

Compassion & Choices Northern California Newsletter

Fall/Winter 2011



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A Peaceful Death by Stopping Eating and Drinking by Shonnie Brown, M.A., M.F.T.

My mother was a vivacious and gregarious person who also needed an enormous amount of control. Though she lived a full and happy life, she was very preoccupied with preparing for death. When my sister, Sandi, and I were only teenagers, Mom talked to us about death. In our young adulthood, Mom sent us DNRs, financial information, and articles on dying. This continued for another fifty years.

Mom entered a retirement community at the age of 82 still in excellent health. During her first several years, she continued her active lifestyle. But after her ninetieth birthday, she began a decline in health which was very difficult for her, causing her to withdraw from both people and interests.

At the age of 96, a trusted doctor suggested she might only have six to eight more weeks to live. Although she suffered from congestive heart failure, she still had an amazingly strong body. It was during this time that Mom began contemplating a sensible way to have control over her dying process. Her mind was completely sound, and she felt very much at peace when she made her final decision to stop eating and drinking. She announced her decision to

the family and called up everyone she loved to say goodbye. After two weeks on Gatorade, during which she welcomed and enjoyed all her friends from her bed, she began her fast. During every moment of this time, she was incredibly joyous and excited about what the next part of her soul's journey might hold.

This all happened very quickly for me. Because she had always been so strong, I made a conscious choice with Mom not to see her suffer. I was with her, throwing out her belongings as instructed, until the fifth day of her fast. I then returned home, leaving her in the hands of her beloved caregiver and social worker, and continued speaking with her by phone through her eighth day. She remained joyous, lucid, and loving until she took her last breath on the tenth day. She experienced no suffering.

I know I will miss her, but it is difficult to feel sad when a parent has had a joyous, conscious death. Every day I would ask her if she was still happy, and the answer was always, "Yes." She had closure and goodbyes. She still felt in control. She left in peace. She managed to orchestrate her own death exactly as she wanted it to be.

End-of-Life Volunteer Spotlight: Barbara Engdahl

Barbara, a native Californian, grew up in the Bay Area's Swedish-American community. Her mother died when she was eleven, giving her an early start to learn how to cope with death. Barbara earned her Master of Social Work degree at the East West Center in Honolulu. While in Hawaii, Barbara met her husband. After traveling, they settled in Honolulu to raise their two sons.

Her career in medical social work included positions in the Department of Health in Kona, Children's Hospital in Oakland, French Hospital in San Francisco, and John Muir Hospital and Home Care in Walnut Creek. In 1998, Barbara started Daisy Companion Care Agency to help families find qualified caregivers for their elderly loved ones. She retired five years ago.



Barbara Engdahl volunteering for Compassion & Choices Northern California at the Marin Senior Fair.

Barbara has always been involved with volunteering in the community, from being on the board of the Hawaii Association for Children with Learning Disabilities, to heading a walkathon for the March of Dimes, to gardening for Mare Island Historical Park. When she read an article about Compassion & Choices, she immediately called to volunteer. Helping people plan for their deaths seemed to be one of her special callings. She believes wholeheartedly in individuals' rights to determine how they die and has seen first-hand how life can be needlessly (and painfully) extended. "Helping people with information and support is just a continuation of my professional career," she says. "When I see the gratitude on clients' faces when they can talk with someone about their deaths and the choices they want to make, to have companionship and support in that arena, I feel very privileged to be there for them. And, I am so glad to know the choices and support are there for me too when I might need them!"

Want to become an End-of-Life Volunteer? Contact (866) 825-8967 or admin@compassionandchoicesnca.org.

2012 Essay Contest Launched

A 2010 Maryland study found that only 34% of the population had an advance directive. The number of young adults without advance directives is even greater. Young adults report they are unfamiliar with advance directives, feel too healthy, or are too young to need one. Yet end-of-life care can affect people of any age. This is why Compassion & Choices Northern California is launching its fifth annual *Matters of Life & Death Scholarship Writing Contest* with a new theme.

College-bound California high school students are invited to respond to the question: "Why do I need an advance directive by the time I turn 18?" Students will be given background material to learn what an advance directive is and how it can help to avoid disputes and uncertainty during end-of-life care. The contest will be judged in the springtime. The prize for first place is \$1,000, followed by \$500 for second, and \$250 for honorable mention. For complete contest rules, please visit: www.compassionandchoicesnca.org.

In Your Community

"Do you have an advance directive?" This is our introduction to the thousands of fairgoers we talk to throughout Northern California. Our presence at senior fairs serves to educate and provide end-of-life information to help people make informed and knowledgeable decisions. Recently, we attended senior fairs in Oakland, Hayward, and Marin. Our biggest fair, the Marin Senior Fair, had more than 5,000 attendees. New events and scheduled fair appearances are regularly posted on our Web site at: www.compassionandchoicesnca.org.

We also make presentations to local community groups. Our next presentation, "Current Trends on End-of-Life Choices," is scheduled for Wednesday, January 25 from 7 to 9 pm at Congregation Emanu-El in San Francisco and is open to the public. For more information about this event, or if you would like to schedule a presentation with a knowledgeable Compassion & Choices Northern California board member, please call (866) 825-8967 or email admin@compassionandchoicesnca.org.

