

"She did it her way..."

By Leigh Ann Metheny

SOME people may question me calling it a gift, but it truly was.

While nobody in my family wants to be without my mom, Pamela Dianne Jones, we also don't want her suffering, and toward the end, her quality of life was nonexistent.

While I miss her dearly and my heart hurts, I understand her choice and I am grateful that End of Life WA was there.

Not only were they calming and respectful, they gave our family peace in the darkest of times.

Knowing it was coming put me in a constant state of grief, and I am still in that state, but it also gave me



Leigh Ann Metheny, at left, with her mother, Pamela Dianne Jones, at right. Their jerseys reflect their way of thinking regarding the death of Jones, on April 4 of this year.

Photo courtesy of Leigh Ann Metheny

the opportunity to spend time with her, get out what was needed to be said, tell stories that needed to be heard, and gave me the opportunity to just spend time with her and care for her.

When someone is taken tragically or all of a sudden, you don't have the opportunity, and so I feel thankful and quite frankly blessed for that opportunity.

It took me a long time to come to terms with her choice, and I am not sure I came to full term with it, but the service End of Life WA and its team provided took the anxiety of it away for me.

So again, thank you... My best friend, my mom is now at peace and went in absolute peace. She did it her way.

If you want to explore EOLWA's services and resources, visit our website www.endoflifewa.org, or more specifically www.endoflifewa.org/dementia, or www.endoflifewa.org/vsed or call us at 206-256-1636 to talk to a person.

Se habla español: Setting a goal for EOLWA in 2021 and beyond

By Sebastian Moraga

Say it with me once: Muerte Digna, (Moo-ert-ay Deeg-nah)

That's how you pronounce "death with dignity" in Spanish. It's pronounced a little bit different.

OK, a lot different, but its meaning is the same.

One of the changes we hope to see happen at EO-

LWA this year is that we can talk about both "death with dignity" and "muerte digna" with the same ease we talk about "fútbol" and "soccer," or about "burritos" and "burritos" but with a rolled R.

We want to hear from the Hispanic members of our community, and answer their questions and concerns and provide support with the

same level of care and professionalism that EOLWA is known for. Granted, there will be some hurdles to clear and challenges to answer.

The Hispanic culture has, as every other culture does, its own set of mores and traditions. At the same time, the influence of institutions such as the Catholic Church rem-

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What a difference does a year make? Let's find out...



A note from our Executive Director, Judy Kinney, after one year at the helm of EOLWA

Do you remember what you were doing a year ago? Last May I was in my first days as End of Life Washington's Executive Director.

I had just moved back to Seattle after three years away. The COVID-19 pandemic was new and many of us, including me, were quarantining at home. George Floyd's murder was igniting a long-overdue national racial reckoning. So much was happening all at once!

Even with so much change swirling around us, the End of Life Washington (EOLWA) Board of Directors, staff, volunteers, and I were clear about our priorities for the next twelve months.

Client Support: Help me applaud the 70+ Volunteer Client Advisors who supported 550 clients remotely and safely in person to ensure that even amid a pandemic they had the support they needed to access the peace of mind that can accompany Death with Dignity and Voluntary Stopping Eating and Drinking.

Our core group of 10 physicians adapted to telemed services to ensure that the close to 200 clients who needed help identifying two supportive physicians could do so with greater ease.

Sally Thomae, MSW, helped us launch the first-in-the-nation Aftercare Support Group to ensure that our clients' loved ones had grief support in a welcoming and supportive environment.

You can get a glimpse of the impact of our work, all of which is always free of charge, through

Ms. Metheny's story on page 1.

Increased Awareness. Twelve years after the passage of the Death with Dignity Act, we want more people to know about and understand this choice, as well as other options, such as Voluntary Stopping Eating and Drinking, for those who experience suffering, but do not qualify for Medical Aid in Dying.

We are in the early months of a major awareness campaign, End of Life Ready, which builds upon our previous work, and will reach thousands of Washingtonians over the



State Rep. Nicole Macri



State Rep. Skyler Rude

next few years.

You can read about our efforts to increase awareness and support on page 6.

That over 90 percent of our clients are white and live west of the mountains points to the need to increase our reach and relevance to more Washingtonians.

