



MISSION

To maximize the options for a good death, including legal physician aid in dying for terminally ill, mentally competent adults who request it, under careful safeguards.

End-of-Life Choices was founded in 1980 with two goals: to change the law to permit physicians to help suffering people end their lives under careful safeguards and to educate people about planning for a peaceful death.

FRED COHEN FETED AT LUNCHEON

Delaware Valley President Fred Cohen of Moorestown, also a member of Choices-NJ, was honored at a luncheon at his home on March 11 for his longtime work in the Death with Dignity movement. The Delaware Valley board, along with Compassion In Dying Chief Executive Officer Barbara Coombs Lee, Director of Development Peter Freedman, and Choices-NJ board member Roberta Massey attended. Barbara announced that Fred had been selected to receive Compassion & Choices' first Compassionate Choice Advocacy Award for his years of service to the Death with Dignity movement and the Choices organization. Fred's plaque reads as follows:

This award recognizes the efforts and achievements of one of the movement's foremost volunteer leaders. In recognition of his dedication to improving the care and increasing the choices for all adults to maintain dignity and peace at the end of life, the Board of Directors proudly presents Fred Cohen, President of the Delaware Valley Chapter of Compassion & Choices, with the Compassionate Choice Advocacy Award.

We can think of no one more deserving of that honor.



Barbara Coombs Lee and Fred Cohen at Luncheon Honoring Fred for His Years of Service.

BARBARA COOMBS LEE SPEAKS AT PENN

On March 9 the Center for Bioethics at the University of Pennsylvania was the setting for a report on Oregon's Death with Dignity Act by Barbara Coombs Lee, chief executive officer of the Compassion In Dying branch of Compassion & Choices. Dr. Arthur L. Caplan, chair of Penn's Department of Medical Ethics and director of the Center for Bioethics, was present, along with Peter Freedman, director of development for Compassion & Choices.

Barbara's report encompassed statistics from the seven years of the Death with Dignity Act. She said that during that period only 201 people used the Act to carry out hastened delivery in Oregon. Many more obtained the lethal dose of barbiturates from their doctor and felt enough peace of mind knowing that they could deliver themselves at a time of their choosing that they did not carry out the act.

Barbara is a compelling speaker with a background to speak with authority on the

Death with Dignity Act. She was a nurse and a physician's assistant for 25 years before she became an attorney dedicated to individual choice and empowerment in health care. She drafted and was chief petitioner for the Death with Dignity Act in Oregon. Our movement is very fortunate to have Barbara working on our behalf.

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NEWSLETTER PUBLICATION CHANGE ANNOUNCED

Because of the high cost of publishing the chapter newsletter, the board decided at the March meeting to reduce the number of newsletters per year to four, effective immediately. The newsletter will now be published January 1, April 1, July 1, and October 1.

NEW BOARD MEMBER AND EDITOR APPOINTED

At the March meeting of the Choices-NJ board of trustees, Barbara Carpenter of Lebanon was appointed to the board. Barbara has been a Choices member for several years. She is a nurse in a nursing home and a licensed professional counselor. She also has been a hospice volunteer. With her background, she will certainly be an asset to the Choices-NJ board.

As of October, Barbara will become the newsletter editor. Good luck, Barbara!

TERRI SCHIAVO: FINALLY DIED IN PEACE

by Faye Girsh
Senior Advisor, Final Exit Network

The Terri Schiavo case has become a rallying cry for the Right to Life movement and disability groups in the United States. Pressure from these constituencies compelled Congress on March 19 to pass a bill solely for the purpose of requiring a new trial in the federal courts. President Bush returned to sign it in the middle of the night. The courts, including the Supreme Court, refused to rehear the case. Mrs. Schiavo's feeding tube was disconnected March 18; it took 14 days without food and water while receiving hospice care for her to die. Even people who favored allowing her to die were appalled at the way she was dying, although palliative care specialists argued that she did not feel discomfort, that this is not an uncommon way to die, and that it is peaceful.

