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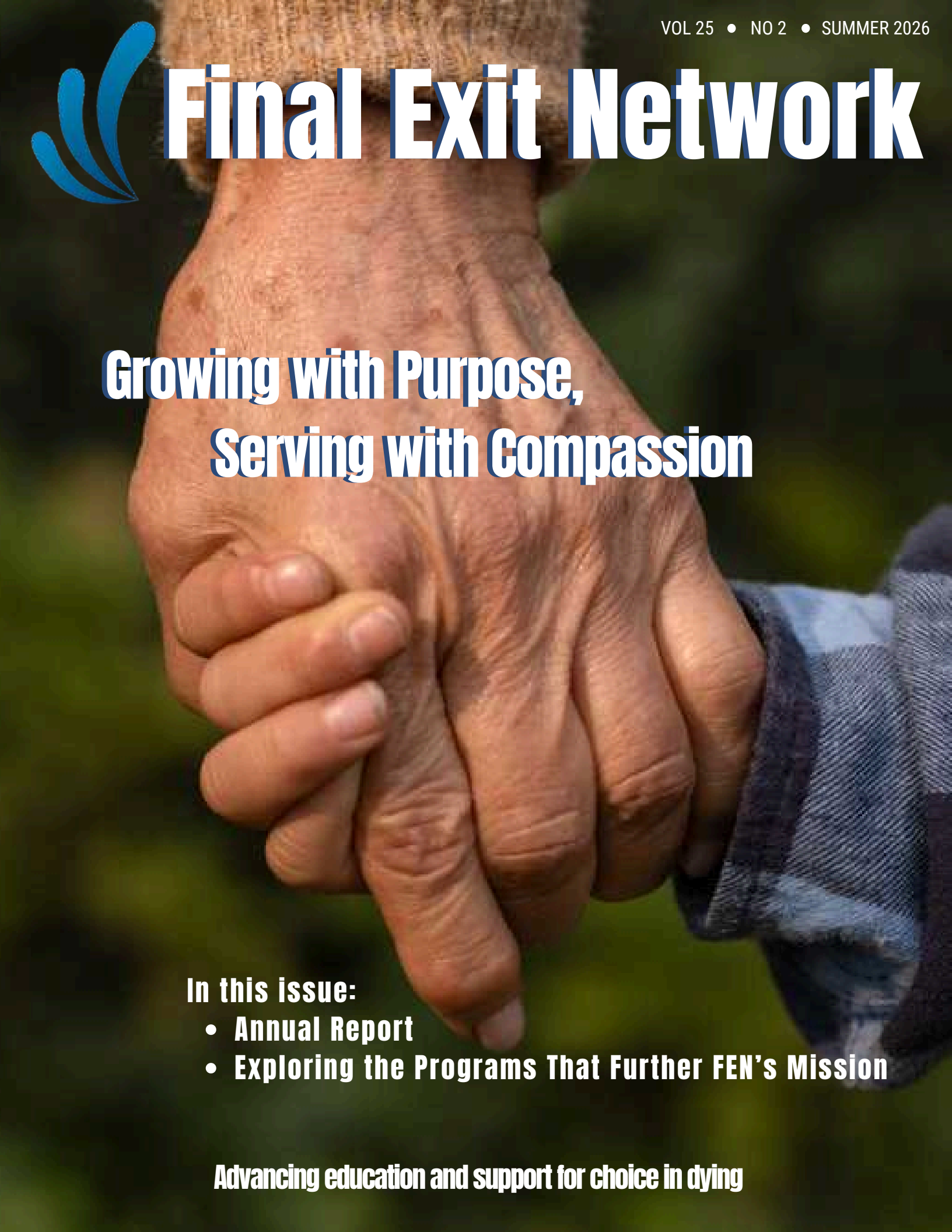
Final Exit Network



Growing with Purpose, Serving with Compassion

In this issue:

- Annual Report
- Exploring the Programs That Further FEN's Mission

Advancing education and support for choice in dying

FEN welcomes new board members

Final Exit Network is pleased to announce the addition of two new members to its Board of Directors.

Beverly Thorn, PhD, brings a distinguished career in psychology, health care, education, and end-of-life advocacy to FEN. A board-certified clinical health psychologist, Thorn served for 30 years on faculty at the University of Alabama, including leadership roles as director of the clinical psychology PhD program and department chair. Throughout her academic career, she became internationally recognized for her research and clinical work focused on chronic illness, chronic pain management, and cognitive behavioral therapy. She earned numerous honors for her work educating others on improving quality of life for individuals living with serious health conditions.

Following her retirement, Thorn's professional expertise became deeply personal when her husband developed Alzheimer's. As his caregiver, she gained firsthand experience navigating the challenges faced by families confronting dementia, caregiving, and end-of-life decision-making. Those experiences inspired her award-winning book, *Before I Lose My Own Mind: Navigating Life as a Dementia Caregiver*, which combines personal reflection with practical guidance and resources for caregivers.

Today, Thorn is an author, speaker, educator, and certified end-of-life doula who focuses on helping individuals and families navigate aging, dementia care, and end-of-life issues.

Dena S. Davis, JD, PhD, is a nationally recognized expert in biomedical ethics and is the Presidential Endowed Chair in Health and professor emerita at Lehigh University.

Davis's research lies in bioethics, church and state, and religion and law. Her work focuses on issues in genetic research, Alzheimer's, reproductive technology and genetics, and end-of-life decision-making.

She has written widely, including *Genetic Dilemmas: Reproductive Technology, Parental Choices, and Children's Futures* and *Notes from a Narrow Ridge: Religious Studies and Bioethics*.

Davis has held several prominent national and international roles, including serving on the Early Phase Central Institutional Review Board of the National Cancer Institute. She previously served on the boards of the American Academy of Religion and the American Society of Bioethics and Humanities, was a member of the NIH Embryonic Stem Cell Eligibility Working Group, was senior editor of the *Encyclopedia of Bioethics*, and was legal consultant to the Committee on Bioethics at the American Academy of Pediatrics.

From the Board President and Executive Director

"Death is such a cascade of personal choices."

~Anne Raftery, FEN Volunteer

There is no single path at the end of life.

Some people seek information years before they may need it. Others come to Final Exit Network in the midst of a health crisis, searching for answers they never expected to need. Some want to better understand Medical Aid in Dying. Others are exploring Voluntarily Stopping Eating and Drinking (VSED), advance directives, dementia planning, or the option of traveling to Switzerland. Many simply want to know that they are not alone.

What unites them is a desire for information, autonomy, and compassionate support.

What unites us at Final Exit Network is our mission to meet that desire—to educate and support those who want choice in dying, providing reliable information and compassionate guidance so individuals and families can navigate deeply personal decisions on their own terms.

Throughout the past year, FEN continued to expand both our educational resources and our support services. We reached people across the United States and beyond through webinars, workshops, articles, videos, speaking engagements, member programs, and one-on-one support. We strengthened partnerships with organizations that share our commitment to end-of-life autonomy and continued developing new programs to meet the evolving needs of our members and the public. We also began strengthening the infrastructure that will allow FEN to grow its capacity to serve and its ability to withstand emerging threats and challenges.

Every person who reaches out to FEN arrives with a unique story, unique circumstances, and unique values. There is no one-size-fits-all approach to choice in dying. Instead, there is a cascade of decisions, conversations, plans, and possibilities.

FEN has been honored to help thousands of individuals and families explore those choices since we began in 2004, and we look forward to sharing with you inspiring client stories as well as the challenges and successes we've encountered along the way over the past year. Your ongoing volunteer and financial support makes it all possible. Thank you!

