FINAL EXIT NETWORK
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FEN

THE GOOD DEATH SOCIETY

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It's All Divine

By Jim Van Buskirk

I received a letter from a 93-year-old woman who had read my article in the Final Exit Network newsletter about my experience being with a friend as she exited. Helga was inquiring about her own exit options. I called her to tell her how to get information about FEN and immediately fell in love with her lilting German accent, mental acuity, and charming wit. She followed my suggestion and contacted FEN's California Coordinator, and called to let me know she was moving forward with her plans. We quickly became phone pals, calling one another every so often for a lively chat about her situation, but we talked about lots of other topics as well.

DIVINE *continued on page 2*

Renew your membership online: www.finalexitnetwork.org

DIVINE *continued from page 1*

When I learned her case had been approved by FEN's Medical Evaluation Committee, I was happy for Helga and saddened I would lose a friend. Sensing she needed support with some nagging details, I offered to help find a home for a few of her most beloved German books. Although we had been phone friends for some time, I was even more impressed when I witnessed first-hand her fierce determination in the face of severe physical challenges. We spoke more frequently as she worked with the FEN Guides to prepare. Helga was not one to ask for anything, but when I asked if she'd like me to attend her exit, she accepted gratefully. The frequency of our phone calls accelerated over the next few weeks, until the day arrived.

She embraced me at the door and promptly handed me a small canvas bag she had prepared, filled with final offerings. As we waited for the guides, we chatted about her experiences at workshops at Esalen starting in the late 1960s, and various other subjects. I was surprised, given the circumstances, how natural, and not awkward, was our final time together.

When I asked how she was doing, she acknowledged that there was only one thing troubling her. The fact that carrying out her wishes had to be done so secretively made her sad, and she confessed, a little bit angry. She repeated her feelings to the guides, and we all nodded in agreement.

The Guides arrived right on schedule. The time had come. We guided this beautiful and wise old woman onto her bed. As I looked at her, very present, limited only by her body, I saw her relief and happiness at finishing her life on her own terms. Spontaneously she began reciting poetry, her own she revealed shyly. As I held her hand, or more precisely, allowed her to hold mine, I realized what an honor it was to be in this position. Whatever gift I might have thought I was giving, I was receiving multifold. A few minutes later she was gone, peacefully and painlessly.

When I got home I opened the canvas bag. In it were books we'd discussed (copies of *The Peaceful Pill Handbook* and Derek Humphry's *Final Exit*), assorted articles, and a notebook of her poetry. As an example of her attention to detail and thoughtfulness, there was even a small Tupperware container of some imported cheeses she thought I'd like. I cut myself a morsel of cheese (it was delicious) and read through her composition book of handwritten poetry, some in English, some German. I found the poem she'd recited and was filled anew with admiration:

At nights I pray
what I not say
cannot be heard
Oh Lord the sun is high
the sun that shines
is this divine?
I dare you better stay
a creature has no other way
to round this earth
in all its form
to kneel before the throne
you stumble thousand times
it's all divine
So let me pray oh Lord
to thy Glory
to thy will
when you are angry
I am still
Go kiss the earth
reach for the sun
reach for the moon
it's over too soon
the play is fine
it's all divine

Coda: I intended to allow Helga to have the last word, and in her own way, she does. Two weeks after the exit, the Coordinator received an unanticipated package from Germany. She opened it to find three different kinds of German holiday cookies, and a note from a man who identified himself as Helga's nephew. The Coordinator reports, "He very discreetly said that his aunt asked him to send a few typical German holiday treats to me, which he was happy to do, and that he hoped I would enjoy them with a good cup of coffee or a cup of tea. Needless to say, I teared up." ■

Parting Words

By Janis Landis

I am coming up on my last quarter as President of Final Exit Network. When I took office, four years ago, I was fortunate to be handed an organization in good shape and with great people. As I leave office, I think my successor will say the same. But, it's been a tumultuous four years maintaining that equilibrium.

We had a totally unexpected legal challenge in the form of a prosecution in Minnesota. Thanks to the support of our dedicated members, guides, and legal counsel, we fought a tenacious battle and were successful in not having any Exit Guide found guilty. The organization itself did have to pay a fine, but the District Attorney's efforts to shut us down did not succeed and we continue our work, nationwide.

At about the same time, we had a totally unexpected technical challenge: the dilution of helium tanks, which made them no longer usable for self-deliverance. Thanks again to our members and specialists we were able to find alternatives and our work has gone forward uninterrupted.

