

Hemlock Society of Florida, Inc.

Beacon

Shedding Light on the Right to Die
for the Terminally Ill in Florida

Fall-Winter 2012

President's Letter

Dear members and friends,

I am delighted with the news about New Jersey's Assemblyman John Burzichelli introducing a New Jersey Death with Dignity Act. It is a bill similar to the Oregon and Washington Death With Dignity Acts. Mr. Burzichelli wants suffering patients to have the option of ending their days on their own terms. He said he expects a long debate on the bill.

The legal procedure in New Jersey will be a lengthy one. The bill must proceed through several committees and each chamber of the legislature for a vote. If the bill is passed by both the assembly and senate it then goes to the Governor for his signature or veto. If the Governor signs the bill, it is then placed on the ballot for the voters of New Jersey to decide. I give two thumbs up to Mr. Burzichelli for his courage in presenting this bill to his constituents.

Wouldn't it be great if Florida could pass a Death With Dignity Act? Let me know how you feel about the issue. A questionnaire has been included in this newsletter, which I urge you to complete and mail. It will help your board plan for the future. **Please use the enclosed envelope to return your questionnaire.**

It has been a rather quiet summer for the Hemlock Society of Florida. I think the board is just getting their second wind and will be ready to move on in 2013. There seem to be many right-to-die issues around the world including a number of court cases and discussions of law changes. It is an exciting time for us and I look forward to new challenges.

Remember, if you have questions or suggestions, please send an e-mail or phone me. I wish you the best for a wonderful holiday season.

Donna



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of



Hemlock Society of Florida, Inc.

Beacon Newsletter

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GUEST EDITORIAL When I'm Dying, Let Me Kill Myself

By Tom O'Hara
Florida Voices

August 16, 2012

(Reprinted with permission)

I read in the New York Times recently that the U.S. is facing a terrible shortage of doctors, partly because people like me are getting old and sick.

"We end up spending about a third of our overall health care resources in the last year of life," Dr. Jonathan Bergman of the University of California in Los Angeles told Reuters news service in 2010.

That same year, "Medicare paid \$55 billion just for doctor and hospital bills during the last two months of patients' lives," according to a *60 Minutes* broadcast.

So, I'm offering to do my little part to alleviate the doctor shortage and the money crisis. If the government would let me, I'd be happy to kill myself—or better yet authorize a professional to do it—as soon as a doctor I trust tells me I'm terminally ill.

I hate the thought of pointless pain and adult diapers. I've had a heart attack, bypass surgery and a couple of kinds of cancer so I know about pain. But in each case, the doctors were certain they could repair me, so the pain made sense.

I know euthanasia (telling someone to inject you with the lethal drugs) and assisted suicide (taking the lethal drugs a doctor provides) is surrounded on all sides by slippery slopes. Opponents correctly point out that greedy kids or cocky doctors might pressure or dupe a dying person into making an early exit.

I know that any piece of legislation, no matter how carefully crafted, can't address every contingency that might arise when a dying person contemplates euthanasia.

But I do know that families, friends, medical professionals and euthanasia organizations already are helping suffering people take control of their deaths.

Several European countries—Belgium, Luxembourg and the Netherlands—allow active euthanasia. In 2011, 84 percent of Swiss voters

opposed any ban on access to assisted suicide and 78 percent opposed banning foreigners access to such services.

Why are the Europeans always so much more rational about social issues like this?

Even in the United States, the practice is legal in Oregon, Washington and Montana—though there are tough restrictions that would prevent me from rushing there to get the help I will want when I'm dying.

I have no doubt that euthanasia and assisted suicide will become increasingly accepted in the U.S. in the decades ahead. Florida's leaders could make a trying time for its elderly citizens a little less traumatic if they would at least adopt the euthanasia laws passed out West.

I really wish politicians would hurry up. I'm running out of time.

I know that when a doctor tells me "time's up," that my family will do all they can to keep me comfortable. But even if I'm doped up and pain free, I really don't want to endure those months of wasting away and having photos taken while you lie in bed and muster a wane smile for everyone.

