

President's Letter



Donna Klamm
President

Dear members and friends,
This has been a very exciting summer for the Hemlock Society of Florida. In August the new, improved web site was launched thanks to the diligent work of Executive Director Ben Wilcox and web page designer Mary Frederick. If you have internet access, I do hope you will visit the site (www.hemlockflorida.org) and give us your opinion. The site is full of useful information, including the complete Advance Directive packet, a history of the Hemlock Society, current right-to-die news from around the world, a list of the current board members along with a photo, current and previous issues of the Beacon and links to other right-to-die organizations. I suggest that you tell your friends to "check us out" by viewing the new website. Let's spread the word that terminally ill individuals

have the right to make their own end-of-life decisions. Hemlock is also on FaceBook and Twitter. Remember, we do offer speakers to educate people on end-of-life issues.

I will soon be sending you a letter of solicitation. The Hemlock Society of Florida has never before solicited funds but the time has now come to do so. My letter will ask members and friends to donate to the Hemlock Foundation of Florida, Inc. so that we may keep our Executive Director. Ben Wilcox has, thus far, done an outstanding job for us and we definitely want him to continue. In the future, he will be contacting Florida legislators to examine the possibility of getting a Death-with-Dignity Act sponsored and presented in the legislature. Ben's professional experience includes some lobbying, which we consider vital to our pursuit of rational laws that will honor the civil rights of all Floridians at the end of life. Reminder: Your donation to the Hemlock FOUNDATION of Florida is a tax-deductible item for you.

Donna

From the Executive Director



Ben Wilcox
Executive Director

Dear members and friends of the Hemlock Society of Florida:

It's been an eventful time for the Hemlock Society of Florida and for me since I last wrote to you. I met with

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Hemlock Society of Florida, Inc.

Beacon Newsletter

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Hemlock's Board last April and we accomplished two very important tasks. First we approved a new mission statement for the organization. It doesn't represent a new direction, but it clearly states how the Board views the mission of this organization in the future. The mission statement is as follows:

"Dedicated to improving the quality of dying through education, advocacy and empowerment of all citizens to make and carry out their own end-of-life decisions.

"We affirm the individual's dignity and free will throughout life, including the freedom to hasten death legally under appropriate circumstances."

The other important task accomplished by the Board in April was the approval of a plan to redesign our website with our mission statement in mind. We wanted the website to be more than just a means of educating people about the Hemlock Society of Florida. We also wanted it to be a resource for people making end-of-life choices, a vehicle for recruiting new members and an advocacy tool to influence public policy. Now that the website redesign is complete, I'm happy to say I believe we have accomplished all of those goals.

You can view the website at: www.hemlockflorida.org. We received considerable media coverage when the website was unveiled after the Associated Press picked up the story. Articles appeared in the Miami Herald, the Tallahassee Democrat and other newspapers statewide. They attracted many new viewers to the website, some of whom expressed interest in becoming members of our organization.

The website and resulting news coverage has raised the visibility of the Hemlock Society of Florida. This bodes well for our determination to reestablish ourselves as one of the leading advocates for the individual's right to die with dignity, even if it means hastening death when death is imminent and quality of life has failed.

In my last message to you I mentioned that I first learned about the Hemlock Society from my mother when I was a teenager. She made it very clear why she was a member and that, when her time came, she did not want to be kept alive by medical technology and in fact would prefer the option of ending her life if she was in a terminal and debilitating condition.

This year my mother turned 94 and required the level of

care provided by a nursing home. I was so sorry to see her lose virtually all quality of life. Macular degeneration had destroyed her vision, she was strapped in a wheelchair, she had lost the ability to swallow and her mind was dimmed by dementia.

During the last week of May, I believe my mother decided she had suffered enough and began a week-long process of willing herself to die. Hospice was called in and my sister and I made sure her end-of-life choices, laid out in her advance directive, were strictly followed. She was never really conscious during that week, but toward the end I told her, "I know you're ready to go, so go." She seemed to relax into sleep and the next morning was gone. It was a very peaceful death and I am thankful for that. I also know that as a Hemlock Society member she would have wanted her death to come sooner.