Anita Winsor

Anita Winsor, Board President

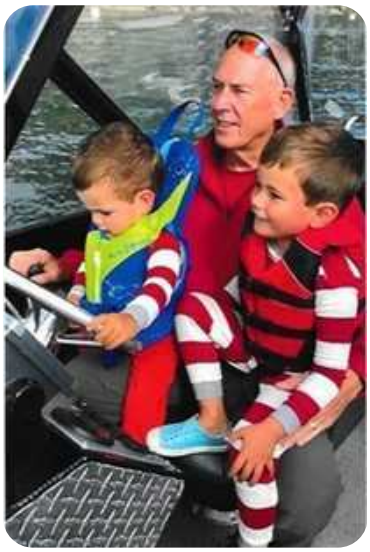
Michelle Witte

Michelle Witte, Executive Director

At the April Board Retreat in Chicago, FEN had the opportunity to thank former Executive Director Mary Ewert for her work. Clockwise from left: Ed Gogol, Anita Winsor, Michelle Witte, Lowrey Brown and Mary Ewert.

Volunteer Spotlight

Dane Moseson: Advocate for Choice



"I'm a grandfather now, not a doctor," said Dane Moseson. While his priorities may have shifted in retirement, this proud grandfather of seven still clings to lessons learned from practicing medicine for more than 50 years.

A volunteer on FEN's Medical Review Committee, Dane came to the Pacific Northwest after medical school in Maryland as a ski bum, windsurfer, rower, and mountain biker. He trained at Oregon Health and Science University (OHSU) in Portland, where he met his "wonderful, patient" wife of 48 years.

Starting in internal medicine, he went on to surgery and then an oncology fellowship sponsored by the American Cancer Society. He became medical director of a small, university-affiliated community cancer center in Washington, where offering patients a spectrum of choices—from clinical trials to access to hospice care—was a key quality indicator.

The importance of choice for patients is an abiding lesson of his medical career, and it is part of what led him to embrace FEN, whose mission is "to educate and support those who want choice in dying." As he put it, "FEN has a process that really helps people. FEN actually steps in and mixes it up with people who are having trouble and helps them sort things out."

After retiring, the Mosesons moved in 2025 to Terwilliger Plaza, a continuing care retirement community (CCRC) located near OHSU in Portland. There, he said, "I found a rich community willing to learn from each other as we advance in age." He and other residents formed a Mortality & Choices Committee, with a monthly speaker series and small group discussions. One member, Marcia Hofer, a founder of A Better Exit in California, suggested Dane look into Final Exit Network.

To learn more, Dane met with Brian Ruder, past president of FEN, who lives in Portland, and was deeply impressed by his humanity, honesty, and openness. They found much to talk about. Each had noted the growing number of hasty suicides in this country, particularly among people over 55 (where three-quarters of suicide attempts fail), and realized the need for a better alternative to support people as they approach death. FEN's mission resonated with Dane, and he invited Brian to speak at a Mortality & Choices event in 2025. "Brian said he was surprised we were having these frank conversations at a CCRC," Dane recalled.

Indeed, Terwilliger Plaza was so proud of the program that it helped Mortality & Choices win recognition as Innovative Program of the Year from LeadingAge Oregon, a state association of nonprofit housing and services providers. The nomination statement explained the program's goal "to normalize honest conversations about death by drawing on lived experience, professional expertise, and mutual curiosity."

As a volunteer with FEN, Dane welcomes the chance to learn from others about the speed bumps that accompany the "golden" years and aims to continue to learn and help concerned seniors navigate those end-of-life speed bumps. On a personal level, he recalls how his own grandfathers' lives ended in ways that were hard on family.

Dane is a strong advocate for FEN's ongoing educational process, which gives callers access to nonjudgmental "librarians" of end-of-life issues. If the caller wishes, they will stay in touch, often for weeks, allowing the caller time for reflection. Knowing there are multiple legal pathways to a voluntary peaceful death at the completion of their lives can allow people to live more fully, he said.

In this imperfect world, Dane remains optimistic that efforts by FEN will help him and others find a better ending to their own life stories.

Top three photos at right: Dane in his "current job" as a grandpa. At bottom, Dane with the Terwilliger Plaza Mortality & Choices Committee.

Annual Report 2026

How Did FEN Stack Up To Its Goals This Past Year?

Promote FEN's mission to expanded audiences

- Good Death Society Blog neared ¾ million viewers
- Launched "Conversations on Choice in Dying" webinar series and had 900+ registrants for inaugural webinar
- Meet-ups and podcasts and Zooms—Oh My!
- New ED met hundreds of new people across North America
- End-of-Life Workshops for Members + FEN Referral Sources, i.e., MAID volunteers, EOL Doulas
- Networked with nationwide EOL groups at numerous meetings and conferences

Sustain and strengthen the Exit Guide Program (EGP)

- Worked with Boulder, CO, DA to navigate a legal challenge and demonstrate that providing education about chosen death is legal
- Trained a new class of EGP volunteers and provided ongoing training for all volunteers
- Updated and expanded information on website about traveling to Switzerland for an assisted death—FEN's spring magazine also focused on this topic
- Presented member webinars on Laying the Groundwork for a Chosen Death and Options for a Chosen Death
- Started an assessment of the technology and infrastructure needs of the Guide Program

Onboard new leadership, evaluate and streamline organizational operations

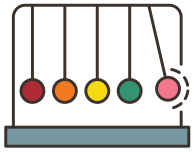
- Brought new ED on board, alongside new FEN board president
- Updating infrastructure, personnel, and governance operations to strengthen efficiency, consistency, and long-term mission impact
- Exploring and launching steps to begin corporate move from Florida to a more "death with dignity-friendly" state

Expand awareness of FEN's unique dementia-focused services

- Added dementia-experienced governing board members
- Partnered with North Carolina State University on a new research report titled "Hastening Death for People with Dementia—An Exploratory Literature Review"
- Addressed #1 commonly asked question with new resource: "Timing a Chosen Death in Dementia"

Looking Ahead: Strategic Objectives 2026-2027

Recognizing the significant progress made during Executive Director Michelle Witte's first year, the board has reaffirmed the organization's existing strategic goals for FY 2026–2027. This continued focus reflects a commitment to:



sustaining momentum

deepening impact

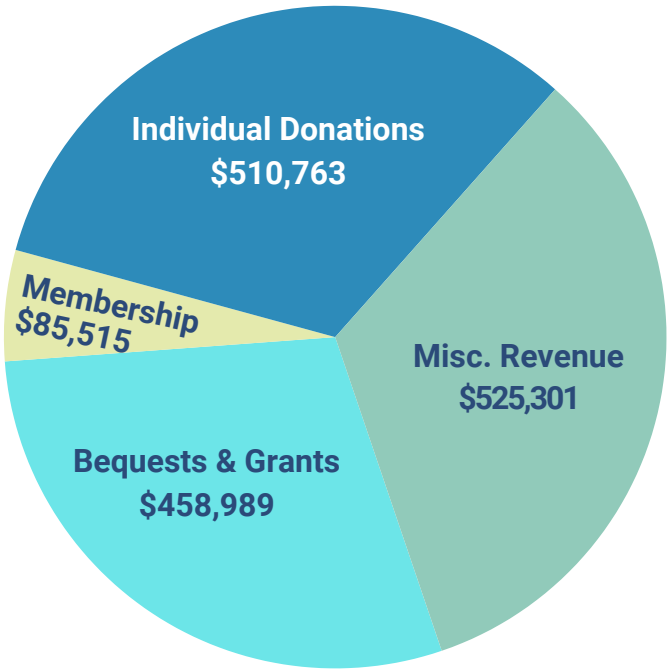
ensuring that initiatives launched this year have the time and resources needed to achieve their full potential

Financials July 2025-June 2026

Highlights:

