

FINALEXIT™ NETWORK NEWSLETTER

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SUPPORTING THE HUMAN RIGHT TO A DEATH WITH DIGNITY

Network Legal Update

By Robert Rivas
Network Legal Adviser

Final Exit Network's core principles are on trial in the Georgia and Arizona cases.

One of those core principles is that Network volunteers do not "assist" in a suicide. Unfortunately, publicity grubbing law enforcement authorities have conned some news media into labeling Final Exit Network an "assisted suicide ring." So much for the truth.



The Network's Exit Guides provide education, moral support, and a compassionate presence to competent adults who wish to terminate unbearable suffering. They do not help anyone obtain any of the tools and do not raise a hand or touch anything to help anyone bring about his deliverance.

Nearly every state makes it a crime to "aid" or "assist" in a suicide. In creating the protocols for its Exit Guides, Final Exit Network reviewed all the state statutes, including those of Arizona and Georgia, to be sure its Exit Guides would not be committing a crime.

Arizona's statute refers to assisting in a suicide as a form of "manslaughter." At least seven other states label the crime of assisting in a suicide as "manslaughter," but the use of this term does not make those statutes any more or less severe. The elements of proof necessary for a conviction of the crime are the same. Contrary to a common misunderstanding, the Arizona law is not broader than any other typical state law.

Under the Arizona law, a "person commits manslaughter by...intentionally aiding another to commit suicide." Georgia's law says, "Any person who publicly advertises, offers, or holds himself or herself out as offering that he or she will intentionally and actively assist another person in the commission of suicide and commits any overt act to further that purpose is guilty of a felony..."

Across the country, each state's statute has its own peculiar language, but every one of them requires that a person provide

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Liberty Fund to the Rescue

By Derek Humphry
Chair, Advisory Board

When the Final Exit Network was raided last February, four of its volunteers were arrested, its finances were frozen, and bail bond and legal bills were rapidly mounting. Within a week the Final Exit Liberty Fund was started, contributions flowed in, and lawyers and legal expenses were paid promptly. A total of \$130,000 was raised, even though contributions were not tax deductible. Gifts ranged from \$10,000 to \$5, but the vast majority was for \$100.

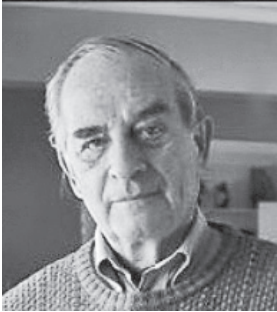
Contributions came from other right-to-die groups around the world: Hemlock of San Diego; ERGO; Compassion and Choices of Connecticut; Compassion and Choices of Greater Boston; Hemlock of Florida; Hemlock Society of New York; Compassion and Choices of Wisconsin; De Stichter Einden (Netherlands); F A T E (Scotland); Northern Territories VES (Australia); ADMD Belgium; and New Zealand VES. There are no legal bills outstanding, thus the fund is now closed, with the balance handed over to the Final Exit Network, to whom any further contributions should be sent.

Thank you all for your spontaneous generosity, which saved the Network and supported its arrested volunteers so that they suffered no financial hardships. ♦

Please support the Network by making an end-of-year contribution to our operating and/or legal expenses. Any amount will be **very** much appreciated. ♦

From the President—Stay Strong!

Enclosed with this issue of the newsletter is our new brochure, revised to more clearly state our goals, beliefs, and other information of value. Additional copies of the brochure are available for the asking. Email "info@finalexitnetwork.org" or if you do not have email, write or call us using the contact information in the brochure.



Jim Prisching/AP

I extend the Network's most sincere gratitude to Derek Humphry and the Liberty Fund he established to help with our legal expenses. Derek's Fund is now closed but we anticipate the need to pay for continued legal expenses in addition to our PR campaign expanding our efforts to make our message more widely available. Your continuing support by contributing to our legal expenses would be very much appreciated. Stay strong!

—Jerry Dincin

Editors' note: The following is an edited version of an article by Dr. Dincin that appeared in the July/August issue of The National Psychologist and is included as part of "From the President."

The "Right to Die" as an Ethical Issue in Psychology

I believe that a person has the human right to hasten the end of his or her life, with such assistance as he or she deems necessary, without restriction by government, courts, religion, or other well-intentioned persons when that person has a fatal illness that will cause death in six months, has a long-term, irreversible disease with no hope of recovery, or is in continuing, unbearable, and untreatable pain.