We also had a number of our most stalwart and experienced volunteers pass away or retire due to ill health. I am deeply thankful to the long-time and new members who stepped forward to fill the void. As a result, we have trained new Guides and Coordinators and recruited new members for our Medical Evaluation Committee. We have reinvigorated our public education programs, revamped our training, established comprehensive policy guidelines, and supported efforts to find even better end-of-life options.

When I took on this role, my main goal was to ensure the continued existence of Final Exit Network so that we could fulfill our compassionate work. As I enter into my last quarter as President, I feel proud to have accomplished that. But my overriding emotion is gratitude: to all of you who collectively and individually are the most compassionate and selfless people I have ever worked with. I plan to continue my active involvement and help in any way I can. And I know that our new leadership–to be announced at our Annual Meeting this summer–will count on that same support and commitment that I have received.

Thank you all.

Vision & Mission

Vision

That any competent person unbearably suffering an intractable medical condition has the option to die legally and peacefully.

Mission

To educate qualified individuals in practical, peaceful ways to end their lives, offer a compassionate bedside presence and defend their right to choose.

Mary Ewert Unchained

By Michael James

[Note: Mary Ewert is our newly hired Executive Director, the first person to hold that position in our organization, and she is also our only full time employee. The interview below will give you some insights into Mary's skills and interests. In future articles, you'll be seeing more about the new outreach and member services programs she will be working on.]

Asked what excites her about her new position as FEN's Executive Director, Mary Ewert explains, "I feel unchained! Finally I can do work I am passionate about. Now my career path will be congruent with my interests."

Mary's involvement in the Movement solidified when her beloved husband of 37 years, Craig, opted to use Dignitas to end his life before rapidly-progressing ALS rendered him incapable of self-determination.

Craig and Mary's 2006 journey to Switzerland and Dignitas is chronicled in a moving documentary, "The Suicide Tourist," available on-line or through IMDb. "Craig's experience with Dignitas and his commitment to do the film and share his experience, changed my life in so many ways. I agreed to travel with the film and share our story with as many people as possible."

Those film-related travels brought Mary into contact with Libby Wilson of Friends at the End and Dr. Michael Irwin, both in the United Kingdom and

EWERT *continued on page 10*

A woman of boundless energy, contagious enthusiasm and gracious charm, Mary brings a valuable skill set well-suited to FEN.

Connect with us and let us know what you think at www.finalexitnetwork.org

Use the term "assisted suicide" or a euphemism?

By Derek Humphry

Derek Humphry is the founder of the right to die movement, and remains an internationally renowned activist. The column below represents his personal opinion on the use of the word suicide*, or in States with enabling legislation,* assisted suicide*. There are advocates on both sides of the issue. We hope you will join in the discussion by posting your comments on our Facebook page and/or writing to us. In a future Newsletter we will publish some of those responses, on both sides of the question.*

What's in a word? Is saying *suicide,* as in *assisted suicide*, preferable, or is it better to use a euphemism like *assisted dying*? From the start in 1980 we at the Hemlock Society always bluntly called the medical helping to die procedures *physician-assisted suicide* and, when carried out alone, *self-deliverance*. We stressed that we were talking purely about end-of-life choices when terminal, not self-killing for other reasons.

The Associated Press, one of the world's largest news agencies, has a standing policy of always using *assisted suicide* and forbids euphemisms. European groups continually use *assisted suicide* and *euthanasia* without hesitation.

Some of the new sensitivity to the word suicide was caused by Dr. Jack Kevorkian's work from 1989 onwards. Helping some 130 people to die with his so-called suicide machine was continuously headline news.

But from around 2000, some persons in US began to campaign for *assisted suicide* to be dropped in favor of *assisted dying* and similar terms. In citizen ballot initiatives the softer term was always used. Common nowadays is *Medical Aid in Dying (MAID).*

