

# HEMLOCK OF ILLINOIS

Advancing the Right to Death With Dignity

November 2013

## Victory in Vermont! Third State to Pass DWD Legislation

Our movement scored a huge step forward on May 20, when Vermont governor Peter Shumlin signed the Patient Choice At End of Life Act. Similar to existing laws in **Oregon** and **Washington**, residents of Vermont who are suffering intolerably may now obtain medication from their physicians that will allow them to make a final exit, if and when they choose.

We're now up to **five states** where the right to death with dignity has been established. That includes **Montana**, where death with dignity became legal through a state supreme court ruling, and **Hawaii**, where it is legal through a century-old law.

These laws aren't perfect – they typically only help people who are “terminal,” but not those who are suffering intolerably with a life expectancy of more than six months, such as those with neurological diseases. But they are critically important steps in the right direction, and they will help relieve untold amounts of suffering. Years of experience with the law in Oregon prove conclusively that there's no abuse, no “slippery slope.”

Read all about it at the website of **Patient Choices Vermont** ([www.patientchoices.org](http://www.patientchoices.org)). Congratulations, Vermonters, and thank you!

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## A Doctor's View of Death With Dignity 2:00pm – Sunday December 8, 2013

Temple Shalom, 3480 N. Lake Shore Drive, Chicago

Please join us for an exciting discussion featuring outstanding Chicago-area Medical Doctors **Jorge Castillo, Dan Fintel, and Daniel G. Samo.**

Don't miss this free program!

### Book Review:

## *In Search of Gentle Death: The Fight for Your Right to Die with Dignity*, by Richard Côté

Review by Deborah Scott and Joan Sophie

Richard Côté's unique book is the first and only history of the international death with dignity movement. He based his book on years of research and numerous in-depth interviews conducted on four continents with death-with-dignity pioneers, activists, physicians, nurses, hospice workers, and their patients.

Côté explores the modern history of the death-with-dignity movement through the lives of its founders, leaders, and activists. Case histories reveal conflicts that often arise between people who are living or dying in pain and the religious, medical, and legal barriers that force them to spend their last days, months, or even years in avoidable pain and suffering - against their will.

Drawing on recent scientific and medical information, Côté describes the evolution of legal, dignified, readily available, and painless methods of self-deliverance. The book is highly readable and engrossing, and we consider it a “must read” for members of Hemlock.

### Study Côté's Book at Northwestern

We are excited to tell Hemlock members that you can study Côté's book with us at Northwestern University's Osher Lifelong Learning Institute, Chicago campus. Our class will include guest lectures (via Skype) by activists from various countries around the world. The class will meet from early March to June, once a week from 10 AM to 12 noon.

For more information on the class and the Osher Lifelong Learning Program, please contact Deborah Scott at [deborahscott07@gmail.com](mailto:deborahscott07@gmail.com) or Joan Sophie at [sophie5@gmail.com](mailto:sophie5@gmail.com), or get information on the program on-line at [www.scs.northwestern.edu/olli](http://www.scs.northwestern.edu/olli).

# Death With Dignity – What It Is, and What It's Not

By Ed Gogol

I've been thinking a lot lately about how to define what our movement is working for. Here are some of my thoughts about "Death With Dignity – what it is, and what it's not."

## Death With Dignity – What It Is

Fundamentally, our movement's goal is to minimize unnecessary suffering at end of life. Obviously we're all going to die at some point ... but the process doesn't have to be so darned unpleasant or horrible. Ultimately, we want to be as comfortable as possible as we die. Here are some specific requirements to help us fulfill that fundamental goal:

### **We want our wishes respected as to what care we will have – and what care we won't have.**

The process by which our illnesses worsen and we die is just that – a process. At each point in the process, it's most sensible for us to make our own decisions about which treatments and medical interventions we want and which we don't want (if we're capable of it). Often, there comes a point when further aggressive medical treatment is futile and may only cause suffering. But it's our decision. It would be good if we can make those decisions in consultation with our doctors and our loved ones – but they must remain our own decisions.

### **An important point: if we're enrolled in a hospice program, that shouldn't mean the end of all medical treatments.**

Yes, it may mean forgoing most major medical interventions. But there's a broad spectrum of minor medical care that may relieve our suffering and possibly extend our lives (without extending our suffering). These should be available to us, even in a hospice program.

Here's an example: When my mother was recently in hospice, she developed a painful urinary tract infection from the catheter. The medical staff would not give her an antibiotic, even though it would remove her pain. Their absurd policy was not to use any antibiotics in

hospice – even antibiotics that did not extend life, but simply relieved pain! Medical care that relieves suffering should be given to us – even if we are in a hospice.

### **If we're not capable of making decisions for ourselves, we need a trusted person to whom we have granted our "medical power of attorney" to be able to make those decisions for us.**

During the dying process, we may lose the ability to make decisions for ourselves or to tell people our wishes. For example, we may have had a stroke or be in a coma.

To have our wishes respected so that we can have the kind of death we want – we need a highly trusted person empowered to make decisions for us in our best interests. He or she should be able to specify what treatments we want, and what we don't want, exactly as if we were making those decisions ourselves. Ideally, we have talked at length with this person about what care options we would or would not want as our condition worsens.

