

IN THIS ISSUE

| | |
|---|--------|
| • Readers praise Good Death Society Blog | Page 3 |
| • How to die like a king (an historic true story) | 5 |
| • Swiss advocate makes plea for RTD choice | 6 |
| • 'Old Man's Friend' is reality check on antibiotics | 7 |
| • CA EOL group finds huge disparity in MAiD awareness | 8 |
| • Comprehensive guide makes 'Dying Easy(er)' | 10 |

Options abound after death

'One size fits all' no longer works

By Jay Niver, FEN Editor

We know from history that a horse-drawn hearse once carried caskets to the graveyard, where grieving kin and friends gathered to pay somber, last respects to “the dear departed.”

Then, in 1909, the first self-propelled hearse was fashioned from a wooden wagon and a bus chassis.

The second of a two-part series on alternative options for honoring and disposing of the dead. Part 1 covered aquamation and green burials.

For the next century, the wagon and equine were replaced with motorized transport – typically an imposing, black Lincoln or Cadillac.

Now the hearse-led, traffic-stopping funeral procession is becoming almost as passé as the horse-drawn version became.

- There’s no need for a hearse if Grandpa’s cremated remains fit neatly into a small, bamboo urn;
- No need for a vault and ornate casket if he donates his corpse to science;
- No need for embalming or pall bearers if his body is composted;
- No need for a funeral parlor event if the “celebration of life” is held at home in his living room;
- No need for a granite headstone if his final resting place is at the bottom of the Atlantic.

For that matter, Gramps might even be buried in his own back yard – *it’s legal in all but three US states.*

• • •



“No need for a granite headstone if his final resting place is at the bottom of the Atlantic.”

Lori Kimball of Halifax, MA, says goodbye to her father, Robert, before he’s buried at sea (*The Patriot Ledger*).

Today’s post-death “disposal” and funeral options are more varied than ever, and nothing like your father’s (let alone *his* father’s) choices.

Few businesses have faced more sweeping change than the funeral industry. Its thorough rethinking has been prompted by many factors – some ecological, others economic, and some based in changing religious and cultural mores.

Here are non-standard ways to deal with a dead body.

Whole-body Donation to Science

It’s easy to be an organ donor by doing paperwork at any DMV when renewing your license. Giving your entire corpse to a medical school, or others who need bodies for research or surgical training, takes some work on your part.

You must register well beforehand to donate – and

OPTIONS – continued on page 2

OPTIONS *continued from page 1*

make sure your loved ones know of your plan.

[Science Care](#) is a national group with an online registry that essentially provides turn-key service. They interface with the school or other source near where you live; fill out and file the death certificate; and work with survivors to celebrate the donation.

Whole-body donation does not require good health, but a corpse may be excluded for being grossly obese, emaciated, badly damaged, or having certain diseases.

Burial at Sea

This method is as old as sailing, when men first plied the oceans and returning human remains to land was simply not practical. For US sailors, it remains a time-honored tradition, and Navy personnel can still be interred in the deep if they desire.

Civilians can as well. On both coasts, a handful of private firms will take you or your loved one at least three miles offshore to 600 feet of water – the EPA requires it.

Environmentalists prefer a watery grave because it is the most environmentally friendly option. Saltwater breaks down biodegradable shrouds or containers (weighed down with stone), though some providers perforate a metal casket to take on water and sink.

They argue that the remaining vessel will become a habitat for marine life, like man-made reefs created when obsolete ships are sunk.

Boats that deliver clients and their mourners can accommodate a few or up to 400 – price varies greatly, depending upon the size of the crowd, the craft, and the extent of ceremony (and celebration) that takes place.

An unattended burial is easily most affordable. In any case, survivors can get GPS coordinates to revisit the site where the body (or ashes) were deep-sixed.

Human Composting

Letting someone literally return to the earth is a close eco-friendly second to water burial. But it's not as easy as throwing food scraps and yard waste into an outdoor bin to let nature take its course.

Washington, Colorado, Vermont, Oregon, New York, California, and Nevada have legalized the process in the last three years.

Human composting (also called Natural Organic Reduction) is an eight- to 10-week procedure where the body rests in a warmed, temperature-controlled container augmented with straw, soil, and organic materials to accelerate natural decomposition.

It produces about a small truckbed of nutrient-rich



This is a mock-up of a corpse ready to be composted (Mat Hayward/Getty Images for Recompose).

soil or mulch, which can then be scattered as desired. In some states, it is illegal to use for growing edible produce, so Granny's sweetness can't necessarily be transferred to your tomatoes.

