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Free To Go

A QUARTERLY NEWSLETTER BY AND FOR THE MEMBERS OF:
Choice in Dying - Ottawa
Dying With Dignity Canada
Right to Die Society of Canada

data bit

The number: 45%

What it is: The level of agreement with a statement that the medical profession should support euthanasia and lobby the government to legalise it, among almost 1800 doctors in the Australian state of Victoria.

Discussion: Among the same group of doctors, 44% disagreed with the statement.

However, 78% of over 900 Victoria nurses who responded to a survey in the early 1990s thought the law should be changed to allow doctors to take active steps to bring about a patient's death under some circumstances. (*Intl. J. Nursing Studies* 1993 v.30 n.4 pp.311-322)

When published: July 16, 2008 in the *Melbourne Herald Sun* (the *Sun* conducted the poll).

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data bits from previous issues of *Free To Go* can be found by following this path:

www.righttodie.ca
Researchers' Buffet
Data

Quarterly Retort

Timothy Taylor Thinks:

People planning suicide are always doubtful about the rightness of their choice. A person who is with them when they act is providing the endorsement or legitimization they crave, thereby assisting the suicide, which is illegal.

[Summary/paraphrase of *Globe and Mail* article on July 14, 2008]

We Suggest:

Taylor needs to meet some real live members of right-to-die groups. He would find that although they may well be planning to manage their exit, they are a far cry from the spineless vacillating creatures he imagines. They may want company when they die, but they would not be using the companion(s) to validate their decision.

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Quarterly Retorts from previous issues of *Free To Go* can be found by following this path:

www.righttodie.ca
Researchers' Buffet
Pro and Con

SOUNDBITE

"If death and taxes are the only two certainties in life, why is it that every politician makes promises about taxes, but none will talk about death?"

[West-Australia election candidate Stephen Walker, September 2008]

NEWS *in Canada*

New Broom, New Sweep

Kwantlen Polytechnic University is a BC educational institution located in the Vancouver area. Formerly designated as a College, it was granted full University status in April.

Shortly before that it had also acquired a new president, Dr. David Atkinson. As often happens "under new management", some institution policies were re-examined. One of these policies involved research being conducted by Russel Ogden, a professor of sociology and criminology whose specialty is self-chosen death.

Ogden has been researching this field for almost two decades. His MA was done at Simon Fraser University, and involved interviews with people who had been connected with euthanasia and assisted suicides among AIDS patients. He promised full confidentiality to his interview subjects.

When the Vancouver coroner's office ordered him to reveal information about some of these people, he refused, and the university did not back him up even though it had approved his research plan. Nevertheless, Ogden successfully resisted the coroner's subpoena. The university president eventually gave Ogden a written apology for SFU's failure to defend academic freedom.

In 1995 Ogden undertook doctoral research at Exeter University in England, and this also came to grief because the institution reneged on its commitment to ensure the privacy of his research participants. (He is now doing doctoral work through Groningen University in the Netherlands.)

At Kwantlen, the tradition of reversing decisions continues. In 2005 Ogden's research proposal to observe assisted deaths had satisfied the ethics board, but in 2006 the Vice-President Academic ordered Ogden to stop the research. Ogden challenged this threat to academic freedom but the university administration held fast through a five-stage complaint process, insisting that his mere presence at a suicide or assisted suicide would be a crime.

Ogden made it clear that he would be only an observer, not in any way an encourager or assister, and that he would be just as interested in cases where the person decided not to exit.

In the summer of 2008, after the internal complaint process was exhausted, the Canadian Association of University Teachers began an investigation into the alleged violation of Ogden's freedom to carry out his research. This investigation continues.

Free To Go readers can reach Ogden at his university e-mail address: russel.ogden@kwantlen.ca

Face It

Ontario MPP Cheri DiNovo was an advisor to the Right to Die Society while she was still a United Church minister. When her new political career left her swamped with work she had to resign as an advisor, but she stated emphatically that she was still with the group in spirit.

