

FEN

THE
GOOD
DEATH
SOCIETY

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A Conversation With Fran

By Michael James, FEN Life Member

Q:
What's going to happen to you?

A.
I will get dead.

Senior Guide Fran Schindler's voice was raspy after five days of protesting in Washington, DC, but this remarkable 79-year-old's enthusiasm for FEN and life in general was loud and clear. "The privilege of someone being willing to have me with them when they die, when I only just sit with them, is the most meaningful thing I have ever done."

In the late 1980s, Fran faced a series of daunting issues: a brain tumor, divorce, and mysterious symptoms which mimicked ALS. She acknowledges she became obsessed with finding ways to kill herself during those dark days. Eventually she heard Faye Girsh lecture about FEN. She quickly signed up for training and got her FEN membership card in November 2006. Twelve years later she estimates

FRAN continued on page 2

she's been present for over 70 individuals who have taken their lives using FEN protocol. "At the FEN training class I discovered a major benefit of being a FEN member. I looked at the trainers and my fellow classmates—people who didn't know me—and realized that if I needed them they would be there for me. It gave me such peace of mind that my obsession with finding a way to die gradually went away."

Asked about unusual experiences, Fran recalled the time she and a fellow guide had to wait 45 minutes in a bus stop shelter until the client's guest left the premises. "Bus drivers kept stopping and several commented on what a cute couple we were. It was pretty funny."

Fran asks clients to use the phrase "I will get dead." Fran explained she started using this phrase to

Fran realized the importance of getting informed consent and improvised what has become her "signature" approach.

ensure clients give informed consent. When she asked one of her first clients, "What's going to happen to you (when you use our protocol)?" the client responded, "I'm going to live." When asked to clarify, the client

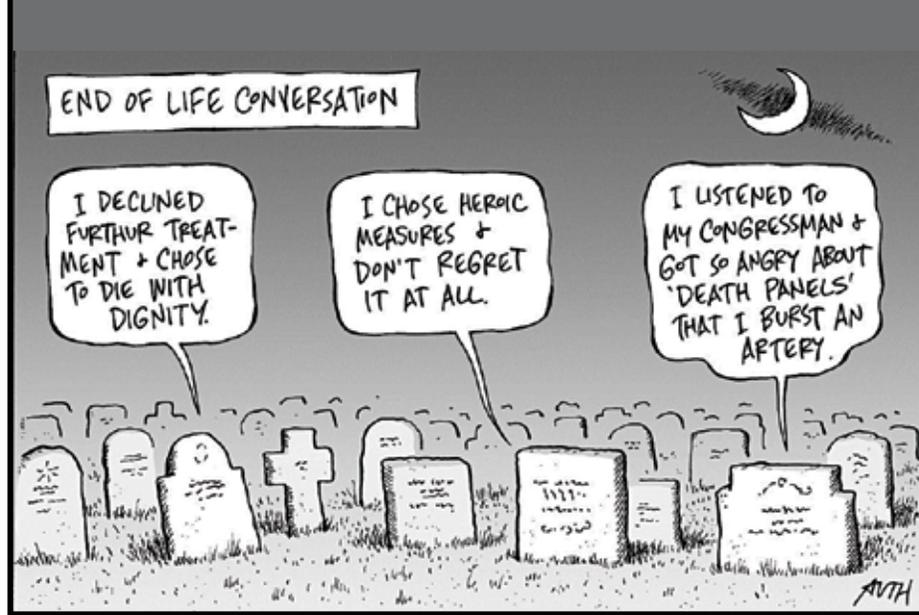
said her spirit was going to live forever. At that point, Fran realized the importance of getting informed consent and improvised what has become her "signature" approach. "Getting dead is not an emergency. Clients must give informed consent. So at the first visit and every visit I ask them—"What is going to happen to this physical body when you pull the hood down?" And they MUST say, 'I will get dead.' That tells me that they know that dead is dead."

A retired psychiatric nurse with three adult children and two grandkids, Fran still finds time for art and participating in political protests in addition to her FEN activities. With her usual flair for creativity, Fran turned the handcuffs used on her during a recent protest into a piece of found art. Her advice to others? Start doing what you want and don't put it off. People say they want to find meaning in their lives. I say, you have to live a meaningful life before you can find meaning in your life." Sage advice from a very wise woman! ■

"Start doing what you want and don't put it off."

"People say they want to find meaning in their lives."

"I say, you have to live a meaningful life before you can find meaning in your life."



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Time to Improve the Oregon-Style Death-with-Dignity Laws

By Derek Humphry

It's been 24 years since Oregon citizens passed the Death With Dignity Act and ten years since Washington state passed a similar law providing medical-assisted dying under tight guidelines.

Altogether, seven US states now have an Oregon-type law. The latest, Hawaii, takes effect next year.