Home Burial

Except for California, Washington, and Indiana, there are no state laws to prevent someone from holding a memorial service and burial at home or on other private property. Eight other states (with robust funeral lobbies) require a funeral director to be involved.

Where permitted, the plot cannot be too close to a water source, and you should look into possible local restrictions. In some locales, there's a push to have real-estate disclosure forms reveal if Uncle Ed is helping to push up daisies in the yard.

Embalming is not required unless a body remains more than a day or two without refrigeration (a friendly undertaker might help). No coffin is necessary for a DIY interment.

• • •



Our Kare brings the funeral parlor and service to the client in NC.

Clay Bruggeman is testimony to how much EOL culture has changed. His Into Our Kare Innovative Services has a "mobile funeral parlor" that takes the deceased to a favorite, sentimental place (or backyard BBQ) for friends and family to celebrate their life.

With music, tents, viewing, and eulogizing, it's like a traditional service – *but without much of the cost.*

♻️



BOARD OF DIRECTORS

Brian Ruder, President
Anita Winsor, Treasurer
Randee Laikind, Vice President
Janis Landis
Jay Schamberg, MD
Gary Wederspahn

EXECUTIVE DIRECTOR

Mary Ewert

QUARTERLY MAGAZINE

Jay Niver


VISION



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

MISSION

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

[Final Exit Network](#)
PO Box 10071
Tallahassee, FL 32302 • 866-654-9156
info@finalexitnetwork.org

 Join us [on Facebook!](#)

  Posting to FEN's Twitter (now X) account **@FINALEXITNETWRK**

Hyperlinks are embedded in the digital copy of this magazine sent to every FEN member – online readers need only to click on a link.

What readers are saying about *The Good Death Society Blog*



• I am grateful to you for highlighting your work and materials. I have subscribed and look forward to seeing your blogs. Keep being a voice of reason for those who don't know where to turn for good supportive information.

- Thank you very much for sharing this great resource with me. I will share with my collective.
- Thank you for the information. I will pass onto our board ...
- I've subscribed to THE GOOD DEATH SOCIETY BLOG ... and shared these often very powerful, timely, and useful articles with our membership. Keep up your good work.
- Thank you so much for this valuable information! I will add it to my resources pages and absolutely send it to my clients and colleagues.
- I was not aware of The Good Death Society Blog

but know some of your writers/contributors. To that end, I have subscribed under my personal email address and look forward to receiving new postings ...

- This is something I will definitely consider as a writer and an end-of-life celebrant. I can see how this would be really helpful for many people.
- I very much respect the Final Exit Network's work and I look forward to learning more.
- This can be a helpful resource for many of my clients.
- Thank you for sharing this resource with me. What a gift!

[Google [Death Society Blog](#) to find us on the Net]



Kudos to Wendell

– *Retiring treasurer wore many FEN hats* –

FROM EXECUTIVE DIRECTOR MARY EWERT



The FEN Board of Directors held its annual in-person retreat in Chicago on July 19, followed by a day of training for the Exit Guide Program Medical Evaluation Committee (MEC), Senior Exit Guides, and Coordinators. This meeting format encourages the board and Exit Guide Program to create a focused agenda and complete their work expeditiously and economically.

Outgoing Treasurer Wendell Stephenson reported that FEN's finances are strong, with a steadily growing investment account thanks to generous bequests, as well as committed support from our members and donors. You can read more about FEN's financial position in our annual report, which was mailed to all members and is posted on the FEN website.

The board unanimously approved the budget for FY 2023-24, which anticipates a modest increase in



Wendell Stephenson

expenditures as well as a boost of \$100,000 in grant revenue.

Many thanks to Wendell for his service to FEN over the years – as president, treasurer, board member, speaker and guide. Wendell has worn almost every hat that FEN has to offer.

As Wendell settles into retirement,

enjoying grandchildren and travel, board member Anita Winsor has stepped up to fill the treasurer's role.

I reported several important achievements over the past fiscal year, including technology upgrades, establishment of the Chosen Death Forums, speakers bureau updates, and creation of End of Life Options

Exit Guide applications have been picking up slowly but steadily and are now at pre-pandemic levels.

Workshops intended to provide FEN members with information on legal options for hastening death.

The first midwestern workshop was held on July 21, following the board and Exit Guide Program meetings. Attendees came from as far as Ohio for the half-day session and gave high marks to the presentations. The next workshop stop: East Coast.

