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# DON'T SWEAR BY THE HIPPOCRATIC OATH

*By Janis Landis, FEN Board Member*

If someone asks you to picture Hippocrates, you probably get a mental image of the ancient world's most famous physician, garbed in a toga and creating the ethical code all doctors still adhere to.

Well, let's dispense with the toga first. Hippocrates was Greek, not Roman. No toga.

Next, let's look at what is considered to be the most famous dictum in his Oath: "First, do no harm."

Nope, it's not in there. What the pledge does say is:

"I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous."

In a separate writing, Hippocrates did use the famous line, but context is important:

"The physician ... must have two special objects in view with regard to disease, namely, to do good or to do no harm."

In both documents, the

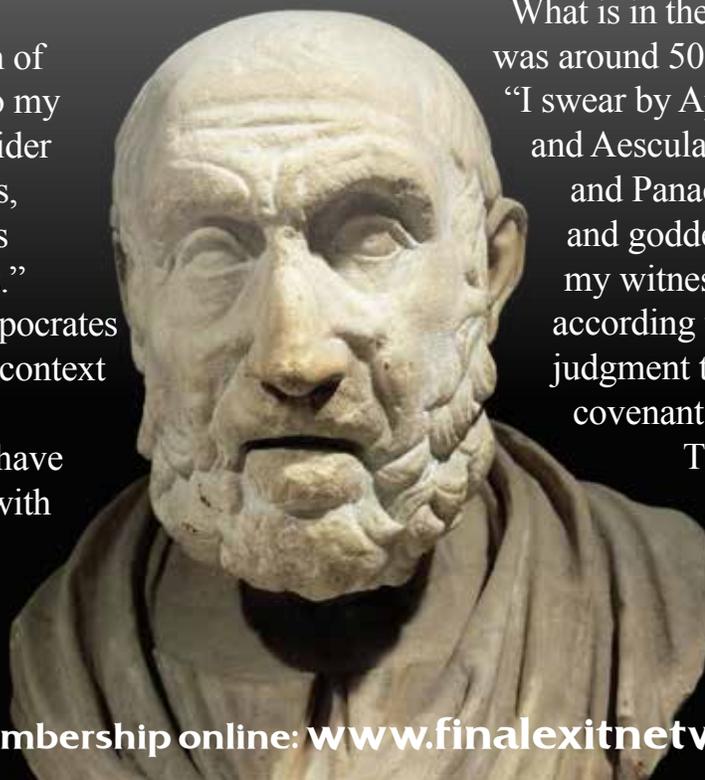
*From time to time, people wonder how doctors can be asked to support Medical Aid in Dying (MAiD) since it is inconsistent with the Hippocratic Oath. Although FEN does not follow a medical model, we do support MAiD legislation and do not believe it contradicts a doctor's commitment. Here's why ...*

first priority is benefit to the patient ("doing good"). Doing no harm is secondary. We recognize that priority when a doctor prescribes chemotherapy. Of course it harms the body, but it is permissible because its primary purpose is to benefit the patient.

What is in the oath? Well, since this was around 500 BCE, it began:

"I swear by Apollo the Physician and Aesculapius and Hygeia and Panacea and all the gods and goddesses, making them my witnesses, that I will fulfill according to my ability and judgment this oath and this covenant."

There are other statements that – to modern sensibilities –



OATH continued on P-2

would seem odd indeed, like: *no fee shall be charged students / a physician will never use a knife to cut into a patient / no abortions will be allowed*, etc.

Reading this language, it becomes evident that the widely held belief that physicians today take that same oath cannot be true.

What Hippocrates did create was the framework for a code of ethics: the confidentiality of patient information; the focus on a patient's health as the doctor's primary concern; and the obligation of the doctor to use his skills to the very best of his ability (no women physicians allowed in those days).

Over centuries, modifications and updates have been made to that original oath. After World War II, and its egregious misuse of medical science, an international conference established a new standard of professional ethics: the Declaration of Geneva.

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***When your doctors tell you they are bound by the "Hippocratic Oath," you can be sure that the oath they took was written much later than 500 BCE – and it provides much more latitude to them.***

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Among its provisions: no consideration of race, religion, etc. will enter into the doctor-patient relationship; the doctor will respect the autonomy and dignity of the patient; medical knowledge will not be used to violate human rights and civil liberties, even

## **Some food for thought – *or for choking?***

To what extent do personal, psychosocial circumstances determine an individual's right to a peaceful, dignified death – as opposed to being terminally ill?

That's one pressing question confronting the right-to-die movement as it moves beyond the cookie-cutter template of the Oregon law and others that have followed (along with how to serve people with dementia).

It was a topic discussed at length during FEN's annual meeting in Chicago in July.

Some argued that quality-of-life considerations are as important as medical ones – but others contended that such an expansion of RTD criteria

could undermine the cause with the public.

One recent modification is of special significance for FEN members: The original Declaration stated that "the health and life" of a patient is the physician's first consideration. This was recently changed to say "the health of a patient" – recognizing that solely prolonging life is no longer the proper role of a doctor.

The Declaration is used in many U.S. and international medical schools. Others use a

substantially altered version of the Hippocratic Oath, embodying the

principles of the Declaration of Geneva.

Others schools create unique oaths, and some have each graduating class write their own. New versions often incorporate the need to respect the environment and to reach out to underserved segments of society.

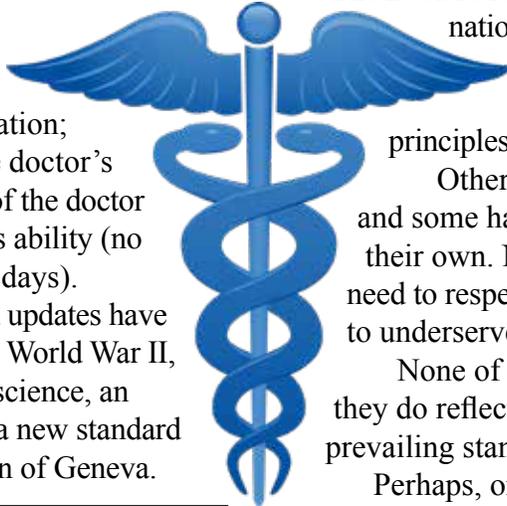
None of these oaths is legally binding. But they do reflect, and in some ways shape, prevailing standards of ethics.

