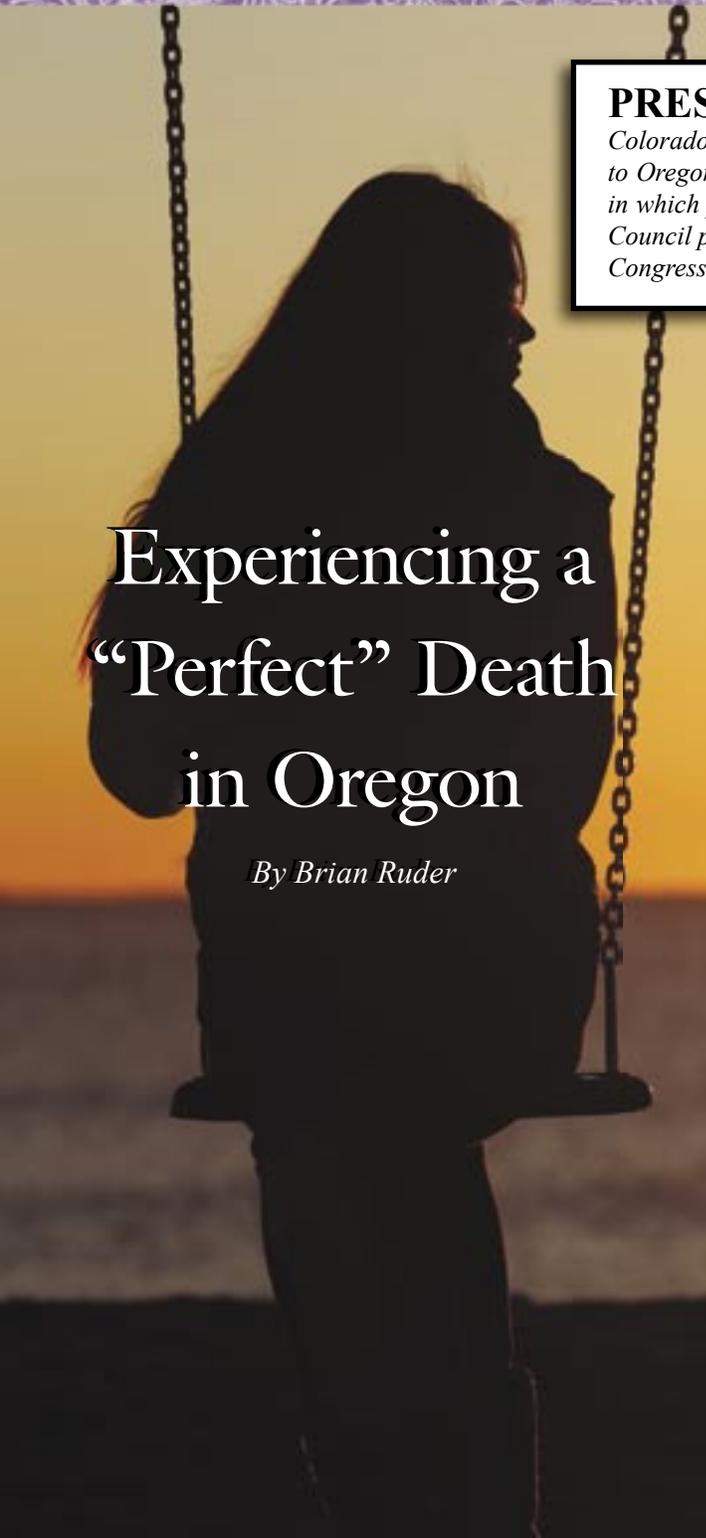


**[www.finalexitnetwork.org](http://www.finalexitnetwork.org) - Make your YEAR END APPEAL donation today!**

### **PRESS-TIME NEWS**

*Colorado voters have accepted Prop. 106—an end-of-life options referendum similar to Oregon’s—by a significant margin, nearly 2 to 1. Colorado is now the sixth state in which physician-assisted death is permissible. Furthermore, the Washington, DC Council passed its DWD bill by a margin (11-2) that is veto-proof (except by the U.S. Congress which could overturn it). The public tide appears to be turning.*



## **Experiencing a “Perfect” Death in Oregon**

*By Brian Ruder*

**A**s strange as it may sound, I have been looking for a way to manage my dying days for many years. I was a member of the Hemlock Society in the 80s and have been active in Compassion and Choices in Oregon. I joined Final Exit Network in 2015 because I feel that its views of death are more in line with mine. That year I also wrote a book for my family and friends expressing my beliefs and plans. But I had never experienced a “managed” legal death until recently. And it was perfect!