I have been a psychologist for more than 30 years and a professional in the mental illness field for more than 42 years. Many times in my active professional career, I have worked hard to prevent suicide by severely mentally ill clients, and in the past have used my leadership skills and rehabilitative relationships on such prevention. Professional effort to prevent suicide by the mentally ill is still the right thing to do; however,

when a person is faced with the medical circumstances mentioned above, I believe it is a different story.

First, we need to differentiate between "suicide" and "hastened death." Suicide implies a negative, untimely end, a pathological response to depression or other life circumstance that psychologists should try to prevent. Hastened death, on the other hand, is a response to the certainty of death or of an inevitably miserable and unacceptable quality of life. Such illnesses as metastatic cancer, ALS, Alzheimer's, and unremitting neurological pain are a few examples of many such ailments.

At this stage of my life, now retired from direct service, I have somehow emerged as national president of Final Exit Network, a not-for-profit organization that provides psychological support, information, and comfort to those suffering with intolerable medical circumstances. I underscore "suffering," and my personal compassion gene moves me to support such people when they make their choice to die rather than to continue to suffer.

Our organization informs such people of a method that is swift, certain, painless, without blood or suffocation, and is—in my opinion—the almost perfect way to induce death. It is absolutely the method I will use should my personal situation necessitate it. Additionally, when a person chooses this method, our policy is to have trained Exit Guides present, offering a compassionate presence and holding the person's hand as they pass from living to dead.

In my experiences with such events, I feel the most profound sense of compassion for the Exit Client that I have ever felt in all my years of professional service or even in more personal relationships. Being fully present, open-hearted, loving, and empathic at the moment that our Exit Client knowingly, eagerly ends life is a deeply meaningful, truly spiritual moment unlike any other.

I emphasize that our Guides do not assist in any physical way. We will not purchase or operate the equipment nor would we influence or persuade the Exit Clients to end their lives. We therefore posit that this policy does not violate the "assisted suicide" laws that are on the books of many states. Assisted suicide is what Jack Kevorkian did when he directly injected a person with a lethal substance. Although I personally support the idea of assisted suicide, our organization

does not permit it. Our relationship is informational, supportive, and compassionate.

On a personal note, I began to delve into issues of death and dying upon my diagnosis of prostate cancer in 2001, just before I retired. Psychologically, I was definitely anxious, both about the dying process and the actuality of being dead, and I decided to do something to allay my fears. I did not choose psychotherapy, although that might have helped. I chose instead to attend a week-long workshop led by Joan Halifax at Upaya, a Buddhist monastery in Santa Fe. That turned me around, alleviated my fear of being dead, allowed me to integrate the notion of "deadness" as a natural outcome of life, and at the same time, Joan's inspired leadership engaged my inner compassion for those

"...I feel the most profound sense of compassion for the Exit Client that I have ever felt in all my years of professional service or even in more personal relationships. Being fully present, open-hearted, loving, and empathic at the moment that our Exit Client knowingly, eagerly ends life is a deeply meaningful, truly spiritual moment unlike any other."

in the dying process. It was a distinct advantage to be an atheist, so I had none of the worries that religious dogma brings with it. No god. No heaven. No hell. No reincarnation. Nothing supernatural. Dead is dead and I was OK with that.

Valuable as that workshop was, it did not touch my deepest fears of the dying process itself. I do not like to suffer, I do not tolerate pain well, and I had a major terror about Alzheimer's. I could not tolerate the thought of my mind being dead, but my body still functioning. To be in a nursing home with its beds full of patients in adult diapers whose empty minds make them unable to recognize loved ones was a specter I could not allow. I am not a control freak, but I definitely want to be in control of my dying process insofar as that is possible. Of course, stroke, heart attack, or accident are nothing that I can control, but there are many illnesses where I can have some control over my end of life.

Quite by accident, I came upon the Hemlock Society and its descendant, Final Exit Network, and the last pieces of my anxiety puzzle were quickly solved. They had the method that I would use if needed. After several experiences as a Senior Exit Guide for people in their last moments, I experienced a deep sense of personal relief from my prior anxiety. If I acted within three months of a definite diagnosis of Alzheimer's, I would prevent the degrading, disgusting, and horrific end that will be the fate of some 5 million people who suffer with Alzheimer's right now.

So, is it ethical to hasten one's death? You bet it is. A basic human right? I believe so. Different from suicide? Definitely. On the cutting edge of compassionate care? Absolutely. Should psychologists in their professional and personal lives play a role? Without doubt. That's my tale. Join us if you are moved to do so, and please consider a contribution to the legal defense fund for our cases in Georgia and Arizona. We need you. ♦

Meet the New Editors

Diane Harris and Richard Cleverly are our new volunteer newsletter editors. Richard redesigned the newsletter to complement the Network's revamped website and brochure.