That's a big step forward and important help to hundreds of terminally ill people seeking a peaceful death. In the light of all this experience, couldn't we draft a better law?

It's time to update and improve this law, chiefly to give adults with serious degenerative illness the chance to qualify for relief. And to strengthen the Advance Directives (Living Wills as they were known).

Let's be progressive, not stuck in the past. More people urgently need this type of help. The Oregon legislature will consider these changes next year.

Canada's new law on this subject is much improved over the Oregon-style laws, which were drafted in the early 1990s. Much has changed in US medical practice, medical ethics and social awareness.

A re-think is necessary. ■

[To follow progress of efforts to revise Oregon's law, check the group, Choices for Compassionate Ending of Life, in Facebook.]



A Painless Death Should Be An Option

By Renée Neumann

Since Americans live in a democratic republic and not a theocracy, one's personal religious beliefs are for oneself only, and cannot be applied toward others.

Most people agree that the man-made science which now allows us to artificially prolong the end of our lives, often resulting in prolonging the suffering, is not for them. Polls consistently show over 70 percent of Americans want physician-aid-in-dying if they are hopelessly suffering. Since we are a democracy, with majority rule, that alone should dictate that any such American should be provided assisted dying upon request.

And why would you deny me the same mercy you would show your pet animal?

Accelerated dying is not "suicide." If someone has a diagnosis of six months or less to live, and takes advantage of physician-aid-in-dying laws now in seven states and the District of Columbia, that is not suicide, legally or medically or by any other definition.

You do not control my manner of dying, nor I yours. Nor do any government bureaucrats, religious group, family members, or medical personnel. It for each of us to decide individually and only for our own selves.

If you are screaming in agony from pain that

drugs can't remove, and you decide to soldier on to the bitter end, that is your choice. But it need not be mine.

If I am not terminal, but am still hopelessly and intolerably suffering, it is my choice to end that suffering even if it means ending my life. Many would argue that this is a constitutional right and a human right.

[The Final Exit Network (finalnetworkexit.org) can provide information and support to people whose suffering is unbearable and who want a peaceful death. They do not provide the means or physical assistance but can send trained Exit Guides to your home, explain what you would need, and be there for you if you choose.]

Contact your state and U.S. senators and congressional representatives if you'd like the same right to a peaceful, assisted death as is available to Canadian, Belgian, Luxembourg, Dutch, German, Swiss, Japanese and Colombian citizens who may not be terminal but are hopelessly suffering. And to a limited extent, those Americans in eight other jurisdictions, based on the 25-year-old Oregon model.

We do not need to suffer hopelessly. ■

This article is a condensed version of a newspaper editorial.

Advance Directive for People Facing Dementia

By Robert Rivas, FEN General Counsel

There's been a lot of talk lately within the movement for the right to death with dignity about the problem of terminal dementia.

More and more people are trying to figure out how to create an Advance Directive that will enable DWD after one's dementia progresses to a certain preordained point, such as when the patient can no longer recognize her children or other loved ones and family members. I'll call this the "Chosen Time." There is no such legally enforceable option yet.

Many believers in DWD wish they could put an instruction in their Advance Directive that their lives be terminated at the Chosen Time by someone else. This is euthanasia. As far as American law is concerned, euthanasia is murder.

It is also illegal to obtain self-deliverance by medical aid-in-dying ("MAiD") at the Chosen Time. In the American jurisdictions where MAiD is legal—California, D.C., Hawaii, Colorado, Oregon, Vermont, and Washington—the patient must be competent when the lethal drug is prescribed and when it is ingested.

What about VSED, or the Voluntary Stopping of Eating and Drinking? Every patient has a right to refuse treatment, even including the provision of nutrition and hydration. Would that be legally enforceable if it were to be put in a dementia Advance Directive?

As far as I know, the question has never been ruled upon by an American court. But there is a 2016 case from Oregon that comes close and could be considered encouraging.

Nora Harris signed a California-form Advance Directive naming her husband as her "health care representative" with the authority to "make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive." She directed that no "life sustaining treatment" be applied if it would "only serve to artificially delay the moment of my death."