I had the honor of attending and experiencing a good friend’s death using the Death with Dignity law in Oregon. He exited this life in a peaceful and happy way in his home with friends. He was in his late 70s, with terminal cancer, and was going to die a very painful death in the next couple of months. Instead he chose to get his estate in order, spend some quality time with his daughter and friends, and die peacefully on his own terms.

*OREGON continued  
on page 2*

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When he found out that his cancer was terminal, he started the two-and-a-half week process required by law to obtain the required drugs. He contacted his daughter, who lived across the country, to tell her the date he had chosen to die and invited her out to share his last days and make sure she knew what he wanted done with all his possessions. They went to some of his favorite restaurants, visited friends, and went over all the things that needed to be done with his estate. He checked to make sure his will was up to date and even called the funeral home to alert them as to when they could come for his body. He took all the unknowns out of dying that can cause a lot of stress to those left behind.

I felt the process was “perfect” because we all had time to adjust to his passing. We did not have that moment of utter sadness that a person can have when someone dies unexpectedly. There was no stress for anyone trying to understand what he wanted done with any of his possessions. There was no money wasted trying to probate his will or untangle his legal possessions like his home or car. There was no money wasted on unnecessary medical procedures and doctors trying to keep him alive and out of pain. And there was lots of time to laugh and talk about all the things he wanted to talk about. Yes, he will be missed, but he would have been missed whenever he died. And now I will always have this special memory of him.

My personal goal is to manage my end days as my friend did. I hope that my death will be natural and pain-free. I want quality rather than quantity of life in those days. I don't want to waste money on medical care that I don't request. And I believe at my age I have earned the right to these choices. I want a “perfect” death on my terms. ■

*We did not have that moment of utter sadness that a person can have when someone dies unexpectedly.*

*He took all the unknowns out of dying that can cause a lot of stress to those left behind.*

*Yes, he will be missed, but he would have been missed whenever he died. And now I will always have this special memory of him.*

*“...doctors say they do not know what end-of-life interventions are desired by three-quarters of their patients—even when the patients had a living will.”*

# Taking Physician-Assisted Suicide One Step Further

*By Roberta Ness, MD, MPH*

*The author is a winner of the John Snow award, one of the highest honors given to a public health professional. A longer version of her feelings appeared in the Houston Chronicle on May 23, 2016.*

A survey of patients with terminal illnesses found that only half had a written living will. Worse, doctors say they do not know what end-of-life interventions are desired by three-quarters of their patients—even when the patients had a living will.

My own father was a victim of this lapse. Years into a diagnosis of Alzheimer’s disease and during a hospitalization for influenza, he had a middle-of-the-night cardiac arrest. The medical team, not finding the living will that should have been on his chart, intubated him. My family had to make the ugly, gut-wrenching decision to pull the tube.

No state has active euthanasia, in which you can ask a hospital or physician to administer a lethal drug on your behalf without your pushing the plunger. Patients who do not have the strength or dexterity to

commit suicide by injection or ingestion could thus carry out a decision to end their lives.

A “shelf-life” law would allow you to write a binding contract with your physician, saying that when you have lost very specific capabilities, he or she can end your life. For instance, I would put in stipulations such as “when I am unable to consistently recognize my children.” In that case, I want to be offed. I have already told my children I want this. But today, even if I put this in writing, and even if a physician would be willing to step in and do the deed, my children and that doctor would go to jail.

When I first suggested this, I ran it by family and a number of friends, thinking they would tell me it’s crazy. Instead, almost all agreed that they, too, would like to be able to decide when to terminate their lives, even if, when that time comes, they are physically or mentally incapable of doing so. Others, who said they’d never employ such a strategy themselves, felt that such a right ought to be legal.



# Navigating the Exit Process

**I**t seems that it should be straightforward: A suffering person has considered options and wants to end the misery while a caring group offers its experience to facilitate the process. But simple it is not.

Most people who contact Final Exit Network stumble upon the organization when searching for help on the Internet. They are not long-time members of FEN and, despite FEN's outreach efforts, they usually do not know about the Network before seeing its website. They are tortured people, desperately seeking help from someone who can assist them or loved ones. They call the toll-free number or leave an e-mail message.

Shortly thereafter, a representative (typically a volunteer Case Coordinator) contacts the candidate. FEN is described, and the representative covers matters of interest, such as advance directives, hospice, and state laws applicable to self-deliverance.

