VOL 25 • NO 1 • SPRING 2026

# Final Exit Network

## Paths to Peace:

## Where Choice Meets Compassion

**In this issue:**

- Voluntary Assisted Dying in Switzerland
- MAID Victories in the US and Abroad
- Celebrating National Volunteer Month

# April is National Volunteer Month…

We pause with deep gratitude to recognize the extraordinary individuals who give their time, compassion, and steady presence in service to Final Exit Network's (FEN's) mission. Our volunteers engage in work that is both profoundly meaningful and uniquely sensitive. They meet people at some of life's most vulnerable moments, offering respect, careful listening, and a calm commitment to dignity and personal choice.

This service asks for emotional strength, thoughtful judgment, and unwavering integrity. It requires the ability to hold space for difficult conversations while honoring the humanity and autonomy of every person seeking information or support. Again and again, our volunteers demonstrate these qualities with quiet courage and profound kindness.

Because of this dedicated group, individuals and families facing complex end-of-life concerns are met not with isolation, but with understanding. Each is treated with compassion, clarity, and respect for deeply personal decisions. The willingness of our more than 60 dedicated volunteers who serve in this careful and confidential way reflects the very heart of our shared values.

Thanks to each for their time, empathy, and skill. Final Exit Network is stronger because of their dedication and grateful beyond words for all that they do.

## …and we may be biased, but we think ours are the best!

## Remembering Longtime FEN Volunteer Jay Schamberg, MD

We honor the life and service of Jay Schamberg, MD (1942-2025), a longtime Final Exit Network volunteer who served on FEN's Board of Directors, the Oversight Committee, and the Medical Review Committee (including as its chair) for many years. Jay's clinical expertise, thoughtful judgment, and ethical rigor helped guide some of the most sensitive aspects of our work.

We are deeply grateful for Jay's years of service, his wisdom, his humor, and his unwavering dedication to this mission. His legacy lives on in the strength of the systems he helped build and in the countless lives touched by his work.

*Final Exit Network*

# IN THIS ISSUE

*On the cover: a view from Pegasos Association's new facility near Basel, Switzerland.*

# From the Board President

It is an honor to step into the role of board president for Final Exit Network at a time when advancing our mission feels both deeply personal and profoundly urgent. For more than two decades, FEN has stood alongside individuals and families seeking compassionate, lawful, and informed end-of-life choices. I am grateful for the trust placed in me and committed to helping guide this work with care, integrity, and respect.

Strong board leadership is essential to sustaining an organization like FEN, and I am grateful for the guidance of our most recent presidents, Brian Ruder and Janis Landis. Our board is responsible not only for governance and stewardship, but also for protecting the values that define this community: dignity, autonomy, transparency, and compassion. We work in close partnership with staff, volunteers, and supporters to ensure that FEN remains responsive, ethical, and focused on the people we serve. In a rapidly evolving legal and cultural landscape, thoughtful leadership helps us remain steady while continuing to grow our impact.

This magazine arrives just ahead of a meaningful moment for our organization, as board members prepare to meet with program volunteers in Chicago. The timing is especially fitting as April is National Volunteer Month, a time to honor the extraordinary dedication of those who make this work possible. These gatherings are powerful reminders that FEN's strength comes from people who give their time, expertise, and hearts to this mission. I look forward to listening, learning, and strengthening the connection between governance and the lived experience of volunteer service.

As we look to the future, we also invite members of our community to consider board service. Serving on the FEN Board is both a responsibility and a privilege. It offers the opportunity to help shape national conversations, safeguard compassionate practices, and ensure that individuals facing the end of life are not alone. We welcome people who bring diverse skills, perspectives, and a shared commitment to dignity and choice. If you are interested in board service, I encourage you to reach out to us at info@finalexitnetwork.org.

Thank you for being part of this community and for sustaining this vital work. I look forward to what we will accomplish together.

Anita Winsor

Anita Winsor
Board President

# From the Executive Director

## Six Months In: Rolling Forward Together

As I write this, I've just marked six months as executive director of Final Exit Network. Naturally, I wondered: What are the developmental milestones at six months? So, I did what any curious adult would do—I Googled it. Here's what I found:

*"At 6 months, babies become more socially interactive, mobile, and communicative. They typically roll in both directions, sit with support, and babble with consonant sounds ('ba-ba,' 'da-da'). They recognize familiar faces, enjoy mirrors, and express emotions like joy and displeasure."*

It's surprisingly accurate! I am certainly more socially interactive. In six months, I've engaged with hundreds of volunteers, board members, staff, partners, members, donors, and colleagues across the United States and abroad. I am recognizing more faces—and names—every week. I am definitely "babbling" as I learn and wrestle with the evolving language of our movement. Mostly, I feel joy. And occasionally, I feel displeasure when I'm reminded how difficult choice in dying remains for so many to access. As for enjoying mirrors? I'll confess: not yet. So perhaps I'm right on schedule.

But the milestone that truly resonates is this: "**rolling in both directions**." Two months into my tenure, we faced a serious legal challenge. Nothing quite accelerates your maturity like hearing the word "manslaughter."

Last fall, the district attorney in Boulder County, Colorado announced that Final Exit Network was "under investigation." As it turned out, Final Exit Network was not charged with any crime. The individuals later indicted were not Exit Guide Program clients and did not receive Exit Guide services from FEN.

However, we invested more than $130,000 in legal expenses to fully educate the district attorney's office about who we are, how we operate, and the rigorous safeguards that guide our work. Ultimately, we entered into an agreement that reinforced what has always defined Final Exit Network:

- Education first
- Robust safeguards
- Respect for personal autonomy
- A clear and disciplined understanding of legal context

The best news? We are fully back to supporting the people of Colorado with all aspects of our program. It was, to say the least, a memorable entrance into the FEN world.

And yet—I remain more energized than ever. Because what this moment revealed was our resilience. It demonstrated that our systems, our volunteers, our board leadership, and our mission are strong. It showed that even under scrutiny, our commitment to autonomy and compassion holds firm.

Six months in, I feel the steady support beneath me—from volunteers who give extraordinary time and care, from board members who shoulder governance responsibility with seriousness, and from members and donors who believe deeply in the right to make informed end-of-life decisions.

**We are maturing together as an organization**. We are strengthening our infrastructure. We are clarifying our policies. We are investing in safeguards. We are expanding education. We are preparing for growth. And we are serving an ever-increasing number of people facing end-of-life challenges.

By my next "developmental milestone," I'm told I'll be able to play peek-a-boo and pick up small objects—though I may experience stranger anxiety. So I hope to meet many more of you before that phase sets in.

Until then, thank you for walking—and rolling—forward with us.

With gratitude and determination,

Michelle Witte

Michelle Witte | Executive Director

# In Focus: Voluntary Assisted Dying in Switzerland

In this issue, we focus on voluntary assisted dying in Switzerland, one of the most discussed and oft-misunderstood end-of-life options. Switzerland's long-standing legal framework has drawn global attention and highlights the need for clear, compassionate, and accurate education. At FEN, education is central to our mission, and understanding the full range of lawful choices is essential to informed decision-making.

FEN's staff and volunteers provide personalized, nonjudgmental support to individuals seeking information about end-of-life options. We offer education grounded in dignity, peace, and personal autonomy. This support includes guidance related to Medical Aid in Dying (MAID) with connections to state-specific resources, Voluntary Stopping Eating and Drinking (VSED), Voluntary Assisted Dying (VAD) in Switzerland, and the compassionate presence of FEN's Exit Guide Program. While each path is different, all are approached with respect for individual values and choice.

By highlighting VAD, we hope to encourage thoughtful reflection and informed conversation. We are deeply grateful to the volunteers, members, and supporters who sustain this work and ensure that compassionate, reliable information remains available to all who seek it.

## Gratitude and a Request

Please join me in thanking the many members who contributed to this special spotlight issue on choosing Voluntary Assisted Dying in Switzerland. You asked for more personal stories about end-of-life choice—and we listened. I believe you'll be as moved as I have been by the voices shared in these pages.

A heartfelt thank-you as well to our extraordinary volunteers during this month where the entire nation celebrates the incredible value of volunteers. Your dedication, discretion, and compassion are the foundation of our mission.

And finally, a humble request.

The $130,000+ in unexpected legal expenses was not budgeted. If you are in a position to do so, please consider making an additional spring gift to help underwrite these costs. Your generosity directly sustains the impact we are making—through education, safeguards, and support for personal autonomy.

You may donate online or use the envelope included in this magazine.

**Thank you for standing with us—especially when standing matters most**.

Michelle

## Conversations on CHOICE in DYING

*A webinar series for informed and compassionate endings.*

**More than 900 people joined FEN in March for this inaugural webinar series about Swiss Options for Voluntary Assisted Dying. FEN's Executive Director Michelle Witte facilitated the panel, joined by:**

- **Christie Golemb, Board Member at Hemlock Society of San Diego and A Better Exit**
- **Nicole Nuttall, Chair, The Completed Life Initiative**
- **Daniel Zimberoff, Author, *Wingman: Escorting my Father to a Death with Dignity***
- **Randee Laikind, FEN's Swiss Option Advisor**

**To access the webinar recording, go to www.finalexitnetwork.org/swissoption.**

# Voluntary Assisted Dying in Switzerland:

*The four Swiss nonprofit organizations featured in this issue operate independently, but their work is grounded in the same legal framework and core principles. Together, they reflect a uniquely Swiss approach to voluntary assisted dying (VAD): structured, regulated, physician-supported, and centered on individual autonomy.*

*Read on to explore some commonalities in each and FEN's role in helping to connect individuals to these remarkable organizations.*

# A Primer

*Photo: a window view from Pegasos Association in Switzerland's Jurassic Hills.*

## VAD in Switzerland: What is it?

VAD in Switzerland refers to a process in which a competent adult chooses to end their suffering and life, with assistance, under clearly defined legal conditions. The process is designed to ensure autonomy, clarity of intent, and legal compliance at every step.

To qualify for VAD in Switzerland, each individual must:

- Have full decision-making capacity.
- Make the decision voluntarily and without coercion.
- Self-administer the medication that is prescribed by a physician.

