

Wisconsin Update

Newsletter of Compassion & Choices of Wisconsin

Vol. 19, No. 4 Supporting the option of aid-in-dying for the terminally ill Dec. 2009

End of Life Consultation Program Guidelines

(This article does not present all of the guidelines, only those regarded of more interest in showing the nature of the program, and none of the safeguards.)

Section I: General Services Provided (Selected Provisions)

1. Counselors and trained volunteers of Compassion & Choices help clients and their loved ones sort through issues related to the end of life, including, but not limited to advance care planning, refusing or withdrawing treatment, hospice and palliative care, symptom management, and spiritual and existential concerns.

2. Any individual with a medically diagnosed illness will be offered information, support, and referral (when appropriate.) Individuals, who are currently in good health and planning for the future, may also receive services to help them confront end of life issues as they arise.

3. Information and support is provided to clients and loved ones in the context of an ongoing relationship in order to adequately explore the full range of end of life issues and options.

4. Counselors and trained volunteers support clients and loved ones as they explore and advocate for alternatives for treatment and comfort. Compassion & Choices does not encourage any one course – the choice rests with the client.

6. All clients will receive supportive counseling appropriate to their needs and the resources of the program. To receive specific information on aid in dying, the client must meet the medical, emotional and social criteria described in Section II.

Section II: Counseling & Support for Aid in Dying (Selected Provisions)

1. Information regarding the specific methods involving life ending medications is provided only to those clients who, in the judgment of the counselors and team, demonstrate a rational, voluntary and considered approach to end of life decisions. These clients must be:

a. Terminally ill. A physician has diagnosed the client's condition as terminal, i.e. the client suffers from an incurable and irreversible condition, which, according to the physician's best medical judgment, will result in death within a reasonable period of time, despite continued treatment. There is no requirement that the client's prognosis for death must be six months or less.

(Continued on page 3, **Guidelines**)

Shirley Williams Leaves Board: Other Board Members Re-elected

Shirley Williams has been a dedicated member of the C&C of WI Board of Directors for over 3 years. She has diligently handled the publicity for our membership meetings and rarely missed a board meeting. We will miss her. Shirley will continue handling publicity from her home base in Ripon. Other members of the Board reenlisted for another tour

Compassion & Choices of Wisconsin Board of Directors

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Allen Birmingham.....(608) 346-5710
(abirm@charter.net)

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(smwester@mac.com)

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(destucki@tds.net)

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(bdoven@charter.net)

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(dickgrum2@yahoo.com)

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Karen Deiro..... (414-282-3249)
(kdeiro@aol.com)

Newsletter Editor

Jim Greenwald(608) 233-7867
(cantlongreenwald@tds.net)

Program

Warren Olsen(608) 845-7972
(wolsen@chorus.net)

Member-At-Large

Anne Zimmerman.....(608) 745-1530

of duty and were re-elected to the Board for another year at a recent meeting.

Board Acts on Legislative Program: Death with Dignity or Patient's Right to Know?

At its September meeting, the Board, after a long discussion, entertained 3 motions relative what type of bill the chapter should support. Jim Greenwald moved that we support a death with dignity bill and that we not support a patient's right to know bill. The motion failed for the lack of a second. Dawn Stucki moved that we support a patient's right to know bill. Seconded and passed. Susan Wester moved that we support a death with dignity bill. Seconded and passed. The upshot of the board's action is that we support both kinds of bills. To date, Sen. Risser has not introduced his death with dignity bill and we have not found a sponsor for a patient's right to know bill. Any member or supporter who would like to help push our legislative program should contact Jim Allen at (608) 233-8798 and join his legislation committee.

Calling All Members and Supporters in Door County

A Surgeon Bay member has told us she would very much like to attend membership meetings, but can't make the trip.

Members and supporters in Door County, who are interested in starting a discussion group in the county, should let us know of their interest through our post office address so we can pass on their names and telephone numbers to our Surgeon Bay member.

We will provide a CD and printed material from membership meetings.

(Guidelines, continued from page 1)

b. Mentally capable of making an informed decision. The client is able to state the consequences and alternatives to hastened death and is able to weigh the risks and benefits of the choices they make.

c. Receiving medical care. The client has ongoing contact with a health care provider and is aware of treatment and comfort care options. Clients without medical care will be referred to agencies to assist them in finding care within their community.

d. In conversation with intimate loved ones. Close family members, most especially those living with the client, are aware that the client has contacted C&C and has expressed an interest in exploring all their options for a peaceful death.