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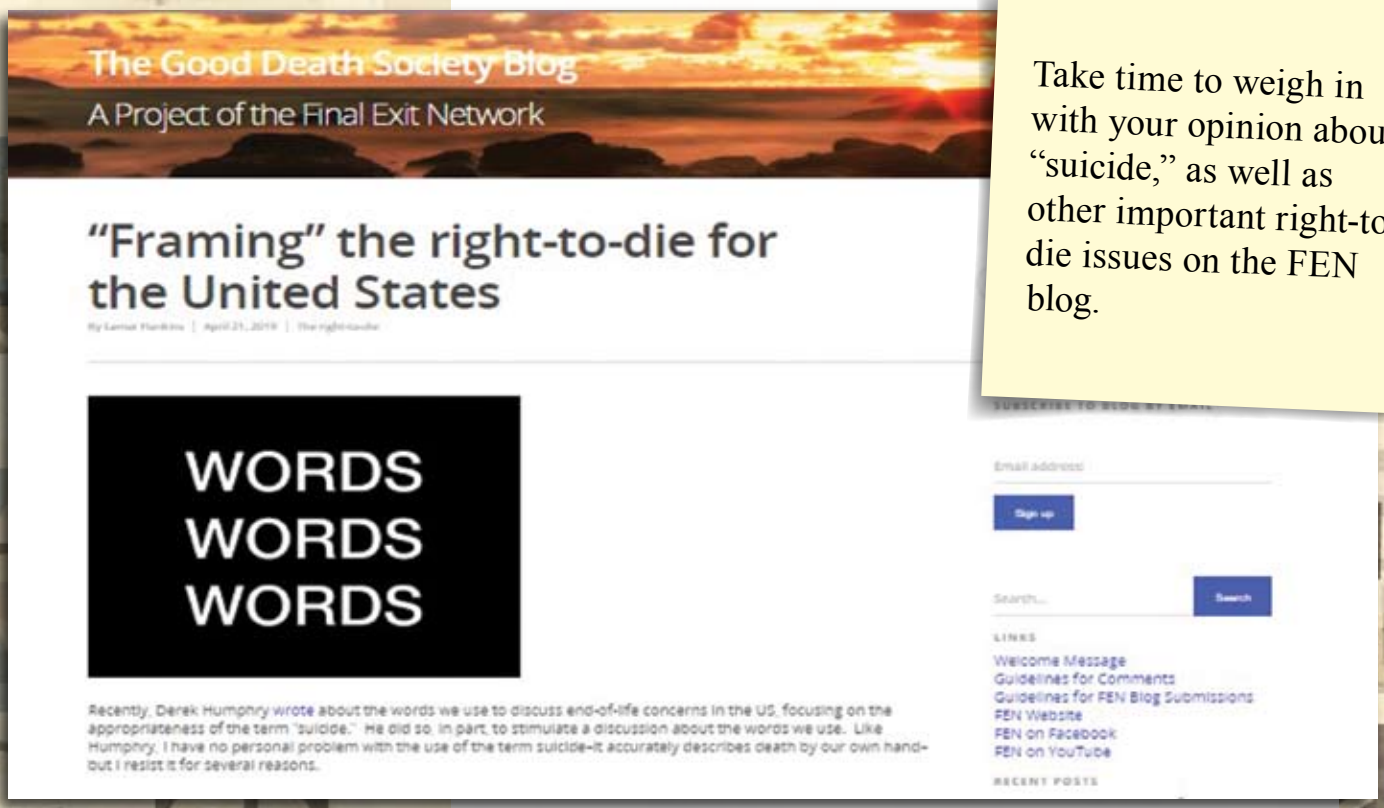
EUPHEMISM *continued on page 6*

Derek Humphry is the author of Final Exit: The Practicalities of Self-Deliverance and Assisted Suicide for the Dying *and four other books on choice in dying.*



Take time to weigh in with your opinion about "suicide," as well as other important right-to-die issues on the FEN blog.

EUPHEMISM *continued from page 5*

news. "Medical" and public opinion was seriously divided on whether Kevorkian's campaign was a good or a bad thing. His name became a lightning rod.

For legal clarity, the Final Exit Network avoids *assisted suicide* usage and tends to speak of *choices in dying.*

Personally, I don't think *physician-assisted suicide* is a detrimental term in itself. It means a self-chosen death with medical aid. Because we are all surprised and saddened by persons who precipitately kill themselves doesn't—to me—make *suicide* a loaded word. There have been suicides throughout human history; the Bible speaks of four such, without condemnation. As the old cliché goes: "Call a spade a spade."

As a writer I use all the terms which are now fashionable because it helps the variety of my prose. Yet in all my communications, if a person uses *assisted dying* to me then I politely respond with that term. I have never found that our opponents gained much capital about the words *assisted suicide*—just one of their rather lame arguments. But it is true that in opinion polls people are more receptive to voting affirmatively when the term *medical-assisted dying* was used in questions. As Rebecca Solnit, in *Men Explain Things to Me* said: "You can use the power of words to bury meaning or to excavate it."…

As Rebecca Solnit, in Men Explain Things to Me said: "You can use the power of words to bury meaning or to excavate it."