## The Swiss Legal Framework

All four organizations operate under the same long-standing Swiss law governing assistance in suicide. Key legal principles include:

- Assistance is lawful if there are no selfish motives—individuals or organizations may not profit from a person's death beyond reasonable cost recovery.
- The person must have judgment capacity—they must demonstrate clear understanding of their situation, alternatives to assisted suicide, and the consequences of their choice.
- The decision must be voluntary and deliberate—evidence of coercion or impaired judgment disqualifies an application.
- Each case is reviewed by authorities—after every assisted death, Swiss officials conduct an investigation to confirm compliance with the law.
- Terminal illness is not required—unlike many US medical aid in dying laws, Swiss law does not limit eligibility to those with a six-month prognosis. Advanced age, chronic illness, or intolerable decline in quality of life may be considered, provided the person has capacity.

This legal structure has been in place since 1942 and has developed into a stable, closely-monitored VAD system.

## Access for Non-Swiss Residents

Each of the four organizations that FEN works with serves international applicants.

- Swiss law does not require citizenship or residency.
- Individuals from countries where assisted dying is illegal may legally apply.

Understanding these shared principles provides essential context for the individual profiles of the four organizations and highlights Switzerland's distinctive role in the global conversation on end-of-life choice.

For additional questions or for more information on FEN's resources on VAD, visit www.finalexitnetwork.org/swissoption or the websites in each organization's profile (see pages 7-9).

# Guides to Choice: A Look at Switzerland's

## Dignitas–To live with dignity–To die with dignity

BY SILVAN LULEY, DIGNITAS STAFF

**The challenge with choice in end-of-life matters**
The wish to choose and determine one's destiny, also one's end in life, is not new. Throughout history there have been individuals with strong personal views about their quality of life and the freedom and right to determine the last stretch and the end of life.

This is no easy venture though: an unguided attempt to end life holds a high risk of failure, and the medical aid in dying laws in some US states provide access only (but at least) to those who are close to dying.

**An alternative on the other side of the Atlantic**
Since 1942, and having developed since, Switzerland has had a robust legislative framework which permits voluntary assisted dying under specific circumstances. The key factors are that a) the individual has the capacity of judgment to make an informed decision and to act accordingly, and b) those who assist them have no selfish motives. Every assisted death is investigated by the authorities.

Since the early 1980s, nonprofits have been accompanying individuals to end their suffering and life in the presence of their loved ones. Medical doctors are involved, as only they can prescribe the one medication which has proven effective and simple to handle: pentobarbital.

**Dignitas—To live with dignity—To die with dignity; aka Dignitas**
Shortly after being founded in 1998 by attorney Ludwig A. Minelli and a handful of supporters, Dignitas began assisting non-Swiss residents. In 2002, the first US American to choose assisted dying at Dignitas, in the presence of his wife, was a man from Illinois diagnosed with pancreatic cancer. Since then, 300 more Americans have followed.

The founding pillars of Dignitas reach beyond assisted dying at a safe place: to educate on further end-of-life choices, including palliative care, and, unusual to some, and also engage in suicide attempt prevention—today, health care professionals acknowledge this approach. Taking a human rights perspective, Dignitas engages internationally in court cases and political proceedings to advance "the last human right."

Dignitas's goal is to become unnecessary. People should not need to travel to Switzerland to make use of their freedom and right to end their suffering and life at a time of their choosing by professional, legal assistance; this should be available at their home.

FEN's aims and services fit in with Dignitas's approach and goal. Individuals are supported through education and guidance on assisted dying and further end-of-life options, which is helpful especially as most people wish to die at home. Notably, FEN is knowledgeable about the "Swiss option," and by this points to an "emergency exit route" which for some is essential to safeguard their dignity and quality of life until the end.

For more information on Dignitas, please visit dignitas.ch/en/.

## Pegasos

BY RUEDI HABEGGER, PEGASOS FOUNDER

Pegasos Swiss Association, based in Basel, Switzerland, is a non-profit organization dedicated to facilitating Voluntary Assisted Dying (VAD). Established by Ruedi Habegger in 2019, the association is grounded in the fundamental belief that choosing the manner and timing of one's death is a human right for every rational adult of sound mind, regardless of their current state of health. Pegasos distinguishes itself by offering a flexible, responsive, and compassionate service that seeks to streamline the often-laborious process of assisted dying.

The creation of Pegasos was profoundly influenced by the landmark case of Professor David Goodall, a 104-year-old Australian ecologist. In May 2018, the core team that would later form Pegasos was involved in Goodall's assisted death in Switzerland. Professor Goodall was not terminally ill; rather, he felt his quality of life had declined to an unacceptable level due to failing eyesight and mobility, which prevented him from continuing the fieldwork he loved.

Goodall's journey highlighted two critical points that form the foundation of the Pegasos philosophy:

1. It is terribly wrong that the 104-year-old man had to travel all the way from Australia to Switzerland. The main incentive of Pegasos will always be to push the legalization of VAD, together with the relatives of the patients, to the point where patients do **not** have to travel halfway around the world anymore.
2. The desire for a dignified death is not solely dependent on a terminal diagnosis; old age and a failing quality of life are valid reasons for seeking VAD, and, until legalisation abroad has become a truly accessible human right, Pegasos assists those who do not fit the narrow "terminally ill" criteria required in other areas, such as parts of Australia or the United States.

# Voluntary Assisted Dying Programs

Pegasos operates under the Swiss legal jurisdiction, where assisted dying is lawful provided the individual possesses decision-making capacity and has control over the act. It is staffed by a multidisciplinary team that includes medical professionals.

When founded, the association operated out of a small apartment in a quiet industrial estate near Basel. However, Habegger had the great fortune to find a beautiful, serene place in the Jurassic hills that reflects the great dignity this important goodbye from family and friends calls for. It is located approximately 20 miles south of Basel. For families and patients, there is a high-standard hotel and restaurant with dedicated and loving staff adjacent to the new VAD guest house.

To apply for VAD with Pegasos, an individual must be over 18 and of sound mind. Terminal illness is not a requirement; applications based on advanced age and failing quality of life may be approved. It is up to the individual to decide what is “unbearable.” The thresholds of when life quality is unendurable are different for each of us. For those with mental illness or early dementia, the process is more rigorous, requiring proof of therapy and an individual assessment of mental capacity to make this crucial decision. Pegasos also requires that applicants inform their families of their decision, as this helps bring closure and avoids leaving life's final words unspoken. For legal reasons, every patient must be accompanied by someone who can verify their identity to the Swiss authorities after the death has occurred. If there is no one to do so, one can let Pegasos know.

Pegasos emphasizes a compassionate atmosphere, allowing patients to play their favorite music or bring pets to their final appointment. The story of “Arrigo and Monik,” a couple who chose to die together in 2020 after 55 years of marriage, illustrates the Pegasos experience: they passed away hand-in-hand in a light-filled apartment with Frank Sinatra’s "My Way" playing, finding a dignified end that they felt was unavailable to them in their home country.

Ultimately, Pegasos views itself as a human service, and is a strong advocate for self-determination, striving to ensure that the ability to choose a gentle end of life is a reality for adults worldwide. For more information, visit pegasos-association.com.

A+HANASIOS

BY CARLOS CABRERA, ATHANASIOS ASSOCIATION

Founded in 2025, the Athanasios Association is a nonprofit organization based in Switzerland, dedicated to providing structured, ethical, and compassionate support to individuals seeking voluntary assisted dying (VAD) within the framework of Swiss law.

Switzerland has a long-standing legal tradition that places personal autonomy and self-determination at the center of end-of-life decisions. Within this context, Athanasios Association operates in strict compliance with Swiss legislation, in particular the principle that assistance is lawful when it is free of selfish motives and when the decision is made voluntarily, thoughtfully, and with full decision-making capacity. As publicly stated on our website, our team is trained to work with professionalism; we collaborate with medical doctors and psychiatrists, and part of our staff has prior experience in other organizations, including Lifecircle, alongside the well-known physician Dr. Erika Preisig.

Our organization is guided by a clear ethical philosophy: we are not driven by financial interests, nor do we promote assisted dying. Rather, we exist to support, assess, and accompany individuals who have already reached a deeply personal and autonomous decision regarding the end of their life.

Athanasios Association applies careful, multistep procedures to every application. Each case is reviewed individually, with close attention to medical documentation, decision-making capacity, and the applicant’s personal circumstances. When doubts or uncertainties arise, we proceed with caution and responsibility. Approval is never automatic, and we reserve the right to decline applications that do not meet our ethical or procedural standards.

Beyond legal compliance, our work is grounded in human dignity, respect, and professionalism. We firmly believe that people approaching the end of life deserve to be treated with seriousness, transparency, and compassion—not judgment, pressure, or false promises. For many international applicants, Switzerland can be an unfamiliar and emotionally demanding environment; our role is to provide clear guidance, emotional stability, and respectful accompaniment through the entire process. For this reason, we place particular importance on ensuring that, from the moment an application is submitted, each person is assigned a dedicated companion who supports them from the beginning.

Athanasios Association also places strong emphasis on confidentiality, discretion, and integrity. Each individual’s story is handled with great care, and personal data is protected in strict accordance with Swiss standards.

In summary, Athanasios Association stands for a credible, ethically responsible, and human-centered approach to VAD—offering support where the law allows it, prudence where doubts exist, and dignity at every stage of the process. For more information, please visit www.athanasios.ch

# Phoenix Care

BY BARBARA HETTICH AND SUSANNA RÜEGGE, FOUNDERS, PHOENIX CARE

Phoenix Care is one of two newly established providers of voluntary assisted dying (VAD) in Switzerland and was founded in spring of 2025.

**About Us**

With our organization, most VADs take place in a specially designated apartment in Liestal, near Basel. Others are carried out in the homes of Swiss citizens.

The founders, Barbara and Susanna, supported by Dr. Erika Preisig from Lifecircle, are satisfied with progress during this first year.

Before founding Phoenix Care, Barbara had been assisting numerous people with VAD since January 2020 on behalf of assisted suicide organizations, which resulted in many valuable contacts. A close collaboration developed with Flemming Scholaart, the respected chairman of the Danish assisted suicide association.

Our Phoenix Care team is constantly expanding with volunteers from around the world who, thanks to their personal experiences, provide practical help and advice to people who wish to die: as contact persons in their own country for assisted suicide and as support in compiling the necessary documents.

**Our Network**

Cooperation with death doulas has also gotten off to a good start and is gradually expanding. Since networking is of fundamental importance to us, we will attend the World Federation of Right to Die Societies congress in Tokyo.

**Our Clients**

Last year, we mainly heard from Swiss nationals who had "fallen through the cracks," those who were suddenly surprised by a terminal diagnosis or overwhelmed by an acute event that forced them to deal with death immediately.

