

A U S T I N

Atheist

January–February 2010 • Newsletter of the Atheist Community of Austin ACA

Volume 3 • Issue 1

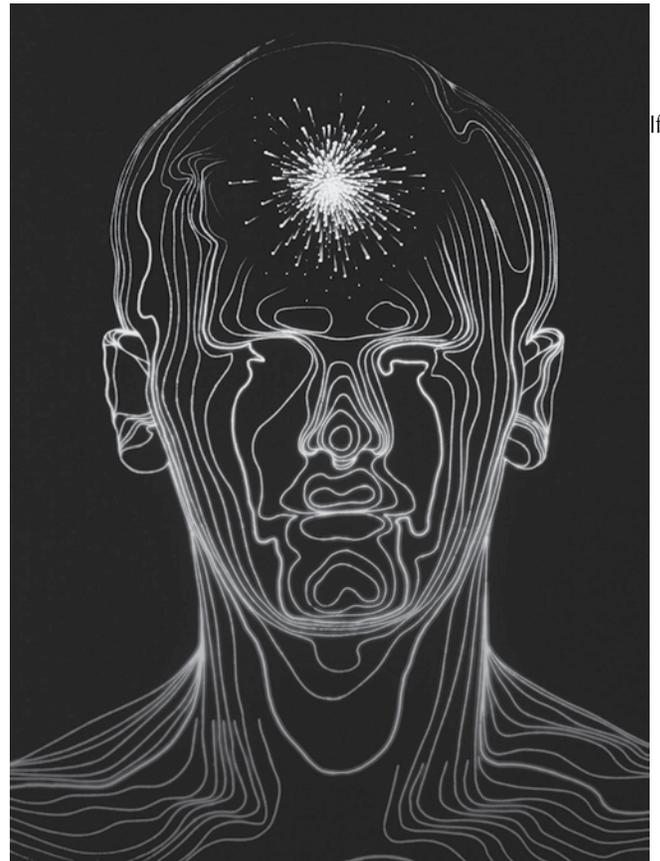
Perspectives on Death and Dying from an Atheist Nurse

—by Lisa Mais

First, I don't like labels. I don't like the label of atheist or the label of humanist, or for that matter all the other likewise labels. Labels in general pigeonhole human beings into certain categories about which we all make assumptions despite our best intentions to be open-minded. These categories are used to eventually describe one person to another person easily and quickly. From many years of dealing with people needing the basic things in life and at their worst, I can tell you that these labels break down quickly. I really hate the labels given to people on the medical history intake forms. In the past there were a few—Christian, Protestant, and Nondenominational. Of course these few labels made the arrogant assumption that Christianity was the only option, let alone the absence of theistic belief. There was some progression in the past decades.

Most institutions now have extended the list to somewhere near 30 options including atheist, pagan, unknown, no religious affiliation, spiritual – not religious, “prefer not to answer,” plus the five major religions and all the multiple variations of those five. But a brief overview online shows there are far more labels of religious affiliations than even these.

But these labels still don't describe the myriad of people's belief and nonbelief systems that help them grapple with suffering and dying. Many people are very comfortable with assigning themselves to one of the many categories of religious affiliation (as it is called on the forms) including atheist. That would work out very well for those people especially if it happens to fall into one of the five major religions of Christianity, Judaism, Hinduism, Buddhism, and Islam. Health caregivers are often able to help support these people



For this reason, I wholeheartedly support our chaplains in their line of work. This may seem strange coming from a person who does not believe in a god. Simply because I don't believe in a god does not mean that I do not believe in “spirituality.”

In This Issue

<i>Perspectives on Death and Dying from an Atheist Nurse</i>	1
<i>ACA Calendar</i>	4
<i>Atheists Helping the Homeless</i>	5
<i>Atheist Eve (Cartoon)</i>	6

through the dying process. Far be it for caregivers to find religious support outside of the 5 major religions. But most importantly, asking for a label from a patient doesn't really describe how that person will handle or have difficulty with spiritual matters in death and dying.

there is one word that sets off an amazing amount of debate and argument amongst nontheists, it is the term “spirituality.” This is in part due to the confusion with the religious movement of Spiritualism, which is a monotheistic belief in

—continued on page 2

About ACA

ACA provides opportunities for socializing and friendship, promotes atheistic viewpoints, encourages positive atheist culture, defends the First Amendment principle of state/church separation, opposes discrimination against atheists, provides outreach to atheists in the greater Austin area, and works with other organizations in pursuit of common goals.