Ben

**BELATED BIRTHDAY wishes to
DEREK HUMPHRY**

Founder of the Hemlock Society.

**He celebrated his 80th birthday
this past April.**

and

**HAPPY 30th BIRTHDAY TO THE
HEMLOCK SOCIETY**

**Though it has gone through many
changes over the years, it remains a
very active organization in Florida
and San Diego, California.**

GUEST VIEWPOINT

A time to die, despite relentless efforts to put it off

BY Todd Huffman

Eugene Register Guard

Sunday, July 18, 2010

Death is a human constant. Fear of it is another.

It is not the being dead we're afraid of – it's the dying. We don't want to suffer. We don't want to linger. We don't want to be in pain. We don't want our loved ones to be in pain. Who would deny that the sweetest fortune is to die in one's sleep? Or that to die at home, tucked in one's own bed, is to die for? We should all be so lucky.

Death comes to everyone. The timing is much less certain. More straightforward is the fact that we are spending more time in hospitals in our final days, suffering through last-ditch efforts that buy us weeks at best, the cost of which too often leaves behind a wretched inheritance of financial hardship.

According to the Dartmouth Atlas Project, which tracks health care trends, more than four in five Americans who die have a long, progressive illness such as cancer, heart or respiratory failure, or Alzheimer's disease. More than four in five of such patients say they want to avoid hospitalization as their earthly life comes to a close. But that's not what's happening.

So desperate are we to prolong our curtain calls that the average time spent in hospice and palliative care, which stress comfort and quality of life once an illness becomes incurable, is failing. The fatally and frightened ill, or their anguished surrogates, are more often choosing needless medicine over comfort care, compounding and prolonging physical torments beyond any sensible point.

As a result, people today are actually sicker

than ever as they die. Too late, treatments are discovered to be worse than the illness. Doctors, pressured to press on, practice “exhaustion medicine”—treating until there are no options remaining. Life in its waning days is ignoble, and death with tubes emerging from every orifice is indecent.

At some point in life, the only thing worse than dying is being kept alive.

More precious time at home at life’s end could come sooner if families knew how to talk about alternatives to aggressive treatment. Many conversations can be had about what lengths to go before each of us—as is likely—one day becomes seriously or terminally ill. At least once, such conversations should involve our doctors.

Right-minded politicians recognize that as a nation we are poorly matching treatments to patients’ goals and wishes during serious illnesses and at the end of life. To correct this imbalance, we need end-of-life discussion—well before our days are done—between ourselves and our physicians. And necessary to such counseling is reimbursement for the physician’s time and guidance.

This sensible and humane idea, withdrawn under duress from the health care reform bill passed earlier this year, is again being proposed in legislation (the Personalize Your Care Act) soon being introduced by Rep. Earl Blumenauer, D-Ore. Never mind the nonsense about government “death panels,” the politically brilliant and terribly misleading phrase issued by cynical politicians and talk-show demagogues trafficking in fear—in this case, our fear of death and dying, and of loss of independence.

Aren’t we all in favor of counseling and palliative care being available to the terminally ill? Shouldn’t cancer patients, as well as people with failing hearts and lungs and minds, get better end-of-life guidance? Why is this idea controversial?

This isn’t about euthanasia. If one wants to fight death to the bitter end, chancing that the end might indeed be bitter, no other should deny that match.

It isn’t even about skyrocketing health care costs—though without some national course correction, our extravagant attempts to cheat death will one day bankrupt us. Americans need remind themselves that there is no constitutional right to life everlasting.

It’s about living life and death with dignity, and learning how to let go. In the words of the enduring Truman Capote: “It strikes me as absurd and rather obscene, this whole cosmetic and medical industry based on lust for youth, age fear, death terror. Who the hell wants to live forever?”

When I become threadworn and brittle, when my days and spirit are dwindling, mercy calls that my end not be excruciatingly slowed by artificial means after any meaningful form of life remains to me. Such a denouement would make a parody of the fullness of my life.

