

# FINALEXIT™ NETWORK NEWSLETTER

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SUPPORTING THE HUMAN RIGHT TO A DEATH WITH DIGNITY

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## *Being Mortal:* What is the Physician's Role?

By Don Gaede, MD

*The heart asks pleasure first,  
And then, excuse from pain;  
And then, those little anodynes  
That deaden suffering;  
And then, to go to sleep;  
And then, if it should be  
The will of its Inquisitor,  
The liberty to die.*

— Emily Dickinson

The early morning phone call jarred him into consciousness. “Bill, my dad just killed himself. I just found his body in the garage.”

Bill is my friend. His wife was visiting her parents, helping them cope with her father’s advanced bladder cancer. The oncologist had just told him that the chemotherapy was not helping, and that surgery was not an option.

The next day, her father’s mood changed. He appeared to have given up all hope. For dinner, he asked for his favorite meal of kung pao chicken. Later that evening, he said almost casually to his wife, “We’ve had a pretty good life together, haven’t we?” In the wee hours of the next morning, he slipped out of bed and put a bullet through his head.

Her father was an 83-year-old veteran of the Vietnam and Korean wars, a highly-decorated colonel, a “take-charge” kind of a guy. But before ending his life, he did not take the time to say goodbye to his wife and children. And he left a long wake of shock and sorrow behind him.

PHYSICIAN *continued on page 3*

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*By Archbishop Emeritus  
Desmond Tutu, Nobel Prize Winner*

“When my  
time comes,  
I want the  
option of  
an assisted  
death”

*Desmond Tutu is archbishop emeritus of Cape Town, a Nobel Peace laureate, and one of the world's most respected religious leaders. This opinion was published in the Washington Post on October 6, 2016.*

**T**hroughout my life, I have been fortunate to have spent my time working for dignity for the living. I have campaigned passionately for people in my country and the world over to have their God-given rights.

Now, as I turn 85 Friday, with my life closer to its end than its beginning, I wish to help give people dignity in dying. Just as I have argued firmly for compassion and fairness in life, I believe that terminally ill people should be treated with the same compassion and fairness when it comes to their deaths. Dying people should have the right to choose how and when they leave Mother Earth. I believe that, alongside the wonderful palliative care that exists, their choices should include a dignified assisted death.

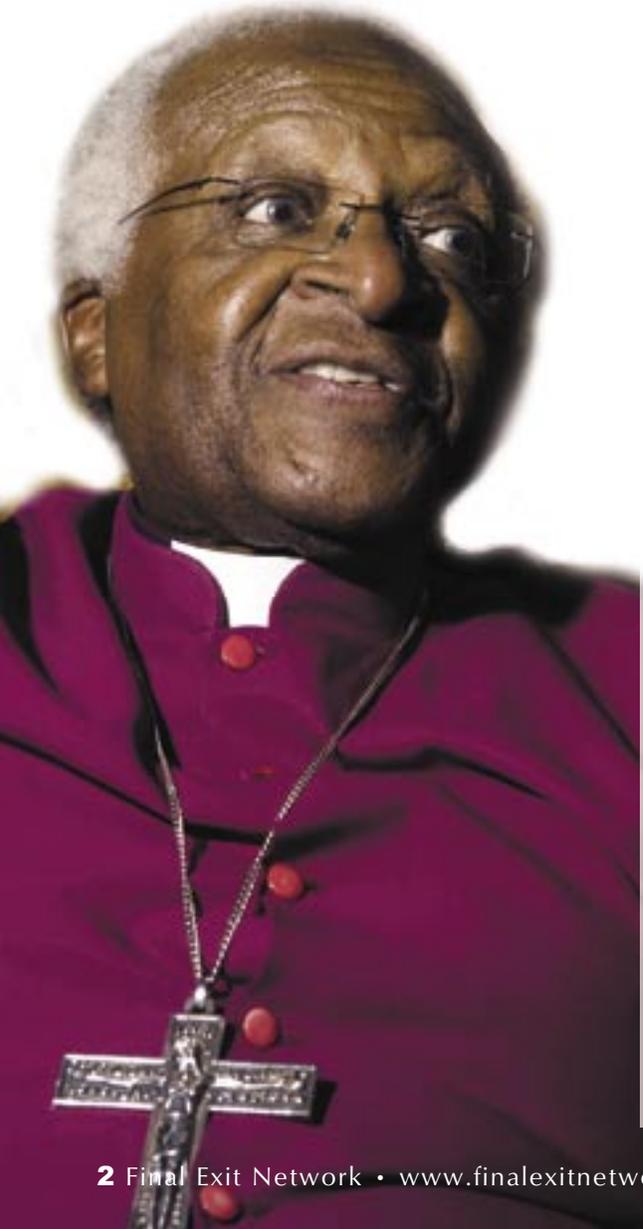
There have been promising developments as of late in California and Canada, where the law now allows assisted dying for terminally ill people, but there are still many thousands of dying people across the world who are denied their right to die with dignity. Two years ago, I announced the reversal of my lifelong opposition to assisted dying in an op-ed in the *Guardian*. But I was more ambiguous about whether I personally wanted the option, writing: “I would say I wouldn’t mind.” Today, I myself am even closer to the departures hall than arrivals, so to speak, and my thoughts turn to how I would like to be treated when the time comes. Now more than ever, I feel compelled to lend my voice to this cause.

I believe in the sanctity of life. I know that we will all die and that death is a part of life. Terminally ill people have control over their lives, so why should they be refused control over their deaths? Why are so many instead forced to endure terrible pain and suffering against their wishes?