Altogether twenty-four courts consistently agreed on the two critical factors in this case:

1. Terri Schiavo had been in a persistent vegetative state for 15 years. Tests showed that spinal fluid was in the part of her brain where her cortex used to be.
2. There is clear and convincing evidence that her wishes were to not continue with artificial means of life support—in this case artificial food and hydration—as stated by her husband, who had the legal authority, and by other witnesses.

The case went through the entire appellate process; three times the Florida Circuit Court conducted thorough, careful, impartial trials, considered the evidence, and concluded that Mrs. Schiavo would not have wanted a gastric feeding tube to be maintained under those circumstances.

Although Mrs. Schiavo did not have an advance directive, the law designates the spouse to express the substituted judgment for the patient.

Her parents, practicing Catholics, did not agree with the decision and provided their own experts, largely discredited, to argue that she was in a state of minimal consciousness. They argued that she was responsive and alert and they made hours of videotapes from which a few sections were culled to substantiate their arguments. Both sides agreed to authorize an autopsy to show conclusively the condition of her brain.

The majority of Americans, according to all polls, favored the ruling of the courts and opposed the intervention of the legislative and executive branches. Neither President Bush nor his brother, Jeb, the governor of Florida, intervened in the case directly. Michael Schiavo, Mrs. Schiavo's husband, and George Greer, the federal judge who consistently ruled not to reinstate the feeding tube, received serious death threats. It is alarming that a small group of misinformed fanatics should have been allowed to corrupt our legal system and drag out the merciful death of this young woman.

There may be adverse legislative outcomes. One suggestion has been to not remove artificial food and hydration from anyone who has not previously expressed his or her wishes in an advance directive. However, on the positive side, there is a surge of interest in advance directives—as there was after the Nancy Cruzan case in 1990. Mercifully Terri Schiavo died after six unsuccessful appeals to the US Supreme Court.

It would be helpful if people could have their advance directive read: If it is determined that I am in an irreversible persistent vegetative state, I would not want my life sustained by any artificial means, including food and hydration. I would want all artificial means withdrawn and be allowed to:

_____ Die from lack of nutrition and hydration, which may take up to 2 weeks.

_____ Die with a lethal injection, which should take 5 seconds.

Of course this would mean legalizing euthanasia in advance directives and maybe in other quarters, too. Euthanasia is defined in the dictionary as "the act or practice of ending the life of an individual suffering from a terminal illness or an incurable condition, as by lethal injection or the suspension of extraordinary medical treatment," from the Greek, a good death: eu, good, + thanatos, death.

ARE CHOICES MEMBERS SUITABLE ORGAN DONORS?

If you think that you would not be considered for organ donation because of advanced age or because of plans to commit suicide in the face of painful, terminal illness, think again. Many myths

and questions are associated with organ and tissue donation, and we asked the New Jersey Organ and Tissue Sharing Network for some answers. This is what we found out, thanks to William Reitsma, director of the Network's Clinical Services:

- There is no age limit for organ donation, but typically people over age 75 can donate only livers. The cutoff age for tissue (skin, corneas) is 75, but this can change as technology advances.
- Even if you are older than 75, tissue and organs may be used for research to help find cures for serious illnesses such as diabetes, Alzheimer's disease, and multiple sclerosis.
- Infection, not suicide, is the most frequent reason to not use organs and tissue. Suicide is actually a common cause for donation. Having a history of disease does not mean that you cannot donate.
- Most major religions encourage organ donation as an act of charity and love, and a traditional open-casket funeral can still take place after organ and tissue donation.
- There is no cost whatever to the donor's family.

Reitsma added that organs must be recovered within minutes of death. In cases of brain death, the organs are recovered while the person is on ventilator support, which sustains the organs. To ensure that your organs and tissue will be usable, it is imperative to discuss your wish to donate with your family and your doctor.