And, in celebration of FEN's 20th anniversary in 2024, we are developing an anthology of stories from volunteers, clients, and their friends and families. FEN has touched countless lives in positive ways. This collection is an opportunity for those who have interacted with us to tell their stories.

Client Services Director Lowrey Brown reported that Exit Guide applications have been picking up slowly but steadily and are now at pre-pandemic levels. The Guide Program welcomed new MEC members, and several Associate Guides from the training class of 2022 have now become Senior Guides.

At its October meeting, the board will focus on FEN's core activities as we step up our grant application process. We will also review FEN's collaborations with other right-to-die groups.

Our increased interaction with these organizations provides them with options they can offer their clients who don't fit into the various state Medical Aid in Dying (MAiD) regimes.

As I enter my fifth year as FEN's executive director, I'm proud of all that we have accomplished. Our progress reflects the dedication of our volunteers, our members, and our small staff. I'm excited to move forward, *with your support!*



A Dignified Royal Death



By Janis Landis, FEN Board Member

Queen Elizabeth certainly met her death with courage and dignity. But she's not the Royal person I have in mind. It's her grandfather, King George V. To put it succinctly, he was the beneficiary of involuntary euthanasia.

In 1936, King George was lying gravely ill from a combination of pulmonary and cardiac issues. Death would come shortly. But the Royal Physician, Lord Bertrand Dawson, faced a dilemma. No, it wasn't the suffering of his patient. It was that the King might linger just long enough to prevent his death being announced in the most respected newspaper, the *Times* (of London). The afternoon tabloids were not quite respected enough to be the bearer of such news.

While the King's wife had made it clear that she didn't want her husband to suffer needlessly, there is no indication that she gave her consent or was even consulted. The King himself was not in a physical or mental condition to give approval.

Accordingly, the doctor – acting on his own authority – had the *Times* discretely told to delay its morning press run. Lord Dawson gave the King an injection of morphine and cocaine at 11 p.m. One hour later, George died, and the morning *Times* was able to announce, "A Peaceful Ending at Midnight."

Perhaps the moral of the story is to tell your physician you need to have your death announced in the morning newspaper.

As legislation to legalize assisted suicide was debated in the English Parliament over the following decades, Lord Dawson publicly opposed the bill, agreeing that such a death could be a mission of mercy, but one "best left to the individual physician." (He conveniently forgot that most of us don't die in a Palace bedroom with only our personal physician and a guarantee of privacy.)

This information about the King's death was not made public until Lord Dawson's biographer disclosed it in 1986.

To this day, the United Kingdom has rejected all attempts to pass any Medical Aid in Dying (MAiD) legislation. For many years, the authorities threatened to prosecute anyone who accompanied a family member choosing to die with dignity in Switzerland.

Perhaps the moral of the story is to tell your physician you need to have your death announced in the morning newspaper. *Anything else would not be dignified.*



“ It is absurd that we still have to be grateful for access to a gentle, safe and dignified way out, when the time comes to end our own, precious existence here. ”

Swiss advocate makes eloquent plea

By Ruedi Habegger, President, Pegasos Swiss Association

We at Pegasos want to keep things as simple as possible and give this human right – the important personal choice to a gentle ending of our life – the truly accessible place it always should have had.

In most countries that have right-to-die laws, they are so overly protective (i.e., restrictive) that they discriminate and uphold paternalism that has no place in our right to choose when and how we want to end our own existence.

Swiss law and rules are open to true self-determination, true personal choice, and are non-discriminatory. The MD you meet will not tell you how long you have to keep suffering to become eligible for this safe and gentle way to exit. It is your decision why and when you want to die, as long as your mental state allows you to know what you do and want. For example, a completed-life decision is yours



– and yours alone.

End-of-life choices should be part of our humane kindness – compassion that should guide us through all our interactions throughout our lives. It is absurd that we still have to be grateful for access to a gentle, safe and dignified way out, when the time comes to end our own precious existence here.

At the moment, most of us around the world only have choices to jump from a bridge or in front of a

train, etc., if we still are mobile and brave enough. Is this really the 21st century? *In that respect, we seem to be stuck in a distant past.*

We give our dear pets the grace to gently fall asleep in our arms, once the veterinarian tells us it's time to let go. We humans can articulate when we have reached that point. *But we are not allowed to end our life in a gentle, safe way!*

When a child comes into this world, we look after mother and baby in a loving, professional way. Why don't we assist in the same careful manner when our loved ones beg to be able to leave?