I have prepared for my death and have made it clear that I do not wish to be kept alive at all costs. I hope I am treated with compassion and allowed to pass on to the next phase of life’s journey in the manner of my choice.

Regardless of what you might choose for yourself, why should you deny others the right to make this choice? For those suffering unbearably and coming to the end of their lives, merely knowing that an assisted death is open to them can provide immeasurable comfort.

I welcome anyone who has the courage to say, as a Christian, that we should give dying people the right to leave this world with



dignity. My friend Lord Carey, the former archbishop of Canterbury, has passionately argued for an assisted-dying law in Britain. His initiative has my blessing and support—as do similar initiatives in my home country, South Africa, throughout the United States and across the globe.

In refusing dying people the right to die with dignity, we fail to demonstrate the compassion that lies at the heart of Christian values. I pray that politicians, lawmakers and religious leaders have the courage to support the choices terminally ill citizens make in departing Mother Earth. The time to act is now. ■

## Words of Wisdom

**When the burden of life begins to outweigh that life itself, is one really living? And when the cold of death brings a close to the overbearing burden, is one really dying?**

*Brian K. Collier*

**Sadly, many doctors seem to consider death a curable disease.**

*Paula Gold Chalef, JD*

**I'd rather die while I'm living than live while I'm dead.**

*Jimmy Buffett in  
"Growing Older But Not Up"*

**The more we can freely discuss a variety of personal options, the more likely we can move towards a more humane response to end-of-life decisions.**

*Anton S. Wallner, PhD*

**Death is not the worst thing; rather, when one who craves death cannot attain even that wish.**

*Sophocles (?496-406 BCE)  
spoken by Chrysothemis in Electra*

WISDOM continued on page 14

## PHYSICIAN *continued from page 1*

Since that day three years ago, my friend and his wife have often wondered how things might have gone differently. Would a palliative care consultation have averted his decision? If there had been a physician aid-in-dying law, could he have ended his life without causing so much emotional trauma to his family?

Atul Gawande, author of the best-selling "Being Mortal," has cited a 2010 Harvard study in which half of the lung cancer patients received early palliative care. This intervention led to significant improvements in both quality of life and mood. As compared with patients getting standard care, patients receiving palliative care had less aggressive treatment at the end of life, but surprisingly, longer survival.

Palliative care is often confused with hospice. That's understandable, because it's an important component of hospice care. But while hospice offers comfort during the last months of life, palliative care can be given at any point in a serious illness, and can be given along with curative treatment. Gawande believes that a palliative care consultation can be key to helping people with terminal illness live the last days of their lives with better quality.

An editorial in the Journal of the American Medical Association entitled "The Liberty to Die" by Drs. Adashi and Clodfelter, described the controversy well: "To its proponents, physician aid-in-dying represents compassion and beneficence in the face of terminal physical pain and disability, and the right to exercise free choice and autonomy of will. To its opponents, physician aid-in-dying violates deeply held views on the sanctity of life, distorts the imperative of the healing mission, devalues the role of palliation, and risks coercion of the elderly, disabled, destitute, and despondent."

I have a lot to learn about end-of-life issues. Depending on the situation, and after a palliative care consultation, I might consider assisting a patient in ending his or her life. But however we physicians feel, we need to become more familiar with this difficult topic, turn it over in our minds, discuss it among ourselves, and most importantly, listen carefully to our patients' concerns. ■

# Appeals Court Claims No Authority to Overturn Ruling

In a legal case testing whether Final Exit Network is allowed to teach about self-deliverance, the Court of Appeals of Minnesota has upheld FEN's 2015 conviction for "assisting" in a "suicide."

Final Exit Network, Inc.—the corporation only, not any individual—was found guilty in 2015 of a felony, "assisting" in a "suicide," and appealed for the Court of Appeals to reverse the conviction.

"This court was just one step on the appellate ladder," said the Network's president, Janis Landis. "Whether we won or lost in this court, we always knew the case would have to go to the Supreme Court of Minnesota, and maybe beyond. So now we'll step up to the next court. We're in this to stay until we obtain justice."

The evidence at the trial showed that Exit Guides and other Network personnel gave information and support to the decedent, Doreen Dunn. The evidence showed the Network volunteers provided no physical assistance in Ms. Dunn's death in 2007, but only exercised their First Amendment-protected right to freedom of speech.

