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PO BOX 61369 SEATTLE WA 98141

The daughter of Linda Fleming, the first person to use the Washington Death With Dignity Act, wrote the following to Steven Ertelt, editor of the antichoice website, LifeNews.com:

"I realize that your publication has an agenda to push, but your statement, "Linda Fleming…did not want to suffer and become a burden on her family," is incorrect. My mother never was concerned about becoming "a burden … it is offensive, and our family demands a retraction and an apology.

Lisa T. Osborne
Daughter of Linda Fleming

Mr. Ertelt replied: "We already changed this." [No apology was offered.]

Daughter of Washington’s First Death With Dignity Patient Takes Editor of LifeNews.com to Task

C&C has helped nearly 85 percent of the patients who have used the Washington Death With Dignity Act (DWDA). … Many have said that just having the medication and knowing that the option is available provides them with great comfort.

C&C’s longtime Medical Director, Tom Preston, MD, has networked with physicians statewide to educate them about DWDA and provide them with the medical protocol and Department of Health paperwork.

If you are terminally ill and want the option to use the Washington Death With Dignity Act, don’t wait to call C&C. When given an adequate amount of time, we have been able to find participating physicians for our clients. However, we do not maintain a list of participating physicians and cannot provide names of physicians to nonterminal patients.

Like Oregon, many of the patients seeking to use the law are white, college-educated persons. Men and women are equally likely to pursue this option and see it through. The most frequent diagnosis is cancer. Loss of autonomy is documented as the most common reason why patients seek this option. The loss of ability to participate in activities that make life enjoyable, and the loss of dignity. Almost all of our clients are on hospice.

Based on the 2008 Washington mortality rate, the total number of deaths under the DWDA represents approximately 0.1 percent of deaths in Washington this year. The actual number of deaths under the DWDA is lower than we expected, and the numbers are likely to be lower in 2009.

If you are interested in learning more about Death With Dignity in Washington: Safe, Legal, and Rare, please see the following article:

Death With Dignity in Washington: Safe, Legal, and Rare

In keeping with the Oregon experience, the utilization of the Washington DWDA is proving to be safe, legal, and rare.
If your name is printed incorrectly, you wish to have your name changed in our records. We always appreciate feedback and suggestions for improvement.

Robert W. Wood, MD

Now that the Death With Dignity Act is in place, Frans Wery, MD, feels this is a good time to stop volunteering and spend more time with his family and in his garden on the shore of Lake Sammamish.

Virginia Stout, MA, PhD

The author also acknowledges our movement's recent successes and future potential. As one might expect, the writer opposes personal choice in most important life decisions. A believer in intelligent design, he opposes stem-cell research and choice in dying. The vigor of the pledge drive in August 2008, "It's the Summer of Compassion," is very encouraging. The writer states, "I am not a believer in the strength of an idea unless it is an idea whose time has come."

Fred Simons, PharmD

The article bemoans a "creeping cultural shift. It seems Americans are moving out of frank denial and blind fear of death into a position of empowerment and choice in our end-of-life experiences. This is a bad thing, from National Review's perspective.

Patrice C. Smith, CPA

"N is for New" is the title of a recent Huffington Post blog by Virginia Stout, MA, PhD. The title evokes the hope that new battle lines are being drawn between patients who struggle for control over unnecessary suffering at the end of life and authoritarians who would keep control elsewhere.

Steven Ginsberg, MD

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Jonathan Gavrin, MD

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Judith Gordon, PhD

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Len Mandelbaum, Esq.

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Mary Ann Smith, MA

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Mary Ann Smith, MA

You can send a copy of this newsletter to the mayor of your city or your congressperson or your state senator. You can also send a copy of this newsletter to the national organization, Compassion & Choices, by clicking the link below.
Terry Barnett has long advocated for patients' rights at the end of life. During his law practice, he counseled and represented many clients in legal matters involving withholding and withdrawing life-sustaining treatment. He has also served on several hospital ethics committees and authored *Living Wills and More*, a comprehensive guide for advance planning.

His involvement with C&C grew out of his end-of-life experiences, both personal and professional: “There was so much pain and confusion for everyone – patient, family, doctors, and caregivers. I felt there must be a more humane solution.”

Terry has been a member of C&C’s board since 1997. During his first term as board president, he was at the helm when C&C’s board agreed to create the coalition that created the I-1000 coalition. “I was always hopeful that I-1000 would win, but I didn’t expect it to. The depth of feeling people have regarding the issue of personal liberty and their belief in having control of their lives.”

Terry retired from his law practice in 2007. He is a dedicated father to his two very active daughters who are 10 and 17 years old. In his “spare” time, he is learning to play the baroque flute and practices yoga.

Terry Barnett Begins Second Term as C&C’s Board President

Dawna Zullo has the distinction of being the client support volunteer for the first three patients who used the Washington Death With Dignity Act (DWDA). She was at Linda Fleming’s side when Linda became the first person to use the DWDA.

