



the dignity report

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11th Year Report Shows Law Continues to be Safe



This past spring, the Death with Dignity Act was widely recognized and lauded for being a safe, compassionate law providing comfort and peace of mind to terminally ill adults. The Oregon Department of Human Services' (DHS) 11th annual report detailing usage of the Oregon Death with Dignity Act demonstrates that this praise is well deserved.

This year's statistics are largely in keeping with the data collected over the past 10 years. 88 people received ODWDA prescriptions in 2008, and 60 people died under the terms of the Act. The typical participant was 72, college educated, and suffering from cancer. Over the years, participants have listed quality-of-life issues as their main reasons for using the Act, and this year was no different. The top concerns included an inability to participate in activities that made life enjoyable, loss of autonomy, and loss of dignity.

There were some categories in which the statistics made a more noticeable shift. In 2008, 98% of patients were enrolled in hospice care, which is a significant increase from previous years when hospice enrollment was at 86%. In addition, in 2008 more patients had private health insurance (88%) than in previous years (63%).

The report also indicates that the dire predictions of Death with Dignity opponents have not materialized. This year, as in all previous years of the Act's usage, there was not a single report of coercion, abuse, or misuse of the law. For the 11th year in a row, Oregon's Death with Dignity Act has proven to be a safe and effective law. You can read DHS' report at www.oregon.gov/DHS/ph/pas/index.shtml. ■

The Next Steps to the Next State

We have been exceedingly busy this winter and spring, analyzing statistics and data to help us understand the most likely state for a successful 2010 or 2012 ballot initiative. This is tedious, internal work which is neither glamorous nor provocative. However, it is the most important work in the Death with Dignity movement right now.

In the spring of 2005 this is exactly the kind of work we were doing—examining data, statistics, and polling numbers to understand the most viable state for a ballot initiative. Other organizations in the Death with Dignity movement, told us **NOT** to go ahead in Washington. We met with Washington state legislators, and they said that a ballot initiative would not be successful in their state.

But these groups did not have any data to counter our careful analysis. They were operating on emotion. In April, 2005, our board voted to go forward in Washington to place a Death with Dignity initiative on the Washington ballot in 2008, and not long after this vote, we began working with former Washington Governor Booth Gardner. *(Story continued inside.)*

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Death with Dignity National Center

Respect the will of the people.

520 SW 6th Avenue, Suite 1030
Portland, OR 97204-1512
503.228.4415 / Fax 503.228.7454
www.deathwithdignity.org
info@deathwithdignity.org

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The Next State

(Continued from cover story.)

When no other organization would step up to the plate, we donated the \$315,000 in seed money necessary to initiate the Washington Death with Dignity Campaign. The rest, as they say, is history.

Our analysis stood the test of emotion and time, as the voters of Washington overwhelmingly enacted a Death with Dignity law in their state, 58%-42%.

One of the reasons this analysis is critical is that the resources our movement has available is limited. The Washington campaign cost nearly \$2.8M in the last 2 months alone, and at the Death with Dignity National Center we are not willing to move forward in a state without quantifiable information that shows we can be successful.

Our current analysis is the same type of work we did in 2005. We are looking at demographics, cost of paid media/television advertising, and results from polling. For example, we know that the same \$2.8M campaign in the state of Washington would have cost \$3.5M in Arizona, \$3.4M in Colorado, \$4.6M in Massachusetts and less than \$2.0M in Maine, Nevada, and Wyoming.

We have identified a "short list" of possible next states: Arizona, Colorado, Maine, Massachusetts, Nevada, and Wyoming. Vermont and Hawaii are possibilities because of the successes in their state legislatures, but neither Vermont nor Hawaii has the initiative process.

Our next step is to conduct polling in two or three of these states to determine where public opinion for our issue is strongest. Polling will be completed this summer. Look for an announcement from us by August! ■



Bequests & Planned Giving

We could not maintain our track record of success without your support. At the same time, we recognize that you, our donors, have goals that you would like to achieve through giving. DDNC offers a variety of giving options to meet your needs. Two options in particular are bequests and planned giving.

Bequests help ensure that the work we do for end-of-life care is available to future generations, and create a lasting commitment to dignity and to providing improved end-of-life options. You may choose to make an outright bequest by leaving a specific dollar amount or percentage of your estate. Some people leave the residual or part of the residual of their estate. See the box to your left for sample language.

Planned Giving is a great way to give to DDNC while generating income for yourself. You can work with your estate planner to set up an annuity trust, a unitrust, or a gift annuity, or you can designate DDNC as a beneficiary on your life insurance or retirement plan to create a permanent legacy for change.

If you have questions about including us in your Will or setting up a planned gift, please call us at 503.228.4415 or speak with your attorney. ■

Bequests to the Death with Dignity National Center may be made by including the following in your Will:

"I give, devise, and bequeath to the Death with Dignity National Center, 520 SW 6th Avenue, Suite 1030, Portland, Oregon 97204, _____% of my estate or the sum of \$_____ (or describe stocks, bonds, life insurance, or other assets) to be used for the general purpose of defending and promoting death with dignity laws throughout the United States."



