We’ve Had a Web MAKEOVER

Explore our new design at CompassionAndChoices.org

We’ve added more features and made them easier to find:

★ campaign activity
★ personal stories
★ advance directives for every state
★ news, facebook & twitter updates

Your comments and suggestions are very helpful!
Compassion & Choices Magazine
Summer 2012

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Winds of Anticipation

Our offices are buzzing with preparations for an exciting fall. As we turn into the final stretch of 2012, Compassion & Choices will stack even more projects onto an increasingly hefty pile.

When the year began, we were already active in Hawai‘i and Montana raising awareness and putting protections in place for physicians who practice aid in dying in those states. In state legislatures across the country, we face a host of opportunities and challenges (p. 14). Our work to protect choice in hospitals, promote respect for patient wishes and provide free, personal consultation on end-of-life options is ongoing.

In this issue, you’ll read about ventures already on the roll that shift into high gear this fall. Between now and Election Day, the Critical Mass campaign (p. 17) will hit the ground in Massachusetts and the surrounding New England area. Aja Riggs, a woman of great principle, tells how she joined the battle playing out in New Mexico courts (p. 8). The energy of our June conference (p. 18) still resonates this fall with the medical professionals, local activists and policy advocates who joined us in Chicago. Finally, a set of Washington, D.C., initiatives (p. 21) builds alliances with other national organizations to dismantle old assumptions and change federal policy.

Before the year is out, we will also undertake some endeavors still under wraps. I hope you’ll join us in the brisk season of action and advocacy about to unfold.

Barbara Coombs Lee,
President
“How to Die” read the cover of the June 11th issue of Time magazine. Joe Klein wrote about his parents approaching the end of life. They both suffered from dementia and died within months of each other. He tells of the dramatic improvement in their care after they moved into a facility organized with an important distinction: no monetary incentives for unwarranted interventions.

Klein’s story had a tremendous impact to focus the discussion about end-of-life decisions on the policy implications of incentivizing unnecessary and often torturous treatment. Time.com posted video of Joe Klein telling his parents’ story. Watch it here: tinyurl.com/time-jk.

The Sunday, April 29th edition of The Boston Globe reported on the Massachusetts ballot initiative to give terminally ill, mentally competent adults with six months or less to live the freedom to obtain a prescription for aid in dying. Reporter Scott Helman turned to Compassion & Choices for expert commentary. “I would say the greatest teaching from Oregon is that so many fears—legitimate fears, fears about patient safety, end-of-life care—have been allayed,” says Barbara Coombs Lee.” Read more about our work to build support in Massachusetts on page 17.

As a chief petitioner for Oregon’s Death with Dignity Act and as the first medical director for Compassion & Choices in Oregon, Dr. Peter Goodwin was a pioneer and a leader. Toward the end of his life he brought the message of end-of-life liberty to innumerable new audiences with his brave outreach and storytelling that led up to his exercise of the right to aid in dying. Goodwin decided to initiate a deeply personal media campaign when he learned a rare brain disease left him less than six months to live. Goodwin’s story appeared in The Oregonian, The Los Angeles Times, Time, Newsweek, CBS News, NPR and hundreds of other media outlets around the world.
HOSPITALS & CARE CHOICES

138%
Increase in hospital-based palliative care programs since 2000

62%
Percentage of all hospitals with a palliative care program

26%
Percentage of for-profit hospitals with a palliative care program

3 Months
Average additional survival time for lung cancer patients who receive palliative care

Sources: Catholic Center to Advance Palliative Care/National Palliative Care Research Center, New England Journal of Medicine.
**hospice**
A facility or program offering comfort care for dying patients (life expectancy of six months or less) instead of disease-specific treatment that is no longer expected to benefit the patient.

**palliative care**
Treatment that focuses on relieving pain and discomfort. Similar to hospice care but broader — there’s no time limit, and patients can still get treatment aimed at fighting disease.

**ethical and religious directives (ERDs)**
Rules enforced in Catholic hospitals that restrict end-of-life choices, such as the option to decline or discontinue interventions to shorten the dying process.

