Get Honest
End-of-Life Answers

New York Times
Endorses
Aid in Dying

Death-With-Dignity
Campaigns
Span the Nation

Five Questions for
Scott Adams
Dilbert Creator
The Champions Circle monthly giving program allows you to contribute automatically each month, helping us plan our work more effectively. Signing up is simple, and you can make changes or cancel at any time.

Join our Champions Circle with the envelope in this issue or online at CompassionAndChoices.org/Donate.

Be a CHAMPION for Choice

Death with dignity has been an essential goal of mine for over 40 years, and my financial support of Compassion & Choices will continue onward. The monthly giving program is best suited to my commitment.”

– Bruce Ramsay with his fiancée, Sylvia Gough
Naples, FL

Be Honest About the End of Life
Doctors struggle with discussing dying.

People-Powered Progress
Death-with-dignity bills spike nationwide.

Being Mortal Dovetails With UMT Coalition Goals
C&C welcomes the national conversation Dr. Atul Gawande’s book has sparked.

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Compassion & Choices is the nation’s oldest and largest nonprofit organization working to improve care and expand choice at the end of life. We:
Support patients and families
Educate the public and professionals
Advocate across the nation
Advancing death with dignity since 1980. Learn more at CompassionAndChoices.org.
When I was a young nurse, working in one of the nation’s first cardiac care units (CCU), my patients included a man named Ed. His heart disease was severe, and he returned often to the CCU with complications. All the nurses adored Ed and his wife: sweet people, deeply in love. One night Ed’s heart suddenly slipped into a fatal rhythm, and I rushed into his room. He was unconscious and did not respond. I quickly placed the defibrillation paddles on his chest. I delivered several shocks that jolted his body off the bed and restored a normal rhythm to his heart. Ed woke up immediately, as I stood over him, still holding the metal paddles. He looked at me with anger, rage really, in his eyes. “Don’t you ever do that to me again,” he said sternly. “Oh, Ed, I’m so sorry,” I replied. “I had to. That’s why you are in this special unit.”

We asked the doctor to talk frankly with Ed and his wife about his prognosis and what kinds of life-sustaining treatments he wanted. With this clarity, Ed decided the CCU was not the place for him. He moved to a general ward, and we CCU nurses never saw him again.

Often clinicians fail to ask a person’s wishes for treatment, or no one explains that accepting a certain level of care implies consent to a host of interventions the person may not want. So we must all take an active role in our healthcare: ask, discuss, remind, insist. Only you can decide what’s best for you; don’t hesitate to demand it.

Barbara Coombs Lee
PA, FNP, JD, President

Question the Setting

words & pictures

The New York Times

“As local lawmakers around the country debate bills, they should consider how successfully and responsibly the law has been carried out in Oregon.” That statement appeared March 15 in the Sunday New York Times lead editorial endorsing aid-in-dying legislation, which was introduced in a record number of states this year. The editorial cited advocates Brittany Maynard and Barbara Mancini, and quoted legendary radio host Diane Rehm (see Compassion & Choices Magazine, Winter 2015) and Compassion & Choices President Barbara Coombs Lee.

“Making a secret process transparent makes it safer,” noted Coombs Lee.

TIME

“But, this time around, Brittany is here to stand up for the dying through her family and friends,” stated Coombs Lee in a Time Magazine op-ed about California’s pending aid-in-dying legislation.

“This time, the 17-year Oregon experience has moved aid in dying beyond a policy debate. Generation Xers like Brittany, and baby boomers and their elderly parents know what is at stake. And they want options for themselves and their families.”

I don’t want my daughter to see me gasping for my last breath.

California supporter and single mother with stage IV lung cancer Chrissy O’Donnell, who spoke out in People Magazine and testified at a California Senate hearing, also produced an astounding video with Compassion & Choices to help bring aid in dying to her state. Watch it here: bit.ly/ChrissyOWD

The Washington Post


Wilson suggested a solution: “We have to look at the whole spectrum of end-of-life care, from diagnosis to what you need to look for when choosing a physician, to hospice.”
Tell It Like It Is

With the average length of physician-patient interaction at just over 10 minutes, it’s important for you to be ready to ask probing questions, state your preferences and establish frank, open dialogue.

Only 48% of patients said they were always involved in decisions about their treatment. 55% of physicians have described a prognosis more positively than was warranted.