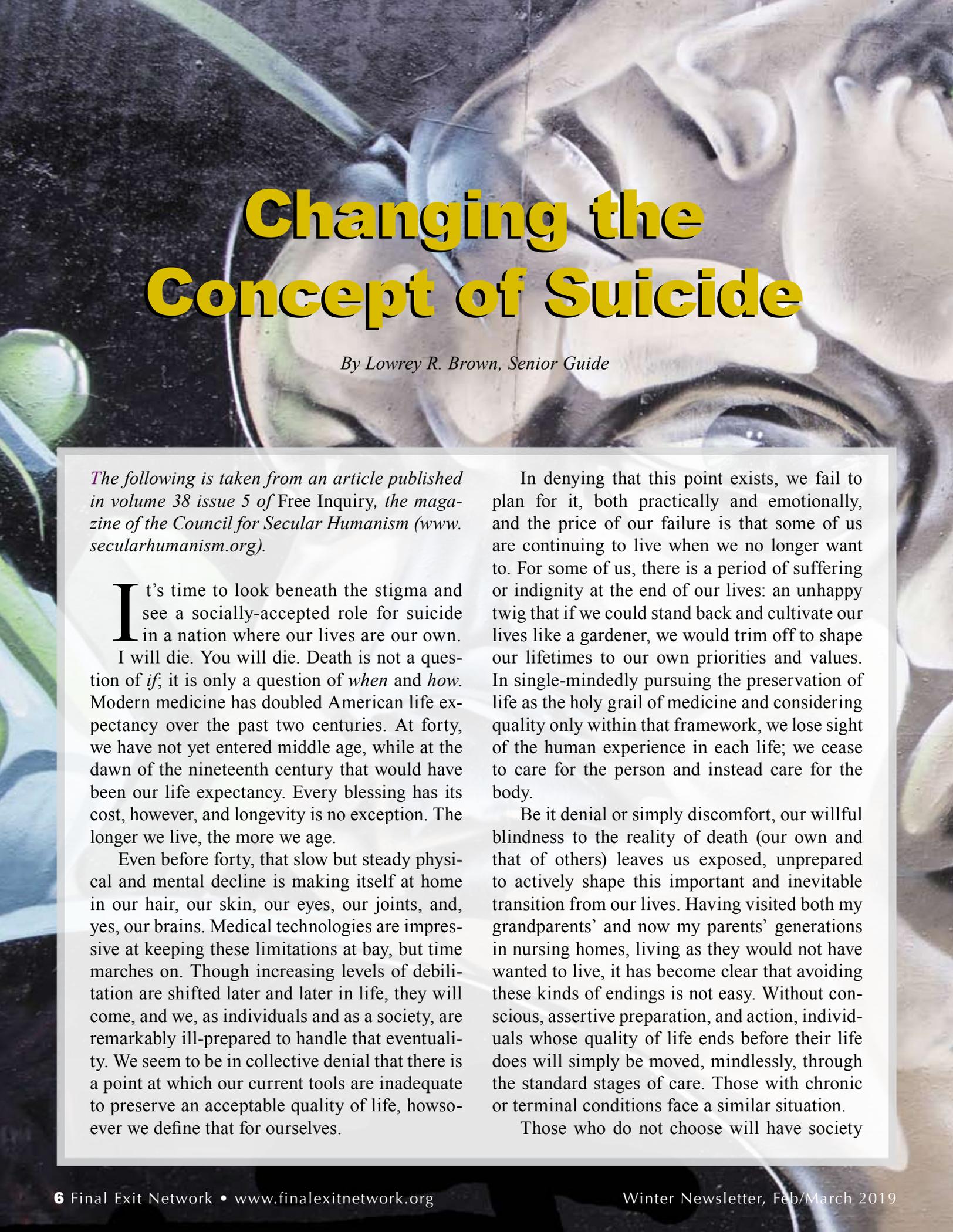
Her advancing dementia left her incapacitated and in a nursing home by 2013. In 2016, her husband filed a petition in the guardianship court for an order that the nursing home stop hand-feeding her.

In her order denying the petition, Circuit Judge Patricia Crain of Medford, Oregon didn't explain her reasoning. But the court brief by attorneys against Ms. Harris's husband's petition (applying the legal fiction that its arguments were being made on her behalf) argued that in her Advance Directive, she had not specifically said she wanted hand-feeding to be discontinued at a

...if Ms. Harris "did not want to be helped with eating, she could have stated that desire in the Advance Directive..."

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FEN's General Counsel Robert Rivas will be representing FEN with a presentation on this topic during the upcoming Ghent, Belgium Third Annual International Conference on End of Life Law, Ethics, Policy, and Practice (ICEL3).



Changing the Concept of Suicide

By Lowrey R. Brown, Senior Guide

The following is taken from an article published in volume 38 issue 5 of Free Inquiry, the magazine of the Council for Secular Humanism (www.secularhumanism.org).

It's time to look beneath the stigma and see a socially-accepted role for suicide in a nation where our lives are our own.

I will die. You will die. Death is not a question of *if*; it is only a question of *when* and *how*. Modern medicine has doubled American life expectancy over the past two centuries. At forty, we have not yet entered middle age, while at the dawn of the nineteenth century that would have been our life expectancy. Every blessing has its cost, however, and longevity is no exception. The longer we live, the more we age.

Even before forty, that slow but steady physical and mental decline is making itself at home in our hair, our skin, our eyes, our joints, and, yes, our brains. Medical technologies are impressive at keeping these limitations at bay, but time marches on. Though increasing levels of debilitation are shifted later and later in life, they will come, and we, as individuals and as a society, are remarkably ill-prepared to handle that eventuality. We seem to be in collective denial that there is a point at which our current tools are inadequate to preserve an acceptable quality of life, however we define that for ourselves.

