



COMPASSION and CHOICES Of OREGON



December 2006 Issue

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George Eighmey, JD
Executive Director

Bryanne Jones
Administrative Director

PO Box 6404
Portland, OR 97228
Ph: 503-525-1956
Fax: 503-228-9160

or@compassionandchoices.org

Compassion & Choices of Oregon Commemorated Nine Years of Stewardship of Oregon's Unique Aid-in-Dying Law

More than 150 guests gathered at the Portland University Club on October 19th to show their support for *Compassion & Choices of Oregon* and to commemorate our ninth annual dinner and auction. The wide range of auction items included a trip to San Francisco, a hand sewn quilt, massages, a diamond and ruby bracelet, an airplane ride and many more fabulous gifts. The auction raised more than \$15,000 and the event grossed over \$42,000 to go toward supporting *Compassion's* services to the terminally ill.

The evening's keynote speaker was nationally-known Oregon family practitioner Dr. Nicholas Gideonse, pictured to the right. Dr. Gideonse gave an inspired speech about his personal involvement with assisting his patients who request aid-in-dying and his vision for where our movement is headed.

Sen. Ron Wyden, D-OR, pictured below, made his annual appearance to give his words of support and encouragement. Sen. Wyden once again vowed that he would filibuster any bill introduced in Congress that attempts to overturn Oregon's Death with Dignity Act. He referred to Kansas Sen. Sam Brownback's bill that would penalize Oregon doctors for assisting their patients. With Sen. Wyden now in the majority party we can be assured our law will be safe for at least two more years.



Nick Gideonse, MD

In addition to our speakers, Compassion recognized the contributions to our cause made by Charlene Andrews, who died this year, after several years battling cancer and fighting for the right to have Oregon's aid-in-dying law as an option. Char's daughter, Sue Spengler, proudly accepted her mother's award.



Sen. Ron Wyden



There was a minor technical problem in getting the sound to work on a video of the speech Char gave to the National Press Club in D.C. Sue said it was similar to an incident that occurred during Char's services where they were convinced Char was with them, letting them know she could still stir up trouble. Char gave countless hours defending our law.



Charlene Andrews

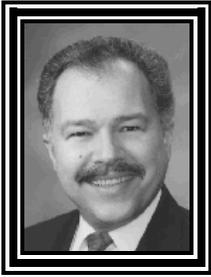
Compassion also recognized the outstanding contributions that Sue Porter makes to our cause. Sue's commitment and support to Compassion and the terminally ill has been exemplary. We are very pleased Sue is part of the Compassion team and that Char continues to fight for us in spirit and memory.



Sue Porter



Our special thanks to our sponsors – **Andrews Portrait Design, Tommy Bahama Store, Esther Bell Massages, Bedford Brown, East West Fusion Zen, Ellis Travel House, Tara Krupich, LMT, The Huntington Hotel & Nob Hill Spa, Katayama Framing, don frank photography, Margulis Jewelers, McCormick & Schmick's Seafood Restaurants, Neat, OHSU, Portland Spirit, Rhino Digital, Rice Studio, Page Stockwell Old Maps & Prints and Storables.**



**Executive
Director's
Page**
(George
Eighmey)

Oregon Department of Human Services Announces New Term

Within months after Compassion representatives met with DHS personnel DHS issued a statement that they would no longer use the term "physician assisted suicide" and that hereafter they would refer to the process as "people who use Oregon's Death with Dignity Act." We are asking the legislature to officially change it to "aid-in-dying."

In August, Barbara Coombs Lee and I met with members from the Oregon Department of Human Services (DHS) to present our case for using value-neutral language when referring to the process under Oregon's Death with Dignity Act.

We requested DHS change the term it uses when referring to the Death with Dignity Act from "physician assisted suicide" (PAS) to a more neutral term. We argued that the term PAS is value-laden and negatively biased language perpetuating misunderstanding of Oregon law and policy.

Research indicates the term "suicide", when applied to the choice of a terminally ill patient to hasten impending death, results in significantly less support than euthanasia, when the euthanasia question is asked in value-neutral terms.

The apparent conflict in values appears to be a consequence of mentioning, or not mentioning, the word "suicide." When asked if doctors should be allowed to end the life of a patient who is suffering from an incurable disease and wants to die, 75% of Americans say 'yes.' But when asked if doctors should be allowed to help a patient commit suicide under the same circumstances, only 58% of Americans say "yes."

The official use of PAS does not observe the law because the DWDA clearly states: "Actions taken in accordance with ORS 127.800 to 127.897 shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide, under the law."

The official use of PAS does not follow legislative intent in that the intention of the authors and the language of the campaign clearly created a policy and procedure that was distinct from suicide.

The official use of PAS perpetuates the impression that a crime is being committed. Assisting a suicide is still a felony under Oregon criminal statute. The DWDA neither repealed nor amended that statute. Describing the actions of participants of the DWDA with this language creates the perception of criminal activity. It inadvertently invokes attendant societal condemnation and censure of behavior that is legal. After nine years of implementation, patients are still afraid to ask their physicians for assistance and physicians who hold no moral objections are still averse to participating in the process.