Fairwell Brief Friend

By Lowrey Brown, Senior Guide

It was Saturday morning and I was at the supermarket trying to finish my shopping before the beer-and-BBQ crowd flooded in for their weekend supplies. My phone rang. I pulled it out to see who I would be calling back later. Santa Barbara, California. I knew instantly who it was. I don't get telemarketer calls from there. I hesitated. I was in the middle of the grocery store, for crying out loud, in the refrigerated section by the hummus and other prepared foods.

"Hello, this is Lowrey."

His warm voice answered, "Lowrey, this is Dan, Dan Greenward…"

He was calling to say goodbye. I had been his coordinator, and though he had been in the able hands of our exit guides since the Medical Evaluation Committee had accepted him for guide assignment, he had touched base once or twice, as we had built a closeness through his application process. From the guides, I knew he was planning to exit on Sunday … tomorrow.

We chatted about his last few months, his process of reaching out to those he cared for, and of spending time with his wife and son. I had moved into the wine aisle, as it seemed to be empty.

"Thank you for your support."

"It was such a pleasure to get to know you; my heart will be with you tomorrow."

Did I really just say something that generic to someone planning to end his life tomorrow? What was I supposed to say? What words could possibly carry what I wanted to convey? We hung up and I stood there, blinking back the upwelling of life and loss and something so much greater than the two of us and our improbable, brief relationship that started when he dialed Final Exit Network's 866 number however many months ago. Tomorrow, he would exit; he was ready.

Today, the next thing on my list was hummus. Or had I gotten that already? I blinked again, trying to reconcile my scribbled list with my aching heart. They do go together, somehow, the sacred and the mundane. A young fellow considered which peanut butter to purchase, an older gentleman checked his list, a middle-aged woman, perhaps my age, moved distractedly to avoid the employee stocking shelves, and I pushed my cart slowly, the air thick with an unseen web of connections.

[As is common in this newsletter, the client's name and some details have been changed for privacy reasons.]

Nearing the End With Satisfaction

Anonymous

I am pleased, as my death approaches, with this period of time before the end. No tubes connect me to pumps, or drips, or monitors. I'm in no pain. No real discomfort. No distress. I am continuing a loving time with my husband.

My death is 42 days away. In the meantime I have the ultimate luxury, that of being vividly aware of who I am and of how I have lived my life. And what a luxury it is to have these final days with my husband without the distress of medical interventionism or pretended bravery, of his attempts to sooth my dying body and mind. Now there is time, an aware time, to be certain our love, affection, appreciation, respect, is spoken, is shown.

My partner regrets my decision, but understands. He's known since the beginning of our time together that when it comes to life, I value quality over quantity.

Since my medical emergency, I've taken measures to address my medical condition, have evaluated an ever-shifting paradigm of the new normal, have given careful thought to what I'm willing to live with and arrived at the conclusion that I'm not willing to live with the degree of these changes.

This is not a stance out of line with how I've looked at life. I read Derek Humphry's book *Final Exit* in the early 90s and have maintained a health directive that I've updated every few years, I watched the decade-long decline of my parents, both in and out of hospitals with cardiac and stroke issues, which solidified my determination to do my best to not let that happen to me.

My death is 42 days away.

In the meantime, I have the ultimate luxury, that of being vividly aware of who I am and of how I have lived my life.

Since the crisis, I've received excellent and caring medical attention that has included countless tests and difficult periods of adjusting medications to address side effects. My condition has resulted in considerable loss of strength and endurance.

This loss of strength has eliminated a major part of my life: independent travel. For about three decades I traveled independently for at least two or three months a year, much of it in Africa and Asia, where travel can be somewhat demanding.

I've been preparing for the end of my life by disposing of many possessions. I did not find this process to be painful, but enjoyed revisiting these reminders of the fullness of my life. This disposition was all in an effort toward easing the transition for my husband, who is a caring, loving man and has actively and willingly adjusted our

SATISFACTION *continued on page 10*

Are Doctors' Egos Part of the Problem?

By Renée Neumann

American doctors really need to get over themselves. Their ego issues are impeding the progress of the right-to-die movement.

I was appalled to see that a *CNN Heroes* nominee was a doctor who described his "worst days" as those when he has to pronounce the death of a patient. Why was he not more concerned about those times when he has to give someone the terrible news of their dementia or cancer diagnosis?

When someone dies, their suffering is over, and that is something for which we should be grateful.