Perhaps, one day, these codes will incorporate the right of a suffering patient to have autonomy in making end-of-life decisions.

Despite the differences in specific language, all these pledges continue to be generically called "the Hippocratic Oath."

So, when your doctors tell you they are bound by "the Hippocratic Oath," you can be confident that the oath they took was written much later than 500 BCE – and it provides much more latitude to them.

What's more, you can be fairly confident that no invocation to Apollo was made before your doctor examined you.



# FINAL EXIT NETWORK

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Jay Niver, MA

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### VISION

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

### MISSION

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



# HOW ARE WE DOING?

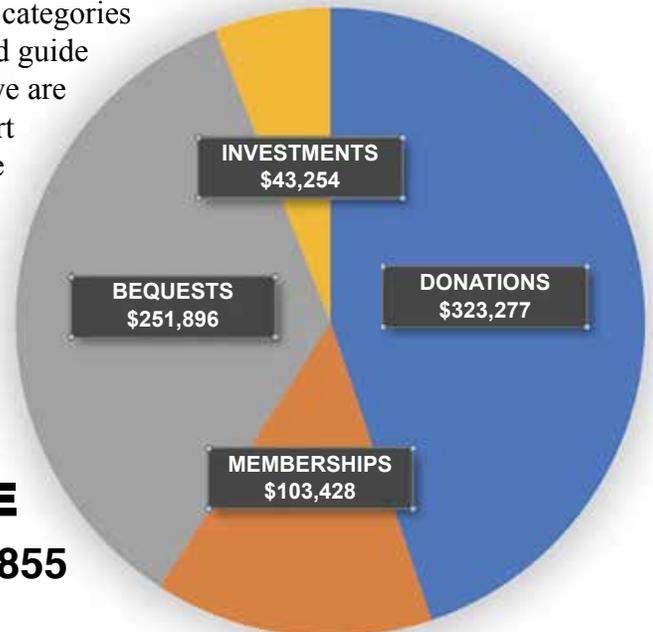
Fiscal Year: July 2018-June 2019

Fiscal year 2018-2019 was very good for Final Exit Network as our income was \$121,231 greater than expenses.

The income pie chart shows how important donations and bequests are. Without these, we would not be in such good shape, and you are urged to continue thinking of FEN for your donations – **and please remember us in your will** (see back cover for information).

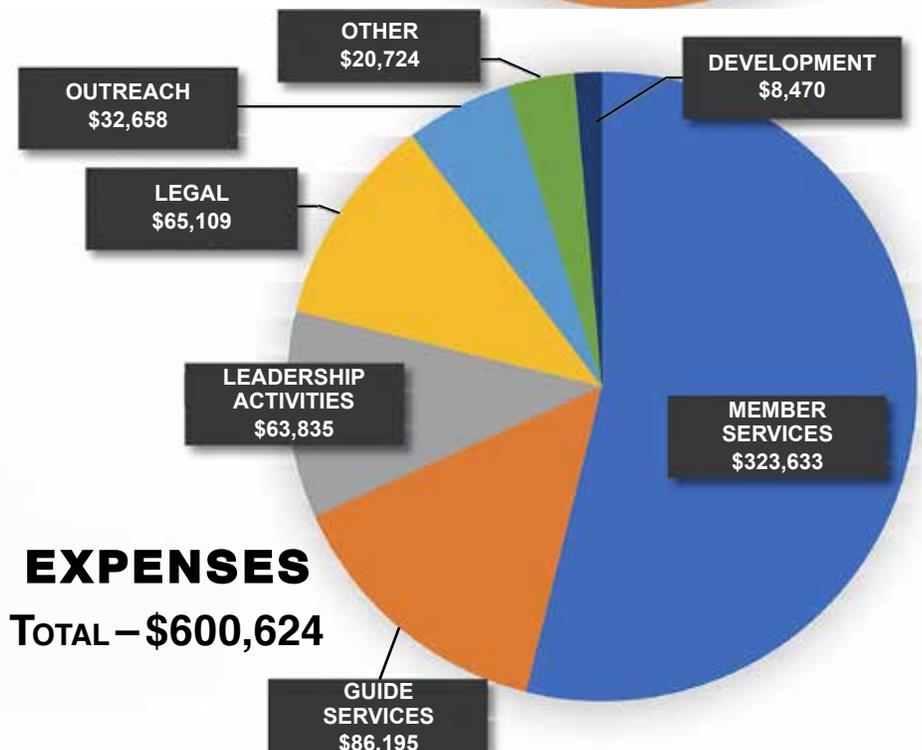
Our largest expense categories are member services and guide services. Even though we are not involved in any court cases as a defendant, we are extending legal help to those people whose Advance Directives are not being followed.

Please let us know if you are aware of any such case.



## INCOME

TOTAL – \$721,855



## EXPENSES

TOTAL – \$600,624

*'It is painful to have one's personal vision  
of life's last chapter be restricted by societal taboos.'*

# The E.D.'s Report

FROM EXECUTIVE DIRECTOR MARY EWERT



Mary Ewert

The July annual meeting of the FEN board marked the beginning of my first full year as FEN's executive director. I will update our membership on issues of interest in each edition of our magazine.

Autumn resonates with beginnings and endings, as students return to their studies and gardeners harvest their bounty.

FEN is not exempt from that cycle of change.

FEN's website, a core outreach platform, contains an encyclopedic amount of information about aid in dying. We are now building on that strong foundation with an eye to enhancing the website's appearance and user friendliness.



## Library outreach will spread word

FEN is launching an initiative to place its quarterly magazine (where you are reading this) into public libraries around the country – part of our increasing public-awareness and outreach activities.

Local FEN members will coordinate with our national outreach volunteer, Ann Beckom, a former state-level adult literacy coordinator. She knows library administrative systems and should be respected by library decision-makers.