All of these people had been thinking about the possibility of suicide and the desire for a dignified end to their lives for some time, but had not taken any concrete steps in this regard, and suddenly the (right) moment had arrived.

When these individuals sought assistance, they reached out, and, as we were a new association, we fortunately had the necessary capacity to respond.

VAD, like every death, is preceded by a more or less conscious inner process. In addition, choosing to end one's life requires great awareness and self-determination. Ideally, the person who wishes to die communicates this to those around them, talks about their process and allows others to participate, who can then also go through a process of their own.

There are still countries whose laws prohibit "assisted suicide." Family and friends who assist in any way can even be prosecuted. In England, for example, they may face several years in prison.

In addition to this inner process of letting go, there is also the matter of dealing with external circumstances and events. Some people also have to fear that those around them will consider them depressed because of such thoughts and have them admitted to a psychiatric ward in the spirit of caring deprivation of liberty.

We feel honored to accompany people in death and have experienced touching, harmonious, deeply human encounters. For us, this is work from the heart and a contribution to the much-needed humanity worldwide.

For more information, please visit phoenix-care.ch

*For information specific to each of the four organizations featured in this issue, including forms, accommodations, and photos, we encourage you to visit their individual websites:*

- Dignitas: *dignitas.ch/en*
- Pegasos: *pegasos-association.com*
- Athanasios: *athanasios.ch*
- Phoenix: *phoenix-care.ch*

*To connect with FEN's Swiss Option Advisor, please call 866-654-9156.*

# Meet FEN's Swiss Option Advisor

## A Chat with Randee Laikind

*Randee Laikind has been Final Exit Network's Swiss Option Advisor since 2022. She joined FEN in 2004 and currently serves on its Board of Directors. Randee sat down for an interview with FEN Executive Director Michelle Witte earlier this year.*

Q***: When did FEN learn about the Swiss option?***
A: In 2022, FEN's board president Brian Ruder called to say he'd been hearing about assisted dying in Switzerland and wanted to check it out. He asked if I'd spend a month learning about it. That was almost four years ago.

**FEN's website and volunteers can provide a lot of information about assisted dying in Switzerland. At what point do you get involved in the process?**
Volunteer coordinators all have a basic understanding. If it's beyond their level, they send the referral to me. Typically, these come from people who are not sure about Switzerland but would like to know more. I contact them and try to find out exactly what they know and don't know, and what their circumstances are. I help solve problems.

**Do you follow a script?**
No. Every case is totally different. One of my first clients was a lovely woman from New York City. She had been blind for over 30 years but was not doing well and had a particular date in mind for her exit. She wondered how she would manage an online application. I contacted the executive director of Pegasos and explained the situation. He said, "Let's go for it."

A woman she had mentored, who had become a nurse, was her point person. She was like an adopted daughter. She did the typing, and they managed to complete all the paperwork. Pegasos wiggled the schedule around to fit her in on the date she wanted. They called me on the way to Switzerland, all excited, just to say how much they appreciated everything FEN had done for them. Her point person got her into the wheelchair, got her on the plane and to Switzerland, and they called me after arriving safely in Switzerland. There was no trepidation, no sadness. I was invited to the Zoom memorial service.

Recently I spoke to a gentleman who was in a wheelchair and had the use of only one arm. It would be hard for him to get to Switzerland. His wife said she could transfer him, but it was difficult, and then she said her daughter would be willing to come. She wondered if the Swiss organization would allow more than one person. I said yes, you can even bring your pet. They're very accommodating.

**What Swiss organizations does FEN work with?**
Dignitas has been working with FEN for around twenty years, and Pegasos was next. Then Athanasios, which has been around for almost a year, and Phoenix Care, the newest. Their charges are similar—with airfare and hotel, around $15,000. You have to join the organization before you can make a formal request for VAD. The big difference is that Dignitas's first choice is oral medication, and the others use intravenous. Of course, they all follow Swiss law. They really put you through the paces.

The applications are all a little different, and I go into details about those, as well as the requirements under Swiss law and the time frame. If there are any issues, I troubleshoot them. I know all four executive directors, and I can intervene if you someone has problems.

I've been working with the Swiss organizations now for more than three years, so they really know me. They are very responsive.

**What are the top three things people should know?**
First, what's really important is to plan ahead. This is a process. It's not overnight. Number two, the paperwork is daunting—but it's doable. And number three, the organizations are all flexible and really want to work with people.

**What motivates you to volunteer?**
The right-to-die movement has been my whole life. Back when I was eight years old, my grandfather asked me to help plan his funeral. He wanted me to pick out the suit and be sure to tell people it was the one he wanted to be buried in. He also told me he had pancreatic cancer. He was at the age where he didn't want to do any treatments, but it was nothing I should be scared about. That was such a gift.

As a teenager I joined the Euthanasia Council of America. I co-founded our local hospice, and served on the boards of the Funeral Consumers Alliance and Massachusetts Medical Aid in Dying. I was president of the Western Massachusetts Hemlock Society before joining FEN.

***For more information, call FEN at 866-654-9156 (toll-free), or visit finalexitnetwork.org/swissoption***

# The Swiss Option: Journeys of

## A Chosen Ending Far From Home

BY ESTELLE DISCH, FEN MEMBER

Mary M. Leno of Cambridge, MA, died on her own terms with the help of Dignitas on September 4, 2025.

Peggy Barrett and I accompanied Mary. Mary was a lifelong out-and-proud lesbian, social justice activist, and photographer of political signage and graffiti.

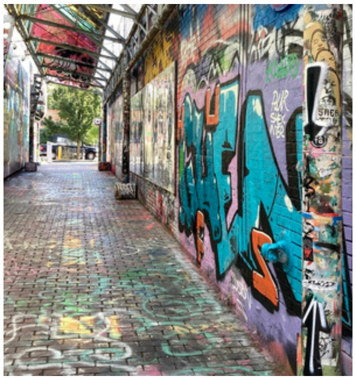
She recruited me as her scribe and assistant when applying to Dignitas because she was no longer comfortable using her computer. She submitted the initial application in mid-April 2025. Six weeks later Dignitas required a psychiatric evaluation. The psychiatrist determined that Mary's capacity for judgment related to her death was intact and that she was making an independent decision. She received the "provisional green light" on July 1, 2025.

Mary began experiencing worrisome memory gaps about five years before her death. At that same time, her older brother was dealing with Alzheimer's. After a neurologist diagnosed Mary with mild cognitive impairment, she worried constantly that she'd soon be following in her brother's footsteps. He died of Alzheimer's in July 2023. In November 2023, Mary and I attended a workshop on ways to die sponsored by Final Exit Network. A year later, as her memory worsened and her worry increased, she ordered *The Peaceful Pill Handbook*. After reading the book, she decided that Switzerland was her best option because the drug used would produce a peaceful, reliable death and she wouldn't have to die alone.

Shortly after Mary applied to Dignitas, her mind started slipping in more upsetting ways. She struggled to figure out how to make coffee. She often had talks in the street with people who obviously knew her well but whom she couldn't recognize. These experiences motivated her to get to Switzerland as soon as possible. She feared that if her mind deteriorated too much, she'd fail the second psychiatric evaluation or the required meetings with the doctor in Switzerland. As soon as she received the "provisional green light," she chose the first possible death date.

The Dignitas office staff were very responsive and helpful, which eased the application process with its seemingly endless legal requirements. The Swiss doctor was warm, empathetic, and kind. At the Blue House outside Zurich, we were greeted by two terrific nurses and hung out in their comforting garden while the antinausea drug took effect. Mary chose to die on the couch, flanked by Peggy and me. She drank the sodium pentobarbital, complained that it tasted awful, drank some water to get the taste out of her mouth, ate a bit of chocolate, and nodded off. She stopped breathing in about seven minutes while listening to Meg Christian and Holly Near sing. Her dying couldn't have been more peaceful.

While holding the lethal drink, Mary kidded with one of the nurses, "If this doesn't work, can I sue you?" I think of this as Mary's last joke. She always had a great sense of humor and requested that her memorial be a laugh-in. Mary Leno, Presente!



**Photos:** *Top left: Mary enjoying some time outdoors in 2025.*
*Top right: Mary and Peggy at dinner in Zurich on their last evening.*
*Middle right: Mary and Estelle in Zurich.*
*At right: Mary took this photo of Graffiti Alley in Cambridge's Central Square. It was selected from over 200 submissions to be used for the City of Cambridge's 2025 Resident Parking Permits.*

To watch a video about Mary's journey, visit www.youtube.com/watch?v=p2lQ_tOsIsY

## She Chose Switzerland

BY CHRISTIE GOLEMB, FEN MEMBER

My father's death shaped everything that came later.

In 2005, my father's prostate cancer returned. His doctor told him it was terminal and that he likely had a year to live. This was before California enacted its End of Life Option Act. I learned that my father's plan was to shoot himself when the time came. I would not accept that ending. We talked through alternatives, searching for something less violent. Eventually, he was advised on how to overdose on his prescribed medications. Over time, he quietly accumulated enough.

On the day he chose, he took my mother to dinner to say goodbye. She checked into a nearby hotel so no one could accuse her of assisting him. Alone, he sat at the dining room table with his pills and a bottle of Courvoisier. The next morning, my mother and I found him lying on the floor under the table where he had fallen.

In 2017 my mother, Molly, was diagnosed with Alzheimer's. She remained stable—walking six miles a day and living independently in her retirement community until one day in February 2021, she fell and broke her collarbone. After a brief stay in skilled nursing, we were told that to return to her retirement community, she would have to move into memory care, even though she still had decision-making capacity.

A few weeks later, I received a jarring call: My mother was on suicide watch. I later learned that she had summoned the courage to approach her favorite nurse and ask where she might find the little white pills that could end her life—the same pills my father had taken.

She was calm and unmistakably clear that she did not want to continue down the trajectory of Alzheimer's. I had to find a way out for her—but what? She did not qualify for California's End of Life Option Act. I was told her only legal option was voluntarily stopping eating and drinking (VSED), which she firmly rejected. I stumbled upon a reference to Pegasos in Switzerland—a country she loved and where she had met my father decades earlier. That reference changed everything.