Diane has been involved in the right-to-die movement for more than 25 years, and was a volunteer in Hemlock's San Francisco office. She is a retired accountant and operations manager with many years of non-profit and newsletter publishing experience. She was a life member of Hemlock, and she and Richard are life members of Final Exit Network.

Richard is a retired IT professional and commercial real estate developer. He co-founded a non-profit and has had extensive experience with others. He's been publishing award-winning newsletters since 1983 and currently is editor, publisher, and designer of a 42-page online non-profit quarterly.

We extend special thanks to Francis Coats for his extraordinary proofreading, support, and encouragement.

We welcome your comments, suggestions, and submissions. Email us at newsletter@finalexitnetwork.org or write to us at the Network's Post Office Box. ♦

Meet Our Newest Board Members

Frank Kavanaugh



Dr. Frank Kavanaugh has been a health educator for 40 years, serving at five universities and retiring as Professor of Medical and Public Affairs and Professor of Communications with an endowed chair at George Washington University. He is Chairman Emeritus of the International Academy for Preventive Medicine and a former Vice President of the Cooper Institute for Advanced Studies in Medicine and the Humanities. His current interests are in areas of communication and health policy, health promotion, and the special interests of an aging population. He continues to teach Masters- and PhD-level students in health policy and the management of health care.

His career also took a dual track in television and motion picture documentary production as a producer-director-writer of specials for CBS' 60 Minutes and ABC's 20-20 series and nationally syndicated programming with such personalities as John Wayne, Paul Newman, Robert Mitchum, Candice Bergen, and Rod Steiger. These specials covered such areas as pollution, human ecology, substance abuse, cancer, abortion, and emergency medicine. He has been honored with thirteen Emmys and more than fifty international film festival awards. Dr. Kavanaugh's international programs number some 250 in seventy countries and have focused mainly on population dynamics, maternal and child health, and special education.

Dr. Kavanaugh is a member of the American Academy on Communications in Healthcare, Physicians for a National Health Program, the Directors Guild of America, American Mensa, Ltd., and appears in Who's Who In America. ♦

Bob Levine



Trained as an electrical engineer with a Master's degree from Columbia, Bob Levine started and ran two small companies that designed and made unconventional measuring instruments for civilian markets as well as the military. He later became partner in a company that taught more than 300 professional-level short

courses per year in the US and Europe in engineering and other scientific and technical subjects. By the time he retired, the company had trained over 100,000 students from virtually every Forbes 500 company as well as many others. As one of the founders of the Society of Wine Educators, Bob served as its first president, visiting many wine areas around the world, and taught wine appreciation at the Princeton Adult School for thirty years.

A sailor, an opera lover, and a cook, he has worked since his retirement as a volunteer for a number of non-profits, such as the National Executive Service Corps and Opera New Jersey. He has been a hospice volunteer and on the board of the Funeral Consumer Alliance of Princeton; he developed databases and other computer response programs for both. He also developed a number of websites for non-profits and is the webmaster for 55PLUS in Princeton. He served as an Exit Guide for the Network, where he now serves on the Board and is in charge of the database, press releases, and other administrative tasks. ♦

Judy Snyderman



My early interest in death with dignity started when I gained firsthand knowledge of how terminally ill patients were being kept alive in Intensive Care Units. I was selling medical instrumentation that monitors these patients and sets off alarms so

"life saving" treatments could be administered if necessary. I knew I never wanted to be in that position—no voice in the choice of care being given, no quality of life, no control over bodily functions, no dignity, and no contribution to society. I knew there had to be a better way!

I joined Hemlock in the '70s. As it evolved into End of Life Choices and then Compassion and Choices (C & C), I joined them and then Final Exit Network. I trained as a Caring Friend for C & C and as a First Responder and Exit Guide for the Network. In the early '90s, I was instrumental in forming a Cincinnati Chapter of C & C and served as its president from 2003 until we disbanded in 2007 due to lack of interest. I believe that is now changing: I have recently been invited to moderate a

class on the right-to-die at our Osher Lifelong Learning Institute.