Thanks to two internal working groups, the Eastern WA Working Group, and the Equity and Inclusion Working Group, we are better able to reach and support a wider spectrum of people in the state.

Increased Access: We were disappointed that the Washington Senate failed to advance ESHB1141, the Improving Access to Death with Dignity Act, sponsored by Reps. Skyler Rude (R) and Nicole Macri (D).

You can read more about this bill and our experience this legislative session on page 3.

YOU and the entire EOLWA community, are a formidable force, sending over 3,000 emails to legislators across the state in support of this bill. We will not be deterred and will continue the work to increase Washingtonians' access to a full range of end of life choices.

The pandemic altered our sense of place, relations, and time for years to come.

This past year has demonstrated, again, the power of our collective commitment to reducing Washingtonians' suffering in their final days.

Thank you! Please consider supporting EOLWA with a financial gift. Individuals like you provide 90% of our annual funding.

In the spirit of community,
Judy Kinney, MSW
Executive Director





END OF LIFE WASHINGTON'S STATE LEGISLATURE UPDATE

Wait 'til next year:

The battle to increase access to the Death With Dignity Act to continue in 2022.

By Sebastian Moraga

We came so close.

After passing in the House of Representatives, HB 1141, the bill that would have updated our state's current Death With Dignity law, headed to the Senate.

It died there, but not without leaving a legacy of progress that will serve us well next year, when we try again to get it passed.

For starters, the simple fact that our bill made it out of the House is an encouraging sign. The fact that we had support from a Republican lawmaker and a Democrat lawmaker in drafting the bill (Nicole Macri (D) and Skyler Rude (R)) is also a plus.

"The bill passed out of the house on a bipartisan vote and was ready to be voted on in the Senate; we just ran out of time," End of Life Washington's contract lobbyist Nancy Sapiro said.

Our bill took these strides in the

midst of unprecedented challenges placed in our path by the pandemic that upended all of our lives.

Nevertheless, the fact that we made it as far as the Senate makes us optimistic about the future, as well as grateful for the work that people like



Nancy Sapiro

State Reps. Rude, Macri, and Eileen Cody put forth in trying to get it passed in the House, and State Sen.

Annette Cleveland in the Senate.

"It was a very challenging year for us given the virtual session and the priorities laid out by legislative leadership this session, and yet we had a great deal of success," Sapiro said.

She believes that the current law should be updated to better reflect the realities of the current practice, while keeping the core safeguards of the law in place.

The existing law has been in place since 2009, and it's working as intended for those who can access it.

Evidence suggests that the passage of the law has resulted in improved conversations between patients and physicians, better palliative care, training and improved enrollment in hospice care. Too many eligible residents are robbed of the benefits of the law by unnecessary regulatory roadblocks.

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DWD making strides in western U.S.

By Teresa Barron EOLWA volunteer

New Mexico has joined the movement toward expanding end-of-life options. With the passing of HB 47 on March 15, New Mexico removed criminal and civil liability for health care providers who help terminally ill patients end their lives. The new law, called the Elizabeth Whitfield End-of-Life Options Act, is named after a former New Mexico judge who supported giving

terminally ill patients the right to end their own lives back in 2017. Whitfield, who died of cancer the following year, was quoted saying, "I implore you to give me the choice that is right for me."

The main requirements for New Mexico's end of life options act are, (1) The patient must have a terminal diagnosis, (2) The patient must undergo both a physical and mental health evaluation, (3) There must be a 48-hour waiting period after receiving a

lethal prescription before it is filled.

New Mexico is a state with a significant Catholic population. As the Catholic Church has long taken a stance against assisted death, HB 47 faced strong opposition.

Opponents worried that the law would mandate doctors to violate the Hippocratic Oath, allow greedy relatives to speed up deaths of their family members to receive their in-

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Vaccines are here, numbers are dropping: Now what?

By Sebastian Moraga

In December of 2019, an 11-letter word entered our lexicon and changed the lives of millions of people forever.

The coronavirus pandemic, an illness as sudden as it was complex, affected all of us in one form or another.