All that I ask—don’t you?—is that my doctors, having been consulted beforehand and compensated for their time, guide me to an easeful death. To deny that to me and to my loved ones would be to add cruelty to my misfortune.

Todd Huffman is a pediatrician at McKenzie Pediatrics in Springfield, Oregon.

This article was reprinted with the permission of the author.

AROUND THE WORLD

Australia – A woman in South Australia has been given the right to die by refusing food, hydration and medication without her nursing home being prosecuted. Voluntary Euthanasia Society (VES) president Frances Coombe

stated it was a cruel way for someone to die.* Alan Graham, Chief Executive of Aged and Community Services said there is no official position on assisting a patient to die and that discussions need to be held on this complex issue of patient's choice and moral positions of various organizations.

**Editor's Note: It has been noted that withholding hydration and nutrition is not a painful death, as many right-to-die opponents claim. There may be some patient agitation but this can be controlled by pain medications.*

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Robin Chapple, a Greens member of parliament in West Australia, has introduced right-to-die legislation for persons over 21 years of age with a terminal illness which will cause death within two years. Chapple said this is not about legalizing suicide, devaluing life or pushing the boundaries of morality. This bill is about giving choice to a suffering terminally ill person. Richard Egan of the Christian group, FamilyVoice Australia, claims the bill would put the elderly and disabled at risk, including those suffering with depression. Passage of this bill will be a struggle in need of support from the Liberal and National parties.

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Exit International office is raided a second time. Dr. Philip Nitschke said the raid was uncalled for stating that the organization would provide any documents investigators required. Police also visited Exit offices in Darwin, Queensland and New South Wales. Nitschke said the organization is "getting a bit fed up" with these searches every time there is a suspicious death with a member of the organization. A police official said they had taken great care to ensure all protocols were met in these searches.

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Colleen Hartland, Greens party Member of Parliament in Victoria, plans to introduce a

motion in the Upper House to review the 22-year-old Medical Treatment Act. The motion focuses on end-of-life treatment, palliative care, and whether the Act meets contemporary expectations and prevents suffering. The motion asks if the Act should be referred to the Law Reform Commission. Dying with Dignity Victoria says more than 80 percent of the people support the right of the terminally ill to die peacefully with medical assistance.

India - A 70-year-old woman has petitioned the High Court seeking physician aid-in-dying. The judge has issued notice to the Ministries of Parliamentary Affairs and Law and Justice, the Chief Secretary and state governments to file counters. The patient, who resides in a nursing home, has suffered severe pain from a slipped disc since her retirement in 1998. She stated that there has been no response from authorities to her requests for aid-in-dying. In addition to her request for permission to end her life she also asked that the state commission a committee to legalize euthanasia.

Ireland - Exit International is setting up a group in Ireland to be headed by Tim Curran. Curran stated that the association would be an information and support source for people interested in learning more about end-of-life options. Curran became involved after attending a meeting held by Dr. Philip Nitschke, the founder of Exit International. The chair of the Irish Association for Palliative Care, Dr. Regina McQuillan, said the association was opposed to any change in legislation. She stated that most "very ill people wanted any treatment that could prolong their lives but promoting euthanasia and assisted suicide sent a message that those lives were not worth living."

Japan - Membership in the Japan Society for Dying seems to be slowing down according to a recent study. The study noted that there has been a marked increase in those over 80 (34%)

in the past two years and an amazing number (140) of members 100 and older. The total membership of the organization stands at nearly 125,000 as of May 2010. It was also noted that in 2009 there were over 30,000 centenarians in Japan.

Korea - During the past months the Ministry of Health and Welfare has conducted meetings to discuss end-of-life care. The committee consisted of doctors, lawyers, religious leaders and activists. An agreement was reached on removing life support such as cardiopulmonary resuscitation (CPR) and artificial respirators from terminally ill patients but did not go so far as to approve removal of hydration and nutrition which the committee considered deliberate ending of a life. The committee plans to establish a review committee on stoppage of life support, and medical institutions would be required to establish ethics committees. There was no agreement regarding patients who could not express their wishes and would be impossible for others, including family members, to make decisions if the patient had not expressed his/her wishes. Koh Yoon-seok, president of the Korea Society for Medical Ethics, said that family consensus is important in considering the Confucian structure of Korean culture. Koh stated, "the suffering of patients and their family members due to meaningless treatment should be considered." The Health Ministry will submit the committee results to the National Assembly for consideration.