But when a patient has to deal with a future of years or decades with neurological or other progressive disease, isn't that the true tragedy over which we should feel angst? This was not the statement of someone expressing sadness or sympathy for someone else's death; this was the ego of a person who sees the death of their patient as a personal failure, and who thus would do anything to prolong that life, even at the expense of that patient's wishes.

My father-in-law was a humble family doctor and my sister-in-law an emergency room nurse. I heard them on more than one occasion speak out against the prevalence of ego in the belief systems and practices of their fellow "healers." It is not healing to subject a patient to endless tests, invasive surgeries, and chemical infusions that may or may not lengthen their lives. Individuals should have the legal right to not only refuse such treatment but also to hasten their demise before the suffering caused by disease becomes unbearable.

It's true that not everyone dies slowly from cancer or neurological disease. Accidents still happen, along with events like heart attacks or strokes that can propel us to pass on quickly. And we all want to die in our sleep, but sadly that is not how most of us pass from this life.

EGO *continued on page 10*

RENEE ADVISES YOU TO DO IT NOW

We spend more time picking out a new car or planning an overseas vacation than we do to prepare for our chosen manner of dying. If you haven't already done so, then:

- ✔ ___ Have that conversation with your closest relatives and friends NOW!
- ✔ ___ Draw up that living will, advance directive and healthcare power of attorney NOW!
- ✔ ___ Make sure NOW that you have everything in place in case you are hit by a runaway truck tomorrow and paralyzed or disabled to the point your life is no longer worth living to you.

SATISFACTION *continued from page 8*

patterns of living to accommodate the changes my illnesses have brought about.

This decision is not born out of need. I have the good fortune to possess the personal and financial and insurance resources to live a longer life. But I am greatly diminished, and not willing to continue living in this state of being, and there is no hope for improvement.

I have no fear of death. I know this life is it, that my legacy is in the hearts and minds of those I've loved, have known. I'm satisfied that, overall, my impact has been more positive than negative.

I know there are those who will not understand why I have chosen this path, and I'm certainly not advocating it for everyone, but I am so grateful that, if fate permits, we have the choice to not experience a slow, debilitating decline and that I'm able to enjoy my life until the end. ■

EGO *continued from page 9*

So, in case you are one of the unlucky ones who don't pass quickly, sit down TODAY and make sure all your wishes in case of a slow demise are in a legal form that cannot be challenged by opposed relatives or doctors.

If you haven't already gotten your copy of Arizona Affiliate Coordinator John Abraham's book, *How To Get the Death You Want*, do so NOW because it will provide you with every imaginable checklist to accomplish that.

And consider options like Science Care or a body farm where your after-death body can help in the training of future doctors or homicide detectives.

We all want to stick around so long as it's not unbearable. But those windows of opportunity during which we are still physically and mentally able to self-deliver are often shorter than anticipated. So some of us may need to trade some of those still-tolerable days for the option of a hastened death of our own choosing.

And we can only hope that the newer, younger doctors coming up do not view the death of their patient as a personal failure.

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EWERT *continued from page 4*

enhanced her appreciation of the complexity of issues, both legal and social, surrounding end of life choices. After attending the 2014 World Federation Conference in Chicago, Mary joined Final Options Illinois, where she served as Vice President and Volunteer Coordinator from January 2017 until taking her new position at FEN.

Before joining FEN Mary had a long career working for progressive causes as an advocate, grant writer, manager and volunteer coordinator in the fields of public health and reproductive rights. She founded civic action and volunteer organizations and acquired advanced degrees in Law (PhD) and Politics (MSc).

A resident of the Chicago area, Mary has two adult children who live nearby. Ivan, is a dramatic actor with a day job as an IT specialist. Katrina Alex is an accountant. Both her children were supportive of their father's choice to end his life. "And they've got their marching orders, as does my doctor, when my time comes," says Mary.

Mary's main hobby is her activism. When pressed, she acknowledges a fascination with reading and watching campy murder mysteries like *The Midsomer Murders*. For Movement-related reads, she recommends Richard Cote's *In Search of a Gentle Death*. Her current read is Jill Lepore's *The Secret History of Wonder Woman.*

A woman of boundless energy, contagious enthusiasm and gracious charm, Mary brings a valuable skill set well-suited to FEN. ■

Similar interest? Let's meet!

