

Tasmania may pass euthanasia law

Labor Premier Lara Giddings and her Greens deputy Nick McKim have released a report in February claiming that euthanasia and assisted suicide (meaning lethal doses) are compassionate responses for “patients who are dying in prolonged suffering”. The report, titled Voluntary Assisted Dying, can be accessed at mps.tas.greens.org.au/



A previous bill failed in 2009. Giddings believes a private member’s bill will pass before the end of 2013. She claims her bill has numerous safeguards, including multiple checks to confirm that the patient’s consent is voluntary and persistent. There is to be a two week cooling off period, a residency requirement, and no advance directives.

Giddings and McKim believe there is no “sound

evidence that there is a heightened risk for people who may be vulnerable due to their age, disability, mental illness or isolation”. The term “elder abuse” is not even mentioned in their 108 page report. They dismiss the usual arguments against euthanasia as “not (meeting) the standards required by parliamentarians when considering legislative reform.” In their view, overseas laws allowing euthanasia “have been proven

to be safe (and) responsible .. In every example of overseas legislation, the operation of the law has been intensively monitored and scrutinised, as will be the case in Tasmania.” (various sources)

We can await the appearance of a draft bill, and then express our concerns to all the members of the Parliament of Tasmania.



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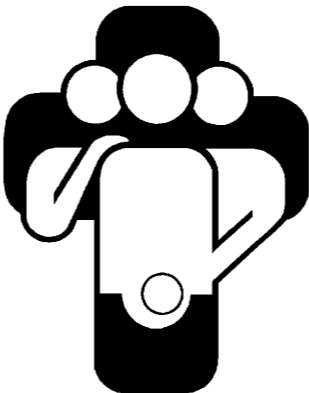
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Life News

Inside this issue:

Editorial	2
Christian ethics	3
Snippets	6
Euthanasia in Tasmania?	8



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Editor: Thomas Pietsch
 LN.editor@gmail.com

Death with Dignity: exploring principles and fears

Rev Martin Scharnke



Death with dignity’ is a concept that is much bandied-about, but which has numerous interpretations: from a euphemism – even an analgesic! – for euthanasia, to more literal understandings. I come to the topic as a Lutheran pastor with particular ethical convictions, and from my vocational context as a chaplain in a Residential Aged Care Facility (RACF).

The amount of published work thematically linking dignity with death is enormous. The expression is particularly much-used by those in favour of euthanasia (Allmark, 257). One of the most well-known euthanasia organisations calls itself ‘Dignitas’. Whilst imposing indignities upon the dying, indeed upon anyone, is abhorrent; it is my contention that pro-euthanasia groups have hijacked the word ‘dignity’, making its use problematic if not impossible for those with different perspectives.

I intend to argue that the expression ‘death with dignity’ is a rainbow's-end pot of gold; the reasons for holding to the idea may be many and widely varying, but they are ultimately all escapism. This, then, leads to the following questions: How should the issues for which the ‘death with dignity’

Continued on page 4

Editorial

One of the harder tasks in editing this newsletter is deciding which of Rob Pollnitz’s excellent ‘Snippets’ to include, and which to leave out. Occasionally there is just too much going on, and not enough space to report it all. This is one such issue. My canny way out of this dilemma is to share one of these items with you in my editorial.

Same-sex marriage is becoming a major issue for most Western countries. The President of the USA, the Prime Minister of the UK, and the President of France have all vocalised their support of same-sex marriage and the legislative processes are gaining momentum.



The French President Hollande announced his intention to legalise same-sex marriage in November last year. But in January this year, an estimated 800,000 French men and women marched in Paris to express their support for man-and-woman marriage and family. It’s an astounding number of people, which included many people with same-sex attractions. Indeed, one of the prominent opponents of the bill is Xavier Bongibault, who describes himself as an atheist homosexual. In an interview, Bongibault stated that ‘in France, marriage is not designed to protect the love between two people. French marriage is specifically designed to provide children with families .. A child has a right to a mother and father .. the most serious study done so far .. demonstrates quite clearly that a child has trouble being raised by gay parents .. the idea that a homosexual *must* be for homosexual marriage *because* he’s homosexual is deeply homophobic.’

