

SUPPORTING THE HUMAN RIGHT TO A DEATH WITH DIGNITY

Renew your membership online:
www.finalexitnetwork.org

Your Doctors Have Heard You – Now for Your Kids . . .

Your final, challenging communications are not yet completed even after you've clued in your physicians with your needs and plans.

There remains another, of equal or more importance than the first: having "that" conversation with your adult children. For those of you for whom this talk will be the first of its kind, you have an especially daunting task. There are some important caveats that cannot be ignored.

Whatever has held you back from broaching this subject with them before cannot do so any longer. If you would end your life on your own terms, your children must be informed, or the ripples can reach tsunamic proportions.

Cut the rationalizations for postponement: There is no "better" time. This time may be the best one you will have.

Plan to meet all together, adults only, in a quiet place where you can hear each other without interruptions. Let them know that this is a most important conversation, and you need everybody on board. (A restaurant is a possible place, with a quiet corner and subdued music. It is important that everyone be able to hear and see everyone else. Body language and facial expression often communicate more than words.)

As with any difficult communication, the first sentence is the hardest! Have it ready. Perhaps start by stating that you are here to share your decisions concerning what for you is a "good death" or a

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TWIN CRISES

The Final Exit Network (FEN) board, senior advisers, senior guides, case coordinators and attorney met October 17, 2015 in St. Louis to discuss the simultaneous crises that have affected the 11-year-old, right-to-die organization. FEN's mission is to provide information and support to its members whose chronic or terminal illnesses impel them to seek a peaceful death.

A May ruling in Minnesota found the organization guilty of assisting the suicide of a woman who had been suffering from severe intractable pain that could not be alleviated. She sought information from the Network on how to end her own life. FEN also provided a compassionate presence during her self-deliverance.

The board voted to continue FEN's activities in every state, including Minnesota.

The Network has paid the \$30,000 fine, the maximum penalty for "assisting a suicide," thus immediately ending its probation. The defendants and the organization will continue the work of its mission and will appeal the decision, on the basis that all information provided to the member was speech protected by the First Amendment. The board voted to continue FEN's activities in every state, including Minnesota.

It invites organizations and individuals to add their support by filing amicus briefs and contributing to FEN'S legal fees.

The second crisis revolves around the recommended method of achieving a gentle, quick death through the inhalation of inert gas. Until recently the preferred gas was helium, found in party balloon kits. However, now helium tanks have been diluted to 80% helium and 20% air, a formula which is not reliably lethal.

FEN participated in a Nu-Tech forum last year, discussing alternatives to helium. One option is Nitrogen - an equally lethal, painless and effective gas. FEN is currently exploring its use and will make a decision at the July Annual meeting.



Faye Girsh

The board unanimously voted to continue its work providing services to members who are unable to achieve a peaceful death through any other channels.

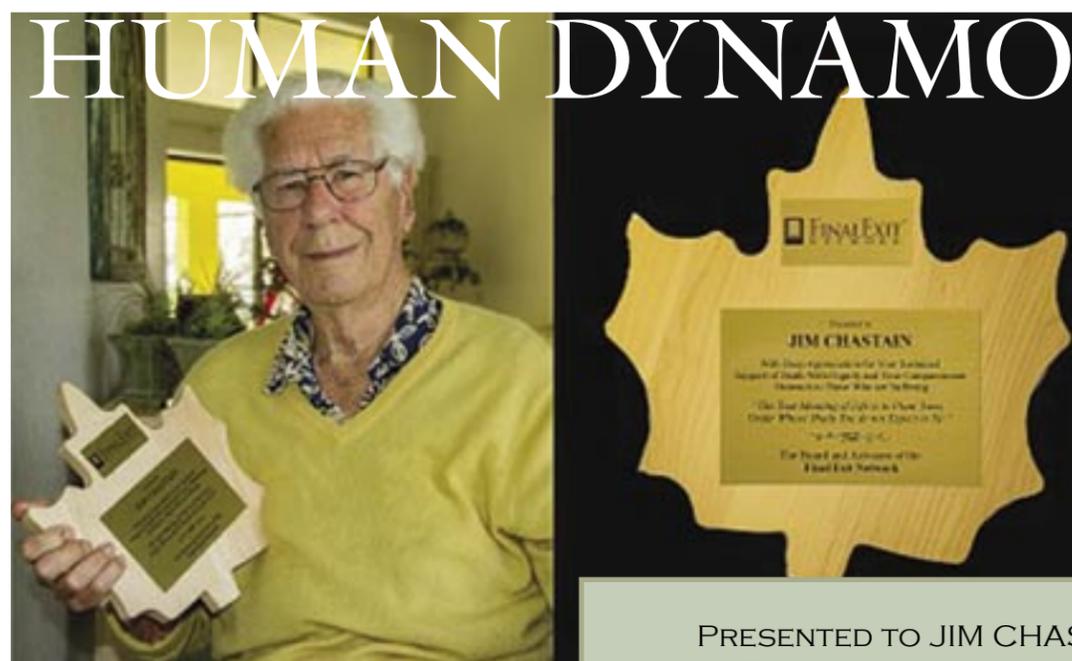
President Janis Landis spoke for FEN in celebrating the passage of the California End of Life Options Law, which will enable thousands of people to end their terminal suffering with the help of doctors. But some of the most seriously ill are left out: those with multiple sclerosis, ALS, many cancers, Alzheimer's, and other chronic conditions—whose suffering usually does not begin and end within the arbitrary six-month parameter. "Years" better describes their miseries.