The interaction may end there. Some inquirers just want information. Others simply need someone who will listen to their situation or advise them on talking to hospice. Some decide to follow another option. Some cannot meet the exit criteria. Only a fraction pursue an exit.

Those who wish to proceed will then join FEN and submit their medical records and a personal letter. This paperwork, along with notes from a telephone interview, are forwarded to FEN's Medical Evaluation Committee. If the MEC accepts the submission, the candidate is assigned to a Senior Guide and an Associate Guide.

Once the candidate orders and receives the necessary materials for an exit, an in-home meeting is arranged to check the materials and confirm the resolve of the candidate. Yet again the candidate is asked if they are certain of their wishes. Family members may be involved. Or may not,

depending on the situation. There is likely to be a review of the exit steps. Details are worked out, including who will be present at the exit and how the body discovery will be handled.

At some later time, on the chosen date, a Senior Guide and one other person visit again to increase the likelihood of a satisfying, problem-free exit. This could be two days later, it could be two years, depending on the wishes and circumstances of the candidate. It might never happen at all. The suffering person may have a change of mind, or the Senior Guide could decide that continuing FEN's participation is inappropriate.

The Senior Guide is the heart of the Final Exit Network. Before becoming a Senior Guide, a FEN volunteer must undergo several days of training for Associate Guide status, and then gain extensive on-the-job experience.

It is a rigorous yet rewarding activity.

The job of an exit guide can be time-consuming, yet all are volunteers, unpaid for their effort. Exits frequently require travel and multi-day availability. (Travel expenses are paid by FEN.) A good guide is almost always well-organized, calm, adaptable, and able to relate to a variety of people under stressful conditions in diverse residential settings.

In return, guides are enriched with profound experiences. One guide recounted the touching story of a woman dying, her husband on her bed while both kept repeating "I love you" as her voice faded away. Another woman preceded her exit with a joyous all-day celebration of singing, laughing, and eating with an extended family including pets. In the words of two guides, this work is "deeply satisfying" and "privileged work." The exiting members and their families are "so very grateful." ■

*“Unfortunately, a few individuals wait too long after they are accepted by exit guide services and become unable to carry out the requirements of self-delivery.”*

# Why Exits Haven't Happened

*By Ann Mandelstamm, FEN Case Coordinator*

In Final Exit Network, we take comfort in the fact that we are able to support people who successfully end their own lives because of terrible illness, unbearable suffering, and a series of medical problems that have robbed them of independence, dignity, and quality of life. But the successful completion of a life and the termination of suffering are not assured, even for those whose conditions meet the protocols of the organization. How can this happen?

Unfortunately, a few individuals wait too long after they are accepted by exit guide services and become unable to carry out the requirements of self-delivery. Those afflicted with dementia might not fully understand or accept their “window of opportunity,” and may reach a stage in which they cannot follow through with the actions required of them. Others are afflicted with neurodegenerative diseases who lose functioning more quickly than expected and can no longer manage the tasks required of them. This happens in the time between the initial visit of the guide(s) and the final visit.

Additionally, it is possible that some members accepted for exit guide services and assigned a

Senior and Associate Guide might stop communicating with those guides for any number of reasons. Perhaps they died naturally or perhaps they brought about their deaths themselves, without the presence of guides. Since we have a policy of not calling people unless they ask us to call, the coordinator and guide will never know what happened. They just know contact ceased. Perhaps the member changed his mind or her family talked her out of proceeding with the exit.

Occasionally a person may call the website phone when the illness has progressed too far for Final Exit Network to offer support at all. Occasionally a person may call the website phone when the illness has progressed too far for Final Exit Network to offer support at all. Since the process of application requires a minimum of 6 to 8 weeks, often more, it is simply too late. In these cases, the coordinator can talk to the person or to the family about the best ways to get hospice or palliative care services and how to advocate for the patient more effectively. Perhaps the person would like to know more about VSED (Voluntary Stopping of Eating and Drinking). FEN is very happy to provide this information, even when the circumstances cannot allow the application to begin. Many of these people are not members

Occasionally a person may call the website phone when the illness has progressed too far for Final Exit Network to offer support at all.