Swiss laws and rules give us this possibility. The only thing wrong about this “Swiss
(Continued on next page)

FEN builds bond with Swiss RTD group

By Brian Ruder, FEN Board President

Pegasos is a non-profit group in Basel, Switzerland, with a human-rights approach to choice in dying. It offers voluntary assisted dying (VAD) using intravenous administration of sodium pentobarbital. Medical staff prepare the IV, but the client must activate the drip. Opening it is possible even for a quadraplegic person.

Anyone using the service must be of sound mind with decision-making capacity.

Pegasos requires a number of documents and considerable payment. The application process and international aspect can feel overwhelming, and some express concern that it might be a scam.

FEN is working with Pegasos to understand their requirements and process to better answer questions and support our members who consider working with them. We are developing this service because we've had clients consider “the Swiss option” to hasten their death, rather than use FEN's inert gas method. In one case, the client had anxiety issues about using a hood. Another had physical challenges that made it difficult to self-administer.

Sometimes family members can be more comfortable with assisted-dying in a foreign country than a US do-it-yourself method. Whatever the reason, we support choice – *and this is another one.*

Members can reach our “Swiss option advisor” by contacting us through our website (use the Exit Guide Program contact form) or by phoning us at 866-654-9156.

We will be developing the support we offer as we learn more about what our members want and need.

ANTIBIOTICS FRIEND OR FOE?

Pneumonia was 'natural enemy of the old man'

By Althea Halchuck
FEN Surrogate Consultant

*"If you don't know how to die, don't worry;
Nature will tell you what to do on the spot,
fully and adequately.*

She will do this job perfectly for you."

– M. Montaigne (1533-1592)

In 2021, former President Bill Clinton was rushed to a California hospital suffering from a urinary tract infection that had developed into life-threatening sepsis. Clinton surely would have died if he had not been treated quickly with antibiotics.

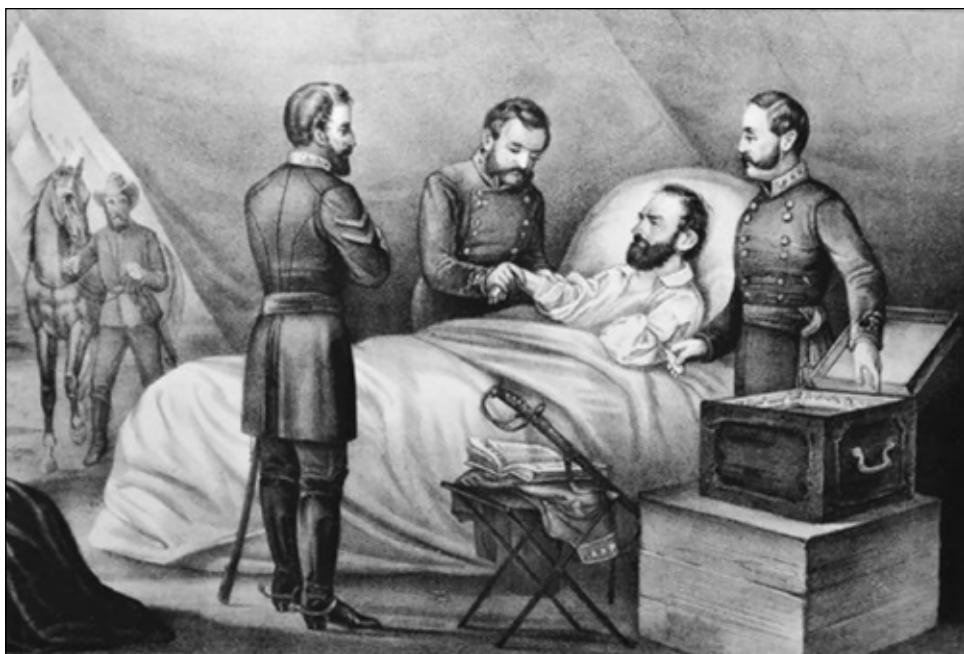
Sepsis can kill in as little as 12 hours, so time is of the essence in diagnosis and treatment. But what kind of death would it have been? According to Dr. Manisha Juthani-Mehta, "Left untreated, a person with pneumonia (or sepsis) will slowly lose consciousness and pass away in their sleep."

