 2009

Where law reform is currently under consideration by legislators or court:

Canada – Parliament Bill C-384

England and Wales – Winnick proposal

Scotland – Margo McDonald Bill

Connecticut – Court case: Drs. Blick & Levine v. Connecticut

Massachusetts – The Joint Committee of the Judiciary is debating the issue

New Hampshire – House Bill 304

Tasmania – Death With Dignity Bill

Recent Polls

Two recent polls in Austria indicate a majority approval of legalized euthanasia*. The polls indicated 46% and 66%, respectively of those questioned, that doctors should not be punished for assisting in the death of a terminal patient who had requested it. The percentage in the second poll indicated that it was 13% higher than a poll taken ten years ago.

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Last fall a survey in Scotland found of those who believed the law should be changed to allow assisted death, 68% said yes; 8% said no; and 24% said they didn't know. A bill was to be introduced in the Scottish parliament in December but there has been no report on its outcome.

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A national online survey was conducted in Canada recently, noting that nationally 85% of the respondents believe euthanasia* should be legalized. This would allow suffering people to ease their pain and establish clear regulations for doctors with end-of-life decisions. There were differences in percentages for individual provinces with Quebec and British Columbia showing the greatest support.

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In Great Britain a poll indicated that 61% of Britons think people who help a person to commit suicide* should not be prosecuted. The poll also found that at least 75% believe legalized euthanasia* would establish clearer guidelines for doctors to deal with end-of-life decisions.

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In the United States a poll indicated no clear consensus on legalized euthanasia*, with 42% supporting it and 36% opposed.

Angus Reid Public Poll conducted all the above except in Austria and Scotland.

***Comments on Above:** *Both Derek Humphry, founder of the Hemlock Society and president of ERGO, and Rob Jonquière, Communications Director of the World Federation, have commented on Angus Reid using the word euthanasia. The definition of such a word must be clearly defined for the poll to be significant. Unfortunately, the word euthanasia has different interpretations in various parts of the world. According to Jonquière, a draft of definitions for various right-to-die terminology will most likely be presented at the Melbourne (AU) World Federation Conference in October.*

World Federation of Right to Die Societies - The 2010 biennial conference of the World Federation will be hosted by Dying with Dignity Victoria in Melbourne, Australia October 7-10. Following the conference there will be an unoffi-

cial gathering in Wellington, New Zealand on October 14-15. Hopefully, Florida will have at least one representative at the conference. Hemlock Society has been a member of the World Federation for many years and Gainesville member Annelies Plaisant served as its Treasurer. (If you are interested in attending the conference, you can check out the Federation website at www.worldrtd.net, then click on WFRtDS World Conference Melbourne which will take you to the Dying With Dignity Victoria Update page.)

Australia - Censorship has arrived. The Communication Minister has introduced legislation to block "refused classification" websites. This blacklist includes sexual violence, child sexual abuse, and instructions on crime. A leaked list was revealed last March showing that the list went well beyond child pornography. It include links to poker sites, YouTube, Wikipedia, euthanasia sites, fringe religions, Christian sites, a tour operator and a dentist. An Electronic Frontiers Australia spokesperson said, "Although it may address some technical issues, what it leaves out is far more important—exactly what will be blocked, who will decide, and why is it being attempted in the first place?" Senator Conroy said that the government would have public consultations and release a discussion paper on ways to improve accountability of the process that led to sites being put on the blacklist. Options include appeal mechanisms, notification to website owners and review by an independent expert.

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Ms. Leith, 61, was arrested for importing Nembutal from Mexico. If convicted she could face up to 25 years in prison or a \$550,000 fine. It is believed the woman has cancer and ordered the drug for her personal use. Dr. Philip Nitschke said he was aware of dozens of Australians having ordered the drug without being charged with a crime. Dr. Nitschke noted that an increas-

Continued on Page 5

ing number of people had ordered the drug but had not received it, leading him to believe that the packages had been confiscated by customs. Ms. Leith was a member of the Australian group Exit International. The charge against Ms. Leith comes after the police raided an elderly member's home along with the Melbourne office of Exit International.