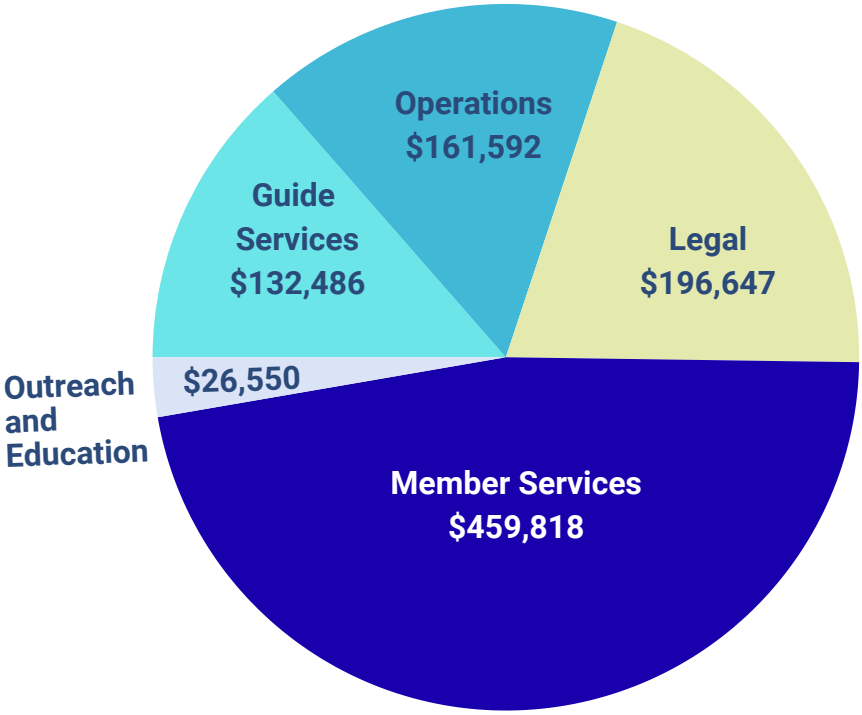
- 1,355 donors gave a total of $969,752 between July 1, 2025, and June 30, 2026.
- FEN maintained Platinum Level status (the highest level charities can attain) from Candid/GuideStar, recognizing FEN's commitment to financial transparency and ethical fundraising.
- Charity Navigator again rated Final Exit Network as a 4-Star charity—its highest rating—recognizing its commitment to accountability and finance, leadership and adaptability, and culture and community.
- FEN's Investment Account totaled over $7.9 million as of June 30, 2026, an increase of $877k from the prior twelve months. These funds, raised through individual gifts, bequests, and grants, support all of FEN's programs. They were especially important this year, as FEN had unexpected legal expenses.

TOTAL REVENUE $1,581,939*



*Does not include unrealized gain (change in the market value of held investments) of $550,017.

TOTAL EXPENSES: $977,093



Please note that we are in the midst of our annual audit/review, so all numbers are confirmed but unaudited.

FEN's success wouldn't be possible without the support of our members, volunteers, and donors. **You** make the difference. Thank you!

Putting It All Together

People—our volunteers, leadership, clients and families—are at the heart of FEN's mission.

As you can see, the team took the goal of expanding FEN's reach seriously.

From volunteer trainings to visiting members to presenting around the country, this year was a busy one! FEN team members and volunteers covered tens of thousands of miles to connect.

Here are some of the stories behind the photos:

Clockwise from left: Michelle Witte and FEN Co-founder Faye Girsh; Michelle gathered with FEN members and Hemlock Society members in San Diego; volunteers enjoying one another at a Colorado meet-and-greet; Michelle and Mary Ellen Bates at the End of Life Options Colorado Conference; Michelle and Janis Landis in NYC; audience members from a Wisconsin presentation.

Special Section: Exploring the Programs That Further FEN's Mission

At Final Exit Network, we recognize that there is no single path through life's final chapter. That understanding is reflected in our mission: to educate and support those who want choice in dying.

FEN's programs are built around a simple but powerful belief: Informed choices require access to accurate information, compassionate support, and the freedom to determine what matters most to each individual. Rather than promoting a single option, we help people understand the full range of possibilities available to them and support them in making decisions that align with their own values, beliefs, and circumstances.

The following pages explore the many ways FEN fulfills that mission. Education remains at the heart of everything we do. Through our website, webinars, workshops, publications, blog, videos, and speaking engagements, FEN reaches thousands of people each year with reliable information about end-of-life options. Our educational resources help individuals and families understand complex issues, prepare for future decisions, and engage in conversations that are often difficult to have elsewhere.

At the same time, FEN provides direct support through dedicated volunteers who answer questions, offer guidance, and help individuals navigate the options available to them. From Choice in Dying Coordinators to the Exit Guide Program, FEN provides compassionate person-to-person support for those seeking greater understanding and autonomy at the end of life.

As demand for information continues to grow, FEN is also expanding its work in areas such as dementia education, research, video programming, and partnerships with organizations across the United States and around the world.

Every website visitor, workshop attendee, member, volunteer, donor, caller, and client is part of a larger community committed to informed decision-making and personal autonomy.

We invite you to explore the programs highlighted in this special section and learn more about how FEN educates, supports, and empowers individuals as they navigate the myriad personal choices that shape the end of life.

Read on...

Educate: Because Every Choice

BY MICHELLE WITTE, FEN EXECUTIVE DIRECTOR

For some people, the journey toward a self-directed end of life begins long before a medical crisis. For others, it starts when they get a dreaded diagnosis. For both, the journey starts with questions.

What options exist if I am diagnosed with dementia? What if I live in a state without Medical Aid in Dying? How do I document my wishes? What resources are available to my family?

Every day, Final Exit Network helps answer these questions through a growing collection of educational programs, publications, webinars, and online resources. While each person's path is unique, informed decision-making begins with access to reliable information. FEN's educational components are numerous.

Website

WWW.FINALEXITNETWORK.ORG

FEN's website serves as a national resource center for individuals and families seeking information about end-of-life options.

Visitors can access information on Medical Aid in Dying laws, Voluntarily Stopping Eating and Drinking (VSED), advance directives, dementia planning, voluntary assisted dying in Switzerland, end-of-life emergencies, and other topics that are often difficult to discuss elsewhere.

For many people, these resources provide the first opportunity to explore end-of-life choices in a thoughtful, nonjudgmental environment. Available free of charge, these materials ensure that anyone, regardless of location, can begin learning about the options available to them. Throughout the year, thousands of individuals turn to FEN's website to find answers, resources, and support.

Conversations on Choice in Dying Webinar Series

This year, FEN launched the Conversations on Choice in Dying webinar series to provide deeper exploration of the issues our members ask about most frequently.

These programs bring together experts, advocates, researchers, and individuals with lived experiences to discuss complex topics in an accessible and engaging format.

Our inaugural webinar explored voluntary assisted dying in Switzerland, one of the most requested educational topics among our members. Participants learned about the legal framework, practical considerations, and personal experiences associated with this option.

As the series grows, members can expect additional programs addressing dementia, advance planning, legal developments, and emerging issues in end-of-life choice.

The Good Death Society Blog

WWW.FINALEXITNETWORK.ORG/BLOG

Education is not only about facts. It is also about stories.

The Good Death Society Blog provides a forum where people can share experiences, perspectives, and reflections on death, dying, caregiving, grief, and autonomy.

These personal narratives help readers understand that they are not alone in their questions or concerns. They also demonstrate the many different ways people approach the end of life, reinforcing that there is no single "right" path.

The blog reached hundreds of thousands of readers this year and continues to serve as one of FEN's most effective tools for normalizing conversations about death and dying.

Social Media, Videos, Films, and Public Outreach

Many people encounter FEN for the first time through social media, YouTube videos, podcasts, and public presentations.

These platforms allow us to bring accurate information to people where they already spend their time and to reach audiences who may never attend a workshop or go to a website.

Through educational videos, interviews, presentations, and public discussions, FEN helps create a culture in which end-of-life planning is seen as a natural and important part of life planning.

In the coming year, members can look forward to additional documentary-style videos and educational content designed to broaden awareness of end-of-life options and personal autonomy.

