A DISCONCERTING TREND: HOSPITALISTS

Until recent years, your family MD would be your mainstay in the hospital, visiting you as needed, insuring that “memory” followed you throughout your stay. S/he would review your chart, make notes, contact specialists, talk and listen to you.

The physician at your hospital bedside today is likely not your familiar doctor. Hospitals across the country are increasingly using hospitalists (“H.”) to manage your care throughout your stay. They are contractors hired by the hospital: physicians who, on salary, monitor and treat other doctors’ hospitalized patients. They communicate with specialists, decide whether or not to order lab work and procedures, oversee the patients’ entire hospital experience.

There is a concept in management called “institutional memory.” We are losing institutional memory at the most critical time in a patient’s situation: at end-of-life, when the patient often cannot speak, and care is being transferred to people who—through religion, conscience or whatever—follow their own values. Under those circumstances we have little chance to intervene or make other choices.

Depending on the policy of H. and the specific hospital, your Primary (“P.”) will likely not be visiting you. You will no longer be subject to his personal care and oversight. H. will inform him “periodically,” based on H.’s discretion. “Memory” about you will likely be restricted to reading notes and records. All the discussions you shared so intimately with P.-- if part of your written record-- may be perused quickly by H., then decisions made on that basis. And when his shift ends, another H. replaces him, reading charts anew.

We in the end-of-life movement understand well that all states have some version of the “religious and ethical objections” that allow MDs or other health specialists (nurses, pharmacists, etc.) NOT to honor care they disagree with. State abortion laws are a good clue as to how D-w-D issues will be handled legally. A N.J. hospital that does provide abortions tried to mandate that some OB-GYN nurses take part in abortions, against their beliefs. The hospital lost. Those bound by religion or conscience prevail, depending on the states’ specific laws.

Will the hospitalist read your ADs? Possibly, maybe even probably. Will he honor them? Depends on his philosophies and the particular institutions.’

That conversation you had way back with P.? Out the window. You never had a conversation with H. and are unaware of his ethical principles. But on the hospital records, H. is your physician. The patient might request a different hospitalist to be assigned, but sometimes end-of-life decisions occur very suddenly...And alternate hospitals may not be suitable choices.

There’s more. In larger hospitals and cities, hospitalists are Board Certified in all manner of specialties. You want to see your specialist? H. makes that decision. And if he himself is a “specialist”?

We FEN enthusiasts had interviewed potential physicians carefully, to self-select those in agreement with our views. But the hospitalist movement has rendered their views irrelevant. A stranger is at the bedside, managing your case. He doesn't know your views. And you don’t know his. Hopefully, he will ask. And so will you, if you

(Continued Next Page)
The author wishes to remain anonymous.

These drastic changes in patient care are, to say the least, upsetting. We need to educate ourselves in advance, through questions to our own doctors, to the hospital, and, upon admission, to the hospitalist, if there is one. (He may have other titles, like Care Manager, etc.)

Check the following websites.

www.the-hospitalist.org/details/article/187627/The Religious Divide.html
From NYC: United Hospital Fund 1411 Broadway, 12th floor New York, NY 10018 ; tel: 212.494.0700 fax: 212.494.0800
Google “hospitalist” and browse. Most inclusions are rosy trade publications for hospitalists and hospitals. Many offer job openings in this fertile field.

Please readers, share your research and experiences with us. We are all learning.

Editor: newsletter@finalexitnetwork.org

GREEN VALLEY AZ AFFILIATE PULLS ANOTHER BLOCKBUSTER

John Fanning and his Southern Arizona Affiliate Team presented a meeting in Green Valley, 11/28/12 to a packed house of over 200 people. Fanning spoke on “Why FEN?”, the exit guide program, and the need to increase membership. Team member John Abraham defined “a good death.” Members Diane Blair, John Spangler and Gary Morris shared why they had joined FEN. Each was asked to submit a brief personal statement for the newsletter. Two follow below.