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Last fall Dr. Philip Nitschke of Exit International announced, and is promoting, a single pill to be used to achieve a peaceful death. He has traveled to the United States, Canada and Great Britain to promote the pill. He states that previously people could only obtain the drug in liquid form which was difficult to transport and store. The "pill" is much smaller and is easy to safely store and transport. Dr. Nitschke seems confident that he can legally inform the public without fear of arrest. Time will tell.

Canada - The Royal Society of Canada has appointed an international panel on "End-of-Life Decision Making". This expert panel will investigate key aspects of this critical issue. Professor Udo Schuklenk, philosophy professor, has been appointed to head this important panel. Dr. Schuklenk says, "This is one of the most serious social and ethical issues facing all advanced countries today. It is important that information be presented to the public in a balanced, thorough, and informed way. A Royal Society of Canada expert panel report could make a significant contribution to the public policy debate on this issue." The report is expected to be released in the spring of 2011.

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Social activist Bernice Packford has chosen one final fight. She is a former social worker who founded the Capital Families Association to help families. She also worked with the BC Foster Parent Association and the Natural Parents

Association. The 94-year-old woman from British Columbia wants lawful assistance to end her life. Packford uses a walker but is otherwise in good health. She says, "I want to be able to die with dignity with my family around me, to go while I'm still able to function." Her greatest fear is that she will have a crippling stroke and be physically helpless. Victoria lawyer Catherine Tyhurst, who successfully defended Evelyn Martins on charges of assisting two women to end their lives, doubts there will be any changes in the law in the near future. Packford says she wants to make her death one last piece of social activism. "I hope I have made some difference while I was alive. While I'm still alive."

Netherlands - The 2009 report on aid-in-dying statistics was released in early February. There was an increase of 200 cases of assisted deaths for the year. It was also reported that six cases of early dementia were involved. During a television program, Geriatrics Professor, Dr. Cees Hertogh stated that many physicians think they cannot help demented people who have a death wish. "That is nonsense and the result is ignorance. The suffering is what counts, not the diagnosis." An unnamed general practitioner said "fear for the future" was the major problem of the patient. This issue worries members of the Christian Parties. They fear that euthanasia is asked for out of anxiety to be institutionalized.

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A new group, "Out of Free Will", has formed in the Netherlands. The group wants to legalize assisted death for people over 70. Under Dutch law assisted death is illegal and euthanasia is only legal in cases of "hopeless and unbearable" suffering, with only doctors allowed to assist the death. The group apparently has given much thought to their objectives and the procedures to ensure appropriate safeguards. It is suggested that there be a new profession to assist those

elderly who wish to exit life. These professionals would be specially trained and certified nurses, psychologists or spiritual professionals. The specialists would make sure the death wish was not an impulse, depression or a symptom of another illness. Of course, there are dissenters to this approach but this group has answers for them. They think the elderly know when the time is right and should be allowed to receive the medication to take when that time arrives. It is estimated that 400 elderly take their own lives every year, sometimes by violent means. Supporters have begun gathering signatures for a "Citizens' Initiative" to be placed on the parliamentary agenda. The group has, thus far, gathered more than 100,000 signatures, which is enough to force a debate and they want the debate to occur after the elections on June 9.

Switzerland - Switzerland's assisted-suicide law dates back to 1942. Assisted dying and passive euthanasia are both legal, making this country among the most liberal in Europe. But the government is considering new, more restrictive legislation out of concern about "suicide tourism," with 1/3 of assisted deaths being visiting foreigners. The new regulation would deter people travelling to Switzerland only for this specific purpose. Justice Minister Eveline Widmer-Schlumpf says "...it is not up to the state to help people die... We (support) suicide prevention and palliative care..." Part of the new regulations "foresees an outright ban on organized assisted suicide." Political parties and organizations have four months to give their opinions on the proposed changes before the cabinet prepares a bill for discussion in parliament. The Catholic Church, the country's largest religious denomination, supports this new legislation.

Swiss right-to-die organizations Dignitas and EXIT accuse the government of trying to deprive citizens of their right to self-determination and

responsibility. Ludwig Minelli, director of Zurich-based Dignitas, denies accusations that his organization "actively (lures) foreigners to its clinics for financial gain" which would defy existing Swiss law against profiting from assisting deaths.

Jerome Sobel, president of French-speaking EXIT, which serves only Swiss residents, says "We will ...combat this attempt to take away our freedom...if (necessary) we'll force a national referendum." Swiss law is very liberal about this grass-roots action, therefore the assisted suicide law now in place would be "a hard one to kill."