Of course we celebrate the passage of the End of Life Options law in California. As we get ready for its implementation it is obvious that many will not be able to take advantage of it because they have not been designated "terminal," or they cannot find a willing doctor, or cannot swallow, or are too early since the law has not taken effect yet. It is a relief to know that Final Exit Network will be there to support those people—maybe the majority of those seeking a peaceful death—for whom the law may not work.

FEN holds out hope for those ineligible.

—By Faye Girsh (with help from Rob Rivas, Janis Landis, and Bill LeBoeuf)

Jim Chastain



One of the first things I learned when I joined FEN was that if you want to fill a room, get Jim Chastain to either speak or handle the publicity. If he does both, get a larger room.

We all have benefitted so much from Jim's decades of service to the Death with Dignity movement. From Frank Kavanagh, I learned that Jim's involvement goes back to the 80's, when he was a founding board member of the Florida Hemlock. Derek Humphry fondly cites him as one of the driving forces in helping to get the movement started in this country—besides being an all-around wonderful person.

Faye Girsh informed me that Jim and his wife Ellie actually moved to Denver to help her run the national organization, and Jim served as Director of Development. Also, via Faye, we learned that when he's not helping people, he's helping trees! He's a strong activist for the environment and in particular for our woods and forests.

So it seemed only fitting that, as Jim marks 30 years of leadership in the Right to Die movement, FEN acknowledge the myriad tasks Jim has handled in our behalf. We created an award which we hope does justice to his service, which Frank presented to him personally, in gratitude from our whole board.

Jim asked that I extend his thanks to the Board, but of course, it is we who thank him. —Janis Landis, president of Final Exit Network

PRESENTED TO JIM CHASTAIN
WITH DEEP APPRECIATION FOR YOUR
SUSTAINED SUPPORT OF DEATH WITH
DIGNITY AND YOUR COMPASSIONATE
OUTREACH TO THOSE WHO ARE
SUFFERING.

*The True Meaning of Life is
to Plant Trees, Under Whose
Shade You do not Expect to Sit.*

THE BOARD AND ADVISORS OF THE
FINAL EXIT NETWORK

PLEASE, I WANT TO DIE

An Open Letter to Lawmakers of the Colorado General Assembly

Many months ago, I made a terrible mistake: choosing to live when I should have chosen to die by my own hands. Now I can't swallow the foods that once made my mouth water, or the sweets that stretched my middle. I can't talk to friends and family who surround me: my voice is barely audible, and every whispered word takes monumental effort. I can't walk; my muscles have atrophied. I can't breathe; a machine inhales and exhales for me.

After having suffered for over a year and a half, at 77 I was officially diagnosed with ALS. The disease had progressed at an alarming rate. No time to check wishes off a bucket list... or to make a bucket list.

I had been a healthy man my whole life—didn't smoke, rarely drank, exercised and ate well. I loved dining out, movies, street fairs, theater, travel. I was strong. I never could have anticipated being this person, really just a mind now trapped in a dead body.

There are those who would stiffen their upper lip, choosing to live through artificial means, happy to be in the presence of others, propped up in a wheelchair or visited bedside. But they're not me. This is not living. I suffer.

Years ago I had contemplated ending it all. Thinking it is easy; doing it is hard. The methods I fantasized were all gruesome. No way would I put my loved ones through those memories of my death, nor subject them to possible investigation as criminals.

Help in dying is not legal in Colorado. Oregon, where it is legal, has a residency requirement plus other carefully specified restrictions, like being six-months terminal, as certified by two physicians. You must make 2 verbal requests 15+ days apart, and one written request with 2 witnesses. You have to be able to administer the lethal drug yourself.

Oregon's precedent became the prototype for a few other states which followed suit. Colorado was not one of them.

I asked my pulmonologist at National Jewish [Hospital] whether his other ALS patients wanted to wait for "natural death" (i.e, hooked up to tubes and machines.) Almost all of them did not. My caregivers, with years of working with ALS patients, confirmed his survey.

A week ago I stopped taking nutrition. It was the only choice I had, the only control I could exercise to end my life. The literature advised me that it wouldn't be hard. They were wrong. It's brutal. My loved ones are as agonized watching me as I am in doing this.

You lawmakers, who have handled difficult and confounding issues many times in your professional lives, please look at this one again. Please.