Once a year we like to remind readers that *Life News* is paid for purely by donations. Those donations need topping up so please consider renewing your subscription, as per the details on the back page.

I hope this issue is a blessing to you.

Thomas Pietsch

Lutherans for Life Branches:

Riverland Branch (Serving the Riverland area of South Australia; established in September 1989)
Contact Person : Mrs Lois Rathjen 08 8584 5706

New Zealand Branch (Established in June 1991)
Contact Person : Dr Petrus Simons 04 476 9398

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Christian Ethics?

continued from page 3

to be involved in the carrying out of an abortion, or a pastor who refuses to divulge the information given to him in a confession.

So let’s keep on doing our ethics, which is more liturgical than moral. Let the Gospel, what God has done for us, and continues to do for us, motivate and empower us to do what is truly good.

¹ In Hebrew the word *yadah* translated as “to know” also means “to experience”. Hence, biblically ‘to know’ is much more than a cognitive act, but is also an experiential act. To know God, is to experience Him and His work.

² Luther famously wrote, “Faith is a living, creative, active and powerful thing, this faith. Faith cannot help doing good works constantly. It doesn’t stop to ask if good works ought to be done, but before anyone asks, it already has done them and continues to do them without ceasing” (*An introduction to St. Paul’s Letter to the Romans, Luther’s German Bible of 1522*, translated by Rev. Robert E. Smith, 1994). See also Jesus parable of the sheep and the goats Matthew 25: 31-46.

Snippets

Dr Rob Pollnitz

USA marks 40 years of Roe v Wade and 55 million abortions

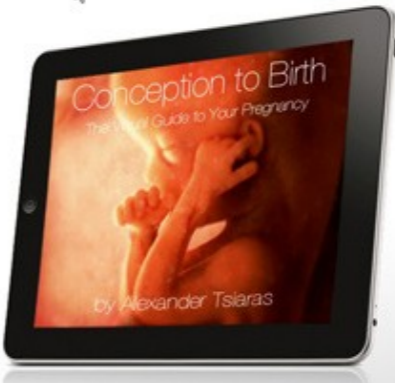
On 22 January 1973 the US Supreme Court struck down the abortion laws of 50 US states, by a 7-2 majority, with the seven judges deciding that a “right to privacy” allowed a woman to choose to terminate a pregnancy, essentially for any reason and at any time. Dissenting Justice Byron White opined – “The Court simply fashions and announces a new constitutional right for pregnant women and, with scarcely any reason or authority for its action, invests that right with sufficient substance to override most existing state abortion statutes .. (this) judgement is an improvident and extravagant exercise of the power of judicial review.”

Based on the data gathered by the (pro-abortion) Guttmacher Institute, there have been over 55 million abortions performed in the USA in that 40 years. The current rate of US abortions (both surgical and medical) is estimated at 1.2 million per year. The good news is that the number is falling, from a high of over 1.6 million in 1990.

In January TIME magazine made this issue its cover article – “40 years ago, abortion-rights activists won an epic victory with Roe v Wade. They’ve been losing ever since.” While this can be seen as TIME hyperbole (with Barack Obama arguably being the most pro-abortion President the USA has ever had) for pro-lifers there are some encouraging signs. There are fewer doctors willing to perform the procedure and fewer abortion clinics open for business (660 remaining, with 1500 having closed since 1991). Scores of US states now require women to have counselling, waiting periods, and/or ultrasounds before abortions. Thanks to prenatal ultrasound and advances in newborn care, many people now know what a foetus looks like and know that babies born as early as 24 weeks can survive.

