Mission Accomplished!

Compassion & Choices of Washington (C&C) delivered on a commitment made more than 20 years ago when Death With Dignity became legal in Washington on March 5.

After three years of hard work by C&C and its I-1000 Coalition partners – Compassion & Choices (national), the Death With Dignity National Center, and Booth Gardner & Associates—Washingtonians overwhelmingly supported the Death With Dignity (DWD) measure by 58 percent to 42 percent. We won across the state and in all but nine rural counties.

Our victory was particularly gratifying for the veterans of the first attempt to pass a DWD law in Washington, Initiative 119. In contrast to the 1991 effort, dignity prevailed over dogma despite the opposition’s fierce antichoice propaganda campaign.

Thousands of committed volunteers gave their time, energy, and money to support patient choice. From gathering thousands of petition signatures to staffing phone banks, their heroic dedication and labor empowered the I-1000 campaign.

I-1000 garnered a stunning list of 18 newspaper endorsements across Washington, including The Seattle Times, Olympian, Vancouver-Columbian, Tri-City Herald, Yakima Herald-Republic, and Walla Walla Union-Bulletin. Major organizations also endorsed the measure, including the Washington Public Health Association, American Medical Woman’s Association, American Medical Student Association, and the Older Women’s League (OWL) of Seattle. For more about how we won, see the Robb Report on page 2.

Following our victory, we immediately began working to ensure proper implementation of the law by the Department of Health, which did an exemplary job. We now have approximately 50 active clients across Washington, with many moving through the death-with-dignity process. As this newsletter goes to press, only three people – all C&C clients – have received prescriptions for life-ending medication.

Dying patients are already benefitting from the peace of mind and comfort provided by the option of DWD. Your commitment to our mission and faith in our efforts made this possible.
How We Won

If you asked the other leaders of the I-1000 Coalition how we won with nearly 60% of the vote, you would undoubtedly get several different reasons and perspectives. Here is my perspective.

Compassion & Choices of Washington (C&C) was certainly a factor. Under one name or another, C&C has been on the ground here for more than two decades, educating the public and advocating for terminally ill patients to be granted autonomy at the end of life. We applied constant pressure for change.

The Coalition was well-organized, and we ran a very disciplined campaign. The effort started years ago, and we raised a war chest of millions from our committed supporters nationwide to finance our effort and to get our excellent TV and radio ads on the air.

Our opponents were hobbled with no peer-reviewed studies or journal articles to back up their spurious claims and had no evidence to support their accusations of abuse in Oregon. They were also up against a mountain of evidence indicating that the passage of the aid-in-dying law improved end-of-life care so much that Oregon is now one of the best places to die in the United States.

Among our opponents, there are many dedicated, rational, and articulate physicians, nurses, hospice administrators, and clergy. I work with these professionals to improve end-of-life care in Washington and have a great deal of respect for them. Fortunately, none of these people were our opposition’s spokespersons.

Instead, we were up against an antichoice person with a disability posing as a disability rights’ activist and religious extremists, such as members of Christian Medical and Dental Association, who tried but failed to cloak their opposition based on moral judgment.

The voters weren’t fooled. When astute editorial board members or audience members asked: “If all the concerns you raised about the safeguards in the law were addressed to your satisfaction, would you still be opposed?,” they either refused to answer or dodged the question, clearly exposing their religious ideologies and antichoice agenda. In contrast, our I-1000 spokespersons were well-informed, calm, credible, and persuasive.

Adding Booth Gardner’s clout, recognition factor, and fundraising abilities to our existing Coalition was certainly a huge factor, as were endorsements from 18 newspapers and strong, bipartisan support, including two other ex-governors, Dan Evans (R) and Gary Locke (D).

We benefitted mightily from the commitment, political experience, and fundraising abilities of our two other Coalition partners, the Death With Dignity National Center and our national organization, Compassion & Choices. Both organizations raised huge amounts of money and contributed major resources to the I-1000 campaign.