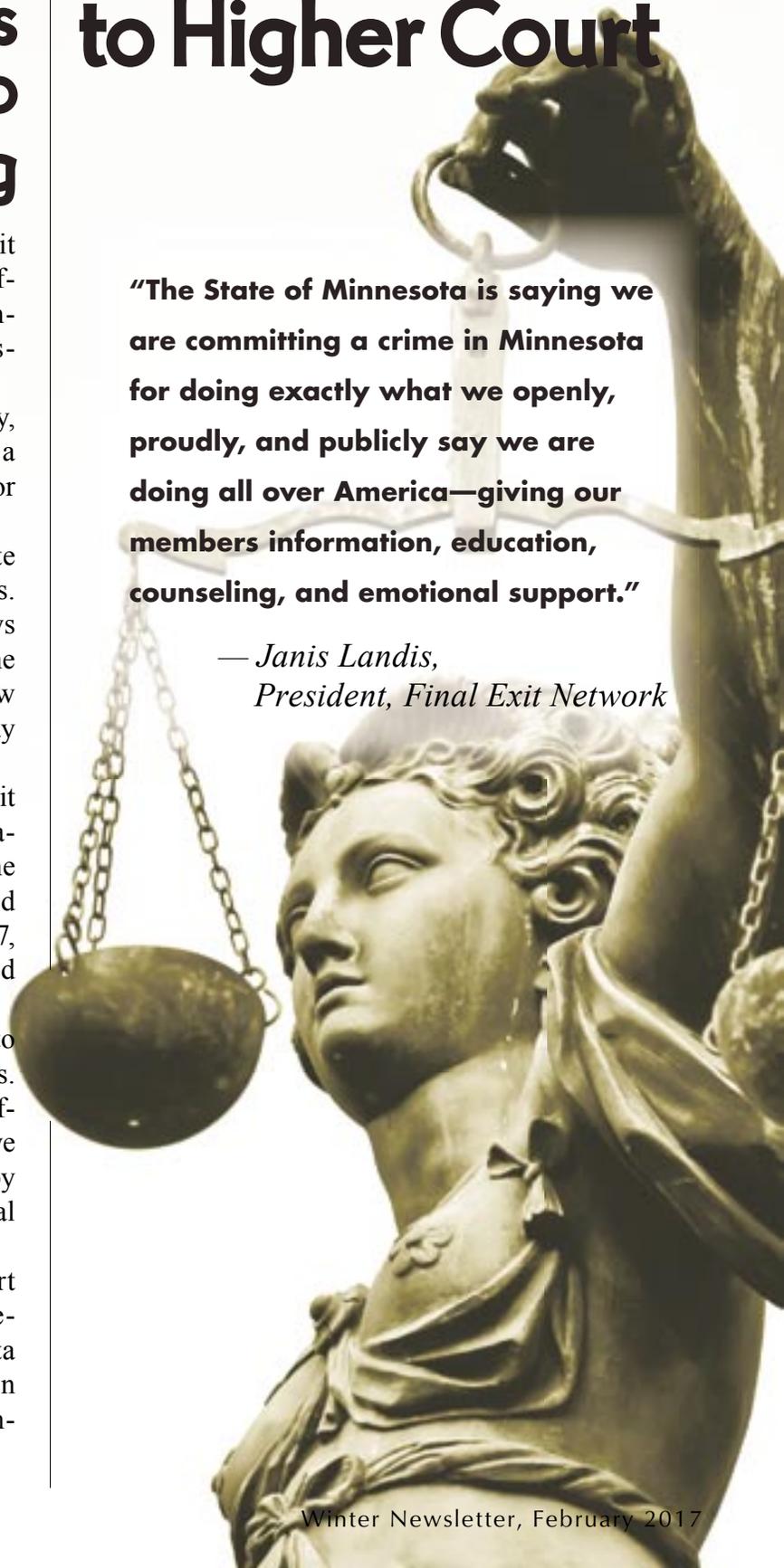
The jury was instructed that it was required to convict the corporation if its personnel gave Ms. Dunn instructions about how to terminate her suffering. "Once that jury instruction was given, we had little or no hope of being found 'not guilty' by the jury," said Robert Rivas, the Network's general counsel.

The trouble for the Network in the trial court and the Court of Appeals stemmed from an unrelated case in which the Supreme Court of Minnesota held that one could be convicted of "assisting" in a "suicide" for communicating "words" that "enabled" a "suicide." ■

# Minnesota Decision to Go to Higher Court

**"The State of Minnesota is saying we are committing a crime in Minnesota for doing exactly what we openly, proudly, and publicly say we are doing all over America—giving our members information, education, counseling, and emotional support."**

— Janis Landis,  
President, Final Exit Network



By Robert Rivas, *Final Exit Network*  
General Counsel

**F**inal Exit Network has filed a petition for the Supreme Court of Minnesota to review a decision, made by two lower Minnesota courts, that it is a crime in Minnesota to give someone information about self-deliverance.

The petition for review was filed in January. The Supreme Court of Minnesota must decide by mid-March whether to hear the appeal.

If the Supreme Court of Minnesota accepts the appeal, the process will take about a year. If not, Final Exit Network will then file a petition for the Supreme Court of the United States to review Minnesota's new version of the law.

As the law now stands, Minnesota is the only place in the country where a person will be convicted of the crime of "assisting" in a "suicide" without actually "assisting" at all. Final Exit Network, Inc.—and only the corporation—was convicted in May 2015 for giving information to a member about the helium hood method of terminating her suffering.

Doreen Dunn, 57, of Apple Valley, Minnesota, had endured unrelenting, excruciating pain from a spinal injury since 1996. Her doctors saw no prospect of relief. At the time she chose to die on May 30, 2007, she was sure she would soon be warehoused in a nursing home.

On December 19, 2016, the intermediate Court of Appeals of Minnesota affirmed the Network's conviction. In its decision, the Court of Appeals frankly acknowledged that the Network's Exit Guides did not "assist" in the "suicide," neither by committing any tangible act of physical assistance nor by providing Mrs. Dunn with her exit hood, helium tank, or any other implement used in her final exit.

Said the Network's president, Janis Landis: "The State of Minnesota is saying we are committing a crime in Minnesota for doing exactly what we openly, proudly, and publicly say we are doing all over America—giving our members information, education, counseling, and emotional support.

"We will not accept the Minnesota's absurd new law because we cannot live with it. This precedent threatens Final Exit Network's very existence."

The Network's attorney, Robert Rivas, said the Network recognizes that there are limits on the right

to free speech. "But the Minnesota rule is unlike any of the recognized American exceptions to the right to free speech," he said.

"Under the Minnesota rule, if your loved one is contemplating the termination of her suffering, and you email her a hot link to a URL where she can buy an instant download of a copy of Derek Humphry's book, *Final Exit*, you have committed a felony. This simply cannot be the law."

