2021 ANNUAL MEETING

OCTOBER 16, 2021
SATURDAY, 10:30 A.M.-12 P.M.

OUR WAY FORWARD, TOGETHER

REGISTRATION OPENS SEPTEMBER 6 AT WWW.ENDOFLIFEWAM.ORG/ANNUALMEETING

MEETING TOGETHER VIRTUALLY
WWW.ENDOFLIFEWAM.ORG/ANNUALMEETING

INTERACTIVE Q&A AND CONVERSATION FOR CONNECTIONS

GUEST SPEAKERS
INSURANCE COMMISSIONER OF WASHINGTON, MIKE KREIDLER
DR. SUNIL AGARWAL, MD, PHD, FAAPMR
EXECUTIVE DIRECTOR JUDY KINNEY

MORE INFO ON SPEAKERS INSIDE P. 2
Kreidler Brothers Advocate for Greater Access to Physician Aid-In-Dying

by Contributor

For 77 years, Insurance Commissioner Mike Kreidler has been keeping an eye on his twin brother Peter. Early on it was at his mother’s request to watch for seizures brought on by Peter’s pediatric epilepsy. But as they grew older, his vigilance moved from safety, to celebration, watching his brother’s many accomplishments, most especially serving his community. Peter was a highly regarded social studies teacher and leader in education for 30 years and is an invaluable contributor to the Kitsap County library foundation, his church, and his community. But in his 77th year of life, it is Peter’s last act of public service that is most impressive, and most admired by his his brother Mike. With final days fighting for terminally ill patients to have greater access to physician aid-in-dying through Washington State’s Death with Dignity Law; a right he was originally denied several months ago.

Peter’s initial request to have his doctor at CHI Franciscan support his decision to have the option to use physician aid-in-dying was rejected. His doctor explained that it was against CHI Franciscan’s policy to support “assisted suicide” and he was personally against it as he was a Catholic. Not only was Peter denied service because of his provider’s and the institution’s refusal to offer this end-of-life care, but he was also turned away without a referral to a palliative specialist, or another provider in the network who could support his request. With CHI Franciscan being the only option in Kitsap County, Peter was not able to turn to another physician in his area or challenge his doctor. Instead, he turned to End of Life Washington for support.

Through our provider network, physicians were identified outside of Kitsap County who could and would support Peter with his end-of-life choice when and if his quality of life declines to a point where he is ready to choose this option. While this gives Peter the peace of mind he wanted, it gives him no comfort for the host of other terminally ill patients who could be equally turned away and not know how to find the support they have a legal right to receive. A frustration that is fueling his advocacy to mandate a change in policy.

“I can accept the reality that faith-based institutions choose not to provide services for physician aid-in-dying, but it’s unacceptable not to provide terminally ill patients with information or a referral to someone [who] can,” said Peter. “No one dying should suffer the burden of struggling to find access to this end-of-life choice when they are already suffering. This needs to change. And I want to see change before I’m gone.”

“Faith-based institutions and their practitioners have a moral obligation to provide information and referrals for services they will not support,” said Insurance Commissioner Mike Kreidler. (continued on p. 6)
Two years ago we supported two people with their choice to Voluntary Stopping Eating and Drinking (VSED). With a renewed focus on VSED this last year, we were able to support 12 people with VSED.

Did our support for VSED limit the number of people who accessed medical aid-in-dying (MAiD)? No. With the commitment, time, and talent of many volunteer medical and client advisors, more clients were served than ever before.

Did our focus on VSED and MAiD keep us from declaring our support for psilocybin therapy as a palliative care option for seriously ill Washingtonians? No. As we participate in the conversation to include the treatment of anxiety and depression associated with a terminal illness, we improve the quality of choice for all.

Our challenge as a community of supporters and advocates for end-of-life choices is to embrace a reality where we invest in improving current efforts while also making room for emergent ideas, strategies, and needs. Our history and service models enable us to be like other successful movements, such as the HIV/AIDS movement of the 1980’s and 90’s or the current Black Lives Matter movement. These movements have a compelling common goal that guides a variety of pathways to that goal.