(continued on page 7)
Five Ways
You Can Support Our Death With Dignity Law

1 Tell your physician about Compassion & Choices of Washington (C&C) and explain that we have patients who need doctors who will support their choice to use the Death With Dignity (DWD) law. Ask if we can send our physician information packet or have our Medical Director contact her or him to answer any questions. If your physician agrees, please call or send an email with the doctor's name, address, and phone number. We particularly need participating physicians in Pierce and Whatcom Counties; and in Southwest, Central, and Eastern Washington.

2 Support C&C. We ensure that qualified patients are able to use the law and will guide the vast majority who use it through the process. We are the stewards of the law and will protect it from efforts by our opponents to weaken or compromise it.

3 Volunteer to become a C&C client support volunteer. We are in particular need of volunteers in the following areas: Bellingham, Central Washington, the Tri Cities, Vancouver, and Spokane.

4 Be our eyes and ears in your community. If you see an article in your local newspaper about DWD, let us know. If the article appears online, forward a link to info@CandCofWA.org. We also want to know about any presentations or continuing education events concerning the law.

5 Become educated about DWD, and then educate others. Go to our website, www.CandCofWA.org, and click on the “Death With Dignity” tab. Correct misstatements about the law or the use of biased language (referring to DWD as “suicide” or “assisted suicide”) in the media with letters to the editor and educational outreach to journalists. For assistance with this, please contact our office.

Five Common Misconceptions
About Death With Dignity

1 You can wait until the last minute to use the law. It takes time to find two willing physicians, particularly in more rural areas. Even if you already have two physicians, there is a mandatory 15-day waiting period before a patient can acquire life-ending medication. In reality, a three- to four-week wait is more realistic. If you are terminally ill and considering Death With Dignity (DWD), the best time to contact C&C is now.

2 Decisions by hospitals or clinics not to participate in DWD really matter. In 11 years, only one patient in Oregon has ever used their law in a hospital. One of the great benefits of having a law is that it provides patients with the opportunity to die at home on their own terms.

3 Doctors who work for nonparticipating hospitals or clinics can’t assist their patients who want DWD. Although the DWD law permits hospitals and clinics to forbid the physicians they employ from participating on their premises, they cannot prohibit them from participating as long as they do so off their employer's premises and off their employer's clock. In Oregon, doctors affiliated with Catholic health care providers (who always elect not to participate) have assisted more than 40 patients who used their law. The law also prohibits providers from retaliating against or disciplining doctors who participate in good faith compliance with the law.

4 Hospice needs to be involved in planning for DWD. Although C&C believes that hospice is an essential component of excellent end-of-life care, hospice has no legal role in the DWD process. A patient has no duty to inform hospice about his or her intention to use the law. If you believe that your hospice provider would not respect your decision to pursue DWD, it may be best not to inform them.

5 Now that it’s legal, you can speak freely about your intention to use the law. We advise our clients not to reveal plans or details related to using the law to those who don’t need to know. In general, only the members of the “inner circle” – immediate family or other loved ones – and medical professionals who are directly involved should be kept in the loop. Patients should not mention or discuss DWD with physicians’ office staff.
Thanks to the work of C&C, our supporters (who contacted their legislators), and Rep. Jim Moeller (D-Vancouver), who sponsored the legislation that created the registry, Washington’s Living Will Registry will continue, although with significantly reduced funding for promotional efforts.

Because early versions of the budget would have eliminated the registry, this is very good news. People who have registered their documents can continue to rely on the registry to help make their end-of-life decisions known to family and health care providers. Additionally, the state's investment in starting the registry will not be wasted.

People can still enroll online at www.doh.wa.gov/livingwill, but we will need to take more responsibility for spreading the word among our family and friends. If we manage to add a lot of new registrations, it will help us convince the Legislature to restore funding when the economy recovers.

Kate joined our team in early 2008, when she helped us lobby to expand the use of the Physician Orders for Life-Sustaining Treatment (POLST). Following the legislative session, she personally contacted 88 Washington legislators to gather endorsements for I-1000.

Kate also worked closely with C&C’s I-1000 Implementation Committee to ensure the regulations and forms made the promise of I-1000 a reality for dying patients and their families. She will also assist us in defending the Washington Death With Dignity Act from efforts by opponents to undermine or compromise our new law in future legislative sessions.

