

## *President's Letter*

Dear Members and Friends,

I do hope you have had a wonderful summer in spite of the strange weather we have experienced. Frankly, for you snowbirds, Florida was cooler than elsewhere throughout the United States. But now that fall is here it is time to return to our normal routines and, hopefully, enjoy some wonderful weather.

Hemlock of Florida is looking forward to some exciting activities in the near future. On October 16, in Orlando, we will be hosting a Forum on End-of-Life Options. This event is now in its final planning stages and we hope to include a physician, a hospital chaplain and a hospice representative. If all goes well, we will sponsor future similar forums in other parts of the state. If you are interested in hosting a forum in your area and would like assistance, please phone me or Hemlock's Executive Director Ben Wilcox.

The last issue of the Beacon had an article regarding donations to the Hemlock Foundation of Florida, Inc. and we hope you will consider this in

your estate planning. You can make a bequest in your will or living trust or name the Hemlock Foundation as beneficiary of a life insurance policy, a retirement account or an IRA. We do hope you will give these options your serious attention so that the Foundation can continue its educational goals and continue to fund our Executive Director.

Ben is working with me to finalize numerous office projects AND he has written most of the Beacon you are reading right now. Ben also has experience as a lobbyist in Florida and will be talking with legislators during the coming year. Unfortunately, the current political climate in Florida is not conducive to enactment of a Death-with-Dignity law similar to Washington and Oregon but there are other major issues we can tackle. One is POLST (Physician Order for Life Sustaining Treatment) about which Ben has written an article for this issue. Another possibility is a Florida bill similar to the New York Palliative Care Information Act, which we could present to legislators.

I do hope that all of you with

internet access are checking the Hemlock of Florida website weekly. Our webmaster, Mary Frederick, is doing a superb job of posting current right-to-die news from the United States as well as the rest of the world. The right-to-die movement is growing and there is much worldwide discussion on the issues.

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Member  
of



# Hemlock Society of Florida, Inc.

## Beacon Newsletter

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Remember, you can do your part by introducing the Hemlock Society of Florida to your friends and relatives and passing along your Beacon to them. If you need additional copies, just phone me and I will send them to you.

One last note: in mid-July Hemlock Society of Florida sent reminder postcards to current, lapsed and non-members regarding annual dues. In the future you will receive a reminder the month prior to your membership renewal date.

You have overwhelmed me with your response to the dues reminder and I thank each and every one of you. It is a great feeling to have such support for our work. Do you realize what your money is funding? First and foremost, anyone seeking information about the Hemlock Society receives a packet of

information from us. It includes our Florida Advance Directive Packet, two most recent issues of the Beacon (which contains a return envelope for joining or making a donation), a suggested-reading list and, on occasion, a Final Exit Network brochure. In addition, Hemlock has a toll-free telephone listing in every phone book in Florida—a large expense for us. As part of the toll-free phone service Hemlock also pays for incoming calls. So, your donations and dues are not wasted but are vital to inform others about our organization. Also remember: any community group requesting help with a presentation or other event will receive our assistance in obtaining a speaker.

Again, thank you for your continued and generous financial support.

*Donna*

## Letter from Executive Director



Dear members and friends of the Hemlock Society of Florida:

I want to tell you about a new initiative to bring an innovative approach to end-of-life care to Florida. POLST is an acronym for a Physician Order for Life Sustaining Treatment

and it's a form that states what kind of medical treatment patients want toward the end of their lives. Printed on brightly colored paper and signed by both a doctor or nurse practitioner and a patient, POLST helps give seriously ill patients more control over their end-of-life care.

*continued on page 3*

A POLST is similar to an advance directive, but differs in two key ways. Unlike an advance directive, which allows patients to express their values regarding end-of-life care, a POLST contains actionable medical orders signed by the patient or their legal surrogate and a doctor or other medical professional. Also, unlike an advance directive, a POLST is designed to be portable from one health care setting to another. The medical orders in the POLST travel with the patient from the home or nursing home to the emergency room and the hospital. A POLST does not replace an advance directive which names the patient's healthcare surrogate, rather the two forms are meant to complement each other.