In denying that this point exists, we fail to plan for it, both practically and emotionally, and the price of our failure is that some of us are continuing to live when we no longer want to. For some of us, there is a period of suffering or indignity at the end of our lives: an unhappy twig that if we could stand back and cultivate our lives like a gardener, we would trim off to shape our lifetimes to our own priorities and values. In single-mindedly pursuing the preservation of life as the holy grail of medicine and considering quality only within that framework, we lose sight of the human experience in each life; we cease to care for the person and instead care for the body.

Be it denial or simply discomfort, our willful blindness to the reality of death (our own and that of others) leaves us exposed, unprepared to actively shape this important and inevitable transition from our lives. Having visited both my grandparents' and now my parents' generations in nursing homes, living as they would not have wanted to live, it has become clear that avoiding these kinds of endings is not easy. Without conscious, assertive preparation, and action, individuals whose quality of life ends before their life does will simply be moved, mindlessly, through the standard stages of care. Those with chronic or terminal conditions face a similar situation.

Those who do not choose will have society

A close-up photograph of a person's face, focusing on their eyes and mouth. A hand is visible near the mouth, possibly holding a pen or a small object. The background is dark and out of focus.

choose for them, and society's default is to preserve life regardless of its quality. This is not unreasonable. Where individuals haven't made explicit what they want, caregivers and medical personnel need a default framework from which to operate. That said, the decades-long struggle of the death-with-dignity movement is clear evidence that even when individuals are explicit about what they want, society and the medical community have been largely unwilling to loosen their grip on that default framework and empower individuals to more actively shape when and how their lives end.

There is a need to rehabilitate the concept of "suicide." Suicide means to intentionally end one's own life. Period. The word itself carries no judgment. It provides no information about the reason(s); life-expectancy; physical, mental, or emotional state; morality; legality; or anything else one might want to layer on top of this beleaguered word. The act of suicide is as diverse as the people who choose it. From the emotionally distraught who cannot see past their current situation to samurai who have brought dishonor upon their station, from sufferers of psychosis whose inner voices drive them to destruction to those elderly who have reached the extent of the limitations they wish to live with, from the condemned who take the blade rather than have another do the deed to those suffering from chronic pain, from widows whose society calls on them to die upon their husbands' funeral pyres to Antarctic explorers who wish to give their comrades a bet-

Leave "Exit" Out of It

Lowrey Brown prefers being called a "senior guide" rather than "senior exit guide." She explained, "Our focus is on giving people options and the knowledge to comfortably exercise those options. Most of the people the coordinators speak with don't go on to apply for guide support and, of those who do, many choose not to hasten their deaths. The most controversial thing we do is provide information on how to safely exit, but our guides and coordinators do so much more than that, and we struggle to remind people (and the press) that our focus isn't death, it's choice and control."

ter chance of survival, from toppled monarchs with no safe path to exile to individuals facing a terminal illness ... all these are faces of suicide.

I fear that our society has lost sight of the rational and compassionate reasons for suicide. Suicides that are tragic or brutal make lurid headlines, but there are numerous non-newsworthy suicides that take place privately, peacefully, and sometimes in the presence of loved ones; I have been privileged to be present at a few of them. The beauty and dignity of these endings—these suicides—have taught me a great deal about what is possible. They are a reminder that, while we cannot stop the end from coming, for those ready to meet it we can, sometimes, gently shape when and how it comes. ■

Even Nonprofits Require Funds to Function

By Eleanor Aronstein

How many requests for donations do you get each year? How many organizations—many of them very worthy—tug at your wallet? If you're like me, it's probably overwhelming...so how do you prioritize your charitable giving?

Let me suggest that you allow both altruism and self-interest to guide you. FEN is an organization that will be here for you when you are at your most vulnerable. FEN should be on your A-list. Financial struggles are a fact of life for most nonprofits. FEN is further restricted in that it does not apply for grants; it is totally dependent upon the support of its members. FEN is largely staffed by dedicated volunteers who are there for you.

"Few organizations, if any, are more respectful of your donation," says Janis Landis, FEN president. "Every Guide, Coordinator and Director of FEN is a volunteer. We work out of our homes, and handle most of our meetings by phone. We are committed to the relief of suffering and try to make every dollar go towards that goal. We are committed to our mission, our clients and to our donors."

Financial instability is a significant factor in undermining an organization's effectiveness. FEN's mission is to be an effective agent in making sure that its members achieve their end-of-life objectives. Therefore, financial support and membership growth are major concerns for FEN's future. Each of us needs to consider that seriously.

An overview of FEN's fiscal status last year indicates that donations and bequests accounted for 90% of income.

Membership accounted for 8% of income. Total income was nearly \$1.5 million.