Right now, more than 86,000 Americans are on transplant waiting lists and more than 6000 will die every year while awaiting organs, but organ donation occurs in only .0025 percent of all deaths in the US. Almost 44 percent of people waiting for transplants are between the ages of 18 and 49.

One individual donating after death can provide organs, corneas, skin, bone, and tissue for 80 or more people who need them! It is estimated that 220,000 people are treated each year with transplanted bone and tissue. Tissue includes tendons and ligaments, skin used to treat burns, heart valves, and corneas.

Every single day, 17 people in the US die for lack of organ and tissue donors. You can make a difference after your death. Talk to your family and doctor, and fill out an organ donation card. You will find one printed on page 7 of the newsletter.

For more information, go to www.sharenj.org or call 1 (800) SHARE-NJ.

US LIVING WILL REGISTRY GAINS IN POPULARITY

In absence of state law requiring health care providers to search a registry for a patient's advance directives, the non-profit US Living Will Registry stores an individual's advance directive and organ donation preferences. There is no fee to register an

advance directive through the Registry's member health care providers or community partners—a locator service is available on the Registry's Web site. If there are no providers in your area, you can pay a one-time fee of \$25 to have your documents registered. You will receive a wallet card with your registration number and labels to attach to your driver's license and medical insurance card. A letter is sent by the Registry every year to allow updating of contacts and other desired changes. For more information visit uslivingwillregistry.org.

"WILL TO LIVE" ALTERNATIVE TO LIVING WILL

The so-called pro-life groups are increasingly using a document that is an alternative to a living will. It is termed a "Will to Live." The will appears to be constructed on the premise that health care providers will pressure patients and family to discontinue treatment when there is little chance of recovery. It instructs physicians to preserve life even when little hope exists. Typically in such a document, food and water are considered an everyday necessity, not a medical treatment that can be withdrawn, although options can be chosen according to the individual's wishes. The will also contains a provision for a durable power of attorney for health care. It is becoming a popular tool among right to life and anti-abortion activists. The document can be viewed at www.nrlc.org.

-Compiled from The Philadelphia Inquirer, April 3, 2005.

DIGNITAS OPENS SECOND APARTMENT

To meet the increasing demand of terminally ill foreigners seeking relief through physician-assisted suicide in Switzerland, the right to die organization DIGNITAS has opened a second apartment in Aargau, a canton near Zurich. It is reported that, as of February 2005, 362 people have used DIGNITAS apartments for medically hastened delivery since the organization was founded in 1998. The first apartment is by the shore of Lake Zurich.



Despite reports to the contrary, DIGNITAS requires thorough medical screening before it accepts a patient and requires from the patient's family doctor a written confirmation of the diagnosis and prognosis. Every effort is made to ascertain that the patient is of sound mind and understands the procedure.

Once a Swiss doctor has examined and interviewed the patient, if the patient still wants to proceed, a nurse gives an anti-nausea drug 20 minutes before the lethal barbiturate so that the bitter liq-

uid is not vomited. The patient loses consciousness within a few minutes and dies shortly thereafter.

The police and independent doctors determine whether the law has been followed. DIGNITAS arranges for cremation and return of the ashes.

-Compiled from information in the ERGO newsletter, right_to_die@efn.org, Volume 3, Issue 3, and Volume 9, Issue 20, with permission.

NEW GROUP TO ASSIST UK CITIZENS IN TRAVELING TO DIGNITAS

A new organization has been launched in Britain to aid terminally ill British citizens who seek help from the Swiss right to die group DIGNITAS. DIGNITAS is the only organization in the world that accepts non-residents for physician-assisted suicide.