"After life’s fitful fever, he sleeps well."
—Shakespeare’s *Macbeth*

**Compassion & Choices** monitors every state in the nation for hospital mergers that could compromise freedom of choice. Find out more about all we do—and what you can do—to protect patient rights at CompassionAndChoices.org
Aja Riggs:
Compassion & Choices’ current New Mexico court case to broaden end-of-life options received an unexpected boost when Aja Riggs, a 48-year-old Santa Fe woman with advanced uterine cancer, boldly offered to act as a plaintiff.

Aja was diagnosed in August, 2011. Surgery in October revealed the severity and aggressiveness of her cancer. Since then doctors have treated her with radiation and chemotherapy. She still has a chance and hopes to keep living. “But if the cancer is going to kill me,” Riggs says, she wants the peace of mind of knowing she has some choice at the very end—and won’t have to be alone.

So after hearing about Morris v. New Mexico on the radio while doing dishes, she joined the case of two prominent Albuquerque physicians, Dr. Katherine Morris and Dr. Aroop Mangalik, who are asking the court to clarify the status of aid in dying under New Mexico law. A dying patient who chooses a peaceful death, the case argues, is not “committing suicide.”

An admittedly private, quiet person, Aja nevertheless agreed to speak with us on a break from her work at the remote site of a music festival in Michigan. We asked why this issue moved her to action, and how her annual month-long trip to the Midwestern woods is different this year.
It’s my 30th summer working here. This year they have been incredibly supportive, and told me that I can sleep as much as I need and work as much as I can. I’m about three weeks post-chemo right now, so I’m still really tired. We’re out in tents, and I’m dealing with a lot of side effects, but it is so important to me to be here. I had the biopsy that led to my diagnosis a day and a half after returning home from here last year. So this entire year has been all about cancer and treatment. And I’d say that pretty much every day of it I’ve been thinking about getting myself back here. I was hoping the whole time that it would be possible. I’m so grateful to be here; there are not words for it.

All my adult life I have been very much oriented toward natural healing whenever possible. Not that I’ve been anti-Western medicine, but if there’s another way I’d rather do that. So I went to a naturopath first before I went the Western medicine route. And, of course, now I’m up to my neck in conventional cancer treatment, which I’m very grateful for. I know some people who say, “Oh, chemotherapy, it’s poison. I’m not going to do it.” But I never had a thought like that. When I first realized that I was facing a life-threatening illness it became very clear to me: I want to live. That is far more important than the temporary, or even permanent, side effects.

Along with the chemo and radiation, I’m also going to an acupuncturist with 30 years of oncology experience. I’m really glad to be able to combine the two. I feel fortunate in that way. She helps me deal with some of the side effects. She also helps me with nutritional advice—a lot of, “Here, try eating this; it helps with the effects of radiation.”

I’m so grateful; there are not words for it.

When I was deciding whether or not I wanted to be part of this case, I thought about it for a long time. I asked a lot of questions, and I talked to a lot of
it’s not something I previously thought about much, if you had asked me I would have said that of course people should have that right. When I get scared about being so public with something this personal, I remind myself that it’s not just me who has these feelings. If I can make use of even this part of my life for something greater than myself, what could be better?

When I heard about the case I had one of those moments where something rises up inside you, and you think “This is incredibly important to me; I want to help however I can.” I wasn’t imagining anything like this kind of involvement. I had to think quite a bit about taking on this role. It took me a while, but the whole time something inside me was saying “Yeah, you are only thinking you are deciding, but it’s already decided. Of course you are going to do it. This is too important to let go by.” Those things don’t happen very often in your life.

I have to do this. It’s just the right thing to do.

When I heard about the case I had one of those moments where something rises up inside you, and you think “This is incredibly important to me; I want to help however I can.” I wasn’t imagining anything like this kind of involvement. I had to think quite a bit about taking on this role. It took me a while, but the whole time something inside me was saying “Yeah, you are only thinking you are deciding, but it’s already decided. Of course you are going to do it. This is too important to let go by.” Those things don’t happen very often in your life.

people. I’m a private person, pretty quiet in general and not used to being in the spotlight, so it was a stretch for me. What kept pushing me to do it was the thought that if I was terminally ill and wanted to end my life before the cancer did, I needed to do that in isolation so I didn’t implicate anyone else. I would have to make sure no one close to me was involved or present, and that no one on my medical team knew about it. That sense of isolation and just how wrong it is, that’s what kept me thinking I have to do this. It’s just the right thing to do.

