“For decades, we’ve helped people find a path to a peaceful death. Now we can expand our services to their families. Thank you.”

– Mark Ferguson, End-of-Life Consultant

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Compassion & Choices Magazine

Winter 2014
Volume 13, Number 1

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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.
The More We Get Together

Once just a small collection of determined, benevolent outliers, Compassion & Choices today is the strong leader of a visible and vibrant death-with-dignity movement. More people than ever know the importance of addressing end-of-life issues. And they’re compelled to join the work our organization has undertaken for decades. We find ourselves now, at the start of 2014, part of a great assembly of advocates across the nation working together to make death a less fearsome part of life.

Our growing community includes Dr. Peter Reagan, a key player in the passage of America’s first death-with-dignity law. He offers his seasoned advice in our new feature spotlighting the physician allies whose sympathetic leadership inspires and enables our work (p. 19). We’ve also assembled a coalition of 14 influential national organizations in a campaign to stop subjecting patients to unwanted medical treatment (p. 16). And of course there are people like you, helping to pass laws in your state, volunteering for a local group or simply talking about the issue with others.

Compassion & Choices isn’t really an organization so much as it is a network of individuals all over the country working in their communities, raising consciousness, influencing their lawmakers and calling for personal autonomy. We stand as a truly powerful force today, thanks to our supporters of all ages, political persuasions and ethnicities. With this explosive grassroots power, I proudly predict more exciting achievements in the year ahead.

P.S. Don’t miss our new video that showcases our successes of 2013, our plans for 2014 and some of the people making it all happen: http://bit.ly/YearEndVideo
Newspapers

**Los Angeles Times**

Columnist Steve Lopez featured one of our California volunteers, 88-year-old Bill Bentinck, in a story about the unjust prosecution of Philadelphia nurse Barbara Mancini in the death of her terminally ill father. In July 2012, Bentinck himself was arrested on suspicion of homicide after his wife, Lynda, tired of suffering with emphysema, removed her oxygen supply and died. He was released after three harrowing days in custody without access to his daily medication for a chronic health condition. Now he’s an inspired activist. “I’m working with a Compassion & Choices chapter in Northern California to get a bunch of signatures to be sent to the Legislature so we can get the law changed in California,” Bentinck told Lopez.  

[http://lat.ms/1bLy7kN](http://lat.ms/1bLy7kN)

**The Boston Globe**

An op-ed by Compassion & Choices supporter James Glickman describing his 91-year-old father’s horrific death and endorsing Massachusetts’ Compassionate Death legislation appeared in the December 10 edition. “Despite being under hospice care in a good nursing home, we did not know he was heading for an atrocious death,” he recalled. “It took three long weeks for him to waste away … No one should have to die the way my father did.” Glickman submitted testimony in support of the bill at a December hearing. [http://b.globe.com/1bXmdH7](http://b.globe.com/1bXmdH7)

Television

**ABC**

Albuquerque’s ABC network affiliate covered the opening day of testimony in the landmark case Compassion & Choices and the ACLU of New Mexico filed to establish aid in dying is legal in that state. The story included a clip of the documentary *How to Die in Oregon* and testimony from patient plaintiff Aja Riggs and physician plaintiff Dr. Katherine Morris. Dr. Morris spoke about providing the aid-in-dying prescription to her patient shown in the clip. Riggs testified that she wanted the option of aid in dying if her cancer, which now is in remission, returns. [http://bit.ly/1cN51CT](http://bit.ly/1cN51CT)

Web

**AARP News**

The AARP published commentary from Compassion & Choices Director of Policy and Advocacy Ashley Carson Cottingham about the trend of baby boomers hosting “death dinners” to discuss the issues no one wants to talk about. “Boomers who are a part of the caregiving for their parents are identifying situations that they don’t want at their end of life,” explained Cottingham. “They constitute a powerful wave of change that will make their end-of-life situation different and better.” [http://bit.ly/AARPDinner](http://bit.ly/AARPDinner)
Majority support for death with dignity, at 70% nationally, crosses political, religious, age and geographic barriers ...

