

# Arizona Voices

for a

## Medical Aid

## in Dying

## Law

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**Arizona End-of-Life Options**

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[www.azendoflifeoptions.org](http://www.azendoflifeoptions.org)

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***“I’m an Arizona oncologist with terminal cancer, and I support medical aid in dying. Here’s why.”***

## Tom Fitch, MD

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*Dr. Fitch served as an oncologist and palliative care physician at Mayo Clinic in Scottsdale. He knows death. Now he faces his own.*

I cared for patients with cancer for more than 30 years and increasingly provided palliative and hospice care over the final 17 years of my career. I saw agonizing deaths despite my best efforts, and it was not rare for patients to ask me how I might help accelerate their dying. That, however, was not an option in either Minnesota or Arizona where I practiced.

Now, I too am faced with terminal illness. I have multiple myeloma and non-Hodgkin’s lymphoma, and despite aggressive care, I have not achieved remission. My cancers are incurable.

I contemplate dying and my death and those thoughts include consideration of medical aid in dying. I do not know if I would ever self-administer a lethal dose of medications, but I pray that the option is available for me.

Patients and families must be informed of the many end-of-life care options available—including the expertise of palliative care and hospice providers, discussions regarding the possibility of

stopping disease-directed therapies, withholding or withdrawing more advanced supportive care and/or devices, voluntarily stopping eating and drinking, and palliative sedation.

Patients near the end of their life also should have access to medical aid in dying (MAID).

I fully respect the conscience of those who oppose MAID; they are opposed for passionately held personal beliefs and values. I simply ask that they similarly respect my strongly held beliefs and values.



MAID is now legal in ten states and the District of Columbia, available to more than 70 million residents. After nearly 50 years of real-world experience, there has been no evidence of the “slippery slope” or “increased societal risk” opponents routinely cite.

We have seen no indication of a heightened risk for women, the elderly, poorly educated, the disabled, minorities, minors or those with mental illness. There has been no rising incidence of

casual deaths and no evidence to suggest that MAID has harmed the integrity of medicine or end-of-life care.

MAID laws clearly provide adequate safeguards and allow for the position of dissenting physicians. The laws respect their conscience and give the right to any physician not to participate.

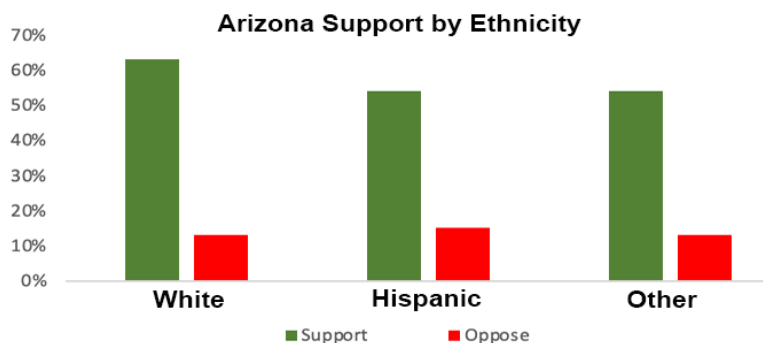
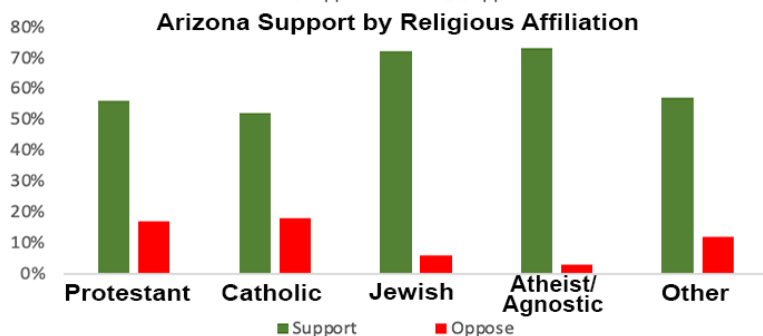
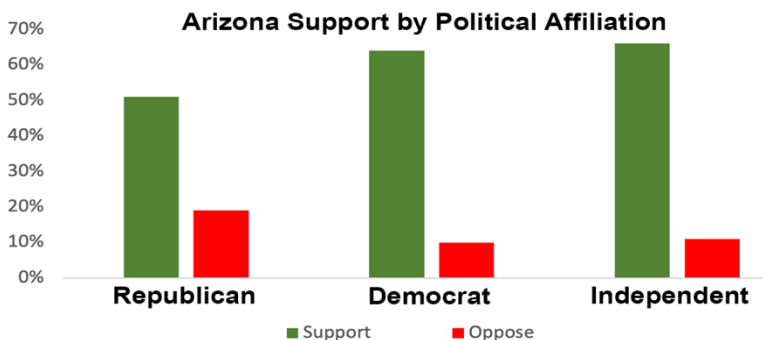
Those of us who support MAID are asking for the same—respect for our conscience and considered judgment. We do not believe we are doing harm. We are caring for a competent adult who has a terminal illness with a prognosis of six months or less. We are providing patient-centered care consistent with the patient's wishes, goals, beliefs and values—helping that patient avoid protracted, refractory and avoidable suffering.