I was an activist earlier in my life. There were several causes that I dedicated myself to quite a bit, but nothing at all like this where people are looking at my life and my potential death. End-of-life issues were not really on my radar screen before. Even though
Along with Aja, Drs. Katherine Morris and Aroop Mangalik, founding members of the New Mexico Physician Advisory Council for Aid in Dying (PACAID), are asking the court to protect physicians who help terminally ill patients achieve a peaceful death. Current state law prohibits assisting someone to “commit suicide.” But aid in dying, they want to make clear, is not suicide.

**Katherine Morris, MD**

Dr. Morris studied at Oregon Health & Science University, earning her medical degree in 1996. After completing her surgery internship and residency there, Dr. Morris completed a two-year fellowship at Memorial Sloan-Kettering Cancer Center in New York, one of the world’s leading cancer centers. She was an attending surgical oncologist and medical director of the cancer research program at Legacy Health System in Portland, Oregon, before moving to Albuquerque. She is currently a surgical oncologist and assistant professor at the University of New Mexico Cancer Center.

**Aroop Mangalik, MD**

Dr. Mangalik received his medical degree from All India Institute of Medical Sciences in New Delhi, India, in 1962. He completed residency training at the University of Chicago and a hematology fellowship at the University of Utah. In addition to his oncology practice, Dr. Mangalik is also a clinical researcher in internal medicine and hematology-oncology, and emeritus professor of medicine, at the University of New Mexico Cancer Research & Treatment Center in Albuquerque.
A Case for Clear Instructions

Too few Americans have advance directives: clear instructions that state their wishes and designate healthcare agents or proxies to make decisions if they can’t.

They’re important for all adults. But they’re not complicated, and they’re not expensive. In fact, we offer free advance directives—and corresponding instructions—specific to every state. You’ll find them on our Web site in fillable PDF form to either complete right there or print and write out.

People can face life-limiting accidents or illness at any age. So if you’re over 18 and haven’t created your advance directive yet, visit CompassionAndChoices.org today.
Whether helping a family seek recourse when end-of-life care is inadequate or fighting to establish legal protection for aid in dying, Compassion & Choices is leading the legal and legislative charge for end-of-life liberty in the states.

Legislation changes rapidly. Visit us online at CompassionAndChoices.org to track these and other efforts in real time.

State-by-State Updates

**Alabama**

AL HB 375 authorizes healthcare providers to refuse services that violate their consciences.

 пенни OPPOSE

Status: Indefinitely postponed.

**Arizona**

AZ HB 2625 allows employers to withhold insurance coverage for healthcare services that violate the employers’ religious beliefs.

 пенни OPPOSE

Status: Signed into law.
We SUPPORT:

Legislation that strengthens advance directives. Advance directives inform your loved ones and physicians of your healthcare wishes.

Legislation that furthers the use of Physician Orders for Life-Sustaining Treatment (POLST) or Medical Orders for Life Sustaining Treatment (MOLST).

Legislation that promotes patient-centered care by insisting end-of-life medical choices are private between patients and doctors, including the choice of aid in dying.

Legislation that requires notification to consumers in advance whether their hospital, nursing or assisted-living home, or other healthcare facility restricts patients’ end-of-life care and choices.

We OPPOSE:

Legislation that bestows immunity on healthcare staff who withhold medical care, treatment or procedures based on their personal objections. Broad immunities hold patients hostage to the particular political or religious beliefs of healthcare workers.

### California

CA AB 369 protects access to prescription pain medication.

**SUPPORT**

Status: ACTION NEEDED! Urge the California Senate Committee on Health members to vote in support of AB 369.

### Colorado

CO SB 93 supports patient choice by requiring Colorado hospitals to notify patients of services the hospital does not provide due to religious directives.