Across the USA, pro-life pregnancy centres have been gaining influence in the anti-abortion arena. They offer free pregnancy tests and ultrasounds, and promote alternatives to abortion. Many provide help with housing and employment, parenting classes, nappies and baby goods. One director speaks of “the ground level, one-on-one, reaching-the-woman-where-she’s-at approach.” Another commented that 94 per cent of women receiving an ultrasound decide against abortion. “It goes from a baby to my baby.” (Birthline and other groups in Australia do similar work). (various sources)

Alexander Tsiaras has produced a rich 4-D video of



the 40 weeks of human development entitled “Conception to Birth: The Visual Guide to Your Pregnancy”, planned for the iPad and available in the Apple iTunes Bookstore. (LifeNews.com)

In Australia we have about 100,000 abortions per year. Last year a couple opted to abort twin boys and to seek IVF with only female embryos to ensure they could complete their family with a girl. In late February DLP Senator John Madigan

introduced a private members bill seeking to remove Medicare funding for abortions “procured on the basis of gender selection.” He plans to seek the support of other MPs who are on the record as being pro-life, including Tony Abbott. Senator Madigan may hold the balance of power in the Senate after the September election. (Canberra Declaration Team)

Jesus the embryo

In late March we will celebrate the Annunciation, when we remember how our Lord Jesus chose to come into our human world as a tiny embryo. Perhaps He was trying to teach us to value the human embryo. Please consider – in all your years of attending Lutheran services, have you ever heard a pastor speak on either Jesus the Embryo or on abortion? The mainstream churches in general tend not to speak out on the issue of abortion, despite the modern trend to see women who have had abortions as victims of a non-choice. I hold some hope that this attitude is slowly changing – with the efforts of LFL, and the use of ultrasounds showing the unborn baby is very human, with the horror of sex selection and late-term abortions, thinking people are starting to realise that the pro-death culture of abortion is not acceptable. The battle will be a long one. Which reminds me of the words of A.W. Tozer – “We can afford to follow Him to failure. Faith dares to fail. The resurrection and the judgement will demonstrate before all worlds who won and who lost. We can wait.”



Snippets

Dr Rob Pollnitz

Belgium marks ten years of legal euthanasia

Since lethal doses on request were legalised in Belgium in 2002, a slippery slope appears to have developed. A recent study in the Flanders region of Belgium found that 32 per cent of assisted deaths were dosed without consent, and that nurses were initiating such deaths when the law prohibits them from doing so. Between 2011 and 2012 the number of reported euthanasia deaths increased from 1133 to 1432 (26 per cent), and the same Flanders study found that 47 per cent of all assisted deaths were not reported. There has never been an attempted prosecution for abuses of the Belgian euthanasia law.

The 2002 law applies only to competent adults, but some doctors are requesting a “legal framework” to cover the practice of euthanising newborns who have a disability and children over twelve who have major illness and older patients who have a degree of dementia. Recently on a TV program a doctor discussed giving lethal injections to 45-year-old identical twin men who were born deaf and shared an Antwerp flat and worked as cobblers. They were depressed at developing some visual loss due to glaucoma. They were not terminally ill and not in major pain, but their wish to die together was granted.(LifeNews.com) So much for the strict guidelines praised by Tasmanian MPs Giddings and McKim.

Craig Wallace of People with Disability Australia comments – “Suicide is not a lifestyle option. It’s the end of any choice, good or bad .. I have known many people with disabilities who have gone through stages of grief and loss, including suicidal feelings, and came through the other side with joy and a love of life. Everyone – with or without a disability – can make new choices over a lifetime. Or reach an acceptance of life. But there is no ‘undo’ button for death.” (ABC)

Japan and some verbal elder abuse

Speaking at a national council on social security, Japanese finance minister Taro Aso (pictured) said that Japan’s growing elderly population should “hurry up and die” to relieve pressure on the government to pay their medical bills. “Heaven forbid if you are forced to live on when you want to die. I would wake up feeling increasingly bad knowing that (care) was all being paid for by the government.” Mr Aso is consistent. While serving as prime minister 5 years ago he described “doddering”



pensioners as tax burdens who should have looked after themselves better. The 72-year-old Mr Aso claims to have told his family not to use extra-ordinary means to keep him alive if he collapses. (Bioedge)

More euthanasia bills in South Australia

The Advance Care Directives Bill referred to in the previous edition of *Life News* is being reworked (with input from the Australian Medical Association) before being presented to the SA upper house later this year. It remains to be seen whether the new version will continue to allow euthanasia by omission of reasonable ordinary care, as in the withdrawal of oral food and fluids for a patient.