"There are many organizations doing good and important work in this country," Landis states. "They include a wide range of medical, social, environmental, and other groups. But Final Exit Network is unique. There is no other organization providing information to competent, suffering adults. We empower the individual to make their own determination when their suffering has become unbearable. Without us, there is no path forward but one filled with pain and indignity."

What is YOUR ROLE in keeping FEN effective? Not only can you pay your dues, but you might make non-financial contributions. You can find comfort in your membership, and also share information about FEN with others—possibly friends and family members who may be sympathetic to FEN's purposes. Expanded membership is a sure way to ensure continued viability of a vital organization. ■



Fiscal Year Financial Report

By Janis Landis

Thank you to all of our members and donors for their commitment to our mission and to the death with dignity movement.

I am pleased to submit the Final Exit Network Financial Report for the fiscal year 2017/2018, which spans June of 2017 to June 2018. We have made a commitment for future years that our fiscal reports will be issued within a few months of year end.

Our stable financial health, and ability to carry out our mission, is due to your continued generous donations and bequests. As you will see in the attached charts, nearly half of our funds came from bequests. Membership dues have always been kept low in order to not be a burden, and so donations and bequests really are key to our continued viability.

Our guide program is now in the best shape it has been in for a number of years, with a full component of senior and associate guides and coordinators.

We hope that those of you that can, will consider putting Final Exit Network in your wills. Please contact us if you have any questions.

As you will also see, our outreach and education expenditures required half our budget. A significant portion of that was for our Conference on Dying in the Americas. The Conference gave Final Exit Network a chance to bring international leaders in the death with dignity move-

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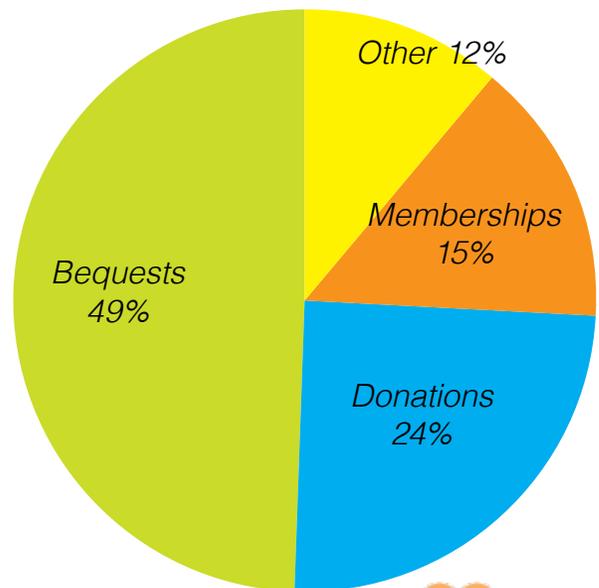
Treasurer's Report

Fiscal Year 2017-2018

Information supplied by

FEN Treasurer Judy Snyderman

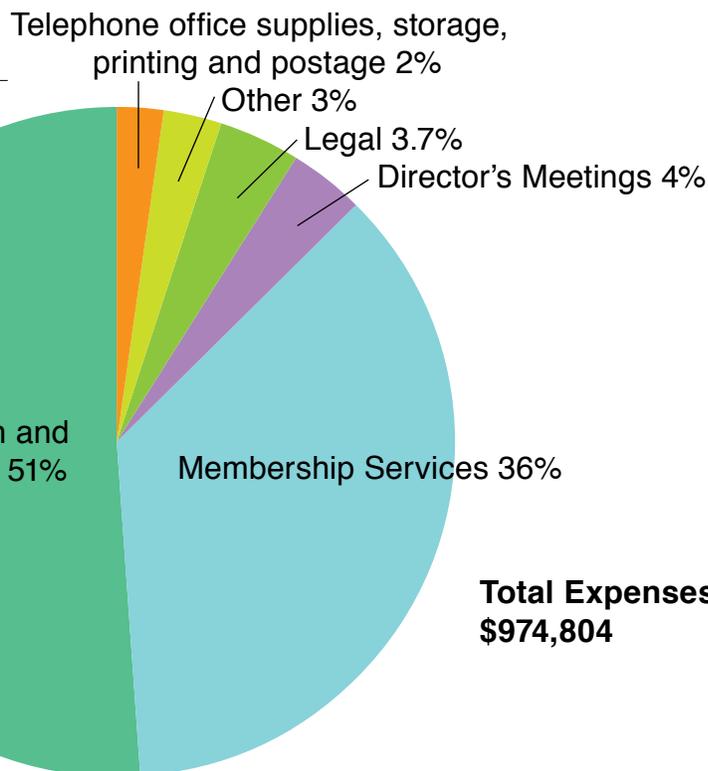
Total Income - \$718,741



ment together to discuss issues and exchange ideas but with particular focus on supporting the initiatives within our hemisphere. We are continuing to build on those relationships, though given the cost and staff hours involved we have concluded that we cannot host a follow up conference of this magnitude. Other outreach initiatives include our robust Speakers Bureau and our booths at Conferences such as UU Assemblies.