I grew up in Baltimore, graduated from Goucher College with a BA in mathematics and from University of Baltimore with an MBA. A company move brought me to Cincinnati where I have lived since 1981. I ran for the Board in 2008 and feel fortunate to have joined its hard working and dedicated members. I have enjoyed helping solve the challenges we have faced—except when the Georgia Bureau of Investigation raided my home! I believe we will be a stronger and better organization for having met these challenges. ♦

Encore for Dick MacDonald

By Sheila Redd
Board Member

After speaking to the Atheists and Agnostics Group of the Rossmoor senior residence community in Walnut Creek, CA, Dr. Dick MacDonald was invited to speak again on October 7 to the entire community. He was warmly received and spoke clearly and compassionately in his gentle, non-judgmental way about the Network, its stated mission, and the legal difficulties it presently faces. Knowing of the assault on our rights to choice, to privacy, to think for ourselves, his listeners were riveted to his presentation and shared his and the Network's cause of compassion for the suffering and the dying.

He took questions after speaking for about an hour. Observers thought the tenor and thoughtfulness of the questions spoke to the need and gratitude of the attendees. One woman remarked that she was thankful someone was candidly discussing critical end of life issues. Said another, "He really clarified the important issues for me." A listener added that he was, "...angry to learn of the contemptible behavior of the justice system and its misuse of the RICO statutes." Another resident, Richard Golden, said, "As a result of the talk, we are organizing a meeting to help people write their own advanced medical directives." Said MacDonald, "I was gratified to have such a positive response from the wider Rossmoor community. Because the second group was not familiar with the Network, I hope that new members and supporters may materialize." ♦

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assistance in another's suicide in order for their conduct to be criminal. Georgia's law gives a definition of "intentionally and actively assisting" in a suicide, saying it means "direct and physical involvement, intervention, or participation in the act of suicide."

Until now, there was no precedent for charging someone with assisting in a suicide absent such actual, material, physical assistance. Still, the Network's legal advisers warned that the day might come when a publicity-hungry, overreaching state law enforcement agency might generate a show trial. That day has come. Exit Guides Wye Hale-Rowe and Frank Langsner have been indicted in Arizona for assisting in a suicide and conspiracy to assist in a suicide. The Network's former medical director, Dr. Larry Egbert, and a volunteer coordinator, Roberta Massey, have been indicted on a charge of participating in a "conspiracy" with them.

The Georgia Bureau of Investigation (GBI) worked in cooperation with the Arizona authorities. They charged Dr. Egbert, former Network president Ted Goodwin, Exit Guide Claire Blehr, and volunteer coordinator Nick Sheridan with assisting in a suicide, tampering with evidence, and "racketeering."

The prosecutors in both Georgia and Arizona have done little or nothing to bring their cases to trial. Neither state has even set a trial date.

At the time of the arrests last February, the GBI seized 15 checking, money market, CD, and other types of accounts owned by the Network, five state affiliates, and the World Federation of Right to Die Societies. Using Georgia's civil racketeering law, the GBI froze a total of \$334,786. The Network's lawyers saw a number of legal reasons why the seizures would not stand, but, at first, they could not have predicted how they would end.

When a state seizes money under a RICO (Racketeer Influenced and Corrupt Organizations) law, the state must promptly file a civil RICO lawsuit to justify the seizure after the fact. Georgia never bothered to do this.

Like a bank robbery ring, the GBI thought they could simply take other people's money with no legal process at all. Of course, a judge disagreed last month and ordered the GBI to release all the money. Ironically, it was the same judge who had signed the midnight seizure orders last February. By Thanksgiving Week, all the seized monies were returned to their respective accounts. ♦



IN MEMORIAM

Judith Coats — 1939 - 2009

In September, longtime newsletter editor, Judy Coats, a founder of Final Exit Network and a decades-long volunteer in the right-to-die movement, died from a massive stroke. Although her health was poor for some time, the suddenness and severity of her illness was a shock and is a renewed reminder to have our own Advance Health Care Directives, including medical Power of Attorney and DNR orders up to date and available. Such steps proved important in Judy's case, as the stroke left her paralyzed and unable to communicate verbally. When she didn't improve after a few days, she died when life support was removed per her prior instructions. Following are personal tributes and recollections from some of her Network colleagues.

Derek Humphry

Chair, Advisory Board

The American right-to-die movement lost one of its most significant workers when Judith Coats died on September 3 at age 70 after 30 years of activism.

Judy had watched me debating on the Phil Donahue television show in 1980, when she was fighting Hodgkin's Disease, stage 3B, considered terminal. She joined the Hemlock Society almost immediately, but still took huge treatments for her disease—and lived.

Judy was born in Milwaukee, Wisconsin in 1939 and attended Spencerian Business College. She married Francis Coats in 1964 and they had two children. Although family life mattered most to Judy, she was a community activist par excellence, always involved in local political and educational issues and campaigns, and later in the right-to-die movement.