*EXITS continued on page 6*

# Alternative Method Brings Little Change

For over ten years, FEN's preferred method of self-deliverance has been the controlled inhalation of inert gas. When done with appropriate care, this method has been effective, is relatively inexpensive, and does not require a prescription. Readily available for filling party balloons, pure helium was the preferred inert gas until about 18 months ago. At that time, the supplier of helium cylinders for Balloon Time® party kits, Worthington Industries, changed their product from pure helium to a helium/air mixture. While diluted helium, marked on the Balloon Time box "Helium/Air," will inflate balloons, it is totally unsuitable for hastening death. No one should use the Helium/Air mix for this purpose.

Consequently, FEN searched for an alternative preference. It was not necessary to look far. Nitrogen is another inert gas, and has properties similar to those of helium. Although getting nitrogen is often more complicated than was getting pure helium in Balloon Time kits, nitrogen is now more commonly available than pure helium. Everything needed for a successful self-deliverance can be ordered over the Internet. The cost is under \$300 for a pre-filled 20 cu. ft. nitrogen tank, nitrogen regulator, and the materials required for an exit hood. Because nitrogen is supplied in high pressure tanks (10 times the pressure of helium in Balloon Time cylinders), a nitrogen click-style regulator/flow meter with pressure gauge is essential. Advantages of the regulator are: 1) one can be certain the nitrogen cylinder is full so only one cylinder is required vs. two helium cylinders and 2) one is able to regulate the flow of gas with precision, which was not the case with Balloon Time helium cylinders.

The helium inert gas method remains viable. Anyone who has stockpiled pure helium and the

ancillary apparatus for inhaling it need not switch to nitrogen unless they acquired it more than five years ago; helium party balloon cylinders may leak over time if they are not stored at room temperature in a dry environment. Valves should not be tampered with until close to the time of use. Anyone wishing to obtain new materials will probably find supplies of nitrogen more easily than locating pure helium. Members with questions can inquire on the website.



## EXITS *continued from page 5*

and will never become members, but we believe it is part of our mission to offer compassion and education.

In a few instances, a person applied for exit guide services but failed to become a member, even though he was told that membership or reduced rate membership is a requirement for being assigned a guide. Also rare, a person claims to understand the preferred method of self-deliverance, follows through all the steps, wins approval, and then changes his/her mind and wants to exit using a method which we don't support. Although it is painful for all concerned, we must say that we don't have protocols for that method and cannot be present.

Many people who call for information about exit guide services never call back or send any of the paperwork required. Even those who do follow through occasionally are not able to exit as they had hoped, for many of the reasons above. We all need to be aware that our time is limited; sometimes we have much less time than we hope for. ■

# It's Not "Assisted Suicide;" It's Reclaiming Life

*By Sea Raven*

**T**he phrase "Assisted Suicide" conjures a slippery slope to enabling depressed people to "end it all," or convincing elderly relatives to avoid being a burden to families, or even helping the process along in order to cash in on the patriarch's last will and testament before he changes it.

The phrase "Death with dignity" confirms what humanity has known from the beginning: that death in the midst of debilitating pain or terminal illness is undignified—whether death is the result of deliberate infliction of pain through torture, or the result of illness accompanied by pain that is beyond any intervention. The phrase indicts the often lonely deaths of neglected patients in nursing homes. Hospice providers object—and rightly so—that death while in Hospice care is far from that kind of "bad death." In fact, the slogan of Hospice of the Panhandle in West Virginia is, "It's about life," meaningful life achieved through pain management, support of caregivers, and accompaniment throughout the process of what Hospice calls "active dying."

The third stage in the evolution of how to define laws that will allow terminally ill people to choose to die on their own terms is "End of Life Options." California is the first state to pass a law under that title. The phrase "End of life options" removes some of the negative associations of names like "assisted suicide" or "death with dignity." Most obviously, having options for the end of life means people can choose the whole range from hospital-based palliative care, to home-based Hospice care, to medically prescribed and supervised use of drugs by mentally competent, terminally ill patients to safely end their lives before their condition or disease runs its full course.

Despite some of the more strident voices in the debate, I am not word-smithing murder here. How

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*In addition to having an intriguing name, Sea Raven is a lay minister for worship of the Unitarian Universalist Congregation of Frederick, Md. Following are excerpts from her writings.*

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we define the issue goes beyond life-or-death to the meaning of the quality of human life. We have long acknowledged that the humane treatment of animals includes putting them down when they become too old, too ill, or too injured. We "put them out of their misery" with the assistance of compassionate veterinarians. If we can treat our cats and dogs and horses that way, why not allow our loved ones and ourselves the choice when life ceases to have any meaning outside of the day-to-day slog through terminal disability and pain?