We asserted the differences between PAS and, for instance, aid-in-dying, are not just legal and linguistic but profoundly different. As the scholar Dr. E. J. Lieberman wrote in his letter to the editor, Death with Dignity,

American Psychiatric News, 2006 Aug. 41 (15):29, "The term 'assisted suicide' is inaccurate and misleading with respect to the DWDA. These patients and the typical suicide are opposites." He went on to say:

- The suicidal patient has no terminal illness but wants to die; the DWD patient has a terminal illness and wants to live.
- Typical suicides bring shock and tragedy to families and friends; DWD deaths are peaceful and supported by loved ones.
- Typical suicides are secretive and often impulsive and violent. Death in DWD is planned; it changes only timing in a minor way, but adds control in a major and socially approved way.
- Suicide is an expression of despair and futility; DWD is a form of affirmation and empowerment.

In addition, in the U.S. Supreme Court case of Gonzales v. Oregon, an American Psychological Association working group wrote, "It is important to remember that the reasoning on which a terminally ill person (whose judgments are not impaired by mental disorders) bases a decision to end his or her life is fundamentally different from the reasoning a clinically depressed person uses to justify suicide."



Send Your Help Today



We continue to need your support to serve terminally ill Oregonians. Please donate to *Compassion & Choices of Oregon*, PO Box 6404, Portland, OR 97228. You may also choose from:

COMPASSION'S WISH LIST

1. New computer - \$1,000
2. A month's rent - \$600
3. Items for our **2007 annual dinner** auction – Weekends at a beach house, central Oregon resort or Hawaii or California condo, dinner for 2 or more at a fine restaurant, a case of fine wine, massages, plane tickets or frequent flyer miles, or similar items.



Compassion's Executive Director salutes his mother



I wish to give a hug and kiss to my dear mother, Sophie, who at age 88, gave me strength and love during my grieving over the loss of my son, Greg. I love you, Mom.



Letters

It is always gratifying to know that what we do for our terminally ill clients is

appreciated. We wish to share a few of the letters we receive.

Dear Nancy & George – and of course, the un-named staff:

The day has been set – and as I face a new anxiety I reflect back on your kindness, gentleness in all my moments of anxiety.

So now, I am full of elation that I am going to pass over surrounded by caring, supportive friends. Of course what I face now is the stark reality of doing it, but as I started this 2 day countdown, I felt a sense of both comfort and confidence that I am sustained by my loving God. Love J.S.

(From a Compassion client who died peacefully in November after consuming the prescribed medication.)



Just a brief note of thanks for all of your efforts, care and concern during my mother's illness and passing. She passed away on her 68th birthday.

I believe your organization serves an important and special service to those who choose to take advantage of their ability to make life ending choices. Without your guidance this would not be possible.

Again, thank you for being there for us.



George, Nancy & Harriet –

Thanks so much for your help and support.

I miss him terribly, but not with the disease that took his life years ago.

Thanks, Sharon
(Wife of Compassion client who hastened his death)



Letters to the Editor

Julie McMurchie, pictured below, whose mother hastened her death under Oregon's law, wrote a letter published in *The Oregonian* on 11/15/06. Julie is Compassion's client support volunteer and annual dinner coordinator.



"What's in a name?," philosopher Patricia Backlar asks in "Death act's alias has state tongue-tied." Backlar correctly asserts that, "The terms have political implications." What she fails to note is that the terms also have personal implications.

The Department of Human Services' decision to stop applying the term "physician-assisted suicide" to the actions of people who use the Death with Dignity Act is a sign of respect -- respect for people like my mother.

Terminal lung cancer led her to access the law, but it did not take away her will to live. Hospitalizations, chemotherapy and radiation treatments did not stop her from engaging in her hobbies and in the lives of her children and grandchildren.

When she no longer had control of her bodily functions and tumors in her airways left her breathless and coughing up blood, she chose her time. Surrounded by her loved ones, she drank the medication and died peacefully.

I knew that her final act of dignity and control was not "suicide," but rather a peaceful and loving act that validated the personal freedom she held so dear.

Julie McMurchie

Presentations by Compassion & Choices of Oregon's Speakers

In order to educate the public, professionals and law makers about the importance of Oregon's aid-in-dying law, it is necessary for Compassion to offer groups throughout Oregon the opportunity to have one of our trained speakers provide a presentation on the law. The following is a letter from a professor at an Oregon University whose name and university are omitted to protect his anonymity. This letter points out the importance of our presentations and the impact they have on those who attend.

I had a long conversation tonight with my co-instructor at (University). We both agreed that you are a person who has found and served his calling. You have made a great and enduring difference in end-of-life care in ways that few will ever fully appreciate. You and your group have been a lightning rod for awareness of the precariousness and vulnerability that we all experience at the end of life. Thanks to you, we are all more alert, compassionate and resourceful. It would not be an exaggeration to say that our State's ethic of pain management, advanced directives and consciousness of the value of palliative care vs. curative therapy owes much credit to you, George, and your diligent and conscientious work for Compassion & Choices. I am personally grateful to you as well for the moments we shared in July 2001 when my dad was dying. We are all in this together, are we not?

Please contact us if you or a group to which you belong wish to have one of our trained speakers give a presentation. Call us at 503-525-1956 or email us at contact@compassionoforegon.org.

You are special to us. We appreciate your support and confidence. Compassion & Choices of Oregon's staff, board and volunteers extend to you and yours the merriest of holidays and a wonderful and loving new year.



Compassion & Choices
_____ of Oregon
PO Box 6404
Portland, OR 97228
503-525-1956

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