Magazine editor Jay Niver will assist in publicizing the initiative and by getting the magazine to libraries willing to share it with readers.

Beckom will also recruit local FEN members to deliver the magazine to libraries and interact personally with librarians about making it available for customers.

If you think you can help, please call FEN (866-654-9156) to connect with her, or email FEN at [finalexitnetworkcontact@gmail.com](mailto:finalexitnetworkcontact@gmail.com).

*Help us get out the word.*

We also hope to promote online membership renewals and donations, which will reduce processing costs and apply more membership dollars to client support, education, and outreach.

The refreshed website will launch in early 2020.

As these initiatives develop, I will provide more detailed updates.

I'm especially excited about a new initiative to reach out to support groups for individuals with very serious medical issues. The goal is not to seek members (though we always welcome new ones) or to advocate for any particular end-of-life strategy. Rather, we want to ensure that individuals know their full range of options and how best to confirm that their choices are respected.

I vividly recall the frustration that my husband, Craig, felt when – as an ALS patient – his desire to talk about aid in dying with his medical professionals was rebuffed.

It is painful to have one's personal vision of life's last chapter be restricted by societal taboos.

After Craig's death, I became frustrated with the many ways that support organizations highlight "warrior language" – the need to bravely fight a disease, even an always-fatal one with no cure.

Our outreach initiative aims to broaden the discussion around the desire for a peaceful death.

As your executive director, my commitment to our cause is very personal. I will do everything in my power to raise awareness of aid in dying – the ultimate human right of the 21st century.

Do you have ideas or comments to share? Send them to me at [marycewert@gmail.com](mailto:marycewert@gmail.com).

Please watch for our annual appeal at the beginning of December, and give as generously as you can. Helping Americans achieve a peaceful, dignified death is an ongoing challenge.

Finally, we are deeply saddened by the death of Lee Vizer and will honor her in our next FEN magazine.



## *New Special Advance Directive might assist Alzheimer's patients*

*By Robert Rivas, FEN Legal Advisor*

**F**inal Exit Network is launching a new program in 2020 designed to alleviate some of the anxiety and emotional suffering experienced by people in the early to middle stages of dementia.

These people fear the “window of opportunity” for self-deliverance might close on them. In order to terminate their suffering, they must act while they are still competent.

Of course, they will choose to live as long as possible. But if they wait too long, they may become incompetent to choose or carry out the hastening of their death. If that happens, they may be forced to live in an incompetent state for many years as a nursing home labors to keep them alive.

FEN has prepared a new Advance Directive – the Special Advance Directive for Dementia Care (or simply, “Dementia AD”) designed for people with dementia, or at least people who, because of age and family history, expect to be diagnosed with it in coming years.

Final Exit Network’s Special Advance Directive for Dementia Care is intended to be used by people who already have general Advance Directives in place, including a living will and appointment of health-care surrogate. The Special Advance Directive will be appropriate only as a supplement to the other general, advance health-care documents.

The Dementia AD will be invoked only after a dementia patient lapses into a state of incompetence and can no longer recognize loved ones. At that point, the Special Advance Directive instructs health-care providers to apply only palliative care, and not to apply any form of medical attention intended to prevent or cure any disease or deadly condition –

not even antibiotics to cure a common cold or flu.

Such provisions are not unheard of. But FEN’s new Advance Directive goes one step further: It prohibits health-care providers from hand feeding and hydrating the incompetent patient.

In essence, this provision demands that the patient be allowed to die by VSED – Voluntarily Stopping Eating and Drinking.

VSED (often pronounced VEE-said; rhymes with he-said, she-said) is a recognized and legally enforceable means of peaceful self-deliverance for people who are competent to choose it, but it has not yet been authorized by a competent patient in an Advance Directive to be applied when the same patient becomes incompetent.

FEN’s goal is to create court precedents in favor of an advanced dementia patient’s right to choose VSED.

The enforceability of such a provision in an Advance Directive has not been established anywhere except, perhaps, in Nevada. A new law there authorizes a patient to check a box that says yes or no to the statement, “I want to get food and water even if I do not want to take medicine or receive treatment.” Checking “no” to this box would appear to authorize the enforcement of VSED in an Advance Directive.

As part of the new program, FEN will keep in touch with people who sign its Special Advance Directive for Dementia Care and their health-care surrogates in order to be prepared to provide legal representation to ensure that health-care providers comply with its instructions.

FEN will provide more details about the program in upcoming newsletters, at its website, and in direct communications to members.

# Tuxill eyes RTD/personal future

**A**s an eight-year FEN board member, Dr. Tom Tuxill is in a position to know and help determine the direction of the right-to-die movement. And, after working with many clients in seven years as a Senior Exit Guide, he knows first-hand what achieving death with dignity is all about.

Still, he's admittedly uncertain about the next frontier: how aid in dying might be expanded to help persons with dementia or Alzheimer's.

"It's very tough to deal with," Tuxill said. "The problem with dementia is that the person who fills out a very specific advance directive – that person is very different from the one who arrives in a different, demented state.

"I know I would want my wishes honored. If I knew I was in an early stage of Alzheimer's, I would hasten my death before I lost competency."

Tuxill is an ophthalmologist who retired in 1997 after a grave health scare: six months of surgery, chemotherapy, and radiation to battle systemic, large-cell lymphoma. Its grim, 45 percent five-year survival rate spurred him "to learn about peaceful methods of self-deliverance," he said.

*Tom, meet FEN. FEN, meet Tom.*

Tuxill beat the odds – easily. Proof was evident in September when he went fly-fishing in Alaska with his son, John. At an earlier time, they would have flown there in Tuxill's amphibious seaplane, which he and his wife, Susan, flew to what he called "remote destinations" over 21 years.

Now, at 78, Dr. Tom has hung up his pilot's wings and spends FEN time as senior medical advisor and a member of three committees: training, oversight, and medical evaluation, which he chaired for five years.

For all the hats he has worn, he said his service as an Exit Guide was most rewarding.

As an eye surgeon, he knows first-hand how appreciative people can be: His patients were

exceedingly grateful when he helped them bring their lives into focus.