The trouble for the Network in the trial court and the Court of Appeals stemmed from an unrelated case involving a nurse from Faribault, Minnesota named William Francis Melchert-Dinkel. In his case, the Supreme Court of Minnesota held in 2014 that one could be convicted of "assisting" in a "suicide" for communicating "words" that "enabled" a "suicide."

In its 18-page opinion, the Court of Appeals held that the trial court's jury instruction was properly based on the precedent established in the Melchert-Dinkel decision. The Court of Appeals repeatedly said it had no authority to overrule the Supreme Court of Minnesota. Therefore, the court held, it was compelled to affirm the corporation's conviction.

The trial court last year sentenced the corporation to pay the maximum \$33,000 fine. Though a conviction for "assisting" in a "suicide" could carry a 15-year prison sentence for an individual, nobody could receive a prison sentence because only the corporation was tried and convicted.

Originally, the corporation and four individuals were indicted in 2012. All the charges against one defendant, former Network president Thomas E. ("Ted") Goodwin, were dismissed early on. Defendant and former Network president, Jerry Dincin, died, as did another defendant, former Network medical director Dr. Lawrence Egbert.

That left only former Network case coordinator Roberta Massey as a defendant. She was excused from the trial in 2015 for health reasons, but the charge remained pending against her. Late in 2016, in order to make the case go away, she reached a plea agreement with the State in which she will plead guilty to a misdemeanor and serve probation in order to close the case. ■

## Poll Shows Surprisingly Broad Support for Medical Aid in Dying in Minnesota

*Greenberg Quinlan Rosner Research*

*Much like support for a legal option itself, support for candidates with this position extends across demographic, religious and partisan lines.*

A new survey among likely voters in Minnesota finds broad and deep support for medical aid in dying. In principle, Minnesotans believe medical aid in dying should be a legal option for terminally ill individuals by a margin of 53 points, 73 percent – 20 percent, including 55 percent who strongly believe so.

A similar share of the electorate, 73 percent (49 percent strongly), supports legislation that would make that option available for people who are over the age of 18, terminally ill and deemed mentally capable by medical experts.

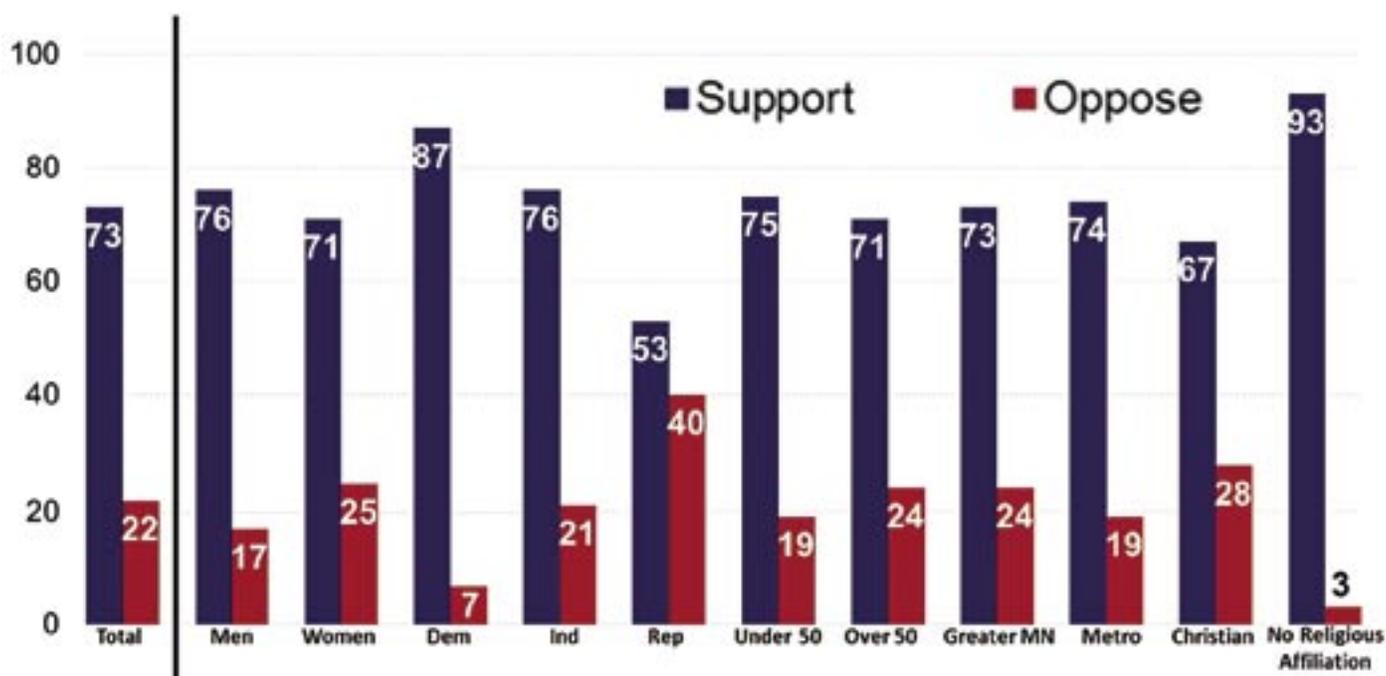
Greenberg Quinlan Rosner Research conducted a survey of 509 likely 2016 general election voters in Minnesota from August 29 - September 1, 2016. The survey [funded by Compas-

sion and Choices] had a margin of error of +/- 4.3 percent.

The breadth of the support for this legislation is striking. There is bi-partisan support for this legislation and support across generations, geography and religious faiths.