71% of doctors & 81% of patients believe communication impacts patient outcomes.

Sources: Martilla Strategies 2010 study for Massachusetts General Hospital; Health Affairs, February 2010; and Verilogue database of 70,000 physician-patient conversations.
Be Honest
About the End of Life

by Nora Zamichow

There’s one word most doctors hate to say: dying. Many of them will go to great lengths – even subterfuge – to avoid it. Sure, nobody likes to deliver bad news. But shouldn’t physicians have mastered that? In a recent study of doctors whose patients were dying, only 11 percent said they personally spoke with their patients about the possibility of death.

My husband, Mark, who died at 58, had an inoperable brain tumor. Yet at no time did any doctor look him in the eye and tell him he was going to die. They did tell him, at least initially, he could probably live another five years. Eventually, doctors spouted euphemisms that even I, a former medical reporter, couldn’t decipher. Or they hinted, saying, “Treatment isn’t going our way,” without ruling out the possibility it might go “our way.” Finally, toward the end, doctors said, “Soon consider hospice.”

Doctors say it can be hard to predict the timing of death. Or that they don’t want to squash hope in a patient and family. Or that they don’t have time for the kind of conversation that must occur when they forecast death. When a doctor actually told me my husband was dying, I asked her to tell Mark, thinking he might have questions I would be unable to answer. She scuttled off to his hospital bedside and returned so quickly I knew no conversation had taken place. He was sleeping, she said.

Instead, I told Mark.

I learned my husband was “failing to thrive” when I was asked to attend a meeting in a conference room at the University of California, Los Angeles’ intensive care unit with five doctors. I had briefly met one doctor. I didn’t know the others. The topic of the meeting, I was informed, was the treatment plan for Mark. Weeks earlier, Mark had been diagnosed with the tumor, which could be treated with radiation and chemotherapy. Back then, the talk was about winning more time for Mark.

At the conference room meeting, no one actually used the word “dying.” They said they could no longer help him. One doctor advised hospice. I felt like the air had been knocked out of my lungs. No one had hinted previously that my husband’s situation was so dire. Instead, we had been told about people who managed to live years with a brain tumor. I had seen Mark’s UCLA oncologist just two days earlier. He had been optimistic, offering several treatment suggestions, cheerily informing me he was heading off on vacation and would see us on his return.

I called our family doctor. “Your oncologist has not leveled with you,” she said. Those are words no one should have to hear. I understand it’s not easy to tell someone he’s dying. When I told my husband, he said: “That was not the deal.” He was not ready to die. Before his diagnosis, my husband had regular physicals showing he was healthy. He ran his own public relations business and delighted in his four children. What happened, we wondered. Why didn’t we know Mark was dying until white-coated strangers sitting in a
Dr. David Grube, one of Compassion & Choices’ three national medical directors, says his mother declined to complete an advance directive. In fact, she refused to even discuss her end-of-life care wishes, preferring to talk about “more pleasant subjects.”

As a result, Dr. Grube’s father had to decide how to handle his wife’s treatment in consultation with her doctor and her physician/son after she developed colon cancer at age 86, and then developed heart and kidney failure. Dr. Grube’s mother died in hospice care after much unnecessary suffering.

In addition to this personal experience, Dr. Grube was a family physician for 38 years and has written prescriptions for aid-in-dying medication. He suggests methods to navigate the healthcare system to improve your end-of-life experience. He also recommends ways both patients and their families can be effective healthcare advocates.

In recent decades, technology has advanced so significantly that the art of diagnosis has changed. Doctors no longer count on in-depth conversations with patients eliciting intimate details about symptoms. Instead, they consult a battery of test results and scans. And electronic medical records have meant that doctors are often typing their notes as they talk with patients. “The technology has become incredibly complicated,” said one oncologist. “Intangible things get lost, like talking to patients.”

The crunch between technology and communication is most apparent at the end of life. It is reflected, in part, by how we train doctors. In four years of medical school, the average amount of instruction on death and dying is 17 hours. In 2013, only three of 49 accredited schools of public health offered a course on end-of-life care. Students do not learn about dying, one report says, because death is a medical failure. In effect, we have created a medical system that treats death as a separate event, and it is a medical failure. In effect, we have created a medical system that treats death as a separate event, and it is a medical failure. In effect, we have created a medical system that treats death as a separate event, and it is a medical failure. In effect, we have created a medical system that treats death as a separate event, and it is a medical failure.