"The gratitude I experienced as a Senior Exit Guide far exceeded that," he said. "It was something very special."

Though rewarding, helping people attain their life-ending wish was a difficult balancing act.

Said Tuxill: "The difficult part of it is all the things you have to do to ensure that it's going to be what the client wants. But in doing that, you have to minimize risk for yourself and for the Network."

Tuxill was de facto manager of the Exit Guide

Program when FEN faced the national scrutiny of court trials in Georgia and Arizona. "We recognized the need to tighten protocol and minimize our risks," he explained. "We needed recurrent training for our Exit Guides and a dedicated program manager."

FEN President Brian Ruder is someone else who appreciates Tuxill.

"Tom is the soul of our organization," he said. He knows all the history of our guide program and is always

available to provide guidance and support to all volunteers ... He is my mentor."

Tuxill's residential trail covers almost as much ground as his plane did, from Ohio, Maryland, New York, and Alaska to 21 years of practice in Concord, NH. Following his cancer scare, he and Sue built a retirement home in Florida, but six years ago they moved to Bellingham, WA, to be close to grandkids.

His wife, he said, "is an East Coast girl, but fortunately she was good about it."

Sue has always supported his right-to-die work, he added, and – as a retired psychiatric nurse practitioner – she knows its vital importance. Besides the cause, she's into art, and he's into environmental issues. And, in the rainy Pacific Northwest, they're into being "Grandma" and "Grandpa."



Dr. Tom and Sue Tuxill

# 'The elephant labored and brought forth a mouse'

– Variation of old Latin saying –

By Dr. Jerry Metz, FEN member

Smaller animals may act like elephants: Our farm cats often deposit a dead mouse on the welcome mat to show their prowess or their love, not realizing that for an animal my size, the gift would be inadequate.

My beloved state of Maine (Motto: *Dirigo*, Latin for “I lead”) recently joined the parade behind Oregon, Washington, California, Colorado, New Jersey, Hawaii, and our neighbor, Vermont, in passing a Death with Dignity law.

Every one copied the Oregon law.  
*So much for “I lead.”*

I worked to promote Maine’s new law, but I’m ashamed of it, partly because it’s so late, but mainly because it’s so little – *like a dead mouse on the welcome mat.*

Under these new laws, one does not become “eligible for early retirement” until life expectancy drops to six months or less. Neurological diseases like Parkinson’s and ALS are patient killers – patient in both senses of the word: They kill patients patiently. Years of misery can be endured before that last six months arrives and offers the option of peaceful departure.

In dementia, the ability to understand and consent is long gone by the time the patient is terminal. Some forms of malignancy may toy with the victim like a cat with a mouse: chemotherapy until the hair falls out, surgical mutilation, radiation until one almost glows in the dark, and pain that can be relieved only by zombie doses of pills.

Nobody, least of all the government, should prescribe a life’s duration. The only one who knows when death is the sole acceptable answer is the one suffering, he or she who accepts the reality that life



will end sooner than expected – the one who asserts, “I am the master of my fate, I am the captain of my soul.”



Jerry Metz, MD

I have boundless admiration for the courage and practical wisdom of those who seek the relief that Final Exit Network offers.

I just wish we could offer more.

In an ideal world, we would be able to spread the word about the Network more boldly. We would be able to offer a

method involving the proverbial “peaceful pill.” A rational person could specify in mid-life their wish to die if disabling dementia developed – and that demand would be carried out no matter how many marbles they had eventually lost.

I may not be around to see these things come to pass, but I am confident that they will.

In my crystal ball, I see a shadow that may come when times get tough and economic pressures attempt to force patients to give up and let go: when “intensive care” becomes “too expensive care,” and moneybags weigh heavily in end-of-life decision-making, so that people are no longer masters of their fate.

Under such restrictions, our Network’s own courage and practical wisdom will be tested.

No doubt we will continue to lead.

## Exit Coordinator recounts his ‘crash course’

# Helping to cross The Final Bridge

By *Jim Van Buskirk, Exit Coordinator*

My involvement with Final Exit Network has been both a slippery slope and a crash course.

It started when a regular attendee of the Death Café I co-facilitated for several years invited me to witness her exit. I barely knew about the organization, but was mightily impressed with the expertise and patience of the guides.

I immediately came home and joined FEN.

An article about my experience wound up on the cover of the FEN magazine, and the response was gratifying. Folks requested multiple copies, and I sent it to friends and colleagues in an effort to increase awareness of FEN services.

In the midst of attention, I contacted the lead coordinator with whom I began communicating regularly, Ann Mandelstamm. At one point, she invited me to consider coming on board as a regional coordinator.

We met briefly in my backyard garden while she was in the Bay Area visiting family. Armed with a notebook filled with forms and guidelines and everything I'd need to know, she encouraged me to give it a try.

I realized the only way to determine whether this was a good fit was to get my feet wet. I agreed to start by taking over Texas, Colorado, New Mexico, and Arizona, with the caveat that I could bail at any point.

I was barely in the proverbial saddle when the messages started coming in – several all at once.

Before returning calls, I wanted time to hear the prospective client's story and explain FEN services. Suddenly, my schedule (which had felt fairly flexible) was full of demands.

Of course, whenever I'd set aside 45 minutes to phone a client, I reached their answering machine.

Initially, I was overwhelmed by the combination of time management, discretion (to the point of paranoia), and the heartbreaking stories. I relied on Ann's support and encouragement.

Over the course of many phone calls and emails, her humor and pragmatism were wonderfully grounding.

“Lordy, Lordy. Arizona hasn't been so busy in months. Someone must have heard there's a new sheriff in town!”

In the first two days, I spoke with a 19-year-old with many ailments and no support system. Then, with a 42-year-old fellow in Colorado, whose fortitude in recounting his heartbreaking situation had me in tears. A retired pharmacist in Colorado called on behalf of his best friend's wife, suffering in the final stages of ALS.

A few days later, a 92-year-old veteran sought support in Arizona. At the end of the call, her daughter expressed appreciation, saying she could see from her mother's face how much more comfortable she was, having gathered initial information about

FEN services.