In January Labor MP Steph Key stated her intention to present a revised euthanasia bill to allow lethal doses by a “Living Will”, another name for an advanced care directive. While these can be useful when well crafted, they can cause problems when not clearly worded and when the request does not account for unforeseen circumstances. They were never intended to allow a person to direct that they be killed. A substitute decision maker who will benefit from the estate may push for the early withdrawal of care, with this form of elder abuse being more common than is generally realised. Ms Key mentions Belgium as providing a model for her thinking, and we have seen the abuses occurring there.

Also in January Independent MP Bob Such announced he will “re-jig” his euthanasia bill of 2012 and try again. Reading his bill induces a sense of déjà vu. A panel of 8 people will examine a report from the doctor after euthanasia deaths, when such panels have proved totally ineffective in jurisdictions that allow lethal doses. And the cause of death will not be listed as suicide or homicide, meaning that the Coroner will be required to issue a false death certificate. In February the Australian Medical Association wrote to all members of SA Parliament, indicating that they strongly oppose the Such bill(s), “considering them to be fundamentally and irretrievably flawed .. and show a confusion in

understanding of the critical difference between palliative care and euthanasia .. we would urge (MPs) to direct your support towards the provision of good palliative care services, which are presently under-supported.” (with thanks to Paul Russell, see noeuthanasia.org.au, and to Alex Schadenberg, see epcc.ca)

Christian Ethics?

Is there such a thing as Christian ethics? "Of course" most would reply. I would agree, but not in the way you might expect. The *MacQuarie Concise Dictionary* defines ethics as:

A system of moral principles, by which human actions and proposals may be judged good or bad, or right or wrong ... the rules of conduct recognized in respect of a particular class of human actions (5th edition 2009, 419).

On the whole the general population thinks that Christians are ethical people, or at least that they should to be. Most people would say; “It’s about knowing the difference between right and wrong”, or “Doing good and avoiding evil”. It’s about being moral. There are of course occasions when Christians are, rightly or wrongly, judged to be hypocrites when they fail to live up to what many would consider to be ethical behaviour.

Literally, however, ethics is something quite different. The word ‘ethic’ has its origins in the Greek word *ethos* (ἦθος) meaning ‘habit’ or ‘custom’. And in the New Testament it is almost exclusively used to describe a religious or cultic habit or custom. It is a liturgical word rather than a moral word. Luke the physician (whom we would think would be very interested in what we would call ethics), of all the New Testament writers, uses the word most often.

So when the aged Zechariah, husband of Elizabeth, and father of John the Baptist, carried out his priestly service in the temple he was doing his ‘ethics’:

Once when Zechariah's division was on duty and he was serving as priest before God, he was chosen by lot, according to the custom (*ethos*) of the priesthood, to go into the temple of the Lord and burn incense (Luke 1:8-9, NIV).

When Joseph and Mary bring the twelve year old Jesus to Jerusalem for the Passover festival, they were being ‘ethical’:

When he was twelve years old, they went up to the Feast, according to the custom (*ethos*) (Luke 2:42).

And when the writer to the Hebrews urges Christians to gather regularly in worship, he was encouraging them not neglect their ‘ethics’:

Let us hold unswervingly to the hope we profess, for he who promised is faithful. And let us consider how we may spur one another on toward love and good deeds. Let us not give up meeting together, as some are in the habit



(*ethos*) of doing, but let us encourage one another-- and all the more as you see the Day approaching (Hebrews 10:23-25)

How are Christians to love and do good deeds? How are they to be ethical? By habitually gathering with God’s people in His presence in the Divine Service and hearing His word, and receiving His gifts. Christian ethics has not so much

to do with our moral behaviour, but with going to church. Christian ethics is nothing other than worship! Christian ethics is about what God does for us.