Part of the RTDSC spirit is "Realism" (this is the first of the three words that make up the group's tag-line; the other two words are "Responsibility" and "Respect").

A press release issued on July 29 showed that Cheri continues to be realistic about dying and also about human nature. Along with fellow MPP Peter Kormos and constituent Andres Cotic, she held a press conference at which the Ontario government was urged to adopt a policy of presumed consent regarding the donation of organs after death.

More than 20 European countries have adopted such a policy. Their citizens are in a much better situation than residents of Ontario, where 1700 people currently need an organ transplant, and 100 died last year because they could not get one. Cotic got a reprieve when a co-worker donated half his liver, but Cotic still needs a full liver transplant and has been on the waiting list for three years. He too is realistic – "Ontario's opt-in system does not work; people don't want to think about their death."

Free To Go readers are probably exceptions to this rule. We not only think about our dying, we are quite likely to be planning many aspects of it, and this may include trying to make the event have a "silver lining" in terms of a fellow traveller. However, until we become less unusual, we might consider urging our provincial governments to face reality and enact presumed-consent laws.

Latimer Going Back to Victoria

On September 15 it was announced that the National Parole Board has given Robert Latimer permission to move from Ottawa to Victoria. He expects to transfer as soon as a halfway house in Victoria has found space for him.

Robert has family in the Ottawa area but he has family in the Victoria area too, along with many supportive friends. Victoria is also closer to Robert's farm in Saskatchewan, where his wife and his youngest three children still live. Since July he has been allowed monthly five-day unescorted visits home.

NEWS
in Other Countries

AUSTRALIA

Not Yet

The upper house of Parliament in the Australian state of Victoria voted 26 to 13 against a bill about physician-assisted dying, on September 10.

Many of those who voted against the bill expressed support in principle for doctor-assisted dying, but had concerns about a particular clause in the text of the proposal.

Dying With Dignity Victoria has called on the Premier to refer the matter to the Victoria Law Reform Commission for wide community consultation.

Care or Control – Choose One?

With Stage 4 colon cancer that had spread throughout her abdomen, Angelique Flowers faced two possible ways of dying: acute peritonitis, or a complete bowel blockage. Neither prospect appealed to her.

Accordingly she joined the Australian right-to-die group called Exit (International), and the Melbourne chapter rallied

around her. When she appealed for a gift of Nembutal, on *YouTube*, several fellow Exit members stepped forward.

By this time, Angelique had moved from her home to the hospice at Monash Medical Centre, feeling that this was where she could receive the best care. But she did not take her Nembutal with her to the hospice, fearing that it would be found and confiscated (as happened with Ruth Wolfe's drugs at her Vernon BC nursing home, in 2006). She left her "escape ladder" at her house.

In late August a bowel blockage developed with such suddenness that Angelique had no time to go home and get her Nembutal. She died vomiting fecal matter (material that would have been eliminated via her rectum if this had still been possible).

FRANCE

A Dutiful President

Twenty-three-year-old Rémy Salvat, afflicted with mitochondrial degenerative disease since the age of six, had written to French President Nicolas Sarkozy in May.

He said "I know that one day I will lose my capacities. I don't want to be forced to be trapped in a body kept alive like a prisoner . . . I want to die before that point, to free myself from this suffering."

Sarkozy replied on August 6, saying "For philosophical and personal reasons, I believe that we do not have the right to end our lives voluntarily." Evidently Sarkozy is among those who consider that life is not merely a right, it is a duty.

On August 10 Salvat ended his life, overdosing on prescription drugs.

GERMANY

Forbidden Fears

At seventy-nine, Bettina Schardt was finding it increasingly difficult to climb the stairs to her second-floor apartment, and to cook for herself. She feared that if these things became impossible instead of merely difficult, the only place she could live would be a nursing home.

Nursing homes in Germany are presently quite grim, on the whole, and Schardt was horrified by the prospect of spending her last years in such a place.