Kate is a health care attorney who brings a wealth of experience to her work with C&C. The 2009 session was her fourth working with the Washington legislature where she has also represented pro-choice and community health organizations. Previously, she worked with an ethics committee of a 600-bed teaching hospital to resolve conflicts among health care providers, patients, and families about end-of-life decisions.

While studying law at Stanford, Kate published “Crisis of Conscience: Reconciling Religious Health Care Providers’ Beliefs and Patients’ Rights” in the Stanford Law Review. She has remained involved in the discussion of health care refusals in Washington State during the litigation about pharmacists’ rights to refuse to dispense the Plan B emergency contraceptive.

Kate lives in Olympia with her husband, two-year-old son, and two teenage stepdaughters. She enjoys travel and getting outside to hike, ski, and kayak whenever she can find time!

Please thank your legislators for saving the Living Will Registry!
Why I Volunteer: Arline Hinckley, ACSW

Arline Hinckley’s long involvement with C&C includes working on the I-119 campaign, her position as a board member since the mid-1990s, and as a client support volunteer. She was a frequent, eloquent speaker during the I-1000 campaign and continues to speak to groups and associations across Washington, saying that “It seems as though everyone wants to hear more about the new law.” She also volunteers with a local hospice.

Arline earned an undergraduate degree in public health and a master’s degree in social work. Her work history includes working with high-risk mothers and children and eight years as a social worker in a hematology/oncology department. Arline says that her social work experience strengthened her belief that “dying patients should not only have better pain control, but should have control of their end-of-life decisions.”

As an experienced client support volunteer, Arline now mentors and helps train our new volunteers. She also has five active clients, including three in Spokane, two in Bellingham, and two in Seattle. Arline visits every client, saying, “They deserve to be seen in person; it reassures them. It also helps me evaluate whether Death With Dignity is a valid decision for the client.”

Although soft-spoken and shy, Arline became a powerful spokesperson and gifted debater for I-1000. “I found there was a surprising amount of support all over the state,” said Arline. “People who came to listen also wanted to tell their stories. There were frequent stories of difficult deaths that would often end with ‘...and that is why I plan to vote for this initiative.’”

Arline finds that working with C&C’s clients is fulfilling, not draining. “It is so rewarding to help someone to a good death. As a client support volunteer, I get to meet such wonderful people. I often wish I had known them earlier in their lives. Volunteering for C&C gives me a sense of accomplishment and fulfillment. I am very proud to be part of an organization that passed the Death With Dignity law.”

Health Care Agent Needed in Bellingham

We have a client in Bellingham who needs a health care agent (the person named in her Durable Power of Attorney for Health Care) to ensure that her wishes for medical and end-of-life care are honored.

She has no siblings or children, and her closest relative is a cousin in Norway.

If you are willing to be her health care agent, please contact our office, 206.256.2636 or 1.877.222.2816 toll-free.

Client Support Volunteers Needed

Even before the passage of the Death With Dignity Act, we were working hard to keep pace with the demand for our volunteer services. We now have approximately 50 active clients across Washington, and we are getting several new requests every week.

Client support volunteers (CSVs) provide support, counseling, and advocacy for people facing the end of life, including being present at the time of death, if requested. This work is extremely rewarding, and our volunteers are deeply appreciated.

CSVs receive extensive training, mentoring, and ongoing support. We are in particular need of volunteers in the following areas: Bellingham, Central Washington, the Tri-Cities, Vancouver, and Spokane.

If you have ever considered volunteering to work with our clients, now is the time to step forward. Please call us at 206.256.1636 or 1.877.222.2816 toll-free to request a volunteer packet.
Welcome New Client Support Volunteers!

Since our founding, the lifeblood of C&C has been our client support team. We are proud to welcome several new, well-qualified client support volunteers to our team.

**Jenny Polek** is our first client support volunteer in **Spokane**. She works as a real estate broker and has significant caregiving experience, including caring for her mother-in-law who elected to hasten death (with C&C’s volunteers present) after a five-year battle with ovarian cancer. This assuring and private experience was the catalyst for Jenny’s support of the I-1000 campaign and solidified her desire to volunteer.