— Charles Selsberg

*Charles Selsberg wrote this with his daughter Julie's assistance. Mr. Selberg died on March 6, 2014
From The Denver Post*

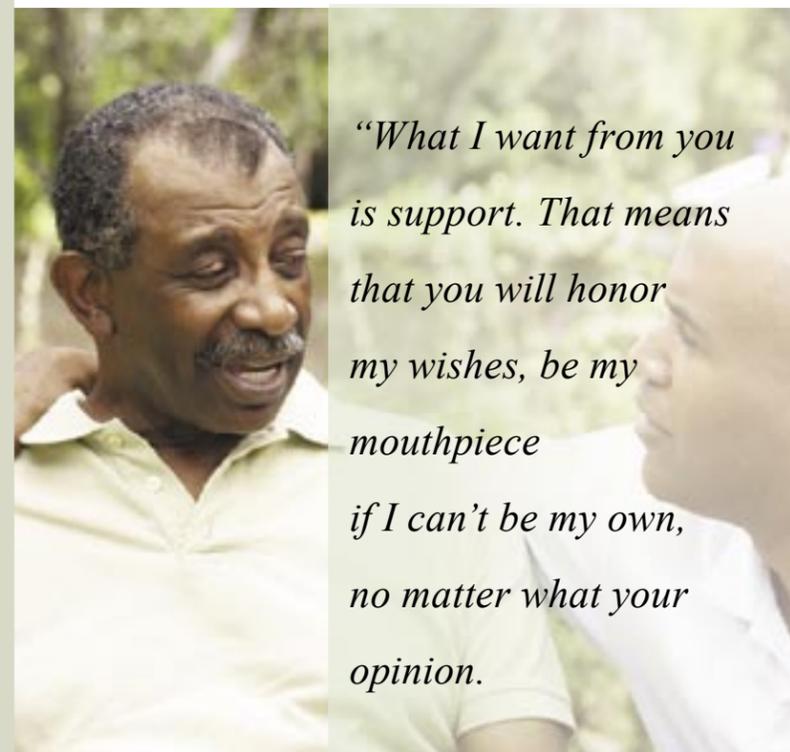
Communication continued from page 1

"bad death," and ask those present to classify examples of such passings for people they have known.

Prerequisite to your discussion is having completed your ADs and decided which medical procedures are acceptable to you and which are not. What is your personal threshold concerning suffering? Under what circumstances do you want your suffering to end? Should the staff err on the side of trying "everything" – which is endless – or providing the setting for a peaceful death? Do you want sedation?

Your children must have made themselves absolutely familiar with every wish you've expressed in those documents.

Some statements on your part are no-no's, which automatically guarantee a response that sabotages the talk. Your question, "Is this discussion a good idea?" invites, "No, it isn't," followed by all kinds of reasons: "Let's not talk about it," or, "Oh, you'll live forever, Dad, or, "You're going to be just fine," or "TMI" (Too Much Information), "or "Maybe a cure will come up!" are brush-offs that will, if you enable them, end the honesty. Avoid also the talk of being a burden and throwing too much money into a bottomless pit. Those will likely invite obligatory reassurance by your children not to do this for their sake; they'd "rather have you around."



"What I want from you is support. That means that you will honor my wishes, be my mouthpiece if I can't be my own, no matter what your opinion."

You might ask them if that means that your indescribable misery and suffering would be OK with them. "Do you want me to die the way most people dread, tethered to machines and surrounded by strangers in a hospital, terrified? Does loving me mean that you know better than I myself what my needs and wants are? Do those statements sound like 'love' to you?"

If they offer or reiterate advice, do not respond. Repeat the same sentence: "This is my decision to make, and I have done so."

"What I want from you is support. That means that you will honor my wishes, be my mouthpiece if I can't be my own, no matter what your opinion. Perhaps that is the clearest indication of what genuine love looks like: honoring another's crucial decisions even though yours would be different."

Questions may be acceptable if their intent is clarification, not debate.

Then, ideally, your monologue opens into a specific kind of dialogue. The room is filled with loved ones who have intensive feelings about what they've just heard: fear, sadness, despair... They need to express them and to know you care. They can do both without negating your instructions.

You want them to share their feelings, not their opinions. It is crucial that they know the difference. "I feel that you are being selfish" is not a feeling. It's a judgment. "I am upset and angry with you" is."

You cannot solve their feelings nor change them, not then. Just listening in itself does wonders.. And the best response on your part is often delivered in silence: a long and loving hug. Maybe even a group hug, if it's real.

You have a wonderful opportunity in this experience to create something magical. And know that when you're coming from love, you almost can't get it wrong. ■

The Baton Passes

By Lee Vizer, Final Exit Network Newsletter Editor

This is my last newsletter as editor. I am neither sick nor dying, so relax.

I need to re-learn what it feels like not to be frazzled, nor guilt-ridden if I need to take a couple of days off. (I can't blame FEN or the NL for my guilt. In my family it's hereditary.)

One of the problems about growing old is that the people I love are getting old too. They have been my rock, and I want to be available for them.

In the almost 6 years I've been editor, I've spent umpteen hours at the computer on my tush, (not all, editing.) I haven't been to the gym since 2010, and my muscles and bones are turning to dust, not to mention my brain. My normal cerebral mode, which had been yadda yadda yadda, is swiftly approaching nada.