In New Jersey
- Protestants: 58%
- Catholics: 61%
- Agnostics: 85%

In New Mexico
- Ages 18-49: 65%
- Ages 50-64: 69%
- Ages 65+: 58%

In Montana
- Democrats: 83%
- Republicans: 59%
- Independents: 66%

Sources: 2011 Harris poll, 2012 Momentum Analysis survey and 2013 Global Strategy survey
Bill:
A proposed law presented to a legislative body for consideration.

Primary Sponsor:
The person, usually a legislator, who develops a bill, presents it for consideration and advocates its passage. The primary sponsor may be joined by others, known as co-sponsors, who help advance the bill.

Reading:
In most states, a formal procedure during which a bill gets “heard,” or discussed for possible passage. A bill typically receives three readings. The first reading is usually an introduction and committee vote. The second reading occurs after a bill has passed out of committee and moves to one of the chambers. Upon third reading the full chamber of a legislature votes on a bill. If passed, the bill either goes to the other chamber for consideration or to the governor for signature.

Committee:
A portion of the legislative body that considers bills within specific subject areas. Death-with-dignity bills are typically considered in a health committee. The committee then votes on whether to amend it, pass it out of committee or kill it in committee.

“So act that your principle of action might safely be made a law for the whole world.”
— Immanuel Kant
A Perfect Death
By Roger Allen
From the very first day that I met my mother-in-law, Katharine North, it was obvious that she was in every conceivable way a remarkable woman.

Possessed of a lively intelligence and wit, she was a veritable storehouse of knowledge and literary quotation. She managed to make everyone she met feel that they had a special place in her affection. Her love for her family – her husband, her children and their spouses, her numerous grandchildren and later great-grandchildren – was boundless.

Until the very end of her life she regarded it as her particular mission to befriend and care for an enormously wide range of people. It was only at the ripe old age of 90 that she stopped her regular rounds whereby she would visit “the old ladies” and serve as Sunday-morning chauffeur to many of them who wished to attend church at Christ Church in Sag Harbor, New York.

So much can be said and written about her, but nothing is more remarkable than the way she approached death during the summer of 2002. Katharine had long since adapted to the exigencies of old age, with grace, but also without compromise. She swam with us in the Atlantic waves at her beloved Sagaponack Beach. When that became too risky, she would sit on the beach bedecked in a sun hat watching the crashing waves as they made their way up the shore. Informed that she had an enlarged heart, she refused to consider a replacement operation, making it very clear that she preferred nature take its own course. An idea of her determination comes in a poem that she wrote earlier in life.

When I am dead my body will not matter.
Give (sell!) it to curious medicals. I won’t care.
Worms will make it their banquet no matter how deeply
You bury; and merciless grin at your wreaths.
(Spare me at least the crass hideousness of wreaths!)
But for the kindly flowers – rosebuds and valley bells –
Scatter a few, they will soften the Death.
That too does not matter. Your thoughts of me do.

Be just in your memories – those that remain with you;
Show it, if you have cared, in new courage for life.
Do not redden your eyelids, and gaze as through rose leaves
Over a future that “might have been fair.”
You won’t drag up the evil – that isn’t conventional,
But for truth’s sake don’t trump up some good to fill in!
If you have loved me, let your thoughts surround me,
Don’t dim my hereafter with mist of your tears.

Indeed, her heart continued to serve her for some years in which she could tend her garden and visit her friends. However, gradually and inevitably, the energy levels began to slow down. It was sad, for example, that she was unable to travel across the continent to visit her sister, Charlotte, in Vancouver; instead they kept up their regular conversations over the telephone.

When her daughter, Mary, and I returned from our trip to Europe in early August 2002, Katharine welcomed us, but for the most part kept to her room. With disarming candor she informed us of her wish to die “conveniently.” When asked to elaborate, she explained that since she preferred not to hire someone whom she did not know to take care of her, that implied taking her leave of this world during the month of August.