A lawyer and ex-senator named Roger Kusch had been in the news for having devised a self-deliverance setup quite similar to Jack Kevorkian's three-bottle injection system. Schardt seems to have appreciated his conviction that people should not be required to march fearfully onward into a future which they dread.

The two got together and Schardt explained her thinking during several long conversations, five hours of which were filmed by Kusch. He did not find her fears to be irrational or groundless; quite the contrary.

Therefore he told her what drugs she would need, and how to take them, in order to die while her life was still decent. He recommended the anti-malaria drug chloroquine and the sedative diazepam, both of which are fairly easy to obtain in many European countries.

On the day of Schardt's exit, Kusch came to visit her and did some more filming – of her last words and her last actions. She had written him a farewell note in which she said that she had planned her death smilingly and systematically. "Should the manner of my death help you in your fight, my life goal – the freedom to die with dignity – will be achieved."

In his respect for Schardt's fears, Kusch was almost alone. Politicians and even many right-to-die campaigners castigated Schardt for exiting without having become sufficiently ill or otherwise wretched. They professed confidence that the German nursing-home situation would have shown an upturn in time for her, or that "things would have worked out" in some other way.

But although it is true that fears can be unjustified, it is also true that hopes can be unjustified. If we allow ourselves to be led on by false hopes, we may pay a dreadful price; if we miss out on a few years of tolerable life because of acting on false fears, perhaps this is a lesser evil, if we have already had many years of acceptable or even wonderful life.

UNITED KINGDOM

Strange, That

"He seems motivated by the principle of helping his patients."

So said Dr. Harry Burns in summing up an investigation he had led regarding Glasgow-area doctor Iain Kerr, who on July 24 was suspended by the General Medical Council for having respected the concerns of several patients who wanted "something I can take if it gets too bad".

The "something" was sodium amytal, in most cases; but one patient used cyclizine and co-praxamol to supplement temazepam (which is not lethal by itself unless it is used together with a plastic bag).

Dr. Burns' appraisal of Dr. Kerr offset some quite forceful denunciations from other doctors. Kerr's patients, and their relatives, also came to his defence with great vigour.

The GMC was sufficiently impressed that it declined to strike Kerr's name from the medical register (as the BC Medical Association did with Ruth Wolfe's doctor, Ramesh Sharma., in 2007). Instead he was given a 6-month suspension.

However, this may have the same effect as striking him off. In order to keep his practice open, Kerr will have to pay another doctor (a "locum") to work in his place.

Coming up with half of one's annual income, while having no income, is quite a feat.

Kerr's patients have started a fund to help him. Right-to-die supporters can contribute but must not let their cheque or their letter reveal their stance (e.g. by indicating their connection with a right-to-die group). The fund is not authorized to be connected with groups like FATE (Friends At The End) which nevertheless publicized the fund in its September newsletter.

All The Comforts of Home, But . . .

Edinburgh University has been conducting a study in cooperation with seven nursing homes in the Midlothian area. Instead of automatically sending residents to hospital for emergency treatment which may add only a few days or weeks to their lives, the care facilities have been discussing options with residents and their families.

Hospital admissions fell 40%, according to a report printed on August 27 in *The Scotsman*.

The study also involved people for whom "home" was not a nursing home. Marie Curie Cancer Care in Lincolnshire developed a program of co-ordinated discharge from hospital to hospice and to home. 42% of participants in the project died at home, compared with just 19% of people outside the program.

An "End-of-Life Strategy for England" had been unveiled in mid-July. One of its recommendations was "All areas should employ a team of 'rapid response community nurses' who are available 24/7 to ensure that patients who wish to stay at home to die can do so with proper care."

However, dying at home may be risky for some people, depending on what kinds of distress they could experience and what kinds of relief would be available.

Both at home and in a hospital, orders for medications are typically issued only once every 24 hours, when the attending physician checks on the patient. As an example, suppose that scopolamine is being tried in an effort to minimize lung secretions that cause feelings of suffocation, but the doctor's initial orders specify that the doses must be 6 hours apart. Now suppose that late on the first day the patient begins to experience a terrifying sensation of being unable to breathe, but this happens almost two hours before the next dose will be allowed, and the dose frequency cannot be revised until the next morning (when the doctor visits).