In his unfinished work *Ethics*, German pastor and theologian Dietrich Bonhoeffer wrote:

The knowledge of good and evil seems to be the aim of all ethical reflection. The first task of Christian ethics is to invalidate this knowledge ... Already in the possibility of the knowledge of good and evil Christian ethics discerns a falling away from the origin. Man at his origin knows only one thing: God. It is only in the unity of his knowledge of God that he knows of other men, of things, and of himself. He knows all things only in God, and God in all things ... The knowledge of good and evil is therefore separation from God. Only against God can man know good and evil ... Instead of knowing himself solely in the reality of being chosen and loved by God, he must now know himself in the possibility of choosing and of being the origin of good and evil. He has become like God, but against God (3-5).

As fallen, sinful human beings we are unable to truly know or do what is good and avoid what is evil. For Christians, ethics then is more about knowing and experiencing God and his grace, His forgiveness, and His work of making us into new creation, rather than about knowing and doing good. Apart from Jesus we can’t do anything truly good (John 15:5). By knowing and experiencing¹ God in faith we can then go and do good, even though we may not even ‘know it’² . In fact doing good in God’s eyes will come at the risk of being called an evildoer by the world. Examples include; Christian health professionals conscientiously refusing



Continued on page 2

Death with Dignity

continued from page 1

standard is waved be addressed? Is it a coincidence that the increase in advocacy for euthanasia is coming at the same time as a marked decrease in Western religious faith? Is there any place for dignity in conjunction with death? I hope to make some tentative responses to these questions.

Contextual catalyst

Day by day I see death drawing nearer for the residents in the RACF where I work as chaplain. On average, we have a little more than one death per week; some weeks we have three or even four deaths. It is acknowledged by many within our facility that sometimes we ‘do’ end-of-life care well, yet sometimes we ‘do’ it quite poorly. How can we ‘do’ end-of- life care well? More formally: how can appropriate, helpful care be provided to dying residents, and their loved ones?

Death can be understood as the ‘state of being dead’, the ‘transition’ from a state of life to one of death, the ‘period leading to death’, or the ‘universal truth that attaches to us all’ (Leon Kass, cited in Allmark, 255). The literature with respect to ‘death with dignity’ tends to emphasise the ‘period leading to death’ - that is, the process of dying, as well as the transition from life to the state of death.

The Macquarie Dictionary defines the prime meaning of **dignity** as ‘nobility of manner or style; stateliness; gravity’ and notes the origin of the word from the Latin word *dignitas*, meaning ‘worthiness, rank’ (Butler, 471). In turn, it is worth noting that the meanings for noble include: ‘distinguished by birth, rank, or title’, and ‘of an exalted moral character or excellence’ (Butler, 1133). The idea seems to be that those of noble status, of high rank in society, would comport themselves in ways that were deemed admirable, worthy of emulation; hence also the origin of the expression *noblesse oblige*.

Searching for the underlying principles of ‘death with dignity’

Singer, Martin and Kelner give a helpful collation of their research data: they divide patient responses into five domains, which are expressed in grammatically active, clear, specific, client-centred ways, which I shall use as a framework for discussion of the issues (116):

1 *Pain and symptom management* is quite naturally something to be desired. It is impossible to prevent all pain, or to remove all symptoms; but that is *not* what is desired. The research data shows that adequate management of these is sufficient to maintain the dignity of the dying person.

2 *Avoiding inappropriate prolongation of dying* is, again, a very clear, and understandable wish on the part of the dying, and of their loved ones. What is meant by this domain is quite clearly prolongation which is inappropriate *from the perspective of the dying person*. Significant is always that the designation of ‘inappropriate’ is made by the dying person, or possibly by that person's loved ones, or in conjunction with them.

3 *Achieving a sense of control* is a very human wish. Effectively, it is necessary to imagine the dying person as expressing themselves: ‘It's my life; it's my death; please don't presume to make decisions for me that I can, may wish to, even should make myself’.

4 *Relieving burden* can be a two-way street. Singer and colleagues relate that the dying person can be relieved of his or her burden of decision-making, about treatments, for example, by having support from carers and family. In turn, the family members may be relieved of their burden of having to make treatment decisions. This appears to feed into the domain: 5 *Strengthening relationships with loved ones*. Singer and colleagues state:

‘these results suggest that communication between dying people and their loved ones is crucial’ (116).