From John Spangler: “I joined Hemlock in the mid-90s, saw it through a name change and a merger or two, eventually becoming Compassion and Choices. C & C didn’t feel like home to me; we differed philosophically on goals and style. Their aim for legalization of PAD (Physician-Assisted Dying) was admirable, but people wishing to self-deliver, who couldn’t wait for legislation, were being neglected. Besides, Derek Humphry and Faye Girsh were suddenly gone. I felt bereft. Then an old man- now older still!- I saw the handwriting on the C & C wall, and it said no.

“When FEN was born about 5 years ago, I left C & C, sent in my check, and joined. Their goals were mine too; I had found a home. I love the exit guide program. I love that FEN services are not limited to terminal people and thus support Alzheimer’s and ALS sufferers and a host of others. Even those states in which PAD is legal do not address those years of misery, tragically. When my time comes, I hope to have an exit guide present to provide compassion and support.”

From Diane Blair: “I cannot describe the peace of mind I have experienced since joining Final Exit Network. I face the future with much less fear, knowing that when the time comes to leave this world, when I have filled out all the documents and met the requirements, I will have the comfort of a trained and compassionate exit guide by my side. There will be “a friend” in the room…

“I have seen what others go through, warehoused in nursing facilities— some way too early—just wanting their suffering to stop. Quality of life? Gone. Options? None known, other than violent ones: guns and ropes. Not thinkable. Endless misery 24/7. Even pills- who knows how that “solution” would play out? Perhaps in a live body with a dead brain?

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Final Exit Network’s profile was high at the American Public Health Association’s 140th Annual Meeting and Exposition in San Francisco, 10/27-31/12, on “Prevention and Wellness Across the Life Span.” With the flood of 13,000 attendees, a parade to honor them, the joy of the Giants’ World Series win, and costumed revelers carousing everywhere, San Francisco was a big carnival.

Thousands of visitors to the Exhibition stopped by the Final Exit Network booth, where Colleen Brokaw coordinated the Network’s volunteers. Staffing the booth and greeting visitors were Dick MacDonald, Schera Chadwick and Sheila Redd, president Wendell Stephenson, volunteers Julia Hanway Rivas and Claire Carlevaro, and FEN’s General Counsel, Robert Rivas.

There were hundreds of small workshops, presentations and panel discussions. In one of them (in which Schera Chadwick had engineered our participation), “Weighing Rights to Choose at the End of Life: Major Points of Consensus and Disagreement,” Robert Rivas made a presentation on the Network’s litigation efforts. Planners had underestimated the attendance for that event; the 50 seats filled quickly. Many hopefuls were turned away at the door.

Rivas explained the Network’s efforts to roll back government restrictions on the free speech rights of its members and Exit Guides as they seek to communicate about self-deliverance.

“It was gratifying to see that Final Exit Network’s messages and methods are accepted among the health care professionals, academics, administrators, educators, researchers, epidemiologists, and others involved in the APHA,” Rivas said. “Over the years, the idea of hastened death has come to be respected, even by those who disagree.”

President Wendell Stephenson shared his highlights: “Two one-on-one conversations were most meaningful. I spoke with a health care worker, a Ph.D. candidate taking a course on death and dying, in which a somewhat garbled version of Sharlotte Hydorn’s story (the 93-year-old woman against whom the FBI staged a raid for making exit hoods) had been aired. I cleaned up the errors, then engaged this professional woman in an intense discussion of what we do. She took my card, enthusiastic about publicizing our materials and our website in her class.

“My second face-to-face was with a young heart-transplant recipient who had previously suffered serious cardiac ailments her whole life. She is doing fine now, she said, but should her current heart give out, she would end her life. She was glad to know of us, asserting that FEN and transplant organizations have mutually-reinforcing missions.”

And from Dick MacDonald, M.D.— “Hearing the personal stories from many who stopped to accept our brochures, of their loved ones who had died from illnesses we know so well, re-inspired my own dedication to our mission. The younger inquirers were especially significant; they’ve been following the issue of end-of-life autonomy and are encouraged by the changing legal climate. Many thanked us for being part of that forward motion, stating how important our work is to theirs in the public health sector.