In advance of writing this, I thought my archival issues would give me some focal points. Bad idea. I got so caught up in pleasure and nostalgia—and appreciation—that it cost me a Lost Weekend.

My first NL, Spring, 2010, was an opportunity to air all the treasures I had collected: poems, personal DwD stories, articles I had clipped—all with new slants, new tangents. The issue was a big hit, and I was "made."

Terror followed; I had used up all my good stuff! Now what was I going to do for an encore?



The boards, members, email-correspondents, affiliates, all fed me plenty of usable material. Derek's Listserv also provided a wealth of global information.

And I wrote my own views too, plus fleshed out notices and other skeletal material, often adding unsaid points that needed to be made. I loved writing closing sentences to articles that desperately needed them, or changing those that were "punchless." There was always an abundance of material left over, so the concern of mine about scarcity proved a waste of energy.

One recurring source of friction was length. My amazing H.S. English teacher had taught us to make every word count. If it was just filling, or cliché, or formality—out it went. So, "Let me take this opportunity to thank each and every one of you for ..." was purged. "Folks, thank you, deeply." took its place. The number of words or pages was less an issue than getting rid of the flab. I spent hours doing that. But I enjoyed that work.

More than once I smiled at the assumption that paring a work down from 1000 words to 80, or 180, or 500, which I needed to do often, meant just lopping off a few paragraphs! No! Worthy lines were scattered all over, and they needed to be grouped coherently while maintaining the author's intent.

I love this quote (Thank you, Janis!): "I have made this longer than usual because I have not had time to make it shorter!" (Blaise Pascal) I used to cringe when I heard a kid say proudly, "I wrote a 7-page book re-



Lee Vizer, Editor

port!" Even worse was the teacher's praising it: Good! All that work!" (I always knew that those 7 pages had to be a first draft!) Paring is rarely just for length; it's for the power that results when all the fill-in is erased.

Though an accredited English teacher with years of teaching H.S. kids how to write, editing thousands of papers teaching writing skills, I had never taken a journalism course. My Master's was in English and counseling. I was ignorant of the journalism vocabulary, as well as many practices. Didn't know a signature on an article is a "byline," nor that the masthead on Page 1 is a "banner." (Thank you, Julia.)

In my very early issues, look at the Page #1 purple area above the text. The volume and number are all screwed up. I had no idea that was an editor's job. I thought elves did it.

My other substantial training, in counseling and interpersonal communication, proved incredibly valuable. It helped me defuse some sensitive email interaction, where the pitch was rising either in the correspondent or in me myself.

Also, some of the supplementary material which I inserted into articles was a direct result of my 200 + electrifying weekend retreats, during the Sensitivity Training/ Human Potential Movements of the 60's and 70's, that resulted in a professional specialty for me.

Some writers preferred their original version, a request I honored whenever possible.

The cartoons were an unmitigated hit, a touch of satire, usually, to break up the heaviness.

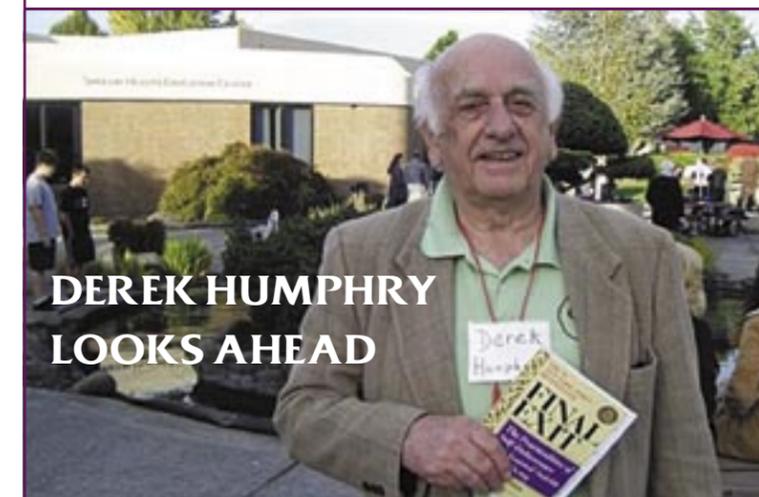
If I start thanking all the people who helped in significant ways, who extended warmth and friendship, who followed up on promises without needing reminders, who contributed their hours and their dedication to make this organization work, who conducted



Huck Devenzio,
Lee's successor

BATON continued on page 8

PERSPECTIVE



DEREK HUMPHRY
LOOKS AHEAD

The future in the choice-in-dying movement lies with a deliberate widening of the scope of people for whom we will campaign publicly and whom we will include.

Final Exit Network needs to be a movement with a future, foreseeing social trends in death and dying and leading the way to achieve them. In America we now have four states with laws permitting physician-assisted suicide. Worthwhile progress, but where now for other types of suffering? Are the current laws good enough, limited as they are by political expediency?

Passing these "prescription laws" is a wonderful start but it is not the complete answer.

The future in the choice-in-dying movement lies with a deliberate widening of the scope of people for whom we will campaign publicly and whom we will include. (Europe has been ahead of us on this.)