Finally, the survey also found that 61 percent of voters would be more likely to support a candidate who supports legislation providing a legal option for medical aid in dying while just 21 percent would oppose a candidate who does. Much like support for a legal option itself, support for candidates with this position extends across demographic, religious and partisan lines.

*Note: As Derek Humphry has commented, these figures come from “a state where earlier this year the Final Exit Network was fined \$30,000 for providing guidance to a dying woman!”* ■



# Ohio Law “Not so Bad”

The Ohio General Assembly has passed a bill making it a crime to “assist suicide,” and Governor John Kasich signed the bill into law in December, making Ohio the forty-first state in the Union to criminalize “assisting” in a “suicide.”

Until now, the State of Ohio had no statutory law making it a crime to “aid” or “assist” in a suicide. But the Republican-controlled General Assembly’s bill now makes “assisting suicide” a third-degree felony. Interestingly, the new Ohio provision against assisting in a suicide was just a very small part of a larger bill intended to enhance the availability of palliative care.

“Compared to other statutes against ‘assisting in a suicide,’ the Ohio law is not so bad,” said the Network’s general counsel, Robert Rivas. “The way it is worded, it makes perfectly clear that Exit Guides could not be convicted of a crime for performing Exit Guide services in accordance with the Network’s protocols.”

Exit Guides from Final Exit Network provide carefully screened members with information, education, counseling, and emotional support in their choice to terminate intolerable suffering. In order to comply with most laws against “assisting” in a “suicide,” Exit Guides are careful not to perform any act of hands-on assistance and not to supply the means.

The Ohio law says “no person shall knowingly cause another person to commit or attempt to commit suicide by doing either of the following: (1) Providing the physical means by which the other person commits or attempts to commit suicide; [or] (2) Par-

ticipating in a physical act by which the other person commits or attempts to commit suicide.”

By defining the crime to include only instances in which a defendant provides “the physical means,” or participates in “a physical act,” this statute unequivocally prohibits a conviction for speech alone. It is very much like the statute the chastened and cautious Georgia legislature enacted after Final Exit Network got the Georgia law stricken down as unconstitutional in 2013.

Note that the first sentence of the Ohio law creates a requirement that, in any prosecution, the state prove beyond a reasonable doubt that the defendant “knowingly caused” the suicide. In light of this sentence, “causation” is a discrete, additional fact the State must prove to a jury beyond a reasonable doubt in Ohio (in addition to the fact that the defendant either provided the physical means or performed a physical act).

The mere giving of information does not “cause” the suicide (by making it possible), just as a bridge does not “cause” anyone to get to the other side of the river (by making it possible). Proof of a decedent’s long-planned, determined, well justified intention to terminate her suffering would appear to prove a defendant’s innocence in that the accused did not “cause” the death.

“Investigators and prosecutors are not likely to bring a charge under the Ohio statute in the case of an Exit Guide-supported death. For us, Ohio is one of the safest states in the country,” the Network’s attorney said. ■

“Investigators and prosecutors are not likely to bring a charge under the Ohio statute in the case of an Exit Guide-supported death. For us, Ohio is one of the safest states in the country.”

# California DWD Law is No Slam-Dunk

By Huck DeVenzio, Newsletter Editor

**I**t's more like a foul shot in pregame warmup.

Advocates of death with dignity were understandably elated when California enacted its end-of-life options bill. After all, California is a populous, trend-setting state, and it became the fourth state to pass such a law.

But, a year after the bill was made law, the fog of euphoria has dissipated and reality has revealed that the emperor isn't fully clothed.

First, many people likely to use the law to curtail their suffering are ineligible. People with slow-progressing degenerative diseases, by the time they reach the mandatory six-months-to-live prognosis, are often mentally or physically unable to meet the conditions required for hastening their deaths. Either they are considered mentally incompetent to make this crucial decision or they can no longer take the necessary steps on their own.

Jacie Rowe, FEN representative in California, reported an experience after a presentation. An attendee broke down in tears when she realized that there was no way she could legally help her suffering loved one, despite the law.

Second, a large number of California institutions are choosing not to get involved in DWD cases. They will neither permit their staffs to discuss PAD as an end-of-life option nor sign off on assessments or prescriptions for potential deaths. Some pharmacies won't fill prescriptions. Linda Van Zandt, in a *Los Angeles Times* op-ed column, wrote of her difficulty in finding two doctors to verify the condition of her dying aunt. "We had been forced to assist in the most bizarre fashion, jumping through seemingly random legal hoops and meeting arbitrary deadlines while my aunt suffered, and finally emptying capsules, making an elixir so vile I cried when I knew she

had to drink it. This was death with dignity?"

Rowe says the PAD laws are unlike anti-discrimination laws, "The law permits aid in dying, but doctors and hospitals can opt out. Imagine if civil rights laws of the past allowed people to choose not to follow them. If you do not live in Sacramento, the Bay Area, parts of Los Angeles, or San Diego, you may not be able to get two doctors to sign the forms."

As Tracy Seipel wrote for the *Bay Area News Group*, "It's a scene being played out throughout California, as scores of terminally ill patients are learning to their dismay—and outrage—that the state's new aid-in-dying law comes with no guarantee of finding a doctor."

This may change with time as comfort levels improve. In Oregon in 2000, only 22 doctors were known by the Oregon Public Health Division to be prescribing end-of-life medicines. By 2015 the number had grown nearly five-fold.

Another problem is economic. Since passage of the bill, the price of the prescription barbiturates has soared from about \$125 five years ago to over \$3500 today. They are now out of the reach of many Californians.