I joined Pegasos and began researching obsessively. It appeared to be so straightforward, painless, and quick. My mother was resolute. Together we answered all their questions and gathered all the necessary paperwork. I was working in a void. I didn't tell many people what we were planning as I didn't want anyone to try to stop us. It was equally important that if for some reason she was unable to complete VAD (voluntary assisted dying) and had to return to San Diego, that she could do this without anyone judging her for what she had attempted. Obviously, my siblings knew, my adult children and their partners knew, as well as a few close friends. I had stressed to my mom not to mention what she was doing to anyone—as I didn't want her retirement community to try to stop her.

On May 1, 2021, I wired the first deposit, approximately $6,000, to Pegasos. Was this for real? Was this all a scam? Were our hopes about to be dashed? My mother's requested date for VAD was sometime at the end of October.

In early June, my sisters flew in. They needed to hear directly from Mom that this was her choice. They recorded the conversation—I was deliberately not present—so there could never be doubt. They were stunned at how much she had declined and feared her window would close before her October date. I reached out to Pegasos to request an earlier VAD date any time after July 15, telling them that I only needed time to arrange flights. On July 8, I received an email from Pegasos telling me that her VAD date had been moved up to July 20. We had 12 days.

On July 14, I brought Mom to my house so she could meet by Zoom with a psychiatrist who would verify that she had "capacity." I didn't want anyone walking in unexpectedly and disturbing the conversation. She also spoke with Ruedi, the founder of Pegasos. Ruedi explained that they would work with my mother for as long as it took for her to physically answer the required questions and turn the knob that would end her life. I was incredibly relieved after that phone call; perhaps this was really going to happen after all.

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On July 16 one of my sisters flew in to accompany us to Zurich. That evening we had a family dinner at Mom's favorite restaurant. No one spoke about what was coming, but everyone knew it was goodbye. The next morning my mom must have been very nervous as she was unable to walk, and I had to order a wheelchair for her at the airport. Because she was in a wheelchair, we were escorted through private customs at the Zurich airport and then taken to baggage claim. There we met my other sister and the driver who took us to Liestal, a picturesque town outside Basel, to the hotel Pegasos had recommended.

The next day, my worst nightmare happened. Molly woke up looking for her mother—she thought it was her wedding day. My sisters and I were paralyzed. Had we come all this way only for her to lose her clarity? We took her for a walk through town, hoping it would return. Slowly, it did.

It had been a few years since the four of us had traveled somewhere new together. We spent the day strolling the pedestrian-only streets. That afternoon, the doctor who would prescribe her lethal dose arrived, and the interview felt more like a casual conversation. At her final dinner, Molly celebrated with two desserts.

After breakfast on July 20, we met Ruedi when he arrived to drive us to the warehouse where the VAD would take place. While I handed over all the original paperwork, my sisters and mom played Go Fish. It was such an ordinary moment before something so extraordinary. When everything was ready, we entered an adjoining room where my mom lay on a bed and had the IV inserted. There were questions she had to answer, and everything was videoed so Pegasos could show the authorities that it was Mom who had turned the knob to start the flow of drugs that would end her life. She didn't answer the questions correctly the first time around, but on her second attempt her voice was strong, determined, and very confident, ending with "I am going to die!"

Having been told that she would die immediately, none of us were prepared for the minute or two that it took—it seemed like an eternity. My sisters and I were incredibly nervous. One of them cracked a joke. We were all laughing when the drugs took over and my mom suddenly died, mid-laugh with her three daughters at her side. What a huge relief! We scurried from the room and waited for the authorities to arrive and document her death.

Afterwards we took a train to Wengen to hike in the Swiss Alps for a couple of days. We spent that time doing what my mother loved most—hiking and being outdoors. We told stories. We cried. We laughed again. It was a sacred time to grieve together before returning to our separate lives.

When I got home, it was my responsibility to inform our extended family and her retirement community about her death. I was honest. This had been her decision. Even our most religious relatives recognized that she had exercised the last autonomy available to her. My mother did not die from Alzheimer's. She died by choice, and that choice—though it required crossing an ocean—gave her back her dignity at the very end.

# Exploring Options at the End of Life

## *Insights from a January Forum*

BY MARY EWERT
RETIRED FEN EXECUTIVE DIRECTOR

Some months ago, I received a phone call from the volunteer program chair for a Chicago-based executive networking and educational organization asking me to speak at their January 2026 meeting. My task was to focus on *The Suicide Tourist*, the film documenting my severely ill husband's travel to Zurich, Switzerland in 2006, where he peacefully ended his life at Dignitas.

I was also asked to participate in a broader panel discussion that followed, centered on end of life planning and including FEN. The event, titled "Stop This Train, Guiding Family Discussions for Ill and Dying Relatives," was held at The Library, a beautiful and intimate venue in downtown Chicago. The attendees, a crowd of about 50 high achievers, were engaged, curious, and open-minded.

Other panelists included:

- The wife of a hospice and palliative care physician who served as his caretaker as they navigated his journey with stage IV metastatic cancer. During that period, she documented their journey as well as her grief through art, later published as *The Hospice Doctor's Widow: An Art Journal of Caregiving and Grief*.
- A senior rabbi and author of two books that grew from his experience sitting with the dying and comforting the grieving. *The Beauty of What Remains* draws focus away from what has been lost and toward the beauty of what life remains. In his other book, *For You When I Am Gone* he suggests twelve questions to guide the writing of an "ethical will," a document that includes stories and reflections about your past.

There was discussion about palliative care and questions such as "How long do I have?" and "Are there really 'ways out' if I don't want to endure end-of-life suffering?" The medical aid in dying law just passed in Illinois figured into the discussion, together with the limitations of that law, and the ways FEN might fill those gaps.

It was thrilling to see the positive reactions from the crowd and the panelists. Attendees went home with a reading and resource list, including "FEN's Fifteen Conversation Starting Favorites" and the FEN anthology *There at the End: Voices from Final Exit Network*. I was honored to represent FEN during this thoughtful discussion.

# Being Pop's Wingman

BY DANIEL ZIMBEROFF, FEN MEMBER

After a long and punishing battle with Parkinson's disease, my 86-year-old father, David Zimberoff—my "Pop"—made the agonizing decision to end his life, and our family's suffering, through a medically assisted death. At the time, no legal option existed in his home state of Illinois (a medical aid in dying law would not be signed there until December 2025), so Pop boarded a 787 at O'Hare Airport with me at his side and flew halfway across the globe to a small city in Switzerland to die with dignity.

Pop's journey did not begin on that eastbound flight. It was the culmination of a decade-long odyssey marked by anxiety, doubt, fear, and relentless loss.

Parkinson's slowly dismantled him—physically, cognitively, emotionally—until the man who once seemed unbreakable was trapped inside a failing mind and body. As his only son, I was forced to confront a tangle of unresolved questions: What does a son owe his father? Where do morality and mercy intersect? How do you support someone you love who is disappearing in front of you? All the while, I was already grieving the father I had not yet lost.

As we departed for Switzerland—toward a date with death—we were both unmoored. My father feared dying with unfinished business; I questioned my role in helping him get there. Yet somewhere within that painful journey, I found a path toward grace. In the final hours of his life, Pop resolved what remained unresolved. Surrounded by love, my sister, my brother-in-law, and I held him as he took his last breath. He died peacefully, with dignity, finally at peace.

Upon my father's last request for me to "tell his story," I wrote *Wingman: Escorting My Father to a Dignified Death*. The memoir traces his transformation from a seemingly bulletproof father into a man ravaged by disease—and the evolution of our relationship along the way. It is not a political book. It does not argue law, ethics, or ideology. Instead, the story explores the unfiltered emotional interior of assisted dying: what it looks and feels like to live through from the inside.

Writing *Wingman* changed me. I became an advocate for end-of-life choice, joining organizations such as Final Exit Network and Dying with Dignity Canada (I am a dual US–Canadian citizen now living in Toronto), alongside others around the world. My work focuses on education, countering misinformation, and challenging the taboos that keep us from having conversations about death.

We often frame end-of-life choice as a legal, religious, or political debate. Less often do we talk about its emotional reality. Families facing prolonged suffering live inside a volatile mix of love and guilt, fear and loyalty, compassion and doubt. *Wingman* offers a lens for understanding dignity, decline, autonomy, and choice. It is meant as a reflection tool for anyone navigating aging parents, chronic illness, or the quiet terror of watching someone they love slip away.

At the heart of such decisions is a simple, human desire: to leave this world with love, grace, and dignity. It is a right we all should be allowed to claim.

***Photos:** Top left: David on the flight to Switzerland. Top right: Daniel, his sisters, and Pop a few months before his death. Bottom right: Dan, his brother-in-law, and Dan's sister with Pop the day of his passing.*

The number of people who reached out to share the story of their experience accompanying a loved one to Switzerland was inspiring. We are pleased to share many of them in this issue, and encourage you to check out the FEN website to read more stories and for more information on FEN's work with the four Swiss nonprofits currently offering VAD.
www.finalexitnetwork.org/services

## Podcast Review: *Mary Ellen's Legacy*

BY MICHELLE WITTE
FEN EXECUTIVE DIRECTOR

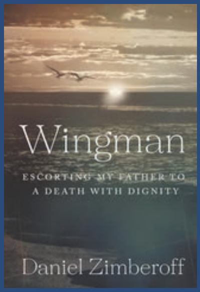
FEN lifetime member Keith Nelson joined Dr. Heather Sandison on her podcast "Thinkwell Agewell" to share the story of his wife, Mary Ellen, and their journey navigating her dementia diagnosis. Keith reflects on the progression of Mary Ellen's illness, the hope they pursued through emerging treatment protocols, and the difficult but intentional planning they undertook as her condition advanced.

Ultimately, their path led them to Switzerland, where Mary Ellen chose a peaceful death after careful preparation and reflection. The conversation explores the logistics and ethical questions surrounding assisted dying, but also the emotional landscape of caregiving, partnership, and honoring a loved one's wishes.

The podcast is available to watch at www.youtube.com/watch?v=buoqL-Or6DE.

## Book Review:
## *Wingman: Escorting My Father to a Death with Dignity*

BY MICHELLE WITTE, FEN EXECUTIVE DIRECTOR



Daniel Zimberoff's new book is a deeply moving and unflinchingly honest memoir that captures the heart of what Final Exit Network stands for: compassion, autonomy, and the right to die with dignity. Through Zimberoff's vivid storytelling and emotional candor, readers are taken on an intimate journey of love, courage, and moral complexity as a son accompanies his father across borders and into the final moments of his life.