Netherlands - A new group, Horizon, and other right-to-die organizations say older individuals should have the right to determine when they die, even if they are healthy. A petition asking the Dutch parliament to debate whether people over 70 have a right to assisted death. Although assisted suicide is against the law in the Netherlands, there are

exceptions. Doctors cannot be prosecuted if they can prove they adhered to strict medical and ethical guidelines. Horizon chairman, Enno Nuy, said, "mostly it concerns people who are older, have no pleasant perspective of expectations left, who have no friends or relatives, and who are facing Alzheimer's or dementia." This issue will be a difficult and emotional debate.

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The Dutch association Right to Die (NVVE) is looking into the possibility of an assisted death clinic for people who fall outside the current law. The clinic would be located in a hospital or care home and would provide an additional choice for hospices. The results are expected at the end of the year. According to NVVE research, 80 percent of the 204 hospices already offer the possibility of euthanasia. NVVE director Petra de Jong said "...but one that misses patients with dementia or chronic psychiatric problems with a serious wish to die."

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It was reported that there had been an increase of 13 percent in euthanasia requests last year but an article in the British Journal of General Practice said that the number of requests had not increased since the euthanasia law became effective. It stated that the number of reports did increase but not the requests. Epidemiologist G. Donker said, "It means that euthanasia does not happen more often, but that it is reported more frequently." He also noted that, "it [euthanasia] is an emotional burden. But you want to give the optimal care and euthanasia can be part of that. A general practitioner only renders euthanasia out of empathy with the patient who asks for it."

New Zealand - Dr. John Pollock, a 61-year old general practitioner, has just months to live and says it is time for euthanasia to be

legalized. He admits he has never assisted a patient to die but knows of doctors who have helped suffering patients. Pollock said the law would give terminal patients the comfort of knowing help was available if they needed it. If it was legal now it would be a huge comfort to me. I'd have an arrangement with my doctor that under certain circumstances she would euthanize me.

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In a recent survey it was revealed that nearly 70 percent of Kiwis support euthanasia if a person is in pain. Support dropped to 45 percent when the person's pain was managed effectively. The results come following reports that the North Carolina woman charged with assisting the suicide of Audrey Wallis would most likely not stand trial since the woman has refused to return to New Zealand.

**United Kingdom - Scotland** - Charges were dropped against Dr. Libby Wilson, 84, for allegations of advising a patient on how to die. Dr. Wilson, the founder of Friends At The End (FATE) spoke with Cari Loder twice on the phone shortly before Ms. Loder ended her life. Dr. Wilson said she had "no regrets" about advising patients but did fear police investigation. The case dragged on for a year and was deferred seven times before the Crown Prosecution dropped it. The officials said prosecution would not be in the public interest although there was sufficient evidence to prosecute.

*Faye Girsh, board member of the World Federation of Right to Die Societies, commented, "Though the arrest is foolish, a waste of time and energy for Libby and the police, and an affront to human dignity and choice, I congratulate Libby and the other courageous doctors in our movement for challenging unjust law in their countries...Of course, it has not just been the courage of doctors which will eventually change*

*these laws but their leadership is particularly brave and inspiring."*

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In Scotland, Michael Bateman has had charges dropped by the prosecution. Mr. Bateman assisted his wife in ending her life by use of helium inhalation. Mrs. Bateman had been bed-ridden for three years and expressed her wish to die. Mr. Bateman stated that he had assembled the apparatus but his wife had turned the valves to start the gas. The case was dropped after seven months of investigation. Here again, the prosecution said there was sufficient evidence to prosecute but, since Mr. Bateman appeared to have acted with compassion, it would not be in the public interest to proceed. Sarah Wooton of Dignity in Dying said an assisted dying law was needed. "A safeguarded assisted-dying law, where cases are considered when someone asks for help to die rather than after they have died, would do far more to protect against abuse or coercion."