In 1892, Dr. William Osler, one of the founders of the Johns Hopkins School of Medicine, referred to pneumonia as "the natural enemy of the old man,"

SWISS PLEA *continued from page 6*

Option" is that severely ill and suffering people have to travel halfway around the world (all too often a painful, torturous journey) just to have a gentle, legal, safe, and dignified death. *This is cruel nonsense!*

Pegasos is pushing for (and helping wherever we can) this human right to become accessible for those who need and want it, without having to leave home, the way we gracefully have it here in Switzerland for



In 1863, Stonewall Jackson succumbed to sepsis from pneumonia, done in by "The Old Man's Friend" long before antibiotics might have saved him.

long since called "The Old Man's Friend." In the years before antibiotics, people usually died from infections such as pneumonia and tuberculosis, the leading causes of death in the 1900s.

My 31-year-old grandmother died at home in 1933 from TB, 10 years before the antibiotic Streptomycin was developed as an effective treatment.

It is widely accepted that in 1863, Stonewall Jackson died of sepsis due to pneumonia. He had many health issues, including an arm amputation around the same time, but five physicians who attended him said he had pneumonia and no infection at the wound site. Additionally, he (like Clinton) suffered similar symptoms as sepsis patients then and now: delirium, fever, and fatigue.

Ironically, Dr. Osler died of pneumonia in 1919.

*"The well-intentioned use of antibiotics
may only prolong a person's suffering..."*

(ANTIBIOTICS continued on page 9)

our Swiss citizens. In the meantime, we will keep up this humane assistance indiscriminately for all that ask for Voluntary Assisted Dying.

Often, just by knowing you have this possibility when things get really nasty, your fear of sheer, endless suffering is reduced or goes away, and gives you control over this important part of living.

This very often raises life quality and helps to carry on a bit longer.

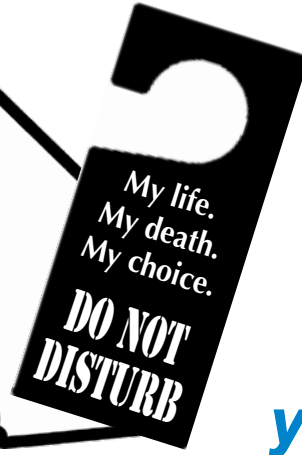




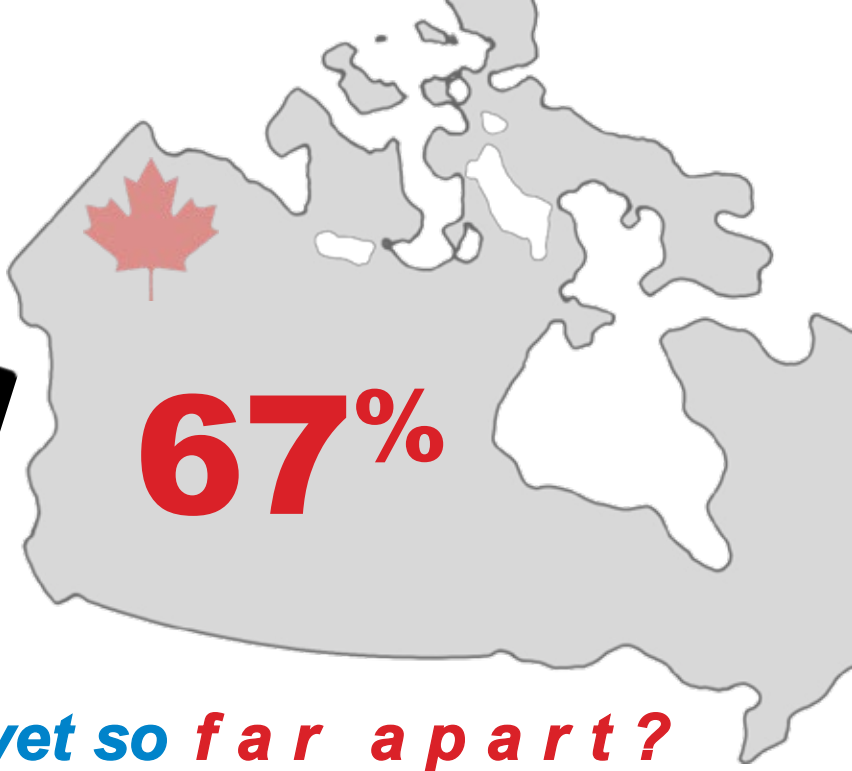
MAiD Service

25%

How can we be so near ...



yet so far apart?



By Judy Neall Epstein, Guest Contributor

Recently, one of our board members here at End of Life Choices California, a retired neuroethicist and associate at the University of British Columbia, did a survey to compare Canadians' and Californians' knowledge of, and experience with, Medical Aid in Dying (MAiD). Data was collected from over 500 people 60 and older.

The findings were remarkable.