**SUPPORT**

Status: Indefinitely postponed.

### Georgia

GA HB 1114 criminalizes assisted suicide. It carves out palliative care based on “intent,” thus creating risk of liability for those giving palliative care to dying patients.

**OPPOSE**

Status: The Georgia governor signed HB 1114 into law.

### Hawai'i

HI SB 2506 supports patient choice by allowing individuals to indicate on their driver’s license that they have an advance healthcare directive.

**SUPPORT**

Status: The Hawai'i governor signed SB 2506 into law.

### Iowa

HF 2165 supports patient choice by providing for the use of Physician Orders for Scope of Treatment (POST).

**SUPPORT**

Status: The Iowa governor signed the bill, which went into effect July 1, 2012.

### Indiana

IN HB 1114 supports patient choice by establishing a process for using Physician Orders for Scope of Treatment (POST).

**SUPPORT**

Status: Legislature adjourned without action.

### Missouri

HCS HB 1541 authorizes healthcare providers to refuse services that violate their consciences.

**OPPOSE**

Status: A committee recommended this bill, but the full Missouri house did not act before it adjourned.

IN HB 1014 protects doctors who ignore the wishes of dying patients that conflict with their own religious and moral beliefs.
Compassion & Choices activists across the nation host educational public meetings, promote advance planning, provide testimony in legislative hearings, call and e-mail elected officials, and write letters to media in support of end-of-life care and autonomy. Individuals just like you are the driving force behind the advancement of policy and laws that establish and protect human liberty at the end of life.

Be part of the movement. Find out what you can do right now at CompassionAndChoices.org

New Hampshire
NH HB 1653 authorizes healthcare providers to refuse to provide services that violate their consciences.
**OPPOSE**
Status: Legislature adjourned without action.

New York
NY AB 732 supports patient-centered care by requiring healthcare professionals to order, prescribe, administer and dispense pain-relieving medications in accordance with professional standards and guidelines.
**SUPPORT**
Status: Under consideration in the Health Committee.
NY AB 4902 supports patient choice by requiring pre-admission notification of a hospital’s intention to refuse to follow healthcare directives that conflict with the hospital’s ethical or religious principals.
**SUPPORT**
Status: Awaiting consideration in the Assembly.

New Hampshire
NY AB 8107 and AB 8176 support patient-centered care by requiring every physician, physician assistant and specialist assistant practicing in the state to complete coursework and training in pain management every four years; further establishes an advisory committee on pain-management education.

Oklahoma
OK HB 2460 authorizes healthcare providers to refuse to provide services that violate their consciences.
**OPPOSE**
Status: Legislature adjourned without action.

South Carolina
SC H 3408 authorizes healthcare providers to refuse services that violate their consciences.
**OPPOSE**
Status: Legislature adjourned without action.

Utah
UT SCR 2 supports patient choice with a resolution of the legislature and the governor urging each adult citizen of Utah to strongly consider preparing an advance healthcare directive.
**SUPPORT**
Status: Utah’s governor signed the resolution.

Vermont
VT SB 103 supports patient choice by defining and regulating the medical practice of aid in dying as modeled in Oregon’s Death with Dignity Act.

Virginia
VA SB 371 supports patient choice by providing that a court authorizing medical treatment for an incapacitated person must do so according to the terms of the person’s advance directive.
**SUPPORT**
Status: Enacted into law.

Washington
WA HB 2462 supports patient choice by expanding immunity for honoring the Physician Orders for Life-Sustaining Treatment (POLST), that provides emergency and end-of-life instructions to healthcare providers.
**SUPPORT**
Status: The program’s immunity provision was not expanded but retains its present status.
Critical Mass.

Massachusetts will become the third state in the union to formally authorize and regulate aid in dying through citizen initiative — if enough voters approve a ballot measure this fall. A victory would be the first of its kind in the Eastern United States and bring our movement to new heights in the country’s most populous region.

If this influential state embraces end-of-life liberty a ripple effect could spur New England states and neighboring New York to similarly protect aid in dying, further expanding freedom at life’s end. This is an exciting and potentially transformative effort — an important opportunity to increase end-of-life options from the Pacific Northwest to the East Coast.