That these domains emerge from this research will be of no surprise to anyone who has more than a passing connection with someone who has been on the end-of-life journey. Certainly they are familiar, even in their opposites: it has been my experience that most negative responses to end-of-life care have been because the activity of one or another of these domains has been thwarted. This amounts to the imposing of indignity upon the dying person.

The source of dignity in and by communication with the individual

Having explored these domains which arose out of research among terminally-ill people, it seems that dignity when related to death and dying is according to the dying person's perspective. This is also Allmark's view, when he states: ‘dignity is largely something that someone brings to death; it is not something that health care professionals can confer’ (255).

Given that dignity is subjective, internal to the individual, ministering to the needs of someone dying requires sensitivity to the specific context. In short, rather than formulaic treatments according to set protocols, the individual needs to be asked!

There appears to be plenty of evidence for the location of the source of dignity as being within the ambit of the dying person, and in communication with him or her. However it is my contention that this is indeed only apparent; the reality is altogether different.



The pot of gold at the end of the rainbow

Although Allmark sets out to ‘defend a conception of death with dignity’, he does concede that ‘[p]erhaps death itself is by definition undignified’ (255). While it may be hard to establish whether death is indeed intrinsically undignified, Allmark does point in the direction of the bigger issue. This is that death is a beast that we cannot pin down.

We can not control death; instead, death controls us. It is a measure of our rebellion against this lack of control that constrains human beings to seek death with dignity. It is a forlorn quest, doomed to failure. It is seeking to escape the impact of death, which just isn't possible. ‘We each owe a death - there are no exceptions’ concludes Paul Edgecombe, the protagonist in the motion picture *The Green Mile*.

One of the spiritual tasks of ageing, posits MacKinlay, referencing Victor Frankl, is ‘to find hope, perhaps even in the midst of loss and fear’ (226). While it is possible for the dying person to find peace through religious hope, death is still a monster, ripping apart families, orphaning children, widowing men and women, separating friends.

The fear of death

So how should care in the RACF or other context be provided, and to what end?

We fear death because we cannot control it. However, we do our best to avoid this by exerting effort in those areas we *can* control.

Another way to deal with the problem of impotence with respect to death is to attempt to impose control, by the means of suicide or voluntary euthanasia. However, it must be noted that these means do not truly control death: they give the *illusion* of control by allowing the place and time of death to be determined, yet death remains. Moreover the ‘death with dignity’ catch-cry of those in favour of euthanasia may now be seen for the lie that it is: can assisted suicide be honestly described as death ‘of an exalted moral character or excellence’? Hardly. Euthanasia is the antithesis of *noblesse oblige*.

The defeat of the monster

I suggested in my introduction that the increase in advocacy for euthanasia, coming at the same time as a marked decrease in religious faith was no coincidence. Though we lack the ability to control or defeat death, and though, as stated above, hope cannot prevent the separation that death brings between the dying and their loved ones, Christian hope is rooted in the ultimate victory. Death does not have the final word. It defeats us in the battle, to be sure, but is itself ultimately defeated: ‘Then

death and Hades were thrown into the lake of fire’ (Revelation 20:14a, NIV). It is this final victory that brings hope in the face of death, for the dying and the bereft.

Death and dignity revisited

Is there room for the term ‘dignity’ in discussions about death and dying? Can those who provide care to the dying comport themselves in ways that are deemed admirable, or worthy of emulation? Yes! Though dignity cannot be conferred, the deliberate empowerment of the dying person and his (or her) loved ones, is surely admirable, surely worth of emulation.

The provision of spiritual support for the client where this is desired by the client – the resident *and* loved ones, as applicable, would also be admirable. Again, the treatment of the resident after death allows for admirable, noble actions. ‘Matters of dignity include care of and attention to the body after the death’ (Hudson & Richmond, 265).

It is in these ways that dignity can be associated with death and dying. ‘Death with dignity’ remains a loaded expression, but this study has enabled me to allow that the hijacking of the expression does not have the final word; much like death itself.

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