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It was good to meet and share thoughts with the new Northern California Director of Compassion and Choices and with a physician volunteer from that group.

Dick MacDonald, M.D.

Mom might have Alzheimer’s. She’s getting tested. I read Final Exit and passed it on to her. Thanks for the truthful information. The book inspired a candid conversation with our M.D. and lawyer.

I think I’m going to have DNR tattooed on my chest. (Name illegible)

My brother recently asked me what I wanted for my birthday. I told him that a lifetime membership to Final Exit Network would delight me. Therefore, enclosed is a check for a $500 in my name as a new Life Member. The tax-deductible receipt should be sent to my brother, ___Jordan.

You do such good work. We need you more now than ever. Sheryl Jordan

“My son, after eight years of increasing agony that could no longer be alleviated by medication, chose to use the information gleaned from Final Exit Network and, with great courage, left us six years ago. Leaving was difficult—he had two home-schooled sons 7 and 9 and a deeply caring wife, but the choice of starving to avoid excruciating pain, or eating and suffering, became unbearable. What little sleep he experienced brought horrendous nightmares.

“I did my grieving when my son was alive. His death meant that he is no longer in pain and at peace. Not a day passes that I do not think of him. I pray that, if faced with a similar situation, I will have the option and the courage to follow his example, with no fear that those I leave behind will face legal or any other kind of harassment.” Marion E. Scoular, Atlanta;”Final Exit,” 3/10. Submitted by Tara Hands

I have been a member since 2007 and receive all the newsletters. I am always so impressed by the quality of the authors’ writing and am proud to belong to such a compassionate and dedicated organization. If my cancer returns and says “Gotcha!” I am comforted knowing that guides will be there for me. We are beginning an era when more and more suffering people will recognize that they have options, and our organization will have provided that comforting knowledge.

Diane____

I hereby want to become a member of FEN. Thank you from the depth of my heart for your gift to humanity. I have been the caregiver for several beloved friends who passed after unimaginable suffering. With gratitude, Tamara D.

From the Philadelphia Inquirer 12/18/12: “Alzheimer Diagnosis’ New Issues: A test may offer a better way to know. Once you know, what then?” My brain started composing a response letter: What then, indeed. If I get a positive test, I’m outa here. I have FEN. The article continued: “A patient strode into the [geriatric neurologist’s] office soon after the FDA approved the new procedure and asked for the ‘Alzheimer test.’ [In one hand he held an article about the approval of the new drug. In the other he held a document from a right-to-die group. If the test were positive, he told the doctor, he would get his affairs in order and kill himself within 60 days.”]

So there was no need for me to write that letter! Lee Vizer
NEW AFFILIATE IS LAUNCHED: DEREK HUMPHRY SPEAKS

October 20, 2012, Medford, Oregon, sponsored by the new Rogue Valley Affiliate of Final Exit Network and the Medford Unitarian Universalist Church

Judith Stevens and I had done our homework, guided by the able leadership of Rosalie Guttman, chair of affiliates for Final Exit Network. We had poured publicity throughout the greater community, intent on providing speaker Derek Humphry with an audience worthy of his stature. We had lined up a large auditorium, and the event was free and open to everyone.

I never expected Derek to agree to speak to our newly-forming affiliate on end-of-life issues, but he did! He and wife Gretchen did not exactly live around the corner; from Eugene to Medford, Oregon was a four-hour trip south. I was so eager to meet this amazing man, whose name has been a household word for the past twenty or more years. It was probably no coincidence that the first law passed in the U.S. allowing physician-assisted dying happened in Oregon, in the sphere of his pioneering influence.

On the big day there were 65 audience members. They looked like a good-sized group to me. We were neophytes, and I was proud of that turnout.

How would he begin his talk, I wondered, when he had a lifetime of experiences and achievements to draw from? He began, logically, with his own difficult initiation into the world of death-with-dignity. His beloved first wife, Jean, had been suffering from incurable breast cancer and wanted to die when she was ready. He promised his help, and he kept his word, later courageously writing the experience into his first book, Jean's Way, in 1979. Final Exit, published in 1991 and now in its 3rd edition, proved a runaway best-seller and demonstrated that the world had more than a passing curiosity about peaceful dying.