The following weeks were a time of the greatest joy for her. She received visits from all her children and grandchildren, some of whom traveled great distances in order to be with her. Her room was a constant hive of activity during the day. When no one was around, she would sleep. But if the telephone rang, she would answer before the first ring was completed.
Toward the middle of August, Katharine’s strength began to diminish visibly, and she grew uninterested in eating. When people came to visit, she would insist on dressing and coming downstairs; there she would partake of food and drink to be polite: chocolate, sherry, whatever was called for. But apart from that, she ate and drank little. And then there came the palpable signs of bidding adieu.

On August 19, Father Shawn Williams, the Episcopal parish priest in Sag Harbor, came to give Katharine Communion in the afternoon. He held an extended discussion with Katharine on the import of Psalm 19, one of the texts she wanted included in her memorial service. With Communion received, Katharine seemed to feel that everything in her life was in order. As she frequently said over these August days, the presence of so many family members and friends gave her tremendous joy. How had she deserved such joy, she would ask. The answer is obvious to all those lucky enough to have known her.

With her voice gradually fading and surrounded by three of her children and their spouses, Katharine died peacefully in her bed at 11:15 that night. She donated her body to science. However, what remains in the memory of so many people will surely endure. Perhaps what is most impressive about such a wonderful life is this: Even in our world of complex medical procedures and often painful attempts to prolong life beyond its natural limits, Katharine taught us all how to die with faith, dignity and determination. She died in her own bed, in her own home, surrounded by those she loved and who loved her. To the extent that it can be said about such things, it should be said: a perfect way of dying.

“Nothing is more remarkable than the way she approached death in the summer of 2002.”

Submit your story at: CompassionAndChoices.org
No Right More Fundamental to Liberty, Safety and Happiness

Court Victory Brings Death With Dignity to New Mexico

Following a landmark January ruling in New Mexico’s Second District Court, a 1963 state law against assisted suicide cannot be used to prosecute physicians who prescribe medication for terminally ill patients choosing death with dignity. This ruling immediately protects the medical practice from prosecution in the state’s most populous county. If affirmed by the state’s high court, the ruling will apply across the state.

It’s hard to overstate the importance of this ruling. It will reverberate in dozens of states with similar assisted-suicide laws.

With the ACLU of New Mexico, Compassion & Choices brought the case to challenge the assisted-suicide statute of New Mexico and to establish that the medical practice of aid in dying for a mentally competent, terminally ill patient is not subject to prosecution under it. The court agreed that to do so would violate fundamental liberty and privacy protections for the people of New Mexico. It found the statute unconstitutional as applied to aid in dying.

In 2012, C&C and the ACLU of New Mexico took on representation of two courageous doctors, Dr. Aroop Mangalik and Dr. Katherine Morris. Aja Riggs, a Santa Fe woman with advanced uterine cancer, joined the case after realizing the state law left her with few end-of-life options. Riggs’ cancer is in remission now, but she does not want to “die in agony in a hospital” if it returns. She says she would want to die peacefully at home.

“This Court cannot envision a right more fundamental, more private or more integral to the liberty, safety and happiness of a New Mexican than the right of a competent, terminally ill patient to choose aid in dying.”

The lead litigators were Kathryn Tucker, former director of legal affairs and advocacy for Compassion & Choices, and Laura Schauer Ives, legal director for the ACLU of New Mexico. Their strategy and performance were stellar. Indeed, they and everyone else involved deserve applause. Campaign and communications managers and hundreds of volunteers worked with lawmakers, doctors and the larger community to demonstrate broad public support. In the process they built an infrastructure ready to rebuff opposition activity or legislative backlash. Once the ruling came down, C&C’s media team made sure it was covered in The New York Times, CNN and other national outlets.