In a hospital, some interim relief can be provided through an alternative treatment which involves a mask connected to the compressed-air outlet at the head of the patient's bed. The nurses do not need a doctor's order to administer this treatment, and it can be started just a few minutes after the distress begins. Caregivers in the home would not have a compressed-air outlet handy, and even the most rapidly-responding community nurse could not arrive as quickly as someone who only has to walk down the hall from the nursing station.

UNITED STATES

Happy Birthday

On September 16 four years ago, the birth of Final Exit Network was announced to the world.

In deciding about an applicant's eligibility the group uses the European criterion (intractable and intolerable distress) rather than the Oregon criterion (terminal illness, defined as "high probability of dying within 6 months").

By the end of September 2008 the group had provided education and companionship to 159 members. The story of one such person was written (with names and location changed) by Senior Guide Jerry Dincin and quoted in a September 24 e-mail from Network president Ted Goodwin:

"Barbara J. called from a suburb of Madison, Wisconsin. During the phone interview, she described her situation, which was metastatic breast cancer that had started to spread to her throat and brain. She had tried every treatment available, including radiation, surgery, chemo, plus many alternative treatments, all to no avail. She was receiving in-home hospice care, and was taking much pain medication and steroids, none of which relieved her incessant pain. She was unable to get a good night's sleep because of the pain, and knew that her condition would worsen. She did not want to wait until she became completely incapacitated.

Barbara's daughter lived nearby and was supportive of her mother's decision for a hastened death.

After Barbara, a member of Final Exit Network, sent her medical records, and was told of the necessity for her to obtain needed supplies, her case was referred to our Medical Evaluation Committee. She was soon accepted for Final Exit Network services, and was assigned an Exit Guide. After several phone calls and a home visit, Barbara set a date. An Exit Guide and a Senior Guide flew to Madison from different parts of the country to her two-room apartment. When we arrived, the daughter was there, teary-eyed, but completely supportive. We asked Barbara if she wanted to go through with this final event. She was definitely ready, and immensely grateful that she would not have to suffer the final months of her life in pain with her body and mind deteriorating. She said that she had lived a good life, and was accepting and eager for this ending to take place. Her daughter, though sorrowful, accepted the decision, as she had seen her mother's suffering firsthand.

We asked if there were any spiritual concerns. There were none. Barbara had taken care of the dispersal of her assets and not told anyone else of her decision. After further discussion of some details, she said she was ready to go. She had tears in her

eyes as she expressed her gratitude for Final Exit Network and our presence. Her daughter reiterated the same feelings.

Mother and daughter said their last goodbyes, and the daughter left the apartment as was previously arranged. We stayed while Barbara prepared the equipment, and asked her one last time, "Are you sure you want to do this?" She replied, "Absolutely," and she set in motion her final exit. We each held a hand as she died quickly and quietly. She was blessed to have had this chance to end her suffering, and we felt blessed to have shared her final moments."

A Significant "Leaving-Aside"?

Wisconsin resident Edward Schunk, dying of non-Hodgkins lymphoma at 63, ended his life in 2006 by shooting himself while staying alone at a rural cabin. His wife Linda and his youngest child Megan had removed him from hospital on a one-day pass, taken him to the cabin, and left him there with a loaded shotgun (he told them he wanted to go turkey hunting).

Schunk's will left almost all of his $500,000 estate to Linda and Megan. Five of his six older children challenged the will, arguing that Linda and Megan should not inherit because they had assisted Schunk's suicide.

On September 25 a Wisconsin appeals court ruled unanimously that Linda and Megan could inherit. A September 27 newswire story said "For the purposes of deciding the dispute, the court assumed the other children's allegations were true" but the judges "did not address" the suicide-assistance question.