POLST was first developed in Oregon in 1991 and has since been adopted in a number of other states including California, New York, West Virginia, Pennsylvania, Washington and Wisconsin. Now there's a new effort by the Center for Innovative Collaboration in Medicine and Law at Florida State University to bring POLST to Florida. The Hemlock Society of Florida is supporting this effort led by a coalition of medical professionals, representatives of hospice and other medical service providers and patient advocates. There is also a pilot POLST program currently underway at the JFK Medical Center in Atlantis, Florida.

We have plenty of evidence that a POLST is an effective way for patients to communicate their wishes for end-of-life care and treatment. Research in states that have the POLST option has shown that a patient's end-of-life wishes are much more likely to be carried out if there is a POLST in place. Please support the Hemlock Society of Florida's advocacy efforts to establish a POLST program in Florida. It's an opportunity to take a major step toward ensuring that Floridians have a good life and a good death.

*Ben*

## Final Exit Network Update

By Robert Rivas

The last of the four criminal cases against Final Exit Network volunteers in Phoenix has been resolved without a trial. The jury was unable to reach a verdict during the trial last April of Final Exit Network volunteer exit guide Frankin R. Langsner, of Scottsdale, a suburb of Phoenix. A retrial had been scheduled to take place in August. Instead, however, the State agreed to let Langsner plead "guilty" to a minor charge. He entered the negotiated guilty plea in June. The Phoenix police had charged Langsner, 86, with two serious felonies, "manslaughter" by aiding in a suicide and "conspiracy" to commit manslaughter, in connection with the self-deliverance of Jana Van Voorhis, 58, at her Phoenix home on April 12, 2007.

In the plea-bargain, the Maricopa County prosecutor's office agreed to let Langsner plead guilty to one count of "endangerment," and dropped the serious charges. "Endangerment" is a minimal felony but, under the terms of the plea agreement, when Langsner successfully completes one year of probation the charge will be entered on his permanent record as a misdemeanor.

"The State made Frank an offer he couldn't resist," said Langsner's attorney, Antonio Bustamante. "He couldn't run the risk, even a slight risk, of being convicted of a serious felony, when the State offered to let him cop a plea to a minor charge, with no risk of a prison sentence.

"The State of Arizona had invested massive resources in the investigation and prosecution of this case, as if the crimes were extremely serious," Bustamante added. "The State's plea offer shows this case was not very serious after all. Frank is a good and compassionate man who

did what he thought was right as a volunteer for Final Exit Network, and he still believes it was right.”

Langsner went on trial in April along with Final Exit Network’s former medical director, Dr. Lawrence D. Egbert, 83, of Baltimore, who was charged with only one count — conspiracy to commit manslaughter. After a two-week trial, the jury found Dr. Egbert not guilty. The jury deadlocked 7-1 in favor of finding Langsner not guilty of the conspiracy charge. On the charge of manslaughter, four jurors voted to convict, three to acquit, and one juror could not reach a decision. Before the trial, Wye Hale-Rowe, 83, a Network Senior Exit Guide, and Roberta Massey, 65, a Network volunteer coordinator, negotiated guilty pleas, agreeing to testify against their colleagues at the trial in exchange for a light sentence.

Four Final Exit Network volunteers (one of whom was Dr. Egbert) have also been indicted in Georgia along with the Final Exit Network corporation. Without having been tried, they appealed to the Supreme Court of Georgia from the trial court’s order denying their motion to dismiss the case on grounds that Georgia’s statute on “aiding in a suicide” is unconstitutional under the First Amendment. Their pending appeal will take many months.