To seize this moment, Compassion & Choices launched Critical Mass., a full-scale organizing and education effort in support of the

Massachusetts ballot initiative. An official ballot question committee, Massachusetts Compassion & Choices Dignity 2012 Support Committee, will undertake a variety of campaign efforts.

The ballot committee will implement a broad, comprehensive strategy for what promises to be an epic campaign for choice:

- **organize grassroots supporters** on the ground in Massachusetts;
- **mount a massive telephone and door-to-door voter education effort** across Massachusetts powered by thousands of active supporters in the Bay State and across the region;
- **promote awareness through neighbor-to-neighbor coffees and house parties, town halls, public forums and other events** across Massachusetts to fortify the campaign against attacks from politically powerful anti-choice forces; and
- **reach out to media, opinion leaders and local activists**. Compassion & Choices’ singular legal, medical and direct-service expertise will elevate public discourse on the measure and challenge the lies and distortions of its opponents. Our experience in politics, communications and persuasion will ignite the passionate resolve of Massachusetts voters to carry on the state’s proud tradition of civil rights and devotion to freedom by passing Dignity 2012.

Seeing my family struggle with devastating terminal illnesses convinced me this initiative must be passed. We all deserve choice and dignity at the end of life.

-Merri Lea Shaw of Arlington, Massachusetts, who worked with Compassion & Choices to help honor her parents’ wishes to die with dignity.
A Notebook From the Compassion & Choices 2012 Conference

THURSDAY, JUNE 28

12:45 PM  Lots of excitement here as people arrive. Two women coming out of the Grand Ballroom say, “We really want to see Dear Abby. But where is everybody? Isn’t it about to start?” You can see the urgency in their faces. They relax once they realize their watches are still on East Coast time.

2:00 PM  Big crowd, nearly 300. Buzz throughout the ballroom as the program begins. Compassion & Choices’ own Mickey MacIntyre welcomes people to the conference. And now he introduces Dear Abby; she looks just like her picture in the paper! Only more glamorous.

2:35 PM  Abby looks up from her prepared notes to ask any press in the audience not to report what she is about to say. For that reason it’s not possible to relate the story she’s telling, but the reaction is universal. You can hear a pin drop. This much can be told: She is speaking from the heart about her family experience with end-of-life choice.

It’s so compelling to hear personal stories. And from someone like Abby—who must always be conscious of her public persona—to hear her open up like this is very moving.

3:20 PM  Splitting up into breakout sessions now. People are consulting their programs, trying to decide where to go and comparing notes.

The lobby foyer is full for the host committee’s opening reception, and it feels like a real celebration. Michele Smith, a Chicago Alderman, welcomes the crowd to the city. An improvisational comedy group has everyone laughing with sketches on death and social work—not an easy task! A jazz trio is playing, everybody seems to love Chicago’s trademark foods, the wine is flowing, and people are really starting to warm up and connect.

**That was the best workshop I’ve ever attended.**  -Conference Attendee
FRIDAY, JUNE 29

8:00 AM Over breakfast EOLC (End-of-Life Consultation program) volunteers, community advocates and medical professionals are connecting with each other for table-talk meetings.

8:30 AM The early hour has not deterred people from gathering to hear family perspectives. Three people are on this panel, each speaking from a different perspective as someone who supported a family member who achieved a peaceful death.

9:30 AM This family panel is more than affecting; it’s transforming. The three panelists have been through a profoundly deep place that inevitably changes you as a human being. There’s something about people who’ve faced difficult circumstances and then embraced their experience for a greater purpose. It’s free of sentiment. There’s drama, but it’s so plainspoken and from the heart, it really gets you.

10:10 AM Here’s a testament to the power of that family panel. Last Wish, the book panelist Betty Rollin wrote about supporting her mother’s journey to a peaceful death, is for sale in the lobby. Ten minutes after the end of the session, the books are sold out!

10:15 AM Person after person says similar things as they consult their programs and decide what breakout session to attend: There are too many good choices! If only I could be in two places at once!