I would much prefer to spend a few weeks getting things organized and saying my goodbyes. Then I want to take control of the dying.

It's my life. It's my body. If I want to spare myself and those I love months of useless pain and sadness, then I should be allowed to kill myself without a lot of legal debate and secrecy.

And I'll get the satisfaction of knowing that I've saved the taxpayers a nice piece of change.

©Florida Voices

Tom O'Hara is a national columnist for Florida Voices, and a former managing editor of The Palm Beach Post and Cleveland Plain Dealer.

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MASSACHUSETTS GAINING MOMENTUM

– As Election Day nears, Massachusetts volunteers are working diligently to keep the Ballot *Initiative* #2 in the forefront. Dignity2012 workers gathered more than twice the needed legitimate signatures to get the initiative on the November ballot. The volunteers are sponsoring meetings throughout the state to educate the voters about the initiative. The initiative is quite lengthy but the gist of Question 2 is:

The Death with Dignity Act states a terminally ill person, diagnosed as having six months or less left to live, can elect to participate in a detailed process, at the end of which they may choose to receive a prescription for medicine that will bring an end to their suffering. There are 16 safeguards built into the bill, including requirements for oral and written requests, waiting periods, and diagnostic corroboration from a second consulting physician.

*Proponents of this bill maintain that the core of the Death with Dignity Act is about a patient's **personal choice**, and whether or not a person has the right to choose how they live and die. Doctors also have a choice in the matter - a physician may choose to not participate in the process for any reason without penalty.*

The complete petition presented to the Massachusetts Attorney General is similar to the current Death With Dignity Acts of Oregon and Washington. If the majority

of voters pass the initiative it will make Massachusetts the third state to have such a law and the first state in the eastern half of the country.

The advocates of the Dignity2012 campaign have been working long and hard to reach this point and must now counter the last-minute push by the opposition. The huge problem for Dignity2012 is financial. The opposition group, Committee Against Physician Assisted Suicide, has raised nearly a million dollars, much of which came from the Catholic archdioceses around the country. The American Family Association donated \$250,000 but this was returned, since the evangelical group has anti-gay views. The Committee spokesperson, Mark Horan, said, "...the agendas of the two groups are different and that voters deserve 'a serious and vigorous debate' on the question which is No. 2 on the ballot." Dignity2012 has raised only \$310,000 since January and has spent nearly \$250,000.

A telephone poll released September 17 showed an overwhelming 64 percent of voters would vote to approve the 'death with dignity' initiative.

Anyone wishing to give financial support to the Dignity2012 campaign can visit their website www.dignity2012.org or send a check to Dignity2012, P.O. Box 51700. Boston, MA 02205. Any and all donations will be greatly appreciated. Just a reminder--donations are not tax deductible for donors.

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AROUND THE WORLD

Current Right-to-Die Issues

Belgium - A gravely ill prisoner became the first inmate to die under the Belgium

euthanasia law. The prisoner died earlier this year after several requests to end his life. No information was released on the prisoner. Now another prisoner, who has been in prison for 27 years, is asking permission to die. Belgium legalized euthanasia in 2002. Last year there were 1,133 cases recorded which was approximately one percent of all deaths.

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Canada and Great Britain - An Angus Reid Public Opinion Poll was released in July 2012. It revealed that 80% of Canadians, 77% of Britons and 56% of Americans support allowing a doctor to—at the request of a competent, fully-informed, terminally ill patient—assist the patient in ending his or her life. Thirty percent of Canadians, 37% of Britons and 46% of Americans believe legalizing doctor-assisted death would leave vulnerable people without sufficient legal protection. Eighty-one percent of Canadians and 79% of Britons would like their respective Parliaments to debate the topic of doctor-assisted death in order to establish national guidelines. In the United States, 54% of respondents would like Congress to discuss the issue.