ACA produces a live cable access TV show and Internet radio show, presents a monthly lecture series, maintains a library of Freethought books, protests in support of civil liberties, and participates in various community service activities.

ACA operates in an open and democratic manner to provide a community of like-minded people for social interaction and support.

ACA is a 501(c)(3) nonprofit educational corporation made up of volunteers. The membership is restricted to atheists, but does not discriminate on the basis of gender, race, age, sexual orientation, ethnicity, nationality, or disability.

ACA Board of Directors

President

Matt Dillahunt

Vice President

Jen Peeples

Treasurer

John Iacoletti

Secretary

Don Baker

Directors

Keith Berka

Lisa Mais

Shelley Roberts

Don Rhoades

Joe Roades

Contact

Atheist Community of Austin

P. O. Box 3798

Austin, TX 78764

512.371.2911 (voice mail)

www.atheist-community.org

info@atheist-community.org

Austin Atheist Newsletter

Editors: Matt Dillahunt, Don Baker

Design/Production: Tracie Harris

editor@atheist-community.org

Submission Deadlines

Issue	Deadline
Jan. _____	Dec. 1
Feb. _____	Jan. 1
March _____	Feb. 1
April _____	March 1
May _____	April 1
June _____	May 1
July _____	June 1
Aug. _____	July 1
Sept. _____	Aug. 1
Oct. _____	Sept. 1
Nov. _____	Oct. 1
Dec. _____	Nov. 1