Derek spoke of his involvement with Final Exit Network, describing the work that we do, the split from Compassion and Choices, and the difficulties with lawsuits in Georgia and Arizona. Audience members wanted to know about specific medications, the helium hood, and the current difficulty of acquiring barbiturates. They lingered afterwards asking questions and listening to his answers to others, eagerly purchasing his Final Exit and his newest book, Good Life, Good Death.

Judith and I hosted Derek and Gretchen at dinner afterwards, finding him humble and easy to talk to. He acknowledged a sense of satisfaction in knowing that his book, his name and his vision will endure past his own lifetime.

Dee Evers Co-Founder Rogue Valley Affiliate

My introduction to death and dying began with my grandfather's (peaceful, at-home) death when I was 10. Mom brought home a puppy, saying that God always traded a life for the one he took away. Smart woman. Some years later, I discovered Kubler-Ross. Fast forward, through the birth of my children and my volunteering under Peter Goodwin to pass Oregon's ground-breaking legislation, to my discovery of Final Exit and Derek Humphry.

So I was finally about to meet Humphry, at the first event of our new FEN affiliate. I wondered about this man who had spearheaded so successfully the issue of self-deliverance. Suddenly this soft-spoken gentleman arrived. He checked out the venue and approved of all the stage arrangements. Then, there he was, sitting on the edge of the stage, swinging his bare feet...like Huckleberry Finn! So relaxed, unassuming. A magic moment for me.

(Continued Next Page)
Despite his world-renown, his story revealed a gentle man totally committed to the cause of death with dignity and self-deliverance. No arrogance, no ego. The descriptions of his first wife’s end were heart-felt, moistening more than a few eyes in the audience. It was such an inspiring presentation for us who had come hoping to develop into a working tool to serve those in need at the end of their lives.

Dee and I had the luxury of hosting Derek and Gretchen for dinner, enjoying the bonus of a personal, up-front, private discussion in which the man and his cause became even more real.

One of our attendees had stated my sentiments exactly. Seated on the very back row, she was asked if she wanted to move up. Her answer: “It is such an honor to be in the same room with Derek Humphry. I’m fine.”

Judith Stevens Co-Founder, Rogue Valley Affiliate

I was impressed with the thoughtfulness and sincerity of the leadership in creating this event, and in their hospitality toward Gretchen and me.

Some in the assemblage were stalwarts from the then Hemlock Society in the 1980s!

The Rogue Valley Affiliate of Final Exit Network is up and running!

Derek Humphry

Note: The new Rogue Valley Affiliate held its 2nd organizational meeting on October 27th, 2012. A third meeting was held December 1st, and they will continue to meet monthly “to learn, share ideas, bring in speakers, films and videos and grow together in trust with like-minded friends.”

Judith Stevens Co-Founder, Rogue Valley Affiliate

WHAT NOBODY EVER TOLD YOU ABOUT ADVANCE DIRECTIVES

Most of us will die some sort of managed death. Hopefully, we ourselves will be the managers. But too often advance directives are, in fact, not honored. It is critical to have someone supportive of our wishes as an advocate with health-care power of attorney. (Some states call that person a proxy, agent, advocate, surrogate, etc.).

When given hypothetical situations involving imaginary patients with living wills, nearly two-thirds of 117 doctors said they wouldn’t follow the orders. They were most likely to diverge from the documents when confronted with family members with opposing views, or patients with hopeful prognoses.

We are fighting for all advance directives to be honored. It is our life and our death. The primary reason given for not following an AD, according to Howard Brody, bioethicist at Michigan State University, is that the directive is not followable: “Too ambiguous, unclear.” There’s also the possibility of convenient “confusion” on the part of the care provider, who may have a different agenda, influenced by a profit motive, religious bias, or fear of litigation. Also, to many healthcare professionals, who have been trained to sustain life, death is failure.