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Canada - Gloria Taylor won a victory of sorts. She is the only person in Canada who has ever received a court's permission to ask a doctor to help her end her life. Ms. Taylor has amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease. She is a deeply religious woman who is not anxious to die but wants to be in control of her own death. In a recent interview she was asked if she had any message for people in religious congregations. Her response was, "Trust

God. We all have a journey, and I believe I was chosen to go on this journey. There are millions of people in Canada. Nobody else stood up. Obviously this was part of my journey. I really believe I was blessed. I am blessed to be able to do this for all Canadians.”

She believes in living each day with gusto and has memories to prove it. Although she is now wheelchair bound, at age 39 she learned to drive a motorcycle. She has a poster of her '85 purple Harley Super Glide motorcycle hanging in her kitchen and has black tattoos creeping up both of her shoulder blades toward her neck.

The court ruling is being appealed but the question that remains is whether anyone will be allowed to follow in her wake. Asked how Ms. Taylor will know “when it’s time” her response was, “If I choose assisted dying, that’s only under excruciating, excruciating pain. And knowing me, and knowing how strong I am, and how I like life and I love nature and I love my family—I love my granddaughter to pieces—I can’t see me wanting to end my life because I’m in a wheelchair all the time, because I’m bedridden, because I’m incontinent. We’ll work that out somehow. I totally live a one-day-at-a-time life. Sometimes it’s down to one breath at a time, you know? And that’s the way I’ve got to look at it.”

She is the only Canadian to have the option of physician aid-in-dying.

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Another Canadian has ended his life, although without the aid of a physician. Nagui Morcos watched his father die an anguished death from Huntington’s disease. A number of years later he and his wife wanted to have children but Mr. Morcos

needed to know if he had the Huntington’s gene. He learned that he had the gene and that his two brothers did not. After lying in wait for 45 years, the disease began to manifest itself. When his symptoms became debilitating he decided he would end his life. He and his wife contacted Death With Dignity, a Canadian right-to-die advocacy group. After several discussions with a DWD representative, Morcos discussed his wishes with his physician. She was understanding but was concerned about the legal aspect of even talking with him about ending his life. She did feel that she was morally right. She told Morcos that she supported him.

Two years after Morcos set about planning his death he set a date of April 22, 2012. He wrote in a farewell message to family and friends, “In deciding on the timing for hastening my death, and to stay within the current laws, I had to do this myself and couldn’t get any help. It was a precarious balance between doing it too early and missing out on my rich life, and doing it too late when I was no longer capable.” His wife, Jan, took leave from her job to be with him. They traveled, talked, reflected. She said, “How can you possibly prepare yourself to let someone you love go like that? Thinking about it and anticipating it are not at all the same as going through it. I felt a lot of fear and trepidation and dread. But it wasn’t about me. It was really about him and his need to have control over his own life and body and destiny.”

Prior to ending his life he spent time doing what he loved...attending the opera, and listening to Yo-Yo Ma on his stereo. In his farewell letter he wrote, “I am so proud of Canada for being such a progressive nation. We’ve accepted divorce, abortion and same sex marriage, it is now time for us to do the

humane thing and embrace choice for the terminally ill to have medical assistance to end their life when it has become unbearable. I now pass the torch to you, my dearest family and friends, to do the right thing and change this so that you and your loved ones will have more choice than I did.”

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Germany - An administrative court in Berlin has given German doctors the power to use their own judgment regarding terminally ill patients who want to die. The court lifted a physicians’ association ban on assisted death that included fines of up to \$65,722 on doctors who provided their patients with enough drugs to hasten their death. A court spokesman said the judges found the ban too general. Euthanasia is currently illegal in Germany. However, if a doctor is certain a dying patient wishes to end his or her life, a physician can provide that patient with the means to hasten his/her death. Judged Dieter Graefe, an expert on assisted death, said, “This is a step towards stopping suicide tourism that is happening in Germany right now.”

Since the court ruling there has been dissention within the government on who should be allowed to assist the patient, citing the opportunity for abuse.

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A German assisted death organization has opened an office in Switzerland for fear of possible prosecution at home. The group fears that it could be prosecuted under a law that is likely to pass in Germany making assisted suicide for profit a criminal offense. On its website it states that it charges an annual or life-long membership fee but founder, Dr. Roger Kusch, insists the group is not a commercial enterprise.