The first step is to have a conversation. Think about your values. Use the Compassion & Choices advance directive worksheet and advance directive forms for each state, which are available on our website.

But advance directives have very little value in a vacuum, because there are too many options that cannot be anticipated. Appointing a healthcare representative/advocate to ensure your wishes are carried out is just as important, if not more so, especially if you live alone or in a state where aid in dying is not authorized.

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Advance directives, living wills and healthcare proxies vary state by state. Keep a copy of your advance directive in your wallet, glove compartment and with your doctor, and let your family know where it is. Review it every two years and update it. If you are nearing the end of your life, complete a medical or physician order of life-sustaining treatment (MOLST/ POLST) explaining what you want in your care plan if you suddenly collapse (CPR, breathing tube, etc.) These documents are signed by your physician, so EMTs must follow them.”

The doctors in our movement are heroes. Their courage and altruism made – and keep – death with dignity possible. Their wisdom and experience are inspiring.
Longtime advocates and inspired volunteers united around America to drive unprecedented activity in state legislatures in half the nation this year. Frequently citing excruciating deaths of loved ones, terminally ill adults, physicians, hospice caregivers and others testified about the urgent need for expanded end-of-life options. Thousands contacted their elected officials by phone, email and face-to-face visits.

Many advocates said their driving force is Brittany Maynard, the 29-year-old California woman who moved to Oregon to access its death-with-dignity law. Brittany’s family dedicated themselves to deliver on their promise to her: to help expand the availability of aid in dying. Husband, Dan Diaz; mother, Debbie Ziegler; and brother-in-law Adrian Diaz advocated to lawmakers for California’s End-of-Life Option Act. Passage of a law to authorize aid in dying in her home state was Brittany’s last request. The bill cleared its first major hurdle on March 25, with a 6-2 vote in the Senate Health Committee. The bill advanced again, clearing the Senate Judiciary Committee 5-2 on April 7.

The push for end-of-life autonomy gained tremendous strength following Brittany’s death November 1 and Compassion & Choices’ national call to action November 19 – which would have been Brittany’s 30th birthday. Since that call for the introduction of death-with-dignity legislation, 23 new bills were introduced (as of April 10) and three others were re-introduced (in Connecticut, Massachusetts and New Jersey – where Compassion & Choices has campaigns underway).

“Brittany’s wish is coming true. The tireless, very public advocacy of her husband, mother and other family members is a major reason for our auspicious progress since Brittany’s call to action,” said C&C President Barbara Coombs Lee. “Now we urge Brittany’s thousands of supporters to visit Compassion-AndChoices.org so they can tell their state legislators to pass these aid-in-dying bills in her honor.”

Brittany’s story and the wave of activism it unleashed is also driving enormous attention to our movement. On March 15, two leading media outlets covered the issue. The New York Times published a national endorsement of aid in dying in its Sunday edition, and Oprah interviewed Dan Diaz about his commitment to securing death-with-dignity legislation. Debbie Ziegler appeared on the nationally syndicated Dr. Oz Show in February.

Recognizing our growing momentum, opponents of aid in dying are re-energized. They come out in force in the same venues as supporters, and bankroll campaigns of scare tactics and falsehoods. Compassion & Choices’ citizen lobbyists are unfazed. They do what it takes to show lawmakers why aid in dying must be an available option for terminally ill adults. More than 100 participated in Lobby Day March 4 in Maryland, the first year of legislative activity there. “It was so impressive to hit the hallways only to, literally, bump into other C&C advocates or to see our materials already on aides’ desks,” said Compassion & Choices Senior National Director of Communications and Marketing Gwen Fitzgerald.

In Colorado, C&C volunteer advocates testified during a 13-hour hearing before the Public Health Committee, which by the slimmest of margins did not pass the bill this year. During a marathon hearing in Connecticut nearly 200 witnesses testified.

The need is great. The momentum is inspiring. The time is now. Please help us advance the movement.

See Advocacy in Action on pages 12-15 for a detailed round-up of campaign activity.

YOUR VOICE IS WHAT WE NEED NOW!

1) Take action. Send a letter to your lawmakers to support death with dignity at CompassionAndChoices.org/state-action-center.

2) Sign up for email action alerts to keep up with the phenomenal progress around the country at CompassionAndChoices.org/sign-up-for-action-alerts.