The documents themselves are often confusing, contradictory and plentiful: Mental Health Power of Attorney, Living Will, Do Not Resuscitate (DNR), POLST (Physician Orders for Life-Sustaining Treatment), Directions for Disposition of Body at Death, Durable Health Care Power of Attorney.

(Continued Next Page)
About Advance Directives – Continued

Remember these guidelines:

Decline any treatment or procedure you don’t want. That is your right.

Introduce your advocate to caregivers ahead of time.

Have two original documents, signed in non-black ink: one for you, one for your advocate.

Give copies out generously to key family members and friends, primary doctor, official hospital advocate-- if there is one-- personal attorney, preferably one familiar with elder law.

Keep copies in multiple personal sites at home in a safe, and purse and car. Do not put these with your will; that’s accessed too late.

Documents are state-specific. If you’re a snowbird, get both states’ documents. Requirements vary; fill out both. Get them witnessed and notarized.

Review, initial and date your documents frequently to show consistent, rational thought, not spontaneous impulse. And your circumstances may change.

If institutionalized, insist that your papers be put at the top of the medical chart daily.

If your wishes are not being followed, you have recourse: patient advocate, ethics committee, hospital administrator, even court.

John Abraham

In A Minnesota Courtroom, 12/18/12

Final Exit Network made a powerful presentation to a Minnesota court on Tuesday, December 18 in favor of dismissing a criminal case against its volunteers, arguing that the law violates their First Amendment rights.

The Final Exit Network corporation, two former presidents, a former medical director and a former case coordinator were named in a 17-count indictment filed last May in Dakota County District Court, charging them with “advising, encouraging or assisting” in a “suicide,” aiding and abetting, and tampering with evidence at the scene of a death. The charges arise from the May 30, 2007 self-deliverance of Doreen Gunderson Dunn, 57, a resident of Apple Valley.

District Judge Karen Asphaug held a hearing in Hastings, a small town near St. Paul, on several motions filed by the defense team. FEN board members traveled from California, Florida and Ohio and slogged through the snow to show support for the indicted volunteers, along with about 10 FEN locals and a law professor and his student, who dropped in – wearing FEN lapel pins – to see a “right to die” case in real life.

The main argument was over the constitutionality of the Minnesota law. Though Final Exit Network acknowledges that it is constitutionally permissible to criminalize actual, tangible “assisting” in a “suicide,” the organization maintains that the law violates the First Amendment-protected right to freedom of speech by also prohibiting “advising” about “suicide” or “encouraging” a “suicide.” Though Final Exit Network’s protocols prohibit both

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behaviors, the statute’s language could be construed to prohibit giving information, education, and moral support, which FEN does.

“The prosecutor seemed to be saying Final Exit Network’s speech was not protected by the First Amendment because it was ‘integral to a crime,’” FEN’s president Wendell Stephenson, of Fresno, California, said after the hearing. “This made no sense, because our speech itself was the crime. It was not a means to some other crime. Suicide is not a crime. So what crime is our speech ‘integral’ to?”

Puzzling over the meaning of the statute, Judge Asphaug pointedly asked the prosecutors whether Pulitzer Prize-winning playwright Tony Kushner broke the law in writing The Intelligent Homosexual’s Guide to Capitalism and Socialism with a Key to the Scriptures, which debuted in MN and moved to off-Broadway. When the elderly, disillusioned protagonist states his intent to die, the widow of an old friend gives him a graphic explanation — “with props,” the judge exclaimed — of how to terminate his life. Judge Asphaug said she had seen the Kushner play’s debut in 2009 and was left with an indelible memory of the graphic scene.

The prosecutor said Kushner and the producers did not break the law because they did not “intentionally” target the information at a person who was “actively contemplating” his or her own “suicide.”

No rulings were announced at the hearing. The judge said she would enter written rulings as soon as possible.

FEN’s former case coordinator Roberta Massey, 67, of Bear, Delaware, is represented by Ronald I. Meshbesher, “dean” of Minnesota criminal defense lawyers. Former president Ted Goodwin, 66, of Punta Gorda, Florida, is represented by John Lundquist, a white collar criminal defense specialist. FEN’s former medical director, Dr. Larry Egbert, 85, of Baltimore, is represented by Donald F. Samuel and Kristen Wright Novay, of Garland, Samuel & Loeb, in Atlanta, who previously — with 100 percent success — defended Dr. Egbert from criminal prosecutions brought in Georgia and Arizona.