Instead they focussed on the State law which prohibits inheriting by someone who "intentionally kills" a bequestor. They therefore addressed the question of who was responsible for Schunk's death. Judge Margaret Vergeront wrote "Providing (the man) with a loaded shotgun did not deprive him of his life: he deprived himself of life by shooting himself with the shotgun."

Better Than Nothing

On the last day of September, California governor Arnold Schwarzenegger signed into law the Terminal Patients' Right to Know End-of-Life Options Act (AB 2747).

Democrat legislators Patty Berg and Lloyd Levine had been trying for three years to give Californians the same rights as Oregonians. AB 2747 improves things to some extent but there is still a long way to go.

Under the new law, if a terminally-ill patient comes right out and asks about end-of-life choices, the doctor is supposed to explain most of the legal options, or else refer the patient to another doctor who is willing to explain them.

However, no doctor is required to mention the possibility of "palliative sedation" (sometimes called "terminal sedation") or refusal of food and fluids. Berg and Levine removed these from their bill after opponents mounted an intense lobbying effort.

The chief gain is probably that patients who did not know about hospice will likely be told about it now.

WORLD

A reminder: if you are "web-enabled" you can read the newsletter of the World Federation of Right to Die Societies on the Federation's website,

www.worldrtd.net

Produced by Faye Girsh, the newsletter is a very reader-friendly and wide-ranging publication that appears twice each year.

Note on Sources

Most of the material for the "News" and "Data Bit" sections of *Free To Go* is found by the Editor through the following two sources:

www.euthanewsia.ca
(Paul Zollmann, Compiler)
www.lists.opn.org/mailman/listinfo/org.opn.lists.right-to-die
(Derek Humphry, Compiler)

Readers who are hungry for more news than can be fitted into *Free To Go* may find it rewarding to access these services themselves.

Letter worth a Look

The following letter was printed in the Guelph Mercury on July 12:

Dear Editor --

Just as I support the presentation of the Order of Canada to Dr. Henry Morgentaler for his courageous fight for women's rights, I would strongly support a physician, politician or any individual who would successfully fight for an individual's right to a dignified death.

Surveys have shown that the majority of Canadians support the right to die when they are ready to end their suffering; they want doctor-assisted end-of-life legalized.

Our politicians did not have the courage – nor the will – to pass legislation protecting women's rights to have an abortion until forced by Morgentaler's actions. How

long did it take for contraceptives to be an accepted and effective means of birth control?

Now, our politicians do not have the courage to pass a law for doctor-assisted suicide?

I have heard the arguments about the "slippery slope" and the "avalanche of deaths" such a law would cause. They are uninformed statements, as the experience in Holland, Switzerland and Oregon – the only American state that allows it – have amply documented. The number of suicides among the elderly actually decreased, as they can now count on their doctor to help them when they are ready to die. The Grand Duchy of Luxembourg has recently become the third European jurisdiction to give its citizens the right to euthanasia.

Anyone who has lived, for instance, with a loved one who has slipped into senility would welcome for that person – or themselves – the right to a dignified death.

Over and over again, the media reports on the abuse and neglect in too many Canadian care facilities, the lack of trained and compassionate staff and the lack of funding.

We see the frightening pictures of the elderly vegetating in their wheelchairs.

Frankly, I do not know anyone who would choose a life so sadly devoid of any quality and dignity.

I am a senior citizen, and I accept that there are those who believe we should not hasten death.

Fine. I have no wish to interfere with their beliefs, but they should also not have the right to interfere with mine.

Where is OUR Dr. Morgentaler?

Derek Taylor, Guelph

From The Groups

Note: Viewpoints expressed in a particular group's contribution to this section are not necessarily those of other groups, or of the Canadian choice-in-dying movement as a whole.

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No report this quarter.

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No report this quarter. We hope to provide a July-to-December report in issue 10:4.

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(Report by Ruth von Fuchs)

We have chosen the lawyer to advise and assist us in setting up an educational foundation which will have charitable status and thus be able to issue receipts for use at tax time. The lawyer is one of Canada's foremost charity lawyers and is also very pleasant to work with. Name searches have been done and initial drafts of documents have been prepared.