Death is no longer perceived as being part of life. Until the late 19th century, children often died before they reached the age of 5; women routinely died in childbirth; plagues came and went on their own mysterious schedules, killing rich and poor alike. Modern western society has been very successful at denying the reality of death. Our scientific and medical knowledge has allowed us to keep death largely under our own control—or so it seems. We seldom think about our own mortality until some accident or sudden onset of illness confronts us. But, when we choose the manner, time, and place of our own death—when we relinquish life—we actually reclaim life—lived to the end on our own terms. ■

## **Their God is not My God**

*By Jack Trumbull*

*The following is part of a message Mr. Trumbull has attached to his Advance Directive.*

If I reach a stage in the dying process when my agent, after consulting with my primary care physician, decides that, in the absence of what theologians would call a miracle, my condition is incurable, I instruct my physician to give me whatever medication it takes to render me forever oblivious, in this lifetime, to a conscious awareness of my existence. If there is any doubt that the dosage may be insufficient to carry out my wishes, I want my physician to increase the dosage to the point that all doubt is removed, even though there is a high probability that it will result in the death of my body.

I realize there are people who believe in a God who wants a human body to be kept breathing even after the medical profession has decided that a cure is impossible and admits it may be unable to eliminate all of the pain and suffering involved. There are also some who see nothing wrong in forcing the use of scarce resources upon someone who doesn't want them and would rather see these resources used to benefit those who have a need for them. I acknowledge the right of another to believe in such a God, and to live and die in accordance with such beliefs. But their God is not my God.

Therefore, I respectfully ask every such person to respect my different beliefs by refraining from any action, legislative or judicial, that might prevent my wishes from being realized. Just as they have a right to their god, I have a right to mine. For them to use the political power of the secular process to impose their religious beliefs on me is a blatant effort to violate the Constitutional guarantee that the State cannot enact a law that denies me the freedom to live and "die" in accordance with the wishes of My God, not theirs. The only limitations on this freedom should be those necessary for the maintenance of public order. I fail to see where my "death" requires such a limitation. ■

## Give It a Try

*By Jerry Metz*

I didn't know what it was like to ride a horse until I gave it a try. I tightened the girth, stood on the top step of a mounting block, swung my right leg up and over and found the stirrups, grasped the reins gently, and with a click of the tongue started to move. Euphoria! Exhilaration! So this is what it's like!

Beginner's luck can be bad luck. The girth was too loose, the saddle slipped, and I found myself on the hard ground. The pain was immediate and intense. X-rays showed six cracked ribs, and I was in for a ride I had not planned.

Fifty percent of elderly patients in this situation will die, usually of pneumonia. Fentanyl skin patches and Vicodin pills take the edge off the pain but coughing is torture and the process of getting from a horizontal to a standing position and back down again is enough to make a man consider wetting the bed instead of trying to reach the bathroom.

I'm a doctor, so I thought I understood death. I dissected a cadaver nearly 60 years ago, watched numerous autopsies, saw an occasional patient die on the surgical ward, worked as a military flight surgeon and dealt with the blackened half-cremated bodies of six of my troops when a Huey spiraled out of the sky in flames. I joined Final Exit Network and attended several peaceful departures. I thought I understood death, but in reality I didn't know what it was like to die until I gave it a try.

Emotional pain can overshadow physical pain. There is an acute awareness of being close to the edge, of having to fight an array of problems mixed with profound gratitude for the things that seem to be working, but with no assurance how the battle will end. Floating over the whole scene like a black blanket is an overwhelming sense of loneliness, made worse in my case by the need to keep friends away so as not to catch a cold that could tip the coughing into the coffin. Looking back, one thing is clear: Without the love and care given by my soul mate Joan, I believe I surely would have died. Of what? Of rib fractures complicated by isolation.

At a meeting of the Board in Chicago there was, I hear, a discussion about cutting back on Exit Guide services, to limit our involvement to education thus avoiding the risks associated with our traditional compassionate presence at the time of passing. Please! Hear me! I come to you as a lucky survivor with this message: it is not a terrible thing to die and find relief from suffering, but to condemn someone to a lonesome death is to deprive them of our greatest gift.

If you don't believe me, get a horse and give it a try. ■

# 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.*

## **Dear Abba: God answers heartfelt questions of everyday living**

*By Richard & Eva Rosen  
Excerpt from the authors*

FEN members Richard & Eva Rosen have written a book in which common, troubling questions are posed to a spiritual father (not to the Swedish pop band). Abba offers advice on a range of topics. Most notably to readers of this newsletter are questions involving death with dignity. Following is an excerpt.