Finally, former FEN president Jerry Dincin, 82, of Highland Park, Illinois, is represented by FEN’s general counsel, Robert Rivas, of the Tallahassee office of Sachs Sax Caplan, P.L., a law firm based in Palm Beach County, Florida, who assembled the defense team. The defense team also has local support from Bill Sherry, who has practiced criminal defense law in Dakota County for 20 years.

Schera Chadwick, husband Ted Lollis and others conducted a 2-day “Shalom Program” in Pleasant Hill, TN, October 25 and 26th, which included a presentation, panel discussion and Q & A. Attendees totaled about 175. Organizers left happily tired but pleased with the results.
On October 19-22, 2012, the most recent Exit Guide Training Session took place in San José, California. Six Senior Guides functioned as small-group facilitators. Ten Associate Guides (formerly “Primary Guides”) returned for an educational update, and four new trainees attended.

Friday night dinner officially began the weekend, followed by a legal update by Rob Rivas. Saturday was an intensive workday, focusing on education about the exit guide process. We started with info on the initial contact calls to the coordinators, through the interview procedures, (including what the applicants wish about an exit date- to put one on the calendar or not). We went on to appraisal by the MEC (Medical Evaluation Committee), discussions with families (including education on the helium method and demos of hood-making) and information about final exits.

Methodology was small-group interaction with demo/discussion/Q & A, as well as role-playing. Participants expressed enthusiastic satisfaction with both methods and materials. They thought unanimously that we had met the goals for the training workshop.

Special kudos go to colleague Beverly Kobrin for her outstanding job of compiling and editing the new Guide Handbook.

Fran Schindler, Coordinator

Our thanks to the following volunteers for making phone calls to members who forgot to re-new: Elaine Jensen, June Roth, Penny Evens. We need more volunteers! This project is vital for our continued health as an organization. Please contact Judy Snyderman at mmjudy4@gmail.com

“Suicide ends all possibility of a worthwhile life. [A deeply ill person] who [chooses to hasten his death] does not have that possibility.”

Gustavo Alphonzo Quintana

What does Final Exit Network offer most to people? Peace of mind. [In contrast to suicide] we allow people to live more fully because of us, not to die too soon because of us. Fran Schindler

We sadly announce the death of Earl Wettstein, FEN’s dynamic first president, on 1/9/19 in Tucson, AZ. An obituary will appear in the spring newsletter.

Fran Schindler

Portia Westerfield, Dick MacDonald, M.D., Holly Zalinger, Ann Hammond

Wendell Stephenson, Judy Snyderman, Julia Hanway Rivas, Robert Rivas

Are you relatively healthy but in despair?
Call 1-800-273-TALK (8255)
or 1-800-SUICIDE (784-2433)
I don’t know who to write but my dad took his life Tuesday, due to terminal cancer. He went in his back yard, put a 38 in his mouth and pulled the trigger. Why couldn’t there be something else for him to choose? I knew he was going to do this and did nothing to stop him, even if I could have.

This weighs heavy on my heart, not that he took his life but that he had **no other choice**. He’s with mom now and it’s my only comfort. Thank you for doing, printing and making aware what you can. It evidently will never be enough in the USA. Also thanks to my local police department who have handled this with the respect and dignity my father deserved. I hope someone reads this. **Rayma** (from ERGO Listserv)

To Rayma: My sincere condolences on the loss of your father. I understand your anguish at the fact that this was his only choice. In an enlightened culture he could have gotten a doctor-administered fatal injection or dose of meds in the comfort of his bed. We in the right-to-die movement are doing what we can to change a world culture that forces terminally ill people to make such violent choices. Change will come, perhaps not in my lifetime, but come it will.