According to Dr. Michael Irwin, past president of the World Federation of Right to Die Societies and one of the founders of "TLC—The Last Choice," the organization has three main objectives:

- To give advice on how DIGNITAS can help the terminally ill in the UK (e.g., explain what happens in Zurich, how to get one's medical records in the UK, etc.)
- To provide a financial grant, if this is necessary
- To provide a volunteer to escort someone to Zurich, if this is required

Dr. Irwin and his colleagues are to be commended for their courage in forming this organization, as it is not without legal risk. Dr. Irwin said, "Apart from myself, the membership of this will remain a secret for the present because we suppose we are breaking English law as the 1961 Suicide Act here says that it is a crime (punishable by up to 14 years' imprisonment; incidentally, this is the strictest punishment in Europe) if one 'aids, abets, counsels or procures the suicide of another.' It is interesting to note that this 1961 Act apparently does not apply to Scotland!"

Dr. Irwin says that TLC has received pledges totaling £5000 and a bank account is being opened outside of Britain.

TLC will be applying for associate membership in the World Federation of Right-to-Die Societies when the board meets in Turin in October.

Dr. Irwin said that he hopes that the activities of TLC will help to eventually decriminalize physician-assisted suicide in Britain.

He finds that the rewards of helping the terminally ill outweigh the risks and cited the following example: "Someone with advanced cancer who I helped in this way last month wrote me a card on the day she ended her life in the DIGNITAS apartment, which said, 'Dear Michael, Zurich has given me this gift and as I think of you today I am grateful for everything you have shared with me to help me make this journey possible. Goodbye—good luck—and I send

you love—Ciao.' She was a wonderful lady."

To support TLC or for more information, contact Dr. Michael Irwin at michael-hk.irwin@virgin.net or write to him at 9 Waverleigh Road, Cranleigh, Surrey GU6 8BZ, England. He notes that for now the group wants only pledges, not checks.

-Compiled from information in the ERGO newsletter, right_to_die@efn.org, Volume 9, Issue 27, with permission of ERGO and Dr. Michael Irwin.

COSTS OF ASSISTED SUICIDE THROUGH DIGNITAS IN SWITZERLAND

[Ed. Note: The following information was provided by the Swiss right to die organization DIGNITAS and is used with its permission. The conversion of Swiss francs to US dollars was made on June 1.]

Experience gathered over more than 6 1/2 years shows that the expenses incurred by DIGNITAS in the preparation and completion of an assisted suicide cannot be sufficiently covered by the ordinary contributions received from members. In accordance with the resolution of the General Assembly held on December 24, 2004, additional member contributions for these additional services and for administrative/official affairs taken care of by DIGNITAS after an assisted suicide will therefore apply as statutory from January 1, 2005.

Preparation of an Assisted Suicide

From before the preparation of an assisted suicide for a DIGNITAS member until the "green light" is given (i.e., a doctor approves a prescription), several significant administrative expenses are incurred by DIGNITAS. Based on DIGNITAS statutes, the member is asked to pay an additional member contribution of 1000 Swiss francs (approximately \$809.13) after a corresponding request has been entered.

Doctor's Consultation

Further costs can be incurred where a Swiss doctor that works together with DIGNITAS must be commissioned to speak with a member and subsequently write the prescription for the medication. The conversation with a doctor, which lasts approximately an hour, can incur costs of up to 500 Swiss francs (approximately \$404.56). This is the norm for people who travel from abroad. If these costs are not paid directly to the doctor, they are billed directly by DIGNITAS.

Costs of Completing an Assisted Suicide

Costs are also incurred by DIGNITAS with the completion of an assisted suicide (travelling costs, time expenditure for accompaniment to the doctor's consultation, costs paid to others acting as assisted suicide companions/helpers, etc.). In order to cover these costs and to maintain the quality of this service, DIGNITAS is compelled to plan for a further additional member contribution of 1000 Swiss francs

(approximately \$809.13) in the statutes for the completion of an assisted suicide.

Funeral and Registry Office Expenses for Funeral and Transport

If a person does not pass away at home or the place of residence but rather in a DIGNITAS apartment, this generates costs for the services of the local funeral responsible parties. A cremation in Switzerland is generally recommended. The urn with the ashes can then be taken home or sent on later without difficulty.