From the opening scene—father and son standing together in a Swiss hotel room hours before a planned death—Zimberoff immerses us in the raw humanity of the moment. His father's simple yet profound instruction, "Tell the story. You are in charge of the story, Danny," becomes both a blessing and a burden. The memoir that follows honors that request with remarkable grace.

*Wingman* is more than a narrative of dying; it is a portrait of living. Through detailed family history and rich emotional context, Zimberoff reveals how his father's life, marked by achievement, control, humor, and love, shaped his final decision. The book does not romanticize assisted dying, nor does it shy away from the ethical tensions and bureaucratic obstacles that make this path so difficult for many. Instead, it situates one family's experience within a global conversation about autonomy, suffering, and compassion.

As executive director of Final Exit Network, I am struck by how faithfully Zimberoff captures the spiritual and practical essence of what we call a "final exit." His father's journey illustrates both the profound relief that can come from taking control at life's end, and the immense emotional labor required of those who serve as witnesses and caregivers. Zimberoff's self-described role as "wingman" (the one who stays by the pilot's side through turbulence and into safe landing) is a powerful metaphor for accompaniment. It is also a model of loving support that our network's volunteers embody every day.

The memoir's honesty is one of its greatest strengths. Zimberoff admits his confusion, anger, and grief. He questions his father's motives, his own readiness, and even the meaning of "choice" in the face of progressive illness. These reflections make *Wingman* not just a personal story, but a universal one. It invites readers to confront their own fears of death and to consider how love can coexist with letting go.

Ultimately, *Wingman* is a testament to the dignity found in truth-telling and the healing power of shared narrative. It will resonate deeply with anyone who has supported a loved one through decline, wrestled with questions of control and compassion, or sought to understand the moral courage behind a peaceful death.

Daniel Zimberoff has fulfilled his father's final wish: to "give others the chance I had." His book does exactly that.

# Choosing Peace Under Urgent Circumstances

BY DEBORAH MCELHANNON, FEN VOLUNTEER

In March 2017 my husband, Danny, was diagnosed with Stage IV kidney cancer. For three years, the cancer was confined to his lungs with the use of chemo and immunotherapy. In September 2020, the cancer was found to have metastasized to his left shoulder and in fact had already destroyed the joint. He accepted the only available treatment, a total shoulder replacement, which would enable him to retain some acceptable quality of life.

However, in November cancer was found in his right hip and had already destroyed the joint, which was in danger of collapse as assessed by the orthopedic oncologist. Again, the only treatment was a total hip replacement.

After a few deeply soul-searching days, he decided he'd had enough and wanted to access self-deliverance options. No such choice is available in Kentucky. The act needed to happen ASAP before the hip collapsed. As a former hospice nurse, I had long been an advocate for individual choice in ending one's life and was familiar with the discussions and options available. Danny and I, along with all my children, frequently had such discussions so it wasn't a huge leap for Danny to consider and decide on an option.

I had learned of the Pegasos clinic in Basel, Switzerland, and knew that they used intravenous sodium pentobarbital (Nembutal). Danny was very happy to have an IV option and so I reached out to the clinic on Monday, November 9, 2020. I give you this date to illustrate how very quickly this all occurred. Danny's VAD (voluntary assisted dying) took place on Thursday, November 19.

Upon receiving Danny's medical records, the Pegasos director, Ruedi Habegger, and other staff immediately classified Danny as an "emergency" case due to the state of his poor right hip and the urgency of getting him out of the country before he would be "trapped" here and unable to travel with a collapsed hip in need of replacement.

Understand that this was November 2020, a very harrowing time in the Covid-19 pandemic and before FEN had a Swiss Option Advisor. Switzerland, along with other European countries, had closed their borders at that time. However, I learned that they would permit entry under certain situations. Thankfully, one of those situations happened to be for the use of their VAD organizations.

I first had to urgently apply to the Swiss Embassy for a "Laissez-passer" for each of us. My son had a passport and wanted to accompany and support us. I was told this process could likely take days but I received them later that same day!

*Author's caption: This was taken at Pegasos just thirty minutes before Danny went to the room and bed where the VAD took place. See how relaxed he was? It's my favorite picture.*

Our itinerary included leaving Louisville for an overnight stay in Chicago and then on to Zurich. Danny was in so much pain on that short flight to Chicago that he asked me to contact Pegasos and ask if the VAD could be moved up to the day after our arrival rather than two days after. I did so, and despite the clinic already feeling the pressure of preparing for a VAD on short notice, they were able to move the date up.

When we arrived in Zurich, we were met at the airport by a "quarantine cab" with a wheelchair, enabling us to avoid the high-exposure train ride. The driver of the cab was a Pegasos assistant. He was also a medical technician and could provide physical support to Danny as needed during the drive to Basel.

Once we arrived at our hotel, Ruedi, from Pegasos, came by for an introduction and explanation of what we could expect. Ruedi confirmed that Danny was making the choice independently and that he was of sound mind to do so. We found Ruedi to be warm and empathetic, and we both felt as if we were in good hands.

The next morning, Ruedi picked the three of us up and transported us to the Pegasos clinic. Waiting there also was the physician who would initiate IV access for Danny to start administration of the sodium pentobarbital. He apologized for being consumed with completing paperwork rather than interacting with us because under the "emergency" circumstances there hadn't been time to complete such things ahead of time. Both Ruedi and the physician assured Danny that the process would only proceed upon *his* direction and timeline, and at any time he could even stop it all and leave if he wanted.

When Danny was ready, the physician accessed a vein in his arm, and Danny then demonstrated that he was able to open the valve to start the flow of the sodium pentobarbital. He also made a video wherein he confirmed that he understood what was about to happen and that it would result in his death.

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Once he opened the valve, the process was so, so, fast! He was asleep within 15–20 seconds and was gone within a minute and a half. My son and I then had some private, alone time with Danny, and when we were ready, Ruedi alerted the authorities of the death.

Two coroners and two police officers arrived. The police officers asked my permission to investigate. The teams were in the room with Danny for approximately an hour wherein they reviewed the video he had made and examined his body to ensure his death had occurred according to Swiss law. When they were ready to leave, a police officer expressed his regret that we had been made to travel such a long distance to get the assistance Danny needed to end his suffering.

I was so amazed at the empathy and care we received from the Pegasos staff, the "quarantine cab driver," and even the police officers who conducted the mandatory post-death investigation. It was above and beyond what I expected.

When we were preparing to make the trip to Switzerland, we limited discussion to the immediate family. Each one was very supportive. I did not feel safe discussing with others, such as physicians.

Danny asked me to do what I could after his death to ensure others know about options for end of life and particularly for the one he chose. I announced his death on the social media platforms I participated in and wrote a letter to the editor of our local newspaper discussing our experience and why we had chosen the option. I wrote letters to elected officials alerting them to the need in Kentucky.

Shortly after returning, I was offered the opportunity to serve on the FEN Medical Review Committee, which I continue to do. I hope this information about one family's experience at Pegasos Swiss Association in Basel, Switzerland, is helpful to interested others.

*Author's caption: In this photo, Danny and I were preparing for some Kentucky Derby fun. We had so many fun times. I sure do miss him for all his contributions to my life!*

# Looking Ahead...

FEN member Barbara Montee shares her decision to pursue the Swiss Option:

*I am 63 years old, but I plan to use the Switzerland plan when I am closer to 85. I have told my family. Making that decision helped me to semi-retire knowing that I would have enough money in my retirement to live on. The weight was lifted from my shoulders, and at every funeral where I hear of the medical nightmare endured, I am reassured of my decision to make my own choice.*

*I first learned about FEN at the annual UUA conference about 10 years ago. I have read this publication ever since and that's where I saw the article about the professor who made her choice of when to leave this world on her own terms.*

*At 63 I've been active with the passing of my elders and the stories and trauma that can come with that. When I was working as an adjunct at a local college in the psych department I had a brief chat with a colleague who had gone to a birthday party for an elderly friend and a funeral for another. She said something like the funeral made more sense. Her area of practice was aging and (she felt and I agree that) keeping our "loved" ones alive to make a braggable moment for us seems cruel.*

*My mom would say to me that getting old hurts, and mom hated pain. I helped her go to hospice, and she made the choice to leave at 90. She had a better outcome than my grandmother, who was kept alive on life support for over a year because family could not agree to let her go. It was the Catholic teachings that informed the siblings that they were doing the right thing. "God" is supposed to decide, but really the medical team supposedly acting on God's behalf decides.*

# Finding Peace in a Painful Journey

*For some, traveling to Switzerland is not possible, or after plans have been made, situations make it implausible to do so. Below is the story of one such family, who requested to remain anonymous, but wanted to share their experience with families who may be in similar circumstances.*

For years, she lived with a body that hurt every day.

Diagnosed in 2005 with Ehlers-Danlos syndrome, a rare connective tissue disorder, she endured chronic pain, fatigue, joint dislocations, and a steady loss of independence that reshaped nearly every part of her life. Once a gifted artist and dedicated social worker, she gradually found herself unable to work, drive, or care for herself. By 2013, the illness had forced her to stop working entirely.

Her parents became her caregivers.

“She never knew a day without pain from the time she could talk and walk,” said Mom. “She struggled every day.”

What followed was a long and exhausting search for relief. The family consulted specialists, tried therapies, traveled to different parts of the country, and held tightly to hope. But as the years passed, her condition continued to worsen. The pain intensified. Sleep became impossible. The life she had imagined for herself—a career, a family, independence—grew more distant.

At the same time, she remained deeply thoughtful about the future. Mom describes her daughter as kind, genuine, and deliberate, someone who researched everything carefully and approached life with quiet clarity.

“She was clear-headed and focused,” Mom said. “She knew what she was facing, and she understood what mattered to her.”

That clarity led her and her parents into difficult but honest conversations about quality of life, dignity, and choice. Mom said those discussions were not impulsive. They unfolded slowly, over time, as her suffering deepened and her options narrowed.

In spring 2021, the reality of her condition came into sharper focus. “I said to her, ‘We need more help,’” Mom recalled. “And she looked at me and said, ‘No, Mom. I don’t want to live the rest of my life like that.’”

The family explored traveling to Switzerland and even submitted a deposit. But the process proved extraordinarily complicated, emotionally draining, and, ultimately, impossible. COVID-19 restrictions, international travel requirements, financial hurdles, and her fragile condition all combined to make the trip unworkable.

That is when Final Exit Network became more central to the family’s thinking.