Yet another impediment, certainly not limited to California, has been the lingering stigma against taking your own life, even to relieve suffering. Jacie Rowe said, "Many people are interested in a peaceful death with dignity and attend our presentations, but I have heard of many others who do not attend because they fear that their loved ones would not understand or agree. I think we would be better served with a return to the past acceptance of death as unavoidable."

Meantime, Final Exit Network can shorten needless suffering and undesired prolongation by offering a compassionate option. It may not be a slam-dunk, but it's worth points. ■

# Is Half a Loaf Better than None?

By Janis Landis, President, Final Exit Network

*More jurisdictions are accepting physician-assisted death (PAD). What does this mean for Final Exit Network? Are we becoming less relevant, or more? FEN President Janis Landis addresses these questions*

If we have learned anything from the passage of civil rights laws, it is that they mean very little without enforcement and monitoring. It is gratifying to see Death with Dignity legislation gaining momentum around the country. But as with minority rights, women's equality, and abortion—it is all about access. If you can't obtain the benefit, then the law is worse than useless: it promotes a feeling of "our work is done" when the reality could not be further from the truth. And so it is with the right to die campaign.

Final Exit Network is not a lobbying organization. Our mission is to advise and comfort suffering people who wish to hasten their deaths. Such service is beneficial whether or not a state permits PAD. It may even be more valuable in states allowing physician assistance.

Each state that has approved legislation or a referendum—or even introduced them—has followed one and only one model: the Oregon law. All these years later, and not one change has been made. On the surface, there is good reason for this: Oregon's experience has been thoroughly studied and no abuses have come to light, no scary incidents of coercion, nothing to detract from the "success" story. But what is not asked is: has it in fact served its purpose?

Oregon and Washington were not good test

cases for answering that question. They are small populations, and from the law's passage had local and effective organizations that have continued to monitor and guide implementation. And, perhaps most importantly, their laws were introduced before the current wave of medical practice consolidation. This means that individual physicians could make their own determination about opting in or out and over time; as opposition decreased, more physicians could choose to join. But in California, we are seeing a completely different

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dynamic: Large medical practices are making decisions at the Executive level, opting out and requiring all their physicians to comply with that decision. Second, and equally critical, no local organization is in place to provide guidance to local patients seeking to use the law. Compassion and Choices deserves the credit and thanks they have received for getting the law passed. But upon that law's passage, C&C closed its volunteer/advocacy network. At best, individuals there

can call the C&C toll-free line, but there is no information available on participating physicians. FEN, with our much more limited resources, is working to fill the gap. We have hired a former C&C advocate to continue networking and getting the word out. We have made contact with the few courageous doctors who have announced their determination to provide physician aid in dying within the parameters of the law. And of course our own toll-free line is available, as always, to answer questions coming from anywhere in the country—there is no membership requirement and no charge for this service.

*HALF A LOAF continued on page 10*

## HALF A LOAF

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And so with the hoped-for expansion of PAD laws, the need for our services will be even greater. And of course, our original mission, providing information to those seeking end-of-life options remains urgent. As you know, all the PAD laws require a prognosis of death within six months. Those suffering the most, from neurological diseases such as ALS and Parkinson's will find no relief under those laws. And it is particularly cruel

We are the only organization that provides the missing half of the loaf. Without it, the law remains, for most, a cruel illusion, inapplicable and/or out of reach when people actually seek to use it.

for them because the congratulations and celebrations upon the law's passage have raised hopes which are then dashed when the strict limitations of the law are made clear. We remain the only DWD organization in the United States providing information to these desperate individuals.

So is there a place for FEN in the wake of more PAD laws? If we want these laws to have practical meaning, if we want to encourage improvements in the existing legislative template and if we want to reach those excluded by the law, the answer is a resounding YES. We are the only organization that provides the missing half of the loaf. Without it, the law remains, for most, a cruel illusion, inapplicable and/or out of reach when people actually seek to use it. ■

# *The End*

*By Nontheist*

Condensed from a story published in  
*The Humanist* magazine



We sat hip to hip on the family room sofa that day holding hands, my husband and I. Dawn had barely grazed the horizon when our son, almost daughter, and niece joined us. I don't remember what or if we ate. I do know coffee and tea were made and gulped, and we talked of the distances loved ones had traveled to join us.

When my husband (I'll call him John) got up to put empty cups into the dishwasher, someone said, "You shouldn't be doing that." He answered, "I want this day to be as normal as possible." We were with him because he didn't want to die alone, and this was the day my husband had chosen to die.

That morning he went on his customary three-and-a-half-mile walk, taken with a cheat sheet in his hand listing the street names and turns so he could return home safely. He would take his own life just hours later, but he insisted on following his routine. His bravery cannot be disputed.

That final day had been a long time coming. John was a scientist—a health physicist who loved to educate others about radiation safety. He was a world traveler, a skydiver, a hiker, a reader, and a man who never passed a museum without going in. Now he had Alzheimer's. His father, his grandmother, and his uncle had all had it.

One day, approaching his sixty-eighth birthday, John told me he was worried. My modest, kind, and loving husband acknowledged what I had already seen for two years. His short-term memory was going. The disease could eventually lead to loss of speech, an inability to eat or walk unaided, a complete oblivion of the man he had been. In time he would not even recognize me.

The day we both faced the inevitable, we gazed at one another with tears in our eyes. He took a deep breath and then told me that when he could no longer follow his intellectual pursuits, when he could no longer drive legally, when he was not yet incontinent or blaming me for his own inabilities, he would take his own life.

Alzheimer's is a slow-developing disease, and we'd had several years that were only occasionally interrupted by his behaving in ways unacceptable to both of us. In the meantime I'd been putting out feelers to family and selected friends. What did they think of suicide as an eventual answer to our problem? Some couldn't believe there was a problem. John was far too intelligent and logical for that, they said. Others talked vaguely of getting in trouble with the law. Few knew anything about death with dignity.