The costs for the services of the funeral director with a cremation generally come to between 1500 and 2200 Swiss francs (approximately \$1213.69 to \$1780.07), including the required transport and charges of the appropriate authorities.

On request, DIGNITAS also undertakes administration of the official procedures following a death in Switzerland. This separate service also incurs an additional member contribution of 1000 Swiss francs (approximately \$809.13), which covers the expenses connected in this respect. Members that agree on a date for completion of an assisted suicide therefore receive an advance payment bill with the corresponding additional member contributions. An assisted suicide can be completed only when it has been ensured that the costs and expenses incurred by DIGNITAS are covered.

DIGNITAS therefore generally requires an advance total payment of 4500 Swiss francs (approximately \$3641.07) to complete an assisted suicide where DIGNITAS also takes care of the funeral arrangements, and an advance total payment of 2000 Swiss francs (approximately \$1618.25) where DIGNITAS does not take care of the funeral or administrative/official affairs.

If a member has paid more than the minimum determined member contributions during his affiliation with DIGNITAS, this surplus can be deducted from the advance payment.

In the interests of an orderly billing procedure, the members are therefore also billed accordingly for these separate services, which must be settled regularly by advance payment.

The DIGNITAS statutes make provision for the reduction or omission of contributions for members that live under more modest economic circumstances. This also applies for these additional member contributions. Reduction or omission of contributions must however be discussed and agreed beforehand by the member and DIGNITAS.

WHAT YOU CAN LEARN AT THE MOVIES by Faye Girsh

Two films on the right to die received Academy Awards this year: *Million Dollar Baby* and *Mar Adentro* (*The Sea Inside*). Before the Schiavo case

grabbed the headlines there was opposition to these excellent movies from the usual suspects. Both stories describe the lives of young, active people who have become quadriplegics because of accidents resulting from their activity. Both conclude that they want to die and, because they are not able to help themselves in any way, they require assistance to carry out their wishes—and they get it.

The opposition argues that this is a devaluation of the lives of disabled people—the same arguments we heard in the Schiavo case—as though people with disabilities should be deprived of choice. Seems that they would be complaining that it was a violation of the Americans with Disabilities Act if they *couldn't* make that choice!

In *Million Dollar Baby* Clint Eastwood plays Frankie, who has become Maggie's boxing coach and develops a very close father-daughter relationship with her. Though he promises to help her get a mobility device so she can attend college and assures her he will care for her, she is so insistent on dying that she even bites off her tongue in an attempt to do the deed. Frankie, after consulting with his priest, comes to the hospital room, turns off her respirator, injects her with adrenaline, and she dies.

Although it is a very moving story (apparently fiction), what we need to learn from this scenario is that the law would have permitted her to die *without* his help. Because her life was sustained by a respirator (and also artificial food and hydration—like Terri Schiavo) *and* she was mentally competent, she could have requested that treatment be terminated. Every competent American has the right to refuse any unwanted treatment, including food and fluids. We can also make that request in an advance directive so that if we become incompetent our wishes will still be carried out, which is what Terri Schiavo did *not* do.

Mar Adentro is the true story about a Spanish man, Ramón Sampedro, who had been a quadriplegic for many years and dreamed about what his life would be like if he could have his limbs back. For many years Sampedro fought for voluntary euthanasia and had the support of the Spanish Death with Dignity Society, which eventually, with his friends, did orchestrate his death. Eleven people were there, each having a small role so that none would be guilty. They provided a cyanide drink (not recommended) and he died gratefully (though it is considered a painful way to go).

The moral of that story is that help can be provided by organizations such as Compassion & Choices and Final Exit Network but, in this country, it can



happen only if you do *not* require physical assistance. What Sampedro could have done would have been to stop eating and drinking. This is how Schiavo died and we saw that it took almost two weeks. But with hospice care a person can be made relatively comfortable while the process is going on. Though not ideal, it is a method being used more often because it is legal and help is available.