Zoe Cleland's petition continues to attract signatures. As of September 30, 500 people had signed the English version and 87 had signed the French version (many people whose names look French have signed the English petition, presumably because they found out about it first).

BOOKS

(Column by Ruth von Fuchs)

A Hastened Death by Self-Denial of Food and Drink
Boudewijn Chabot
2008
ISBN 978-90-90236780

Boudewijn Chabot is a Dutch psychiatrist who recently did PhD research on 110 cases where a person had chosen to die by not eating or drinking any more.

Even in the Netherlands, where euthanasia is legal, some people have a great deal of do-it-yourself spirit; other people who do ask for euthanasia are turned down, in some cases because their doctor considers that their suffering is not unbearable. (Dutch doctors too can be presumptuous, making judgments which they should have left to better-qualified people.)

Chabot uses real-life stories as a starting point. His second chapter then provides an abundance of clearly-explained facts and tips.

Chapter 3 is aimed mainly at doctors, to help them provide better-informed support for any of their patients who may decide to end their life by the "zero-intake" method. Doctors willing to offer such support probably exist outside Holland, since refusing food and fluids is legal almost everywhere.

People who want to "do their own death" but cannot get their family members to permit any fast and irreversible exit method may find that their relatives are reassured by the slowness and reversibility of the method Chabot describes.

The book can be ordered from Hemlock of San Diego (send a money order for $15 US to HSSD c/o Faye Girsh, #108 - 7811 Eads Ave., La Jolla CA, USA, 92037). Friends At The End, in Scotland, is also selling it; inquire via *info@friends-at-the-end.org.uk*

Note:

Rodney Syme's book ***A Good Death*** is also available from Hemlock of San Diego. Several *Free To Go* readers have had trouble obtaining it through a North American bookseller. The price for this book is $24 US and the address is the same as the one given above for Chabot's book.

Five Last Acts

Chris Docker

(Reviewer's note: Five Last Acts was published in 2007, but I only found out about it in the summer of 2008.)

Five Last Acts serves as the textbook for the workshops that are conducted in the UK by the Scotland-based group Exit (not to be confused with European and Australian groups which have "Exit" at the beginning of their name). The book has been written so as to be useful even without a workshop, however.

The five self-deliverance methods that receive detailed treatment are:

1) Helium
2) Compression
3) Drugs
4) Plastic bags
5) "Starvation"

Although *Five Last Acts* has new things to say about all these methods, the two main areas where it gives information not contained in other exit how-to books are (a) the plastic-bag plus drugs method, and (b) the compression method.

(a) Some recent books, such as *Guide to a Humane Self-Chosen Death*, advise against using a plastic bag with drugs (instead of with helium, for instance) because there have been many failures with this method. *Five Last Acts* suggests that the failures have frequently been caused by using a bag that is too small to provide an oxygen-adequate environment for a long enough time to let the occupant's sleep level become truly deep.

(b) The compression method involves applying pressure to the carotid arteries at the two places where they are relatively unprotected – the pulse spots towards the side of the neck, not far below the jawbone. These are the places where police officers or judo combatants can press in with their fingertips to make a suspect or an opponent go limp in what might be called a mechanically-induced faint. In a police or judo context, the effect is meant to be temporary. For self-deliverance purposes it can be made permanent by enclosing one's head in a plastic bag before applying whatever neckband one has chosen, and devising some way to ensure that the band will remain tightened even after fainting has occurred. The book offers several ideas about reliable closure techniques.

Five Last Acts is a very practical book, giving advice that could almost be described as fatherly (though "brotherly" might be a better word, since Docker is still a relatively young man). For instance, readers are gently reminded that if they have left their drug-acquiring too late (e.g. trying to get a prescription for chloroquine after having become so ill that no doctor would believe they are planning a holiday in the tropics) then the most sensible thing is probably to arrange for palliative care.