Choice and death are so very personal. Our role isn’t to limit people’s options, but to build strong support networks that embrace choice and well-being in our final days. This next year, you will see us fight for increased access for MAiD and for other choices, such as VSED and psilocybin in all parts of the state. You will see us make adjustments to center the end-of-life experiences of Black, Indigenous, People of Color (BIPOC). I hope you join us.

You are essential to our efforts and I hope you continue finding your place in this movement. Together, let’s imagine and work toward a world where access to medical aid-in-dying is normal, Washingtonians are aware of their end-of-life choices, and we support each other at regional and statewide levels.

Thank you! Let me close by inviting you to also support our work financially. Your personal donations are the fuel that keeps us running. Our services are free, and we’re responding to our changing world because individuals like you support us through personal donations.

Thank you for making a personally meaningful, tax-deductible gift to us today.

In the spirit of community,

[Signature]

end of life WASHINGTON

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JOIN US VIRTUALLY FOR AN INFORMATIVE AND EXCITING FORUM.

REGISTRATION, ASSISTANCE WITH ZOOM AND UPDATED INFORMATION IS AVAILABLE AT: WWW.ENDOFLIFEW.A.ORG/ANNUALMEETING

GUEST SPEAKERS:

Mike Kreidler, Insurance Commissioner of Washington
Born and raised near Tacoma, Washington, native son Mike Kreidler has served the people of Washington in elected offices and appointed posts for more than 30 years. From the boardroom of the North Thurston School District to the state capitol and halls of Congress, Mike has represented our state with dedication, while also managing a professional career in optometry.

Sunil Aggarwal, MD, PhD, FAAPMR
Dr. Aggarwal is the co-founder and co-director of the AIMS Institute based in Seattle, WA, a teaching clinic and research institute providing high-quality advanced integrative medical care in oncology, psychiatry, rehabilitation medicine, neurology, pain, and palliative care.
Reduce the waiting period from 15 days to 72 hours.

Expand the definition of attending and consulting providers to include Nurse Practitioners and Physician Assistants.

Protect providers working in religiously restricted health systems to provide Death with Dignity outside their regular employment.

Committee members have also spent the past year drafting a bill to allow people with serious dementia, including Alzheimer’s, to hasten their death by stopping eating and drinking during the last and worst days of their disease. The bill would incorporate EOLWA’s Instructions for Oral Feeding and Drinking, similar to an advance directive, into Washington’s Natural Death Act. The document expresses a person’s decision about when to be offered food and fluids during late-stage dementia, allowing for a surrogate health care decision maker to ensure caregivers honor a person’s wishes to follow the body’s desire to reduce nourishment and die naturally. We intend to have a bill introduced during the 2022 legislative session, with the support of our legislative champions.

As reported to you earlier, the bill to make needed improvements to Washington’s Death with Dignity Act passed the State House of Representatives, with bipartisan support, but failed to make it to the floor of the Senate due to the very crowded legislative session. For the short 60-day session beginning in January 2022, we are determined to pass this important bill. We will be asking you, our supporters, to join Constituent Meetings with your Senator via zoom, to convince them to support HB 1141. The bill’s main objectives are to:

- Reduce the waiting period from 15 days to 72 hours.
- Expand the definition of attending and consulting providers to include Nurse Practitioners and Physician Assistants.
- Protect providers working in religiously restricted health systems to provide Death with Dignity outside their regular employment.

As we informed you in our last e-news update, we contacted the CEOs of 228 hospitals in Washington, reminding them of their obligation pursuant to the Protecting Patient Care Act to inform all medical providers of their right to discuss Death with Dignity with their patients and to make referrals. We have had positive responses from several hospitals, asking for EOLWA brochures to distribute to providers.

Although the Death with Dignity Act was passed by Initiative in 2008, there remain disagreements about how to interpret the law. Seattle Cancer Care Alliance, Kaiser, and the University of Washington have taken a more conservative approach in several cases as to when to start counting for the required 15 day waiting period. Our attorneys have worked with the Seattle Cancer Care Alliance to broaden its policy, and we hope to work with the other two institutions to do the same, consistent with the best interests of the patients.

Public Policy and Law Committee member Hank Balson, with help from attorney Eleanor Hamburger, recently filed an amicus brief on behalf of End of Life Washington in a case pending in the 9th Circuit Court of Appeals. EOLWA Board member Dr. Sunil Aggarwal M.D., Ph.D. is a plaintiff, along with two of his cancer patients, asking the Court to reverse the Drug Enforcement Agency’s denial of the right to use psilocybin therapy under Washington and federal Right to Try laws.