By John Abraham

At a time when most local chapters are struggling to attract crowds, the Arizona affiliate of FEN is thriving. This effort takes advantage of the power of social media, specifically the meetup.com internet site which enables 35 million users to find activities in which they might be interested. Having had success finding meeting participants, the affiliate plans to try expanding to small group social gatherings, death cafes, and book clubs. John and Mary say this is an efficient way to boost attendance and membership numbers. They invite you to check out your interests at Meetup.com.

This is proving to be a great way to attract new members and let people know about FEN. Most had never heard of us before.

In December of 2018 we started a Meetup group: "Death With Dignity." Mary Ganapol, our Chief Internet Officer until we come up with a better title, got the ball rolling and has maintained its momentum. She quickly found 50 people expressing interest and added seven more on the waiting list, so we had to up our limit. Within two days of listing it we were paying a slightly higher fee. [Organizers pay a fee based on the number of people who register for activities. Initial fee for the Arizona group was just $10/mo.] A few days later we posted our first meeting (one of our introductory talks at a library) and again, within two days, we had 18 people signed up to come. All were brand new to FEN! As of mid-December we had 69 people in our Meetup group, and now (February 2019) we have over 90 signed up to read about our local events. My understanding is that this (90) is a huge number of people for a Meetup group, especially so soon. We post all of our meetings on the Meetup site and many want additional information.

At our next event, one of our Small Group Social Gatherings, on January 23, 2019 (even though it was in a rather remote and inconvenient location), we had five new attendees who were, again, new to us. Many of those who have joined plan to come to our other future events.

At least six have become new FEN members. This is proving to be a great way to attract new members and let people know about FEN. Most had never heard of us before, as is true with most of the USA population of about 329 million. There are bound to be numerous Meetup groups in your area. Why not give it a try?

Meetup is a service used to organize online groups that host in-person events for people with similar interests. Meetup was founded in 2002 by CEO Scott Heiferman and four co-founders. It was popularized by Howard Dean's 2004 political campaign.

Financial Correction

In our February issue we had a President's report on our prior year finances. We also had an article (titled "Even Nonprofits Require Funds to Function") referencing incorrect financial data, due to an editing error. A couple of sharp-eyed readers spotted the inconsistency and brought it to our attention. We have sent the editor to bed without supper. Please rely on the President's report for the correct data. We apologize for the confusion.

Oregon Legislators Considering Expansion of DWD Act

By Chris M Lehman for Jefferson Public Radio, March 8, 2019

More people used Oregon's Death With Dignity Act to end their life in 2018 than in any other year since the law took effect in 1997. Now, state lawmakers are considering proposals that would expand the law to make it easier for someone to seek medical aid in dying.

The conversation can't come soon enough for Bruce Yelle. He's a 65-year-old retired construction worker who lives in Florence, Oregon. Seven years ago, he was diagnosed with Parkinson's disease.

The diagnosis is why he and his wife moved to Oregon from California. Yelle wanted the option of ending his life using prescription drugs. At the time, California did not offer its residents that choice. Now, California is one of six states, including Oregon, with a law allowing terminally ill people to end their life using medication prescribed by a doctor.

"Yelle supports a pair of bills that would loosen the criteria , , , specifically, the measures would remove a key provision of the law."

"I want the comfort of knowing I don't have to have an ugly ending of life," said Yelle. "Just the comfort of knowing I can have medical aid in dying when my life becomes unbearable."

The problem for Yelle? The law requires a diagnosis of less than six months to live. Parkinson's patients can live for years, even as their quality of life and mental capacities deteriorate. The disease can eventually lead to dementia.

Yelle's afraid he won't qualify to use the law, even when he no longer has the will to live. Since the Death With Dignity Act requires patients to be mentally competent, Yelle is afraid that his brain will give up long before his body does. "I'm a big boy," said Yelle, who played football while growing up near Sacramento. "I see what they're going to do if I get aggressive. They're going to drug me up and tie me down. I've seen that. That's how they treat people that are aggressive in memory care. I don't want to take that chance that I'm going to be there."

Yelle supports a pair of bills in Salem that would loosen the criteria for who can use the DWD Act. Specifically, the measures would remove a key provision of the law: The part that requires a doctor to diagnose the patient as having less than six months to live. The bills would remove the time limit entirely, and only require that the disease will, at some point in the future, be the cause of the patient's death.

But the efforts to expand the eligibility criteria for the law are running into some opposition at the state capitol. "We currently support the DWD Act as it is," said Matt Whitaker of the Portland-based nonprofit Compassion and Choices. The organization grew out of the original efforts that led to Oregon voters approving the DWD Act in 1994.