12:00 PM Gathering for the luncheon presentation on “reframing the conversation about palliative care.” In the hallways between sessions, lots of little groups of attendees are sitting together, sharing with each other and trading contact information.

1:30 PM Fascinating dialogue between two leaders in the field of palliative care. Rebecca Kirch of the Center to Advance Palliative Care and the American Cancer Society talks about reframing the discussion about palliative care: It’s not about death, it’s about quality of life in one’s final days. Compassion & Choices Board Member and Chair of Medical Education at Mt. Sinai School of Medicine Dr. David Muller says palliative care specialists shouldn’t move the goalposts; to say it’s not about death is to indulge people’s death aversion. Expand the practice beyond the dying, but remember where you came from. The lobby is buzzing.

8:00 PM It’s been quite a day! After an afternoon of sessions and workshops, a reception this evening features a performance from Tina Lear on the piano and then a remarkable presentation by Megan Cole. A blend of great theater and education, Megan explores how patient care can benefit from empathy. There are social workers and medical professionals still in their seats minutes after the conclusion as if pondering how to incorporate what they’ve heard into compassionate care.
SATURDAY, JUNE 30

8:30 AM  This is not like most conferences, where the final day’s attendance is low. Everyone is still here. Despite nearly 300 people it seems intimate enough—has a family feeling. Attendees recognize each other in the hallway, recognize presenters, and come up to say hello. At breakfast groups of people from individual states are getting together to talk about what’s happening in their states and how people from the conference can get involved.

So many people are saying this conference made them really think; this is among the most thought-provoking presentations.

9:30 AM  Now this is an unexpected perspective. Steven Jenkinson—palliative care consultant and something of a gadfly to the movement—is offering a riveting talk that challenges not just the medical professionals but also the very organizers of this conference. He says our culture is “death phobic and grief illiterate;” death phobia always gets catered to when it shows up. “Patient-centered care” is one of Compassion & Choices’ guiding principles. Jenkinson says “No”: Death should be at the center. Otherwise, we’re in denial. Another great line: He calls palliative care “madness masquerading as professional competence.”

12:30 AM  Closing luncheon. Barbara Coombs Lee reviews the state of the movement and gives an inspiring challenge to seize the momentum and move forward. Sue Porter, EOLC volunteer and board member, accepts an award on behalf of Peter Goodwin, doctor who pioneered Oregon’s law and died this spring with medication under Oregon’s Death with Dignity Act.

Another long-time Oregon volunteer is accepting the Presidential Service award (as in President Obama) on behalf of all Compassion & Choices volunteers. She’s the same person who exclaimed today, “I learned so much. I had no idea how much there was to learn.”

"As a nurse, I really appreciate hearing all the comments from professionals in other states."

- Conference Attendee
Is This Gift Right for You?

Charitable remainder trusts hold special appeal for Compassion & Choices supporters who wish to make a gift and receive income in return. These trusts are most efficient for gifts over $100,000. Review the checklists below to learn the benefits for either type of charitable remainder trust.

To learn more about how you can support Compassion & Choices through a trust, contact Ken Williams at 800.247.7421 or kwilliams@CompassionAndChoices.org.

**Unitrust**
- You want more future income.
- You prefer a trust managed for growth and stability, and you don’t mind if the payments vary from year to year.
- You own low-yield assets that are worth more now than when you purchased them.
- You want a higher current income without incurring capital gains taxes.
- You might add additional assets to the trust during your lifetime.

**Annuity Trust**
- You want more future income.
- You need a fixed income you can count on.
- You own low-yield assets that are worth more now than when you purchased them.
- You want a higher current income without incurring long-term capital gains taxes.

Your legal and tax advisors can help you determine whether a charitable remainder trust is right for you. Compassion & Choices assists donors to create these trusts when this organization is the sole recipient of the remainder.
Building Consensus for Choice and Autonomy

Compassion & Choices’ national campaigns and programs help realize our vision: a nation where people receive state-of-the-art palliative care and comprehensive choices at the end of life. Here are the latest developments.

