We Persevere on Behalf of Our Clients
By Dr. Terry Law
EOLWA Board Member and Volunteer Medical Adviser

Many of you undoubtedly read the March 5 Seattle Times article “Northwest doctors rethink aid-in-dying drugs to avoid prolonged deaths,” written by Kaiser Health News correspondent JoNel Aleccia. As Ms. Aleccia’s article indicates, these are interesting times for the aid-in-dying movement as we consider efficacious medications for Death with Dignity. We all want to believe that birth and death are sacred times, unaffected by the vagaries of politics, science, or state budgets. The article points out some difficult truths:

• Protests over capital punishment have led to poor availability of medications known to result in a fast and peaceful death.
• In today’s business climate, drug companies such as Valeant, the manufacturer of Seconal, are free to triple the price of the medication frequently used in aid in dying, leading to costs of over $3000.
• The medical community’s focus on cure over comfort has led to a lack of good science in studying, tracking, or developing medication combinations for patients choosing Death with Dignity.
• In the state of Washington, aid-in-dying medications are rarely covered by Medicaid, which makes it difficult for people who do not have financial resources to consider using the law.

Despite all of this, we at End of Life Washington continue to persevere. Every year usage of the Death with Dignity law increases. We are committed to keeping this option available in Washington for qualifying residents. In the state of Washington, aid-in-dying medications are rarely covered by Medicaid, which makes it difficult for people who do not have financial resources to consider using the law.

Especially important to note is the critical work described across these pages:

Each year, End of Life Washington helps hundreds of Washington residents navigate the intricacies of the Death with Dignity Law. Our skilled, caring Volunteer Client Advisers are involved with 95% of those who chose to use the law. EOLWA also makes numerous presentations around the state to individuals, organizations, hospices and healthcare groups to ensure that everyone knows their rights.

Positive Energy Keeps Driving EOLWA Forward

Much has transpired on the End of Life Washington (EOLWA) front since our Fall 2016 newsletter, most of it positive and energizing, and some of it concerning. Our goal is to keep you aware of it all.

The tireless efforts of our 44 Volunteer Client Advisers (VCAs) definitely top the “positive and energizing” list. As they continue to serve all the residents of Washington State, under the astute leadership of Client Support Coordinator, Beth Glennon, and her assistant, Becky Errera, our VCAs make a significant difference in the lives and deaths of our EOLWA clients. In 2015, 166 residents of Washington State availed themselves of the Death with Dignity Act. Of those, 161 were clients of End of Life Washington.

We have re-envisioned our Volunteer Medical Adviser (VMA) program in order to better serve Washington State physicians seeking information about Death with Dignity protocols. We continue to encourage more physicians, hospices, and medical and residential facilities to support their patients who have terminal prognoses as they explore their options under the law.

To that end, Dr. Dwight Moore, PhD, a Whitcom County VCA and an EOLWA speaker, has developed his “Nurturing Doctors” program, which you can read about in his separate article. We also welcome Dr. Raleigh Bowden of the Methow Valley as our VMA for Eastern Washington, who, with her colleague and friend, Dr. Betsy Weiss, serves our clients “east of the mountains.” Access for eastern Washington residents remains an important priority for EOLWA, one that we will seek to improve in 2017.

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We are steadily approaching this year’s fiscal goal of clearing $525,000 to support our important programs and initiatives – Community Education and Outreach, Client Support, and Public Policy, to name a few.

We are proud of our 44 Volunteer Client Advisers who definitely top the “positive and energizing” list.
It is possible that death with dignity cases may come before different result.

The Senate must press the nominee to affirm that he will not interfere with states' laws which give freedom of choice to their citizens. This issue affects not only Washington and the five other states — California, Oregon, Colorado, Vermont, and Montana — which have legalized aid in dying, but the many other states which are considering passing similar freedom of choice laws for their citizens.

There are many reasons both to support or oppose his confirmation by the Senate, but one area of Judge Gorsuch's history and judicial philosophy must be thoroughly examined. Judge Gorsuch has stated his opposition to laws which permit this, he argues, is immoral.

Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances. 

The Senate will not vote to confirm Judge Neil Gorsuch to the Supreme Court until and unless he unequivocally commits to strict adherence to the text of the Constitution and the precedents of the Supreme Court.

**Death with Dignity, EOLWA Opposes Proposed Change**

On March 7 Senate Bill 5433 was debated on the Senate floor. The final vote was 26 to 23 in favor of amending the bill to include the requirement that prescribing physicians suggest that their patients might hold out for a cure and acknowledge that their lives could be extended. This is a marked improvement over last year when the vote was 34 to 14. We have every hope that this bill, which further complicates an already arduous procedure, will not make it out of committee once it reaches the House Health Care Committee. (If you’d like to view the debate, go to http://tv.wnc.washington.gov/watch/302617051045, and scan until minute 51:53.)

What follows is the inspired testimony from Arline Hinckley, who testified against the proposed legislation.

“Good morning chairman Padden and committee members. Thank you for this opportunity to speak to you about Senate Bill 5433. My name is Arline Hinckley. I am a Board member and Volunteer Client Adviser with End of Life Washington, formerly Compassion and Choices of Washington. I am also a social worker and have spent my career working with terminally ill adults. End of Life Washington provides information, referral, and support for dying clients and their families. This includes discussing all options for approaching the end of life, from continuing care to the option of Death with Dignity. We support the clients in whatever option they choose. If their choice includes Death with Dignity, we are most often with them when they take the final medication. We have no vested interest in using people with the Death with Dignity Act (DWA). What we do is have an interest in helping people have the kind of death they want.

“Since 2008 when nearly 60% of Washington citizens agreed that choice at the end of life should be the right of every competent adult, I have supported over 150 people as they have gone through the process in deciding whether to obtain medications under the DWA, through to the point of death, whether or not they took the medication. I have never encountered a client who did not know their medical prognosis in great detail, or who had failed to fully discuss their options for life-extending treatment.

“People seeking to use the Death with Dignity Act have already had extensive conversations about appropriate and relevant treatment options. They have either exhausted all possible treatments or have decided to forgo further treatment, as is their right. They have already been told their conditions are terminal, which, by definition, means there is no cure.

“To mandate a further conversation about life extension and cure for a person seeking qualification for Death with Dignity is unnecessary – physicians who qualify people for Death with Dignity are already mandated to discuss all feasible alternatives. Cure is not a feasible alternative! It makes no sense to require a physician who is confirming a terminal diagnosis to suggest the patient can be cured. It makes no sense to require that physicians to discuss further treatment when the patient has exhausted all options or has made the very difficult decision to stop treatment. To do so would undermine the patient’s trust in the physician.

Let me tell you about a client of mine – a delightful, bright, and successful businessman. At age 55, he was diagnosed with pancreatic cancer. He chose to undergo a Whipple procedure, a complex surgery involving removal of parts of the pancreas, the duodenum, part of the common bile duct, the gallbladder, and part of the stomach. After a grueling recovery, he did well for over two years. When the cancer recurred, he underwent three rounds of difficult chemotherapy which gave him another year of relatively good health. Another recurrence was then treated with radiation therapy. This was effective in temporarily shrinking the tumors, but by now throughout his body, reducing his pain. Still he persisted, but the time came when the tumors were too big, the pain was too intense. A last but futile attempt was made to open the way to the bathroom, the last straw, and he asked his physician to help him qualify for Death with Dignity.