Our member services program is constantly evolving and improving, with more efficient dues processing, and prompt responses to all inquiries. Our guide program coordinators answered over 2000 inquiries this past fiscal year. In each of these, we provided individuals with personalized information on options for managing one's end days. These calls resulted in over 100 applications for exit guide service, but equally important were the options we gave to those who did not apply, but got the information needed for their situation. Our guide program is now in the best shape it has been in for a number of years, with a full component of senior and associate guides and coordinators. We have never had to turn away any qualifying person due to unavailability of Guides or funds.

You will also see we have added a category of Directors meetings. Over the past few years, we have increased the money we spend on face-to-face



time for our guides and our board members. We have found that these face-to-face meetings allow us to deal more quickly and effectively with issues and strategy than is possible over the phone. We think this is a good investment and makes our organization much more responsive and effective. But I do want to assure you these meetings are held in the most cost effective way possible—at a hotel by the Chicago Airport so that we need no rental cars or downtown hotel prices!

In summary, Final Exit Network is in good financial health, thanks to your continued support. The Board is working to reduce costs wherever possible. We will continue to keep you informed as we move forward. Thank you again for your support. ■

DEMENTIA *continued from page 5*

Chosen Time. Most American healthcare institutions maintain that hand-feeding of an incapacitated person is not an “artificial” means of life support, but is in fact a minimum standard of care.

The State’s brief in opposition to Ms. Harris’s husband’s petition said that if Ms. Harris “did not want to be helped with eating, she could have stated that desire in the Advance Directive,” and concluded:

“When a person’s life is at stake, the Court should consider the protected person’s instructions made in writing when the protected person signed his or her

Advance Directive. . . . In this case, Mrs. Harris had the ability to state in the Advance Directive that she did not want assistance in eating. The Advance Directive was signed when Mrs. Harris had capacity.”

This decision encourages hope that if an Advance Directive specifically sets forth a Chosen Time for hand-feeding and hydration to be discontinued, the provision might be enforced. The time is right for litigation to gradually shift the American paradigm in favor of an expanded view of what choices a person is empowered to make in an Advance Directive. The evolution of the law takes place in court decisions such as the one in Harris. ■

Poll: Most Americans Accept Euthanasia

Americans' Support for Euthanasia, by Group

When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient's life by some painless means if the patient and his or her family request it?

	Yes, should %	No, should not %
All adults	72	27
Gender		
Men	79	20
Women	65	34
Age		
18 to 29	85	15
30 to 49	72	28
50 to 64	67	29
65 and older	65	34
Party ID		
Republican	62	37
Independent	73	27
Democrat	80	17
Ideology		
Conservative	54	46
Moderate	79	20
Liberal	89	11
Church attendance		
Attend church weekly	37	60
Attend church nearly weekly/monthly	69	30
Attend church seldom/never	86	14

GALLUP, MAY 1-10, 2018

A Gallup poll, conducted in May, indicates widespread and growing support for euthanasia and end-of-life choice. Replies were significantly more positive than earlier surveys,

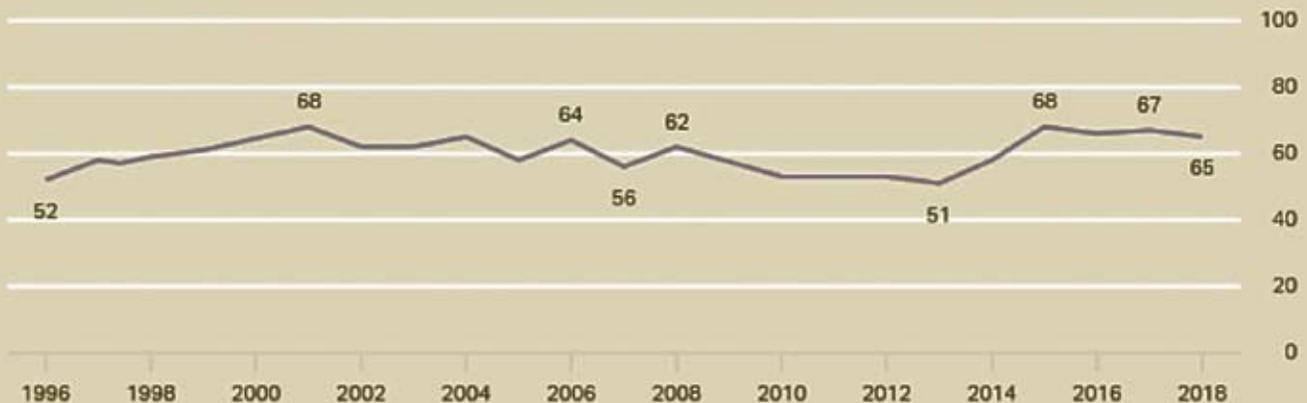
When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient's life by some painless means if the patient and his or her family request it?