## GUEST COLUMN

by Lamar Hankins

### The Jack Kevorkian most Americans did not know

While Jack Kevorkian created publicity about the right-to-die issue in his own quirky way, he did little to advance serious efforts to make that right available to all Americans. I respected his perseverance, his courage to speak out in the

face of unrelenting hostility, and his willingness to risk his own life to advance a cause he strongly believed in, but I thought he was mostly ineffective in helping to achieve the broader goal.

Kevorkian helped 130 people who were in misery to die, at their request, but was unwilling to work to help millions of others who want the right to decide for themselves when life is no longer worth living. He did not play well with others, and was, at best, indifferent to the right-to-die movement. Perhaps his greatest contribution is that he spoke out as a medical doctor (he was a pathologist professionally) about the need for physician-assisted death.

Kevorkian died on June 3 of a blood clot that lodged in his heart. His end came from natural causes, before his multiple medical problems made him decide it was time to die. Those who have questioned why he didn’t end his own life in one of the ways he had helped 130 others do so don’t understand the right-to-die movement very well. That movement is about personal autonomy, not one person’s decision for another. As author Richard Coté has noted, “Kevorkian’s unaccelerated natural death was a testament to personal autonomy and the fundamental concept that an assisted, hastened death should be a civil right for any rational adult, not an obligation.”

Derek Humphry, founder of the Hemlock Society, has written that Hemlock was actively at work for the right to die with physician assistance ten years before Kevorkian began his death assistance work. What Kevorkian helped show us is that there is a need for a reasoned, safeguarded process that allows each individual to decide for himself or herself about ending that individual’s own life with the help of a physician. This process was established in the states of Oregon and Washington by initiatives. And the right to die with assistance is available in Montana as a result of a court decision.

I have been involved in the right-to-die movement for close to twenty years for one simple reason: I want to be able to decide for myself when it is time for my life to end if I become physically or mentally impaired to the point that there is little or no meaning to my life.

Kevorkian would not work with the right-to-die movement because it has been willing to accept (for now) less than what Kevorkian advocated—doctor-administered dying. The right-to-die movement has been willing to accept ending one's life with self-administered drugs ordered by a physician after several professionals have made sure that the decision is voluntary and not the result of clinical depression and the individual is terminally ill.

The mainstream media made Kevorkian into something he never was—a leader of the right-to-die movement. Although he did believe in safeguards, he was somewhat haphazard in applying them, and he was disdainful toward the right-to-die laws in Oregon and Washington.

Kevorkian wanted patients to have the right to direct assistance of a physician in ending their lives. Now, in three states, a physician can only help make available lethal substances that can be self-administered to end one's life. People who cannot swallow or who are too feeble to self-administer life-ending drugs must still suffer if palliative care cannot alleviate their suffering.

Some mainstream publications have attributed the hospice movement to Kevorkian's work, but they are mistaken. Humphry notes that hospice in the US started in the 1970s, about the time the first Living Will (also called a Directive to Physicians and similar names) was made available in California. Kevorkian began his own physician-assisted death work in 1991.

Kevorkian was a complex man. He did not help everyone who sought his help to end their lives if their circumstances did not satisfy his criteria. Some of those individuals are still alive today. He never took money from anyone for the work he chose to do. I found the HBO movie "You

By making a tax exempt donation or planned gift to the Hemlock Foundation of Florida, Inc. [501(c)(3)], you will ensure that Hemlock continues its mission to promote dignity and freedom of choice at the end of life.

There are several ways to provide a gift to the Foundation that will endure beyond your lifetime, including:

- Making a bequest to the Hemlock Foundation of Florida in your will or living trust.
- Naming the Hemlock Foundation of Florida as a beneficiary of a life insurance policy.
- Naming Hemlock Foundation of Florida as a beneficiary of a retirement account or IRA.

We would be happy to help you structure your estate to best meet both your personal and philanthropic goals. Many of the plans listed above can provide significant tax and financial advantages.

For more information, please call Ben Wilcox at 850-544-4448,  
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Don't Know Jack" entertaining and generally sympathetic to Kevorkian's views, but it showed his irascible personality as well, along with his simple way of life—he usually bought clothing from the Salvation Army. Kevorkian was a combat veteran of the Korean War and received military honors at his burial.

