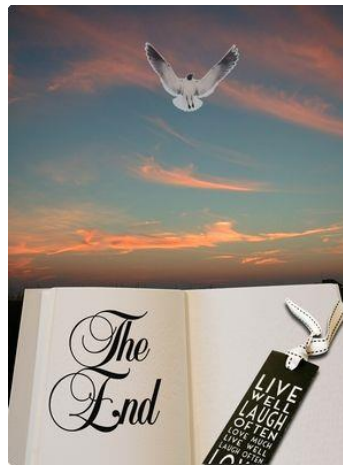


Seeking death with dignity

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By Susan Shelly - Reading Eagle correspondent



The self-directed death of Brittany Maynard on Nov. 1 reignited an ongoing controversy about individuals' rights to choose the time and manner in which they die.

Maynard was a 29-year old diagnosed with an aggressive form of brain cancer and given six months to live. She moved from California to Oregon to take advantage of Oregon's Death with Dignity Act, enabling her to obtain certain prescription drugs in a quantity that would, and ultimately did, cause her death.

Oregon, Washington and Vermont have enacted laws making it legal in very specific cases for physicians to prescribe medications that will cause death when ingested. In Montana, it is not illegal for a doctor to prescribe such medications, but there is no law governing the act. And, in New Mexico, assistance in dying is permitted in one county.

Although a small number of states have laws in place regarding assistance in dying, more than half of all states, including Pennsylvania, are considering such laws.

Maynard was very public about her decision, speaking openly about her choosing to end her life. She did that in her own bedroom, on a Saturday, surrounded by the people she loved the most.

Maynard's death prompted debate on the issue of death with dignity and garnered the attention of many individuals and groups. Included in those groups is the Berks County Circle of Life Coalition Inc., a nonprofit organization that seeks to educate the public on issues relating to the end of life.

Recognizing the range of feelings and opinions regarding the issue, the Circle of Life Coalition identified three people who are active in the organization to address the topic of death with dignity, said Margaret Gore, chairwoman of the organization's board of directors. A seminar featuring the three speakers is in the process of being rescheduled.

We spoke with each of them to hear their thoughts on the issues of death with dignity and assistance in dying.

Debra Manderwicz

Debra Manderwicz is a co-founder and former board member of Circle of Life Coalition, and bereavement coordinator for Heartland Home Health Care and Hospice in Wyomissing.

She has a longtime interest in the topic of assisted death, and has conducted extensive research on the consequences of assisted dying in the states in which it is legal.

While she speaks from a hospice perspective, her thoughts do not represent Heartland or any other hospice organization.

People feel differently about the issue of assisted dying based on moral, religious and cultural viewpoints, Manderwicz said.

The great majority of Oregonians who have chosen assisted dying have been white and college graduates.

"You can see that culture really affects this decision," Manderwicz said.

And, patients who have the option for assisted dying may or may not choose to employ it, based on fear of being a financial burden, not wanting family to have to bear the burden of caregiving, their level of tolerance for disability and other factors.

More than 90 percent of patients who request medications to help them die are already in hospice care, Manderwicz said.

"Everyone talks about this slippery slope toward euthanasia, but really it doesn't exist," she said.

The work of hospice, Manderwicz explained, is to help people live with quality and dignity until their disease causes natural death. While she fully supports that work, there are instances in which she would advocate for assistance in dying.

"You have to consider that people already do this by stockpiling their pills and overdosing, or by stopping all eating and drinking," she said.

An intentional overdose has the potential for failure, Manderwicz said, and it can take some time to die from lack of nutrition and water, leaving loved ones to witness the process.

"That's one of the arguments for it (assistance in dying)," Manderwicz said. "It's quicker, and there's more dignity for the patient."

Dr. Daniel Kimball

Dr. Daniel Kimball, a retired internal medicine physician who specialized in hematology and oncology, does fear the "slippery slope" to which Manderwicz referred.

Kimball, whose for the last five years of his practice served as a hospice medical director, feels there are measures that can be taken other than prescribing a lethal dose of medicine.

The cessation of eating and drinking is one method, he said, and in most people does not involve much discomfort or distress. In extreme cases of uncontrolled symptoms, a patient can be sedated to the point of unconsciousness.

"And, that's not with the intent of ending life, it's with the intent of controlling symptoms until the patient dies," Kimball said.

On the flip side of the issue, Kimball, who is the medical advisor for the Circle of Life Coalition, said he opposes measures that extend life in the case of terminal illness and suffering.

"If all we're doing is prolonging someone's life, I think we're actually increasing suffering," he said.

He praised the Conversation Project, a public-engagement campaign with the goal of having every family discuss their end-of-life wishes before a crisis situation occurs. That can help families avoid agreeing to treatments that simply prolong life, Kimball said.

"The most important thing is that family members need to be talking about this before they need it," he said.

The Rev. Dr. Colleen G. Kristula

The Rev. Dr. Colleen G. Kristula is the chaplain at Lutheran Home at Topton and a board member of the Circle of Life Coalition. She believes that the most profound benefit of assistance in dying is that it enables patients to remain in control.

"What it really comes down to is control, and studies show that people want to have that control," Kristula said. "I think it's all tied up with the issue of autonomy, and people wanting to choose where they die and who cares for them."

Mirroring the general public, members of clergy are split on the issue of assistance in dying. Kristula does not oppose it, as long as it is within a framework similar to Oregon's Death with Dignity Act.

"There are a lot of fail safes included in that act," she said.

Assistance in dying is much different than suicide, Kristula asserted, and the two should not be confused.

As a former hospice chaplain, she can see value in providing an option for people who wish to end their suffering and reliance on others.

"I certainly can understand why a person who's going to die anyway would want to do so earlier in order to end suffering and maintain control," Kristula said.

Contact Susan Shelly: life@readingeagle.com.