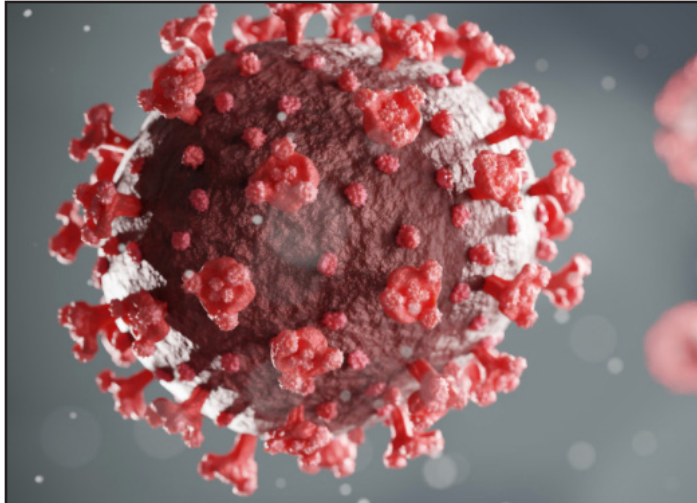
Now that vaccines have become available, and masks have become an indispensable part of our wardrobe, and we have lost half a million of our friends and neighbors, it is a good time to ask

ourselves where we go from here: How should we do things differently at EOLWA after COVID-19 becomes history? How will our interactions change, how will the role of volunteers change?

We approached some of our distinguished leaders, volunteers, and board members and asked them these very questions.

Below are their answers, edited for clarity and space. We have listed these people in no particular order, and not everyone we reached answered every question.

How will or should EOLWA do things differently as an organization, post-COVID-19?



BETH GRIGGS, VCA and Team Leader of the Bellingham/Northwest group:

"EOLWA has been constantly evolving to meet the needs of our clients, including addressing racial equity in health care. The willingness of the organization to respond to what's needed is phenomenal and what makes it so great. I hope the organization continues to look for ways we can better serve our community and each other."

ROBERT FREE, President, Board of Directors, End of Life Washington.

"Surprisingly, the pandemic has had some positive results for EOLWA. One is that we have

become a truly statewide organization, with staff, board members, and volunteers throughout the state able to meet via Zoom. Two, is that even though our staff has grown under Judy

Kinney's leadership (four full-time and four part-time employees), we are able to maintain our small, inexpensive office space because employees are able to successfully work remotely.

These developments will not change post-pandemic. I will limit my comments to the above."

DR. ROBERT WOOD, Volunteer Medical Advisor, Board of Directors, End of Life Washington.

"Pre-pandemic in seeking participating physicians for our clients whose own physicians won't participate, we would try to find physicians in the clients' geographic areas, since many of our clients are bedridden or have difficulty traveling to a new physician's office. Within the pandemic, and I think from here on out, many more client-physician contacts to qualify patients for death with dignity law are occurring through tele-video methods. This simplifies the work of finding physicians as we can choose from any of the helpful physicians

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NEXT YEAR: Great strides during 2021 legislative session

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For instance, more than one-third of End of Life Washington's clients have difficulty finding physicians to support them in accessing the law. About one-half die within the 15-day waiting period.

One-third of them come to End of Life Washington without a physician that can aid them with Death With Dignity. Thus, crafting a bill that can help us overcome these roadblocks has become essential.

"House Bill 1141 was that bill. It would allow more eligible patients to access medical aid in dying," Sapiro said.

Bob Free, president of the board of directors of End of Life Washington,



Bob Free

agreed, saying that passage of such legislation would "reinforce the right of Washingtonians to a dignified death, without barriers."

House Bill 1141, if enacted into law, would have shortened the waiting time to obtain a prescription, and allow more qualified providers to support patients who want medical aid in dying. It would also have allowed pa-

tients to make the best and most timely decisions, and would have modernized the delivery of prescriptions.

The progress is a source of pride.

"Ours was the second state in the nation to adopt a Death With Dignity law in 2008, and End of Life Washington is proud to have worked for over a decade to help terminally ill residents achieve a death aligned with their values and priorities," Free said.

He later added, "We value our collaboration with the national organization-Compassion & Choices and look forward to continuing our work together."

Sapiro agreed.