2. Clients who are not terminally ill but meet the other criteria listed above may be counseled on accepted methods to control the manner and timing of their death, including refusing or withdrawing medical treatment, stopping eating and drinking and total or palliative sedation.

3. Clients who are not in the terminal phase of their illness, but meet the other criteria listed above, may be counseled on specific methods to hasten death with a life ending medication for future planning and peace of mind only after the case is reviewed by the EOLC team.

4. Specific information regarding the means to hasten death will be provided only in the context of an ongoing relationship with the client and after a determination that the above criteria have been satisfied.

5. The request for information needs to originate from the client. When the client is unable to speak, every reasonable effort will be made to communicate directly with the client.

Report on September Meeting: Earlier Catholic Traditions Favored Humane Treatment of the Dying

Dr. Dan Maguire is a Professor of Theological Ethics at Marquette University and author of *Death by Choice* (1976).

One basic principle that Prof. Maguire focused on in his presentation was that when someone is already dying, it is right and appropriate to make it a good process. This of course does not cover all situations, but it is a good start.

It was instructive to hear him



Betty Dovenbarger, a Chapter Board Member, and Dan Maguire of Marquette University

tell stories of dire human situations, where caring human responses were available under older teachings. In 1878, the older teachings lost their sway to reaction and the new doctrine of papal infallibility.

Many of those present, who were not aware of these older traditions, were grateful to hear these words of wisdom articulated by the gracious voice of Dr. Maguire.

Brian McCarthy

Editor (Aug. 29, 2009)

You asked in the last issue of the newsletter to let you know our feelings about future death with dignity legislation. I believe that our efforts have been the right ones. Right is right and I trust and hope we will continue.

Thoughts went through my mind of the slavery issue and how Quaker efforts in 1790 to petition the House calling for our new government then to put an immediate end to the African slave trade which would have been the first step in ending slavery. They didn't have the votes then and a long period followed where right wasn't done. We have been pleased in retrospect that the cause never ceased and right eventually was done.

With Kennedy's recent passing I also thought of his eloquent call for those of us who want right done, "For all whose cares have been our concern, the cause endures, the hope still lives and the dream shall never die."

Oregon's success should hearten us and the new two states as well. Right will ultimately be done.

Sincerely,
Bernie Hughes,
Superior

(Bernie Hughes was a volunteer in the Hemlock Society Caring Friends Program and a member of the Hemlock of Wisconsin Board of Directors.)

To Whom It May Concern (Oct. 12, 2009)

I am writing to tell you that I do not agree with your organization. I am a Catholic, and I believe that every person has the right to life from conception to the point of natural death. Euthanasia and assisted suicide deny people that right. Even if a person agrees to be euthanized, they are denying themselves the final stage of life. They have no chances to mend broken relationships with loved ones or live out the ends of their lives as God willed them to.

Your organization wants to build a society that is tolerant of giving the terminally ill the "right" to end their lives. There should not be a right to death. Human beings have the right to life. Death is something that is meant to be completely out of our hands. Only God has control over each person's death. Any other causes of death are murder. Therefore, euthanasia and assisted suicide are murder. The title of your organization is "Compassion and Choices." However, euthanizing people and helping them die is nowhere near the definition of "compassionate." To be compassionate is to understand what a person is going through and try to help him or her, not murder them.

Peoples' lives should always be put first. Your organization is putting their deaths first. If people accept euthanasia, they will widely accept other immoral issues that end lives, such as abortion and capital punishment.

Sincerely Yours,
Jenna Fanduzzi

Honor Roll of Supporters Who Gave to the September Fund Raising Appeal

Twenty-three supporters gave \$657, including:

Mary A. Brandt	Ripon
Helen Bruner	Madison
Lucille Eckels	Bayfield
Mervin Farmer	Appleton
Mr./ Mrs. Leslie Gunter	Appleton
John & Judith Hanson	Madison
Tom Hickinbotham	Mukwonago
Wm. H. Kuehl	Kewaunee
Gerda Lerner	Madison
Eugene H. Messal	Cable
Marilyn C. Nelson	Madison
Eugene Oertel	Maple Bluff
Richard Outland	Racine
Winifred Thrall	Shorewood
Robert Van Susteren	Milwaukee
Percy Werner	Milwaukee
Sally West	Prescott
David Zierath	Madison

Thank you to all those listed above, and to the other supporters who gave, for your generous and continuing support.