Our diverse country and our Constitution forbid us from imposing our own religious and faith beliefs on others. When we try, we are forcing others to conform to our beliefs and we are turning a blind eye from truly seeing the very real human suffering that is in front of us.

It is devastating for patients if we ignore their life stories, their family, their culture, and the impact of their disease and treatment on their life and well-being. The value of their life, as they define it, has vanished and they want to die on their own terms.

As my cancers progress, I too want to be in charge. I ask for your unconditional trust and I ask that those opposed to MAID for themselves, respect my prayerful discernment and personal requests for end-of-life care as I believe it is consistent with my needs, beliefs and values. □

A 2022 Arizona Poll shows 60% in favor of medical aid in dying and 13% opposed. Among seniors, 64% are in favor.



***Dwight Moore, a clinical psychologist residing in Surprise, Arizona, works countless hours for a medical aid in dying law for Arizona. He tells the following story about his father's death.***

## Craig Moore

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*By Dwight Moore, PhD*

My dad, Craig Moore, lived 93 vibrant years. In his 94th year he developed a multi-factorial state of decline where most of his systems began to shut down. He called me at my home and asked me to “come out here [to Bethlehem, PA] and be my coach.” I knew immediately what he was asking. He was a lifetime advocate of death with dignity and leaving this world on his own terms and years earlier had written out his wishes. Unfortunately, Pennsylvania did not have a medical aid in dying law (and still doesn’t) so he made the decision to stop eating and drinking and recognized that he would need support.

After I arrived at his care facility, we talked at length about his readiness to die. My sister, Sara, arrived soon after. It was obvious to both of us that Dad, indeed, had reached the point he had written about years ago. He was crystal clear in his refusal to endure further medical treatment and gently explained that he was “done.”

He notified his doctor, his family, the nursing staff, and the administrator of the hospice facility about his intentions and

told them that his “coach” would be helping him. In reality, I ended up being more of a linebacker than a coach, as I had to fend off well-meaning staff who wanted to give him ice cream, insert a PICC line for long-term administration of antibiotics, minimize the amount of morphine he was getting, and, in general, talk him out of his decision. At each staff shift change Sara and I had to re-explain his wishes. The whole medical establishment pushed for him to stay alive despite his steadfast directive that he was ready to die.



*It was difficult to witness. His pain and anxiety caused him to writhe in discomfort, and occasionally yelp.*

It was difficult to witness. His pain and anxiety caused him to writhe in discomfort, and occasionally yelp. To help quiet him, I asked his hospice team to increase his morphine dosage. Only then did he become more peaceful.

Near the beginning of his ordeal, he told me that the first two days were “hell.” Mercifully, he only lasted five days from when he stopped eating and drinking.

It was my father’s desire to die with dignity—to conclude a life of self-reliance with a death that would allow him to exit gracefully before the pain and helplessness became unbearable. In part, that is why I have been an advocate and activist whenever I can help advance the cause of death with dignity in states like Arizona where such a law has yet to be passed. □

# *Why I am so passionate about Medical Aid in Dying*

## Janice Campos, RN

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It was September of 2014 when my husband collapsed in our bedroom. I called our cardiologist who promptly ordered hospice care to begin the following day.