By now we were members of the Final Exit Network. I wrote to Final Exit to ask if he was a candidate. They said he came under the parameters of people they counseled about self-delivery.

That year stomped into our lives a full ten years after I'd first noticed what I considered illogical thinking by my very logical husband. Now, John told me he was making too many errors, even forgetting important events. It was time for the end.

With Alzheimer's there is a small window of opportunity, so to speak. A patient who admits their problem, although memory-impaired, can still understand his or her difficulties. A month or two later, the same person might not understand. He or she might even think there's nothing wrong. At one point John and I had gone to the movies. John left after the beginning to go to the men's room, but he couldn't find his way back. He couldn't remember the name of the movie nor the number of the theater in the complex. He tried unsuccessfully to find me. But he still understood what was happening. Consequently, he waited in the lobby until I found him. A little later in the

*JOHN continued on page 12*

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progression of his disease, he would not have understood.

Shortly after a few similar episodes, the Final Exit Network gave me the name of a volunteer in my home state to contact. This person had me put the particulars in writing. I also had to include a copy of John's last appointment with a neurologist. All that took time. Afterward someone else from Final Exit called John and asked multiple questions about his ability to understand and carry out his own demise. He had to show verbally that it was his decision and that he was capable of doing it. He also had to write a letter to the Final Exit Network stating exactly why he wanted to end his life. He agreed, but day after day he forgot about doing it. His forgetfulness had grown. I had to remind him.

Clinically depressed persons or others in like circumstances are screened out by Final Exit. John passed Final Exit's scrutiny, and a guide, one of the volunteers who give their time to help others, contacted us. Again we had to state suicide was John's decision, but that I agreed. Still, the questioning continued. Did we have any relatives or friends who might—for religious or other reasons—want to stop us? Did we have neighbors who would suddenly "drop in?" We had to be sure we would not be interrupted on the final day. We assured him nothing like that would happen. He explained he would have to

visit us and go through the arrangements before the final date, make sure we had all the materials and understood the procedure.

I called my son. He arrived a week before the final day, and we spent those seven days going places, doing things, making John's last days as sweet as possible. Once we went to an expensive restaurant and blew the budget. Another time when we were out for dinner John ordered something omitted from his heart-healthy diet for years.

That week I suggested John leave a suicide note. I wanted it clear that I wasn't in any way coercing or giving him the kind of assistance that would be against the law. Again, he kept forgetting, but mid-week he typed a short, concise, and perfectly lucid note.

I don't remember whether it was fair or freezing John's final morning. I do know I felt incredibly close to him, and he to me. At nine o'clock the guide and her assistant arrived. Once again we went through the procedure we would all follow. Once again they asked if this was what John really wanted to do. Once again John's voice rang without hesitation, "It is."

John made his goodbyes to everyone. There were hugs and teary eyes, but no one cried, no one protested. I sat next to him on one side of the bed, my son on the other. The others sat in chairs at the foot of the bed. John followed the routine he'd practiced. Then he turned to me and said, "I love you." I told him I loved him. We exchanged a look and within seconds he was unconscious. There was no pain, no problems. He would never suffer the indignities that he so abhorred.

In twenty minutes or perhaps a half hour, he breathed his last. Following the advice of the Final Exit team, I went with the others to the local mall. We sat in the food court and tried to appear as if it were any other day. Two hours after we left home, we were back. My son "discovered" my husband and called the local police.

Eight minutes later the first of a parade of police, emergency medical technicians, and the county sheriff appeared. It was too late for resuscitation. Too late for anything except a report and notifying the coroner. It was clear John had taken his own life. In addition to his suicide note, he had a copy of the book *Final Exit* by Derek Humphry on his nightstand.

He will be missed more than he could ever know. ■

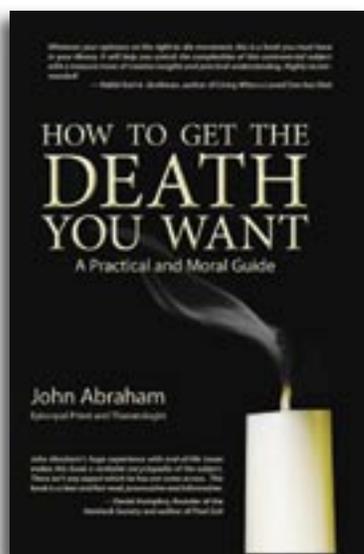
# Good Endings Book Club



“Good Endings Book Club” is a compilation of reviews, ratings, and recommendations (and anti-recommendations) on books dealing with end-of-life issues. If you have read a thought-provoking book, or read a book you disliked, send your comments to [hdevenzio@charter.net](mailto:hdevenzio@charter.net). The Club also welcomes debates and discussions among contributors.

## How To Get The Death You Want By John Abraham

Comment by Janis Landis



John Abraham, below, is FEN's affiliate leader in Arizona. The Arizona affiliate is one of our most successful affiliate organizations.



John Abraham has written a wonderfully inclusive guide to end-of-life issues. With wit and compassion, he had used his extensive knowledge to provide a comprehensive look at all sides of this topic. Readers will get an understanding of the philosophical and religious issues as well as the legal and practical ones. Anyone interest-

ed in knowing what steps they can take to best help themselves get the “good death” we all seek, should get and read this book.

**NOTE:** How To Get The Death You Want is not officially out yet but advance copies may be ordered from the publisher at [www.upperaccess.com](http://www.upperaccess.com). By April it will be available through Amazon and other book stores.