3) Tell a friend. Share this magazine with friends. If you have lots of friends, we’ll send you more! Request them at info@CompassionAndChoices.org.
Advocacy in Action

The early months of every year see Compassion & Choices focused in a big way on state capitals. This year, more states than ever are moving death-with-dignity bills, and access to aid in dying is a higher priority for everyone—elected representatives, journalists and even opponents of this end-of-life option.

**CALIFORNIA ▲ ●**
The Golden State team has been firing on all cylinders since the California End-of-Life Option Act was introduced in January. The Senate Health Committee approved the bill after a late-March hearing where they saw video testimony Brittany Maynard recorded before her death in which she talked directly to legislators about the need for death with dignity in her home state. Two weeks later, the Judiciary Committee also approved the bill. Lawmakers have heard testimony from Brittany’s mom, Debbie Ziegler, and from Christy O’Donnell, who was actively campaigning for death with dignity as she faced her own imminent death from stage IV lung cancer. O’Donnell’s personal campaign was profiled in People Magazine, with her daughter at her side expressing support. And Brittany’s widow, Dan Diaz, continues his wife’s campaign for death with dignity in California, speaking to the news media and testifying at hearings in Sacramento. Another powerful endorsement came in a letter from U.S. Senator Dianne Feinstein to the bill’s sponsors saying she backs the legislation.

**COLORADO ▲ ●**
After eleven hours of emotional testimony on death with dignity, the legislature’s Public Health Care & Human Services Committee voted in February to deny Coloradans access to aid in dying for another year. C&C is pleased that the bill’s lead sponsors and true champions, Reps. Lois Court and Joann Ginal, fully intend to bring the bill back in the 2016 session. Well-funded religious and conservative organizations mounted a last-minute blitz, and Connecticut lawmakers decided they will not revisit aid in dying again until 2016. People power is always the best answer to deep-pocketed opposition. If you or someone you know lives in Connecticut, we need your help!

Jennifer and Mike Mizzonem waited 12 hours to testify in support of aid in dying at the hearing in Hartford.

25 states + D.C. considered death with dignity in 2015!
advocacy in action

MASSACHUSETTS

Epic snowstorms in Massachusetts did not deter C&C’s team in the Commonwealth from making amazing progress building support for death-with-dignity legislation: 39 lawmakers are now co-sponsors of the bill, which is triple the number during the last session. And even as blizzards slowed the legislature in assigning bills to committees, C&C is keeping volunteers fully engaged at public events sharing end-of-life and advance planning information with other Massachusetts residents.

MONTANA

Some people won’t take NO for an answer. Despite a court ruling authorizing aid in dying five years ago, the “Physician Imprisonment Act,” which would literally imprison any doctor who provided this compassionate medical option, came up for the third session in a row. But C&C Montana fought back against a series of legislative maneuvers in the Senate and succeeded in assigning bills to committees, C&C is keeping volunteers fully engaged at public events sharing end-of-life and advance planning information with other Montana residents.

NEW JERSEY

A March poll from Rutgers University’s Eagleton Institute confirmed what others have shown: Roughly two-thirds of New Jerseyans want aid-in-dying legislation signed into law. The poll contributed to an amazing few months of excellent news coverage in the Garden State. Meantime, C&C teams up and down New Jersey are steadily and methodically strengthening public support while our legislative experts are doing the same inside the Capitol in Trenton. All signs indicate the Senate will send a death-with-dignity bill to Governor Christie in the spring.

NEW MEXICO

With aid in dying authorized in New Mexico, C&C’s goal is expanding access to this medical option. To that end, much of the team’s work is reaching out and educating physicians. In June, C&C will convene an important day-long symposium on end-of-life care and options. C&C’s physician advocates are also visiting the state. For example, Portland, Oregon-based Medical Director Dr. David Grube met with faculty from the Burrell College of Osteopathic Medicine about integrating end-of-life issues into its curriculum and presented at New Mexico State University Dean’s Conference on End of Life. New Mexico’s dynamic volunteer teams continue to “normalize the conversation” through their statewide public outreach. One area of focus has been hosting advance-directive workshops for the community, and discussing unwanted medical treatment and end-of-life choices.