From the *Philadelphia Inquirer*, 12/27/12: Re: “New laws in ’13 to tackle social issues,” by **Mark Scolforo**, A.P. reporter

Some provisions of a new animal euthanasia law soon will take effect; others will be phased in. The new law “prohibits the use of carbon monoxide gas and drowning and other methods…at animal shelters and makes it easier for shelters to obtain drugs for more humane methods…The animals are often old, young, sick or hurt, and not good candidates for safe and painless gas chamber euthanasia.”

A recent TV exposé revealed just how “painless” gas is, and how common is its use. Pets whose owners can afford the merciful injections die peacefully. Not so for many other thousands who are crammed into inhuman cages, terrified. And the gas is not helium. Euthanasia indeed.

It is time that we in the Movement stopped wishing to “die like a dog.” We have been unaware. The reality has been kept private for good reason.

**Lee Vizer**
I’m going to be a nag.
Yesterday, while editing an article that involved Derek, I needed to check some detail and consulted my favorite resource book. But the text pulled me in like an adventure story; I read on for a few pages and had to put the brakes on, or all editing would have ceased for the week. I handed the book to my husband, saying, “Here. Read this.” He read that page and the next and the next… About 20 minutes later he said he wanted to read the whole book.

Forgive me, readers. I sound like a shameless snake-oil salesperson, but I love Richard Côte’s book. It’s an amazing thriller/novel/history/reference book. I have no hidden agenda and receive no fee for this plug, which is likely inappropriate for the newsletter. I am simply an addict who knows no boundaries. I’ll stop now. My meds await me.

Lee Vizer

In Search of Gentle Death: The Fight for Your Right to Die with Dignity. By Richard N. Côté www.Corinthianbooks.com, or dickcote@earthlink.net

In Chapter 13 of his phenomenal book (above) Richard Côté introduces us to a retirement-age physician from Colombia, Dr. Gustavo Alfonso Quintana, who has successfully practiced active euthanasia by ending the misery of a hundred or more patients over the past three decades. Highlights of a recent interview reveal a dedicated and courageous doctor who, so far, has evaded arrest, though not criticism.

Dr. Quintana had studied to be a priest. The Jesuits who trained him told him to question everything, even church doctrine. He did and entered medical school. His introduction to the death-with-dignity movement was abrupt and personal. He was partly paralyzed in an auto accident and declared a preference for death over paraplegia, but the contusion of his spinal cord resolved. His life went on with a new focus: providing a merciful exit from hopeless suffering. “I don’t play God. I’m just an instrument, an unfortunate instrument,” he says. “I sleep soundly knowing the role I play in the lives of many who suffer hopelessly. Some call me ‘Doctor Death,’ and that doesn’t offend me. With luck someday they’ll call me ‘Doctor Death with Dignity.’”

From 1981 to 1997 he did some forty cases illegally. “I know [authorities] could have thrown me in jail, but I invited them to spend a few days with a terminal patient to let them tell me what they might do for them.” He was never charged. Colombia has since decriminalized euthanasia, the only Latin American country to do so! If a mentally competent, terminally ill patient, not depressed, clearly expresses a wish to die, the physician can act with impunity.

Asked who decides, Quintana said, “It is the will of the patient, not my will. I perform euthanasia for a sick person who has lost their dignity and whose pain forces them to understand that it is better to die than to live badly. Some doctors believe that I am not honest … because they say we are here to give life, not end it, but doctors must understand they can’t enshrine the idea of endlessly promoting life. Life has an end. Life is a right but not an obligation, and I can consider when to stop exercising that right. That is dignity.”

There are many doctors in this Land of the Free who envy Dr. Quintana.

Jerry Metz, M.D.
Our Guiding Principle

Mentally competent adults have a basic human right to end their lives when they suffer from a fatal or irreversible illness or intractable pain, when their quality of life is personally unacceptable, and the future holds only hopelessness and misery. Such a right shall be an individual choice, including the timing and companion, free of any restrictions by the law, clergy, medical profession, even friends and relatives no matter how well-intentioned. We do not encourage anyone to end their life, do not provide the means to do so, and do not actively assist in a person’s death. We do, however, support them when medical circumstances warrant their decision.

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