For direct links to each media platform, visit finalexitnetwork.org.

Begins with Information

Bringing our Network to Life

Choice in dying is a global movement, and education is strengthened through our collaboration and networks.

FEN regularly works alongside organizations that share a commitment to informed decision-making and personal autonomy, including the World Federation of Right to Die Societies, Compassion & Choices, Death with Dignity National Center, Completed Life Initiative, Academy for Aid in Dying Medicine, and other partner organizations. Together, these collaborations help ensure that individuals have access to current information, diverse perspectives, and evolving resources from around the world.

The "Network" in Final Exit Network is a critical part of our mission. The two-way nature of networking with other professionals and organizations helps all of us serve people at end of life. Our coordinators frequently help clients access appropriate resources outside of FEN. But we also provide resources and information for people referred to us from end-of-life doulas, hospice workers and the 14 end-of-life organizations in MAID states. FEN's role in our shared network to educate and support choice in dying within the US is an increasingly important asset in ensuring that people are able to learn about and access all of their available options, especially when they are shut out from options within the traditional medical system.

MEMBER EDUCATION: Going Deeper

FEN members receive access to educational opportunities designed to foster deeper learning and community connection.

Chosen Death Forum

FEN's monthly Chosen Death Forum provides members with a welcoming space to discuss end-of-life issues, share experiences, and learn from one another.

The forum creates opportunities for thoughtful conversations that extend beyond headlines and legal developments. Participants explore practical questions, ethical considerations, personal planning strategies, and emerging issues in the right-to-die movement.

For many members, the forum offers something equally valuable: connection with a community that understands the importance of personal autonomy at the end of life.

FEN Quarterly Magazine

Each issue combines personal stories, legal updates, research findings, expert perspectives, and practical guidance. Recent issues have explored topics including voluntary assisted dying in Switzerland, dementia planning, volunteer experiences, and developments within the broader right-to-die movement.

The printed magazine is a member benefit that allows readers to engage with complex topics at their own pace and serves as a trusted resource many members save and share with family and friends. Many of our magazines also serve as "evergreen" resources that continue to offer important information on timely topics within choice in dying.

Choice in Dying Workshops

FEN's Choice in Dying Workshops provide a structured introduction to the many paths available to people seeking greater control over their final chapter.

Topics include Medical Aid in Dying, VSED, dementia planning, advance directives, voluntary assisted dying in Switzerland, and other legal and practical options.

Rather than advocating for any single approach, these workshops help participants understand the full landscape of possibilities so they can make decisions that align with their own values and circumstances.

Looking Ahead

As FEN continues to expand its educational offerings, members can look forward to new tools designed to support planning and documentation of end-of-life wishes.

Among these efforts is exploration of resources such as the U.S. Advance Care Plan Registry to help individuals ensure that their wishes are accessible when they are most needed.

We're also adding new webinars, digital stories, and FAQs to help people have more powerful conversations about a chosen death with friends and family members, and a greater ability to navigate their path toward a peaceful final exit.

A Closer Look: FEN's Education Programs

The Blog: FEN's "Front Porch"

BY GARY WEDERSPAHN, BLOG CREATOR

Established in 2017, our blog, The Good Death Society Blog, has posted nearly 500 articles, with a new one introduced each week. To date, it has been viewed nearly 750,000 times and has become a significant voice in the right-to-die movement. The blog is aimed at readers facing end-of-life challenges and choices, many of whom are initially unfamiliar with Final Exit Network. Our goals are to educate them regarding all their options and explore issues that impact them while introducing them to FEN.

The blog team thinks of this as the "front porch" from which future FEN members, volunteers, supporters, and donors can enter our organization as their comfort, needs, and circumstances permit.

Over the years, we have heard from hundreds of readers about the impact of the blog on their knowledge, their comfort level with the topic of choice in dying, and their introduction to the organization.

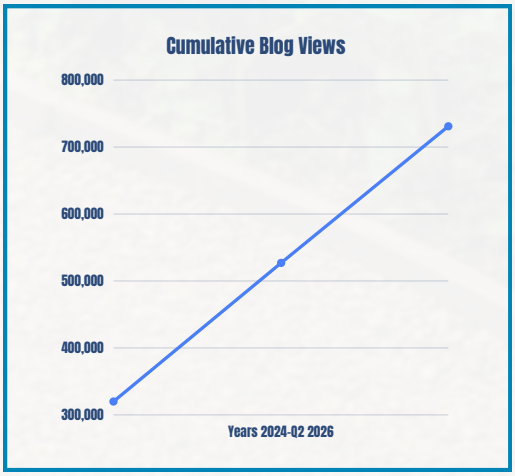
Below is some representative feedback from readers:

- Minister and Compassion & Choices advocate: "I've been subscribing to this for at least a year and have found it absolutely terrific. Great writing, broad selection of topics, very compelling."
- EOL Doula Trainer: "I do appreciate your blog posts and find that there is always something I can share with my team and students."
- Registered Nurse and EOL Doula: "That archive is a wonderful resource. Thank you for pointing me toward it. I'm looking forward to diving in to read and share some of these insights with my community."
- Hospice Community Liaison: "I love the opportunity to read and learn from (the blog) so that I can better serve my community. Most appreciative!"
- Certified Thanatologist & Grief/Death Care Educator: "I'm looking forward to being a part of this community!"
- Psychology Professor/Grief Researcher: "What a resource! And one that I'll definitely use for my death-and-dying course... Such important questions, with equally important answers."
- Hospice Clinical Manager: "In hospice, we see how unspoken wishes become the heaviest regrets. Thank you for elevating the importance of honest conversations and the dignity they protect."

To read past articles or to subscribe to the blog, go to finalexitnetwork.org/blog.

Special thanks to the members of the Blog Committee who volunteer their time to collect, edit, and write blog articles. Join us in showing our gratitude to Jay Niver (serving through June 2026), Chris Palmer, Anne Raftery, Gary Wederspahn, and FEN's own Melanie Raine and Michelle Witte.

A note from Gary Wederspahn:
As Jay Niver prepares to step back from FEN volunteering, I would like to offer many thanks to him for his contributions to FEN's education and outreach efforts. Over the past decade, he has served in many ways. Most recently, he was editor of "The Good Death Society Blog," and he served as Final Exit Network magazine editor for several years. In both publications, he improved the quality of our content and helped attract new readers and potential supporters. In addition, he has made many public presentations as a member of our Speakers Bureau. Thanks, Jay!



5,500 people attended FEN outreach events

130% INCREASE in 12 mos

Choice in Dying Workshops

BY MARY ELLEN BATES, FEN VOLUNTEER

I began volunteering as a facilitator for FEN's monthly members-only Chosen Death Forum back in 2022. Between the forum and my years as a senior exit guide, I could see that people want options at the end of life, but most don't know what it takes to keep those options open.

An advance directive alone isn't enough. If your wishes go against the medical default of preserving life at all costs, you need loved ones and a healthcare representative who can fiercely advocate on your behalf. Many people also underestimate the "window of opportunity," the time near the end of life when you can still make decisions and still obtain and use your chosen method. Wait too long and that pathway may be out of reach.

In 2023, I worked with then-FEN President Brian Ruder and Exit Guide Program Director Lowrey Brown to develop an in-person workshop exploring how to document and communicate your end-of-life priorities, the pathways to a chosen death, and the window of opportunity for each. I also created two one-hour webinars specifically for FEN members. So far, 1,460 people have attended 53 workshop and webinar sessions, and we will be announcing more sessions soon. As we learn what questions people have, I plan to develop new webinars, including one focused on the Exit Guide Program and webinars designed for specific groups such as end-of-life doulas and elder law attorneys.

As a longtime professional speaker, these are among the most satisfying presentations I've done. Hundreds of people now know how to make sure their wishes and priorities are honored at the end of their lives.