As an experienced RN, I felt competent to care for my husband and had retired the year before in preparation for this day. The signs of his decline had been increasing.

It was during the last six months of hospice care that he gradually began to eat and drink smaller amounts and solid foods became a thing of the past. At this point, his primary care physician advised that I stop giving him his meds for arthritis. I knew that this would eventually cause him much pain. I administered Ativan, morphine, and atropine as the hospice nurse instructed, but they seemed to have less of an effect as time went by and I began to feel more and more helpless and much less effective as a caregiver. His strength dwindled and he became less able to help me pull him up in bed.

As an orthopedic physician who had also practiced psychiatry, my husband knew better than most that he would just deteriorate to the point of total helplessness, unable to do anything for himself.



One day he asked me to give him the whole bottle of Ativan and I informed him painfully that I still had a nursing license, so I could not help him. On another day he asked me to find another gun because he could not pull the trigger on his loaded .38 caliber pistol. While I was glad he could not choose this option, it left both of us knowing that there was really no other recourse than to allow the natural course of events to unfold, however painful they were.

*During the last four weeks of my husband's life, his pain became worse, to the point that he could not stand to be touched. His skin broke down, no matter what nursing care measures I took to help it heal. The flotation mattress had no real effect and he suffered in horrible pain and agony.*

My wonderful companion whom I had worked and traveled with for 40 years lapsed into a coma and died without having his dignity and self-respect intact. I sincerely hope that my experience will help others realize that we need a way to legally allow those who are not going to survive, the right to die in a way that eases their misery. That's why I volunteer for Arizona End of Life Options. □

***Robin Toole of Tucson, a retired clinical social worker, has experienced the heartbreak of having a loved one, with no ability in Arizona to receive medical assistance in death, take his own life by gunshot in the face of unbearable pain and suffering.***

## Robin Toole

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My husband Don learned early on the lessons of self-sacrifice, hard work and, most of all, compassion towards all living beings. He translated these values into a life of non-judgmental kindness and caring. He had developed a strong conviction that no life should ever have to end in suffering. This was his life's mission.

Without warning, this energetic, vibrant man was stricken by mysterious symptoms—severe, persistent pain radiating from his inner ear to his jaw and head and difficulty swallowing. He fought hard to find answers. His doctors were stumped and while they searched for answers for two-and-a-half years, the pain and suffering were taking their toll on Don.

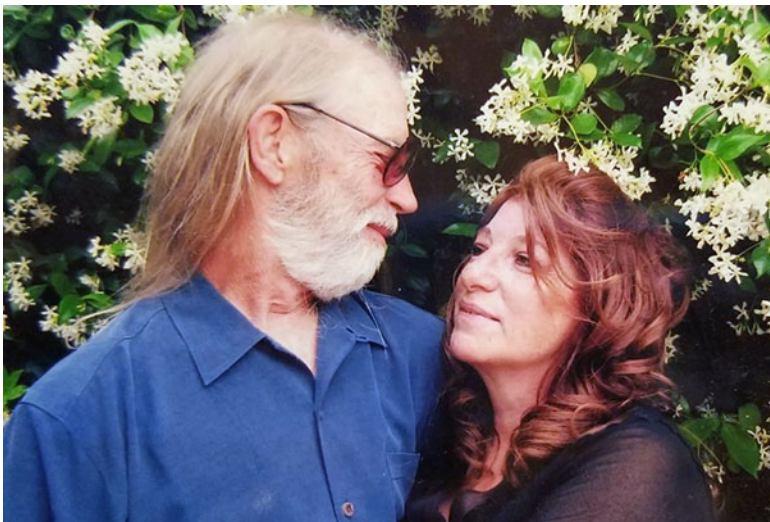
Finally, one week before his death, he was diagnosed with a rare form of throat cancer which was attacking his nerves. He hemorrhaged from the biopsy site and was intubated to prevent choking. His vital signs were too weak to allow adequate sedation. He laid in the intensive care unit, helplessly frightened

by this bodily invasion. He wrote me a note confessing that he had never experienced such terror. The intubation was removed after 24 hours and he went home with a gastric tube inserted for feeding.