After the challenges of dealing with these disparate (and desperate) people, I could see the benefit in helping folks

who have such little hope left. But I was concerned that I was saying the right thing, and that the folks on the other end of the line were who they said they were.

Knowing about FEN's previous legal problems, I certainly didn't want to be the target, or cause of, any further entanglements.

I was so green, I had to double-check with Ann to make sure to whom prospective clients sent their applications. Colorado mailed his personal letter and medical records to me forthwith, and suddenly, “Not only are you getting your feet wet, but I am betting you are damp up to your knees!”

**BRIDGE** *continued on next page*



Jim Van Buskirk

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***I was concerned that I was saying the right thing, and that the folks on the other end of the line were who they said they were.***

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## BRIDGE *continued from prior page*

Ann generously offered to be the interviewer, which simplified the next step. I can't emphasize enough her kindness and compassion, both for this neophyte and for prospective clients.

When I read her report, I wept again. She'd captured beautifully his untenable condition. Ann walked me through the steps of assembling his case file, which I sent to the chair of the Medical Evaluation Committee (using a new encrypted email account specifically for this purpose). Success is sweet and sad in this situation; empathy, as much a liability as anything else.

## FEN mourns loss of RTD champion Lee Vizer

Final Exit Network lost a stalwart member and champion of the right-to-die movement on Nov. 2.

Leanore (Lee) Vizer passed peacefully a month before her 88th birthday.

"I loved Lee Vizer," said Faye Girsh. "She was full of good ideas, wrote like a master, had a delightful sense of humor, was lively, friendly, and a pleasure to have at board meetings."

Lee was a longtime FEN board member and editor of this quarterly publication.

"For decades, Lee was a fiery and passionate advocate for people's right to die with choice, dignity, and compassion," her son, Barry, and daughter-in-



Lee Vizer

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*In my first few weeks, I had successfully shepherded two appreciative clients through the process – a challenging 'trial by fire' ...*

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In the midst of all this came a message from a member who was having trouble with the online procedure of having her employer match her membership dues. Since Ann was my go-to gal, she forwarded my query to Julia Hanway, who called to tell me how she'd sorted out the situation.

We had a long, convivial conversation, reinforcing my growing suspicion that FENers are a rare and brilliant breed.

Shortly after, I went through the same procedure with the woman in Arizona. I didn't realize how time-consuming it would be to assemble the personal letter, medical records, and interviewer's report, then scan them for the MEC and keep the client apprised of each step. Eventually, her case was accepted for Senior Guide assignment.

In my first few weeks, I had successfully shepherded two appreciative clients through the process – a challenging "trial by fire" – and the pace fortunately diminished a little. Only now, months later, do I recognize a confidence and comfort level as I educate clients on their options for FEN services.

I am connecting immediately and intensely with people I would otherwise never encounter. Their profound gratitude for the work we FEN volunteers do makes it all wonderfully rewarding.

law, Yvonne, wrote in her obituary. "Walking her own talk with powerful integrity, Lee made sure to die on her own terms and on her own timeline.

"Her unvarying faithfulness to herself, her beliefs, and her cause were astonishing."

"I was sorry when she stepped down, like a special spark had gone," Faye said. "She was an asset to the Network – and to the planet."

Lee requested that any memorial contributions be made in her name to Final Exit Network.

FEN will remember and pay proper tribute to Lee Vizer in the winter issue of the FEN magazine.

# Good Endings Book Club



## A Dignified Ending by Lewis Cohen, M.D.

Reviewed by Wendell Stephenson

Dr. Cohen's book is good for learning of some famous people who ended their lives; leaders of the U.S. right-to-die movement; important RTD organizations, and those who oppose them.

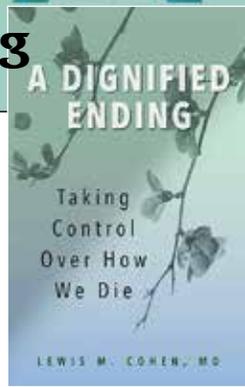
Famous cases include Rear Admiral Chester Nimitz and his wife, and Brittany Maynard. There is also Hercules: Who knew that mighty Hercules ended his life by throwing himself on a pyre prepared and lit by friends?

The stories of prime movers alone are worth the price of the book. Leaders of the movement include Derek Humphry, Dr. Jack Kevorkian, Barbara Coombs-Lee, Dr. Richard McDonald, Faye Girsh, and Dr. Larry Egbert.

Cohen relates an interesting anecdote about Kevorkian. Asked by Andy Rooney of *60 Minutes* what he does for fun, Dr. Death said, "Irritate people." (By all accounts, he was a difficult man to deal with.)

RTD organizations include Hemlock, Compassion and Choices, Death With Dignity Center, and, of course, Final Exit Network. The main opponent group is "Not Dead Yet." Its attempt to disrupt the 2014 World Federation of Right to Die Organizations conference in Chicago is especially interesting.

There is not much philosophy or ethical discussion in this book, but a couple of matters broached merit brief mention and critique. RTD folks hold that the right to end one's life when suffering irremediably is a



fundamental human right that is as certain as the right to life or liberty; no room for debate and no grey area.

Cohen says of assisted dying: "There is no simple and lucid argument to settle debates on these matters. There is no clear right and wrong, black and white."

There's one error regarding FEN: He says it "consists to this day of a largely underground group of volunteers."

The only truth about being "underground" is that FEN does everything to safeguard and preserve the privacy of those served by its Exit Guide Program. It's as visible and public as it can be given its size and budget.

Cohen (who visited FEN's annual meeting this July) praises our volunteers: "I am still amazed at the combination of personality characteristics that allow someone to undergo the training and then travel to a stranger's home to provide the necessary information and emotional support for a facilitated death."

*Thank you, Dr. Cohen.*

## Time to Go by Guy Kennaway

Reviewed by Huck DeVenzio

Here's an unusual combination: a book on the right to die that is humorous.