## Movie Review: The Farewell Party

Comment from Jerry Metz, M.D.

“The Farewell Party,” available through Netflix, is a thought-provoking 93-minute drama set in a retirement home. The film centers on death with dignity and manages to span the entire spectrum of viewpoints pro and con. Those who wish to die are consistently characterized as rational but fireworks fly as loved ones float an armada of arguments. In some cases the arguments are entirely internal as characters who approve in theory lack the ability to act. The tricky issue of dementia is tackled with tact. There is just enough wry humor to salt this concoction to taste, making it an appropriate movie to use as an introduction to the issue, to be followed perhaps by a panel discussion or a question and answer session by an audience. The sound track is in Hebrew but English subtitles are well done and benefit the hard of hearing. ■



## Reflections . . .

### **My Own Choosing**

By Renée Neumann

*After reading an opinion piece in her local newspaper on the increasing suicide rate among Arizona's elderly, Renée wrote to the editors of the Green Valley News who published her reply. Below is part of her letter. She also offered another reason for the high rate: Arizona's elderly are often geographically removed from loved ones who would object to a suicide decision.*

**H**asn't it occurred to you that one of the reasons for increased self-deliverance here is the increased publicizing and acceptance of our final human right? As in more being said and written about it, and growing numbers of countries and U.S. states legalizing physician aid in dying.

Europeans have a number of organizations campaigning for rational life-ending in old age. That is, the individual's right to say, "I've lived the life I want to live, I'm suffering, it's only going to get worse, and I choose not to go on."

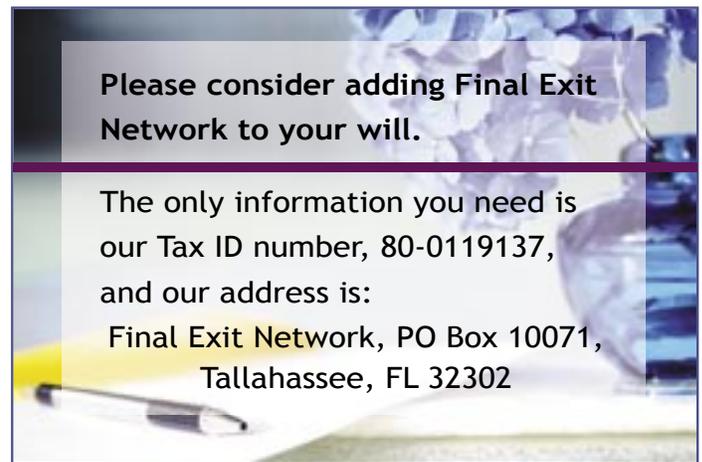
It's not isolation, it's not a fear of being a burden, it's not financial problems, as the article stated.

It is one's choice that they are already dealing with enough problems with chronic illnesses that will only get worse. It is the sense of completion of having already done what one wants to, and no need to suffer more, needlessly. And the personal and perfectly legal choice not to put oneself through increasing pain and loss of all the things that give one joy in life.

No one—no government, no religious organization, no group of any kind, not even family members—has the right to take that choice from you.

We need to stop putting religious, societal, and other values before our individual happiness, which is also a constitutional right as well as a human right.

Europeans view this issue much differently from Americans. I choose their way because it is more enlightened, compassionate, and rational in how I will end my life—barring accident or sudden fatal illness—by a method and time of my own choosing.



## **WISDOM** *continued from page 3*

**We all die. We need not die alone and in despair.**

*John Abraham, M. Div.*

**I know that life is finite and that death is unavoidable. For me it came down to the quality of the life I want to live. And come what may, I think we really hurt ourselves by trying to just not be dead.**

*Desiree Basila "on forgoing cancer treatment"*

**There cannot be a more basic human freedom as personal as ordering the circumstances of one's death. One should have the same sense of self-determination when dying as one expects when living.**

*Paula Gold Chalef, JD*

**The option to end one's life is a personal decision that must be allowed for all individuals to make. Trying to enforce laws that attempt to legislate based on moral or religious grounds is unfair, unfounded and not based in any aspect of scientific fact.**

*Anton S. Wallner, PhD*

YES! *I want to support this important work.*

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FINAL EXIT NETWORK is a nonprofit 501(c)(3) corporation dedicated to ensuring death with dignity. Membership and donation processing takes 4-6 weeks. Donations and membership dues are tax-deductible to the full extent allowed by law. QUESTIONS? 1-866-654-9156

## **Member Benefit: U. S. Living Will Registration**

Have you registered your living will? It is a benefit available at no charge to FEN members.

The U.S. Living Will Registry (USLWR) is a secure, on-line database where you can store your advance directive and/or organ donor information. To receive this free benefit, request the U.S. Living Will Registry form by email at [finalexitnetworkcontact@gmail.com](mailto:finalexitnetworkcontact@gmail.com), click the corresponding button on the member benefits page of the FEN website, or call the Final Exit Network number 866-654-9156.

To learn more about the USLWR,  
visit [www.uslivingwillregistry.com](http://www.uslivingwillregistry.com).

## **Our Guiding Principle**

Mentally competent adults have a basic human right to end their lives when they suffer from a fatal or irreversible illness or intractable pain, when their quality of life is personally unacceptable, and the future holds only hopelessness and misery. Such a right shall be an individual choice, including the timing and companion, free of any restrictions by the law, clergy, medical profession, even friends and relatives no matter how well-intentioned. We do not encourage anyone to end their life, do not provide the means to do so, and do not actively assist in a person's death. We do, however, support them when medical circumstances warrant their decision.

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