Board Development Members

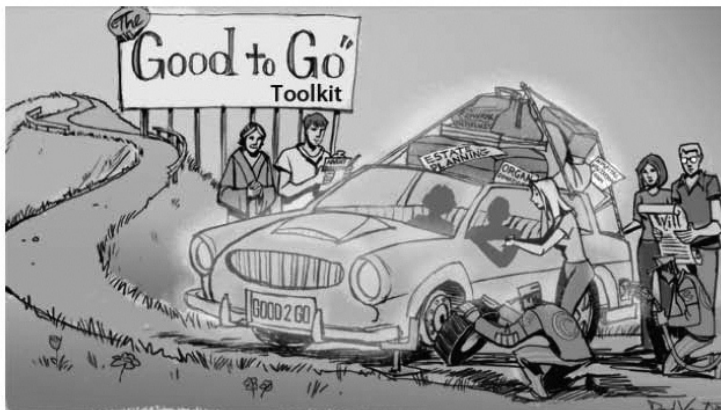
Compassion & Choices Northern California is looking for individuals who are passionate about our work to join our board development team. We are currently recruiting board members who have experience in finance, fund development, and/or marketing. We are also looking for a member of the clergy. If you would like to help us recruit, or if you know anyone who might be interested in joining our board, please email admin@compassionandchoicesnca.org or call (866) 825-8967.

Newsletter Suggestions

We would appreciate your thoughts and comments on our newsletter. What would you like to see in the next newsletter? What would you like to know more about? What interests you that you think would be of interest to others? Please send your suggestions to admin@compassionandchoicesnca.org.

Donor Profile: Advent Software, Inc.

Advent Software, Inc. has been a generous corporate donor since 2008. For the past two years, Advent has sponsored our annual essay contest and other outreach efforts. Advent, located in San Francisco, produces software for institutional money managers. Their donation was channeled through their employee grant program, which awards grants to nonprofits where employees volunteer their time. Advent has a community involvement program which includes volunteerism, matching gifts, corporate donations, and grants. In 2009 and 2010, Advent was named one of the 60 top corporate philanthropists in the Greater Bay Area.



"The Good-to-Go Toolkit" is a great resource when updating your advance directive. Contact us to receive a copy.

Advance Directive Up to Date?

Your advance directive is a tool to help you communicate to your physician and loved ones the type of care you would like when you cannot speak for yourself. Is your advance directive up to date? Has anything changed since you completed your advance directive? If so, take a look at it to see if it reflects your current wishes and that the people you assigned to be your primary and alternate agents are still willing and able to carry out your wishes.

You may wish to consider adding the following additional provisions to your current advance directive:

Dementia Provision: Includes language that you can add to any advance directive or living will to advise physicians and family of the wishes of a patient who is later diagnosed with Alzheimer's disease or other forms of dementia.

Sectarian Healthcare Directive: Language clarifies that admission to a religiously-affiliated facility does not imply consent to care mandated by the institution's religious policies, and directs a transfer if the facility declines to follow the wishes outlined in your advance directive.

You can update or change your advance directive at any time so that it most accurately reflects your wishes. If you wish to add the above provisions to your advance directive, we recommend that you destroy your old advance directive and create a new one with the clauses included so that there is no confusion. Be sure to sign and date the new version and obtain the required witness signatures (or notary stamp) at the end of the form.

Along with any changes you make in the advance directive forms, talk with your physician and loved ones to be sure they are aware of the changes and have a copy of the current form.

Make a habit of reviewing your advance directive periodically or when your health changes. Our Web site has a checklist to aid you in identifying what to do with your advance directive once you've completed it or revised it.

Want copies of our advance directive, dementia provision, or the sectarian healthcare directive? Please call (866) 825-8967 or visit us at: www.compassionandchoicesnca.org.



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Retirement Home Groups by Sue Steele, M.F.T.

The reluctance of our nation to accept that our lives will end was brought into sharp focus by a participant in one of my recently formed Compassion & Choices groups in a retirement center. He declared that it was not until he had been a resident at the home for four months that he realized it would probably be the last place he lived. He expressed amazement that he had not been aware of that likelihood before.

So began an exploration of the usually taboo subject-death: how we prepare for it, what our beliefs are, what ceremonies we would like after our death, how our culture and religion relate to it, and what choices we may make at the end of our lives. It became clear that the participants had very different priorities and wishes as their advance directives were prepared and reviewed. One resident discovered that the person she assumed would have power of attorney for her healthcare was in fact not the person she felt would honor her choices, so she explored other candidates and was able to designate someone else. The Values Sheet in “The Good-to-Go Toolkit” provided the

impetus for lively discussions and was used to initiate several family discussions.

As the group developed a sense of trust, the underlying fears of death emerged, some of which were: concerns about having effective pain management, what living with reduced income would entail, what an Alzheimer’s diagnosis would mean, and how to adjust to increased disability and dependence.

Initially, I sensed a wish by the participants that Compassion & Choices would be able to provide a quick, guaranteed, painless death, and simultaneously some of the staff were concerned that residents may be pressured into making unwise decisions. These hopes and concerns have been exposed as the myths they are. With assistance from the staff and residents, I have led three groups in the past two years. An administrator of the center commented recently that he noticed that both the residents and the staff are much less tense and more open to talking about end-of-life issues since the groups began.