Mom said what mattered most was not just logistics, but the sense that their daughter was being heard. After years of medical frustration and feeling as though others did not fully understand the magnitude of their daughter’s pain, the family found comfort in conversations with people who did.

“She found peace and comfort in knowing that there were organizations out there that could help,” Mom said. “And that supported her.”

For Mom and Dad, that support made an enormous difference during one of the most painful periods of their lives. Mom described the people they encountered at FEN as compassionate and steady at a time when their daughter needed calm, not judgment.

“FEN turned out to be magic,” Mom said. “Her passing, if one can put it this way, could not have been more perfectly orchestrated.”

This young woman, who loved the color purple and butterflies, died in early 2022 at home, wearing her favorite pajamas, with her dog on her lap and her parents by her side.

For Mom and Dad, the loss remains profound. Mom speaks openly about grief, and about how even a decision made with love and conviction does not erase heartbreak. “Losing a child is not the natural order of things,” she said.

Still, she remains certain that their daughter’s choice came from a place of thoughtfulness, not despair, and that honoring it was an act of love.

“Mom, it’s not something I want to do,” Mom recalled her daughter saying. “It’s something I have to do. I cannot go on like this.”

Today, Mom remembers her daughter not only for the suffering she endured, but for the tenderness and authenticity she brought to the world. “Kind, genuine, authentic,” she said. “A person that everybody liked.”

And in the end, Mom said, the family’s decision came down to one thing: giving their daughter the dignity, peace, and agency that illness had taken from so much of her life.

For them, it was the right—and only—choice.

# Passing of a Pioneer and Warrior

*FEN would like to take the opportunity to acknowledge the life and impact of Ludwig A. Minelli, founder of the Swiss death with dignity organization, DIGNITAS—To live with dignity—To die with dignity (Dignitas). FEN remains committed to carrying forward the values of dignity, respect, and personal freedom that shaped his life's mission.*

*The media release below was distributed by Dignitas following Mr. Minelli's exit on November 29. It is reprinted with permission.*

Foto ©Alexander Egger, Bern.

## LUDWIG A. MINELLI (5 DECEMBER 1932 - 29 NOVEMBER 2025)

**A life for freedom of choice, self-determination, and human rights**
Ludwig A. Minelli began his career as a journalist with the Swiss newspaper "Tat" in 1956. From 1964-1974 he was the first correspondent of the German news magazine "Der Spiegel" in Switzerland.

Fascinated by the legal means through which the fundamental rights enshrined in the European Convention on Human Rights could be enforced beyond national borders, he started studying law in 1977, graduating in 1981. In 1977, he founded the Swiss Society for the European Convention on Human Rights (Schweizerische Gesellschaft für die Europäische Menschenrechtskonvention; SGEMKO), a nonprofit membership association that disseminates information on the European Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR).

In 1986, Minelli, then 54 years old, was admitted to the bar of attorneys. His understanding of the law was based on the conviction that the state serves the citizen, rather than the citizen the state. He was particularly concerned with upholding and enforcing human rights as enshrined in the European Convention on Human Rights. He always conducted his legal cases with an eye to the possibility of appealing to the European Court of Human Rights in Strasbourg if necessary.

**A tenacious and unflinching warrior**
Minelli's sharp legal and political mind, coupled with his creativity, his investigative instinct, his talent for research, and the ability to put down seamless lines of argument on paper practically in one go, helped him to achieve numerous successes in court. He stood unwaveringly for his convictions when it came to the protection of fundamental rights and the freedom of citizens vis-à-vis the state. It was a logical consequence of this firm attitude that he campaigned for decades, both in Switzerland and internationally, for the right to self-determination at the end of life.

Until his death, Minelli was involved in dozens of court cases, sometimes as a plaintiff or defense lawyer, often in the background as a procedural advisor for others. Calmly, and in the conviction that the law was on his side, he accepted the fact that he himself now and then sat unjustly in the dock. And that those who get bitten occasionally try to bite back.

With his appeals to the Swiss Federal Supreme Court and the European Court of Human Rights in Strasbourg, Minelli has had a lasting influence on Swiss law in some areas. Andreas Gross, former (SP) National Councillor and parliamentarian in the Council of Europe, writes in the epilogue to the book *Scharf beobachtet. Ein Dritteljahrhundert EMRK-Praxis und die Schweiz* (*A close watch. A third of a century of ECHR practice and Switzerland*), which Minelli published in 2014: "If you are looking for a personification of a Switzerland that respects the ECHR, you will find it at Zurich-Forch in the shape of Ludwig A. Minelli."

Minelli was also the one who helped the democratic instrument of the parliamentary initiative gain new prominence in Switzerland. For more than one hundred years, it was rarely used, even though it had been on a par with the cantonal initiative since the beginnings of the federal state.

**Pioneering work in suicide attempt prevention**
The fact that Minelli founded the membership association DIGNITAS – To live with dignity – To die with dignity (Dignitas) on May 17, 1998 was the result of a disagreement at the general assembly of EXIT (German-speaking Switzerland). At the time, Minelli was legal advisor to EXIT's managing director Peter Holenstein. Holenstein proposed to add the prevention of suicide attempts to the association's tasks, beyond physician-supported accompanied suicide (voluntary assisted dying). When the proposal failed and Holenstein was voted out of office, Minelli, together with a group of like-minded people, immediately founded Dignitas. At that time, he and his compatriots would never have thought that this association was about to become an internationally active organization with over 10,000 members and several dozen team members.

Suicide attempt prevention is still a pillar of the Dignitas philosophy today. Minelli recognized early on that as a matter of principle, people with a history of suffering also want to continue living if they can find a quality of life acceptable to them personally. Trying to talk someone out of suicide is not a suitable prevention method. Rather, the approach should be taking a person in a seemingly hopeless situation seriously, meeting them at eye level, and showing them all possible options to alleviate their suffering—including the possibility of ending their own life with professional support, safely and in a self-determined way in a setting that he or she personally deems dignified. It is up to the individual to decide which option to choose.

Practice proves Minelli right. Only a small percentage of the seriously ill people who turn to Dignitas apply for voluntary assisted dying, and an even smaller percentage of them actually choose to go down this path in the end. Just knowing that they have this option gives them relief and the courage to go on living. This can prevent lonely and desperate suicide attempts, which in most cases fail and have serious consequences for the person concerned and their loved ones, as well as for third parties.

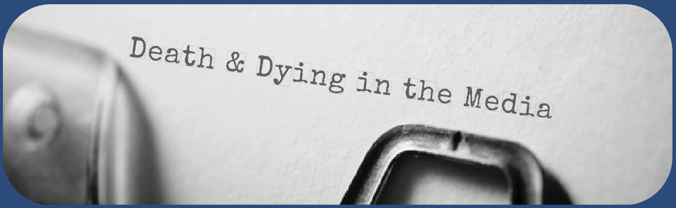
**International legal successes for assisted dying**

Minelli and Dignitas have always been committed to ensuring that people living in other countries than Switzerland also have access to all the possibilities and the necessary basis for decision-making in order to be able to exercise their rights.

A milestone was the judgment of the European Court of Human Rights (ECtHR) on January 20, 2011 in the case of Haas v. Switzerland, initiated by Dignitas, in which the Court confirmed the right of a person capable of judgment to decide on the manner and the time of their own end of life. In 2020, Minelli achieved two further important successes in Germany and Austria. The German Federal Constitutional Court declared unconstitutional and void the controversial Section 217 of the German Criminal Code (StGB), which effectively made professional assistance in suicide impossible in Germany. Minelli, together with Dignitas in Switzerland and the German sister association Dignitas – Menschenwürdig leben – Menschenwürdig sterben (Sektion Deutschland) e.V. in Hanover, which he co-founded in 2005, had been among the plaintiffs. Second, in December 2020, the blanket prohibition of assisted suicide in the Austrian Criminal Code was annulled by the Austrian Constitutional Court in proceedings financed by Dignitas, led by a Viennese attorney, and initiated and supported by Minelli.

Minelli acted in an advisory capacity in numerous court cases as well as in political proceedings, often from behind the scenes. He rarely spoke publicly about his successes. Instead, right up to the end of his life, he continued to search for further ways to help people exercise their right to freedom of choice and self-determination in their "final matters"—and he often found them.

> **Freedom, human rights, don't come for free—they must be fought for and once gained defended again and again."**
>
> *~Ludwig A. Minelli, founder of Dignitas*



For this issue, our recurring feature Death & Dying in the Media appears in an integrated format, woven throughout the magazine. By placing these timely stories alongside our feature articles and reflections, we hope to invite deeper consideration of how end-of-life issues are discussed, understood, and portrayed in the wider world. We are deeply grateful to Jim Van Buskirk, our dedicated volunteer who curates and edits this section with such care and consistency.

Jim's commitment ensures that readers stay informed, engaged, and connected to the evolving public conversation around choice, dignity, and autonomy at the end of life. Stay tuned in the next issue for a return to the original format, and thanks to Jim for his tireless efforts!

# From Legislation to Lived Experience

## Volunteers and the Future of MAID in the USA

BY JANIS LANDIS, FEN BOARD MEMBER

Approximately 80 million people (25% of the US) live in a jurisdiction that allows medical aid in dying (MAID). These include Oregon, Washington, California, Hawaii, Colorado, New Mexico, New Jersey, Vermont, Maine, Illinois, New York, and Delaware. In addition, Montana legalized MAID through its judicial system. Two FEN volunteers share their stories below on legalizing MAID in Illinois and New York.

As of 2026, over a dozen states have introduced or are debating bills to legalize the practice. States with active legislation in 2025/2026 include Arizona, Indiana, Kentucky, Massachusetts, Minnesota, Missouri, New Hampshire, North Carolina, and Pennsylvania. It will be an uphill battle in most of these states. However, there is some optimism that campaigns in Virginia, Maryland, and Massachusetts may be successful. To follow the movement nationwide, visit the websites for the Aid in Dying Collaborative and the Academy of Aid in Dying Medicine.

### Medical Aid In Dying Comes to Illinois

BY ED GOGOL, FEN VOLUNTEER

A sunny Saturday morning about two decades ago is burned into my memory. My wife Marilyn yelled, “Edward, get on the phone!” and I picked up the extension to hear my wife’s dearest and most long-term friend Jane (I’ll call her) say, “I can’t bear it anymore—I want to die—can you help me?”