"We may have fallen short this session but we will be back and intend to get it across the finish line in 2022," she said.

COVID-19: Zoom meetings will likely continue as the pandemic fades

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statewide, not just those who may (or may not) help in a particular region.

DR. ROY GRAVES, EOLWA Volunteer Medical Advisor: "I would enjoy more interaction via Zoom with other docs. Because I live in Anacortes, travel is an issue.

I am hoping Zoom meetings will continue. It makes my interactions much easier."

What will happen to in-person contact v. Zoom meetings, do you think?

BG: "Zoom meetings have enabled us to have closer connections with our teammates, as we are all over the northwest part of this state. Coming together monthly is less difficult and having core staff in our meetings has been fantastic, making us feel part of the larger whole. I feel more connected through Zoom. But, I prefer to limit client contact to phone and in person. There really is nothing like a hand on a shoulder, or any number of compassionate connections VCAs make when supporting clients and their families during this deeply intimate time. I think of us like 'Call The Midwife.'"

RW: "More meetings will continue

to happen via Zoom or other meeting software as the pandemic fades. While these techno-meetings don't facilitate the 'team' spirit that large clusters of volunteers meeting together engender, they provide safety, convenience, and efficiency. But I hope we'll still find ways to gather and to recognize the wonderful people assembled for this important work."

How has the role of volunteers (as well as the number of them varied during the pandemic, and how will it vary in the days ahead?

BG: "The nature of this work is deeply personal. It has been difficult to find those connections during COVID-19, but we have made it work. I am the team leader of the Bellingham group. We have seen one hospice (Hospice of the Northwest, a non-Catholic affiliated organization) step up and provide assistance when VCAs have not been able to attend clients in person. It has been said that having hospice and the medical community do "our work" as a matter of health care would be the best possible outcome. Medical aid-in-dying should be part of health-care. That said, having hospice step in has made our work seem less nec-

essary. That is just one hospice and the experience of just some VCAs."

RW: "Once the pandemic began we strongly advised volunteers not to meet with clients and their support folks in-person, especially indoors, we modified our guidances accordingly, and especially instructions for helping when clients took the medicines.

We followed and promoted safe interaction guidelines: hand washing, masking, physical distancing.

Some volunteers meet folks in homes regardless but carefully. I'm aware of a couple of volunteers who decided not to finish training as opportunities to meet in person with clients disappeared early in the pandemic.

Now that we and our clients are mostly vaccinated, perhaps these volunteers will return. I don't believe we lost any active volunteers before the pandemic, but (EOLWA Volunteer Services Manager) Cassa (Sutherland) could confirm my impression that we added maybe half a dozen client volunteers during 2020."

(Note: Cassandra Sutherland confirmed that this was correct.)

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STRIDES: New Mexico joins the fight for death with dignity

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heritance, and minimize the sanctity of human life. In the end, pleas to provide peace and control in the face of intense suffering won out.

The Senate hearing was described as being highly emotional. Rep. Dayan Hochman-Vigil, a Democrat representing Albuquerque, recalled being unable to help her mother deal with

her suffering as she died of cancer.

She co-sponsored HB 47, arguing that it would promote autonomy for patients who choose to receive aid to avoid intense suffering at the end of their lives.

Rep. Deborah Armstrong of Albuquerque asserted that the only thing more difficult than talking about this issue "is living it."

Her daughter Erin also testified, ask-

ing the Senate to grant her peace in her long-lasting journey with cancer.

New Mexico is the ninth state to pass medical aid-in-dying legislation, and many other states, like Connecticut, are considering a move toward similar laws, often modeling their laws after those in other states like Oregon, first in the nation in establishing Death With Dignity laws.

The Land of Enchantment is now the Land of Empowerment

To learn more about New Mexico's new law:

- <https://tinyurl.com/fyfwujsk>
- <https://tinyurl.com/2zs9tt5d>

The stakes are too high to risk not being ready

Submitted by an EOLWA volunteer ambassador

Nineteen years ago, a lack of information about end-of-life choice sent my mother's life down a tragic journey of suffering.

A lack of information that resulted in her living in a semi-vegetative state the last five years of her life, medicated and sedated to manage her daily tremors, and losing all quality of life.