Compassion and Choices supports expanding the law to new states. But Whitaker says the group is not getting behind the effort to drop the requirement for a six-month diagnosis, which he said is a benchmark used by all states with a form of the law.

The problem, said Whitaker, is not who is eligible, but whether those who are eligible can actually use it. "There are people in Oregon currently who meet the criteria of the law as it's written, who are not able to access it, either because of some of the administrative requirements, or because of lack of education in the state about the law, or because of the fact they receive their health care at a place where physicians are not allowed to participate," he said.

Ironically, another group that opposes the law's expansion is Oregon Right to Life. The advocacy group is best known for its anti-abortion stance. But

Video of Taiwanese TV Host's Assisted Suicide Fires Debate

Condensed from an article by Phoebe Zhang in South China Post*, Feb. 28, 2019*

A video of Taiwanese TV host Fu Daren's death by assisted suicide at a clinic in Switzerland has gone viral, raising the profile of the debate on euthanasia in China and questions about dignity at life's end.

Broadcaster and sports journalist Fu had pancreatic cancer and became a vocal supporter of euthanasia. He and his family flew to Zurich in May 2018 and he died there on June 7 at the age of 86.

In the video, which became public on Taiwanese media this week, Fu, surrounded by his family, is seen holding a cup of medicine. A volunteer with Dignitas, an organization that enables assisted suicides, tells him to take the drug as quickly as he can because it has a bitter taste.

The news of his decision to end his life triggered great discussion on the mainland. A topic about Fu's assisted suicide on Weibo, a Chinese Twitter-like service, has been read 260 million times with 84,000 responses so far.

Traditionally, the topic of death is a taboo in Chinese culture. However, in recent years, some have begun pushing for more discussion on death with dignity, as well as issues such as living wills.

it also fought to block the DWD Act from taking effect two decades ago.

Oregon Right To Life Director Lois Anderson says the group still opposes the law, even as it fights to essentially keep it intact. "It's a weird position for us to be in, to say hey, let's let the law work the way it's working and not expand it, because we oppose assisted suicide," she said. "But we certainly don't want to be in a position where we're not saying anything about these expansions."

As the conversations continue at the state capitol, Bruce Yelle is traveling the state trying to drum up support. He and his wife are speaking to groups at retirement homes and libraries. Yelle said he's financing his efforts with proceeds he got from selling a Babe Ruth autograph.

In Lincoln City, 93-year-old Frank Siegner nodded in agreement as Yelle made his case. "I can tell my mind is really going down now, as far as memory, thinking and doing things," he said. "I figure I'm going into Alzheimer's, probably sometime soon."

"Siegner said he's worried that he'll live for years without recognizing anyone and needing help for every basic task."

Siegner said he's worried that he'll live for years without recognizing anyone and needing help for every basic task. He'd support a change to the DWD Law so that he could get help in ending his life in the early stages of a terminal diagnosis. "It's my life. Why can't I have some say-so?" he said.

According to the Oregon Health Authority, 1,459 Oregonians—including 168 in 2018—have ended their life using the Death With Dignity Act since 1997. Nearly 80 percent of the patients were 65 or older, and almost two-thirds of them had been diagnosed with some form of cancer.

Good Endings Book Club

I'm Dead. Now What? by Peter Pauper Press

Reviewed by Huck DeVenzio

How do you review a book with barely one full sentence outside its Introduction? Should you review it at all? Can it even be called a book?

This volume is more like a workbook or a safe deposit box or a file folder. It's mostly blanks for someone to fill in, blanks for the names or location of important papers, contacts, and information that will make it easier for loved ones to piece together your financial situation and end-of-life preferences. Properly completed, this volume could be an efficient, well-organized, one-stop repository: Family members, banks, credit cards, doctors, prescriptions, allergies, location of living will and DNRs, utility suppliers, social media. It would have to be updated regularly to remain useful. And it would have to be kept safe yet accessible, but it would be a time-saving guide for survivors,

Empathic Exit by Viorel Verka

Reviewed by Huck DeVenzio

If you want a comprehensive book that promotes end-of-life choices, this may be a good choice. The book, which opens by quoting former FEN president Jerry Dincin, makes a strong case for death with dignity from a variety of perspectives—ethical, religious, logical, constitutional, technological, biological. Substantial space is given to defining terms, and Dr. Verka devotes an entire chapter to refuting the slippery slope contention. He proposes using "empathic exit" as an alternative to "assisted suicide" in describing a deliberate ending.