On March 31, 1990, Judy convened the first meeting of Hemlock of Michigan, a chapter of the Hemlock Society USA. She arranged for Dr. Jack Kevorkian to be the first speaker. He asked Hemlock members if he could help his first case, Janet Adkins, die in one of their homes using his suicide machine. All declined, fearing repercussions, and wondered why Kevorkian did not use his own home. When Kevorkian asked Judy for the use of her home, and she also refused, he canceled his Hemlock speaking engagement. On June 4, 1990, Adkins died with Kevorkian's help in the back of his old VW van at a campsite.

In 2002, the Michigan Hemlock chapter wound up, and subsequently Judy transferred her loyalty and work to the new Final Exit Network. She was a founding director and then vice president, treasurer, and newsletter

editor. She could not regularly attend meetings due to a congenitally weak and painful spine, aggravated by the Hodgkin's treatments.

Yet Judy beavered away at home, using telephone, internet, conference calls, and the newsletter to play a vital part in the Network.

In February this year, Detroit Metro police knocked on Judy's door and demanded all the Network's financial records. She was able to refuse because they had recently been transferred to a newly elected treasurer. Judy declined to answer any of their questions and she heard nothing more from law enforcement authorities.

Judy's last newsletter, No. 15, Spring 2009, was her finest. The mixture of hard news and compassionate story-telling received much praise and brought many contributions to the Network's funds.

Ted Goodwin

Founder & Former President, Final Exit Network

When Judy Coats died on September 3, **you** lost one of the best friends that you ever had.

Judy had been a right-to-die activist for thirty years in the state of Michigan, serving as president of the Michigan Chapter of The Hemlock Society for most of the years between 1990 and 2004. Her orchestration of fund-raising and PR activities plus her communications efforts through informative newsletters and meetings, were tireless.

I got to know Judy when a group of former Hemlock leaders and activists worked with me to found Final Exit Network in 2004. Judy became one of our founding Directors. From day one, she offered—at every

turn—intelligent and insightful advice, as we developed our mission statement, logo, messaging, and strategic plans to create this unique and daring presence within the "ecosystem" of our movement. After I assumed the presidency in 2005, Judy simultaneously became our treasurer and our newsletter editor, putting out thirteen (13) excellent editions in the next four years.

Despite chronic congenital health problems aggravated by the massive doses of radiation that she received as Hodgkin's Disease treatments, Judy routinely worked 30 - 40 hours a week. She pressed on through sheer determination and the unequivocal support of her husband, Francis. Judy sought no overt recognition for her accomplishments and achievements. She worked tirelessly to advance our cause, providing improved opportunities to achieve "self-determination" for all like-minded individuals. Dr. Rosalie Guttman (another Founding Director of the Network) observed, "Judy's contribution to the Board was the voice of reason, as well as commitment."

As our work advanced, Judy and I became close personal friends. We spoke at length, 4 - 5 times a week, about the Network; about our backgrounds; about a wide range of topics. She became my dear, dear friend, as well as my colleague. She commanded my trust, my respect, and my affection. The memory of her good, and gentle, and generous spirit will be with me (and all who knew her) through the coming years.

Faye Girsh
Senior Advisor

It seemed as if Judy had been in our movement forever; always a quiet, gentle, conscientious presence with a warm sense of humor. She had the strong support of husband Francis who carried her special chair so she could sit without her back hurting too much. The two of them arranged meetings around Michigan

during the many times I visited. Thanks to her hospitality, Michigan felt like a second home.

One of my last visits was around 2005 when she invited some of Dr. Kevorkian's interesting Armenian friends who were making an effort to convince the governor that Kevorkian should be released early. Francis was one of the small number of our people who joined me for a while at Kevorkian's trial in 1998.

Of course, Judy and Francis attended the large conference given by the U. of Michigan School of Journalism. Mike Wallace was the keynote speaker, talking pro and con about Kevorkian. Derek, Jeff Feiger, and I also spoke, sharing the dais with some hostile voices on the other side. Fortunately, Judy had assembled a cheering section for our side.

Judy was a stalwart in helping to set up Hemlock's national conference in Ann Arbor in 1998, when the Michigan group was campaigning for their own Death with Dignity initiative. During that meeting, we were invaded by Not Dead Yet; they

were stopped bodily from disrupting the conference by Bernie Klein.