Judge Nan G. Nash, who presided over the case, said it perfectly: “This Court cannot envision a right more fundamental, more private or more integral to the liberty, safety and happiness of a New Mexican than the right of a competent, terminally ill patient to choose aid in dying.”
CALIFORNIA

Game on in the Golden State! At a November meeting in Sacramento, California campaign veterans huddled with C&C staff to strategize on making aid in dying accessible within five years. Meanwhile, new Southern California Director Christal Smith joined her Northern California counterpart in critical outreach and volunteer mobilization efforts, including online petitions, phone banking for volunteers and identification of compelling spokespeople.

HAWAII

During a November visit, President Barbara Coombs Lee appeared on the PBS Hawaii program Insights debating the Hawaii attorney general, who rejects Compassion & Choices’ interpretation that aid in dying is legal under existing state law. Coombs Lee also spoke to a packed meeting of the Honolulu Rotary Club. The Honolulu C&C group reached new audiences screening the documentary How to Die in Oregon and working with Tucker Wealth Management to offer seminars to their clients on end-of-life choices and planning.

MASSACHUSETTS

A December hearing on a death-with-dignity bill in the Massachusetts legislature was a standing-room-only event because C&C drew nearly 200 supporters – during a blizzard that shut down the government. C&C’s Mickey Maclntyre testified about how well the law works in other states: “This law helps give peace of mind to many, but few ultimately need it.” Many others – including an ACLU attorney, a doctor and a social worker – also testified in support. The Massachusetts team spent months planning for this first public hearing, talked to members of the Public Health Committee and, importantly, showed the committee chair strong support among voters in his district.
The relentless opponents of aid in dying tried – and once again failed – to undermine the Baxter decision, a C&C-initiated case recognizing aid in dying as legal under state law. In December the court dismissed a lawsuit by Montanans Against Assisted Suicide as moot and failing to present a genuine case or controversy. Anticipating more attacks on aid in dying, the Montana team is circulating petitions at farmers markets, county fairs, healthcare conferences and hosted events. They have grown the supporter roster by 20%.

On other fronts, Dr. Eric Kress, the first Montana physician to disclose having provided aid in dying, shared his story at packed venues across three counties. Dr. Kress also joined C&C’s Dr. Judy Epstein in launching a Montana physician education program on best practices. Finally, congratulations to longtime Campaign Manager Emily Bentley on her election to the Missoula City Council!

C&C began building a broad and deep coalition for a 2014 campaign in the Garden State. Response from the African-American community has been remarkable, including the NAACP and black clergy, since former Compassion & Choices board member Rev. Dr. Paul Smith convened more than 20 black religious and community leaders for a powerful, candid discussion about aid in dying. The LGBT community is also involved in New Jersey, with the GLMA (formerly Gay and Lesbian Medical Association) endorsing the NJ Death With Dignity Act.

The group’s president explained how experience with the HIV/AIDS epidemic means GLMA members know “how important it is for terminally ill patients and their doctors to be able to discuss all options for end-of-life care.” At a lobby day in Trenton, C&C activists from across New Jersey met with their elected representatives in both political parties and secured additional backing. Board Vice Chair Claire Jacobus grew the ranks at a December “Friendraiser” with 30 guests, most of them new to the organization.
VERMONT

Fantastic personnel news from the newest state to pass a death-with-dignity law: C&C hired a full-time state director, State Legislator Linda Waite-Simpson. In policy news, the state’s Insurance Commissioner ruled that Vermont’s private insurers must now cover services for aid in dying, explaining straightforwardly that coverage of the practice is “necessary to promote quality care” and that aid in dying represents “medically necessary care.”

ARIZONA

This is what activism looks like: Arizona now has rapid response teams of voters in 25 of its 30 state legislative districts who will spring into action when aid-in-dying legislation is introduced. In the Sedona/Cottonwood area, potential new activists described a recruiting event as “awakening” and “informative.”