*Dear Abba,*

I feel like my life is over. I am old now and growing more feeble. Each day is such an effort to rise and get myself together. Joy and enthusiasm have long left me. I am ready to quit this life. Is it wrong?

Ready to Leave

*Dear Ready to Leave,*

I know how difficult life can be, the frailties of growing old particularly so. Upon your physical well-being rests mental clarity, happiness, and joy. I find no fault with you thinking it is time to leave this planet. Although your times and seasons are in my hand, free will is sovereign. Decisions require intelligent cooperation with me; link up to know my will. Have you accomplished the purposes of this life I have set before you: character development and soul

building? Have you become all you are capable of becoming? Is this period of debilitating weakness part of the pattern of adversity that you might grow and come up higher? Or is it indeed time to leave? Go within and consult with me, my Spirit in you, to know these things.

One thing is certain: I will welcome you in the not-too-distant future when your days here end and you rise to the abodes beyond and above. I love you dearly and look forward to seeing you in your next estate.

*Ready to Leave:*

I would like to know more particularly if I could hasten my end. How would you look at it?

*Abba:*

Many have this question. Society frowns upon, and even makes illegal what is called suicide. However, the way man sees it is not necessarily, and often is not, how I do. I look at the motive and intent; I search the heart.

When a person has had enough of interminable suffering, I find no fault if he decides to end his earthly sojourn. He must know in himself it is indeed time to conclude his earthly career, that he has done what he could to fulfill his purpose on earth, and there is no longer a reason to continue a diminishing existence, one of self-burden, as well as a burden on others. Is this what you are looking for?

## **Not Either/Or, Both: An Exploration Sparked by Atul Gawande’s “Being Mortal”**

*Commentary by Lowrey Brown*

“I am less worried about abuse of these powers than I am about dependence on them ... the fact that, by 2012, one in thirty-five Dutch people sought assisted suicide at their death is not a measure of success. It is a measure of failure. Our ultimate goal, after all, is not a good death but a good life to the very end.” (Atul Gawande)

Gawande expresses concern, not about Palin-esque death panels, but that the ease and availability of physician-assisted suicide could dampen society’s motivation to develop a good palliative care system. Gawande’s concern is not misplaced. We all know

*BOOKS continued on page 14*

# Suicide Pacts, Poetry, College, Twins, and FEN

*Recent double suicides (including a case in which one spouse recovered) prompted a provocative e-mail exchange among leaders of Final Exit Network.*

*Here are excerpts.*

## **[Wendell Stephenson]**

More than once, FEN guides and members have told of how some couples wish to die together but one is not particularly ill whereas the other is. FEN will not admit the one into its Guide program but may well admit the other, the sick one. I don't see any way around this prudent policy, but I wanted to bring to your attention that this wish of some couples to die together is nothing new.

I've just come across this story and poetry from Ovid (43 BCE-17 CE), the Roman poet. The story is that the gods Jupiter and Mercury are traveling in Phrygia (a region of modern day Turkey). They visit a thousand homes and find no one to take them in and provide them rest and food. Then they come across the poor cottage of Philemon and Baucis, an elderly couple. They take them in, provide for their needs, bathe their feet, and treat them with exemplary hospitality given their poverty. In response the gods ensure that the wine bowl is never empty and then Jupiter asks the couple what they most desire. They answer that they wish to be made priests who guard the gods' shrine, and when it is time to die, they want to die together.

## **Ovid's poetry:**

Since in concord we have spent our years,  
Grant that the selfsame hour may take us  
both,  
That I my consort's tomb may never see,  
Nor may it fall to her to bury me.  
Jupiter grants their wish.

Too bad Jupiter doesn't rule the world or the minds of contemporary people, right?



## **[Faye Girsh]**

... there have been notable double deaths. I really have trouble with the idea when one is well, but when both are frail, sick, and dependent, it is something FEN should consider.

## **[Ruth von Fuchs]**

... she is likely right to say that FEN should only propose supporting couples where both partners are frail/sick/dependent.

It's probably counterproductive to get extremely far ahead of mainstream thought, and at the present time mainstream thought includes the view (as an unconscious assumption) that there is a duty to live. People think that life is like high school—you are required to attend unless you can show a doctor's note. But it's actually like college—if you find that a certain course or program is not to your liking, you can drop that course or drop out of that program.