NEW YORK

After introduction of the New York End-of-Life Options Act in February, the C&C NY team has been working on its legislative strategy. We are proud to partner with Senator Diane Savino of Staten Island, who chairs the Independent Democratic Caucus in the New York Legislature. Introducing the legislation, she said, “The option to end one’s suffering when facing the final stages of a terminal illness should be a basic human right and not dependent upon one’s ZIP code.” Senator Brad Hoylman of Manhattan serves as Senate co-sponsor, and a companion bill in the Assembly is in the works.

VERMONT

The legislation that authorizes aid in dying in Vermont faced repeal efforts when it came up for amendments in the Senate in March. The repeal failed as predicted, and this end-of-life option will remain available for Vermonters, with a set of safeguards that originally would have phased out next year. They include a 15-day waiting period for patients and a requirement for a second opinion, which some doctors say give them more confidence in providing aid in dying. State officials told lawmakers the law worked exactly as intended for the seven Vermonters who have accessed it. C&C Vermont is working closely with family members and partners of those who want to tell other Vermonters about their loved ones’ positive experience with aid in dying.

FIND your state at CompassionAndChoices.org/in-your-state to click on a map that has detailed information about how to connect with other supporters in your state

TAKE ACTION and send a letter to your local lawmaker to support death with dignity at CompassionAndChoices.org/state-action-center

VOLUNTEER at our Volunteer Action Center, CompassionAndChoices.org/get-involved

NETWORK with us: Like us on Facebook – CompassionAndChoices Follow us on Twitter @compassandchoices

SIGN UP for our monthly e-newsletter at info@CompassionAndChoices.org
Collaborators on the Campaign to End Unwanted Medical Treatment (UMT) welcome the national conversation Dr. Atul Gawande’s book, *Being Mortal*, has sparked.

The book, a *New York Times* bestseller, and companion *Frontline* documentary on PBS dig into the sorry state of end-of-life care in America. They illustrate the challenges people face navigating a system that often ignores or overrides their wishes in favor of complex procedures that damage their quality of life.

“On the *Frontline* episode, you could really see how doctors struggle when speaking to patients with terminal illnesses,” said Daniel Wilson, C&C’s national and federal programs director. “Doctors often forget their patients don’t understand medical jargon. This really highlighted the importance of open, honest communication between patients and doctors.”

Gawande’s message aligns closely with the mission of the Campaign to End UMT, a coalition of 20 groups including Compassion & Choices, that seeks to change federal policy so that terminally ill adults have more control over their healthcare choices, particularly at the end of life.

Get the latest news on the Campaign to End UMT at [EndUMT.org](http://EndUMT.org). View the *Frontline* episode at [www.pbs.org/wgbh/pages/frontline/being-mortal](http://www.pbs.org/wgbh/pages/frontline/being-mortal).
national programs update

**Doctors for Dignity Raise Their Voices**

When C&C staff and volunteers came out in full force for Maryland's death-with-dignity bill, on the lead panel before the Senate Judicial Proceedings Committee was Dr. Michael Strauss, who spoke on behalf of doctors who believe aid in dying should be an open, accessible medical practice.

Dr. Strauss, a board-certified internist, passionately supports death with dignity based on his experience as a physician. And, like so many supporters, his feelings solidified after witnessing a loved one's horrific death. He and his family watched his mother die in misery, begging that they do something to end her life sooner.

Through C&C’s Doctors for Dignity initiative, physicians like Dr. Strauss work in states across the country, advocating for aid-in-dying legislation and sharing their invaluable perspective. **Are you a doctor who thinks death with dignity is a fundamental human right? If so, we want to hear from you at doctorsfordignity@CompassionAndChoices.org.**

**The Journey Home**

In February, Compassion & Choices hosted “The Journey Home: An African-American Conversation,” featuring a panel of prominent faith and community leaders including Congressman Emanuel Cleaver (D-MO), medical professionals, and end-of-life planning experts. The event, which coincided with Black History Month, generated a sizable crowd and very thoughtful conversation.

Two separate panels sparked discussions on financial planning, legal preparation, end-of-life experience in the LGBT community and faith leaders' roles in helping their congregations to prepare for life's end.

Perhaps the event's most impactful takeaway: Every person will, at some point, deal with their loved ones' end-of-life healthcare and passing, and the need to consider their own end-of-life wishes. Reiterated several times over the course of the event by panelists and attendees alike was to “put your wishes in writing; make your end-of-life wishes known.” Everyone received our Good-to-Go Toolkit to discuss with loved ones and review for themselves.