(There is a lengthy article about Dignitas in the March 2010 issue of the Atlantic magazine.)

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United Kingdom -Several recent polls in Britain are a bit confusing. Half the people said they would complete a living will if it was easy, yet 76% of those polled felt that there should be physician-aid-in dying for mentally competent, terminally ill individuals who request it. Another poll showed that 67% of those questioned thought the law should be amended to decriminalize assisted death. One of the polls indicated that only eight percent of the population has written a living will.

There is also a recently organized group called Society for Old Age Rational Suicide (SOARS) which is campaigning to get the law changed so that elderly, mentally competent individuals suffering unbearably from health issues be allowed to have physician-aid-in dying if their request is persistent.

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POLICY FOR PROSECUTORS In Respect of Cases of Encouraging or Assisting Suicide, The Crown Prosecution Service, 50 Ludgate Hill, London, EC4M 7EX, 020-7796-8000 issued by the Director of Public Prosecutions: February 2010

This text is far too lengthy and meticulously detailed to include, even rigorously edited, in an Association newsletter. The UK legal system is turning itself inside out examining every possible eventuality, or even intention, that might apply when “encourage(ing) or assist(ing) the suicide of another. Hemlock Society of Florida eschews the term “suicide” as inappropriate for use with hastened death of terminally-ill, mentally competent people making their own life/death decisions. But for English law, “suicide” it is, as of now, and attempts to sugar-coat the term further would just make this article unreadable. The discussion is far, far too complex.

The Policy deals with Section 2 of the Suicide Act 1961, and its recently added Section 2A. It details conditions under which a suspect (individual directly, or indirectly a website or other media) may “encourage and/or assist” another to commit suicide, and the criteria under which someone may or may not be prosecuted. It describes in massive detail all elements which may be involved: intent or presumed intent of the person, and/or persons, assisting or encouraging suicide, whether they influenced the “victim” (term chosen as the only one available in English law); whether the victim’s intent was clear; suspect’s liability even when the act is not completed – drug proves to be harmless. It describes the laborious process of evidence gathering and public-interest factors which tend toward or against prosecution. There’s a long list of victim’s circumstances which would influence any decision to prosecute – age, mental capacity, suspect not wholly motivated by compassion, suspect unknown to victim, influence of loosened guidelines on disabled people, etc. etc.

In its original, this is interesting, informative reading and we recommend it to our readers. The source is in the title of this article. *Editor*

United States

Do you use a Catholic medical facility? – Last November the U.S. Council of Catholic Bishops (USCCB) made changes to their Directive 58 which was sent to all Catholic medical facilities. The revised Directive states that artificial hydration and nutrition is mandatory except when a patient is actively dying. What does this mean for patients in Catholic medical facilities? It means that if the patient has a living will it will not be honored. If the patient wants his/her living will honored he/she must be transferred to another medical facility that will follow his/her wishes. According to statistics posted by Compassion and Choices, we the taxpayers will be paying for this care. In a press release C&C noted, “Religiously sponsored hospitals in the United States bill the government more than \$40 billion dollars a year while using religious doctrine to restrict needed care.” You are urged to take care when choosing your doctor and health care facility.

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Florida – A court case will be heard in April regarding the death of a woman in a Miami hospital. Caroline Francois was admitted to the hospital to deliver a baby. Upon delivery, the woman suffered life-threatening high blood pressure. Nelson Francois visited his wife and found her in cardiac care. He returned home and was contacted by the hospital asking him to return. The doctor told him that his wife had suffered a catastrophic brain bleed and she was not alive. He was asked to sign papers giving permission to remove the ventilator and he refused. The husband said he received a phone call the next day saying that his wife had awakened. When he arrived at the hospital he was told that had not occurred and she had died and the ventilator had been removed.

According to Francois the nurse told him the State of Florida gave permission to remove the ventilator when Caroline was declared brain

Continued on Page 8

dead. Francois' attorney said it was not the state but Kerns, a University of Miami transplant coordinator, who gave the order to discontinue all treatments and remove the ventilator. The dispute is whether Caroline Francois was having spontaneous respirations or not. If she was, then she could not have been declared brain dead.