End of the Year Fund Raising Appeal: Another Challenge

A challenge has been thrown down by one of our members, who promises to contribute \$2,000 to our chapter if other members and supporters will in the aggregate make donations equaling that amount.

Donations to the C&C of WI are deductible for federal and state income tax purposes.

Please send you donation in the enclosed envelop and indicate on the enclosed card whether we may print you name and the name of your community in our next newsletter.

Compassion & Choices Membership Form	Yes! I want to join Compassion & Choices *	
	___ \$45 Individual ___ \$60 Couple ___ \$450 Life Member ___ \$600 Life Couple Member	
	<i>Please supply complete address:</i>	
	Name/s _____ Address _____ City _____ State Zip _____ Telephone () _____ E-Mail _____	Make Checks Payable to and Send To: Compassion & Choices P.O. Box 101810 Denver, CO 80250-1810 Or Call: 1-800-247-7421 Visa or MasterCard accepted. Dues are not tax deductible. Do not send dues to the Chapter's mailbox in Madison.
* The payment of dues includes your membership in Compassion & Choices of Wisconsin . You are invited to call 1-800-247-7421 if you cannot afford the \$45 membership. Every effort will be made to accommodate your circumstances.		

Dr. Jeff Gordon, M.D. Calculates the Astronomical Cost to Medicare of Prolonged Deaths.

Dr. Gordon, a hospitalist at Grant Medical Center in Columbus, Ohio and author of *A Death Prolonged* says the system is not saving lives. "We're torturing patients by prolonging their deaths. And the cost to society is astronomical."

He cited a study published in the *New England Journal of Medicine* in 1993. It found that about 30 percent of Medicare dollars are spent during the last year of life, and half of that is spent during the last 60 days. In 2009 dollars, Dr. Gordon calculated, that amounts to \$70 billions a year, much of it spent on futile care that prolongs suffering.

Jane E. Brody, *New York Times*, 8/18/09

Our Questionnaire for Members and Supporters Has Only 8 Questions: Please Fill It Out and Send It Back

You will find in this issue of the newsletter a single white sheet of paper with 8 questions. It is a questionnaire that gives you an opportunity to express your interest in volunteering to work on a C&C of WI committee or in other ways use your time and talents to advance the cause of death with dignity.

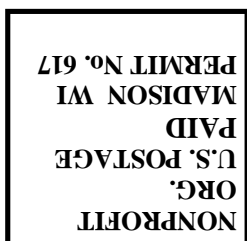
The questionnaire can be filled out very quickly. Instructions at the top of the questionnaire indicate how it can be folded and made ready for the mails.

Please let us hear from you.

See address label for your membership expiration date.

www.compassionandchoiceswis.org

**Compassion & Choices of Wisconsin, Inc.
P.O. Box 55276, Madison Wisconsin, 53705-9076**



To Our Compassion & Choices of Wisconsin Members and Supporters

We are desperately in need for our members and supporters to make a commitment to become more active in the chapter and volunteer their talents to the chapter in ways large and small. Please fill out this page, fold it along the lines on the reverse side, staple closed and return it to C&C of WI, P.O. Box 55276, Madison, WI 53705-9076.

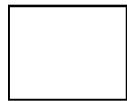
Questionnaire

1. Name _____
 2. Address _____ City or Village _____ Zip _____
 3. Has your interest in C&C been prompted by any of your relatives or friends dying a painful and protracted death? _____
 4. Have you asked your relatives and friends to support the option of physician aid in dying for the terminally ill? _____
 5. Have you asked your relatives and friends to join Compassion & Choices of Wisconsin?

 6. Will you volunteer to work on a C&C of WI committee? If so, please list what kind of work you would like to do. _____

- Please give your email address or telephone number and the best time of day to be contacted. _____
7. Would you be willing to write to your local newspaper regarding aid in dying issues or to attend public events regarding those issues? _____
 8. What should C&C of WI be advocating and doing to win the public to the cause of physician aid in dying for the terminally ill? _____

(Information you give will be regarded as confidential and will not be disclosed to anyone other than the C&C of WI board of directors)



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Madison, WI 53705-9076