About 70% of both Californian and Canadian participants stated that MAiD is morally acceptable, and 48% of both groups responded they would use it if they were terminally ill and suffering.

Most interesting, while 67% of Canadian participants knew MAiD was legal, only 25% of Californians knew it was available for them.

This disturbing disparity will provide an opportunity for thought and discussion when the data is published as an academic paper in a medical journal. But here's the question: Why do so few Californians (and by supposition, Americans) know anything about MAiD?

We believe this is due to a lack of adequate education – to the public as well as medical providers – about end-of-life options, including Medical Aid in Dying in particular.

End of Life Choices California's mission is to provide information and support to anyone who needs help to

While 67% of Canadian participants knew MAiD was legal, only 25% of Californians knew it was available for them.

successfully navigate their legal end-of-life options. Therefore, we continue to inform as many people and healthcare professionals as we can about all their available choices.

To that end, everyone in the RTD movement should think about informative talks and presentations to community groups, houses of worship, or medical facilities such as hospices.

As for Medical Aid in Dying, here are a few items and myths to think about if you or someone you love is considering it – even as a “just-in-case” option.

1. It is imperative for people to talk to their physicians now, before ever needing MAiD. We often get calls from people whose doctor agreed to “be there for them” if they need it – then, when it came down to it, declined MAiD. So, talk to your doctor now. If they won't support you, find a physician who will.

2. **Myth:** MAiD is a viable option for anyone who is terminally ill.

This is not necessarily true. As an example, people with cancers affecting their digestive tract often have difficulty swallowing or absorbing medication. This

doesn't necessarily mean it won't work, but it could take a longer time



between ingestion and dying. So, discussion with your doctor is important. Our organization has access to physicians who will speak with other doctors in cases like this.

3. Myth: People believe it is scary and hard to mix the medication, and they need a medical or hospice person to help.

It is always good to have someone there who knows the patient and family, but this is not always allowed by hospice, or not possible for some other reason. This is where trained and skilled volunteers come in. They are able to attend the patient and family on the day of death; be a calming, knowledgeable presence; mix the meds, and keep time for the patient as they follow the schedule of steps to take the



**Judy Neall Epstein,
Executive Director, End of
Life Choices California**

medications.

Often, they do such a good job of preparing the family in advance that they are not needed on the day, except as backup by phone or Internet.

The takeaway here is that dying is not easy. To have the death you truly desire, it takes thoughtful discussion and planning with family and medical providers.

We strongly encourage people to do this well in advance, being clear on what they want, filling out Advance Directives long before needed, and making sure people close to them (who need to know) have all the correct information.

For further information about End of Life Choices California, please access our wealth-of-information website (endoflifechoicesca.org). You also can watch a new video about how we touch peoples' lives at our YouTube Channel.

Lastly, on our website (resources/organizations) all other state groups like ours are listed, as well as the American Academy of Medical Aid in Dying, who can help with physician referrals.



ANTIBIOTICS *continued from page 7*

"But for some dying patients, the greatest harm ... may simply be to prevent a relatively quick and peaceful death; for those enduring intractable pain, or struggling to breathe, or slowly deteriorating in a hospital bed, an infection might bring a painless end to their ordeal."

– Timothy Sullivan, MD

Many doctors overuse antibiotics in end-of-life (EOL) patients; many times, "curing" them more than once. "Wrongful life lawsuits" have gained traction where doctors blatantly disregard Advance Directives and surrogates in administering antibiotics to incapacitated patients.

In one case, the doctor deliberately gave antibiotics to a severely demented hospice patient near death from sepsis. It went against a POLST, living will, and his surrogate/wife. He brought the patient back from the brink of a longed-for death.

"We may need to consider Osler's view that pneumonia can be the friend of the elderly and focus our efforts on patient comfort and relief of suffering rather than treatment with a limited chance ..."

– Michael Niederman, MD

How can I die? It's a question I often get asked as an EOL counselor and FEN Surrogate Consultant. I work with clients at the end of their rope, suffering from a litany of conditions that, though maybe not terminal, are hampering any quality of life. They wish to die peacefully but do not live in a state where MAiD is offered, nor would they qualify if they did.

There are many EOL options, but the legal method I suggest most for a dignified and peaceful death is to stop all treatments, especially antibiotics.

Doing nothing and letting nature take its course will likely lead to a quick and peaceful death, usually in hours or days.

If you are the surrogate or medical power-of-attorney for an incapacitated loved one at the EOL and wish to end their pain and suffering, you can say no to antibiotics. Simple, legal, and effective.