Clinical Practice Guidelines

Aid in dying is an open and accepted part of end-of-life care in several states, and acceptance of the practice is growing. Compassion & Choices has initiated development of a clinical practice guideline for use by doctors, state medical boards and associations. A multidisciplinary panel of experts is working to meet the established standards for such guidelines.

The guideline development group held its first meeting on July 2nd in Chicago. The group includes physicians from our board Robert Brody and David Muller, as well as renowned bioethicists and experts in hospice psychology, pharmacy, law, nursing and social work.

Ending Unwanted Medical Treatment

The epidemic of unwanted and often torturous medical treatment at the end of life is encouraged by perverse reimbursement incentives from public and private healthcare payers. We are building a groundswell of awareness to end reimbursement to doctors and facilities that force patients, against their expressed wishes, to undergo unwanted and fruitless treatment. We monitored a U.S. Senate Special Aging Committee hearing on this subject in June. Both policy makers and testifying experts agreed on the need for financial responsibility and accountability for those who deliver treatments that violate patients’ values.

Advocacy in Action

Compassion & Choices continues to build relationships with other advocacy organizations by joining coalitions, publishing articles in leading journals of law, medicine and ethics, and speaking at conferences attended by medical, legal and health-policy professionals.

Compassion & Choices has joined The Pain Care Forum, a broad-based network representing patient advocates, nursing and physician associations, and medical institutes that protect the rights of people with pain. The Forum convenes monthly to discuss topics of concern in pain management, build consensus and act in unison when possible. A recent meeting focused on several pieces of federal legislation related to pain and drug shortages.

We’re pleased to have been voted into the Leadership Conference on Civil and Human Rights (LCCHR), the nation’s premiere civil and human rights coalition. Founded in 1950, the LCCHR has been a pivotal force behind the passage of every major U.S. civil rights law since 1957. Now that Compassion & Choices joins their more than 200 member organizations, we become part of that proud and historic tradition.

Compassion & Choices’ work can’t happen without your contributions. You can support end-of-life choice right now:

★ Donate: Help fund our programs and services.

★ Join: Become a Compassion & Choices member.

★ Volunteer: Contribute your time, energy, passion and skills.

★ Advocate: Spread awareness and help achieve our goals.

Visit CompassionAndChoices.org or call 1.800.247.7421.
We work with the National Hospice and Palliative Care Organization (NHPCO) on The Pain Care Forum and other common initiatives. Compassion & Choices is now an organizational member of the NHPCO and is encouraging the organization to adopt progressive policy on aid in dying.

The Coalition for Liberty and Justice is an alliance of faith-based and secular organizations. The Coalition focuses on ensuring that refusals of healthcare for religious reasons do not interfere with individual autonomy and decision-making. Compassion & Choices has accepted an invitation to join the Coalition. Sammie Moshenberg, who represents the National Council of Jewish Women on the Coalition, was a panelist at our June conference.

June was a busy month as Compassion & Choices built relationships and raised consciousness at events across the nation.

- NetRoots Nation is the largest progressive grassroots gathering in the country. A representative from Compassion & Choices attended the meeting to foster relationships with progressive bloggers, newsmakers and online activists across the country.

- Compassion & Choices co-sponsored two events in the nation’s capital: the American Constitution Society National Convention and the National Partnership for Women and Families annual luncheon honoring Hillary Clinton. These events gave important national exposure to our organization and programs.

- At the International Conference on Law & Society, our envoys joined a panel on the legal status of aid in dying in Hawaii, Montana and other states.

What You Can Do

Connect Digitally for Instant Updates

Facebook and Twitter are great ways to stay informed and spread the word about Compassion & Choices. Sign up for Facebook, if you haven’t already, and join our Compassion & Choices Facebook page by going to tinyurl.com/CandCFB and clicking on the “Join” button. Follow us on Twitter at twitter.com/CompAndChoices. Then, when you see our articles and comments, it’s easy to share them online with your friends. To stay on top of legislative changes in your state, sign up for our Action Alerts. Go to CompassionAndChoices.org and get involved today!

Sign Up for Action Alerts

Action Alerts are a great way to stay abreast of legislative changes in your state. Go to CompassionAndChoices.org and get involved today!