The ethics of his work have been called into question, and he has left us not knowing if we will ever achieve the right to have the legal help of a physician in ending our own lives, if that is our choice. His personal effort in this area came to naught.

Fortunately, several groups with serious intent and compassion are continuing their efforts to advance the right to die with physician assistance in the US. Among them are Final Exit Network, Euthanasia Research and Guidance Organization (ERGO), Compassion & Choices, and numerous statewide, regional, and local groups, some of which still use the name Hemlock. As Faye Girsh, Hemlock Society of San Diego, has suggested, a fitting tribute to Dr. Kevorkian would be for other physicians to speak up about the need for "gentle assisted death," so that it becomes once again a widely-discussed subject. With that, we might achieve some agreement about the right to control one's life, and death.

© Lamar W. Hankins, *Freethought San Marcos*

## AROUND THE WORLD

### Current Right-to-Die Issues

**Australia** - When David Scott Mathers escaped a jail sentence for suffocating his chronically ill partner, much was made of her pain. Eva Griffith had wanted to die and her considerable pain was referred to 16 times in Justice Peter Hall's judgment, which concluded that the manslaughter to which Mathers had pleaded guilty was "a

selfless act born out of the love the offender held for her".

In Australia it is often assumed pain would be the main reason for voluntary euthanasia, or assisted suicide, yet evidence from the US suggests Griffith's circumstances were unusual.

In Oregon, where assisted suicide is legal in certain situations, the 525 people who killed themselves under the law from 1988 to 2010 were asked for their reasons. Their main ones were concern about loss of autonomy (mentioned by 91%) and loss of the ability to engage in activities that make life enjoyable (88%).

These were followed by fear of loss of dignity (84%), losing control of bodily functions (56%), and being a burden to others (35%). Only 21% mentioned pain, or the fear of pain, as a factor.

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**Canada** - A terminally ill woman who wants to fast-track her trial seeking to overturn Canada's current right-to-die laws will have her case heard in November. Gloria Taylor, who has Lou Gehrig's disease, also known as ALS, asked the British Columbia Supreme Court through her lawyer to expedite the hearing, which was supposed to take place in Spring 2012. Justice Lynne Smith said that she was satisfied there was an urgency in hearing the case early. The trial will take place over four weeks starting November 15.

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A New Westminster, B.C., assisted-suicide foundation is asking the B.C. Supreme Court to renew a fight for what it calls "the right to die." The Farewell Foundation For The Right to Die, representing 113 members, hopes to pressure the Canadian government to adopt Switzerland's model for assisted suicides, which does not require a presiding doctor but insists on the patient's full consent and proof of "unbearable pain or unsustainable treatment." Foundation director Russel Ogden filed a civil claim

against the attorney general of Canada in early February, arguing a person has the constitutional right to kill himself. Ogden said under Swiss law, assisted suicides are fully “accountable” and coroners, police and the courts are brought in after each death to ensure no foul play is involved.

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**Spain** - The Spanish government has approved a law that gives terminally ill patients the right to hasten their deaths by halting medical treatment. Health Minister Leire Pajin said that the law would not affect bans on euthanasia or assisted suicide, which outlaw actions that lead to the deaths of those who otherwise would have lived. Halting medical treatment in terminal cases is common practice in Spanish hospitals but was never explicitly permitted. Health officials said the law would apply to those with only months to live and also grant the right to adequate palliative care.

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**Sweden** - The Swedish National Board of Health and Welfare has issued new rules for palliative care that in some cases give terminally ill patients the right to die. Although issued as “new”, these rules do not solve the issue of physician-assisted voluntary death (suicide) or (active) euthanasia.