Chosen Death Forum: A FEN Signature Program

BY LILY CHAMBERS, CDF FACILITATOR

The Chosen Death Forum is a participant-led group discussion focused on legal end-of-life options, offering members an opportunity to ask questions and share personal experiences. In addition to myself, we are grateful to have seasoned moderators who help navigate difficult topics and provide a welcoming space for all who attend.

We typically have around 70 attendees, split into small groups of about 15 to facilitate more intimate conversations. Topics span a wide range of personal and logistical concerns, from advance directive planning to experiences talking with family members. Many new members come to learn the basics of the right-to-die landscape, while longtime participants in the community come to share knowledge and discuss recent headlines. These conversations are held on the first Monday of every month and are free to all members. If you'd like to join us, look for the registration email we send out mid-month.

"I come away from each Chosen Death Forum humbled by the myriad circumstances and concerns people are facing, but also inspired by the strength of each person there to do all they can to learn and plan so they can have as peaceful a death as possible." ~Michelle Witte, FEN ED and CDF Moderator

FEN Films

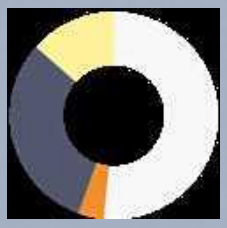
BY RUSSELL BATES, BOARD VICE PRESIDENT

I've been a film, TV, and commercial director for many years, but the two short films I directed for FEN are the most satisfying work I've ever done. My enthusiasm for making the films grew out of past experience: My siblings and I struggled to support our dad, who had advancing Alzheimer's, in navigating his way to a chosen death in 2009 because we didn't know that Final Exit Network even existed. Our dad eventually got what he wanted, but it was a stressful and uncertain process.

In the years after his death, I had searched for a way to help other families have a calmer and more peaceful experience when a loved one faced a similar circumstance. Volunteering with FEN and making those two films has been deeply rewarding.

Now we're looking forward to making more films about the importance of personal autonomy and of knowing what all of one's choices are in end-of-life decision-making. I'm really thankful that FEN is able to support these efforts.

HOW PEOPLE FOUND OUT ABOUT FEN IN 2025



Word-of-mouth (Friends) 52%
Online search 31%
Workshops/events 14%
Social media 3%

Thanks for "talking us up!"

Support: Compassionate Guidance

At its core, support is about human connection.

Whether someone attends a webinar, reads an article, speaks with a coordinator, participates in a workshop, or works with an exit guide, they are engaging with people who believe that individuals deserve information, respect, and autonomy as they approach the end of life.

Every person's journey is different. Every set of circumstances is unique.

That is why FEN does not offer one single answer. Instead, we offer education, support, and compassionate guidance as people navigate the personal choices that shape the final chapter of life.

Education provides knowledge. Support provides human connection.

FEN's support services recognize that end-of-life decisions are rarely made in isolation. Individuals and families often need trusted guidance as they navigate complex medical, legal, and personal questions.

Whether someone is exploring options for the future or actively facing an intolerable medical condition, FEN provides compassionate support tailored to their individual circumstances.

Exit Guide Program

For individuals who meet FEN's medical criteria, the Exit Guide Program offers one of the most direct forms of support available through the organization.

Available free of charge throughout the United States, the program serves mentally competent adults experiencing intolerable medical circumstances who seek a peaceful, self-directed death and meet FEN's eligibility requirements. The program serves people in all 50 states and the District of Columbia.

The Exit Guide Program combines education, safeguards, and compassionate presence. Volunteer guides provide information on a safe and comfortable method of self-deliverance, support clients in planning their chosen death, help ensure decisions are voluntary and well-considered, and offer companionship and emotional support. If requested, guides may be present during a planned death to provide comfort and reassurance.

FEN's guides do not provide physical assistance or equipment. Instead, they provide education, support, and a compassionate presence while respecting individual autonomy.

Behind every guide relationship is an extensive system of volunteer recruitment, training, mentoring, medical review, and ongoing oversight designed to ensure that every interaction reflects FEN's commitment to ethical, responsible support.

Choice in Dying Regional Coordinators

For many people, a conversation with a FEN coordinator is the first step toward understanding their options.

FEN's volunteer coordinators respond to phone calls and website inquiries from across the United States. They answer questions, discuss available options, provide educational resources, and connect individuals with additional information relevant to their situation.

Support may include guidance related to Medical Aid in Dying (MAID), voluntarily stopping eating and drinking (VSED), dementia planning, voluntary assisted dying in Switzerland, advance directives, or other end-of-life choices. Coordinators help people understand what options may be available where they live and what steps they may wish to consider next.

Most importantly, coordinators provide a compassionate, knowledgeable voice during what is often a difficult and emotional time.

Dementia Education and Research

One of the fastest-growing areas of inquiry for FEN involves dementia.

Many individuals diagnosed with Alzheimer's disease or other forms of dementia fear the gradual loss of independence, decision-making capacity, and personal identity that can accompany the disease. FEN provides educational resources to help people understand their options while they still retain the ability to make decisions and document their wishes.

In addition to educational materials, FEN has sponsored research examining public attitudes toward dementia and end-of-life choice, motivations for hastening death, ethical considerations, and emerging issues related to dementia planning. This work helps inform both public discussion and future program development.

As dementia diagnoses continue to increase nationwide, FEN remains committed to helping individuals and families navigate one of the most challenging areas of end-of-life planning.

for Every Path

BY MICHELLE WITTE, FEN EXECUTIVE DIRECTOR

A Compassionate Presence

No matter which path a person chooses—or whether they ultimately choose no action at all—FEN's role remains the same: to educate, support, and respect personal autonomy.

Every caller, workshop participant, webinar attendee, member, and client arrives with different circumstances, different priorities, and different goals.

There is no single road to a good death, and FEN is honored to help people understand and navigate those choices every step of the way.

Through Rose-Colored Glasses

BY JAIMIE ROSS, FEN MEMBER

A couple of years ago the dreaded thing happened: Nearly collapsing from my carcinoid syndrome, I blew my conference keynote address. My cancer was never a secret. I hoped to help others who might be terrified if they received a cancer diagnosis by modeling that someone with cancer could enjoy exercising, dancing, and working crazy hours. I had a terrific professional career as a public interest lawyer heading up a statewide nonprofit. I planned to stop working before something like that near-collapse ever happened.

One of the conference attendees sent an email to me later that day with a sympathetic message that read "Cancer sucks! Fight, Fight, Fight!" Her message was well-intentioned, but discordant. I have never considered cancer to be my enemy. And when I die from cancer, I will not have lost a battle.

This does not mean I am a fatalist. On the contrary, I believe in doing everything possible to advocate for your healthcare. I insisted on my treatment at an "out-of-network" Florida hospital. I also went out of state for second opinions from time to time, and I received care from a cancer expert in Chicago who focuses on nutrition and supplements, something that my cancer center fails at miserably. All of that has helped me to survive carcinoid cancer for 26 years. That's a very long time.

Cancer has been more of a constant companion than an enemy. I was diagnosed with stage IV terminal cancer over two decades ago. It has been physically painful at times, almost always something to manage in terms of surgeries, radiation, a variety of chemicals, and never straying too far from a bathroom. But, more importantly, it has profoundly enhanced my life. Knowing I had cancer helped me to treasure every moment with my son, appreciate every day, and be grateful for every magnificent sunrise and sunset. Cancer is like wearing rose-colored glasses. Everything looks a bit more beautiful when life's tether is tenuous. It has been a gift for me.

We are all going to die. The big unknown is whether our death will involve pain and suffering or if it will be peaceful, as in "she died peacefully in her sleep." Everyone seems to agree that a peaceful death is the gold standard. And yet, there is taboo, and even illegality, in most of this country around choosing a peaceful death. I have always hoped that folks would be sad, and not relieved, when I die. Too many of us have experienced that guilty relief when a loved one dies after extraordinary and painful medical measures fail or have helplessly watched the downward trajectory of a deteriorating and terminal condition.