It is hard to describe what it felt like to witness this kind of human suffering and know there was nothing we could do.

But what was worse, was learning too late in her disease, that there were steps that could have



been taken to avoid her suffering.

Steps that were never introduced to my mother by any of her care providers. Not because of ill intent, apathy, or lack of care. Quite the opposite.

My mother's doctors were wonderful at providing access to the critical

resources she needed to "live" with her disease.

But what they didn't do, was provide access to what choices she had if she didn't want to live with it.

The topic was never raised, a conversation was never encouraged and, as a result, the end of her life was heartbreaking.

My mom would have wanted to know what choices she had to manage the course of her disease.

She would have welcomed the chance to know how to avoid her own suffering and that of her family.

She would have openly accept-

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EOLWA welcomes three new staffers, one board member

By EOLWA staff

The arrival of spring and the warmer weather brought along a foursome of new faces to End of Life Washington, including a new board member and three new staff members.

Dr. Sunil Aggarwal will join the End of Life Washington Board of Directors in June for a three-year term, Lashanna Williams joined the staff as Client Services Manager, Laura Lucas became Administrative and Provider Coordinator, and Sebastian Moraga became EOLWA's first-ever Communications Manager.

"This growth is being driven by two new initiatives, the Care Continuation Project and the End of Life Ready campaign, and our commitment to increasing awareness and access to end of life choices," said Judy Kinney, Executive Director of EOLWA, in a statement.

While Williams will work from South Park in south Seattle, Moraga will work from Cashmere, one hour northeast of

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Laura Lucas

Hometown: Rensselaer, N.Y.

Place of birth: Albany, N.Y.

Alma mater: Seattle Film Institute. Majored in acting for film.

Passions: "Fixing. I'm a problem-solver and I love to clean, catalogue, and untangle any knots along the way. That's true for both EOLWA and my life in general."



Sebastian Moraga

Hometown: Cashmere, WA

Place of birth: Santiago, Chile

Alma mater: Washington State University, Pullman, WA. Majored in Communications

Passions: "Serving as a bridge between communities and ensuring that they have access to information."



Lashanna Williams

Hometown: Seattle, WA

Place of birth: Detroit, MI

Alma mater: Univ. of Michigan, English Literature major, Women's History minor.



Passions: "Radical love, I'm the best when I'm able to lead with love. Working in community toward abolition of racist structures. Pleasure activism, making justice and liberation the most pleasurable experiences we can have. As Adrienne Maree Brown said, pleasure gets lost under the weight of oppression, and it is liberatory work to reclaim it."

Dr. Sunil Aggarwal

Hometown: Seattle, WA

Place of birth: Muskogee, OK

Alma mater: University of California at Berkeley. Majored in chemistry and philosophy. Minored in religious studies

Passions: "Public health focused on well-being and international human rights; nature and the outdoors."



SPANISH: *Several Latin American countries making changes*

Continued from page 1

ains strong in many parts of Latin America.

Nevertheless, signs of looming hope abound, with Colombia leading the way and with conservative nations such as Chile starting to talk about death in different terms than in the past.

Just last month, a bill was introduced in the Chilean Congress, which would have legalized “muerte digna,” or “dignified death” in that South American nation.

Stop me if you’ve read this: It passed the House but it did not make it past the Senate. Same as ours in the Evergreen State.

Still, the fact that it made it that far is a huge development. And Chile is not alone in pushing forward against the weight of history.

Eighty-two percent of Uruguayans say they are in favor of aid in dying and although it remains illegal in that country, Uruguay has laws in place in which

a person can reject treatment near the end of his or her life.

These laws are referred to as “ley del buen morir,” or law of a good death.

Earlier this year, Peru’s highest court, in a historic decision granted Ana Estrada an assisted death, a remarkable development in a nation that is almost 90 percent Catholic and where euthanasia is illegal.

It took Estrada, a psychologist confined to her bed, five years of judicial battles, before she achieved victory.

It’s clear that our Hispanic brothers and sisters have concerns regarding end of life.

EOLWA is committed to traveling that path with them every step of the way, speaking their language in more ways than one.

