

ARE YOU GOOD TO GO?

Your End-of-Life Healthcare Choices

Sponsored by: Compassion & Choices, a National Non-Profit Organization

Presented by: Doug Rice, President, Compassion & Choices,

South Carolina Action Team

Held at: John Wesley Methodist Church, Charleston, SC

February 10, 2017

Observer: Sharon Fratepietro

Note: The League of Women Voters - Charleston Area neither supports nor endorses political candidates or political parties. It is committed to civic awareness and education and will advocate for carefully selected and studied issues.

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Below is a summary of the remarks and comments made during a meeting held on February 10th at the John Wesley Methodist Church. This report does not attempt to reflect verbatim comments or responses and should not be interpreted as such.

At a meeting that was held on February 10th at the John Wesley Methodist Church in Charleston, SC, Doug Rice, President of the South Carolina Action Team of Compassion and Choices, identified what he considered The Problem; relevant legal documents, especially for South Carolina; options; and follow up actions attendees might wish to take. Below is a summary of his remarks:

The Problem:

Most people want to end their lives at home among loved ones without being a burden, and have their pain managed and spiritual needs respected. However, many people do not make their end-of-life wishes known before encountering serious illness and death.

As a result, today about 70% of people die in medical facilities, and 90% will likely do so by 2030. The standard of care among medical staff in a medical crisis is to “do everything.” When a patient is dying, doctors are more afraid of withholding treatment than of providing unnecessary and often painful care. Disagreements about treatment options among family members further complicate the situation.

The Legal Documents:

To avoid these problems, Mr. Rice indicated that people should create legal documents stating end-of-life choices before a health crisis occurs, and make these choices known to family, friends and doctors.

1. A South Carolina Health Care Power of Attorney lets each person name an advocate (and backup) to make health care decisions if and when that person becomes too ill to speak for him or herself.
2. A South Carolina Declaration of a Desire for a Natural Death (also known as a “Living Will”) specifies how much and what kind of treatment is wanted when seriously ill.
3. A third document, available at the Compassion & Choices website, also provides a model “Dementia Provision” document, should one suffer from dementia.
4. Another Option: Death with Dignity - One option for some dying people who are suffering uncontrollable pain is “Death with Dignity,” also known as “Medical Aid in Dying.” This option has been considered a safe and trusted medical practice that is legal in five states (Oregon, Washington, Montana, Vermont, California), but not yet in South Carolina. A terminally ill and mentally capable person, predicted to live six months at most, may request a lethal prescription from his or her doctor for medication to self-ingest and end unbearable suffering. Among states allowing this, there has not been one documented incident of abuse or coercion in over 30 years, because certain safeguards make the law work as intended. Death with Dignity is not euthanasia or suicide.

Getting Involved

Mr. Rice stated that for those who may want to let South Carolina legislators know they want to legalize Death with Dignity in South Carolina, they can volunteer for this effort, or get end-of-life information and tools to manage personal end-of-life care. Information is available on www.CompassionAndChoices.org.

To ask Doug Rice to speak at an event, he can be contacted at: 803-413-7147 (in Columbia), or at Drice1949@aol.com.

Note: Corrections to text identified and corrected on 2-25-17