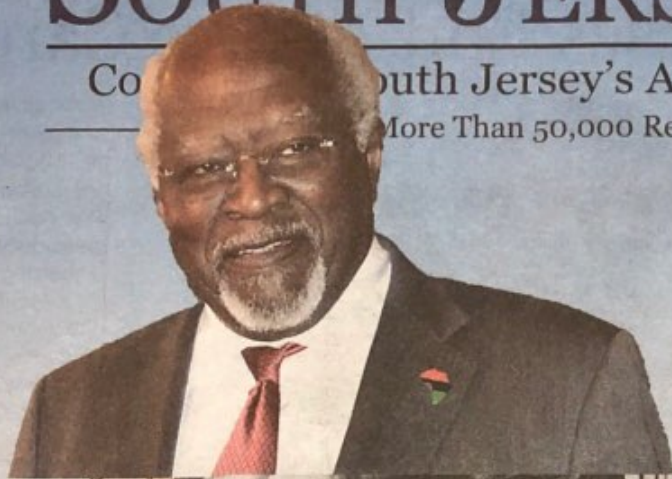


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# SOUTH JERSEY JOURNAL

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## **Tina Turner** *Bravely Discusses* **End-of-Life** **Care**



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# Tina Turner Bravely Discusses End-of-Life Care



Tina Turner

By Brandi Alexander  
(giving her first person account)

Legendary singer Tina Turner, has always been a role model for me. As an African-American woman, I have long admired how she bravely approaches life. From overcoming spousal abuse to the tragic loss of her son to suicide, she is a true survivor.

But now I hold her in even higher esteem since she took control of her end-of-life journey just as well. Her courage in speaking out recently on a taboo subject for many African Americans — the desire to decide at the end of life if and when to forgo invasive, painful treatments — spoke volumes. She expressed that futile suffering does not fit her value system. In fact, she said she believes the quality of life is more important than the quantity. So when her kidneys started failing, she considered help in ending her life, which she detailed in a personal essay last October for, "The Daily Mail" to promote her new memoir, "Tina Turner: My Love Story."

Tina wrote that three weeks after her wedding to Erwin Bach in 2013, she suffered a stroke and had to learn to walk again. In 2016, she was diagnosed with intestinal cancer. Tina opted for homeopathic remedies, which worsened her condition, leading to total kidney failure. Her chances of receiving a kidney were low, and her doctor urged her to start dialysis.

"I began to think about death," Turner said. "If my kidneys were going, and it was time for me to die, I could accept that. It was OK. When it's time, it's really time. I didn't mind the thought of dying, but was concerned lives in Switzerland,

where medical aid in dying is available, but the requirements are much less stringent than in the United States. Here, medical aid in dying allows only mentally capable, terminally ill adults, with six months-or-less to

live, to have the option to peacefully end unbearable suffering when no other option provides relief at life's inevitable end. National polling shows a majority of Americans (72%) support medical aid in dying, but majority support among African Americans (53%) is lower than any other racial group.

This compassionate option is available in Washington, D.C., and seven states: California, Colorado, Montana, Oregon, Washington, Vermont, Hawai'i, and, starting on Aug. 1, 2019, in New Jersey (you can read the New Jersey law's language at:

[www.njleg.state.nj.us/20182019/A2000/1504\\_1.HTM](http://www.njleg.state.nj.us/20182019/A2000/1504_1.HTM)). In addition, lawmakers are considering medical aid-in-dying bills in 12 other states: Arizona, Delaware, Indiana, Iowa, Kansas, Maine, Massachusetts, Minnesota, North Carolina, New York, Rhode Island, and Utah.

Before having to make any other end-of-life care decisions, Tina's husband, Erwin, donated a kidney so she could receive a transplant.

I pray Tina's new kidney extends her life for many years. I also hope she continues to take charge of her treatment options. Her healthcare challenges are very common — and especially relevant — in the African-American community.

Due to high rates of diabetes, high blood pressure and heart disease, Blacks have an increased risk of developing kidney failure, according to the National Kidney Foundation. In fact, African Americans constitute more than 35% of all patients in the United States who receive dialysis for kidney failure, but we only represent 13.2% of the overall U.S. population.

Sadly, African Americans represent only a small percentage of people in the United States who utilize hospice or comfort palliative care. Our



community has also been less likely to access the option of medical aid in dying to peacefully end an agonizing dying process, if it fits the value systems and all else fails to relieve intolerable suffering.

For example, Blacks comprise 6.7% of California's population, but we represent only 0.6% of the state residents (3-out-of-485) who utilized the state's medical aid-in-dying law since it took effect in 2016, according to annual reports by the California Department of Public Health.

The reason? Deciding to use palliative care options requires acceptance of death, according to the Clinical Journal of Oncology Nursing article which started,

*"It is a concept conflicting with the spiritual beliefs of many African Americans because acceptance often is equated with giving up. Some African Americans would rather pray for a miracle than accept that a disease is in its terminal stages. For many African Americans, spiritual beliefs lead them to view death as a transition and not as a final state and to equate being right with God with a good death experience."*

As a spiritual African American, I can relate to death being a transition. However, whether we believe in homeopathic remedies, traditional medicine, refusal of treatment, life-sustaining measures or medical aid in dying, we all can learn from Tina Turner's experience.

Having autonomy, being informed and staying committed are the most important considerations when approaching your end-of-life care planning. I hope her story inspires more African Americans to educate themselves about medical aid in dying and all end-of-life care options, and to utilize the options that best fit their situation, spiritual beliefs and values.

*Brandi Alexander is the national constituency director for Compassion & Choices, the nation's largest and oldest nonprofit organization advocating for expanding and improving healthcare options for the end of life.*