Nurse

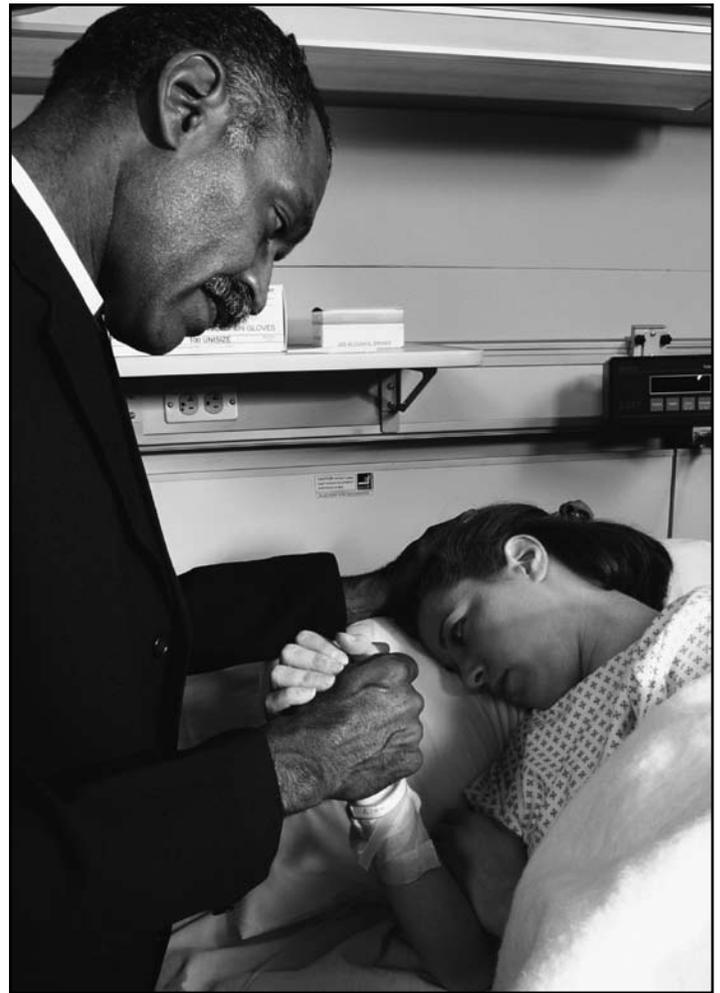
—continued from page 1

God with the belief that spirits can communicate to the living. The term is also incendiary because it is poorly described and cannot be tested or refuted, as it is a subjective matter. People experience spirituality as a state of awe or wonder, in response to that which they hold in the highest value. Many equate spirituality with religion, but the two are separate entities, religion being one way man experiences his spirituality. Spirituality includes the development of an individual's inner life through a wide variety of practices, which may include meditation, prayer, or contemplation. I think of spirituality as the intermix of emotional and philosophical perceptions of that within and out of ourselves—our place and our connection within the physical world.

My Experience

I am a registered nurse who has worked in critical care (ICU) settings for 13 years and in the hospice setting for the last five years. One of the things I regret in my daily work is that I find myself hard pressed to solely be able to address the "spiritual" needs of my patients and their families. These needs are equally important to the basic physical needs of pain management, hydration, nutrition, and eliminatory care. Many argue that if basic needs aren't met first, those "spiritual" needs are difficult to even address, as the prior would distract from the process. I spend the majority of my time, no matter the medical setting, focused on the pain, discomfort, and associated symptoms of lack of appetite, inability to swallow, difficulty breathing, nausea, and constipation. In addition, there are medications to order and review and doctors with whom to discuss the challenges therein. As you can see, there doesn't often seem to be time to discuss the other aspects of death and dying.

For this reason, I wholeheartedly support our chaplains in their line



Another reason I would argue as an atheist for the presence of chaplains is life review and planning for individualized memorial services both for the patient and the family. This is another area where chaplains double as a counselor or a facilitator.

of work. This may seem strange coming from a person who does not believe in a god. Simply because I don't believe in a god does not mean that I do not believe in "spirituality." I defined this in my previous section. I, like other atheists, believe in the power of an individual's mind. I feel that the mind includes a perception of where that person "is" in the world, how the person relates to the world, and what mental processes are needed to finish before a person is "prepared to die." Simply because we don't (as a society) understand how specifically the mind affects the body's physical decline does not mean that there is not observable evidence that the state of one's mind doesn't affect the physical body.

I had one man who had requested to have "Atheist" listed on his info sheet. He told me a few days before he died that he regretted "in a way" putting that on his intake form because he would have welcomed the chaplain's presence. He felt that maybe they were unduly nervous about coming out to visit with him because he'd said that he was an atheist. He said he would really have enjoyed talking to someone about what he was feeling spiritually. He even defined this for me as "the intermix of emotional and philosophical ways of perceiving that within and out of ourselves—our place, our connection within the physical world." I also had a chance to talk to one or two of our chaplains about this many months later when I admit-

ted to them that I am a nonbeliever. They told me that there are of course many religious figures out in the world trying to convert people. There also happen to be many chaplains working in both hospital and hospice settings that feel it is egregious to even assume a stance of converting someone to their religious way of thinking at the end of that person's life.

Another reason I would argue as an atheist for the presence of chaplains is life review and planning for individualized memorial services both for the patient and the family. This is another area where chaplains double as a counselor or a facilitator. Not all chaplains have specific counseling training but our chaplains do and likewise do a great job. As far as giving out information regarding funeral home and advance planning, chaplains are capable as such but they also are open to other funeral home alternatives including "green burials" or home funerals.

To those of you who feel that the chaplain presence is a threat to atheists, I would urge you to look upon them as conveyors of hope of a good death. They are the people of the hospice and the hospital team who provide something emotional, something more uplifting than many times what the doctors and nurses can simply provide with medicines, treatments or physical care. Many people define a good death differently. What really is most important is what is a good death for the dying person.

A Good Death

At this point, I feel some definitions are in order to clarify some of the different approaches to death and dying.