However, be prepared for push-back from medical staff who routinely treat infections with antibiotics that often cause more harm than good. Legally, patients have the right to refuse or reverse any treatment, even if it will cause death. It's the patient's or surrogate's choice, not the doctors'.

Mr. Montaigne got it right in the 16th century.



More Good Endings

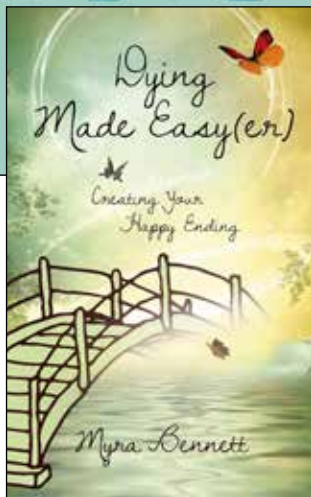
Reviews by Jim Van Buskirk



– Myra Bennett –
Dying Made Easy(er):

Creating Your Happy Ending (2019)

A nurse for nearly 30 years, Myra Bennett cared for several family members and friends as they died, after which she became a hospice nurse. Realizing that nursing's goal of promoting health and life was different from her calling in the field of death and dying, she became a Certified End of Life Guide. *Dying Made Easy(er)* augments her doula service [Compassionate Crossings](#), which supports those dying as well as their friends and families.



Informed by Bennett's personal journey, this 300-page resource brims with practical and professional information, explaining the many – often confusing or misunderstood – aspects of the end of a life.

“Witnessing many passings has taught me that although the science of death results in common physical, emotional, and psychological responses, the process by which we die remains unique to each individual,” Bennett writes.

Particularly impressive, unsurprisingly, is an informative chapter on the importance of a death doula, which she likens to a wedding planner, case manager, or orchestra leader. She carefully explains how their services differ from those of hospice, and concludes the chapter with a list of specialized end-of-life support, including the Threshold Choir; Home Funeral Alliance; an organizing strategist; someone to help capture life stories; touch therapy; or certified life-cycle celebrants to help create a unique funeral, memorial, or celebration of life.

We also learn about many other possible services, and how to find, evaluate, and budget for them.

Bennett debunks “Nine Myths About Hospice Care” and describes new technologies, fresh ideas, and developing services in various arenas. For example: “The best, most reliable place to find good caregivers is from a home care agency, sometimes called a home health agency. In most major metropolitan areas, there are hundreds of such agencies, full of competent staff who are trained, certified, and bonded. Even small, rural areas have agencies or are serviced by agencies in a nearby, larger community.”

The author addresses how to deal with fear – fear of being in pain, fear of leaving loved ones, and of the myriad ways we can become paralyzed with fear. As the book continually emphasizes, “It is very possible to design our own dying in a more personal, even pleasing way – a way that will make us feel less helpless, not so hopeless, and a lot less fearful!”

Sensitively and straightforwardly presented, included are many potentially overwhelming topics, so each section is followed by space for “thoughts and reflections.” Bennett ends her helpful guide with “Life,” explaining that “life and death are merely two sides of the same coin.”

The appendix – including check-lists, glossary, eight pages of carefully curated resources (including Final Exit Network) and additional reading for further exploration – ends this valuable volume with an engaging expansiveness.



– Susan Baird (writer/director) –
Gin Rummy (2023)

Best friends since college, three older women get together to play gin rummy every Thursday night. But tonight, instead of cards, they eat, drink, dance, and reminisce one last time, as we learn they have come together for a very different reason.



This sweet, 16-minute film gently explores hastening one's own death.

Gin Rummy is one of 30 shorts in the New York International Shorts Festival streaming through October 31 for \$19.99 (<https://www.nyshorts.net/digital>).

THE BACK PAGE

A COMPENDIUM OF RIGHT-TO-DIE WORLD NEWS

Australia

The death of an elderly man who took a voluntary assisted dying (VAD) substance prescribed for his terminally ill wife is being investigated in the state of Queensland.

She had met the criteria and been given the medication, but was admitted to hospital and died there before taking it. Her husband was required to return it within 14 days, but consumed it instead.

Queensland's VAD laws took effect in January, about 15 months after the legislation passed. In the first six months, 591 people qualified for VAD, and 245 terminally ill people carried it out.

Cancer was their most common diagnosis (78 percent), and the age of people accessing it was 26 to 95; the median age was 73.

VAD is legal in almost every Australian state, and is set to take effect in New South Wales in November.

United Kingdom

- A majority of Britons favor legalizing voluntary assisted dying, a figure that comes as British politicians debate whether or not to move toward legalizing the practice.