His body was racked with pain and swelling, he had difficulty breathing and he felt constant fear. He spit up foamy, bitter fluid for 24 hours. The hope that he had held onto for years was now dashed by this new reality and loss of autonomy.

Having no ability in Arizona to receive medical assistance in death, Don took it upon himself to end his own suffering with a single gunshot. His death shouldn't have had to be a violent one. This man who gave so much to others should have had a compassionate option at the end of his life.

I emphatically believe that anyone who is terminally ill and facing similar circumstances should be given the option to have control at life's end. That is why I urge Arizona lawmakers to pass legislation granting medical aid in dying in Arizona. □



***Carla Wykoff agreed before her death to share details about her personal struggle with cancer and her concern about the Arizona legislature's continuing unwillingness to pass a law providing residents access to medical aid in dying (MAID).***

## Carla Wykoff

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My I am a long-time resident of Arizona, a retired engineer, scientist, teacher, and advocate for the desert biological diversity. I have been fighting lung and liver cancer for six years. I have endured surgeries, radiation, and the side effects of treatment.

I do not know how much longer I have to live. I am fighting the best I can but I am tired of being sick and I am exhausted by medical interventions. I do not want to die nor do I want to live in a weakened state, unable to do the things that have always given my life meaning.

But when my body signals me that my time is close, I want the option of ending my own life with dignity, enjoying the company of those I love—when, where and how I choose.

It troubles me that I will likely not have this option in my home state of Arizona—that others, whose beliefs I do not share, can

and will force me to suffer pain and indignation in my last moments on the planet. I find that wrong, even barbaric.

I would like to thank my family and friends, and my doctors and other caregivers for their long support. I would like to ask you, my fellow Arizonans, to implement the option of medical aid in dying for all terminally-ill Arizonans who would prefer, like me, to end their lives on their own terms. □



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***In Memory of Edwin J. McIntosh:  
Another needlessly traumatic  
death.***

## Edwin J. McIntosh

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*By Marsha McIntosh, Sun City, Arizona*

The morning my father fatally shot himself started out like most other mornings. My parents had coffee together, and my mother prepared to go to her exercise class. My father seemed especially anxious for her to leave the house.

When my mother came home, she was stunned to find my father on the patio floor with blood everywhere.

When the police arrived, they scrutinized the scene and routinely questioned my mother to eliminate her as a murder suspect. After all, there had been no witnesses to the shooting.

My father was an independent and vigorous man. He worked hard all his life and took good care of his wife and four children. After his retirement, however, his health began to fail. He suffered from Chronic Obstructive Pulmonary Disease for 10 years, and even the prednisone he took every day to help him breathe couldn't help him lead a normal life or pursue his hobbies.

Toward the end, he developed congestive heart failure and macular degeneration. He felt worse each day. He knew his systems were shutting down, and he needed assistance to perform the most routine daily tasks. He hated the thought of losing his self-reliance and could foresee a future of total reliance on my mother. The idea of needing so much help and feeling so poorly was simply not his idea of living.

After my father died, I began donating and working to make a medical aid-in-dying a law in Arizona. I often dream of how different it could have been if my father had had the option to use medical aid-in-dying to end his suffering. My sister and brothers could have been here to say goodbye. Most important, my father's death would have been a much less traumatic situation for our mother. □



*I often dream of how different it could have been if my father had had the option to use medical aid in dying.*

***We have had this letter to the editor in our files since 1997. We don't have more information about the source but the problems are well-described and still remain!***

## Joe Stern

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An Open letter, November 21, 1997

I have terminal cancer with no hope for cure or remission. At 87, I am still mobile, but in pain every moment I am awake. Drugs ease my pain, but do not, for a single minute, eliminate it. Soon I will require massive help. I dread the final few weeks with my family around waiting for me to die.

I would like to end my life when I require massive help to feed and dress myself. I don't look forward to the increased pain and suffering. My government forbids me from a dignified assisted death.