FLORIDA

The Clearwater group is strategizing a letter-writing campaign to lawmakers as unstoppable volunteer group leader, Marcia Bailey, continues her community outreach. In one recent event, Bailey spoke to a Unitarian Universalist Church congregation.

GEORGIA

Atlanta maintains an engaged and expert local team whose members keep up busy public-speaking schedules. Volunteer state leader Perry Mitchell shared his story about trying to protect his 99-year-old mother from unwanted medical treatment when she was admitted to the ICU at Emory University Hospital (C&C Magazine Spring 2013 issue).

COLORADO, IOWA AND MINNESOTA

Volunteer activists are laying the groundwork, circulating petitions to bring in new members and supporters at shopping sites, fairs and expos, and going door to door. We anticipate great progress from these growing groups.

MARYLAND

Local C&C leader Rosalind Kipping spent seven years advocating for an Advance Directive Registry in Maryland, and in 2013 she succeeded. Acknowledging her heroic efforts, the state senator who sponsored the registry legislation presented Kipping with the pen Governor O’Malley used to sign it. Great work, Rosalind!
ILLINOIS
Hats off to two great volunteer leaders: For more than two years, Bess Schenkier has recruited new volunteers through her public appearances around Chicago. Downstate in Bloomington/Normal, Janna Edge has been doing the same, finding new supporters at university venues.

INDIANA
C&C's Roland Halpern traveled to Morgantown to mobilize the local group with a screening of Letting Go With Dignity, a DVD primer on the movement. Indiana stands among dozens of states where C&C is gearing up for National Healthcare Decisions Day in April, a great opportunity for new volunteers to pitch in. See the side box for how to get involved.

OREGON
The C&C team is on the offense in Oregon. Under the leadership of new State Director Kat West, staff and volunteers are mapping out a legislative strategy to protect Oregon’s landmark death-with-dignity law from legislative attacks — and from the anticipated expansion of a Catholic hospital chain. They are also talking to medical students and doctors about how best to support medical professionals who want to provide the end-of-life care Oregon’s law allows.

PENNSYLVANIA
Compassion & Choices is standing with Barbara Mancini. (See the update on page 18 of this magazine.) Barbara’s husband, Joe Mancini, attended the local C&C group meeting in Philadelphia and told them how the attorney general's prosecution of his wife is affecting his family — and their finances. In an interview with The Philadelphia Inquirer, Joe explained that since his wife has been put on leave from her job, he has been working two jobs to cover expenses for the household and their legal bills. Stuart Chalfin leads the C&C Philadelphia group, whose supporters are gathering names of Pennsylvanians who also stand with Barbara.

Get Active
in National Healthcare Decisions Day: April 16, 2014

Only 35 percent of U.S. adults have completed their advance directives. Every year, Compassion & Choices supports the nationwide effort “to inspire, educate & empower the public & providers about the importance of advance care planning.” Alongside volunteers from medical and consumer groups, C&C volunteers spend the day talking to and educating their neighbors about planning ahead.

Want to help?
Call our toll-free Volunteer Line at 800.247.7421, ext. 2296
Compassion & Choices Joins Premier Coalition of Aging Organizations

Compassion & Choices in November joined the Leadership Council of Aging Organizations (LCAO), a powerhouse coalition of 69 organizations working to preserve and strengthen the well-being of America’s older population.

These allies advocate on state and federal policy affecting older Americans’ economic, social and healthcare status. The diverse coalition includes the AARP, AFL-CIO, American Public Health Association, National Council on Aging and the Consumer Voice for Quality Long-Term Care.

Additionally, C&C joined the National Coalition on Mental Health and Aging, which promotes excellence in mental health, substance abuse and primary care services to older adults. Compassion & Choices recognizes that full access to appropriate and effective mental health support is a key component of the quality of life as its end approaches.