It is time to consider more seriously offering to help persons with long-term, untreatable mental illness. Of course such cases must be most carefully assessed; only adults who have asserted voluntarily their need for relief from lengthy, unbearable suffering.

Persons with "terminal old-age" whose advanced years and accompanying medical problems make their life no longer worth living. In Britain since 2009 there has been the Society for Old Age Rational Suicide, run by Dr. Michael Irwin and others, which has been making a stir. (Read their rationales on their web page.)

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themselves at meetings with respect and intelligence, who donated so much to this movement with their wits alone, and who soothed and calmed me when I was on the edge of crazy, I would be as boring here as in those endless thank-you speeches on Academy Award Night.

One woman, a fine writer herself, expressed that her edited material came back to her “looking like Hemingway!” Another writer repeatedly said that I do “magic.” What a banquet for this ego-starved, (yes!) 5-year old brain dressed in grown-up, editors’ clothing. “Editor”—How proud I have been to wear that title.

I love you all. ■

My successor, Huck Devenzio, will, I believe, prove to be more than just a baton-catcher. Look for a virtuoso twirler.

—Hugs, Lee Vizer

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If needed, SOARS takes people to Switzerland for a peaceful ending. Already Switzerland, the Netherlands, Belgium and Luxembourg permit this broader kind of assisted dying. Careful on-the-spot research should be made on how those European countries are handling these sensitive new issues.

We should begin to argue for the current Death-with-Dignity Acts now passed in the four states to be improved. As written now, they may be politically acceptable, but evidence reveals many unsolved problems. The six-month limitation on “likely to die” should be made more realistic. We should also campaign to allow patients who cannot swallow the lethal dose to be given it by doctor injection.

We must think through and tackle the problem of when and how Alzheimer’s patients and persons with long-term degenerative diseases can be helped to die if they have made an advance directive.

Long-term, we should consider opening a clinic to help the sort of people I’ve just been talking about. Or devise an escape route to Switzerland or Colombia as they use in Germany and Britain. ■

The foregoing ideas are my thoughts only. As yet, (end of 2015), no right-to-die group in America has adopted them.

—Derek Humphry©

FIRST,

As a kid growing up in a nonreligious family, I still developed a very strong, lifelong sense of ethics. As a budding physician, I took to heart all the maxims we were taught, particularly, “First, do no harm.” Now I believe that foremost, relieve pain and suffering, physical or emotional. Secondly, avoid harming the patient.

Actually, as a practicing neurologist and clinical neurophysiologist, I deliberately and frequently caused pain and suffering. I have performed painful electromyograms and nerve conduction studies in patients, some of whom had to stop the procedures, unable to handle the discomfort. I have irrigated ears to make patients vertiginous, sometimes to the point of their vomiting. I have ordered painful or dangerous diagnostic tests. The worst, before modern imaging, was the pneumoencephalogram, a torturous experience for the patient. Arteriography occasionally resulted in catastrophic strokes.

My prescriptions often caused seriously uncomfortable or dangerous side effects. I have recommended operations that potentially could leave patients much worse off than they were. I have caused emotional distress by discussing brain -death diagnoses, terminal -illness prognoses, end-of-life issues that needed addressing (i.e., a young father in denial whom I literally bullied into writing a will before he would become incompetent from his glioblastoma), limitation of driving or solo living for patients with dementia, and so on.

My primary, overriding concern in all cases, I thought, was in each patient’s best interest: to diagnose the cause and treat the problem, then, secondarily, to try to cause no unnecessary harm, “unnecessary” being the key—as in “unwarranted,” “unjustified,” “inappropriate,” and, if I may add, “merciless.”

Now for the gist of where this is going. I believe in assisted death. Not assisted suicide for depression. Depression is a treatable, reversible condition. Suicide is appropriate only in untreat-

Do No Harm

able, unbearable suffering. Death is neither treatable nor preventable. It can be peaceful or utterly, devastatingly horrific, totally destructive of all dignity, privacy, and autonomy. We have all seen it.

For years I practiced in a state where administering “too much pain medication” to a terminally ill patient that resulted in death, could lead to a charge and conviction of murder. No amount of suffering was felt justified to intervene with “natural” death. I personally have never met an individual who truly believed this on a rational, reasoned basis. Frankly, that stance was always, at root, based on religious conviction. As such it has always been impervious to true discussion.

I fully respect the right of individuals to their own beliefs and end-of-life wishes. I do not condone the imposition of those personal religious beliefs on others. I believe it to be morally, ethically, humanely, and mercifully unconscionable that those practices be inflicted on a patient against his will.

Yet this is the law in 47 of the United States, at the time of this writing,—and the official position of the American Medical Association. The position is rationalized by the myth that physical and emotional suffering at the end of life can be controlled. Of course this is often not possible. Sometimes we resort finally to medicating the individual into a semiconscious state. And just what is the point of that?