Check out these beautiful movies, but remember, there is usually a way out and it is helpful to know all the possibilities.

CLIENT SUPPORT SERVICES TRAINING ADVENTURE

by **Leanore Vizer**
Delaware Valley Chapter

After a long application process, made longer by the merger of Compassion In Dying and End-of-Life Choices, I was *in*, and thrilled to be so.

The training in New York City was scheduled to start Tuesday, March 8, for new applicants and to continue through Thursday, March 10, for “veterans.” As a new applicant, I had let Julian Rush and Helen Beum know that I’d have to miss the orientation on Tuesday because of a funeral in New Jersey. I expected to drive up afterwards, have dinner with a friend in North Jersey, and continue in to NYC.

The gods intervened. The drive up to the NYC area on Tuesday was the hairiest I’ve ever experienced, especially since I was doing it alone. I’m a confident driver with a trusty car that will plow through *anything*, except ice. Ice is what I got, miles and miles of it, blinding, encasing my windshield wipers so thickly that I was afraid the glass would break. I stopped at several rest areas on the Turnpike, hoping to find spray de-icer, but no luck. They did have lots of Twinkies and coffee. Terrific! I thought of going back home, but at that point, returning was as treacherous as continuing, so on I went. Humungous trucks had slid off the road, not to mention several buggies a lot like mine. Thank God for Valium.

I made it, finally, to my friend’s in Cliffside Park, gasping with relief. I called the Riverside Hotel to cancel that night’s reservation; no way was I getting back behind the wheel until the next morning. We sent out for pizza and I spent the night. The next morning the sun was gorgeous. I left my car there, encased in ice one foot thick (no exaggeration!), and my friend drove me to my hotel, waited until I checked in, then dropped me at the Ethical Culture Society, 64th Street and Central Park West, for the training.

That’s what you call a Caring Friend.

We met informally Wednesday morning over a continental breakfast. In charge were Julian Rush, director of volunteers, and Helen Beum, director of Clinical Services. Dick MacDonald was on hand to provide medical expertise.

Attendance was small; several others had been expected and were no-shows. Present were Donna Massey of Massachusetts, Sandy Isaacs of New Hampshire, Eve Segal and I from the Greater Philadelphia area, and Donna DeVoe from Rhode Island. A New York–area contingent was also present and, apparently, quite experienced and knowledgeable: Judy Schwartz on Wednesday and Cavin Lehman and Peter Rogatz on Thursday.

The organizers had done their work in advance; each day had its own assigned agenda. There was much to learn. Because Julian and Helen encouraged questions so openly and answered them so thoroughly, there was considerable overlapping from day to day. It didn’t seem to matter what was talked about on which day, as long as everything was covered. (I personally prefer that process; there’s a spontaneity in the interplay of question and answer that is missing when one simply follows a printed agenda.) Through it all was a deep commitment on the part of everyone present and an overwhelming awe at our role as sharers at this most intimate time in the lives of our clients and their families.

Our leaders were kind enough to recognize that we wanted to end before rush hour on Thursday. I had been dreading that final exit (no pun intended!) from NYC at the worst possible time, so Dick MacDonald hustled to get through his presentation and demo, in consideration for us travelers.

What did we cover?

1. *How the Process Is Put in Motion.* An interested client calls 1 (800) 247-7421 for information. Trained staff takes a history, listens to the needs and wants of the client, and engages a local Client Support volunteer if necessary. Trainee follows through via repeated telephone calls and, if possible, face-to-face visits to determine the next—if any—course of action. Hospice may be called to become involved. (There is generally a cooperative relationship between hospice and our organization.) If the client desires a hastened death, the volunteer assures that safeguards are in place, that the client and the family have full information and have acquired the means, and that the desire is genuine and consistent.
2. *The Importance of Advance Directives and Placement of Those Documents in the Hands of All Healthcare Providers.*
3. *Who Qualifies as a Client?* Patients who are terminally ill or who have the disease of which they will eventually die.
4. *The Importance of Confidentiality, Documenting and Logging Phone Calls, Times and Details Involved.*
5. *Options for a Hastened Death.* In the interests of discretion and accuracy, I can’t go into specific details.