We can and should do better. I have lived well, and I hope to die well.

###

Editor's Note: Though we lost touch with Jaimie and don't know what path she chose, we trust it was the right one for her. She sent us this poignant article to share with our members. Her obituary is at www.tallahassee.com/obituaries/psar1265001

A Closer Look: FEN's Support Resources

BY LOWREY BROWN, EXIT GUIDE PROGRAM DIRECTOR

The Exit Guide Program: Year in Review

The Exit Guide Program has been busy over the past year providing education and support to callers and clients as they navigate end-of-life options and choice in dying. I could write books on the questions our volunteers have answered, the resource referrals provided, the applications submitted and reviewed, and the clients and their loved ones guided through the relatively uncharted waters of a chosen death outside the medical system and outside traditional social structures. What I want to focus on as we close this fiscal year, however, is the challenge posed by a choice that, while legal, is outside the social norm and, therefore, viewed as suspicious (or worse).

We are pleased to have reached an agreement with the Boulder County DA, which, in its very existence, testifies to the legality of the education and support we provide. It is important, however, that we remember that the agreement obscures the trauma for the volunteers directly swept up in unfounded investigations and the stress for all volunteers who know that their work could be scrutinized next. It is also often traumatic for clients' loved ones, as police are only human; when they come across an unfamiliar situation—and a carefully planned chosen death is usually very unfamiliar—they often immediately presume that something sinister must have happened.

A risk in the work we do is that family members may be grilled by responding officers, volunteers may be investigated, and, though remote, we cannot rule out the possibility that either could be prosecuted. Despite so many of us having witnessed awful endings that we would want no part of, society still largely cannot wrap its head around a self-compassionate chosen death, and so responding officers often don't know what to make of a well-planned, family-supported exit. I find it tragically ironic that, upon responding to a stereotypical gunshot in the garage that leaves behind chaos, carnage, and complicated grief, the police would check their usual boxes, quickly be on their way, and not pause to wonder if there is a better way.

As I look back on the year behind us, I want to honor the friends, family members, and FEN volunteers who stand up, despite the risk, to support individuals who want to shape their own deaths and to demonstrate to society that, indeed, there is a better way.

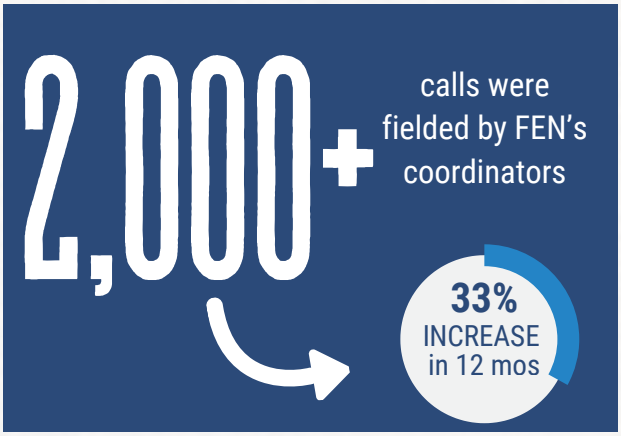
When Dementia Changes the Conversation

As dementia becomes an increasingly common diagnosis, many individuals and families are seeking reliable information to help them navigate complex decisions about autonomy, planning, and quality of life. Final Exit Network's educational programs and resource library offers a growing collection of dementia-focused materials designed to inform and support these conversations.

Our recent handout *Timing a Chosen Death in Dementia* was written to help those facing a dementia diagnosis who want to hasten their death before losing decision-making capacity, but it is also a helpful resource for anyone supporting a loved one facing dementia. It explains how important the support of others can be in assessing one's own cognitive function while that function declines. We also have a page of our website describing advance directives for dementia that you can add to your regular advance directive, and we present two good options you could consider.

Though not directly supporting individuals faced with dementia, FEN partnered with North Carolina State University to produce a white paper summarizing the recent research on the option of a hastened death in the face of dementia. It turns out remarkably little research has been done exploring this quandary, and the white paper provides a good starting point for researchers interested in exploring this topic. *Hastening Death for People with Dementia: An Exploratory Literature Review* can be found on our website.

To explore these and other dementia-focused resources, visit finalexitnetwork.org under the Services, Resources, and News and Events tabs.



A Promising Alzheimer's Test

BY BRIAN RUDER, FEN BOARD MEMBER

Recently, I was listening to an interview with Bill Gates talking about Alzheimer's disease. During the interview, Gates mentioned a new blood test that he thought was a good way for people to get an early indication of potential Alzheimer's disease. The pTau217 test has been around for a few years but, evidently, has only become generally available in the last few years. I decided to pursue the test so I could share the information with our readers and gain some insight into my 84-year-old self.

Here is what Google had to say about the test: "pTau217 (Phosphorylated Tau 217) is a highly accurate blood biomarker for detecting Alzheimer's disease (AD) pathology, measuring a specific form of tau protein that reflects brain amyloid plaques, making it a game-changer for early diagnosis and monitoring, often with similar accuracy to PET scans but via a simple blood draw, though it's used as part of a comprehensive workup, not a standalone diagnosis."

I felt there was sufficient evidence that the test was worth taking, so I checked with my doctor, who told me he knew very little about the test but agreed to order it for me if I decided to pursue it. I was not sure the test was covered by my insurance, so I called the lab and asked about the cost. The price was around $275, which was within my budget, so I decided to take the test. My insurance ultimately did cover the cost except for a $10 co-pay.

It was a simple blood draw that took two minutes at the lab. Like most blood tests, the results come back with a range of acceptable and unacceptable numbers. In this case, a score of less than .185 pg/ml is good and a score above .334 is not good. Pg stands for picograms and a picogram is one-trillionth of a gram…your science lesson for the day!

My score was .09, which is below the level for concern. This result makes me feel good, but I know it is just one test and is not a guarantee I won't get Alzheimer's.

I am not recommending this test and know that taking it might result in unnecessary anxiety for some. For those who elect to take it, it can provide information to help plan.

If you have any concerns about cognitive decline, check with your doctor. I do recommend that you get daily exercise, eat well, get as much sleep as possible, and continue to engage socially. Not only will these things make getting older easier, they might also help reduce cognitive decline.

Rain Man

BY JACKIE, FEN MEMBER

Steve's students affectionately called him "Rain Man," as he made math fun and accessible, delighting students with his humor and ability to make even the most challenging concepts stick. Our life changed when Steve was diagnosed with Alzheimer's. His ability to solve math problems was declining. No more "Rain Man."

Steve knew on the day of his Alzheimer's diagnosis that he would not live through the end stages of this insidious disease. He was never in denial and started researching right away about everything he was facing. Diet changes, oxygen therapy, and drug trials were all part of, hopefully, prolonging his life. He even thought he would be the first to beat Alzheimer's. It was not to be.

Steve was a planner and organizer with a zest for living. So it wasn't a surprise when he mentioned he wanted control over how his life would end. Many states have medical aid in dying (ours is one), but sadly those suffering from dementia do not qualify. We continued our research and learned that Switzerland was the only country where a US citizen can end their life in a peaceful setting. But Steve really wanted to die at home.

More research uncovered FEN. We immersed ourselves in the Final Exit program. We met with our guides and really felt good about the decision. Steve was very encouraged with the fact that he had an exit plan.

Last fall, life was going okay for Steve. He played pickleball most days, but his balance was failing so he played for shorter periods. His attitude was still pretty good, and he still had a zest for doing most daily activities.

At the end of October 2025, he felt like he was existing and not living. Throughout his life, he approached every challenge with wit and a knack for problem-solving. He no longer had that. Steve knew his cognition was declining quicker than he liked. It was time.