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Ireland - A couple is on the brink of a landmark High Court battle over the issue of assisted suicide and will seek to protect their identities. The matter is expected to go before a judge as a severely disabled and wheelchair-bound woman suffering from multiple sclerosis requested her partner be allowed to help her end her life without fear of prosecution. Suicide is not illegal in Ireland but assisting a suicide is and could bring a 14-year imprisonment. The case is expected to be presented to the Court in October.

Ciara Conway, Labor Party TD from Waterford said those with terminal or seriously debilitating illnesses should be given the right to choose. “It is a very personal decision for somebody,” she said. “It is not the first time we have seen crisis points in people’s lives which they have to bring it to court as there is an absence of legislation.”

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New Zealand - Evans Mott pleaded guilty to aiding the suicide of his wife Rosie. She had suffered from an aggressive form of multiple sclerosis. She developed tremors which meant she could not feed herself, had trouble walking and was incontinent. As early as 2010 she decided she wanted to end her life. Mott helped her put together an apparatus for committing suicide. The device sat in a closet until Rosie decided to use it.

Last December, Mrs. Mott asked her husband to go out and buy something from a store to prove his absence. When he returned home she was dead. Mott was discharged from the court without conviction after Justice Patricia Courtney ruled the consequences of a conviction would outweigh the seriousness

of the crime. The Justice based her decision on the circumstances of the case and said it was Mrs. Mott's decision to take her life and she would have found a way to do so even without help.

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A recent poll by Horizon Research asked New Zealanders "if they supported or opposed assisted suicide in the case of mentally competent adults who are terminally ill." The poll found 62.9% of respondents were in support, 15.8% as neutral, 12.3% opposed and 9% were not sure.

Labor MP Maryan Street, who has a Right to Life bill in the ballot at Parliament, believes the poll shows New Zealanders now want "greater compassion in the law".

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Scotland - Margo MacDonald, member of the Scottish Parliament (MSP) announced she has secured the necessary backing to go ahead with a new bill to permit assisted dying. She previously presented a right-to-die bill in 2010 which was rejected. Ms. MacDonald wants people who find their lives intolerable due to a terminal illness or condition to have the legal right to ask for help to end their own life. She said, "Possibly due to the recent sad and shocking coverage of how Tony Nicklinson died, MSPs have a better awareness of the issue.

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United Kingdom - Several right-to-die cases have recently been in the news in Great Britain. Tony Nicklinson suffered from "locked-in" syndrome following a stroke in 2005. He was paralyzed from the neck down and could not speak. He communicated

via computer or a machine that interpreted his blinking. Nicklinson appealed to the court for doctors to be allowed to terminate his life at a time and place of his choosing. Unfortunately, his wish was denied but it brought the issue of physician aid-in-dying to the forefront. The court decision was handed down in August and following that decision, Nicklinson refused food, developed pneumonia and died on August 22.

Tony Nicklinson's wife Jane has vowed to continue the legal battle to change the law on assisted dying. She said "nobody should have to suffer like Tony did."

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A YouGov poll conducted on behalf of the British Humanist Association found that 81 percent of adults (and two-thirds of Roman Catholics) would support "mentally competent individuals with incurable or terminal diseases" to access medical support to end their lives. Only 6 percent were "strongly opposed".

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Two other cases in the recent headlines were Thomas Hobkinson and Jackie Meacock.

Thomas Hobkinson suffered from motor neuron disease. He was wheelchair bound and had difficulty breathing and swallowing. He ended his life after watching a video about euthanasia prepared by Sir Terry Pratchett, who has been a strong advocate of right-to-die issues since being diagnosed with Alzheimer's disease.

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Jackie Meacock also suffered from motor neuron disease but took a very different path than Thomas Hobkinson. Several months ago she contacted Dignitas and became an

official member. She was then given the go-ahead from the Dignitas doctors who gave her eight days to make her arrangements and fly to Switzerland. Prior to Jackie's departure her family and friends visited her to say their final goodbyes. She was accompanied by two of her daughters. Her son and another daughter met her in Switzerland. She then had a talk with a member of Dignitas to determine if she still wanted to end her life. The following day the family traveled to a bungalow provided by Dignitas. Two volunteers were with Jackie and her family and kept asking if she really wanted to end her life. Each time she responded in the affirmative. She told the volunteers she was ready and was then given two drinks—one to alleviate being sick and, after a half-hour, was given the second dose. She died within 20 minutes.