Traditionally, the black community has avoided talking about death based on reasons of faith or their history of being medically underserved. Many of our audience members and panelists shared personal stories of family members passing. Time when families should be mourning is instead spent in dispute with no plans in place. “The Journey Home” served as a foundation for D.C.’s black community to come together and talk openly about dying. Attendees walked away clearly moved and empowered to take control of their own end-of-life experiences.

**Every person will, at some point, deal with their loved ones’ end-of-life healthcare and passing, and the need to consider their own end-of-life wishes.**

**Doc2Doc Program**

Answering Physicians’ End-of-Life Questions

As a doctor, your relationship with each patient is critical to determining the course of care he or she truly wants. Doc2Doc helps physicians provide up-to-date care to patients who seek answers about available end-of-life options.

Call us anytime: 800.247.7421 or email us at doc2doc@CompassionAndChoices.org.
2,500 Volunteers Strong

As demand for more autonomy at the end of life grows, so does the importance of our volunteers. “Years ago, it dawned on me that we needed something better for terminally ill people who were having difficulties for whatever reason,” explains retired Montana physician and Compassion & Choice volunteer Jim McCreedy, who cared for numerous patients in their final days. “Many slipped away peacefully, but there were those who suffered a slow, agonizing end. It was not uncommon for them to ask for death.”

That inspired McCreedy to donate his time to C&C. In addition to contacting lawmakers in support of our movement, he has penned a guest editorial, appeared in C&C Montana’s Six-Words Portrait Project and testified at a recent hearing to protect end-of-life choice in his state. Advocates like Jim and our more than 2,500 volunteers across the country power C&C’s work. Now we need you. There are many opportunities to do what suits your skills, interests and availability.

Visit our online Volunteer Action Center, a compilation of resources to help you make a difference wherever you live. Learn how to write letters to the editor, connect others to our issues through social media, ask legislators to support death-with-dignity bills and more. Get started today at CompassionAndChoices.org/actioncenter.

LGBT Pride

Compassion & Choices staff and volunteers celebrated at Pride events nationwide again this year from California to New York. C&C Regional Campaign and Outreach Manager and LGBT Liaison Mark Dann and his team sent out “Pride in a Box” packages to get the conversation started among event participants. The goal is to make it easy for people to spread the word about Compassion & Choices at LGBT events.

The LGBT and end-of-life options communities’ paths intersect often, and our objectives are ideologically very similar. Oregon’s Death With Dignity Act passed 20 years ago, with one of the leading catalysts being people dying from AIDS who wanted an option to control their suffering at the end of life.

Both movements work toward expanding personal freedoms and the ability to make choices based on personal values and beliefs.

If you would like “Pride in a Box” to use in your local Pride events, please contact Mark at mdann@CompassionAndChoices.org.

Canada’s Highest Court Affirms Right to Aid in Dying

In what Compassion & Choices Legal Affairs Director Kevin Díaz called “a watershed moment,” Canada’s highest court in February struck down the country’s ban on physician-assisted dying. The unanimous decision, which reversed a lower court’s ruling, makes aid in dying legal across Canada. Parliament has 12 months to craft any rules deemed appropriate to protect patients and physicians.

The judges issued a ringing affirmation of patient choice at the end of life, writing, “And it is for this reason that the law has come to recognize that, in certain circumstances, an individual’s choice about the end of her life is entitled to respect. It is to this fundamental choice that we now turn.”

This decision could have a dramatic impact in the United States, as leaders in nearly two dozen states and Washington, D.C., consider legislation authorizing death with dignity.

“Canada’s highest court has affirmed that people have a right to aid in dying when that is their choice, and that it is a fundamental right that should be respected,” said C&C President Barbara Coombs Lee. “This is an important victory for individual freedom and privacy, and it is a step forward for compassionate care.”

Learn more about Canada’s high court ruling at bit.ly/CanadaDWD.

Pass It On! …Yes, You!

Supporter Alice Weyrauch does. She brings copies to doctors’ offices and pharmacies throughout Cowlitz County, Washington, “talking up” Compassion & Choices as she goes. So can you! Give this issue to neighbors and co-workers, or share around your community.

info@CompassionAndChoices.org

Alice Weyrauch
Castle Rock, WA

national programs update
Creator of “Dilbert,” one of the world’s most well-loved and widely syndicated comic strips, cartoonist and writer Scott Adams wants expanded end-of-life options and is speaking out about it.