Palliative care is the medical specialty focused on relief of the pain, stress and other debilitating symptoms of serious illness. Palliative care is not dependent on prognosis and can be delivered at the same time as aggressive treatment meant to cure. The goal is to relieve suffering and provide the best possible quality of life for patients and their families. Hospice care always provides palliative care. How-

ever, it is focused on terminally ill patients—people who no longer seek treatments to cure them and who are expected to live for about six months or less. Many terminally ill patients do live longer than six months but generally have longer more drawn out disease processes that show a steady decline. These include the neurological diseases of ALS, Parkinsons, Alzheimers, etc. as opposed to the more rapid decline pattern of those with cancer or end stage organ failures.

Even amongst palliative care and hospice professionals, there are a wide variety of responses received when asking, "What does a good death mean to you?" In Great Britain, a group formed to debate just this meaning—Debate of the Age Health and Care Study Group. The participants in this group came up with a widely accepted set of 12 principles to a good death which are obviously up to debate with regards to differing backgrounds, ethnicities, ages, and religious or nonreligious belief systems. The 12 principles of a good death are

- to know when death is coming and to understand what can be expected,
- to be able to retain control of what happens,
- to be afforded dignity and privacy,
- to have control over pain relief and other symptom control,
- to have choice and control over where death occurs (at home or elsewhere),
- to have access to information and expertise of whatever kind is necessary,
- to have access to any spiritual or emotional support required,
- to have access to hospice care in any location, not only in hospital,
- to have control over who is present and who shares the end,
- to be able to issue advance directives which ensure wishes are respected,
- to have time to say goodbye and



Medical professionals, often outside of the hospice arena, are usually the first to say that having all the latest medications and technologies will manage the person's pain so that they may die "peacefully."

have control over other aspects of timing, and

- to be able to leave when it is time to go and not to have life prolonged pointlessly.

(From: Smith R., "A good death," *BMJ*, 320:129-130, 15 January 2000. See also, Debate of the Age Health and Care Study Group, "The future of health and care of older people: the best is yet to come," London: Age Concern, 1999.)

Looking at what a "good death" means perhaps requires each of us to look into our own lives. The news of a life-threatening diagnosis can inspire a person to healthier, more life-affirming habits or can lead to reactive anger, fear, and denial of death. Many people reach out for healing—healing in relationship to death, healing in relationship to illness, in relationship to a wounded heart, or to separation from their own self. With this approach to the nonphysical aspects of ourselves, people are allowed to look at their own spirituality.

Unfortunately, looking at spirituality and a good death becomes invalidated if people are in too much pain or physical distress from complications or symptoms of their disease processes. This is where the hospice and palliative care/pain management approach becomes necessary. Along the decision-making path about a good death for oneself, people have asked the question: "Who is the one in control?" Medical professionals, often outside of the hospice arena, are usually the first to say that having all the latest medications and technologies will manage the person's pain so that they may die "peacefully." What we know since the late '60s, after lots of research and interviews with dying patients is that there are two main fears of the dying person: dying in pain (often the first) and dying alone. Although there are always people who would prefer

—continued on page 4

Nurse

—continued from page 3

to die alone—away from their families, away from friends—these people still do not simply want to die in the absence of anyone else. They want their death to be valid, to be respectful and be respected. Having someone there, even if it is a stranger, is an affirmation that they meant something. Once these two needs are logistically met, the person, having either a terminal (defined as less than 6 months) condition or simply an irreversible condition involving disability and suffering, then questions how long must they wait to die once they've "gotten their affairs in order."

This last part of the controlled dying process is of concern to the right-to-die, the PAD (Physician As-

—continued on page 5



What we know since the late '60s, after lots of research and interviews with dying patients is that there are two main fears of the dying person: dying in pain (often the first) and dying alone.