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**Switzerland** - Campaign group Dignity in Dying says Swiss voters have made a “brave decision” in rejecting calls to ban assisted suicide for non-residents. But anti-euthanasia alliance Care not Killing said it was disappointed after 78% voted against outlawing it. Residents in Zurich were asked to decide whether assisted suicide should be banned, either for Swiss nationals or non-residents. So far, 150 Britons have chosen to die at the Dignitas clinic in the country. Some 85% of the 278,000 votes cast opposed the ban on assisted suicide and 78% opposed outlawing it for

foreigners, Zurich authorities said. While opinion polls indicated that most Swiss were in favor of assisted suicide, they also suggested that many were against what has become known as suicide tourism.

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**United Kingdom** - In a fresh appeal for the legalization of assisted suicide, Sir Terry Pratchett said he was “angry” that British people had to go abroad if they wanted to be helped to die, because it meant they were committing suicide earlier than they would do if they could simply take a “magic potion” in their own home. Sir Terry, 63, who has a rare form of early-onset Alzheimer’s disease, accompanied a motor neuron disease sufferer to the Dignitas clinic in Switzerland for a controversial new documentary shown on BBC2, which includes the moment of the man’s death. It was the first time a suicide has been shown on television. In an interview for Radio Times, Sir Terry said he believed the man named only as Peter, aged 71, was left with no choice but to commit suicide earlier than he would have liked, because he had to go to Switzerland before he became too ill to travel.

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Hugh Grant has said he agrees with the assisted suicide campaigner Dr. Ann McPherson, who died this year, on giving people the right to die. The actor, who is a patron of healthtalkonline.org, a website and charity founded by Dr. McPherson, told The Independent: “She’s right on assisted dying. That seems to me like the dignified option. I don’t know quite what she wanted in her last few weeks, but she was a great champion of the right to die in a dignified manner, which it seems she did.” He added: “If you are around someone who you love, who says they want to die, and they say enough’s enough, you would look on that with great sympathy.”

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## UNITED STATES

**California** - A 91-year-old California woman who sells kits to help people end their lives said her home was raided by federal agents. Sharlotte Hydorn said they took away her computers, sewing kits and boxes of what she calls “exit kits”, the Associated Press reported. The kits contain a plastic hood that closes around the neck and clear tubing to hook up to a tank of gas. She made headlines after a man from Oregon took his life using a kit. The death of the 29-year-old in December outraged Oregon lawmakers who have passed a bill to outlaw the sale of such devices. (See Oregon.)

Ms. Hydorn told the Associated Press she opened the door of her home in El Cajon, California, to about a dozen armed federal agents. They spent the next 10 hours packing up “boxes and boxes and boxes” of stuff, leaving her home in a mess, AP reports. “It was a new experience, and at my age, I’ve lived through many things,” she said. The 91-year-old has been selling the \$60 (£36) kits under the brand name GLADD—Glorious Life and Dignified Death—for some years. She insists she only wants to help the terminally ill, and is not interested in making money.

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**Maryland** - From a cluttered apartment office, Dr. Lawrence Egbert says he has helped direct the deaths of nearly 300 people across the country. Some of his patients, as he calls them, are racked with cancer, paralyzed or staring down Alzheimer’s. Others simply want to slip away on their own terms. Sometimes family members gather around the bedside to say goodbye; in other cases, their appointed “exit guides” lock the door behind them and make arrangements for someone to stumble across the body.

A decade after the late Jack Kevorkian went to prison for helping a man with Lou Gehrig’s disease commit suicide, Egbert, 83, has been dubbed “The New Doctor Death” by Newsweek

after being criminally charged in two states for his role as medical director for the Final Exit Network. An Arizona jury acquitted him this spring after a three-week trial in the death of a Phoenix woman. He has also been charged in Georgia. The cases have revived the debate over assisted suicide and placed Egbert, a retired anesthesiologist, at the forefront of the debate over Americans’ right to take their own lives. The Final Exit Network is the only known group performing such work and members say their assistance is compassionate and progressive.