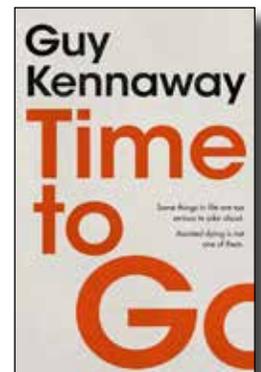
Clever title, huh? The dust jacket proclaims, "Some things in life are too serious to joke about. Assisted dying is not one of them."

The book begins with an aging, outspoken mother asking her son, a British writer with whom she hasn't had a close relationship, to kill her. In a series of 36 short chapters, various family incidents are covered, usually resulting in Kennaway or his mother making some sarcastic remark (or sardonic or cynical comment, I have never gotten those three straight), which makes you wonder about their life growing up.

Chapter 28, attributed to the mother, is as good a rationale as you'll find for a hastened exit.

Being a British book, you have to pass through a few "glamour"s, "neighbour"s, and "car parks" along the way, but they aren't bothersome. There is eventual family harmonization in that the mother and son come to respect each other in the unfolding of the story.

At the end of the book, both are still alive but have significantly altered their thinking.



# BIG SKY RIGHT TO DIE: ON LIFE SUPPORT?

**'There is very little awareness among medical practitioners and eligible patients of MAiD's availability. More than one witness told of asking a doctor about MAiD and being told it is not legal in Montana.'**

*Reported by Ed Tiryakian*

*FEN member and executive director of Dying Right NC*

**W**hile Medical Aid in Dying (MAiD) may be legal in Montana, there's little evidence that it's helping terminally ill, suffering adults achieve a peaceful death.

That was the unfortunate conclusion reached after a day-long conference at Missoula's University of Montana Law School, held 10 years after the state supreme court's landmark decision in *Baxter v. Montana*. That case shields physicians who prescribe lethal medication for dying patients, provided that they follow the best medical "standard of care."

Montana lawmakers never passed a right-to-die law, and residents never voted in a referendum, but *Baxter* made MAiD legal by default: The state has no statutory prohibition on assisted suicide, so – in the absence of a law against it – it cannot be illegal for a doctor to write a lethal prescription to a mentally competent, physically terminal adult.

The question for the one-day forum was simple: *How is the Montana model, based on the Baxter decision, working?*

"Not so well," is the answer.

There were always bound to be problems. First, unlike states with a governing statute, proper professional procedure is left to the discretion of the physician, exercising his/her best judgment of what is the appropriate "standard of care."

- Should there be a 10-day, 15-day, 20-day waiting period?
- What lethal medicine should be prescribed?
- Should the patient have a life expectancy of less than six months?

What became frustrating as the day progressed is that, in the absence of any reporting requirements, there is no way of answering those questions, because there is no data on how many doctors are

participating, how many prescriptions have been written, and how many patients have requested MAiD, etc.

In states with statutory requirements, strong data are readily available and regularly collated and published.

*In Montana, it's a black hole.*

Conference attendees included several key players: attorneys, academics, legislators (pro and con); a retired Montana Supreme Court justice; and one of Robert Baxter's two daughters.

A review of how the litigation bubbled up to the state's highest court, and a review of what the court did and did *not* decide, was explained.

The audience was reminded that *Baxter* did not conclude that the state constitution guarantees self-determination at the end of life. In short, *Baxter* provides no substantive right, but only a defense if a doctor is prosecuted for assisting a suicide.

And, perhaps because the legality of MAiD is based on a dusty 10-year-old court decision, there is very little awareness among medical practitioners and eligible patients of MAiD's availability. More than one witness told of asking a doctor about it and being told that MAiD is not legal in the Big Sky State.

Many cancer-stricken patients remain unaware of the option because of a total lack of publicity. Very few doctors openly admit to writing prescriptions.

Conference attendees concluded that MAiD remains relatively unknown and unused in Montana.

The question is: What can be done to spread the word? Maybe form a non-profit to proselytize and educate medical practitioners, or approach hospice facilities with needed information?

Sadly, in the absence of a robust and expensive campaign, it seems more likely that MAiD will remain a closet practice in Montana – for the few determined patients who can navigate hurdles.

# 'Facing death was not difficult...'

## Summer of reckoning for former FEN president

By Wendell Stephenson, FEN President Emeritus

**I began to feel ill on June 24: obstruction in the stomach/abdomen, accompanied by pain. I took to bed for a couple of days, stopped eating much, and figured I'd soon be back to normal.**

I did get a bit better, and since I had important business in southern California, I drove down there.

I felt worse after that and returned home to bed and little food. Not much better by July 1, I arranged for a doctor's appointment.

He thought it was a typical G.I. infection, but prescribed a blood test just in case. It revealed a serious kidney problem, prompting an appointment with a specialist.

The kidney expert calmly told me that I had a disease that reduced my kidney function to 22 percent (15 means dialysis).

It was a huge shock, since I had just retired, and until "yesterday" been in peak health and physically fit. He said they would do a series of tests, including a biopsy, to diagnose the specific cause of my illness. Informing him that I felt quite weak and unable to drive, he sent me to the hospital.

The first set of blood tests led physicians to hypothesize "Wegener's Disease," now known as GPA – granulomatosis with polyangiitis. (Wegener was a Nazi doctor, so folks concluded it wasn't a good idea to name it after him.)

**My biopsy confirmed the physicians' suspicion.**

GPA is a rare, fatal, incurable but treatable autoimmune disease. Its etiology is unknown; when I asked how I got it, doctors threw up their hands and mentioned a "genetic pre-disposition" and "something or other in the environment."

I concluded that I was just bloody unlucky. On the other hand, as the doctors said, had I contracted the same disease 30 years ago, I would have died forthwith. They emphasized the "treatable" aspect, not the "fatal, incurable" parts.

**I was stuck on the latter: "Fatal" is scary, and what if treatment didn't work? Statistics say it fails about 25 percent of the time.**

I thought of FEN and the Exit Guide Program, and I made a plan for entering it should my treatment not work. Soon after, I also planned to consult my doctor about the California law on Medical Aid in Dying (MAiD). Both plans eased my mind, as did talking with a close friend and FEN colleague.