Write a Letter to the Editor

Writing letters to the editor is a great way to help Compassion & Choices. The letters-to-the-editor page is one of the most widely read sections of the newspaper. Letters can communicate the most compelling messages. Unlike advertisements, they cost our movement nothing. And because they reflect the opinion of the community, they carry more authority.

You can congratulate someone for doing the right thing or point out why you disagree with someone else. A well-written, personal, and timely letter can help shift public opinion and influence policy.

It’s easy to make your letter more persuasive and effective by following some simple guidelines:

- Keep it short and concise—200 words or less.
- Write promptly—within 1-3 days—if you’re responding to something else in a publication.
- Open with a strong statement, make your points in 2-3 simple sentences and close with a thought for readers to take away.
Five Questions for
Abigail Van Buren

Abigail Van Buren, also known as Jeanne Phillips, writes the most popular and widely syndicated column in the world: Dear Abby.

Abby has been a great supporter of Compassion & Choices and was the keynote speaker at our conference, Heights of Compassion — Bridges to Choice. We sat down and asked her to answer five questions for us. Abby replied with the humor and down-to-earth sensibility that she’s famous for.

What was it like, growing up with a mother who was a world-famous advice columnist?

It was a double-edged sword. On the one hand, I was privy to adult conversations, and I learned quite a bit from that. But with contemporaries it was awkward because I felt like I was always being watched, and people expected perfection from me because of my mother.

If you wanted advice, to whom would you write, and what would you ask them?

It depends upon the kind of advice I was seeking. First I would ask my husband. Second I would ask my women friends. And third, I’d go to my Rolodex of experts.

Family dynamics being what they are, especially under emotional stress, what’s the most important piece of advice you can give about end-of-life planning?

Plan ahead. Talk to everyone. Let them know what your wishes are, and hope that they’ll respect them.

Outside your own family experiences, what experience or influence led to your strong support for choice at the end of life?

Common sense.

What is the oddest thing anyone has ever written to ask you?

I receive a wide variety of questions every day in my mail. There are many strange questions, but one that comes to mind is the man who had fallen in love with his Palomino pony ... and sent me a picture of the pony. But I’m not sure that he was asking for advice; he may have been bragging.

I advised him to sell the pony and find a therapist.

And that’s all I have. Sorry, honey; that’s all she wrote.

Those are great answers.

I’m not known for being long-winded, as you well know.

Maybe we should have asked you ten questions.

Well, but you didn’t.
Compassion & Choices’ board of directors governs and guides our organization. The members’ support and commitment enable and enhance the work we do.

Board members in newly elected positions include playwright and filmmaker Irene Wurtzel as chair, public health consultant Karen Pye as secretary, and surgeon Charles Hamlin as development chair. Two new members have joined our board as well: Claire Jacobus and Betsy Van Dorn. Claire owns a pharmaceutical company with her husband and has worked in fields related to the end of life for many years. Betsy is a retired writer and founder of a parent education Web site. We are honored to have such talented and passionate supporters leading our way.

In Memoriam

Peter Ehrenhaft

We and the end-of-life movement suffered a great loss with the death of Peter Ehrenhaft on July 25. Born in Vienna, Austria, Peter fled the Nazi occupation at age five with his family, eventually settling in New York City. He graduated from Columbia University schools of law and international affairs with honors, and worked as senior counsel at the law firm of Harkins Cunningham in Washington, D.C. He served on our board for four years, most recently as treasurer. His dedication and diligence were hallmarks of his service. We will miss him.

Thank You for Your Service

Debbi Gibbs, Van Zandt Williams and Paul Wolfson have rolled off the board, all after serving two three-year terms. We thank them for their countless contributions. They helped steer the organization through a time of rapid growth.

Debbi Gibbs
Van Zandt Williams
Paul Wolfson
DO TELL!

Be a powerful advocate for end-of-life liberty by telling others about Compassion & Choices. Talk to your friends and family, pass this magazine on, or join the conversation on Facebook and share our Web site at CompassionAndChoices.org.

More people than ever understand their options for a gentle death.

Together let’s keep the number growing!