Massachusetts - Prior to his death, legislator Albert Lipkind presented a proposed bill similar to the Death With Dignity Act of Oregon and Washington. The debate began in late February by the House Joint Committee on the Judiciary. Lipkind proposed that anyone 18 or older, who had been diagnosed by an attending physician as terminally ill, could request of that doctor, orally and in writing, a lethal dose of medicine to take on his/her own. No one else could make the choice for the patient. Eileen Lipkind, Albert's wife and a registered nurse, said, "I believe in living and trying to care for somebody, but if there is no cure and there is no other way, I think somebody should have that choice. It should be a personal decision."

Montana - In 2008 a Montana District Judge declared the Constitution protects a peaceful death with dignity. The court concluded that the legislature defers to a patient's own decision and supports the patient's right to control one's own body at the end of life. The decision to self-administer life-ending medication is the same as discontinuing life-sustaining therapies.

The decision was challenged before the Montana Supreme Court and on December 31, 2009 the Supreme Court ruled that nothing in state law prevents patients from seeking physician-aid-in-dying. Montana is now the third state to allow the procedure.

Oregon - Oregon now has an electronic registry for forms telling doctors whether patients want life-sustaining treatment at the end of life. According to the Oregon Health and Science

University (OHSU) this registry will offer quick and accurate information about a patient's health care wishes to medical personnel. Officials say a paper form submitted to the Physician Orders for Life-Sustaining Treatment (POLST) at OHSU is converted to an electronic form in the registry that paramedics can use to determine medical instructions when a patient is incapacitated. This form was specifically created for patients with advanced illness or frailty.

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The 2009 Oregon Report on Death With Dignity Act was released on March 1. The report states that 95 prescriptions were written in 2009 compared to 88 in 2008. Of the 95 prescriptions written, 53 patients took the medications, 30 died of their illness, and 12 were alive at the end of the year. In addition, six patients with earlier prescriptions, died from ingesting the medications, making a total of 59 deaths in 2009. (For more details of the report you can go to: <http://oregon.gov/DHS/ph/pas/index.shtml>)

Washington - The first report on the Death With Dignity Act in Washington State was released. The report does not cover the full year since the Act did not become effective until March 5, 2009. For basically ten months, 53 prescriptions were written with 36 deaths following ingestion of the medications. Seven people died without the medications and four people died with ingestion status unknown. (To read the entire report, go to: <http://www.doh.wa.gov/> . Under "Newsroom" highlight *Death With Dignity Update: Washington issues first annual report.*)

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A recent article in *The Seattle Times* notes that having a Dying With Dignity Act in Washington is causing difficulties with terminal patients who do not understand the process of having physician assistance in dying. It is a process which takes time and some patients are waiting too

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long before seeking help. First of all, the patient does not know the time he/she has left and the time the aid-in-dying process takes. Apparently even the doctors are not fully educated in the new law and are reluctant to discuss death with the patient. Under the law, a dying patient needs two doctors—one to consult with the patient and one to write a prescription. In Eastern Washington many doctors refuse to use the law, and in many communities the pharmacies refuse to stock the drugs. In addition, most of the hospitals and hospices are Catholic organizations. Compassion and Choices, who work with dying patients, says that the process takes from four to six weeks. One relative whose mother was terminal says, "...people need to start sooner if they want this as an option. The reality is, you've got to get off your behind, make some contacts," and maybe even change doctors.

Around the World news is from World Right-to-Die news and Ergo unless otherwise noted.

BOOK REVIEW

by Portia Westerfield

[Making Rounds With Oscar](#) The Extraordinary Gift of an Ordinary Cat

David Dosa, M.D. Hyperion U.S. \$23.99
February 2010 www.HyperionBooks.com

Also available from Amazon.com at about \$15.00 inclusive.