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Another case dismissed by the Crown Prosecution Service has occurred after nearly a year of investigation. This time with Alan Cutkelvin Rees who accompanied his long-time partner to Dignitas in Switzerland to die. Culkelin Rees is angry because he had to resort to traveling to Dignitas instead of his partner being allowed to die at home. Dr. Michael Irwin, a prominent right-to-die campaigner, gave the couple funds toward the cost of travel to Switzerland but will not be prosecuted.

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Tony Nicholson, 54, is seeking to have the Director of Public Prosecutions (DPP) issue guidelines against prosecutions for some "mercy killing" families. Nicholson suffered a massive stroke in 2005 and can communicate using only an alphabet board. He is paralyzed from the neck down and requires

caregivers to tend to all of his needs. Nicholson is seeking judicial review by the DPP's stance on "consensual killing" and whether it is always in the public interest to prosecute such cases. If this fails he plans to challenge the Ministry of Justice on its application of the murder law.

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The Society for Old Age Rational Suicide (SOARS) is pushing for legalized assisted suicide for those who "are merely tired of life because of their age and health problems rather than a terminal illness." Dr. Michael Irwin, the leader of SOARS, says he knows of a woman who is considering taking her life through Dignitas because she is suffering from progressing arthritis and worsening eyesight. The group commissioned a national poll which found that 67 percent of those questioned agreed that very elderly, mentally competent individuals who are not terminally ill should be allowed to receive a doctor's assistance to die. Only 19 percent said they opposed the move while the rest were uncertain. The SOARS website states, "After eight or nine decades, many people rightly decide that their lives have been fully lived, and now they have a life which, for them, has finally become too long." There obviously will be strong opposition to any such actions.

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The family of Arthur Johnson is considering legal action against the University Hospital of North Staffordshire for ignoring a Do Not Resuscitate (DNR) order which Mr. Johnson and his physician had signed. The family said that their grandfather was told that chest and heart conditions were terminal and he said he did not want any invasive treatment. He executed the DNR order and wrote farewell letters to his family. Mr. Johnson was transferred from the local hospice to the hospital where the family passed the DNR form to the nurses. Johnson went into cardiac arrest and

the medics proceeded to revive him. The family arrived and immediately stated that he had a DNR order and the doctors stepped back. It is not known why the DNR order was not passed on to the doctors. The family said their grandfather spent the last three hours of his life in great pain which could have been avoided had his wishes been honored.

United States

Arizona - It appears that the Catholic Church Directive on life support is alive and well and taking effect in some hospitals. An elderly woman was taken to St. John Medical Center following a massive stroke and could not speak, eat or drink. Even though she had an Advance Directive specifically stating that if she would not recover she would forego hydration and nutrition. Hospital officials proceeded to install the feeding tubes required by the directive of the Catholic Church. The unfortunate scenario is that many hospitals and Medi-Gap insurance companies are owned and operated by the Catholic Church.

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Compassion and Choices recently offered "The Declaration of Lifetime Independence" online as a petition to be delivered on July 12 to Kathleen Sebelius, Secretary of Health and Human Service. The petition letter noted that "terminally ill patients of sound mind and failing body have an inherent right to self-determination and the protection of that right by the laws of our land."

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Georgia - Update on Final Exit Network Case: A second person, Roberta Massey of New Jersey, indicted in the Final Exit Network case has pleaded guilty to charges of facilitation to commit manslaughter in the death of Jana Van Voorhis in Arizona. As part of her plea she will testify against the other defendants in

the case. Another Final Exit Network member, Wye Hale-Rowe, also entered a guilty plea earlier this year. The case involved a woman who, according to family members, suffered severe depression and other ailments but was not terminal. The case has been under investigation since 2008 after it was determined that she had died of helium asphyxiation. Recent reports reveal that Forsyth County, Georgia is faced with a deficit for 2011 which would affect the Final Exit Network case. The case will take place in Georgia since that was where then president Ted Goodwin (also under indictment) lived and was also the headquarters for Final Exit Network.