Campaign to End Unwanted Medical Treatment

Powerful Coalition Forms to End Unwanted Medical Treatment

Compassion & Choices has united 15 major healthcare and aging organizations in an influential new coalition to ensure patients’ end-of-life wishes are honored. The coalition partners are advancing The Campaign to End Unwanted Medical Treatment, which builds on Compassion & Choices’ years of work in this area.

“The assembly of these respected organizations around the problem of unwanted medical treatment is a major step forward to build consumer confidence in the healthcare they receive throughout serious illnesses or at the end of life,” said Ashley Carson Cottingham, director of policy and advocacy at Compassion & Choices.

Dr. Bud Hammes from Gundersen Health of La Crosse, WI, was the keynote speaker at the first in a series of Washington, D.C., policy luncheons in December. He showcased Respecting Choices, a program in which an amazing 96% of patients have stated their advance care plans and medical staff adhere to the plans 98% of the time. The program’s centerpiece is a determined effort to listen to patients discuss their values, preferences and goals, and then align each patient’s medical treatment plan with those findings.

Experts from the National Academy of Social Insurance will produce a briefing paper for each of the six luncheon topics. The first, Getting the Treatment You Want: Is Anyone Listening? Came out in December. The brief clearly lays out the problem patients face: “The health care system is not well organized to provide consistent, reliable support to older adults who know and are able to express how they want to approach the end of their lives.”

Visit www.endumt.org to learn more about the campaign.
The Campaign to End Unwanted Medical Treatment collaborators are:

- ABA Commission on Law and Aging
- Center for Medicare Advocacy
- Compassion & Choices
- Consumer Coalition for Quality Health Care
- Elder Justice Coalition
- Medicare Rights Center
- National Academy of Elder Law Attorneys
- National Academy of Social Insurance
- National Alliance for Caregiving
- National Association of State Long-Term Care Ombudsman Programs
- National Caucus and Center on Black Aged
- National Hispanic Council on Aging
- OWL – The Voice of Midlife and Older Women
- The Gerontological Society of America
- The National Consumer Voice for Quality Long-Term Care

For more, visit EndUMT.org

Legal Defense Fund

**Barbara Mancini to Be First Beneficiary of Compassion & Choices’ Legal Defense Fund**

A Philadelphia nurse who faces up to 10 years in prison if convicted will be the first beneficiary of Compassion & Choices Action Network’s Legal Defense Fund. Pennsylvania Attorney General Kathleen Kane refuses to halt her unjust prosecution of Barbara Mancini for “assisted suicide” in the death of her 93-year-old father, Joe Yourshaw.

The Mancini’s legal bills already exceed $100,000.

“As the nation’s leading end-of-life choice advocacy, education and support organization, we will not stand by silently when loving people face misguided and false prosecution,” said Compassion & Choices President Barbara Coombs Lee, a former ER and ICU nurse and attorney.

Gifts to the Compassion & Choices Action Network’s Legal Defense Fund will help defray legal fees and associated expenses of people and organizations facing civil, criminal or disciplinary legal action for improving care and expanding choice at the end of life. Given this express purpose, contributions to the fund are not tax deductible.

**Groundbreaking Litigation**

Compassion & Choices uses innovative litigation and legal advocacy to advance patients’ rights and hold providers accountable when they fail to provide good end-of-life care. Among the cases currently in the docket are:

**Hallada v. Lakeland** – civil cause of action against Lakeland Regional Medical Center and Oakbridge Healthcare Center nursing home for failures that culminated in disregarding the DNR of a 91-year-old Alzheimer’s patient. The judge rejected the defendants’ motion to dismiss the case in September.

**Hargett v. Vitas** – a civil suit for failure to inform the patient of the option for palliative sedation and provide adequate pain management. The case went to mediation in December.

**Pennsylvania v. Mancini** – defense against the unjust criminal prosecution of Barbara Mancini for assisting the suicide of her 93-year-old dying father. The defense’s motion to dismiss and the amicus brief in support of it rely largely on law established at the U.S. Supreme Court in the Glucksberg case, which was brought by C&C’s predecessor organization Compassion in Dying in 1997. As we go to press the court has yet to rule on the defendant’s motion to dismiss.

