

## President's Letter

Dear members and friends,

It is with sadness that I report that Executive Director Ben Wilcox and Legal Advisor Robert Rivas have resigned. This leaves a very large void in this organization but the Board of Directors wish them well in their new ventures.

Another development that will affect us all involves the Beacon. The cost of mailing paper copies has become prohibitively unaffordable. Churches and other non-profits have long been publishing newsletters online and we have decided to do likewise, starting with our next (Fall-Winter 2012) edition. You will easily find the Beacon on our website. You'll be able to read it on your computer or print it out to enjoy—curled up in your favorite chair, on your patio or at the beach. You will receive an e-mail notice when the Beacon is posted on the website.

We understand (and sincerely regret) that this action may temporarily inconvenience members who lack the necessary equipment (computer and printer) and others with computer skills still incomplete. Your public library offers free access to their computers and help from skilled library

staff. Most of us have friends, business contacts and relatives (think grandchildren) undoubtedly eager to help. So are we at Hemlock of Florida. Your questions, comments and suggestions are welcome. Finally, we will gladly mail print copies to the very few who truly have no other means of accessing our Beacon. Thank you for understanding.

Be sure to read the Guest Column. It presents a list of items you need to assemble in order to assist your family, surrogate and doctors at the end of your life—whether you are undergoing end-stage care issues or have died. Your family needs first-hand knowledge of your affairs, whether financial, health-care or settling of your estate. Good planning also means a good death.

Our webmaster, Mary Frederick, suggests that if you have not already done so, check out Hemlock Florida on Facebook and Twitter.

Facebook <http://www.facebook.com/HemlockSocietyofFlorida>

Twitter: <http://twitter.com/#!/HemlockSociety>

There is a new and exciting program in the planning stage which will also affect you. It is too early to reveal what these issues are but you will receive a letter, most likely during

the summer, revealing these changes. I think you will be very pleased with the upcoming announcement.

I want to thank all of you who have renewed your membership. I hope you like receiving a reminder card. Also, a huge thank you to all who have donated to the Society and the Foundation. We couldn't function without you.

Have a great summer.

*Donna*

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Member  
of



# Hemlock Society of Florida, Inc.

## Beacon Newsletter

Portia Westerfield, *Editor*  
phone: 863-425-3968  
portia.westerfield@aol.com

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of Florida, Inc.  
P. O. Box 121093  
W. Melbourne, FL 32912-1093  
Phone: 1-800-849-9349  
e-mail: HemlockFL@aol.com  
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# GUEST EDITORIAL

## Put Key Affairs in Order Before It's Too Late

By Robert G. Mellen  
*Florida Today,*  
March 22, 2012

*(Reprinted with permission)*

"I'm not yet ready to give someone my power of attorney but I am aware that I need help with my affairs."

"If I had known that Mom had so little time left, I would have arranged to have someone help me deal with all the paperwork so we could have enjoyed our time together more."

"Each time I have a blood test, I'm asked about my current medications. There are so many, I tend to forget some of them."

No one plans to be sick, incapacitated or die suddenly. It is surprising how many important papers and legal documents we can accumulate over a lifetime. Having everything in order will help you or your survivors make important decisions should anything happen to you. What information is needed, and what would be expected of survivors? With a trusted family member or close friend, ask yourself the following questions and discuss the answers.

- Do you have an up-to-date list of your assets, accounts, real estate, insurance and retirement plans and have you made them available to trusted persons?
- Do you have a will or trust?
- Do you have a living will or power of attorney? Ensure that someone you trust has the power to act in your place.
- Have you updated the primary and secondary beneficiaries on insurance and retirement plans?
- How would your pets be cared for if something happened?
- Have you provided the name and telephone number of your religious contact with your important papers?
- Have you made a list of passwords, PINs (personal identification numbers) and other codes that someone might need? Have you stored them in a safe place along with your safe deposit key?
- Do you have an updated list of all of your medications and have you provided a copy of this list to each of your doctors?
- Are all of your important papers available to a trusted family member and is this person a co-owner of your safe deposit box and in possession of a key to it? Make available your important personal papers to them. Include your Social Security number, your date and place of birth, the