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**Massachusetts** - It didn’t take Roy Almeida more than a minute to shape an opinion about whether people with a terminal illness should have a legal right to kill themselves with lethal medications. “I think that anyone who finds they’re terminal, and there’s no turning back, and they decide they want to go, they should have that right,” said the 72-year-old Quincy resident as he sat over morning coffee at Barry’s Deli in Wollaston. The question dropped on Almeida’s breakfast table could be dropped in front of Massachusetts voters next year if a ballot initiative filed early this month with the state attorney general can pass legal reviews and muster some 70,000 signatures from registered voters. The proposal to legalize assisted suicide for some terminally ill patients is likely to ignite a lot of debate. It was a controversial enough subject that 643 readers chimed in on a website questionnaire. Nearly three-quarters—474—said they would vote in favor of such a referendum.

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**New Mexico** - Individuals who want to avoid life-prolonging treatments in a hospital—or who want to be free to exercise the right to refuse all nutrition and hydration—have the legal right to make those choices in every state. But that doesn’t mean all hospitals, nursing homes and assisted living centers will cooperate with such wishes, even in cases involving notarized, written advance directives.

Representatives of Compassion and Choices were in Pueblo recently to advise people about ways to avoid the obstacles that a New Mexico couple encountered after advising the staff at their Las Lunas assisted living center that they had begun the process of hastening their deaths. Neil Rudolph said his parents, both in their 90s, had told him and his sister about their wishes regarding end-of-life care—and how they hoped to die—years earlier. He said the assisted center staff at first voiced no objections to their plan to stop eating and drinking.

Once the couple was into the process, however, legal advisers got nervous about it and tried several avenues to stop them. They called 911 to report a double-suicide attempt. Firefighters who responded listened to the couple’s explanation and refused to transport them anywhere. Then the center issued an eviction notice, calling for the couple to immediately vacate their apartment.

Rudolph’s father was in constant pain because of spinal stenosis, and his mother was barely mobile enough to get from her bed to the bathroom and back, even with help. Rudolph said he and Compassion and Choices representatives were able to convince the center to stick to its own 30-day-notice rule regarding evictions, knowing that his parents no doubt would be dead in that amount of time.

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**Oregon** - Oregon is the first state to pass legislation outlawing the sale of “suicide kits” aimed at assisting or encouraging people to take their own lives. The new law went into effect immediately after Gov. John Kitzhaber signed the bill in June. Sen. Floyd Prozanski, D-Eugene, introduced Senate Bill 376 in April after learning of a young Eugene man who used such a kit, mail-ordered from California, to commit suicide in December. The new law makes it a Class B felony to “knowingly sell, or otherwise transfer for consideration, any substance or object to

another person for the purpose of assisting the other person to commit suicide.” Violation of the law carries a prison sentence of up to 10 years and a maximum fine of \$250,000.

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*Around the World news is from the World Right-to-Die news and ERGO, unless otherwise noted.*

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*The Spring-Summer 2011 Beacon listed Robert Holland as a donor. The donor was Richard Holland. Our apology for this error.*

Please join the Hemlock Society of Florida for a special panel discussion on “Options for End-of-Life Treatment and Care in Florida: Helping Patients and Families Make Difficult Medical Choices.” The panel discussion is free to the public. The panel will feature four people who are experienced in providing different aspects of end-of-life care. We’ll explore the legal options available to Floridians for specifying what kind of treatment and care they would want to receive at the end of their lives. These options may include an advance directive or POLST (Physician Order for Life Sustaining Treatment), designation of a healthcare surrogate and a Do Not Resuscitate Order.

**October 16, 2011 – 2-4 p.m.**

University Unitarian-Universalist Church  
11648 McCulloch Road  
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**All meetings are open to the public.**



# Community Contacts

If there is no contact listed for your area, please phone  
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## Hemlock Society of Florida, Inc.

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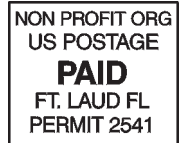
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**Fall-Winter 2011**

## *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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