Judy was always positive, hard-working, kind—and totally dedicated to choice at the end of life. As often as we talk about dying, losing a wonderful friend like Judy is very hard to bear. I hope she died as she would have wished, that Francis can continue without his life partner, and that our movement can overcome this gaping loss.

Jerry Dincin
President

We will all miss Judy as a sincere fighter for our cause and most specifically for her unwavering dedication and editorial abilities regarding our newsletter.

Contributions in Judy Coats' memory may be made to Final Exit Network and are tax deductible. ♦



Ask the Doctor

By Jerry Metz, MD
Medical Director

One of our members, a woman in her forties suffering from multiple sclerosis, is starting to consider ending her life while she still has control. She is familiar with the method recommended in Derek Humphry's book, *Final Exit*, which involves inhaling an inert gas, but is concerned: "Won't I feel like I'm suffocating?"

Good question. Recall that an airline flight attendant's pre-flight instructions tell us to put our own oxygen mask on first before helping a child. Airliners fly five or six miles up where oxygen is so scarce a person can easily lose consciousness. If you were to put the mask on a child first, you might become unconscious before you could put on your own mask.



Rod of Asclepius

We breathe in air and breathe out carbon dioxide. The human body is sensitive to the buildup of carbon dioxide: If it accumulates, we get a sense of suffocation and we instinctively breathe more aggressively. Strangely enough, the body is not sensitive to a lack of oxygen, and if we breathe an inert gas that keeps oxygen from entering the lungs, the brain simply shuts down: We feel drowsy. Consciousness is lost in less than a minute. Lower levels of brain function gradually cease and in

less than fifteen minutes the heart stops and life ends.

This method can produce an end that is quick, certain, painless, and peaceful, provided the supply of gas is of sufficient duration and provided the individual does not unconsciously shift position allowing oxygen to enter the lungs. Our Exit Guides are trained to discuss all aspects of the method and will share their knowledge with anyone who has decided they must control the time and place of their own departure by exercising "the ultimate human right." ♦

Dr. Larry Egbert's Bike Accident

In late September, while riding his bike, Dr. Larry Egbert, former Network medical director, turned sharply to avoid a car, ran into some wet leaves, slipped, and had a bad fall. He was hospitalized with a fractured pelvis and after a few days moved to rehabilitation. Larry is now home, healing well, and getting around on his own, only needing a cane when outdoors (to keep people from bumping into him). He is already back in the office catching up on work. Said Network colleague, Fran Schindler, "He is just as spirited as ever." Our best wishes for his continued recovery. ♦

— The Editors

Letters

Although your operations were shut down just weeks before my mom, Rona Zelniker's, planned exit date, I appreciate what you were willing to do for her, giving her a comforting hand during her final minutes (Spring newsletter #15).

Shutting down your operations didn't stop my mom's disease from progressing, or her ultimate intentions. All it did was create a scarier and lonelier exit, and potentially could have made her death less dignified (she was going to use the helium tanks while lying in her bedroom closet if she wasn't able to bring them next to her recliner.)

Thankfully, she was able to drag the tanks alongside her walker to her recliner and die in a more dignified manner.

People against your group are trying to control a situation that they can't control. They can only make dying people's lives even more difficult. ♦

— Keith Zelniker

As one of the seven accused (one of 'The Georgia Four'), I want to thank everyone who has contributed to the Final Exit Network and to the Liberty Fund.

I am a grateful recipient of some of these funds; had you not done this, I could be living under a bridge! Those at whose Final Exit I have been present were *so* grateful. But *I* am the one who is blessed by having been able to serve in this way. ♦

— Claire Blehr

Thanks to Clair Blehr. Her words are more eloquent than mine. But I nearly started to weep when bicycling past a former Exit Client's home here in Baltimore this morning. His wife called, 'Hey, Larry' and I stopped. She thanked me and she thanked the Final Exit Network and she shoved some money in my hand to send to the Liberty Fund. ♦

— Larry Egbert

Death without Dignity

Editor's Note: A Final Exit Network member, Judith Cohen, shares the story of her mother's tortured dying. Judith's hope is that she can help influence the traditional ways of thinking about relieving a dying person's suffering, thereby allowing them to die with dignity at a time of their own choosing.

I gained firsthand experience with the dying process when my mom, Florence B. Cohen, died on May 9, 2000, 24 hours after she and I signed her DNR. She no longer wanted to accept artificial means, including medication or attachment to machines which would keep her breathing but not give her any quality of life. She simply did not want to continue her physical and emotional agony.