For more information, visit [http://bit.ly/1jpi9jq](http://bit.ly/1jpi9jq)

**End-of-Life Resource Center Launches**

Compassion & Choices’ flagship End-of-Life Consultation (EOLC) program no longer stands alone. It now sits within our End-of-Life Resource Center, an array of services for those seeking free, confidential, professional support to make end-of-life plans or achieve a peaceful death.

EOLC Center Manager Jena Johnson was one of only two Portland-based consultants for five years before the recent expansion. Now she leads the End-of-Life Call Center, which coordinates nationwide services together with C&C’s four regional care managers. “When I first started, we had maybe 10 calls a day. It’s jumped to around 25 or 30 now. With our new hires, we’re better able to address this increase. Across the board we’re able to help more people.”

The resource center will soon encompass additional programs tailored to serve specific audiences, including healthcare professionals and younger adults. “No matter who calls, there’s something we can help with. Even if people are ineligible for aid in dying, we can talk to them about having an advance directive or navigating the healthcare system,” says Johnson. “That education part is very empowering to clients and their families, so it’s great to have the resources to educate the public even better now.”

**Our services are always available free of charge at:**

800.247.7421
Dr. Peter Reagan, a medical director for Compassion & Choices of Oregon, participated in the 1994 and 1997 campaigns to pass the nation’s first death-with-dignity act. On March 24, 1998, he wrote the first prescription under the law. Also a skilled paraglider pilot, Dr. Reagan recently created the short film Turning Into the Wind, which compares gliding to achieving a peaceful death. “It’s better to land well in a good field than to crash into the farthest tree we can reach,” he narrates. So we asked him for more advice on securing a nice landing.

As a glider pilot, the landing isn’t something you pick at the beginning of your flight; you decide as you go depending on the wind and other conditions. You need communication and to keep an open mind, just as in planning for the end of life. Talking is important – making sure the people around you know what you want – and so is being flexible. Have real conversations about what you’re thinking. There’s a hump to get over, but make those connections with friends and family, if that’s who you are. It’s also not impossible to die alone. There are people who would just rather manage what they do by themselves. So even if it’s just with your medical support team, what’s really important to remember is that it’s easier than you think to talk about. It’s possible that your healthcare provider will be extremely interested in helping you – or maybe not, but no harm in asking. Some religious leaders and ministers are excellent at this, and there are certainly counselors who are. If you have hospice, talk with the hospice people. They’re really receptive to talking about dying, and hospice workers in general are getting more comfortable talking about aid in dying.

Most people don’t know how their own doctors feel about aid in dying. Anyone who wants to be proactive about the end-of-life process ought to know where his doctor stands and have some sort of conversation about it somewhere along the line. Your support doesn’t have to be with an individual provider. You may discuss your care with several people, a committee, and this group can evolve. Getting comfortable with talking is the real key. It’s sort of like standing on the edge of a cold swimming pool: If you just dive in, it feels a whole lot better.

Connecticut

Compassion & Choices snagged some prime real estate in the Connecticut State Capitol, transforming a main corridor into the “Voices for Choice” gallery.

Decision makers walking that hallway this winter saw walls filled with pictures of Connecticut citizens – doctors, clergy, patients, voters – with a six-word testimonial from each about why they support the aid-in-dying bill being heard in the legislature. The gallery is one way we are amping up our campaign for “An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients.”

The same bill was introduced in 2013 when C&C mobilized more than 100 supporters to testify for the legislation, some staying well past midnight to make their voices heard. Committed to topping that in 2014, C&C volunteers are actively reaching out to leaders in other movements to build grassroots power, including social workers who specialize in helping older Americans. The Connecticut team is also looking to forge relationships with the Service Employees International Union (SEIU) and AIDS CT, a nonprofit that advocates for those affected by HIV/AIDS.