## MOVIE REVIEW – A Finished Life: Goodbye & No Regrets

For nearly half his 48 years, Gregg Gour combated his HIV with medications that made him sicker than the disease itself. This documentary follows Gour as he abandons the drugs and spends his last six months facing death on his own terms. After heartfelt reconciliations with family and friends, he gives away everything he owns, buys an RV and hits the road with his beloved dog, Cody. Along the way, he discusses his disease, life and death.

This movie is: Cerebral, Emotional, Inspiring. Availability: DVD at Amazon.com

names, addresses and telephone numbers of your family members, the location of your will, birth certificate, marriage, divorce, citizenship and military discharge papers.

- Have you provided the trusted person copies of financial records including Social Security, and Medicare information and pension funds? You should also provide stockbroker information, all insurance information (life, health, long-term care, house and car) and the policy numbers.
- Are your banking and credit card information (including account numbers), all your tax information, outstanding debts, mortgage

## AROUND THE WORLD

### Current Right-to-Die Issues

**Canada** - A recently issued report on the sensitive end-of-life issues recommended that the Quebec government make it legal for physicians to help the terminally ill die under "exceptional circumstances." The report was the result of province-wide public hearings held last year. If Quebec legalizes physician aid-in-dying, it would be the first Canadian province to do so. The report also suggested that the government improve its end-of-life care.

The report stated, "Some sufferings can't be relieved satisfactorily and the seriously ill who want to put an end to their sufferings, which they deem senseless, come up against a refusal that isn't in line with Quebec's values of compassion and solidarity. Medical help to end their life then becomes an option for these people who are facing an extraordinary situation. This could bring serenity and calmness to those who fear suffering at the end of their life and will know this option will be available should their suffering become unbearable."

The commission recommended strict criteria be met before offering medical help to a dying person wishing to end their life.

*Editor's Note: It appears that the commission is looking to have a law similar to the Oregon Death With Dignity Act.*

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**Netherlands** - Other countries are looking to the Netherlands in its most recent innovation of euthanasia. As of March 1, 2012, the Netherlands

information, been made available to your lawyer or trusted person or is in your joint safe deposit box?

The preparations cited above will help reduce the stress that you and your loved ones will experience when getting your affairs in order. Never give the above information to anyone you do not trust.

*Editor's Note: It is not advisable to place these important papers in a safe-deposit box since the box is often sealed upon the holder's death. If important papers are put in the safe-deposit box, copies should be made prior to placing original documents in the safe-deposit box so they are available when needed.*

has six "mobile euthanasia vans" to serve citizens facing an "unbearable" and "hopeless" medical situation which allows them to die in their homes.

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**Switzerland** - The number of people who ended their lives with the help of assisted-death organizations increased significantly in 2011, the *Sonntagszeitung* newspaper has reported. Dignitas, which caters mainly for people from abroad, accompanied 144 people choosing to die at their premises in Pfaffikon near Zurich, an increase of 35 percent on 2010.

Exit, the organization which caters for Swiss residents, facilitated more than 300 assisted deaths —up from 257 the previous year. "A large proportion was suffering from cancer," Bernhard Sutter of Exit said. The average age of Exit members opting for assisted death was 76.

Although men are much more likely to commit suicide, representing three-quarters of Switzerland's 1,400 cases annually, women are in the majority in assisted death. Almost two-thirds of Dignitas' clients in 2011 were women.

Last year the people of Zurich voted to continue to allow assisted death for non-residents despite a campaign to restrict so-called "suicide tourism". A proposal to restrict access for foreigners to assisted death only to those living at least one year in the canton was rejected by 78.4 per cent of voters.