ACA CALENDAR

SUNDAY, JANUARY 3

• **12:15-1:45 p.m.:** ACA Lecture Series (Austin History Center) Fred Edwards from the Coalition of Reason on "Sailing the Rising Tide of Reason"; Free

• **4:30-6 p.m.:** The Atheist Experience (Channel 16)

• **6:30 p.m.-?:** Meet-up after The Atheist Experience (Threadgill's)

TUESDAY, JANUARY 5

• **6:30 p.m.-?:** Dark Flow Happy Hour (Central Market North)

THURSDAY, JANUARY 7

• **7 p.m.-?:** Happy Hour (Dog & Duck Pub)

SATURDAY, JANUARY 9

• **2-3:30 p.m.:** Non-Prophets Internet Radio Show (See Web site for details)

SUNDAY, JANUARY 10

• **11:30 a.m.-1 p.m.:** Regular Sunday Meeting (Romeo's)

• **12:30-1:30 p.m.:** Board Meeting (Romeo's (outside))

• **4:30-6 p.m.:** The Atheist Experience (Channel 16)

• **6:30 p.m.-?:** Meet-up after The Atheist Experience (Threadgill's)

TUESDAY, JANUARY 12

• **6:30 p.m.-?:** Dark Flow Happy Hour (Central Market North)

THURSDAY, JANUARY 14

• **7 p.m.-?:** Happy Hour (Dog & Duck Pub)

SATURDAY, JANUARY 16

• **11 a.m.-12 p.m.:** Adopt-a-street Clean Up (North Location: Jack-in-the-Box on the Northeast corner of Burnet and Anderson)

SUNDAY, JANUARY 17

• **11:30 a.m.-1 p.m.:** Regular Sunday Meeting (Romeo's)

• **4:30-6 p.m.:** The Atheist Experience (Channel 16)

• **6:30 p.m.-?:** Meet-up after The Atheist Experience (Threadgill's)

TUESDAY, JANUARY 19

• **6:30 p.m.-?:** Dark Flow Happy Hour (Central Market North)

WEDNESDAY, JANUARY 20

• **7-8:30 p.m.:** CFI Austin Food for Thought Lecture (American Legion Post 76, 2201 Veteran's Drive) Kathy Miller of Texas Freedom Network on "How the SBOE plans to kill the social studies curriculum"; Free

THURSDAY, JANUARY 21

• **7 p.m.-?:** Happy Hour (Dog & Duck Pub)

SATURDAY, JANUARY 23

• **2-3:30 p.m.:** Non-Prophets Internet Radio Show (See Web site for details)

SUNDAY, JANUARY 24

• **11:30 a.m.-1 p.m.:** Regular Sunday Meeting (Romeo's)

TUESDAY, JANUARY 26

• **6:30 p.m.-?:** Dark Flow Happy Hour (Central Market North)

THURSDAY, JANUARY 28

• **7 p.m.-?:** Happy Hour (Dog & Duck Pub)

SUNDAY, JANUARY 31

• **11:30 a.m.-1 p.m.:** Regular Sunday Meeting (Romeo's)

• **4:30-6 p.m.:** The Atheist Experience (Channel 16)

• **6:30 p.m.-?:** Meet-up after The Atheist Experience (Threadgill's)

REGULAR LOCATIONS:

• **Austin History Center**, 9th and Guadalupe. Building opens at noon. Lectures are free and open to the public.

• **Central Market North**, 4001 N. Lamar Blvd.

• **Dog & Duck Pub**, North of the Capitol, 406 W. 17th at Guadalupe, 512.479.0598. Informal gathering; food available.

• **Romeo's**, 1500 Barton Springs Rd. South of Town Lake.

• **Threadgill's**, 301 West Riverside Drive (at Barton Springs Rd.)

Unless otherwise indicated, events are open to all atheist and atheist friendly people, regardless of ACA membership status. Check the calendar on the Web site <www.atheist-community.org/calendar> for last minute changes.



Atheists Helping the Homeless

—by Chuck Clark, (Chuck Clark is a long-time member of ACA, and is on the charity committee. —Editor.)

Having observed Christian services where homeless were targeted and fed under the bridge, 135 and 6th St.), it was obvious the main intent was not to help those who needed help, but to promote their religion. I don't know if it was required for them to say, "Yes, I love Jesus," in order to get some food, but they sure had to get the sales pitch. It seemed insincere to me. (Of course, this observation is not meant to describe all Christians.) Many atheists, including me have cared, and wanted to help the homeless in Austin.