Say it with me again, now, with feeling, with gusto: “moo-erte-ay Deeg-nah.”

Colombia leads the way (And here’s how)

-Colombian courts decriminalized aid-in-dying as early as 1997.

-No other country in Latin America and only six others in the world have similar laws in place. This in a nation that is 70 percent Catholic

(Sources: BBC Mundo and BBC.com)



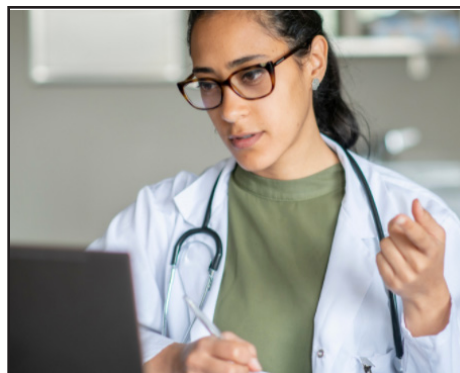
COVID-19: *TeleHealth and TeleMed have become invaluable*

Optional bonus question: What will occur to the impact of tools such as TeleHealth and TeleMed?

BG: “These medical tools are invaluable, as our clients are all over the state and often have no access to doctors who are willing to prescribe. The tools also make it easier for doctors to support our work if they don’t have to drive all over creation to consult on a bedridden patient.

We are always looking for doctors to join our network and this makes it more attractive.”

RW: “Our volunteers don’t use TeleHealth and TeleMed (and I don’t



have experience with either). Volunteers are mostly connecting with clients and support people by phone, and physicians who are helping our clients are mostly using Zoom, WhatsApp, FaceTime, or maybe Skype.

I recently had a virtual visit with a physician using an application accessible through the clinic’s website.”

If you want to submit your opinion, please contact Sebastian Moraga at smoraga@endoflifewa.org

NEWBIES: *From N.Y. to Seattle to Cashmere, EOLWA expanding*

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Ellensburg, or two hours east of Everett.

Lucas will work from Rensselaer, N.Y., just across the Hudson River from the state capital of Albany, and about three hours north of New York City.

“Improving our reach and rele-

vance in Eastern Washington and with people and communities of color will be an ongoing priority.”

Kinney then continued by saying, “We are honored that Sebastian, Lashanna, and Laura have joined our staff team, and that Sunil is joining the board of directors.” Kinney said.

She did not anticipate any further hires for the staff at End of Life Washington in the near future, she added.

On page 6, you might find four quick glances at the new people joining End of Life Washington, including some of their passions and goals for the future: A warm welcome to all!



Your life. Your death. Your choice.

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END OF LIFE READY: *Everybody deserves the chance to die well*

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-ed all discussion to avoid extreme measures to sustain her life if she became ill from something other than her disease, like pneumonia, a heart attack, or an infection.

She would have chosen hospice care instead of curative treatment. She would have been fine talking about dying, and the end of her life. But she never got the chance to tell us, or her doctors, any of these things.

Her care team kept us all focused on keeping her alive.

It is estimated that 8 out of 10 people in our state have experiences just like my mother.

They are never made aware of their end-of-life options when they become seriously ill. And because

of this lack of knowledge, far too many people suffer and die badly.

Even the simplest wish to die at home can be complicated if your advance directives are not clear about what kind of care you expect at the end of your life.

This is why 80 percent of people die in hospitals, even though nearly all of them wanted to die at home.

They aren't given the options of how to make that happen.

It's time to address the lack of awareness around end-of-life planning and end-of-life options.

Everyone deserves a chance to die well.

This is why I'm proud to be one of many volunteers supporting the End of Life Ready campaign to help

educate thousands of people in our state about how to best prepare for and manage their end-of-life wishes.

Join our End of Life Ready effort! We are actively scheduling presentations for community groups for summer and fall 2021.

If you are part of a group that would welcome an End of Life Ready presentation, or would like to suggest a community group to reach out to, please request a presentation at www.endoflifewa.org/ready or contact Rachel Haxtema by writing an email to rhaxtema@endoflifewa.org

If you would like to join our educational ambassador group as a volunteer presenter – contact Rachel or find volunteer information at www.endoflifewa.org/volunteer