Dawna was drawn to volunteer for C&C after attending a lecture by C&C’s executive director, Robb Miller, in Port Townsend in 2003. She responded immediately to the ideas he expressed and became a client support volunteer.

Dawna purposely selected Sequim as her home base seven years ago. She had been living in Utah but felt she needed to find a home that had natural beauty as well as a supportive community. When she visited Sequim, she knew “this was my place.”

When she’s not volunteering for C&C, Dawna is a fitness buff and avid birdwatcher. Her life experiences as a Colonel in the Army, a deputy sheriff, and the personal experience of the death of her mother and sister led her to believe that we should all be able to make choices about the end of our lives.

Dawna finds great fulfillment and satisfaction in volunteering for C&C. She helps her clients advocate for themselves with their doctors and families and informs and educates other family members and medical providers. “My clients know they are dying, but they often have a specific role to play in their family – as a wife or a grandfather. With me, they don’t have to fill a role. They can, and do, talk freely about their fears, hopes, and the kind of death they want. It’s a sacred time, and the kind of care that they want to have control over.”

Dawna Zullo: Sequim’s Champion for Choice at the End of Life

Academic Research Upholds Aid in Dying

Death With Dignity has no effect on the grief, depression, or mental health outcomes of surviving family of patients when compared to patients who died naturally of cancer or ALS.


When the Death With Dignity Act (DWDA) was first enacted in Oregon, considerable debate focused on whether or not vulnerable populations, such as persons of color or those with limited education, would be coerced into participating in the DWDA. The Oregon data demonstrate that this has not materialized.


Medical Director Tom Preston, MD; Board Member Kay Longhi; and I-1000 spokesperson Nancy Niedzielski at C&C’s 2009 Annual Meeting.

Despite the torrential downpour and power outage, there was a good turnout at the Annual Meeting.

2009 Annual Meeting panel of presenters: Arline Hinckley, Board Member and Client Support Volunteer; Lisa Osborne, daughter of the first patient to use the Washington DWDA; Robb Miller, Executive Director, C&C of Washington; and George Eighmey, Executive Director, C&C of Oregon.

Washington’s Living Will Registry: Use it or Lose It

C&C was barely able to save the Living Will Registry from budget cuts during the last legislative session. But if more people don’t utilize it, we may not be able to save it from elimination during the upcoming session.

If you haven’t registered your advance directives, do it now by going to www.doh.wa.gov/livingwill. It’s free and easy. After you register, you will receive a wallet card, and your documents will be available to your family and medical providers wherever there is internet access.

3 TOLL-FREE 1.877.222.2816 EMAIL info@CandCofWA.org www.CandCofWA.org
The Five Wishes C&C Compares Washington's Most Common Advance Directives

C&C's Advance Directive

Notes
• Designed to prohibit any form of aid in dying.
• The Five Wishes sponsor, Aging with Dignity, has ties to the Compassion & Choices organization.
• The Five Wishes is a good, all-purpose advance directive.
• The Five Wishes have an option for avoiding all life-sustaining or life-prolonging treatment under any circumstances (for the very elderly or people who wish to allow a natural death; e.g., people with Alzheimer's).

Four Wishes

Notes
• Eight pages long including instructions.
• Provides steps toamation and clarity.
• Includes several clearly worded dementia provisions.
• Combines the DPOA for healthcare and healthcare directive.
• Uses clear language about what you want/don’t want and when you want/don’t want it.
• Simple and concise; only two pages long.

Natural Death Act Healthcare Directive

Notes
• Free; download from our website or by request.
• Available in large-print version.
• Contains no antichoice statements.
• Includes an option for avoiding all life-sustaining or life-prolonging treatment under any circumstances (for the very elderly or people who wish to allow a natural death; e.g., people with Alzheimer's).
• Provides more details about what you want/don’t want it.
• Widely available online or from medical providers at no charge.

The most appropriate document for those who want to express

Notes
• Combines the DPOA for healthcare and healthcare directive.
• Uses very specific terminology to prevent subjective interpretation.
• Includes a provision for requesting maximum pain and comfort care,
• Includes an antichoice statement that many people find objectionable. (“If I have been diagnosed as pregnant and that diagnosis is known to my physician, this directive shall have no force or effect during the course of my pregnancy.”)

Vive Le Vie: Washington's Living Will Registry

Notes
• Designed to prohibit any form of aid in dying.
• Cost: $5, and another $5 for the pamphlet.
• Bilingual versions available in 24 different languages.

Five Wishes

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• Bilingual versions available in 24 different languages.
• Most commonly used healthcare directive in Washington; used by hospitals, attorneys, the Washington State Medical Association, Group Health, and many others.

The Ethical and Religious Directives for Catholic Health Care: Five Wishes

Notes
• Designed to prohibit any form of aid in dying.
• Grade: A

Pro or Con

• Comprehensive and detailed; a five-page document accompanied by seven pages of instructions.
• The coma and persistent vegetative state provisions allow you to set time limits.
• Includes a signifi cant amount of medical information (being massaged with warm oils, having your favorite music played, and so on).
• Includes an antichoice statement.

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