I am sure we have all handed a dollar out the window now and then, but what was needed was a way to offer them necessities without giving cash or religion. A number of us have started a new group, Atheists Helping

the Homeless (AHH), a way to help those homeless who need help without the religion. No preaching. Founding members include Joe Zamecki (Texas state director for American Atheists); Mark Johnson, also from AA; Marla Repka; and myself. Joe has helped spread the word with the help of YouTube video postings.

Without high paying jobs, we are limited to what little we can afford, but, as others, are pitching in. We have been able to have five give-away events. We put together bags of necessities such as a shaver, toothbrush, bottled water, travel-sized toothpaste, soap, shampoo, hand sanitizer, mouthwash, deodorant, and maybe a new pair of socks. New socks are especially appreciated. We are also providing toilet paper, combs, t-shirts, plastic ponchos,

small sewing kits, playing cards, etc.—whatever we can get—for those who need them. Next give-away event is planned for January 10. We are not a 501(c)3 organization, nor actually a part of any other organization. We are just a few friends, who happen to be atheists wanting to help.

We are trying to have a give-away event about once a month as donations allow. We have been told that they appreciate our being secular. Some have expressed that the "Jesus thing was overwhelming," and we are "doing it as it should be."



Many atheists, including me have cared, and wanted to help the homeless in Austin.



It is very rewarding to meet and visit with folks while offering them items that will make their life better, and doing it without

religion. Helping the homeless with a smile, not a sermon.

If you would like more info we have started a Web site: www.atheistvolunteers.org/Austin. I can also be contacted via the online member directory www.atheist-community.org/members/directory/. ■

Nurse

—continued from page 4

sisted Death), and the mercy killing/euthanasia movements. On November 1, 2009, Don Moore from the Final Exit Network came to talk as part of the ACA Lecture Series. Final Exit is a controversial right-to-die organization that actually assists in "exits." (Their less controversial sister organization,

Compassionate Choices, focuses instead on legislative reform.) Final Exit Network provides volunteer assistance to members who are suffering from an intolerable condition. Don Moore has been a volunteer in the Death with Dignity movement since 1998, and is now trained as a "Senior Exit Guide." He spoke about his experiences very honestly and without the usual fluffy euphemisms regarding death and dying that we normally hear in

the media. The lecture was well attended and the audience had a wide variety of backgrounds and interests about the subject going into it. I found him to be undaunted in his convictions, coming out from hiding here in Texas, a state not known for progressive ideas about death. He was well received, and I am personally looking more deeply into the specifics of their mission and how they put it into action. I would like to personally see an

eventuality of combining both the hospice and right-to-die missions to improve the quality of care of the dying, if only in this nation.

If you care to discuss what a "good death" is or other aspects of the dying process, I am happy to talk to you about it in person. ■



Atheist Community of Austin
 P. O. Box 3798
 Austin, TX 78764
 www.atheist-community.org

ATHEIST EVE

DESIGN ©2009

The universe is intelligently designed to support life. If things weren't exactly as they are, there wouldn't be life. Obviously the universe was meant to create human life.

So, god expended a tremendous amount of energy and resources to design an enormous universe full of actions and reactions, matter, energy, black holes, suns, planets, gases, vacuums, galaxies, and things we haven't even identified yet, to culminate in a miniscule spec of rock, only part of which is capable of supporting human life?

The DNA inside a cell delivers instructions that tell the cell exactly what actions to perform—obviously the product of a perfect mind.

So, what about Siamese twins and cancer? Isn't that a cellular level MALFUNCTION? Just so I'm clear, you believe in a god that has to produce an entire universe, just to come up with a dot of real estate for people to inhabit—AND who has the intelligence and power to make matter from nothing, create life and diversity, and put all the physical laws we know in place, but it can't make single cells function according to spec? Who do you worship? Wile E. Coyote?

Atheist wear available at www.cafepress.com/atheist_eve