By that time Jane had had Parkinson’s for about twenty years. It had gotten quite advanced, and she had back problems causing severe pain, only partially alleviated by opiates. Fortunately, by that time, FEN had been founded and I was a member. I instantly gave Jane FEN’s number, said, “Call that number,” and went online to gift Jane a membership in FEN.

Several years later Jane peacefully ended her life. I was there, together with two of FEN’s most senior exit guides—the most compassionate people ever made. It was a beautiful thing. Jane timed it perfectly, waiting until her suffering truly was intolerable.

Early on during that period I attended FEN’s annual meeting in Chicago. I sat down next to Rosalie Guttman, then a FEN exit guide and the president of Hemlock of Illinois, and told her my story. She said, “You need to join our board.” I was like, “I couldn’t possibly, no time.”

The next year the same scene repeated, and this time I felt obligated to say yes. Soon I was driving down to Chicago’s Hyde Park neighborhood to attend my first board meeting. It was a small but spirited group. Rosalie, a geriatrician and a Brit by origin, was brilliant, and the vice president was Jerry Dincin, a pioneer in the field of psychological rehabilitation.

I learned much from Rosalie. One day, I said to her, “Why do we call it death with dignity? As a human being, I have worth and dignity, I don’t lose that dignity just because I’m dying.” She looked me in the eye and said, “Ed, when you’re in pain, you lose all your dignity, you’re howling at the moon, you just want the pain to stop. That’s why.”

When Rosalie decided to retire from her role as president, I found myself as the new president of Hemlock of Illinois, and I figured it was time to start a campaign for a medical aid in dying law in Illinois. I called Robyn Gabel, one of our progressive state legislators whom my wife and I had known for a long time, and invited her to dinner. We told her we wanted to pass an aid in dying law in Illinois and asked for her help. She said, “Yes, of course, but you have to change the name of the society.” This was around 2014. We picked Final Options Illinois as the new name.

Our next goal was to invite Compassion & Choices to come into Illinois, and dedicate an organizer, and soon they did. The American Civil Liberties Union of Illinois joined in too. Thus began a multiyear campaign to build support. Soon, there was a network of C&C “action teams” around the state, doing some amazing work to promote the idea that autonomy at the end of life must become a fundamental human right.

It took years to build support around the state, but finally the votes were there. Frankly, it passed because of years of effort to elect legislators who prioritize bodily autonomy, and there are many of whom I am proud. The bill passed the House first, and then (and we were on tenterhooks) it passed the Senate. After it passed, our most awesome governor J.B. Pritzker signed it. It goes into effect on September 12 of this year, and is named for Deb Roberts, our law’s strongest advocate, terminally ill herself.

Our legislators did a good job, and all the features of the Oregon-style medical aid in dying bills are there. Two doctors must agree that you’re terminally ill, likely to die within six months, and able to ingest the needed meds yourself. You have to be mentally capable in the opinion of both doctors, and if either has any doubts they must refer you for evaluation to a licensed mental health professional. You have to be an Illinois resident, but it's easy to establish residency. There are the usual two oral requests and one written request, and thankfully the waiting period is only five days, which can be shortened if the physician determines that you're likely to die within that time. Your death certificate lists the underlying illness(es) as the cause. All cases must be reported to the Illinois health department, which will publish an annual statistical report, but the law goes to great lengths to ensure that individual case reports filed by physicians will remain fully confidential.

It's a great step forward, and helps to advance the ethical principle that FEN's mission embodies—that nobody has the right to tell us how much we have to suffer, and it's a rational choice to say, "I'm done, I'd prefer to skip my final agonies, thank you very much." Now the work begins to publicize the new law, and for each of us to become an ambassador with our own doctors. And for those who aren't helped by the new law, that's why we have FEN.

### New York becomes Fourteenth State with a MAID Law

BY MARY GANAPOL, FEN VOLUNTEER

After ten years and with the support of 72% of New Yorkers, the Medical Aid in Dying Act was signed into law by Gov. Kathy Hochul on February 6, 2026, to go into effect in August 2026. A strong statewide advocacy group, End of Life Choices New York, along with the two national groups (Compassion & Choices and Death With Dignity National Center) led the ten-year battle that included a wide range of endorsements.

The New York bill has the traditional safeguards similar to all the US laws using the "Oregon Model" but also includes stronger restrictions than other states such as:

- The patient's request to their physician for MAID must be recorded or videotaped. A notation in the medical record is sufficient in all other states.
- To confirm the patient's mental competency, a psychological evaluation by a psychiatrist, neurologist, or licensed psychologist is required. Elsewhere, the confirmation is only required when a physician requests a second opinion.

The original bill waived the residency requirement, but final amendments added it back.

As expected, the New York Catholic bishops were "extraordinarily troubled" by the governor's signature and referred to Hochul as embracing the "culture of death." Hochul, a Catholic herself, described it as an "incredibly difficult decision," but the bill sponsors agreed to her amendments, and right-to-die advocates celebrated nevertheless.

## The Global Perspective: MAID

BY JANIS LANDIS, FEN BOARD MEMBER

### Europe: some wins and some losses

Derek Humphry was the driving force behind Medical Aid in Dying (MAID) in the United States. But Derek's first efforts were in his native country, the United Kingdom. At that time, the UK was firmly opposed to such legislation. Now a year after Derek's passing, the UK is still debating whether to honor his legacy by passage of a death with dignity act.

As of early 2026, the Terminally Ill Adults (End of Life) Bill is undergoing intense scrutiny in the UK House of Lords after narrowly passing the House of Commons. The bill is in the committee stage in the House of Lords, where it has received over 1,200 amendments—the highest number for any bill in UK parliamentary history, largely driven by opponents seeking to prolong debate. Although over 70% of the UK population supports aid in dying, the House of Lords (appointed by the king, not elected by the people) seems unlikely to reach agreement on the bill.

### Portugal

As of early 2026, medical aid in dying is legal in Portugal, allowing both voluntary euthanasia and assisted suicide for adults with severe, incurable illnesses and intense, intolerable suffering. However, the law is not yet fully in force because, as of January 2026, the government had not yet finalized the mandatory regulatory framework required to implement it. It is hoped that it will be implemented by 2027.

### Italy

Medical aid in dying in Italy is in a complex legal transition, where active euthanasia remains prohibited, but physician-assisted suicide is permitted under strict conditions established by the Constitutional Court in 2019 rather than by elected officials.

Patients must have an irreversible condition, unbearable suffering, be dependent on life-sustaining treatment, and be capable of making free decisions. They must apply through public National Health Service facilities, which convene multidisciplinary committees to verify requirements and prescribe the lethal medication for self-administration. Some regions, such as Tuscany, are taking steps to formalize the procedural, administrative, and clinical processes for assisted suicide in the absence of a national law.

The legal framework continues to evolve through court rulings and regional initiatives, operating in a legal gray area that often depends on judicial interpretation rather than comprehensive statutory regulation.

**Scandinavia**

Denmark, Finland, Norway, and Sweden are very progressive countries with strong social welfare systems. Yet there is little to no movement toward implementing MAID in any of these countries.

The World War II German occupation heavily influenced Scandinavian opposition to aid in dying (euthanasia) by associating such practices with Nazi eugenics and the murder of vulnerable populations. This historical context fostered a commitment to the sanctity of life, making state-sanctioned death policies unthinkable, at least for now.

**Central and South America**

These regions have seen significant progress in the past five years. Four countries in Central and South America have ruled that people experiencing unbearable suffering can access assisted dying.

**Uruguay**

Uruguay passed medical aid in dying through the legislative process in October 2025, allowing mentally competent adults with incurable, unbearable conditions to receive medical assistance to die.

**Ecuador**

Ecuador's Constitutional Court voted to allow doctors to help end the suffering of eligible patients.

In 2024 Ecuador's Constitutional Court voted seven to two in favor of allowing a doctor to help a patient die when they are experiencing intense suffering caused by a serious and irreversible bodily injury, or a serious and incurable illness. The ruling is enforceable while Congress drafts and approves legislation.

**Cuba**

In 2023, Cuba's parliament passed legislation which recognized the right of people to access a dignified death through the exercise of end-of-life decisions, including valid procedures that end life. People who are eligible include those with chronic degenerative and irreversible diseases, with intractable suffering, who are in agony or in a terminal phase of life. The Ministry of Public Health is drafting a specific law to regulate the procedure.

**Colombia**

In 2022, Colombia's Constitutional Court decriminalized medical assistance in dying for people with terminal illness, or severe and incurable disease. The Court has called on the Congress to regulate the practice through legislation.

## Film Review: "Belgium : The Last Journey"

BY JIM VAN BUSKIRK, FEN VOLUNTEER

"Belgium decriminalized euthanasia in 2002, and it is now commonplace. In France it's illegal and controversial."
Thus begins this powerful 30-minute film which follows two French patients—one accompanied by her husband, the other with her daughter and granddaughter—who use the support services of Claudette Pierret. Her life work is accompanying French patients to Belgium, where they meet with Dr. Yves De Locht, as he carefully and compassionately evaluates their situation. Although the doctor wishes to limit himself to one euthanasia a month to protect himself from the intense emotional impact, the film notes that "between 2022 and 2024 the number of French citizens seeking euthanasia in Belgium has doubled."

An End of Life bill was approved by the French National Assembly in May 2025, but faced setbacks in the Senate. The World Federation of Right To Die Societies states: "Belgium's approach is characterized by its emphasis on the patient's subjective suffering and the doctor-patient relationship. The procedure is overseen by the Federal Control and Evaluation Commission on Euthanasia, which reviews every reported case after the death to ensure legal criteria were met. Today the country offers a fully regulated framework for both medical assisted and voluntary assisted dying. This comprehensive care is integrated into the national health system and is available to all adult citizens and foreign residents who meet the medical criteria. **However, strict residency requirements remain in place to prevent medical tourism**." This emphasizes that Belgium, unlike Switzerland, is not a viable venue for "suicide tourism," and highlights the courage of these professionals who take it upon themselves to support French patients seeking to choose the time of their death.