It was heartbreaking to find that FEN was on hold for death with dignity in our state due to pending legal issues. Not wanting to wait any longer, we contacted Pegasos in Switzerland. Once our paperwork was accepted and we had a date, I noticed that a calm came over Steve.

We traveled to Basel, Switzerland, in late February. It was the most peaceful, caring, non-suffering experience I have ever witnessed. Although I miss him dearly, I am so proud of him for ending his life on his own terms with grace and dignity. He gave both of us a gift. He lived life to the fullest and he ended it with dignity. For that I am grateful.

Death with Dignity: Global Updates

BY JANIS LANDIS, FEN BOARD MEMBER

United States: New York's law takes effect on August 5, 2026, and Illinois will implement its legislation in September. By this fall, nearly a third of Americans will live in jurisdictions where medical aid in dying (MAID) is authorized.

At least 17 states introduced Death with Dignity bills or amendments during the 2026 legislative sessions, according to the Death with Dignity tracking map (online at https://deathwithdignity.org).

United Kingdom: A new bill (Terminally Ill Adults End of Life Bill) is being pushed in the House of Commons this summer following the failure of previous legislation to reach a final vote earlier this year.

Europe: France is actively pushing for assisted dying legislation, while other countries such as Austria, Belgium, and the Netherlands continue to operate under established MAID/assisted dying frameworks.

Asia and Africa: No countries on either continent currently permit any form of death with dignity, but a few allow withdrawal of life-sustaining treatment for terminally ill individuals.

Canada: For 10 years, Canada's Medical Assistance in Dying (MAID) law has shaped national conversations about autonomy, end-of-life care, and informed choice. To mark this milestone, Dying With Dignity Canada released *A Decade of Choice: Canadian Perspectives on MAID*, a report based on new national research exploring how Canadians understand, experience, and navigate end-of-life decisions. The findings reveal strong public support for choice in dying, high levels of trust among those with direct experience of MAID, and an ongoing need for clear, accurate information to help individuals and families make informed decisions. The report also highlights the challenges many families face when discussing end-of-life wishes and underscores the importance of education, planning, and open conversation. As jurisdictions around the world continue to examine end-of-life options, this Canadian perspective offers valuable insights into how public attitudes, policy, and personal experience intersect. The report can be viewed at www.dyingwithdignity.ca/media-center/2026-decade-of-choice-report.

Update on New York State

BY NATHALIE CHARA
PROGRAM DIRECTOR, END OF LIFE CHOICES NY

In early 2026, New York became the latest state to join our country's medical aid in dying (MAID) providers. MAID allows terminally ill New Yorkers to request and take prescription drugs to hasten their death with the aim of reducing pain and suffering. The law includes a number of requirements that ensure that people understand their choices and are acting on their own. This is a significant victory following decades-long legislative and community advocacy efforts.

End of Life Choices New York (EOLCNY) is working to prepare providers across the state for MAID's effective date of Aug. 5, 2026. EOLCNY has partnered with The Academy of Aid in Dying Medicine (aadm.org/newyork) to accomplish the implementation work critical for a smooth and successful rollout. EOLCNY runs a statewide, twice-monthly implementation call and is preparing to map out a referral network across New York. Statewide providers are developing institutional policies and creating systems of care with the input of EOLCNY and AADM. We are meeting with the state Department of Health to learn more about reporting requirements.

EOLCNY is also working at the community level, providing community education and materials, MAID presentations and storytelling, and a monthly MAID peer support group. To promote accessibility for all patients, EOLCNY is creating a volunteer network of providers and caregivers. If you are interested in learning more about volunteering with EOLCNY, reach out to nathalie@eolcny.org.

End of Life Choices New York
endoflifechoicesny.org | info@eolcny.org
(212) 726-2010
Mandi Zucker, Executive Director

End of Life Choices New York

FEN is a proud and active member of the World Federation Right To Die Societies (WFRTDS), sharing their mission of "A world where every person has the right to die with dignity, peacefully and without suffering." Check out their new website at https://wfrtds.org/ for a cascade of wonderful resources and stories from across the globe. We will be attending their upcoming biennial conference in Tokyo, Japan, and look forward to learning, sharing and furthering our work together with over 60 member societies across 30+ countries to legalize, protect, and extend the right to die with dignity.

Six Months of Surprises

A perplexing journey through the medical system

BY JANIS LANDIS, FEN BOARD MEMBER

Editor's introduction:
While this account reflects one person's experience navigating care in New York, circumstances, coverage, facility policies, and end-of-life options may vary widely by state, provider, and individual situation. The most important takeaway is to do your research early and plan ahead whenever possible, including through clear advance directives that reflect your values and wishes.

I recently accompanied a friend during the six months she spent visiting her ill husband who had been diagnosed with dementia. It was a revelation in many ways.

The most positive and unexpected part of this experience was that at every facility the staff was helpful, compassionate, and knowledgeable. As a somewhat cynical New Yorker, I was very pleasantly surprised. However, not all of the surprises were pleasant.

During these six months, her husband was admitted to a major teaching hospital, discharged to a rehab facility, had an emergency admission to a small local hospital, was sent to a nursing facility, sent to a third hospital, sent to a hospice, and then discharged to a long-term nursing facility, where he died.
Most of these twists and turns were unexpected, not what he would have wanted, and were not the result of decisions made by him or his wife.

What we realized early on:

- Seemingly small medical interventions are traumatic for an individual with dementia, even in the early stages.
- Physical therapy requires a level of patient participation that may not be practical for an individual with dementia.
- Once on this medical treadmill, it's hard to press the stop button.

What we learned as things progressed:

- A hospital will insist on discharge when skilled medical care is no longer needed. The hospital will also insist that an adequate post-hospital care plan is in place.
- The patient or spouse can request a specific nursing or rehab facility, but there is no guarantee that the desired facility will admit the patient. The transfer will be made to any available facility, not necessarily the one you want.
- At-home therapy or therapy in a nursing facility is not covered by Medicare if the patient is incapable of receiving prescribed therapy.

Let me emphasize this: If an individual needs assistance with the "tasks of daily living" (bathing, eating, etc.), but not skilled nursing care, the expenses are not reimbursable by Medicare.

The nursing home, upon verification that no therapeutic treatment (such as physical therapy, respiratory therapy, etc.) is appropriate, will begin charging for room and board. In New York, this is $400 a day, payable by the individual or spouse. It will not be covered by Medicare or supplemental insurance. (Individuals with long-term care insurance will be reimbursed.)

If a medical crisis develops, the nursing facility has the right (and obligation) to send the patient as an emergency admission to a hospital of their choice.

Depending on the severity of the crisis, facilities may consult with the spouse but may also independently arrange a transfer. The destination is not necessarily the closest hospital or the "best one" for the situation, but to a hospital that accepts the transfer. Approximately 70 percent of US hospices are for profit, and very few are covered by Medicare. Only hospices co-located within a hospital are covered. For all other hospices, in-hospice medical expenses, such as prescriptions and doctor visits, are covered by Medicare. However, room and board are not covered and are the responsibility of the patient. At-home hospice covers medical expenses. But home care aides (these are not nurses) are not covered and, typically in New York, are billed to the patient at $30 per hour.

A hospice may discharge a patient if their health improves. My friend's husband was deemed terminal and admitted to hospice. However, his health stabilized and he was transferred to a nursing home, which began another round of daily room and board expenses. Ultimately, he died in a nursing home.