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**United Kingdom** - Another high profile case is before the court in London. Tony Nicklinson, 57, wants a doctor to legally end his life. Nicklinson suffered a stroke in 2005 and is severely disabled. He communicates via computer or a machine that interprets his blinking. He has argued that

the ministry “cannot establish on the balance of probabilities” that his case on necessity “has no real prospects of success.” He is seeking declarations that it is lawful for a doctor to terminate his life, with his consent and with him making the decision with full mental capacity.

Paul Bowen, Nicklinson’s attorney, said the “courts have never considered directly the question arising in this case where voluntary active euthanasia is the issue.”

At a previous hearing representative for the ministry, David Perry, said Nicklinson “is saying the court should positively authorize and permit as lawful the deliberate taking of his life. That is not, and cannot be, the law of England and Wales unless parliament were to say otherwise.”

But Bowen said there was no bar to the courts dealing with such a case. He told the judge, “The legislation of medically assisted dying is one area where there may be considerable advantages to a gradual step-by-step development of the common law rather than the all-or-nothing approach of legislation.

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### House of Commons Debates Assisted Dying

Members of Parliament (MPs) should give their backing to “realistic and compassionate” prosecution guidelines on assisted dying, a senior Tory MP has said. Richard Ottaway is leading a Commons debate on guidance issued in 2010 by the director of public prosecutions. It states that a decision to prosecute someone who helps another to die must be in the public interest and must take account of the suspect’s motivation. Assisting a suicide is illegal and the issue is highly controversial.

The Commons Backbench Business Committee allowed the debate, which will be the first full assisted suicide debate on the floor of the chamber since 1970—although there was a vote on a backbench MP’s “ten minute rule bill” in 1997.

Opening the debate, Mr Ottaway said it was “a very sensitive issue” which provoked “deep emotion”, and it should be for Parliament—as representatives of the public—not the courts to “have the last word” on it. He said the law at present did not distinguish between “the person who irresponsibly and maliciously encourages a suicidal person” and “the loving spouse who lovingly fulfills a partner’s request”.

The 2010 guidelines were the result of a case brought by Debbie Purdy, a terminally ill woman, who in 2009 won a ruling from the Law Lords requiring the Director of Public Prosecutions (DPP) to set out whether her husband would be committing an offence if he accompanied her to the Swiss assisted-suicide organisation Dignitas to end her life.

DPP Keir Starmer listed factors which should weigh for or against prosecuting—including whether the victim had reached a “voluntary, clear, settled and informed” decision and whether the suspect had acted “wholly compassionately”.

MPs are being asked to endorse or reject Mr. Starmer’s guidelines by voting on the motion.

Labour MP Dame Joan Ruddock has also tabled an amendment suggesting the guidelines should be enshrined in law and Mr. Ottaway gave his backing to that. He said it would “address the charge that this debate is the thin end of the wedge or the slippery slope. The current policy exists and can currently be amended without parliamentary scrutiny. If we have the policy enshrined in statute it will need another statute to change the law.”

Dame Joan herself agreed, saying it would mean that “this sensible, humane and popular policy could only be changed by Parliament”—not by any future DPP.

But Solicitor General Edward Garnier said he did not advocate a change in the law. “It will create a form of sclerosis. It will lead to all sorts of problems which may not be intended,” he said, adding that any future DPP who overturned the guidelines would be “judicially reviewed for behaving in a rather whimsical way”. He said he agreed with Dame Joan that the 2010 guidelines were “a good thing”, adding: “So why not leave them where they are and let them remain good?”

Tory MP Fiona Bruce laid a rival amendment calling for improvements in palliative care. She was backed by Labour’s Frank Field, who said there had been a lot of “deceit” in the debate and it was really “a debate that dare not enter its name on the order paper—euthanasia”.

He said MPs risked appearing “foolish” in the eyes of the electorate, adding: “Somehow we think this country is populated by all these husbands who love their wives and wives who love their husbands... all gathering around doing the right

thing. “I also see a very nasty side sometimes about life and I know perfectly well that in those circumstances those individuals would have no hesitation in trying to persuade people the decent thing to do is—end their lives.”