Most “reasons” marshalled against assisted death are based on the “slippery slope” concept, that it leads to abuse and willful murder and then eventually to euthanasia. This assumption ignores the ability of people of intelligence and good will to write appropriate guidelines and laws to prevent such actions. Some of these people crafted the Oregon Death with Dignity

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National Healthcare Decisions Day

By Carolyn McClanahan, MD, CFP

Perfect practice makes perfect. This refrain fits so many situations – sports, presentations and our daily habits. Even with events that are not much in our control, such as end of life, we can improve the situation by thinking through what we would like to have happen. This is the purpose of National Healthcare Decisions Day on April 16th. By discussing our end of life choices with our family, everyone practices for the time the event actually occurs. The result will be that your family will more likely follow through with your choices at end of life.



Dr. McClanahan

What type of discussion needs to occur? The cornerstone of the end of life discussion starts with your quality of life desires. What aspects of your physical being are so important to you that you wouldn’t want to be alive without them? The ability to engage with your family, enjoy a meal, walk, talk, embrace, or even just take a bath are pleasures we take for granted. What if you could no longer do any of these and the doctor says these functions would never be regained? When most people think about end of life choices from this perspective, instead of drastic measures when these abilities disappear, they choose comfort care, hospice, or even want the choice of aid in dying.

DECISIONS continued on page 13

Dr. McClanahan is a family practice doctor and certified financial planner (CFP). She is Director of Life Planning Partners, Inc. in Jacksonville, Florida, and specializes in health and financial security. She is quoted regularly in numerous publications such as The Wall Street Journal, Money Magazine, Kiplinger’s, and Smart Money. Dr. McClanahan has also appeared on CNBC and has been interviewed on NPR.

Philip Nitschke Returns to Exit International

Following an extraordinarily strong show of support from Exit members, Dr. Philip Nitschke has made the momentous decision to resign as a doctor, in favor of continuing to run Exit International, the non-profit organization he founded in 1997.

The decision was made after personal contemplation of the 26 restrictions that were placed by the Medical Board of Australia upon his medical registration. They included not talking to anyone, anywhere in the world, about voluntary euthanasia/assisted dying, and removing his name as co-author of *The Peaceful Pill e-Handbook*.

Exit members considered the restrictions politically driven and therefore untenable.

On November 27, as Dr. Nitschke burned his medical registration card, he said it felt cathartic to be rid of a profession that is stuck in the dark ages. "The right of an adult to a peaceful death is a funda-



mental right...not dependent on degrees of sickness, or medical expertise, or any permission or authority that the medical profession can give."

Philip would like to sincerely thank all members who participated in the online attitudinal survey. The support was gratifying. He will now return to his work at Exit, with particular focus upon advocating for adults over 70 to have access to a reliable Peaceful Pill.

* * * * *

Dr. Nitschke,

You are my hero. In amazement, I've followed your work for years.

I'm so sorry for all you've had to endure as a medical professional in order to help those who wanted only information from you. History will view you much more favorably than your own medical association.

Here in Southern Arizona, members of Final Exit Network felt discriminated against because we were repeatedly denied meeting space for a public presentation by Dr. Faye Girsh of Hemlock/ Final Exit Network. But our complaint pales by comparison to what you have been through.

What a brave, bold choice you made to forego the practice of medicine in order to continue your laudatory efforts with Exit International! How ironic that you will be now be able to accomplish so much more, simply by disconnecting yourself from a passé organization so blind that it cannot see the writing on the wall.

Anyone sufficiently intelligent and diligent, who can afford the huge cost involved, can become a physician, but only someone with a lion's courage, an eagle's vision, and a bull's cojones could help people in the unique ways that you have chosen as your life's focus. As one of the benefactors of your gifts, I thank you.

*Renée Neumann
Tucson, AZ USA*

A FINAL EXIT

From a Case Coordinator

At 86, she was a retired academic, a serious scholar of the history of science, a person who had researched and written articles as well as taught many places in the world, including the U.S., Copenhagen, Jerusalem and Mexico City. Physics and mathematics were her pursuits; she earned her Ph.D. from the University of Wisconsin. Polished and courteous, Joan Bromberg nevertheless had strong opinions. We

My experience with Final Exit Network validates her irritation; nearly half of the people I talk to are totally alone, without any living relatives at all.

Equally annoying to her as a scientist was the popular assumption that a deity was in charge of her life and death. She fought for her own religious freedom, the right to think for herself:

"For a person like me, who, like a majority of those trained in science, thinks that the hypothesis of the existence of god(s) lacks even a shred of evidence, what options exist? Are we to be governed by the beliefs of others that some (non-existent) entity has to give us permission? Or are we to be granted freedom to follow our own beliefs?"

Like many other members of Final Exit Network, she had given the ending of her life careful thought. It was an honor to support her decision.

talked on the phone and sent each other articles from newspapers and magazines that we thought would interest each other; she also had dry sense of humor and a gift for irony.

Although she had no terminal illness, she knew her body was failing and that her sight, mobility, and ability to live independently were jeopardized. She knew that "the act of suicide requires manual dexterity and mental competence. One therefore must schedule it . . . when one still has these abilities but is close to losing them." She sensed the completion of a life lived with meaning and purpose, "a full and long life." All of her close relatives and many of her friends had predeceased her, costing her much of her support system. It irked her when people assumed that each individual has a family around them.