The poll came from the UK firm Ipsos, which queried British adults in July. Respondents were asked if they believed “it should be legal for a doctor to assist a patient aged 18 and over in ending their life by prescribing life-ending medication that the patient can take themselves if certain conditions are met.”

“Yes,” said 68% of respondents; just 17% said “no,” while 18% were unsure.

- **England** – At least 632 Britons have ended their lives by travelling to Swiss clinics such as *Dignitas* and *Pegasos*, a report reveals.

RTD advocates said the figure – almost 100 more than previously known and covering all Swiss suicide clinics – was evidence of the need for an assisted-dying law in Britain.

Dignity in Dying, which commissioned the report, also discovered that one in seven MDs in England and Wales has had patients receiving palliative care take their own lives or attempt suicide in the last five years.

- **Ireland** – *Dignitas* has reported that 12 Irish people travelled to Switzerland to access assisted dying in the last 20 years. It called for the legalization of VAD in Ireland, claiming it would “soothe

suffering” and improve quality of life among certain patients.

Irish lawmakers are currently examining whether to legalize VAD. *Dignitas* member Silvan Luley told them in late September that its Irish membership grew from 57 to 80 between 2020 and last year, and that the most recent one to choose the “Swiss Option” did so in 2020.

- **Scotland** – A large majority of Scottish voters support proposals to allow terminally ill people to take their own lives, according to a poll released by campaigners for assisted-dying laws.

A new bill to legalize VAD in Scotland is due to be published by the Scottish parliament later this year, in a fresh attempt by its supporters to get the measure enacted for the first time in the UK.

The YouGov poll for the campaign group Dignity in Dying found in September that 77% of Scots support the measure and 12% oppose it.

Its findings also suggested attitudes have shifted in favor of the legalisation among those with a religious faith, even though it conflicted with most religious teachings.

This year, the general assembly of the Church of Scotland, the country's largest faith group, suspended its historic opposition to assisted dying.

A majority of the 354 respondents who had some or “a lot” of life-limiting health or disability issues also backed it, with a small majority saying they would “possibly” or “definitely” consider travelling to an assisted-dying clinic in Switzerland.

United States

- **New Jersey** – A federal lawsuit filed in August seeks to remove the residency requirement NJ law mandates for terminally ill patients to seek Medical Aid in Dying.

The suit was filed by Compassion & Choices on behalf of cancer patients in Delaware and Pennsylvania and two New Jersey doctors. The suit alleges that the out-of-state patients “are discriminated against ... based solely on their lack of residency status.”

Last year, Oregon was the first MAiD state to stop enforcing its residency requirement, and in May, Vermont did likewise when faced with a legal challenge.



FINAL EXIT NETWORK
PO BOX 10071
TALLAHASSEE, FL 32302

President sees FEN well set for its 20th year

As Final Exit Network gets close to its 20th year of providing services, I thought it was a good time to give our members and supporters an update from the FEN Board of Directors. As I hope you saw in our first annual report that came out in September, our organization is doing well.

We are lucky to have three excellent employees to manage our activities.

- They have earned FEN the platinum award from Candid, and Charity Navigator rates us as a non-profit to which one can “give with confidence.”

- We have the most trained guides and coordinators we have ever had.

- Our legal case in Minnesota has been dropped and no charges were ever filed against our guides or the organization.

- We continue to provide our services free anywhere in the US.

- I am excited about our new relationship with Pegasos (see story on page 6). I believe we have many members and supporters who will find this to be a good option for managing their end days. I have personally worked with a few of our clients who used or plan to use the Pegasos service.

- We have applied to a foundation for a grant to study how people with dementia and their families feel about hastening death before they lose competence. We believe we are in a good position to address this vital national issue because of our experience working with clients who have dementia. We



FEN Board President Brian Ruder

feel that current Medical Aid in Dying (MAiD) laws should include people with dementia, since it is a terminal disease.

- We have a very strong board that has provided our staff with strategic direction and works hard to ensure our finances are well managed.

- Two of our board members are pondering retirement after many years of service, and I invite any member who has interest and time to consider joining our board. I can assure you, it is a rewarding experience.

We are looking for people with a strong interest in the right-to-die movement who want to help improve our organization and services. Experience on a board would be a plus, but is not required.

If you are interested, please email: info@finalexitnetwork.org with “Board Member” in the subject line. Please include a brief resume if possible.

Finally, I want to thank all our volunteers and supporters who have helped us get Final Exit Network where it is today.