In the hospital, my treatment started, including the powerful steroid prednisone, and an immunosuppressant with a four-hour infusion. It usually works well, but can have side effects and, more seriously, one becomes vulnerable to "opportunistic infections" that include all kinds of nasty things doctors try to ward off with a cocktail of prophylactic drugs.

When I was released from the hospital after nine days, my kidneys were functioning at 23 percent, barely above what they had been. But they had "improved."

**After marriage and maybe a couple of beer and wine parties, it was the happiest day of my life.**

At home, I continued to improve. My latest blood test revealed 39 percent function, and the specialist sees no obstacles to continued recovery to "remission."

I found that facing death was not difficult, except for the great grief of being taken away from all that I cherished: my wife, children and grandchild, friends, books, writing and thinking, my favorite music, the beauty of the world despite all its miseries and the follies of human beings – and my 50 years of savings!

The kids don't need all that, and my wife is cautious and frugal – she'd never come close to spending it all.

I must stay well to ensure it goes to good things: trips everywhere (except a Trump Tower), great beer and wine (in moderation), gifts to friends and family, and donations to the right-to-die movement.

My final word is to cultivate your friends and cherish your family, and know that if you live in California or Oregon, or some benighted state like Florida or Texas, *FEN is there for us if we want it.*



Wendell Stephenson

## 'Nora' lost FEN support

# Have 'the talk' with your family before it's too late

By Brian Ruder, FEN Board President

**A**s Senior Guides, many of us experience situations in which someone suffering from intractable pain has qualified for FEN support but is not able to follow through on their wishes – *because they have not discussed their decision with their family.*

The client thinks he or she knows his or her children and that they will support their decision, so does not feel a need to discuss their wishes until it is too late.

One recent situation provides a good example. The client, whom I will call Nora, was in her mid-80s and had a number of serious medical issues that allowed her to qualify for our support. She had two, well-educated children. As a part of the approval process, I asked Nora how they felt about her decision.

Nora told me she was pretty sure her children would understand and back her wishes. So, I asked to talk with them to confirm her thoughts.

Both children felt that Nora was depressed and should not be educated by FEN. When I told her, Nora was shocked to think that her children felt that way – she had told them she was ready to die, and she thought they understood.

I talked to the children a number of times and suggested they consider supporting their mother's wish, even if they did not agree with it. After many discussions and a number of consultations within FEN, I decided that we could not proceed with Nora's

education and backing, due to the risk of her children pursuing legal issues against us.

The time to talk to family and friends about your views on dying is when you are healthy and not close to death. The discussion does not have to be about specifics, but just to let them know how you feel.

If your family has time to discuss and understand your wishes before you are ready to die, it is much more likely that they will be supportive – or at least willing to accept your wishes.

The discussion can also include any arrangements you might want to have around your death, regardless of how you die. This usually gives

everyone peace of mind, which is a good thing in and of itself. At the very least, these family talks should always take place before FEN can support your wishes.



## Need a speaker?

Give the FEN Speakers Bureau a call. Bill Schoolman, who heads our group of captivating presenters, will connect you with someone for a civic program, interview, or a presentation for your church or synagogue.

Some fall dates are still available, and we've plenty of opportunities this coming winter.

Email ([finalexitnetworkcontact@gmail.com](mailto:finalexitnetworkcontact@gmail.com)) or call us (866-654-9156) and we'll fix you up.

# Readers sound off on 'dignicide' debate

In the last FEN magazine, we invited readers to comment on terminology in the RTD movement's desire to avoid the word suicide. "Dignicide" is one prominent proposal, and here's what some FEN members think about it.



## *'Dignicide' is a great choice.*

I'm writing to voice my opinion on the "name" debate about what to call a self-determined death ...

I think "dignicide" is a great choice, and I've begun using it in my conversations already. People seem to relate to it very easily and it makes me feel good to say it!

**Katherine Rose**

## *Let's call it what it is.*

... Let's not be so afraid of the word "suicide." Just as the movement for LGBT rights purposely embraced previously taboo words like "queer," "gay," or "lesbian," and in doing so changed public perceptions of these words and of members of the LGBT community, we in the right-to-die movement should boldly embrace the term "rational suicide."

Merriam-Webster defines suicide as "the act or an instance of taking one's own life voluntarily and intentionally." For "a competent person unbearably suffering an intractable medical condition" (FEN vision statement), taking their own life voluntarily and intentionally is certainly a rational act.

The phrase "medical aid in dying" is clear and to the point when the issue is passing a law to allow doctors to provide this aid to their patients. But for the suffering person, with or without the assistance of a physician, the decision to voluntarily end their life is rational - a rational suicide.

Let's call it what it is.

**Joan Sophie**

## *Dignicide is a euphemism if I've ever heard one.*

... While I agree that the word "suicide" needs to be replaced ... I think "dignicide" is a clumsy cobbling together of two words and defeats the purpose of ridding us of the dreaded word suicide ...

Dignicide is a euphemism if I've ever heard one. I think most single-word replacements will fall into that category.

I also question why a single word is needed to replace suicide (which) is commonly paired with the word "committed" to form the phrase "committed suicide." That phrase is what carries the heavy emotional baggage ... and is what we should focus on replacing ...

(It) could be "chose death" or "chose to die": "Harry chose to die," or "Harry chose death." These are not euphemisms - they are clear, direct and unequivocal ...

**Michael Klingler**

## *Nice try, but no cigar.*

... Bill Simmons (proposes) the term "dignicide" as a way to avoid the negative connotations of "suicide." At the risk of being smart-alecky, my comment is, "nice try, but no cigar."

Consider the derivation of the term "suicide," which derives from the Latin *suus* (one's own) plus *caedere* (to kill). Similarly, we have the words: *matricide*, *patricide*, *infanticide*, *homicide*, *pesticide*, etc. Thus, I fear the term "dignicide" will be derided by opponents as meaning "the killing of dignity."

Let's not put that weapon in the hands of our opponents.