In 1947 and 1950, when Gallup first measured public attitude on euthanasia, fewer than 4 in 10 Americans supported legally and painlessly ending a terminally ill person's life. This rose to 53% in 1973. The recent poll also found strong support among most groups for physician-assisted suicide of terminally ill patients.

Americans' Support for Doctor-Assisted Suicide

When a person has a disease that cannot be cured and is living in severe pain, do you think doctors should or should not be allowed by law to assist the patient to commit suicide if the patient requests it?

■ % Yes, should be allowed by law



Editorial Reply

By Jerry Metz, M.D.

One way members can help out in the battle to gain end-of-life options is by writing Letters to the Editors. That's what Jerry Metz did after spotting a bothersome op-ed column in the Portland (Maine) Press Herald.

A recent op-ed piece argued against physician aid in dying, resurrecting the old fake news scarecrows such as eager heirs convincing grandma to shuffle offstage. In two decades of helping people avoid the torment of an ugly death I never saw the greedy heir or the slippery slope or any other such propaganda. The writer also misidentified "terminal illness," which is declared when a physician feels death is likely to occur within six months.

We take our suffering pets to a vet for euthanasia and call it "humane." What do we call it when nosy busybodies claim the right to prescribe "cruel and unusual punishment" to someone they don't even know whose terminal cancer is eating brain or bone causing untreatable pain or whose nervous system is gradually going on strike, leaving them alert but progressively paralyzed?

Patients who acted upon medical information to obtain a peaceful escape from the occasional cruelty of nature have been some of the most intelligent, courageous, and grateful folks I ever met! As for values, Mainers are independent. Let them decide. Mind your own business.

Pique Interest

By John Abraham

I have found that by wearing one or more of these, like the bracelet or hat with a pin/button on my shirt, that people (clerk, passerby, friend) occasionally ask, "What is that about?" This affords me the opportunity to tell them about Final Exit Network and the work we do.

We have gained a few members and supporters by doing so.

Perhaps instead of "curiosity killed the cat" it is "curiosity enabled someone to get a quick, certain, and peaceful death for oneself or a friend."



Where is a Kevorkian When You Need Him?

By Faye Girsh

Noel Conway needs a Jack Kevorkian. Tom Youk was in the last throes of ALS when Jack Kevorkian agreed to hasten his death before he suffocated in his own secretions. It was obvious that Tom Youk could not swallow or lift something to his mouth or even digest it. So Dr. Jack did what doctors should be able to do—and probably have been doing since the time of Hippocrates—gave him a lethal injection.

No one would have complained and it would have been a quiet death. But Jack wanted the world to know what mercy and compassion looked like so he made sure that sixty million people saw what a peaceful death looks like when it was shown on *60 Minutes*. He was willing/eager to be tried for murder to get the attention of the Supreme Court.

Of course, his gamble did not pay off and the suffering continues. Where are the courageous doctors of today who will stand up for what is right and promise Noel Conway, a terminally ill Englishman who wants to end his life, that his suffering will be relieved when he is ready?

Mr. Conway recently lost his appeal to the U. K. Supreme Court. He tells his story on Dignity in Dying web sites.

BBC Produces Documentary

A FEN client and two of our guides participated in the making of a BBC documentary in 2018, which is expected to air on BBC America sometime in 2019. The BBC documentary, *Altered States: Choosing Death*, followed people in California using the California End of Life Option Act and, as a contrast, a FEN client in Oregon. Louis Theroux, a well-known British documentarian, made the film, which aired in England last November to good reviews. As a result of the airing, the FEN website saw a significant increase in hits and coordinators fielded a couple of inquiries from England.

FEN supports only people residing in the United States. While we do not require citizenship, the current procedures do not support a person coming to the US to use FEN services. Future communications will cover the film's availability.

Renew online at
findexitnetwork.org!

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Playing Cello for the Trees by Amy Tatko

Reviewed by Judith Hinds

As the editor noted in a past newsletter, right-to-die issues are showing up more often in general fiction. Edith, the protagonist of this 2017 novel, is a healthy 75-year-old woman who has mastered a truly daunting Lifetime List of Things to Do and decided that 75 is the perfect age to die. We witness Edith's conquest of the last three items on her list—find her high school sweetheart, visit Greece, and learn to fly an airplane—through the eyes and ears of journalist Lucy, who is writing the story for the local newspaper. Edith and Lucy find love in unexpected places, make enemies, discover new kinds of beauty in the world, and debate what it means to die well. Beautifully written, this book has its heavy moments but is also filled with light. The main characters are people I'd love to count among my friends.