**Shirley Hogsett** was already volunteering in our office two days a week and staffing our exhibits at conferences when she decided to become a client support volunteer. She is a retired human resources manager and also volunteers as Superior Court-appointed advocate for children. Shirley lives in **Kirkland**.

**Jeannette Jacobson** lives in **Seattle**, but learned about C&C at a 2006 seminar in Portland. “JJ” actively supported I-1000 and volunteered shortly after the November election. Prior to her retirement, JJ worked as an occupational health professional, and she is using her expertise to help us improve our training materials and forms.

**Priscilla Leary** brings 12 years of experience working as a geriatric nurse in nursing homes in the **Snohomish** area, where she learned a lot about supporting people through the dying process. She has also experienced the death of both her parents and her son. Now that Priscilla has retired, it’s our good fortune that she has time to volunteer for C&C.

**Mary Ann Thompson**, who lives in **Woodinville**, has worked for DSHS in Adult Protective Services protecting the rights of vulnerable adults for more than five years. Previously, she worked for ten years with chronically ill adults. Mary Ann assisted both her parents through their end-of-life processes and had long hoped for the passage of the Death With Dignity law.

We could not offer our free client services without dedicated volunteers like Shirley, Mary Ann, JJ, Priscilla, and Jenny. We deeply appreciate their commitment to our mission and welcome them to our team.
In a prior newsletter column, I wrote about the role of the Catholic Church in every previous death-with-dignity initiative effort, stating that the church had funded up to 75 percent of the opposition’s campaign expenses. I wrote that it was the church, not opposition by antichoice disability-rights activists, that would have the greatest effect on the outcome of the campaign.

Yet for some reason, the Catholic Church did not come through financially for the opposition campaign here. Some have said that Proposition 8 (the repeal of gay marriage in California) siphoned off all the money from religious organizations. Others have suggested that large payouts to victims of sexual abuse – more than 2.6 billion in settlements and related expenses since 1950 – and the financial pressures from unresolved claims may have also tightened the church’s purse strings.

But I believe the most likely explanation is the church’s polling told them it would take massive amounts of money and a miracle to win in “unchurched” Washington, and they made a tactical decision not to waste their resources on an unwinnable campaign. In fact, the I-1000 campaign was the first death-with-dignity initiative in American history not to be outspent by the opposition.

Finally, I believe our victory was also due to what I call the “sky did not fall” factor. This was probably best expressed by one of the editorial board members at the Olympian newspaper, which held an unusual public forum to hear from and question representatives from both sides, and then discussed – in front of an audience – whether to endorse or oppose I-1000. When asked for his decision, the editorial board member endorsed and said: “After ten years of a death-with-dignity law in Oregon, surely we would know by now if the claims made by opponents here today were true.” (The Olympian’s editorial board voted by four to one to endorse.)

The sky did not fall in Oregon after the Oregon Death With Dignity Act was enacted in 1997, and the same tired, antichoice propaganda from opponents simply did not resonate with Washington’s electorate.

While we may never know the exact reasons why we won such a resounding victory on November 4, I believe that a cultural shift occurred due to a combination of our relentless advocacy and the Oregon experience.

Washington’s electorate considered I-1000 with an open mind, responded with compassion, and decided that providing a mentally competent, terminally ill adult with the option of a peaceful, humane death was just common decency.
Sorry you haven’t heard from us for a while...
We’ve been busy!

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Doctors Needed!

If you are a physician who practices patient-centered care, and you will honor a qualified patient’s choice to use the Death With Dignity law, please contact our office (1.877.222.2816 toll-free or info@CandCofWA.org). We particularly need more physicians in Pierce and Whatcom Counties; and in Southwest, Central, and Eastern Washington.

Both Attending Physicians (who write the prescription) and Consulting Physicians (who confirm the terminal diagnosis) are needed.

If you have questions about the law or need more information, please let us know, and our Medical Director, Tom Preston, MD, will contact you.

All information provided to C&C is held in strict confidence, and no patient will ever be referred to a physician without the physician’s prior approval.