Defeat for the motion would not cause the guidelines to be withdrawn because they were brought in by a court order and could only be withdrawn with another order.

The Suicide Act 1961—which makes assisting suicide illegal—states that the DPP decides on all cases of assisting suicide. If MPs wanted to remove that power, they would have to change the law.

Mr Ottaway, who chairs the foreign affairs select committee, said: “I hope today that, whatever view we take individually on the law, we can agree that the approach taken by the DPP was both realistic and compassionate. If there is majority in this House in favour of this motion, I think we will have done the nation a service. If there is a majority against it, we have a problem, with the DPP and 82% of the public saying one thing and the people’s elected representatives saying another.”

Sarah Wootton, chief executive of campaign group Dignity in Dying, said: “Whatever their views on assisted dying and whether dying Britons should have the choice of an assisted death in the UK, I do not imagine MPs will be able to, in good conscience, vote against the motion and effectively say to those people watching the debate that they should be in prison for making one of the most heart-breaking decisions of their lives.”

In January, the Commission on Assisted Dying—set up and funded by campaigners who want to see a change in the law—said there was a “strong case” for allowing assisted suicide for people who are terminally ill in England and Wales. But the report had a mixed response, with critics calling it biased.

## UNITED STATES

**Politics** - Republican presidential candidate Rick Santorum has riled the Netherlands by his remarks about euthanasia in that country. He stated, “They have voluntary euthanasia in the Netherlands, but half the people who are euthanized every year, and it’s 10 percent of all deaths, half of those people are euthanized

involuntarily in hospitals, because they are older and sick. So, elderly people in the Netherlands don’t go to the hospital. They go to another country. Because they’re afraid, because of budget purposes, they will not come out of that hospital if they go in with sickness.” He said the Dutch wear bracelets saying “Don’t euthanize me.”

A story in Buzz Feed reported that the Dutch media has described Santorum’s claims as “fact-free” and “imaginative” with a “surreal view” of the Netherlands.

In 2007 the New England Journal of Medicine published an article studying the impact of the new law in the Netherlands. The study found that the new law actually led to a slight decrease in the number of euthanasia deaths, which accounted for 2.6 percent of all deaths in 2001 and 0.7 percent of all deaths were from euthanasia done without an explicit request from the patient but in most cases was made after talking to family members and/or medical colleagues.

The Santorum campaign did not respond to a request for documentation of his claims. It is also noted there is no evidence that the “Don’t euthanize me” bracelet ever existed.

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**Florida** - Marshall B. Kapp, J.D., MPH. and Kenneth Brummel-Smith, M.D., professors at Florida State University, are working diligently on preparing the Physician’s Orders for Life Sustaining Treatment (POLST) form to present to the Florida legislature. This form is a one-page, two-sided document designed to help health care professionals honor end-of-life desires of the patient. The document is a physician’s order form that follows the patient’s wishes and treatment intentions and, thereby, enhances the appropriateness and quality of patient care. It is not intended to be completed by the patient or the patient’s family, although the physician would consult with the patient prior to completing the form. It is not an advance directive. This document, when completed and signed by the physician, follows the patient from one medical facility to another.

The POLST form documents the patient’s wishes, streamlines transfer of patient records between facilities, clarifies treatment and minimizes confusion about patient preferences, and complements the patient’s advance directive.

The professors are hopeful that the POLST will be approved by the appropriate legislative committees and become a law in the very near future.  
*By Donna Klamm*

*Around the World news is from the World Right-to-Die news and ERGO, unless otherwise noted.*

## LOSS OF A LEADER

### The man who made a difference

By Derek Humphry

If there is anybody in the right-to-die movement who made a radical difference it was Dr. Peter Goodwin, who brought his life to an end on 11 March 2012 in the presence of his family, using the law he helped to pass. Aged 83, he suffered from an incurable brain illness.