A big boost came when State Comptroller Kevin Lembo declared his support for the bill. A longtime activist for consumers and citizens, who recently served as the state’s healthcare advocate, Lembo’s voice is extremely influential.

The Connecticut team has a new volunteer, Shannon Sanford, who wasted no time making an impact, collecting upwards of 25 new petitions from voters in a key legislative district. Connecticut Campaign Manager Tim Appleton reports great success organizing new members around screenings of How to Die in Oregon and The Last Campaign of Governor Booth Gardner. Tim is also making great use of media, including the super-local Huffington Post Patch outlets, to promote C&C events and reach more Connecticutians.

Get Involved

If you or someone you love lives in Connecticut, make sure you have completed a Connecticut-approved advance directive, which you can download at:


To help Connecticut become the next state to pass an aid-in-dying law that serves patients and protects doctors, contact Compassion & Choices Connecticut Campaign Manager Tim Appleton at:

tappleton@compassionandchoices.org

Keep up with Connecticut’s progress on their Facebook page:

http://bit.do/ct-facebook
Five Questions for Dick Cavett

Emmy Award winner Dick Cavett elevated the television talk show interview from a mere chat to an intelligent – and sometimes contentious – conversation for over a decade. Now he shares his thoughtful humor in the New York Times opinion pages. And today, with C&C supporters.
You’ve been an actor, a magician, a comedian, a television personality, a writer … which role have you enjoyed most?

The role I’ve enjoyed most isn’t listed there. Because I didn’t play any of the “big” sports in high school, I feared that my father thought I was a bit of a wimp athletically. So I became state gymnastics gold-medal pommel horse champion. It was by far the hardest thing I ever did and the hardest I ever worked on anything. The rest of the stuff you list seemed to come easily by comparison, strange as it sounds.

From Groucho Marx to Johnny Carson, you’ve known some of the great comedians and are very funny yourself. Do you think a sense of humor is important?

The lack of humor in a person is an affliction on a par with the physical ones, a kind of crippling, stunting blindness. Humor is, to me, complete intelligence, also a life-enhancer, a sharp tool, and at its highest form – as in Groucho Marx – an art form.

You hosted dozens of legendary celebrities and public figures on “The Dick Cavett Show” – deliberately pairing people with opposing views. Some of those interviews had to be challenging. What advice do you have about initiating difficult conversations?

Master a couple of quick, effective karate moves if things get out of hand and keep an eye on the quickest exit. Truth is, the thinner the ice gets the more I like it. My notorious Norman Mailer / Gore Vidal show was a joy. As things got hotter my adrenaline pumped to the point where it was hard to get to sleep that night. Viewers reported the same. Re-watching it, that body chemistry cooks up again.

Last summer you attended your Yale reunion and wrote about it for your New York Times column, mentioning the “increasing-year-by-year bad news of classmates and friends who were no longer with us.” How do you feel about getting older?

Although I haven’t reached utter decrepitude quite yet, you’re always around those so cursed. I’m moved by Charles DeGaulle’s simple formulation: “Old age is a shipwreck.” And the line attributed to my adored friend Bette Davis, “Old age isn’t for sissies.” And my great WWII navy-veteran, hell-for-leather Uncle Paul Richards: “Lemme tell ya, kid. This ‘Golden Age’ business is a load of crap.”

What is your perspective on death? How should people adjust as they approach the end of life?

As one who believes that when you die you go out like a match, I can’t think of much good to say about the inevitable, coming terminus. I will confess here for the first time that as a kid I used to think – since the idea of being extinguished was so inconceivable – that they would surely come up with a cure for death before it became my turn. I guess I would advise trying to remain as serene as possible, employing whatever philosophies, activities, exercises and controlled substances that bring pleasure, return all library books and rented DVDs, and don’t leave incriminating letters lying around.

Favorite role: pommel horse champion

Cavett with Marlon Brando in 1973
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