If I were a criminal condemned to death, the government would bend over backward to make sure I didn't suffer too long and that my death would as painless as possible. If I were being tortured in a foreign country, my country would protest loudly, but now it forces me to suffer a slow agonizing death.

Where does this barbarous prohibition come from? Is it due to some people's religious beliefs? Others are forbidden from forcing me to adhere to their religious beliefs. Where else could



such a prohibition come from? Can someone please tell me? Why do the people subject me to such torture? What gives them the right? Even animals are put to sleep humanely when they are in pain with no hope of recovery. Am I less than an animal?

When I say government, I obscure the blame. In our country, government derives its rights from the consent of the governed. It is people like some of you reading my words right now who instruct my government to continue torturing me.

Think about this: Do you want to torture me? Do you want to help the health industry make profit from my suffering? Do you want to deny me the dignified assisted death I will soon desire? If so, why? Please give me one logical reason why my family should be emotionally and financially drained, and why my country's resources should be given to this useless prolongation of life. □

***My government forbids me from a dignified assisted death, [but] if I were a criminal condemned to death, the government would bend over backward to make sure I didn't suffer too long.***

***Jean Osborne passed away in Tucson after working for many years toward medical aid in dying in Arizona.***

## Jean Osborne

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I take this opportunity to relate two stories about why I got involved in the death with dignity movement: stories about two wonderful, loving, caring people very close to me who died with anything but dignity. With their bodies full of cancer, they could not be completely anesthetized with any of the palliative care they received at the end of their lives.

My mother was diagnosed with pancreatic cancer in December 1993 and died in April 1994. Hospice nurses came to our home to administer palliative care only in the last few weeks of her existence and, since they were unable to be there on a 24 hour a day schedule, there were many times when Mother would cry out in pain and there was nothing I could do for her. I was unable to administer drugs intravenously to relieve her suffering and she was unable to swallow the potent, liquid prescription. She slipped into a coma and had to be taken by ambulance back to the hospital. She died approximately five hours later.

The second agonizing death I witnessed was my significant other of 21 years. He was a retired Air Force General and fighter pilot, who had proudly served his country for thirty years. In 1989 he had to have his cancerous vocal chords removed. For almost nine years he lived a reasonably happy life and used the

voice box apparatus designed for laryngectomy patients. In 1998 his cancer returned and ruthlessly spread throughout his body. In the end he was unable to communicate due to the fact that he could no longer hold the voice box to his throat and that device was his only contact with the world. Because of his special breathing needs, I was unable to care for him at home, and once again I was a helpless observer of an excruciating imminent death. This lugubrious event lasted for ten months and ended by withdrawal of all tubes connected to his fragile body.

As these two loved ones were perishing, I made a tacit promise to them that I would do everything in my power to change the way terminally ill humans are treated. □

# Arizona Psychological Association

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PASSED AND ADOPTED this 30th day of October, 2020 by the President and Governing Council of the Arizona Psychological Association:

That the Governing Council of AzPA urges the State Legislature to consider the enactment of legislation, using as a model Oregon's "Death with Dignity Act" and similar legislative acts in other states such as Washington and Vermont, under which terminally-ill adult Arizonans would be allowed to make a written request for the prescription of medication for the purpose of ending life in a humane and dignified manner. □

***Here is another case where the unavailability of medical aid in dying in Arizona resulted in a suicide that was extremely traumatic for the family. The author has a business in Arizona and wishes to remain anonymous.***

## Louis

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In November of 2019, my husband Louis was diagnosed with ALS, or Lou Gherig's disease. A few days later he told me he had no intention of seeing it through to the final stage when he would be paralyzed from the neck down. I wasn't surprised. I remember vividly when we were in our 20's and hearing about an acquaintance on life support. He said that was the worst thing he could imagine.

Seven months after he was diagnosed he was under hospice care and would have qualified for medical aid in dying if it were available in Arizona. One day while my son and I were out for an afternoon hike, he overdosed on the meds hospice had given him. The letter he left simply stated that his suffering was more than he could endure, and he made the choice to take his own life. When I phoned hospice, I told the person who took my call about the letter, and their response was "You are no longer on hospice, call 911 immediately." I did so.