RTD advocates will be especially interested in the day Edith takes her son and Lucy to visit a nursing home to show them the tragic circumstances of residents who are more than ready to go but have no way out: a woman immobilized by two strokes, a man with cancer who asks every visitor for “pills or a gun,” a man with diabetes who was found nearly dead alone in his house, and a woman in a coma receiving hospice care.

Does Edith “make her exit?” (Her phrase.) You won't hear it from me. Go enjoy this engaging yarn for yourself.

Theater Review

More

Reviewed by Huck DeVenio

Another example of end-of-life issues in popular culture is the play-to-be, *More*, by Deborah Rennard. Recently getting a read-through at the NewWorks playwriting competition in Memphis, the play's multiple twists are set in motion by a family disagreement over the comatose condition of a dysfunctional father. Should they pull his plug or not?

More interweaves dialogue on mental health, trust, infidelity, guilt, and suicide, but the chain of events is initiated by an even-handed argument over euthanasia. The various themes and some seemingly mysterious interjections are tied together with a rather surprising ending.

I don't expect you'll see this play at your neighborhood theater soon, but it is worthy of further production.

Suffering is Not Ennobling

Excerpted from Good Life Good Death

By Christiaan Barnard

I have never agreed with those who claim that suffering ennobles.

The problem of human suffering has probably generated more discussion—much of it nonsense—than any other aspect of our daily condition. Philosophers, theologians, and wordsmiths take great care to classify suffering into acute, chronic, physical, and spiritual components—and then go on to dwell on the peculiarities of each.

Inevitably, the discussion will lead to the conclusion that suffering is an ennobling human experience.

Every time you hear or read that point of view you can be reasonably sure of one thing—that the person proposing it has not the faintest conception of suffering of any kind, least of all that involving physical pain. And physical pain is the kind most often encountered in the doctor-patient relationship.

Long acquaintance with human fallibility, most of it my own, has taught me never to be adamant on any subject. But if ever I were tempted to stick my neck out, it would be on this topic—and my first categorical statement would be that there is no nobility in pain, bravely borne or otherwise.

There is no nobility in the fish-like gasps of the patient trying to suck more air into bulging emphysematous lungs.

Neither is there nobility in the struggle of a patient who has both legs amputated at the hip to position himself on a bedpan.

I say that if suffering ennobles, then mankind would indeed be a noble breed, for is not suffering our normal lot?

Roots of Life's Sanctity

By Tom Preston, M.D.

This historical note was taken from Dr. Preston's 2006 book, Patient-Directed Dying.

Although the majority of Americans think dying patients should be able to end their lives in order to end suffering, the notion that patient-directed dying violates divine law, or "the sanctity of life," has deep roots in our culture.

Primitive human beings were helpless against the forces of nature. They had no control over birth, illness, the threats to life all around them, or death. They attributed these events to the supernatural, as the workings of the fates or the gods, and submitted to the will of the gods in all matters relating to life and death. For the most part, physicians of ancient and medieval times worked harmoniously with religious laws and teachings, they were viewed as agents of the gods, or of God. But when human healers acquired the means to modify the courses of various illnesses, they raised the enduring question: What is the appropriate role of healers with regard to how mortals die? ■

Bring the Curtain Down

By K. Lee Smith

**Won't someone bring the curtain down?
I'm standing alone here on this stage—and
Many players, my beloved Heroine too,
left long ago.**

**The spotlight is on me still, but I'm tired
of playing the part.**

**The script has been long and hard and often
without applause.**

**I've performed well enough, but I'm ready
to leave now,**

**I have no parts left to play. Yes, I want to go,
If someone will just bring the final curtain
down.**

**Must I bring it down myself, Great Mother
of Life?**

**I prefer not, but alas if You won't then I must.
But perhaps I'll linger just a while longer,
And watch the spotlights glare fade away
to black?**

**But not too long can I wait! Someone bring
it down!**

**My final curtain will appear, not soon enough
for me.**

**Yet, I must be more patient and prepare,
For my deliverance surely will come with
time.**

**But if not in my time, then I must be ready
to do the deed—**

**When I decide the moment is right—
for my life belongs to me!**

I'll bring the final curtain down.

Q. How can I tell the date when my membership expires?

A. Check the line directly above your name on the NL address label for your membership expiration date. (Remember: for lifetime members no expiration date will appear.)

Q. Why did I get a renewal letter when I recently paid?

A. You probably did not designate on your check that the money was for membership, so it was likely entered into our records as a donation, an important distinction. Mail could have passed in the mail. Contact us to make a correction. *Call (866) 654-9156.*

Q. What information do I need to put FEN in my will?

- A.**
1. Our tax ID#: 80-0119137.
 2. Our mailing address: Final Exit Network,
P.O. Box 10071, Tallahassee, FL 32302

Can I donate stock?

Yes. Use this same information.

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