Q: You were a big fan of Peanuts and MAD Magazine as a child, and started drawing your own cartoons at age six. What about comics appealed to you?

A: It was always just something I couldn’t help doing – more of an impulse than a hobby. If I was on the phone and had a pen in my hand, I’d be drawing comics the entire time. But they didn’t have any purpose; they were just aimless drawings spewing out of my hand.

Q: More than 25 years later, the white-collar small-mindedness that Dilbert lampoons remains current and relatable. Are you disappointed that the state of corporate management hasn’t improved in that time?

A: It’s a real mixed blessing in my case, because the worse things are, the better it is for the business of Dilbert. But I guess from the perspective of a citizen of earth, I wish it had gotten better. The things that change are technology and the office structure – open offices vs. cubicles, whatever. What really matters is that any time you put three people in a room together and say, “I’d like you to accomplish some task,” you get every psychological problem, every power play. Any defective thing people do comes out. So that’s the thing I focus on. I don’t think that will ever change.
You yourself have been a manager. Were you a good one?

I was a terrible manager. You need to have a certain sociopathic impulse to make it work; there’s a manipulative quality of leadership that I can’t wrap my hands around and embrace. It doesn’t fit with my personal philosophies. I’m glad I’m in a profession where if I do my job right, everyone is just happy. That’s really the only outcome. If the leader does his work right, he gets rich, and the employees work the weekend. So that’s not the best situation.

On your very popular blog, you posted a widely circulated criticism in 2013 of the medical establishment causing your father so much suffering before he died. Had you thought about end-of-life issues before that?

Very much. Like most people, I think about my own mortality and fully have since I was a kid. So it’s always on my mind, thinking, “What are those final days going to be like?” I went through a period of about two years when between my ex-wife and me we lost five or six grandparents and parents. In most of those cases they were long deaths, over months, and you could see the terribleness. You could see the helplessness in everybody around because we wanted to do something, to make things better, but the options were limited. I can say with certainty that my mother would have signed up for an assisted exit from life. We never had the discussion because she knew it wasn’t an option, so there was nothing to talk about. But when you’re dying from lung cancer, that last month, there’s nobody that I know who would choose that.

Q: In your most recent book, How to Fail at Almost Everything and Still Win Big: Kind of the Story of My Life, you wrote that “timing is often the biggest component of success.” Over a dozen death-with-dignity bills have been introduced across the country this year, including in California. Do you think the time is now to really expand end-of-life choice?

A: Yes. If you let the government decide how much your parents will suffer in their last days, you haven’t thought it through. My point is not that I have an argument that’s better than the other side. I’m saying there isn’t anybody on the other side. Nobody wants their relatives, or themselves, to suffer. And they definitely don’t want the government to decide how much we suffer. There is nobody on that side.

Imagine this difference in psychology: You wake up, you’re in terrible pain, and you say to yourself, “This is what it looks like for the next six months until I die.” In that case you’d want to check out pretty badly. But if you wake up and say, “I’m in a lot of pain, but today I want to see some people and do some things; I’m not ready today. I have the option. I can always do it tomorrow,” even if you don’t, you’re still happier because you have that in your back pocket. That sounds like me. That sounds like exactly how I would like to manage the end of my life. Give me all the tools, and I’ll decide.

Q: On your very popular blog, you posted a widely circulated criticism in 2013 of the medical establishment causing your father so much suffering before he died. Had you thought about end-of-life issues before that?

A: Very much. Like most people, I think about my own mortality and fully have since I was a kid. So it’s always on my mind, thinking, “What are those final days going to be like?” I went through a period of about two years when between my ex-wife and me we lost five or six grandparents and parents. In most of those cases they were long deaths, over months, and you could see the terribleness. You could see the helplessness in everybody around because we wanted to do something, to make things better, but the options were limited. I can say with certainty that my mother would have signed up for an assisted exit from life. We never had the discussion because she knew it wasn’t an option, so there was nothing to talk about. But when you’re dying from lung cancer, that last month, there’s nobody that I know who would choose that.

Q: These decisions are medical, not political.

A: “These decisions are medical, not political.”

Dr. Colette Kirchhoff
Bozeman, MT

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Michael Martignetti
disability rights activist
Lexington, Massachusetts