In her final letter she thanked supporters for their friendship, saying, "I hope you will fight against laws that criminalize assisting in dying. They are the reasons I failed to confide in you: I did not want to get you in trouble." However, she gave Final Exit Network full permission to use her writings and thoughts, an ultimate act of generosity. She never wavered in her desire to make her own decisions, to be responsible for herself. Like many other members of Final Exit Network, she had given the ending of her life careful thought. It was an honor to support her decision.

—By a Case Coordinator

[In explaining her wish not to use her name, she said, "All of us CCs have received letters exactly like this. I wanted no special distinction for me.]

**IN MEMORIUM:
WYE HALE-ROWE, 1
1/20/2015**

Wye was a noted activist in the Death-with-Dignity and Planned Parenthood movements who died at 87 of cancer in Ann Arbor, Michigan.

Faye Girsh:

“I met Wye when she applied for the job as Assistant Director of Hemlock’s Caring Friends program. Lois Schafer was interviewing, and Wye’s credentials as a family therapist were impressive. Indeed she was a Caring Friend volunteer herself and often helped families unite to make the death of a member a peaceful one.

“In 2005 Hemlock merged with Compassion in Dying. Caring Friends disappeared, Final Exit Network emerged to fill the void, and Wye was one of the first to volunteer, serving many years as a senior guide. In 2007 she and three other guides

Faye Girsh

were arrested and charged with “assisting a suicide” in Arizona.

“Having moved to Michigan to be with a dear friend and Hemlock supporter, Wye was in poor health and dreading what did prove to be a drawn out, pre-trial ordeal in Phoenix. In 2011, she pled guilty. Though she was designated as a “prosecution witness,” her testimony opened the door for the jury to see exactly what precautions



Wye Hale-Rowe

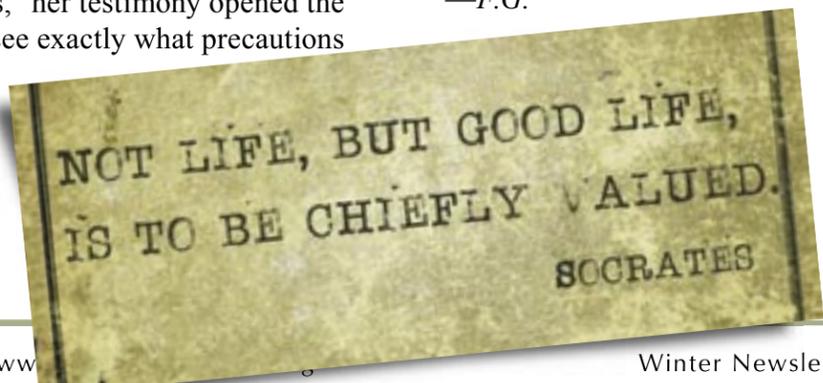
and care are followed by FEN in the Exit Guide program and what Wye had personally done as a senior guide.

“I listened with the audience’s ears as she demystified the procedure and demonstrated that this group of geriatric volunteers was a compassionate, unprofessional, slightly-bumbling but well-intentioned bunch.

“The sentence for her and two others was 100 hours of community service. Dr. Larry Egbert, then Medical Director of the Network, was acquitted. Wye’s sentence was served by helping women access Planned Parenthood—a cause she had personally supported for many years.

“Wye was a rare, courageous, outspoken, intrepid, caring woman. I will miss her.”

—F.G.



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Please consider adding Final Exit Network to your will.

The only information you need is our Tax ID number, 80-0119137, and our address is:

Final Exit Network, PO Box 10071,
Tallahassee, FL 32302

URGENT: More About Wills

Consider this scenario. Several years ago, when our main P.O. Box was not in Tallahassee, FL but Pennington, N.J. many of you listed Final Exit Network as a beneficiary in your will, using Pennington, N.J. as our address. That was correct at the time. Then you stashed the document “in a safe place”—a shoe in the basement, a safe-deposit box, a fireproof safe in your house, and you haven’t looked at it for several years. Now that the address has changed, **the Pennington address is no longer valid**, and the forwarding time, which would normally send the document to the current address, is obsolete.

This problem is not merely hypothetical. According to our general counsel, Robert Rivas, it has already come up.

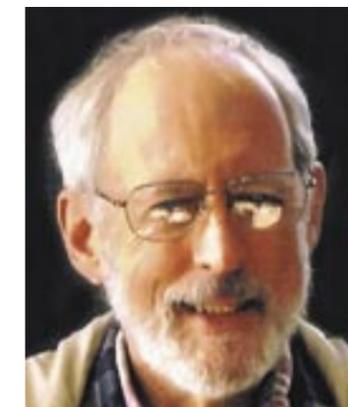
What will happen to those benefits you so graciously bestowed on us, if you die? We don’t know! Perhaps the document will be returned to

continued on page 14

After you document the quality of life that is important to you, share them with everyone who may have input in your medical decisions. Your doctors, close family, and especially your health care surrogate should be supportive from the outset. Codify these decisions in writing so that distant family members, new health care professionals, or even politicians will have less success in meddling with your intentions. By perfectly practicing, you can improve the chance your death, just like your life, is based on your terms.