The author expresses some firm, quotable opinions ("Rights should remove restrictions, not create them … Nothing regarding the decision to utilize assisted suicide concerns religions… Most religions prohibit suicide and promote suffering as a valuable spiritual cleansing, presumably because of the belief that there is value in pain."). He poses provocative questions ("If humanity has no right to cause death, does it have the right to cheat death?... Is refusing to die when the time comes as evil as refusing to live, when that is possible?… The question 'Why is assisting in suicide a crime?' arises, when the suicide itself is not a crime, but helping in its implementation is."), and he does not shy away from cynical criticism ("… there is not one past government in the whole U. S. history that earned special recognition for doing more good than bad. Neither has one party's government been assembled exclusively of honest and trustworthy individuals…Suicide also became more controversial—not because it is a sin—since no one knows this with certitude, and it does not state such in the Bible, while it does for other 'sinful' acts").

As Verka questions, "Why should a miserable and painful death be more valuable than a dignifying and peaceful one?"

That Good Night by Dr. Sunita Puri

Reviewed by Jerry Metz, M.D.

"Do you think God will be angry with me for ending my life?" My ALS patient was clearly dealing with internal conflict as he put his hands on the equipment he had just constructed, ready to go. I had never been confronted with that show-stopper of a question! I would have been too stunned to reply had I not heard this scenario reported by an Australian doctor who was attending one of the Network's annual Chicago get-togethers. His assurance to his patient had been perfectly focused, empathetic, and brilliant. I vowed to remember it. My point here is that exposure to the creativity of other people, plus a good memory, can make up for a lack of ability to act with the appropriate response when a crunch demands it.

"Can I borrow your brain?" My most recent exposure to an inspiring guru is the wonderful book, *That Good Night*, by Dr. Sunita Puri, a young woman of Indian descent who is studying to become a specialist in palliative care. Her cultivated concern for others, influenced by her Sufi and Hindu parents, makes her book a treasure box of useful ideas and approaches that can benefit Exit Guides or anyone who works with those who are dying.

When my time comes I want her to be my doctor.

Life is a gift I did nothing to deserve.

Learning this Basic Fact

By David Waite Yohn

My life has a limit. I am running out of time to learn this basic fact. I will either learn it or squander the life I now live. Once my life is over, I will never have the opportunity to do it over again. Life is like an ice cream cone, enjoy it before it melts.

Every night when I go to sleep, I realize I have one less day to live. Leaving this life in a dignified way is very important to me... The ultimate danger is that I will come to a point where I will not be able to rationally determine whether my life is of a quality worth continuing; or, whether I should take appropriate action to bring my life to a dignified end before I become a burden to myself, my family, and to society. ■

Legal and Ethical Implications of Defining an Optimum Means of Achieving Unconsciousness in Assisted Dying

Anaesthesia S. Sinmyee et al., 2019

Not only does debate swirl concerning assisted death, there is even disagreement on how best to achieve it, as seen in this abstract from the official journal of the Association of Anaesthetists.

Summary: A decision by a society to sanction assisted dying in any form should logically go hand-in-hand with defining the acceptable method(s). Assisted dying is legal in several countries and we have reviewed the methods commonly used, contrasting these with an analysis of capital punishment in the USA. We expected that, since a common humane aim is to achieve unconsciousness at the point of death, which then occurs rapidly without pain or distress, there might be a single technique being used. However, the considerable heterogeneity in methods suggests that an optimum method of achieving unconsciousness remains undefined. In voluntary assisted dying (in some US states and European countries), the common method to induce unconsciousness appears to be self-administered barbiturate ingestion, with death resulting slowly from asphyxia due to cardiorespiratory depression. Physician-administered injections (a combination of general anaesthetic and neuromuscular blockade) are an option in Dutch guidelines. Hypoxic methods involving helium rebreathing have also been reported. The method of capital punishment (USA) resembles the Dutch injection technique, but specific drugs, doses and monitoring employed vary. However, for all these forms of assisted dying, there appears to be a relatively high incidence of vomiting (up to 10%), prolongation of death (up to 7 days), and reawakening from coma (up to 4%), constituting failure of unconsciousness. This raises a concern that some deaths may be inhumane, and we have used lessons from the most recent studies of accidental awareness during anaesthesia to describe an optimal means that could better achieve unconsciousness. We found that the very act of defining an "optimum" itself has important implications for ethics and the law. Read more at https://onlinelibrary.wiley.com/doi/pdf/10.1111/anae.14532 ■

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