For links and more info on our initiatives, please visit our website.
We envision a world where people understand their end-of-life choices and can die on their own terms, without barriers.

In a world filled with changes and challenges, we continue to uphold your right to the full range of end-of-life choices, including Death with Dignity, through our support, education, and advocacy.

**Support**

End of Life Washington continues to be a national model, demonstrating how everyday people can support their terminally ill neighbors to have peace of mind in their final days through end-of-life choices.

Peace of mind means that within 48 hours, 597 new clients had support from at least one of End of Life Washington’s 70 Volunteer Client Advisors (VCAs) this past year. Working in eight regional teams from Bellingham to Richland and Spokane to Vancouver, VCAs worked safely via phone, Zoom, and in-person to support clients and their families to access medical aid in dying and voluntary stopping eating and drinking.

Seven of ten clients needed help finding at least one medical provider to be a Consulting or Attending Physician. Our Volunteer Medical Advisor Bob Wood and team of volunteer physicians were essential. Thank you!

"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."

–EOLWA Client’s Daughter
Advocacy

End of Life Washington continues to advocate for increased access to end-of-life choices because people with a terminal illness need our support now.

This past year we actively supported HB1141. The bill helps remove three key barriers preventing many eligible people from accessing the Death with Dignity Act:
1. Shortening the waiting time to obtain a prescription.
2. Allowing more qualified providers to support patients who want the option of medical aid in dying.
3. Modernizing the delivery of prescriptions.

We declared our support for psilocybin therapy as a palliative care option through a position statement and an amicus brief submitted to the U.S. Ninth Circuit Court of Appeals in May in support for the application of federal Right to Try laws.

Education

We estimate that at least 8 out of 10 Washingtonians are unaware of their end-of-life options. Through a team of volunteers, End of Life Ready, our new campaign, will help us ensure that every Washingtonian understands their end-of-life options and the importance of advance planning.

ACCOMPLISHMENTS

11 Ambassadors recruited and trained

$82K for EOLR Campaign

1018 participants

29 presentations

Promotional materials ready to share

NEXT STEPS

Recruit and train second cohort of 8–10 Ambassadors.

Present to over 100 diverse community groups across the state to increase awareness of 3000 people.

Finances

Donations from EOLWA’s dedicated supporters ensure that our services remain free and allow us to fight for more end-of-life choices for all Washingtonians.

We are honored to be thoughtful stewards of your financial support, which provides close to 60% of the income needed to increase Washingtonians’ access to and awareness of their end-of-life choices, and the support they need to experience confidence and peace of mind in their final days.

INCOME $1,140,700

INCOME

$574K INDIVIDUAL DONORS

$12K CORPORATE DONATIONS

$12K OTHER REVENUE

$155K INVESTMENT INCOME

$303K GRANTS

$12K FUNDRAISING - EOLR

EXPENSES $784,600

EXPENSES

83% ADVOCACY, AWARENESS AND SERVICES

7% FUNDRAISING

9% ADMINISTRATIVE

Your support helps us to bring our vision to life, even in the midst of extra challenges and changes that the pandemic brought to all of us.
I am very disappointed in the current system. I took it for granted that providers like CHI Franciscan would have a better backstop for patients like my brother raising this question in the face of a terminal diagnosis. We’ve clearly got work to do.”

The two brothers are now tackling this issue head on. Peter is working through his community network to make others aware of the need to carefully choose health care providers that will support one’s end of life wishes. Commissioner Kreidler’s office is doing an analysis of potential rule-making authority, especially with respect to ensuring that enrollees have access to information as well as referrals for death with dignity services, while still complying with the refusal statute (RCW 48.43.065). Long term, the ideal solution would be a statutory change explicitly stating a legislative understanding that death with dignity benefits are covered under current base-benchmark health plan requirements.