## **[Lee Vizer]**

I have more than just a philosophical interest in this issue. When people think "couples" they think of spouses or partners. I have an identical twin sister, and, though we frequently discuss dying together, we have made no decisions and fortunately have not had to. But I cannot imagine wanting to live without her. Every twist and turn of our lives has been together, even in the womb. She does, however, have a husband whom she loves too, where I, sadly, do not. ■

*Our dedicated, volunteer board members . . .*

*. . . thank you for serving!*



*Janis Landis, MA,  
President*



*Judy Snyderman, MBA,  
Treasurer*



*Tom Tuxill, MD*



*Martin Seidenfeld,  
PhD*



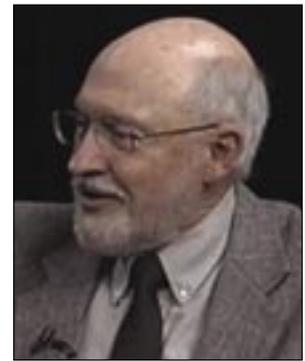
*Cameron Linen,  
MTS, MS*



*Kevin Bradley, MDiv.*



*Lee Vizer, MA*



*Gary Wederspahn, MA*

## **Recap of the Annual Board and Membership Meeting Chicago, July 2016**

*By Janis Landis, President*

**I**t has been a busy year for Final Exit Network and there was a lot to talk about when the Board of Directors and Advisory Board gathered in Chicago for the annual meeting in July.

Marty Seidenfeld and Tom Tuxill were both unanimously elected to new terms and Janis Landis was unanimously reelected to serve another term as President. With the addition of Cameron Linen and Kevin Bradley, all nine board seats are filled.

Gary Wederspahn and Marty Seidenfeld reported on a successful exhibit at the Unitarian

Universalist Association General Assembly 2016 that generated over 100 new trial memberships. There are plans to attend the same conference next year. Efforts are also underway for FEN to participate as panelists at future conferences.

Expansion of the Speaker's Bureau has also been successful with 18 active speakers. Gary Wederspahn is working to generate potential speaking engagements, and Julia Hanway will follow-up with scheduling. She will also provide speakers with handouts and other materials she has designed for that use.

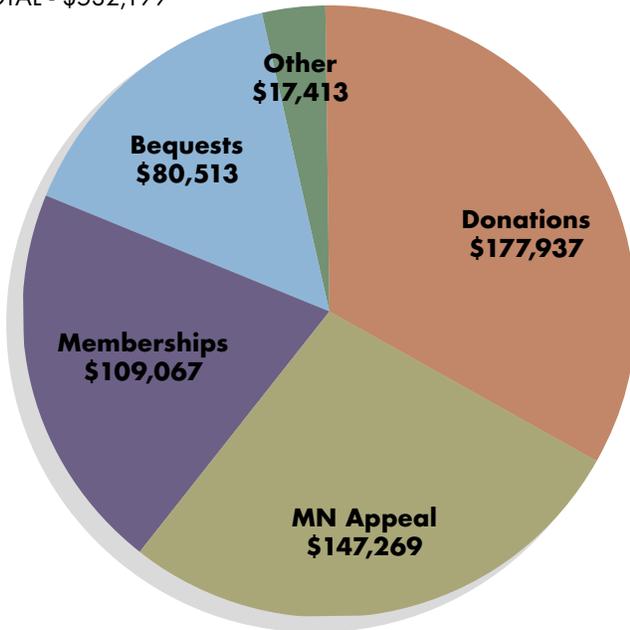
The possibility of hosting a national FEN