**Peter Rogatz, MD**  
VP, End of Life Choices NY

*I have a few favorites, which are: Deliberate Life Completion, Dignicide, Hastened Death, and Death With Dignity.*

*Diane Barry*

# THE BACK PAGE

A COMPENDIUM OF RIGHT-TO-DIE WORLD NEWS COMPILED BY KARLA BRANDT

## United States

**Colorado:** Dr. Barbara Morris has sued her former employer, a Christian health system, after she was fired in August because she tried to help one of her patients die. Medical Aid in Dying (MAiD) is legal under Colorado state law.

**Maine:** The Death with Dignity Act went into effect on Sept. 19.

**Minnesota:** On September 11, more than 200 people attended a state House committee hearing on the proposed End-of-Life Options Act.

**New Jersey:** The Aid in Dying for the Terminally Ill Act went into effect on Aug. 1. A doctor sued and was granted a temporary restraining order two weeks later, which was lifted on Aug. 27.

**Wisconsin:** MAiD bills were introduced into the state House and Senate in October.

## Canada

A man in British Columbia was given a medically assisted death in August on the basis of his diagnosis with Lewy body dementia. Dr. Stefanie Green, who administered the medication, said a diagnosis of dementia does not always preclude MAiD under Canadian law.

In September, a Québec Superior Court judge granted two people with severe and incurable – but not terminal – illnesses the right to avail themselves of MAiD. She found that the law’s requirement that death be “reasonably foreseeable” was unconstitutional.

The Alzheimer Society of Canada has dropped its opposition to advance requests for assisted death should the requester later suffer from dementia, according to an October statement.

## Australia

**Victoria:** In July, a woman was the first in the state to die with medical assistance under Victoria’s newly enacted law.

**Western Australia:** A Voluntary Assisted Dying (VAD) bill was passed in September by the Lower House of Parliament. In October, the Upper House voted to send it to committee, where it will be examined in detail by MPs (Members of Parliament).

## New Zealand

On October 23, Parliament approved putting a referendum on the ballot so voters can say yes or no to the proposed End of Life Choice Act. It will appear on the ballot in 2020 if the bill passes a third reading in November.

## The Netherlands

A doctor was acquitted in September after assisting an Alzheimer’s patient to die, carrying out the directive in the patient’s written statement made four years earlier.

## Italy

A court ruled in September that euthanasia is sometimes justified for people with “an irreversible pathology” causing “intolerable” suffering. The court also said that in some cases, assisting such a death should not be punished.

## Switzerland

A new Voluntary Assisted Dying clinic called Pegasos opened in Basel in late summer. The clinic is staffed by Swiss professionals who have worked in the assisted-dying field for the past decade. Pegasos offers services to approved adults of sound mind – regardless of their country of residence and regardless of their state of health.

• • •

FEN would like to thank Derek Humphry’s **Right-to-Die e-mail news list** for invaluable assistance in preparing this summary. If you would like to subscribe, send an email to: [right-to-die-request@lists.opn.org](mailto:right-to-die-request@lists.opn.org) with the word **Help** in the subject line. You can receive news items as they are posted, or you can opt to receive a periodic digest of recent items. The service is free of charge.



FINAL EXIT NETWORK  
P.O. BOX 10071  
TALLAHASSEE, FL 32302

# HELP US HELP YOU

## OUR YEAR-END APPEAL



**OPEN**

Early in December, open our FEN year-end appeal when you receive it in the mail.



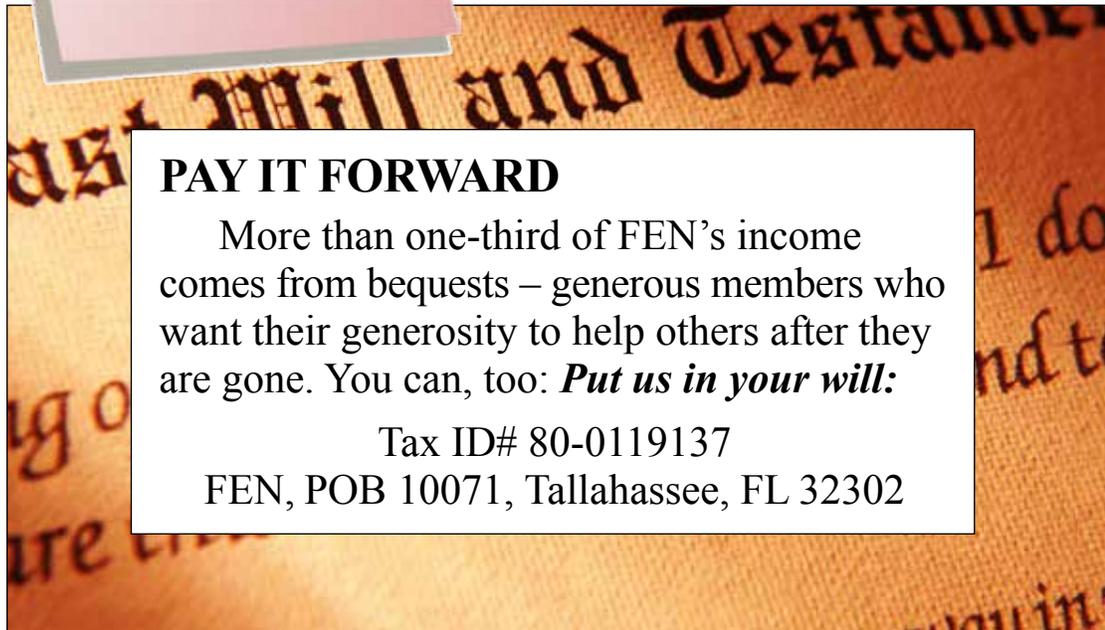
**READ**

Learn about FEN's latest innovative initiatives and outreach – *the vital importance of Final Exit Network.*



**RESPOND**

We only ask once a year, and you respond. Your donations, gifts, and bequests make FEN's education and support available to everyone.



### PAY IT FORWARD

More than one-third of FEN's income comes from bequests – generous members who want their generosity to help others after they are gone. You can, too: *Put us in your will:*

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