



## “Letter-to-the Editor and Op-ed Guide”

**Purpose: Create favorable “buzz” about the need for MAID legislation in Arizona.**

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### Section 1 of 2

#### Overview

Desired outcome: educate and influence (1) legislators, (2) the public and (3) print media.

Duration: November 2020 — March 2021.

Primary focus is on publications in Maricopa and Pima Counties.

Coordination and “how-to” help provided by volunteers Sandy Wester and Stu Burge.

Success of the initiative depends entirely on active participation by AZELO supporters.

#### Definitions

**Letters to the Editor (LTE)** are submitted by readers to convey opinions about issues of concern. Typical length is 200 words, but depends on each publication’s rules. The subject of LTE’s varies widely. However, the most common topics include:

- Supporting or opposing a stance taken by the publication in a staff editorial.
- Commenting on a current issue being debated by a governing body – local, regional or national depending on the publication's circulation. Often, the writer will urge elected officials to make decisions based on his/her viewpoint.
- Remarking on an article (such as a news story) that has appeared in a previous edition. Such letters may either be critical or praising.

Time between submission and publication of an LTE is normally a few days to a week.

**An Op-ed**, short for “opposite the editorial page,” is a written piece published by a newspaper or magazine expressing the views of an author not affiliated with the publication's editorial board. Ideally, an op-ed writer should have some type of credible expertise relating to the topic being discussed, e.g. significant work experience, professional certification, recognition as a subject matter expert. Unless solicited directly by publication, op-eds are normally coordinated (“pitched”) in advance with a publication’s editorial staff. Typical length of an op-ed is 600-800 words, but varies by publication. Time between submission and publication can be a week up to a month.

Are op-eds worthwhile? Yale University reports that through two randomized experiments, researchers found that op-eds, “had large and long-lasting effects on people’s views among both the general public and policy experts.” The study also found that Democrats and Republicans altered their views in the direction of the op-ed piece in roughly equal measure.



















## My Turn:

# Making a final choice about quality of life

By JOAN MILNES

My cousin Tony had cystic fibrosis. About five years ago at age 58, when he was one of the oldest cystic fibrosis patients treated at Dartmouth Hitchcock, his lungs failed him for the last time and he was placed on a ventilator. As a result, he was no longer able to eat or speak. He received nourishment through a feeding tube and he communicated by writing notes. Tony had been conscientious about diet and exercise, so except for his lungs, his body was healthy and could survive for years. He was not a viable candidate for a lung transplant.

The doctors told him that if he wanted to be taken off the ventilator, which would end his life, they would help him. Tony chose a date two weeks henceforth and spent his remaining time getting his affairs in order by writing notes about what to do with his possessions. On the appointed day, he made his final goodbyes with the two family members he chose to be in attendance. The doctors administered a drug to relax him before removing the ventilator. It was a matter of minutes before Tony was gone, with no sign of struggle or discomfort.

I share this experience with you as an example of a person making a final choice about quality of life. Whether we call it death with dignity, medical aid in dying, or end-of-life options, it's about having control over one's fate. It's about having a choice.

If you agree that people, possibly yourself someday, should have this choice, please let your legislators know that you support the Massachusetts End of Life Options Act. It was recently advanced by the Joint Committee on Public Health and is now awaiting action by the Joint Committee on Health Care Financing. You can find your legislators' contact information here: <https://malegislature.gov/>

Please don't think that your opinion doesn't matter. Shortly before moving to Greenfield from Beverly, I was one of a small group of about a half dozen people who met with our state senator who happened to be on the joint committee tasked with studying this bill, and she was still on the fence about the issue. Our meeting ended with her thanking us for sharing our opinions and answering her questions; she was no longer undecided and would support the bill in committee! I left that meeting with a certain sense of accomplishment that I never felt before. So please don't assume that your opinion won't make any difference.

*Joan Milnes is a resident of Greenfield, Mass.*

# Mark Peterson urges ‘death with dignity’ bill to become law

Daily Hampshire Gazette

Published: 6/10/2020 1:34:28 PM

Kudos to the Gazette for its May 29 editorial “Time for The End of Life Options Act,” and for its May 30 op-ed article called “Three elders support passage of death with dignity bill.”

The Legislature must have been listening, because the Joint Committee on Public Health, which is co-chaired by our own Sen. Jo Comerford, just passed the bill (H.1926 and S.1208). The vote was overwhelmingly in favor. I’m only a “kid” of 82 compared to those three other elders between the ages of 97 and 86, but I agree with them: it’s time Massachusetts joined nine other states (Maine, Vermont, New Jersey, and more) plus Washington, D.C., and legalize the option of medical, compassionate aid in dying for people who are terminally ill, mentally capable and facing great pain and suffering at the end of life.

A few years ago, I wrote a book called “Your Life, Your Death, Your Choice: How to Have Your Voice to the End of Your Life,” which examined end-of-life health care and how to make good decisions. It addresses this issue in depth. I want this option for myself as well if I am terminally ill.

I urge you to contact Sen. Comerford and thank her for her leadership on this death with dignity bill. Then contact your other legislators, thank them for all they’re doing to provide medical and economic relief from this COVID-19 crisis, and urge them to also support passage of H.1926 by the full House and Senate this summer.

Mark Peterson

# Sandra Boston's letter, 'Death with Dignity'

Published: 7/21/2020 8:49:29 AM

Please give some thought to those who are unable to walk, talk, swallow, breathe or have other symptoms due to a terminal illness. They are entitled to dignity of life, of not suffering for possibly three, four, five or more months.