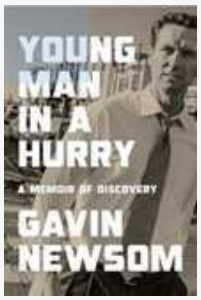
Lessons we learned on this medical journey:

- Think carefully before deciding on any hospitalization for an individual who is not likely to be able to return home without 24/7 assistance.
- Advance directives will prevent any unwanted interventions, such as surgery or feeding tubes, but they will not eliminate the requirement for a care plan when discharged.
- If the individual has dementia or is not fully conscious and therefore not deemed capable of understanding their situation, they will not be able to apply for medical aid in dying (MAID). Similarly, FEN will not be able to accept an application for guide services. FEN does work with individuals in early-stage dementia, but they must have decision-making capacity (which people typically do in early-stage dementia).
- If hospice may be a choice for you or your spouse, check in advance about fees. Ask if there is a hospice that meets Medicare requirements for full coverage of room and board.

Also, if you are in a MAID state, hospices have the right to opt out fully from assisting in medical aid in dying or may choose not to facilitate accessing the medication used in the process. If the individual may want to opt for MAID, ask in advance about the hospice's policy.

Death and Dying in the Media

-Gavin Newsom-
Young Man in a Hurry
(Penguin Press, 2026)



As I've heard many times as a FEN regional coordinator, it's often personal experience that informs our perspective on end-of-life issues. And we've seen that those perspectives can shift in multiple directions over time. I found it fascinating to learn of California Governor Gavin Newsom's personal connection to his mother's chosen death and how it has influenced his ongoing support of California's End of Life Options Act and right to die options nationally. That said, even as he supported his mother, being with her at the very end was traumatizing for him. It's not always easy to understand one's own needs in relation to those of our loved ones. FEN's exit guides are available to support clients and their loved ones in making the right decisions for them personally.

In his recently published memoir, *Young Man in a Hurry*, Newsom describes his mother's "assisted suicide" in spring 2002, long before California's End of Life Options Act went into effect in June 2016.

> *[Tessa] was lying in her bed at her small apartment in Pacific Heights surrounded by the people who loved and admired her most […] I was standing at mom's left, holding one of her hands, and Hilary [Gavin's sister] was standing at her right, holding the other hand. Her breathing was beginning to labor, but it would not go shallow. "When is this morphine going to work?" she asked. "These poor kids shouldn't have to witness this."[…] Hilary could not bear it, and I told her it was OK to wait in the other room. Had I known better I might have followed my sister out the bedroom door, for what came next was a look on my mother's face that will never leave my mind. There was no peace that blanketed her. She gasped and took a last breath, and I kept holding on to her hand tighter and tighter and sobbing. I placed my head next to her, just the two of us now […] She had stopped moving […]*

In a February 2026 *Washington Post* interview, he offered more details:

> *"I hated her for it–to be there for the last breath–for years," he said in an interview in San Diego this week. "I want to say it was a beautiful experience. It was horrible."*
>
> *Forty-five minutes before the "courageous doctor" arrived to administer the medicine that would end her life, Newsom and his sister gave their mother her regular dose of painkillers to keep her comfortable, he said.*
>
> *When the doctor arrived, Tessa Newsom lucidly answered his questions and told him she was sure of her decision, Gavin Newsom said. Her labored breathing and the gravity of the moment became too much for Newsom's sister. She left the room. Newsom stayed.*
>
> *"Then I sat there with her for another 20 minutes after she was dead," he said, his voice breaking briefly and his eyes welling as he told the story. "My head on her stomach, just crying, waiting for another breath."*
>
> *Despite his painful memories, Newsom said that he believes assisted suicide should be legal nationally, that people should have "the freedom to make that decision themselves." California legalized the practice in 2015 with the End of Life Option Act.*
>
> *Six years after voters approved the practice, and two years after he became governor in 2019, Newsom signed a second bill that reduced the waiting period for a drug-induced suicide from 15 days to 48 hours and eliminated a requirement for a formal written declaration of intent at the end of the process. Last year, Newsom signed a third bill that eliminated a sunset clause in the 2015 bill, making assisted suicide legal in California indefinitely.*
>
> *When the bill came up in the California legislature, Newsom heard objections not only from churches and religious groups, but also from "the old Irish Catholic side of my family."*
>
> *They were "up in arms about that bill, and obviously, by extension, by what my mom did," he recalled. But Newsom*

said his own experience with his mother strengthened his support for the bill.

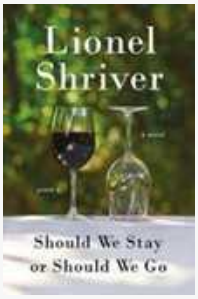
"I watched the physical deterioration, the mental deterioration, just the cries of pain," he said this week. "She would have just suffered."

Last year in an interview on the "Diary of a CEO" podcast, Newsom said he had no regrets about his role–"If you want to come after me, come after me; she needed to do it," he said.

-Lionel Shriver-

Should We Stay or Should We Go

(Harper, 2021)



Kay and Cyril Wilkinson, medical professionals with Britain's National Health Service, had agreed to end their lives together once they turned 80. However, when the time actually arrives, they have second thoughts. Each subsequent chapter in this witty novel offers an alternate scenario—some realistic, others fantastically far-fetched, often involving their recalcitrant adult children, always acknowledging that the clock is ticking.

As one of them states, "You said everyone imagines they're exceptions and they'll surely arrange an early and merciful exit before submitting to the intolerable. And then they do submit to the intolerable. That's because, in order to retain agency over your own end of life, you have to be willing to give up some small portion of it that's not particularly rubbish. Otherwise, you go downhill, doctors and relatives take over, and you're apt to lose the very part of yourself that makes judgments and takes action. We have a narrow window in which to exercise control."

While this topic is serious, and the humor is dark, Shriver keeps the narrative light with lots of lively alliteration, depressingly detailed descriptions of senior residences called Close of Day Cottages and Journey's End, many witty Britishisms, and references to English food and culture. Ongoing commentary about the Brexit debate and the devastation of COVID is particularly poignant while the couple plans their own final exit.

Shriver offers a sensitive exploration of end-of-life options with insight and hilarity, while Britain continues unsuccessfully to try to pass a Terminally Ill Adults (End of Life) Bill.

-Hacks-

(HBO Series, 2026)

Spoiler alert: In the final episode of the acclaimed HBO series *Hacks*, when the show's protagonist, comedian Deborah Vance (Jean Smart) is diagnosed with cancer, she decides to forgo treatment and travel to Dignitas in Switzerland. She ultimately convinces her reluctant co-writer/friend Ava Daniels (Hannah Einbinder), to accompany her. Paul W. Downs, Hacks' co-creator, co-showrunner, and one of its stars, says he always knew how the series would end because the initial pitch was the final episode.

Whether or not the protagonist actually carries out her plan of voluntary assisted dying (VAD), to include the real Swiss clinic as an important, if controversial, plot point in a popular television series marks another milestone in the ongoing cultural acceptance of the range of end-of-life options.

-A Documentary by Robert Rooy-

Loving John

(2026)

John Godinet is the dynamic star of this poignant documentary overflowing with...love. He is forthcoming about the trauma of growing up as a "fa'afafine" in American Samoa, his early military service, his identity as a long-distance runner, and his love for (and frustration with) Peter, his devoted husband of 43 years. Beloved by his many friends in rural Maryland, as well as his large Samoan family, John embraces their support and caregiving, as ALS renders him increasingly immobile. The filmmakers are afforded remarkably intimate access as John's world continues to reconfigure itself. Additional crises occur as COVID disrupts their routine and his physical challenges require modifying their home. John begins expressing his emotions through painting, not with a brush, but with his decreasingly responsive fingers. Using irrepressible humor, salty language, and his expressive face, John captures the heart of his committed communities as well as that of the viewer as he bravely confronts his adversity.

Loving John has recently been released on PBS. To find the schedule in your area or for more information, visit www.lovingjohnmovie.com.

Save the Date! Virtual All-Member Meeting

Thursday, September 10, 2026; 7pm ET/6pm CT/5pm MT/4pm PT

Watch your email for further information. Please make plans to join us!

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OUR MISSION

To educate and support those who want choice in dying.

OUR VISION

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