Five Last Acts costs 13 pounds sterling and can be ordered from Exit, 17 Hart St., Edinburgh, Scotland, EH1 3RN. Mark your envelope "5 Acts". Your credit-card details should include not only the card number and the expiry date but also the last 3 digits of the number on the back of the card just above your signature. In addition, you must submit proof that you are over 21 (Docker says he has received some very interesting forms of proof).

FORUM

The Post-Intelligencer, in Seattle, Washington, printed this article on September 15. "I-1000" refers to (Citizens') Initiative 1000, which would extend Oregon-style aid in dying to the residents of Washington State if it is supported by a majority of voters in the November US election.

I-1000 Is Not A Slippery Slope

by Barbara Roberts, Guest Columnist

I was governor of Oregon when voters first approved our state's landmark Death with Dignity Act in 1994. I endorsed the ballot measure, and am glad I did. I also supported it when the voters reaffirmed their support for it in 1997.

Over the past 10 years, I have closely observed the positive impacts the law has had on Oregonians. The predictions and campaign allegations from opponents who claimed that tragedy and overuse would result clearly have been discredited.

Oregonians have used the law sparingly and with adherence to both the letter and the spirit with which it was designed. The large majority of those patients were terminal cancer patients. The family stories have been beautiful accounts of compassion, sharing, dignity and gentle exits.

My husband, Frank Roberts, died in 1993, a year before voters approved the measure. As the longest-serving member of the Oregon Legislature, he proved that his disability, his need for a wheelchair, did not stand in the way of the remarkable contribution he made to public policy in Oregon. He was often referred to as the "conscience of the Senate". Even before cancer put him in a wheelchair, Frank knew that as the parent of a disabled son and with 40 years of work in the disability community, I would never support a law that could harm those in the disability community.

Let me state emphatically, I would never support a law that was harmful to individuals with disabilities. This proposed law is not a slippery slope that threatens those with disabilities of any kind.

Oregon voters became the best-informed Americans on the subjects of dying, pain medication, heroic medical procedures, advance directives and hospice care. Dying was discussed over dinner, in bowling alleys, at hair salons and barbershops, in gyms, classrooms and churches. Once families had opened those discussions, they couldn't put the toothpaste back in the tube.

Lawyers were suddenly drafting more wills, more medical directives and recording medical powers of attorney.

As Oregon families and patients gained a greater understanding of medical matters and end-of-life choices, they now had greater expectations of their medical providers. Today Oregon has one of the highest hospice uses in the country. More citizens in Oregon die at home than die in hospitals. For families and patients, this change has given them the dignity and the pain-free gentle exits they seek.

Since the law passed, Oregon's use of much-needed pain medication for terminal patients is one of the highest in the nation. It has become clear that this vastly improved pain management has allowed more quality time for patients and their loved ones and even prevented a number of violent suicides from those suffering from undertreated pain.

It takes little analysis today, almost 10 years later, to know that the American public has moved ahead of its legislative bodies on their expectations for personal end-of-life choices. Recent polling across the nation has reinforced those citizen expectations. It has become clear in our state that what we can talk about we can make better.

Oregon's law has been upheld through every state and federal court challenge, including the U.S. Supreme Court.

As the author of a book on death and grieving, I speak to audiences in my state and across the nation. I have learned that more than costs and more than pain, the biggest issue for the terminally ill is loss of control, loss of choice. It has not been simply the 341 Oregonians who chose to exit under the law over the past 10 years, but the additional 546 patients who went through the legal and medical process, purchased the medication and then opted not to use it and died naturally without desperation and fear.

The issue was choice and having an option. More than anything – that is the human message of this law.

Last Words

The following story was received from a man who is on the board of Final Exit Network:

"A lady who had a great sense of humor recently died – and always used to say that when she died she wanted a parking meter on her grave that says "Expired".

So her nephew got her one on eBay! He said that her grave is right by the road so everyone can see it and many people have stopped to get a chuckle."

Free To Go

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