I have had a sister who had ALS, Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) and she suffered for months. If Massachusetts had passed H 1926 Senate docket No. 1208 like other states, she and others would have had the right to die with the dignity her long nurse's life earned her for helping others.

To make it clear, this is not suicide. If you research the procedures that it takes to follow through with making this decision, you will understand and maybe see why other states have adopted this choice.

Please notify your representatives in Massachusetts that we want to join the other nine states that have adopted the Right to Die with Dignity bill, and not suffer in our final moments here on earth. In doing so you may be helping a loved one, a neighbor or yourself.

Tom Travis

Greenfield, Mass.

## Dueling columnists at the Duluth, MN, News Tribune One paper. Two positions

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### Death with dignity

By: Columnist Jim Shaw | May 16, 2020

Deb Brockel, 60, formerly of Fargo, died recently. It wasn't from coronavirus, although if she was exposed to that, the virus almost certainly would have killed her. It was a case of death with dignity.

Deb suffered from COPD. She had very small lung capacity, difficulty breathing, her heart was giving out, and frequently suffered from pneumonia. In December, she was told she had six months to live, and went on hospice care. She was suffocating to death.

Deb and her husband of 31 years, Bob, met at the Star Lite Drive-In movie theater in Fargo. Deb was a student at Fargo South High, Bob attended West Fargo High. They moved to Fort Collins, Colo., in 2010. Colorado is one of eight states along with Washington, D.C., that allow some terminally ill patients to take medication to end their lives, to prevent further suffering. Since the law went into effect in Colorado in 2017, more than 250 patients have taken aid-in-dying medication.

Deb was miserable and asked her doctor if she could receive the necessary prescription. By law, she was then examined by two other doctors to determine if she was terminally ill, and then examined to make sure she was mentally competent to make her own decisions and able to take her own medication. The doctors concluded that Deb qualified for aid-in-dying medication.

"Her mother in Fargo died a terrible death," Bob said. "She suffered and the family went through hell. Deb didn't want to die that way. She didn't want to put the family and others through that, and have them watch it."

"She said I don't want to suffocate," Deb's daughter, Jenni, said. "She said she wanted to die on her terms and not see us suffer."

So, the day came, and Deb's family was with her when she took the medication in her home.

"She said I love you, I'm proud of you, and thank you for being with me," a tearful Jenni said. "It was peaceful. It was beautiful. She just looked like she was going to sleep and then it was over."

"I completely support her decision," Bob said. "She was so miserable. There was no quality of life. I miss her terribly and wish she was still here, but it was for the best."

"I'm proud of her," Jenni said. "I think she's a pioneer. She knew what she wanted. She was just so brave."

It's time to give the people of North Dakota, Minnesota and 40 other states the same choice that Deb Brockel had. There's no point in forcing a miserably terminally ill patient to stay alive for a few extra weeks, with helpless family members watching. It's time to end the suffering.

"My mom was lucky to make this choice," Jenni said. "I hope everyone has the ability to make that same choice."

"I'm glad we had that choice," Bob said. "The alternative is to watch someone suffer. I don't wish that on anybody."

**(Rebuttal on next page)**

**(Rebuttal to column on previous page)**

## **We've denied assisted suicide for good reason**

By: Columnist Roxane Salonen | Aug 31, 2020

In May, fellow columnist Jim Shaw shared about a former Fargo resident who chose “death with dignity.” Though the pandemic overshadowed this important topic, it’s worth re-visiting, especially since the column ended with a plea that North Dakota and Minnesota join states that have legalized assisted suicide.

I’d urge caution. We have not followed those states who have adopted this policy for many good, solid — and caring — reasons. I hope we can remain steadfast in our opposition.

Only the most depraved among us would want to see anyone suffer unfairly. Reading Shaw’s piece, I understood the subject’s loved ones wishing she could have the kindest death possible. In truth, though, the kindest death possible is one in which we love our dear ones to the end of natural death by unrelenting accompaniment — even when it’s difficult.

Words can lead to a false, even if well-intended, conclusion, so let’s keep the heart and head in balance here. Wisdom can help us see the truth.

To that end, it’s worth noting that at its root, “compassion” means “to suffer with.” Is it truly compassionate to help hasten our loved ones’ deaths? What if, instead, we chose to endure with them through their suffering, and use each moment we’re given, even when hard, to love them that much more?

“Dying with dignity” is a brilliant slogan which plays on our emotions, using words to deceive. We find this with the abortion issue, too. “Women’s health care” is substituted for the ugly but plain truth: killing a preborn human. By using descriptions like “blob of tissues,” we psychologically erase a person’s humanity.

Words can carry the weight of life and death. And life, given by God, can only be rightly taken back by its giver. “The Lord ... controls the passageways of death” (Psalm 68). Deep in our conscience, we all know this, even those who deny God’s existence.

“Death with dignity” is, in truth, assisted suicide, the act of helping someone kill themselves. Those of us who oppose this lie also want our loved ones to die with dignity, but not through hastening their deaths.

What can be gained by joining forces with the “death with dignity” contingent? As evidenced by countries already widely practicing assisted suicide, the Center for Bioethics and Culture Network points out, once its principals become accepted by medical professionals and the public, “there is little chance that those eligible for permitted suicide would long remain limited to the dying.”

It is not for lack of compassion that we haven’t joined these other states, but because we’re willing to accompany our dear ones lovingly, patiently, and with the most comforting measures available, assuring them we will wait with them to natural death.

Let’s be thoughtful enough to properly honor and care for the lives God has placed with us; lives made in God’s likeness and image that deserve to be treated with true dignity.

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