To watch: www.youtube.com/watch?v=OXQNswqxVwQ

# The Power of Intentional Legacy

*Planning for the end of life is not only a financial exercise. It is an act of care, clarity, and personal autonomy. As FEN Infinity Society member Valerie Friedman reflects in her review of the book* My Mother's Money, *too many families are left to navigate confusion, conflict, and unnecessary expense because important decisions were postponed or never documented. The same foresight that ensures assets are distributed according to one's wishes also protects dignity, voice, and peace of mind when health crises arise. At Final Exit Network, we see every day how thoughtful preparation, including advance directives, powers of attorney, and legacy giving, can spare loved ones uncertainty while affirming deeply held values about choice in dying. Together, these practical and personal steps form a compassionate legacy that extends beyond a lifetime.*

BY VALERIE FRIEDMAN, FEN MEMBER

*My Mother's Money: A Guide to Financial Caregiving*, by Certified Financial Planner Beth Pinsker, should serve as a wake-up call to those who feel they always have more time to get their personal and financial affairs in order—until they don't. They leave a mess for their loved ones to clean up. And that means that those they care about spend time, money, and frustration that could have been prevented.

Fewer than half of Americans have a will. When there is no will, the laws of the deceased's home state determine how an estate, whether large or small, gets distributed. Those whom the deceased may have wanted to help might get nothing; others may receive money that the deceased never intended. So either you prepare documents that describe how you want your assets to be distributed or it will be decided for you. It really is that simple.

But before the end, there are other things that need attention. No matter how in charge of our lives we think we are, an episode will occur that will turn things upside down, perhaps a fall, a medical diagnosis, a surgical procedure, the list goes on and on. Before any of this happens, and for most of us it will, we can decide who will be our voice when we can't speak for ourselves. It could be a family member, or perhaps a good friend. What matters is that the person is someone we trust, someone who knows us best, someone we can rely on to look out for us when the need is greatest.

But if we don't choose our valued representative before the crisis occurs, there can be problems. Family members might not agree on what we would want if we could speak for ourselves, medical providers don't know whom to rely on to make difficult decisions regarding care we might (or might not) want, banks and other financial institutions will only deal with the account owner currently unable to act on their own behalf. In short, we leave a mess, which could have been avoided by preparing power of attorney documents. These documents can be set aside until needed, whether needed for a short period of time or perhaps longer.

*My Mother's Money* discusses other important subjects including the daunting cost of care, whether at home or in an institution, estate settlement issues, and dealing with the government bureaucracy (Medicare, Social Security). The author presents information in a very engaging style, making otherwise complex subjects easy to understand. The book includes an extensive Resource Guide, with exhibits and checklists to aid in implementation.

*My Mother's Money* provides the information necessary for anyone ready to give this important subject the attention it deserves. No more excuses. Get started now. You will be comfortable knowing that your wishes will be carried out as you have determined, and your loved ones will thank you for giving them the information to serve as your voice when you can't speak for yourself.

*Editor's note: Valerie is a member of FEN's Infinity Society, having stated in writing her intention to remember FEN in her estate plan. Over the past five years, 51 people have donated nearly $4 million via their estates, allowing FEN to fund critical research on choice in dying, support the Exit Guide program, and provide education grounded in promoting peace, dignity, and personal autonomy at the end of life.*

*For more information on FEN's Infinity Society, visit www.finalexitnetwork.org/infinitysociety.*

# A Life Fully Lived

BY SYLVIA LINDMAN, FEN VOLUNTEER

*Jan Harwood applied to the Exit Guide Program in the autumn of 2024. Before Jan exited this past summer, Sylvia Lindman spoke with her to learn a little bit about this feisty nonagenarian and her colorful life.*

Jan exited life just as she had lived it—joyous, irreverent, and on her own terms. She was rich in the basics of happiness: close relationships, vitality, and a sense of adventure. "It was fun!" she said shortly before she died at age 93, in the beloved little house where she had lived for nearly thirty years.

She had been politically active for decades, beginning as a young mother in 1960s New Jersey growing ever more worried about the state of the world.

"We had three gorgeous, adorable kids, and I couldn't bear the idea of everything turning to rubble in one swoop," Jan said. "I had never paid much attention to the political world," but when friends introduced her to politics, "I began to write letters. We started an anti-nuclear committee, and to my surprise, a lot of people came out of the woods and joined us." During the Cuban Missile Crisis in 1962, Jan went to Washington, DC, to join a protest outside the White House. She picketed, marched, and wrote letters throughout her life. She was arrested at least nine times and briefly imprisoned twice.

Realizing they lived in the path of a potential nuclear strike on New York City, Jan and her then-husband Merrill decided to flee to the California Bay Area, his former home. While he pursued his art, Jan went to work as a typist. A complicated pregnancy led to a miscarriage, and the marriage ended too. "After I got over the trauma, I got myself a scholarship to Berkeley and went to social work school for two years," Jan said. Soon she got a job with Santa Clara County Mental Health.

Although her work was full of memorable experiences—such as counseling women prisoners and teaching sex education to housewives—her retirement years were her happiest. Jan settled in Santa Cruz, CA, where her daughter had attended college. "It was such a quaint town and had so much charm," she said. "I came to visit many times and knew this was my home."

It was there, in her pink, Spanish-style house with a flourishing garden, that she finally felt like herself. She was divorced; her three children were grown and settled. And, although she had loved her job, she was relieved to no longer feel responsible for so many other people's lives. She reveled in the freedom to pursue long-postponed interests: remodeling her house, gardening, painting, and writing.

Jan took writing classes from poet Ellen Bass and, with help and encouragement from friends, self-published three books—two murder mysteries and, just last year, a memoir titled *Patchwork: True Stories from My Life*.

Continuing her political activism, Jan co-founded the local chapter of the Raging Grannies, an offshoot of the Women's International League for Peace and Justice. "We were a chorus of singers," she said, "older women dressed up in old-timey clothes who sang political songs." Jan was their songwriter, setting satirical lyrics to familiar tunes. For example, "We're Sittin' on Top of the Bomb" is sung to the tune of "We're Sittin' on Top of the World."

Thanks in part to the Raging Grannies, Jan was something of a local legend. She gained new friends, opportunities to speak out for peace, and even something to write about. The grannies are the detectives in her two "Raging Grannies" murder mysteries.

Published in 2024, Jan's memoir was a culmination of sorts. Writing from various points of view, she relates candid stories about her marriage, her parents and children, her activism, and her work. While writing the mysteries came easily, *Patchwork* was hard. "The stories, because they are true, have caused me to have to think a lot more—and feel," she said.

She titled her memoir *Patchwork* because she thinks of it as a crazy quilt of her life. She had always saved scraps from shirts and dresses, and in retirement she used them to teach herself to quilt. "For some 20 years, my bright, imperfect, but lovingly crafted quilt, made entirely by hand, has brightened and warmed my bed, while reminding me that I am capable of careful, considered workmanship when I really try," she wrote.

"I felt like at 93 and 11/12, it was time to go," Jan said. "It took time, but [my family has] all come around to being supportive about my having a choice about how I go. I've been so fortunate in my health, but now I'm ready. I don't want to get sick and miserable. FEN has been a wonderful opportunity and helper—good, kind people."

After a life filled with adventures and love, her obituary concludes, "She will most certainly rest in peace."

# Not the Easy Way: The Reality of a Planned Exit

BY DEBORAH ALECSON, FEN VOLUNTEER

I have been a volunteer for Final Exit Network for over four years. My tenure is coming to an end in that I have applied to the Exit Guide Program and have been accepted. I want to share some of what I have learned from hundreds of conversations with strangers in despair about their desire to no longer live given a wide range of reasons, including medical, socioeconomic, and diminished quality of life. Many are seeking what they might once have thought was unthinkable for themselves, support in having a chosen death, while others have been lifelong supporters of death with dignity, making their interest in the Exit Guide Program in alignment with their cherished beliefs about self-determination.

It is necessary to say upfront that ours is a death-anxious and death-denying culture. Most of us do not contemplate our mortality until something happens to us. The cultural mantras are life at all costs and encouragement to fight whatever ails you. The understanding that the right of someone to determine for him- or herself when and how to die is radical. There are also religious taboos against taking such action. Finally, and what I consider to be most significant, is that just talking to others about one's decision to have a chosen death triggers death anxiety and denial, conscious and unconscious.

While many family members who will be directly affected by their loved one's chosen death are supportive and understanding, there are many who challenge this choice. The sort of things expressed can range from, "There are people in worse shape than you," or implying that whatever the person is challenged by is not so difficult to live with. The person may be told that they have not exhausted all treatments or sufficiently adapted to the progression of their conditions. Some loved ones may react by insisting that unless the condition is terminal, that bad, there is no reason to end one's life. In other words, suck it up.

One of my adult son's earliest reactions to my decision, for example, was that I am "…taking the easy way out." My response to him was, "No, actually, it is not easy to end one's life." Deliberately crossing into the unknown, nonbeing, takes courage and determination. Here, it is important to make the distinction between a suicide out of desperation and emotional imbalance and a planned exit based on personal beliefs and commitments. The sentiment of taking the easy way out is pervasive in our culture because suffering to the bitter end is pervasive in our culture.

What is the solution to resistance from others? I would like to think that talking, listening, and the passage of time can move loved ones to a place of acceptance. Clearly, there is grief involved, and grief is probably one of the most wrenching states of the heart to endure. There is anticipatory grief for the individual and for the loved ones. So, the acceptance of others also depends on the capacity or willingness to feel grief. And grief sucks. But grief is the price we pay for loving someone, and it is the most powerful way to enrich us with the capacity to feel empathy. Grief is what matures us.

I will end this piece by writing about the emotional process of planning a chosen death. The initial reach-out to Final Exit Network often comes from a place of suffering and an overwhelming exhaustion. It has been astonishing for me to hear about the degree of suffering and the number of years, sometimes decades, of suffering a person has endured before concluding that enough is enough.

Ending one's life is an impetus but also a concept. Moving through the process makes this possibility increasingly real, and that reality is a shift. Even for those who have thought for most of their adult lives that they would want this, trust me, it is a massive shift. Saying goodbye to one's life and loved ones is sobering, to put it mildly. You can have your affairs in order and have made practical decisions, but still, you are embarking on the most consequential decision of your life. There is no coming back from that act, at least that I am aware of.

So, be prepared for the grappling that comes with such a decision and be kind to yourself and those you love and who love you.

*Editor's Note: Deborah, a dedicated volunteer coordinator and mentor to new volunteers, exited in November 2025. True to her nature, it was a well-organized journey. She spent a great deal of time with her son in the final month and had a going-away party with close friends who all signed the shroud given to her by Randee, pictured above, who is a fellow coordinator with a specialty in fiber art.*

Photo at left, Deborah and Pam Bankert at a FEN gathering in 2022.

Photo above, center: FEN volunteer Ann Mandelstamm, Deborah, and FEN board member Randee Laikind at a FEN event.

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