[Making Rounds with Oscar](#) will resonate with anyone who has lived with a cat or just loves the breed, as I do. Oscar is indeed an ordinary catCa snob who selectively accepts a scratch under the chin or pat on the head with apparent pleasure. His fame originated from a 2007

article in the New England Journal of Medicine, submitted by the Providence, Rhode Island, geriatrician who later wrote this book. At that time, the cat had scored some 50 "hits" with respect to dying people, announcing his prognosis by curling up against the patient's legs and staying put until death had come. Oscar (his real name) lives in a nursing home along with other cats, rabbits and a few birds. There are so many nursing-home horror stories that we're surprised by the Steere House facility, a sunny building with professional, dedicated caregivers and lots of pet therapy. Author Dr. Dosa introduces us to a variety of terminally-ill patients, most with dementia, and their families. He provides lots of detail, in layman's language, about symptoms, how they progress and how patients and relatives cope. There's plenty of humor including a description of the cats' inebriated antics after their holiday catnip treat, and the long-retired insurance salesman, with feet propped on his desk, selling policies to a disconnected long-distance phone number. True to its subject, each chapter starts with a "header" line about cats: "One cat leads to another" (Ernest Hemingway) and, my favorite, "A man who carries a cat by the tail learns something he can learn in no other way."

[Making Rounds with Oscar](#) is a beguiling read, full of humanity about the patients, their doctor (who admits to an early-stage ailment of his own) and the diverse attitudes and behaviors of patients' relatives. It's a small, lightweight hard-cover book, easy to take on a trip, and gently priced. Have fun.



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URGENT: FLORIDA MEMBERSHIP

Since the reorganization of the Hemlock Society of Florida in 2005, we have continued to send the Beacon to everyone on our mail list. It has become quite costly to continue to send the Beacon to non-members. Therefore, all recipients of the Beacon who have not become dues-paying members by the time of the mailing of the Fall-Winter 2010 issue in early October will be dropped from the mail list. Membership dues are low so that you can belong to more than one right-to-die organization if you wish. **To determine if you are a paid member, please check the mail label on this issue.** Above your name should be a month and year noted. This is your **membership expiration date**. If there is no date above your name, it means you are not a paid member. The choice is yours. We do hope you will join and support your Florida right-to-die organization so that others may learn about us. There is one exception to this membership rule. A complimentary Beacon is sent to leaders of right-to-die organizations to keep them informed on Florida happenings and we, in turn, receive complimentary copies from these organizations. It is a means of keeping abreast of what other organizations and states are doing.

If you have internet access, you can read the Beacon online at www.HemlockFlorida.org.

MEETINGS

Jacksonville

Saturday, March 20, 10:30 a.m.

Saturday, May 15, 10:30 a.m.

Speaker: Ben Wilcox, new Executive Director of Hemlock Society of Florida

Both meetings will be at:
Murray Hill Branch Library
918 Edgewood Avenue South

For further information call:
Lamar Strother, (904) 388-7860

Lakeland

Monday, April 26, 1:30 p.m.

Speaker: Dr. Dean Sandifer, Medical Director, Intensive Care Units, Lakeland Regional Medical Center and Adult Intensivist with Watson Clinic, LLP

Topic: End-of-Life Care in the Intensive Care Unit

Place: Lakeland Public Library
100 Lake Morton Drive

Cost: Free (donations accepted)

This is a joint meeting of **Compassion and Choices** and **Hemlock Society of FL, Inc.**

Following the speaker, there will be a session on Advance Directives with forms and assistance available.

For further information call:
Mrs. Mary Grove, 863-680-1234

WEBSITES

To buy ERGO books/DVD/eBook downloads at

www.finalexit.org/ergo-store

www.finalexitnetwork.org

www.assistedsuicide.org

TheFinalExit video at <http://www.youtube.com/user/>

www.worldrtd.net

www.hemlockflorida.org

Community Contacts

If there is no contact listed for your area, please phone
1-800-849-9349 (Hemlock Society of Florida)

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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.)
- New/Renewal Name: _____
(Make check payable to Hemlock Society of Florida, Inc.)
- Additional Donation Amount _____
(If you would like a tax credit for this donation, make check payable to Hemlock Foundation of Florida, Inc.)
- Beacon Donation Amount _____
(If you would like a tax credit for this donation, make check payable to Hemlock Foundation of Florida, Inc.)
- I would prefer NOT to have my name listed as a Donor in the Beacon.

Name: _____

Address: _____

City: _____ State: _____ ZIP _____

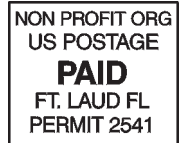
Home phone: _____

Work phone: _____

E-mail: _____

P.O. Box 121093
West Melbourne, FL 32912-1093

ADDRESS SERVICE REQUESTED



Spring-Summer 2010

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
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