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In recent news from Great Britain, it appears that there is a possibility of discussions in Parliament regarding the right-to-die issues. MP Lorely Burt; Anna Soubry, recently appointed Under-Secretary of State for Health; Norman Lamb, another Health Minister; and Dr. Kailash Chand, newly elected Deputy Chair of the British Medical Association Council, say there needs to be changes in the law regarding physician-assisted dying for mentally competent, terminally ill individuals. With the help of advocates such as Jane Nicklinson and Sir Terry Pratchett there may be changes in the law.

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United States

Hawaii - In January Dr. Robert Nathanson co-founded the Physician Advisory Council for Aid in Dying, which has five doctor members. The group is offering to write

lethal prescriptions for terminally ill patients in a bid to test whether doctor-assisted dying is allowed under state law. Hawaii has no law authorizing physician-assisted death. Hawaii Attorney General David M. Louie issued an opinion last December saying that manslaughter charges could be brought against physicians who write prescriptions with the intention of causing death.

Compassion and Choices Hawaii lawyers cited a 1909 law that allows "any remedial agent" to be given to "a person affected with any disease hopeless and beyond recovery" arguing that physician-assisted death is a kind of relief from the symptoms associated with the underlying disease. Attorney General Louie disagreed, saying legislative record shows legislators at the time had traditional Hawaii herbal medicines in mind.

The Council has started a hotline to field queries from patients and doctors about end-of-life care issues and physician-assisted dying. The idea is that Hawaii physicians who fear legal consequences of writing life-ending prescriptions could refer their patients to the Council for help. The Council has established guidelines similar to the regulations in Oregon and Washington.

Last December a poll of Hawaiian adults on behalf of Compassion and Choices found that 77% favored "allowing those who are dying of a terminal disease to have the choice to request and receive medication from their physician to bring about their peaceful death".

Dr. Charles Miller, a co-founder of the Council said, "I know people call it assisted suicide, but this is not suicide. These patients are going to die. All they're asking for is, 'Can I have a choice in how to do that—of how to end my life'."

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Oregon - A hospital partnership is being questioned at local forums regarding the alliance of the Ashland Community Hospital (ACH) and Dignity Health, formerly Catholic Healthcare West, which is the fifth-largest hospital system. The biggest issues during the public forums have been the restriction of the physicians to perform abortions and to give lethal prescriptions to terminally ill individuals. Currently, ACH does not perform abortions nor does it provide physician aid-in-dying. However, if Dignity Health takes over ACH these services could not be added because Dignity policy "forbids doctors it employs from writing a prescription for a lethal dose of drugs" so if Dignity operates ACH, patients of the hospital's doctors could not obtain a prescription from them.

Editor's Note: Before being admitted to any healthcare facility check its religious affiliation and policy on end-of-life care.

New Jersey - Great news from New Jersey. Assemblyman John Burzichelli (D-Gloucester) has proposed a bill called New Jersey Death with Dignity Act which is similar to the Oregon and Washington Death With Dignity Acts. Mr. Burzichelli stated, "This is the beginning of discussing a topic that we've got to get a sense of how people feel. People are not favorable to a Dr. Kevorkian suicide bill that says someone who's 45 and depressed and decides to kill one's self with help. That's not what this bill is. In my mind it's a matter of conscience, faith and a very private decision the individual should be in a position to make if they choose to."

Patrick Brannigan, executive director for the New Jersey Catholic Conference, said while the Church does not require "futile medical treatments or high-tech interventions for the dying" and backs palliative care to ease pain—it does not support hastening the end of life.

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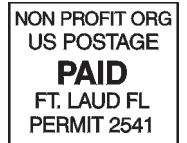
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Mission Statement

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.

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