The Kreidler brothers’ task will not be an easy one. To date, 51% of providers in our state are associated with faith-based institutions. This number increased in January of 2021 when Virginia Mason merged its 11 hospitals and nearly 300 clinics with CHI Franciscan. As part of the merger, Virginia Mason agreed they would no longer offer services for physician aid-in-dying under CHI’s Ethical and Religious Directives (ERDs). This reality makes persuading or mandating change difficult, but not impossible.

Until policy or regulations are in place, individual patients and their health care agents can take action on their own. With 49% of providers in Washington State still associated with secular hospitals and clinics, patients can essentially start shopping for doctors who can and will support their end-of-life wishes if they were diagnosed with a terminal disease. This could mean accepting all lifesaving treatment available, or none at all. Patients can also ask to be informed about Death with Dignity from providers at non-secular health care facilities. The WA State Legislature passed HB 1608 in 2019, ensuring that health care providers can, if they so choose, provide information and resources about our state’s death with dignity act. This doesn’t require providers to support this law, but it ensures that systems cannot limit their providers’ ability to talk about Death with Dignity.

This is the kind of patient advocacy that is the goal of the End of Life Ready campaign launched earlier this summer. The campaign is a multi-year effort by End of Life Washington to educate citizens of our state on their end-of-life choices and rights - emphasizing the need to select a provider and a care team that can and will support one’s wishes.

For Commissioner Kreidler, his mother’s request to “keep an eye on his brother” has never felt more important. Therefore, he is standing right by Peter’s side to fix a broken system that impacts what his brother cares about the most – his community.

Sadly, since the writing of this article, Peter passed away. His final days were spent with the peace of mind knowing he had the option to die on his terms, a choice he did not end up making, but gave him the comfort he desired as part of his end-of-life journey. Our thoughts are with his family and community.

Want to share your story?
Go to www.endoflifewa.org/sharestory if you would like to share your story with us.

How You Can Help
End of Life Washington

We depend almost entirely on gifts from people like you. Your tax-deductible gift will be used to educate the public, advocate for patients’ rights, and provide services and resources — free of charge — to incurably and terminally ill people and their loved ones.

Donate by Check
EOLWA 9311 SE 36th St, Suite 110, Mercer Island, WA 98040

Donate Online
www.endoflifewa.org/support

Arrange for a Memorial Request
Give a Legacy Gift
Employee Giving Programs
Matching Gifts
Donate Stock
Make a Qualified Charitable Distribution

Contact Judy at jkinney@endoflifewa.org to explore how your financial gift can support choice at the end of life.
Weiss notes that illness, more specifically serious illness, can make life feel out of control. “Knowing they can choose the time and circumstances of their death, if suffering from loss of autonomy or ability to engage in life becomes too great, can provide a great deal of comfort. Empowerment brings peace of mind.”

End-of-life work and being with people as they die “is a privilege and an honor,” Betsy says. “When I’m with families, I’m witness to their grief, but I’m also witness to the peace that comes with having shared that moment of quiet separation from the person they love.”

You don’t need to be a doctor like Betsy, a counselor, or a nurse to be able to serve as a volunteer in this field.

To serve as an End of Life Washington volunteer, you must be able to talk openly about death; a tough task in today’s culture. Humility, self-awareness, teamwork, and the ability to listen, all come in really handy, as well.

“The biggest thing is to leave the chaos of life behind, so you can truly be present when you’re talking with someone facing death,” she says, adding that “taking a moment to slow down and focus on the person you are there to serve before entering the room is helpful.”

To serve as an End of Life Washington volunteer in Eastern Washington, you need to travel long distances, sometimes. The End of Life Washington volunteers east of the Cascades can be counted with very few fingers of one hand.

“We definitely need more people to respond to the requests and calls we get,” Betsy says. “Volunteers come from all types of experiences and backgrounds,” Betsy added, “and that is part of the strength of the volunteers and the work they do. A wonderful thing about being a volunteer is that we are able to share our experience with one another; learn from one another. Another great gift of the work is that it takes you out of yourself. This is not about our choices and what we want; it’s about supporting somebody in what they want.”

Join the Movement!

Help finding a provider is need by 70% of our clients, and it’s higher in Eastern Washington. Want to work with clients directly, present and increase awareness of end-of-life options?

Become a volunteer!

Let’s talk - Call Kathleen: 206-256-1636 or send an email: KDamelio@endoflifewa.org

www.endoflifewa.org/volunteer