Up until the time when he joined Hemlock and then in 1992 chaired the Oregon Right to Die Committee, the American movement campaigned for both voluntary euthanasia (direct injection) and physician-assisted death (oral ingestion). Hemlock's model law, which had been narrowly voted down in California and Washington states, specified both forms of hastened death.

But Peter argued that the law was more likely to pass if it sanctioned only physician-assisted death. He persuaded his colleagues that enough doctors were willing to help terminally ill people die but that injecting lethal doses was abhorrent to them. It smacked too much of killing. He argued successfully that a single-purpose law, with the doctor playing a more remote role—prescribing the lethal overdose but not being present—would succeed in Oregon. The final responsibility lay with the patient.

Peter's next contribution was to attend the annual meeting of the Oregon Medical Society and persuade its members to not oppose the law when it came up for a vote by citizens' ballot initiative, now named the Oregon Death With Dignity Act. He failed to get the Medical Society to support the law but at least they agreed to not oppose it.

Voters approved the law in 1994 and again in 1997. The Oregon-type law has since been passed in Washington State and introduced in England and many other places since. Residents of Oregon who were close to death, and met the law's requirements, and used it, now number 596 since it became operational in 1998.

## Medical training

Peter Goodwin was born in London, England, on December 11, 1928, and grew up in Cape Town, South Africa. He graduated in 1951 from the Medical School at the University of Cape Town. After an eighteen-month internship, he became a general practitioner in Queenstown, an isolated district town in Eastern South Africa, from 1953 to 1962, except for the two years 1958-59 when he studied surgery in England, and gained Fellowship in the Royal College of Surgeons of Edinburgh.

Peter and his wife Erica had four children. Erica died after 50 years of marriage in 2008.

In 1962 the couple emigrated to the United States. After a year-long internship in Springfield, Massachusetts, he became a family physician in Camas, Washington, from 1963 to 1980. In 1974 he took a year's sabbatical from practice, and spent it as a visiting professor in the Department of Family Medicine at the Medical University of South Carolina in Charleston. He was invited to join the faculty of the Department of Family Medicine at Oregon Health Sciences University in 1978, and was full-time on the faculty from 1980 to 1996. He was then awarded emeritus status, and continued to teach and consult within the department until finally retiring in 2003.

## Joined Hemlock

Concerned about the powerlessness of dying patients, he joined the Hemlock Society in 1990. In 1992 he accepted the chairmanship of the Oregon Right to Die Committee, which succeeded in having the Oregon Death with Dignity Act enacted in 1997, after political and legal opposition was overcome.

Peter was medical advisor to Compassion in Dying of Oregon for the following year, helping to give counsel and care to 30 terminally ill patients. Those experiences reinforced his opinion that the option of aid-in-dying, with adequate legal safeguards, markedly improved care of terminally ill patients.

Six years ago, Peter received a diagnosis of corticobasal ganglionic degeneration, a rare disease with no known cause or cure, and very few therapies to relieve symptoms.

Barbara Coombs Lee, President of Compassion and Choices, said of Peter: "His principled and passionate leadership laid the groundwork for a broad expansion of end-of-life choice across the nation which continues to this day."

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*The Board of Directors of the Hemlock Society of Florida and the Hemlock Foundation of Florida, wish to thank all of our donors for their very generous contributions. They do hope that you will continue to support their efforts to educate the people of Florida on end-of-life care and the importance of completing a living will and appointing a surrogate. The Board also urges you to include these Hemlock organizations in your estate plans.*

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**Hemlock Society of Florida, Inc.**  
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Membership dues are **\$20 per person per year**

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**Spring-Summer 2012**

## *Mission Statement*

*Dedicated to improving the quality of dying through education and advocacy, thereby empowering all citizens to make and carry out their own end-of-life decisions. We affirm the individual's dignity and free will throughout life, including the freedom to hasten death under certain circumstances.*

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