Act, passed by statewide vote in 1994 and repassed and enacted in 1997. All kinds of safeguards were built into the law to prevent abuse. Statistical, demographic, and medical data have been collected on the law since 1997, documenting that the anticipated problems have simply not occurred

Two months ago I was diagnosed with advanced myelodysplastic syndrome. My estimated survival



FEN Member Joel Merchant

time was estimated at 4 to 6 months, which I suspect is optimistic. At my age, 73, and in my general medical condition, a bone marrow transplant is not an option. Chemotherapy might offer a few months of extended existence, at the risk of spending it all sick from adverse effects. I have opted for palliative care

in hospice. I will eventually die of anemia or infection of some sort.

And there is the rub. What sort of death will it be? I personally opt for as easy as possible.

— John Rowe III, MD, *Journal of the American Medical Association*, September 1, 2015.

Dr. Rowe is deceased. Article submitted by Joel Merchant.

the Executor, which, even if doable, would waste a good deal of everyone's precious time and would delay your legacy.

There's a lesson in this story which you've probably already determined: Dig up those documents and bring them up to date. Update all contact info. Please don't wait, and don't forget. You will prevent a huge mess for all those involved, at a time when they will be vulnerable and least able to deal with problems. And we might never know what notices we are missing. (Ed.)

More to Me Than You Know

[After reading Wendell Stephenson's comments about the Network]

I find so much comfort in knowing there are rational and respectable people who understand. My friends and family are not receptive right now, but just to know you are out there is a soft place for me to land. I'm scared and feeling a little disconnected from reality. Or maybe it's too real? Your message meant more to me than you know.



Wendell Stephenson, PhD

Thank you. Jason Goggin, on Facebook, to Wendell Stephenson

[Wendell welcomes any other willing FB correspondents, who have expressed an interest in our work, to become interviewees.]

Right-to-Die? The Doctors Who Believe in It: Dr. Michael Irwin and Dr. Colin Brewer

If life has become intolerable, should Dignitas be an option?

I find Dr. Colin Brewer at home enjoying a civilized glass of afternoon wine with Dr. Michael Irwin, former Medical Director of the U.N., whom some newspapers have dubbed "Dr. Death." The atmosphere is jolly, though the sub-

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ject is not: medically-assisted, rational suicide. (MARS).

The doctors have co-authored a relatively-new book advocating MARS, with the wry title of *I'll See Myself Out, Thank You*.*

It features a series of articles written by a variety of known supporters of the campaign to change the law. What has already made waves is that in one section, Brewer, a psychiatrist, lists seven people for whom he has provided psychiatric evaluations supporting their applications to Dignitas by establishing that they had the mental capacity to make that decision.

— Carol Midgley, *The Times of London*, Feb. 5, 2016. To us via ERGO Listserv

* Skyscraper Publications \$10.99. Available at Amazon also, and elsewhere.

I know 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 foregoing cancer treatment. Submitted by Laurel Doud

MORE money is spent on a terminally ill person in their last six months of life than is spent on their health care in their entire lifetime. According to Medicare Newsgroup, roughly 28 percent, or \$170 billion, of Medicare dollars are spent on patients in their last six months of life. — Faye Girsh Excerpted from a presentation given November 16, 2015 in AZ

YES! I want to support this important work.

EASY CONTRIBUTION METHOD

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2. Place your check in the supplied envelope, affix your address label, stamp, and drop in the mail!

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How did you learn about us? _____
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2 CIRCLE ONE:	NEW:	RENEWAL:	CONVERT TO LIFE MEMBER:	LIFE MEMBER:
	INDIVIDUAL \$50 COUPLE \$75	INDIVIDUAL \$50 COUPLE \$75	INDIVIDUAL \$500 COUPLE \$750	INDIVIDUAL \$500 COUPLE \$750



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PLEASE HAVE A NETWORK REPRESENTATIVE CALL ME
Signature _____

SEND THE PORTION ABOVE THIS LINE WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE; SAVE PORTION BELOW

FILL IN & KEEP THIS RECEIPT/RENEWAL REMINDER BELOW FOR YOUR RECORDS.

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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

Final Exit Network is now an approved charity with AmazonSmile. This means, that if you designate us as your charitable organization, we receive .5% of most purchases you make through smile.amazon.com.

What is AmazonSmile?

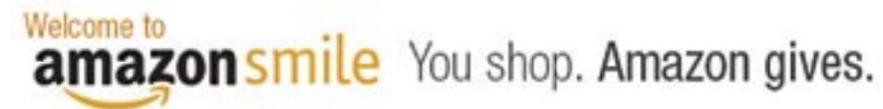
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Note: you must go to smile.amazon.com not just amazon.com in order for FEN to get the donation from your purchase.

How do I shop at AmazonSmile?

Go to smile.amazon.com from the web browser on your computer or mobile device and follow the easy directions.

Any questions? Please email erica@finalexitnetwork.org



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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