The 911 dispatcher ordered us to start CPR. Within minutes sirens spiraled through our neighborhood. First came the fire

trucks, then the ambulance, then a detective, and then the boys in the Kevlar vests with their automatic pistols.

I was horrified when I heard someone call for the paddle, dumbstruck that the orange Do Not Resuscitate signs he had posted were meaningless. Despite my grief, I felt relief when I heard one of them say, "It's too late."

They wouldn't let us near him. They stayed for hours following me around the house, taking dozens of pictures and quizzing us. Finally, they told me the coroner was on his way and advised me to stay clear because it would be disturbing to witness. I know they were just doing their job, and I was grateful they broke one rule and let me spend the last few minutes with him, but I was pulsing with anxiety and felt disconnected, the world swirling around me like a dream.

I was having a hard time making peace with what happened. I spent the next two months in a state of chronic distress, scared and horrified, cheated of the natural grieving process, until the death certificate finally came, and they "closed the file."

My nerves still ignite when I talk about that day, but time has allowed me to focus on the patchwork of memories stitched together over the decades, memories born of love, laughter, and the losses we shared together. □



***Barbara Paymaster is a retiree in Mesa, Arizona. She writes about her lifelong best friend who had a peaceful death because the friend lived in Oregon rather than Arizona.***

## Barbara Paymaster

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One of my oldest and dearest friends used the Oregon Death with Dignity Act in April 2018 to end her life with peace and without pain. I share my friend's story in the hopes that it will help strengthen the movement to provide death with dignity to people in my home state of Arizona and across the USA.

Ginny and I became friends when we were 3 years old. In grade school, we grew even closer. We even took a solemn vow to become blood sisters.

We went our separate ways in high school and were out of touch for several decades. When we reconnected in 1990, it was for life. We always remained good friends through email and phone calls, always ending our conversations with "miss you" and "I love you."

While she was living in Oregon a doctor discovered she had kidney failure, anemia, and vasculitis: a combination of ailments that would kill her within six months. When she called me in January 2018 to relay the bad news, she couldn't go out and do normal things because she was in so much pain. She did grueling medical treatments, but they just weakened her. She

told me she was thinking about using the Oregon Death with Dignity Act to end her suffering.

I understood why she wanted to use the law. I told her I would come out and be with her and support her through all this. Initially she said yes, but later decided that she only wanted her son with her when she ingested the medication. I respected her decision. She decided she would take the medication on April 1 at 11:00 am: the 11th hour.

We spoke on March 30, Ginny's birthday. I texted her at 7:30 am on April 1: "As the 11th hour draws near, I want to tell you that I love you. Until we meet again on the other side." Not 10 minutes later, she called me. "I can't talk long," she said, "but I wanted to tell you I love you one more time."

I knew she had chosen some Eric Clapton songs to play after she took the medication. At 11:00 a.m., I put on Eric Clapton too. It made me feel like I was there with her.

After her death I started thinking about how profoundly Ginny's experience with the Oregon Death with Dignity Act had impacted me. I do not live in a state with an assisted-dying law, but perhaps I could help change that and honor my friend at the same time by sharing her story and showing people an example of what a good death could look like.

To Ginny, and to me, Death with Dignity means that you can choose the way that you would like to leave your present existence. This is not suicide. This means you are at the end, choosing to go before it naturally happens. The freedom and autonomy death with dignity allowed her should be available to all terminally ill Americans. □

*I fully respect the conscience of those who oppose Medical Aid in Dying (MAID); they are opposed for passionately held personal beliefs and values. I simply ask that they similarly respect my strongly held beliefs and values.*

*I ask that those opposed to MAID for themselves, respect my prayerful discernment and personal requests for end-of-life care as I believe it is consistent with my needs, beliefs and values.*

*—Tom Fitch, MD*

January 2023. Full details of the 2022 Arizona Poll, the full statement from the Arizona Psychological Association, an accurate summary and full text of the proposed law, and much more information about medical aid in dying is on our website.

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**Arizona End-of-Life Options**

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