For nine days I watched helplessly as Mom went downhill. In addition to her agony, she suffered major humiliation and cruelty from hospital caregivers who offered very little help and understanding as her vital organs were slowly shutting down. It's hard for me to even imagine how much worse things could have been for Mom if I hadn't been able to be there with her almost every minute of every day during visiting hours. There were countless times when I arrived on the scene to find deplorable conditions—my mother had been left alone and had been ringing the nurses but no one came (and this was in the ICU!).

I remember very clearly and sadly being at her bedside 24 hours prior to her death; she was promised a morphine drip but was given nothing to ease her pain or anxiety for hours, even after it was ordered via her primary care physician. I had to keep asking the nurses for help for Mom while trying to comfort her at the same time. She was met with aloofness and coldness by the hospital staff because she chose not to accept their desires to intervene with medicine, dialysis, breathing machines and intubation.

I have never seen such cruelty and was left feeling helpless watching my mother suffer so. I was even asked to leave her bedside, but insisted that I was not leaving for a minute. I held her in my arms during the last night of her life, and it wasn't until morning when her primary care doctor finally came on the scene that the morphine drip was increased and hospice care was ordered.

My mother was alert and lucid almost until the end. She lived only four hours after she was admitted to

hospice. I knew she could still hear me and knew that I was there; I wet her lips, recited poetry to her and talked and breathed with her until she took her last breath.

I sometimes lived with her for months at a time after her heart surgeries and during rehab and have many more horror stories about the lack of caring on the part of the nurses and even many of her doctors through the years. I witnessed many atrocities.



Levi Sare/Think Tank Solutions

I wish Final Exit Network had been available to my mother when she desperately needed help, kindness, and care. There was only so much that I was able to do. It was terrible to see her being treated so poorly, so coldly, and with so little dignity. I hope she knew how much I loved her and that I did my best to get her the help she needed, continuing to fight on her behalf until the very end. I just know she would have had a much easier time during her last days if we could have turned to people like you. ♦

— Judith Cohen

Renew Membership/Update Email

Please renew your membership: If your membership has expired, we would very much appreciate your renewal. The date on the mailing label above your name is your membership expiration date (there is no date for life members). Please include your name and mailing address or your membership number with your payment.

Please update your email address: Your correct email address is very important to us. If you have changed your email address within the past year or if you are not sure we have your correct address, please contact us at info@finalexitnetwork.org with your name, mailing address, and your current email. We **never** sell, share, or trade, our mailing lists or email addresses. ♦

— Bob Levine, Board Member

On the Speaking Circuit

By Ruth von Fuchs
Advisory Board

Among those who read the newspaper stories about the arrests of "the Georgia four" was Dr. Charles Sabatino, who teaches philosophy and arranges for speakers at Daemen College in Amherst, NY, near Buffalo. His courses explore various issues which are becoming important in today's world, including aid-in-dying. Dr. Timothy Quill, Professor of Medicine and Psychiatry at the University of Rochester School of Medicine and Dentistry, was a previous speaker.



When contacted by Dr. Sabatino requesting a Network speaker, Jerry Dincin suggested me as I'm a member of the Network Advisory Board and live in Toronto, a short bus ride from Buffalo. A large lecture hall was booked and it was quite well filled. Attendees included: students in Charles' course, called "Moments of Vision;"

students in medical ethics, physician assistance, and physical therapy courses; several professors who were friends of Charles; and the College's Dean.

Charles' wife, Carol, teaches the physical therapy course and she and her students have frequent contact with the physically disabled. Carol worries that if aid-in-dying is made legal, disabled people might be encouraged to end their lives prematurely, a concern that Charles suggested I address. I mentioned the study by Battin, et al, which turned up no sign that disabled people were using the Oregon and Netherlands laws disproportionately. I also suggested that the psychological screening requirements in all present or proposed laws would detect people who thought it was their duty to die, or who were just exhausted from having to fight the system for every tiny bit of support (Carol also addressed the group, eloquently describing how the disabled have to struggle for their rights).

The question-and-answer period was lively and lengthy. Many of the questions revealed some widespread but dubious assumptions (e.g., that life is not merely a right but an obligation, or that "pre-emptive action" is wrong). But there were also several very moving first-person stories, sometimes told with a catch in the people's voices or tears in their eyes.

The coming generation of healthcare professionals seems likely to appreciate the complexity of the aid-in-dying question. ♦

Network Speakers Available for Events

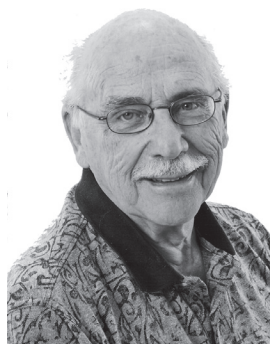
If you belong to an organization that would like to have a Final Exit Network speaker at one of your events please let me know. We are looking for opportunities to educate people about the Network and what is happening in the right-to-die movement. Email me at mmjudy@cinci.rr.com or call (513) 573-9787.