### **We want the most complete set of options for palliative care.**

If we're in pain, we want to be able to take as much pain medication as we need or want - even if that hastens our death. Our ability to have adequate pain medication must not be constrained by somebody else's misguided view of what's moral. It's **our** choice, and our suffering. We might choose to take less medication than we need, just to stay more alert..... But it's our choice.

### **If we decide our suffering is intolerable, we want the right to the means for a peaceful, gentle, and easy death.**

This is the most critical aspect of death with dignity. We should be able to choose not to suffer through the final stages of our body's disintegration. Death may or may not be near ... but if we're suffering so badly that we prefer to die, then we should have the right to the means to cut our suffering short – to "make a final exit."

## Death With Dignity – What It Is, and What It's Not (continued)

### We want our doctors and our loved ones to be able to help us – even if it means helping us die.

When we're ill ... when we're dying ... we need help and care. That care should extend to helping us be able to die when we wish. Laws must be changed so that our doctors and our loved ones

- can provide pain medicine to us -- even if it hastens our death.
- can provide the means for us to make a peaceful and dignified final exit, if that is our choice.
- can be with us openly and legally, without fear of prosecution, if we make that choice.

I hope I've made it clear that death with dignity is about much more than just the right to make a final exit, as important as that is.

## Death With Dignity – What It's Not

### It's NOT Suicide.

In our culture "suicide" has come to mean the irrational act of an unstable, mentally ill person. That's as far as you can get from the rational act of physically sick people, suffering intolerably, who choose to cut their suffering short. Sure, we may be depressed – who wouldn't be when we're sick, suffering horribly, and dying? But that doesn't mean we're crazy or irrational.

**Here's the important point:** If we choose to make a final exit, it's still our underlying disease process that killed us – not "suicide." We just chose not to suffer through the final stages.

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## About Hemlock of Illinois

Founded in the 1980's, **Hemlock of Illinois** is the Illinois affiliate of **Final Exit Network**, one of three major national groups advancing the right to death with dignity. Please join us.

Check out our new website at  
**[www.hemlockofillinois.org](http://www.hemlockofillinois.org)**.

Email: **[info@hemlockofillinois.org](mailto:info@hemlockofillinois.org)**  
Phone: **815-366-7942** or **224-565-1500**.

### Death With Dignity is NOT "physician-assisted suicide," "assisted suicide," or "assisted dying."

As I explained, suicide is the wrong word.

Also, we are not being "assisted" in dying when, for example, someone prescribes or hands us pain medication that may hasten our death. We are dying of an illness, and it is our own act (or that of our proxy) that causes our death. Providing the means is helpful.... but it's still our own act that ends our life. Our decision makes it our own action.

In our culture, physicians are the appropriate guardians of the opiates or barbiturates that are among the preferred methods of making a final exit. But just because a physician writes you a prescription for these medications, knowing that your possible intention is to make a final exit, doesn't mean that that doctor is "assisting." Again, it is your decision to take that medication or not to take it – it is your action.

### It's not the "right to die" (in most cases.)

Yes, sometimes we are being kept alive against our will. In those cases, we must have the absolute right to discontinue the procedures that are keeping us alive, if that is our choice. But in the vast majority of cases, death with dignity is more about being comfortable while we die - minimizing suffering and being able to choose to cut our suffering short.

One thing is for sure: The death rate is 100% -- everybody dies, sooner or later. Death with dignity is all about minimizing unnecessary suffering at end of life. It's **our** life ... and **our** choice. **Death With Dignity is the ultimate human right.**

**Contribute** securely via PayPal on our website, or **mail contributions to:**

**Hemlock of Illinois, 1055 W. Bryn Mawr  
#F212, Chicago IL 60660.**

Contributions to Hemlock of Illinois are tax-deductible as permitted by law.

**Final Exit Network** is at  
**[www.finalexitnetwork.org](http://www.finalexitnetwork.org)** or **866-654-9156**.

## The World Federation Is Coming to Chicago !

Mark your calendars for **September 17 through 21, 2014**, when the **World Federation of Right To Die Societies** comes to Chicago for its **Twentieth Annual Conference**.

**Come be inspired and learn how our vital movement is flourishing all over the world.**

Hear from activists who will attend from many countries, including New Zealand, Australia, Britain, Ireland, Netherlands, Switzerland, Belgium, Luxembourg, South Africa, Hong Kong, Japan, Canada, and Colombia.

The World Federation, founded in 1980, consists of 51 death-with-dignity organizations from 26 countries. The Federation provides an international link for organizations working to secure and protect the human right to self-determination at the end of life.

Final Exit Network is hosting the conference, and as the Illinois affiliate of FEN, Hemlock of

Illinois will be in the thick of it. **It's a tremendous opportunity to publicize and build support for our movement.** We'll need many local volunteers to help make the conference a success.

The conference is at the beautiful LakeFront Embassy Suites Hotel in Chicago, at 511 N. Columbus Drive, in the fashionable Streeterville neighborhood. Just steps away from everything.

Go to the conference website (**[www.wfconf2014.com](http://www.wfconf2014.com)**) to see the tentative conference schedule, forms for registering online, and links to the hotel website for registering for rooms at the special conference rate. The World Federation website is **[www.worldrtd.net](http://www.worldrtd.net)**.

**See you there – don't miss it !**

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**ADDRESS CORRECTION REQUESTED**

**JOIN US!**

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