6. *Procedures to Be Followed After the Death.* Condolence cards and follow-up must be offered to the family. And often the volunteer needs healing time, too.

I left the training feeling honored that I had been chosen to be part of an enterprise so vital and important, imbued with a deep sense of humility.

CASE UPDATE

Huntington Williams

This 74-year-old emergency medical technician in Cornwall, Connecticut, has received a sentence of “accelerated rehabilitation” because he had no previous criminal convictions. Williams was sentenced to 1 year’s probation for helping his 66-year-old neighbor and friend, John Welles, to commit suicide by cleaning his gun for him and taking it outside for Welles to use. Welles had advanced cancer and shot himself in the head.

-From the ERGO newslst, Volume 10, Issue 7, with permission.

CHOICES SPEAKS OUT!

End-of-Life Choices–New Jersey will speak at the Unitarian Universalist Church in Hunterdon County on Sunday, September 25, at noon. The speech will be followed by a question and answer period; an advance directives workshop may be held. A speaker has not yet been designated. The church is located at the intersections of Route 519 and Oak Summit Road, about 1.5 miles north of Route 12 out of Frenchtown/Flemington. For more information, contact Ken Swearington at (908) 713-1867 or kensw@earthlink.net.

Special thanks to Allan Marain for donating the space for his President’s Message this issue.

AUGUST BOARD MEETING

The End of Life Choices–NJ board of trustees will meet at 1:30 PM on Sunday, August 14, at Allan Marain’s office in New Brunswick. Contact Allan for directions.

BOARD OF TRUSTEES CONTACT INFORMATION

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Graphics by Frylandia Design Co., LLC
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NEWSLETTER PUBLICATION/SUBMISSION DATES

Month of Publication	Submission Deadline
January	December 1
April	March 1
July	June 1
October	September 1

Submit material to Barbara@HemlockNJ.org or phone (908) 832-9635 for the address to send it through the US mail. All material becomes the property of End-of-Life Choices of New Jersey, Inc. Permission to reprint articles must be obtained in writing from the editor and the author. Unused articles may be returned to the author upon request. Opinions expressed in the newsletter do not necessarily reflect the opinion of End-of-Life Choices of New Jersey, Inc., or of Compassion & Choices.

ADDRESS CHANGES

Please submit changes of address to national at End-of-Life Choices, PO Box 101810, Denver, CO 80246, or call (800) 247-7421.

ORGAN DONOR CARD

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Sharing
Network

*saving lives through
organ and tissue donation*

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In the hope that I may help others, I hereby make this gift for the purpose of transplant, medical study, or education, to take effect upon my death.

I give Any needed organs/tissues
 Only the following organs/tissues

Specify the organ(s)/tissue(s)

Limitations or special wishes if any

Donor’s signature

Fold here-----

Donor’s date of birth City & State

Witness

Witness

Date Signed City/State

Next of kin Telephone

This is a legal document under the Uniform Anatomical Gift Act. Reproduced with permission of the NJ Sharing Network.

Visit our Web sites at
www.endoflifechoices.org
www.EndofLifeChoicesNJ.org

Allan Marain, *President* (732) 828-2020
End-of-Life Choices–New Jersey
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YES, I want to join Compassion & Choices!

I understand that this automatically includes state membership privileges in End-of-Life Choices of New Jersey, Inc. Please make check payable to Compassion & Choices.

As a member, I'll receive *Compassion & Choices* and *New Jersey News*.

ANNUAL CONTRIBUTION (dues are not tax-deductible)

\$35 Single \$43 Couple \$350 Life Member \$430 Life Couple

Here's an extra donation to the Hemlock Foundation (tax-deductible)

Here's an extra donation to End-of-Life Choices of New Jersey, Inc. (tax-deductible)

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