— Judy Snyderman, Chair, Speakers Bureau

My Presentation in Bogotá

By Richard MacDonald, MD
Senior Medical Advisor

On September 16, 2009, The Foundation for the Right to a Dignified Death (DMD) of Colombia held a meeting in Bogotá to celebrate the 30th Anniversary of its founding. As Senior Medical Advisor of Final Exit Network, I was invited by Dr. Juan Mendoza-Vega, President of DMD, to be the Keynote speaker. Dr. Mendoza-Vega is the current president of the World Federation of Right to Die Societies and I was president of that international organization in 2000-2002.



At the well-attended meeting, I presented a summary of the support program offered by Final Exit Network to members severely suffering from a terminal or irreversible disease. This program is similar to that offered by the Caring Friends Program of the Hemlock Society from 1998 to 2004, during the time I was Medical Director. I explained in detail the role of volunteers in both programs and how information was provided in the member's home, permitting the member to be in control of the manner and the time of his or her death. When the dying individual so requests, volunteers will be present when the member proceeds with the method they have learned to utilize to provide themselves with a peaceful and sure dying process.

I also discussed how law enforcement in Arizona brought indictments against four volunteers, and how the Georgia Bureau of Investigation arrested four volunteers and seized assets from Network and related organizations' accounts. Many in the audience found it remarkable that a "sting operation" was carried out by Georgia authorities to entrap compassionate volunteers providing Network services to those who had requested them.

The Board of Directors of DMD noted that the meeting with a standing room only attendance was a marked success for the organization. At an evening Gala Reception, I was presented with a large glass table medallion with an etched inscription making me an Honorary Member of DMD "...in recognition of his invaluable work furthering the right to a Dignified Death."

During the conference, I also met with Dr. Alfonso Quintana, a friend of several years, who provides euthanasia to those in Colombia who qualify. In addition, meetings and luncheons with DMD Board members and a press interview with a prominent Columbian magazine were arranged for me. ♦



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Affiliate News

Great Endings (Virginia)

Our September meeting featured Pamela Harper and David Scherer, two of our members most knowledgeable about choice-in-dying developments 'round the world and close to home. They made a fine presentation which spurred much interest, generated many questions, and opened a lot of eyes about the slow but significant progress in the USA and what seems to be more rapid progress in Europe.

We had planned to have Dr. Larry Egbert speak at our November meeting but our anticipation was dashed

when we learned he had been badly injured in a bicycle accident and would have to take a rain check. He had spoken to us in January 2008 in a very inspirational and personal way about his role in Final Exit Network. Instead, we showed and discussed a video, "A Gentle Ending," and presented a plan for the next stage of our group's life. Despite the legal troubles in Georgia and Arizona, we have continued in a "business as usual" mode.

— Ed Morgan, President

Final Exit Network of Missouri

We held our third meeting on October 25 at the Ethical Society of St. Louis. Our featured speakers were three clergy people discussing end-of-life issues. They represented a reform Jewish congregation, a United Church of Christ parish, and the leader of the Ethical Society. After each spoke, the three accepted questions and comments from the 25 - 30 people in attendance. We had a very thoughtful, good discussion. Our next meeting is on March 21, 2010, same location.

— Ann Mandelstamm, Founder

Final Exit Network of Florida

One of the raids made on February 25 by the GBI was on the home of Reverend Duffy Rutledge in Sarasota. Rev. Duffy, as she is called, had done the intake interview for the Network case being investigated. Eight officers, some in flak jackets, armed with a search warrant, raided her home and took two computers and other material. On January 8 at 1:30PM a documentary film about the raid will be shown at a public meeting at the Selby Public Library in Sarasota. After that date, the film will be posted at www.cheryltimmins.com. For more information about services available in Florida and the Sarasota and other meetings we've planned, call (941) 993-9539 or write ellienjim@comcast.net.

— Jim Chastain, President. ♦

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FINALEXIT NETWORK

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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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Help Us Help You!

If you have experience in any of the following areas and are able to contribute a few hours a week to our volunteer organization, it would help relieve some of the load on our overworked Board. Please send a short note outlining your expertise to Jerry Dincin, jerry1628@comcast.net or Bob Levine, rjl@gurus.org.

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