**FISCAL YEAR**

July 2015 – June 2016

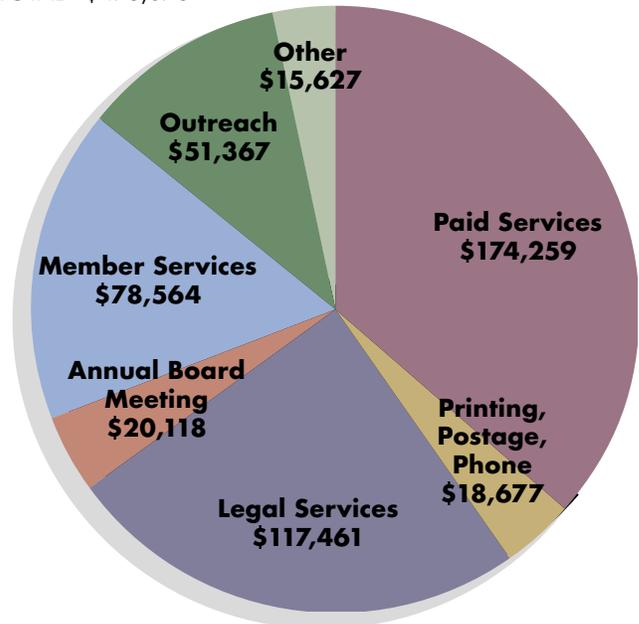
**INCOME**

TOTAL - \$532,199



**EXPENSES**

TOTAL - \$476,073



conference in 2017 was discussed. The Board agreed to explore the feasibility and cost and to see if a partnership with a university would be possible. One intent of hosting a conference would be to offer a program that would appeal to a broader audience of participants including nurses, social workers, psychologists, attorneys, and others in addition to physicians and other death with dignity advocates who attend such events. Work will be done to provide continuing education credits to conference participants.

Attention at the meeting was given to expanding the number of FEN Affiliates around the country and to sponsoring workshops or other events in areas of the country where there are active affiliates. Some of those events could include nitrogen training for members.

The Board heard updates on the work being done in California by Jacie Rowe to help FEN members and others to understand the new law in that state and to broaden awareness of what FEN offers.

Concern was expressed that, while it is in larger cities where there are concentrations of FEN members, the difficulties of driving and parking may restrict participation in affiliates. Some consideration was also given to creating e-affiliates that would meet via e-mail or a web-based meeting site.

Upcoming Exit Guide Training was discussed and it was agreed that the training manual needs to be updated to reflect current issues. In addition, the training will provide a full exploration of legal challenges, such as the issues of the Minnesota case.

At the Annual Member Meeting, our attorney Robert Rivas provided an update on current litigation in Minnesota and our Treasurer Judy Snyderman provided a report on the FY 2015-2016 finances. Members who attended were given time to ask questions, discuss issues and raise topics of interest.





Left, credit: REAL LIFE ADVENTURES © 2015 GarLanco. Reprinted with permission of UNIVERSAL UCLICK. All rights reserved.

## Reflections . . .

### Medical Aid Needed for Terminally Ill

Dr. Freyda Zell, clinical psychologist (retired)

Letter to Tucson Weekly, Jan. 28, 2016

This letter pertains to the listlessness (the kindest word for now) of our local medical community in getting involved with this issue which has a lot of traction with the public. As an activist working for enactment of this humane legislation, I am trying with little success thus far to engage health professionals to help do the necessary work of advocacy. I have no real way of gauging how individual physicians, nurses, mental health professionals and so forth feel about aid in dying. My belief is that they have not been encouraged by reluctant professional organizations to confront the issues and their own feelings. After all, they are supposed to be healers (debatable in our health system) but truly there is no cure for death, though there may well be a cure for the torment of dying. That cure, we propose, is support for the dying in maintaining their autonomy and their choice to terminate torment, both personal, for their families, and yes, even for the feeling people who take care of them in their final days.

The various medical-related groups are dragging their feet in deciding whether they can publicly come out in support of Aid in Dying Law. Also, the hospice community needs to examine itself in regard to why it, in large part, appears to be unsupportive. Palliative care is wonderful for those for whom it is sufficient, but why deprive the others of more choices? For those who are religious, we state that aid-in-dying for the terminally ill is not suicide, just another way of dying but with full consciousness. ■

## BOOKS *continued from page 10*

how easy it is to take the path of least resistance, and I am reminded of the proverb, necessity is the mother of invention.

That said, Gawande creates a dichotomy where there isn't one; a good death and a good life to the end are not mutually exclusive. The number of people seeking assisted suicide doesn't tell us anything about their quality of life to the end. If they were comfortable, felt in control, and were able to appreciate the time until their suicide, then the medical system served them well. If they were in pain, frightened, and feeling helpless without options, then the medical system served them cruelly.

I do not want to minimize Gawande's concern. Providing creative, personally-tailored palliative care is not trivial. The poor and those without loved-ones to advocate for them are particularly vulnerable to tight budgets and understaffed systems. Gawande has highlighted a possible unintended consequence of physician-assisted suicide, and we would be wise to listen. In promoting end-of-life choices, including physician-assisted suicide, we should keep an eye on palliative care options and issues. Given our vantage point, we may be in a position to spot both opportunities and weaknesses in the palliative care system. I don't want either a good death or a good life to the end; I want both . . . and that's possible. ■

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