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Growing Older / Liz Taylor

## **State group is instrumental in assuring dying patients' dignity**

I've long believed that one of the silver linings of the AIDS epidemic will be better care for all of us as we reach life's end. Young gay men advocating for improved services have been able to push the envelope much further than the stodgy rest of us. Compassion in Dying of Washington, a nonprofit dedicated to helping all people die well, is a superb example.

In 1993 at the peak of the AIDS crisis, a small group of aid-in-dying activists with close ties to the gay community witnessed too many violent, lonely and painful deaths. Vowing to make a difference, they opened a small office in Seattle and "dove into the uncharted waters of assisted dying," says their newsletter.

One of the biggest hurdles was uncertainty about the legality of their activities — helping dying people avoid suffering and loss of dignity by hastening the process through medications.

Washington law says it's a class C felony for anyone to assist in a suicide, either by providing a drug or administering it. Compassion's program used trained, volunteer case managers to help dying clients know their options for avoiding suffering, then guided them in carrying out their wishes. Would they be prosecuted? Back then, volunteers were advised to expect police investigations and possible liability.

Kathryn Tucker, Compassion's national director of legal affairs, proposed a bold initiative: They would challenge the constitutionality of Washington's law banning assisted dying.

They won in the lower courts, then lost in the highest. In 1997, the U.S. Supreme Court ruled there is no constitutional right to aid in dying — but left open the possibility that states could prohibit it or make it legal, setting the stage for the historic passage of Oregon's assisted suicide law the same year

Ultimately, however, they were victorious for everyone who hopes to avoid needless suffering at the end of life — because the Supreme Court validated the concept of "double effect," clarifying that it is legal to treat pain and symptoms as aggressively with medications as needed, even if an unintended consequence is to hasten death.

"The secondary effect is our society's wink at assisted dying," says Robb Miller, Compassion's executive director. "We say, 'It's just to keep her comfortable,' but, in fact, people are being helped to die all the time — but nobody says it out loud."

One of Compassion's missions is to get the practice out in the open so that people will be able to choose for themselves.

Compassion brought a second groundbreaking lawsuit a short time later, in California, in which the court ruled that under-treatment of pain in older adults is elder abuse, further supporting their mission.

Today, Compassion's 15 volunteer case managers include two physicians, a banker, a psychiatrist, two nurses, a psychotherapist, a massage therapist, an estate planner and a nurse educator. They provide services throughout the state and are part of a federation of similar organizations in New York, Oregon, California, Hawaii and Montana. Their Oregon headquarters serves people nationwide.

So how does Compassion work? A screening process determines, among other things, if a potential client has a terminal diagnosis of six months or less, is mentally competent and not clinically depressed, is not motivated by the cost of treating their illness or inadequate medical care and can self-administer needed medications.

Then clients are matched with a case manager who provides one-to-one emotional support, consults with family, helps prepare the paperwork that documents their wishes, educates them about how to avoid suffering, and, if needed, attends their death. Two primary concerns at Compassion are that no one dies in pain or dies alone. Last year, Compassion served 243 clients and families in Washington state. There is no charge for its services.

How does Compassion differ from a hospice? Miller says that hospices do a great job of enabling people to die at home, with comfort measures, including counseling, nursing and medications, but neither hinders nor hastens death. Most of Compassion's clients are enrolled with a hospice as well.

Last fall, Last Acts, a national coalition to improve end-of-life care, issued a "report card" on the American way of dying, saying that America does only a mediocre job of caring for its most seriously ill and dying patients (the report is available at [www.lastacts.org](http://www.lastacts.org)).

In a rapidly aging nation, organizations like Compassion in Dying have come a long way, but still have much to do. To contact them, call 206-256-1636 or toll free at 877-222-2816. Web site: [www.compassionindying.org/wa](http://www.compassionindying.org/wa)

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