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A man in **Massachusetts** was terminally ill and wanted to self-deliver. He searched his local libraries and could not find a copy of Final Exit. As a result, he wrote to ERGO stating, "...I was unable to get a copy...One trouble is that since library budgets are limited, if they have an old copy of the title they will not order a new edition..." Before this person self-delivered he sent a check for \$50,000 to begin library distribution.

Editor's Note: Nearly 500 copies are being distributed to Florida libraries by Final Exit Network. Check your library and if Final Exit, 3.1 Edition is not on your library shelves, contact Jim Chastain at ellienjim@comcast.net or 941-953-9539. Jim said the way to identify the 3.1 Edition is that the ISBN # ends in a 6 instead of 5.

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Minnesota – A former nurse has been accused of assisting the suicide of two Canadian residents. Melchert-Dinkel is accused of trolling online suicide chat rooms searching for severely depressed people to talk about suicide. He would tell these people "it was OK to let go, that they would be better off in heaven." Melchert-Dinkel is charged with two counts of assisted suicide. Each charge of the Minnesota statute, which targets anyone who "in-

tionally advises, encourages, or assists" in a suicide carries punishment of up to 15 years in prison and up to a \$30,000 fine. University of Minnesota law professor Michelle Goodwin says "it's a much easier conviction when you have physical evidence rather than virtual evidence."

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Montana – State Senator Greg Hinkle wants to ban physician assisted death and is presenting a bill during the legislative session. If such a bill passes, it would nullify the Montana Supreme Court decision of last December noting that the state constitution protects a peaceful death with dignity. But it appears that Senator Hinkle has not done his homework. He claims that physician assisted death will wrongfully endanger patients who might survive their illness. He claims that "once medication is prescribed, a patient's life is out of his or her hands. Death is under the control of a doctor or family member." He could not be more wrong, since it is the patient's choice—no one else's. Some feel that the proposed bill legislates morality. Others say physician assisted death is murder. No matter what the outcome, the issue will continue to divide people.

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New York – The New York legislature has passed a "Right to Know" law entitled, "New York Palliative Care Information Act" which was signed by Governor Paterson. This law ensures that the doctor or health care provider informs terminally ill patients of their rights to hospice care and prognosis with and without various treatments. Compassion and Choices aided in the drafting of the bill and advocating for its passage.

~ ~ ~ ~ ~

Oregon – Long-time member and right-to-die advocate, George Eighmey submitted his resignation as Executive Director of Compassion and Choices of Oregon. He has served in

this position for twelve years. He will be missed by his many co-workers and staff. We wish him well in his new career—retirement. May you enjoy it to the fullest.

~ ~ ~ ~ ~

Oregonians think Dr. Stuart Weisberg has gone too far. He and his wife have opened a “Death with Dignity House” in Sellwood. He is offering a place for a terminally ill individual to come to end his/her life and includes services such as catering, security, video taping, music and flowers, for a cost of

\$1,200. In addition, one can have three hours with the psychiatrist and his dog with the total package costing \$5,000. George Eighmey stated, “I don’t think his setting up a business to do it—in my opinion is not appropriate, and even the taking of photographs and videos is ghoulish.”

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Around the world news is from the World Right-to-Die news and ERGO unless otherwise noted.

Hemlock Society of Florida, Inc.

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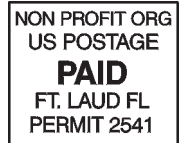
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Fall-Winter 2010

Mission Statement

Dedicated to improving the quality of dying through education, advocacy and empowerment of all citizens to make and carry out their own end-of-life decisions. We affirm the individual's dignity and free will throughout life, including the freedom to hasten death under appropriate circumstances.

*Pass this newsletter on to your physician as well as interested friends who may want to join us.
If you would like additional copies please send request to
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