Death with Dignity Around the U.S.

An insider's look at death with dignity legislation and efforts across the nation.

The 2008 passage of the Washington Death with Dignity Act not only marked a great victory for Death with Dignity supporters, it also inspired legislators in other states to begin working on this important issue. Since the win in Washington, bills that seek to improve end-of-life care have been introduced in nine different state legislatures around the country. As the table below indicates, seven states have introduced Death with Dignity laws similar to those in Oregon and Washington, and two states have proposed laws that require physicians to inform patients of all of their end-of-life options.

The Oregon Department of Human Services' most recent report on usage of the Oregon Death with Dignity Act has also contributed to the recent popularity of Death with Dignity laws. The report, released in March 2009, indicates that the law has continued to work as intended for the 11th year in a row.

While the future of the Death with Dignity bills is uncertain, the two Right to Know bills in Vermont and Maryland have passed through the House and are expected to be received favorably by the Senate. Additionally, 56 of the 150 members of the Vermont House of Representatives have sponsored the Death with Dignity law, indicating widespread support of Death with Dignity in that state.

Connecticut	Death with Dignity (DWD) legislation. Senate Bill 1138 sponsored by the Judiciary Committee. Committee voted to reject the bill on 3/19/2009.
Hawaii	DWD legislation. House Bill 587 sponsored by Ito. Re-referred to House Judiciary Committee on 2/10/2009.
Hawaii	DWD legislation. House Bill 806 sponsored by Oshiro, Belatti, Karamatsu, Marumoto, Say, Thielen, and Bertram. Re-referred to House Judiciary Committee on 2/10/2009.
Maryland	Right to Know legislation. House Bill 30 sponsored by Bobo, Manno. Passed House, referred to Senate Finance Committee on 3/18/2009.
Massachusetts	DWD legislation. House Bill 1468 sponsored by Kafka and Galvin. In Joint Committee on Judiciary on 1/16/2009.
Montana	DWD legislation. LC 1818 sponsored by Barrett and O'Connell. Draft Died in Process on 4/28/2009.
New Hampshire	DWD legislation. House Bill 304 proposed and sponsored by Weed, Richardson, Watrous, and Mitchell. Retained In Committee - House Judiciary on 2/19/2009.
New Mexico	DWD legislation. House Bill 814. Proposed by Karen E. Gianni. Died on Legislature Day #23.
Pennsylvania	DWD legislation. SB 404 sponsored by Leach, Boscola, and Washington. Referred to Judiciary Committee on 3/5/2009.
Vermont	DWD legislation. House Bill 455 sponsored by Zuckerman and 55 others. Referred to Human Services Committee on 4/24/2009.
Vermont	DWD legislation. Senate Bill 144 proposed by Lyons, Snelling, Ashe, Bartlett, Flanagan, MacDonald, McCormack, Miller, Racine, Shumlin, White, & Ayer. In Committee - Health and Welfare on 4/17/2009.
Vermont	Right to Know/Palliative Care legislation. House Bill 435 sponsored by House Committee on Human Services. Passed. Governor Douglas signed it into law in May, 2009.
Wyoming	Assisted Suicide Ban. House Bill 120 sponsored by Reps. Davison, Brechtel, Jaggi, McKin, and Petersen, and Sens. Cooper, Meier, and Peterson. As of 2/2/2009, inactive: failed deadline, no further consideration this session. ■



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What's Going on in Washington?:

The straight talk on implementation of the Death with Dignity Act

There have been news stories circulated that suggest implementation is going badly in Washington with few physicians willing to prescribe. One particularly disturbing story focused on the plight of a terminally ill man in eastern Washington who could not find a physician to prescribe under the auspices of the law. This was a tragic story; but, unfortunately, it was to be expected.

Death with Dignity offers patients one more option at the end of life — an option that, prior to the law being enacted, would have risked criminal prosecution for their loved ones and their physicians. It is, therefore not surprising that physicians were unwilling to change their practices the day after the law went into effect. In our culture, changes take time and the existence of a law does not mean that actions change overnight. The plight of a man dying without the relief of Death with Dignity was not a symptom of implementation failure, it was a symptom of years of cultural failure to address the problems of protracted dying brought about by advances in medical technology.

So, implementation will build slowly in Washington. We know this because we were here in Oregon for the first years of implementation. It will take time for physicians and pharmacists to become familiar and comfortable with the process, and it will not happen overnight. We still deal with similar issues in Oregon. Implementation in Washington is unfolding along the same trajectory that it did in Oregon. We should take comfort in this fact, and support physicians and pharmacists who are changing the ways they practice medicine.

As of this printing, two people have used the Washington law, the first in May, 2009. You may monitor the implementation statistics on Washington at www.doh.wa.gov/dwda/formsreceived.htm. ■

