



# Final Exit Network

A close-up photograph of two hands, one from the left and one from the right, gently cupping a small, dark, spherical globe. A small, lush green tree with a thick trunk is growing out of the top of the globe. The background is a soft, out-of-focus green field with a bokeh effect.

## A New Chapter: Building on Legacy

**Special Feature:**  
**ANNUAL REPORT 2025**

# From the Board President

This year is a pivotal one for FEN.

I write to share three important milestones in the life of Final Exit Network—marking a time of deep gratitude and renewed purpose.



First, we extend our heartfelt thanks to our outgoing Executive Director, Mary Ewert, for seven years of extraordinary leadership. During her tenure, Final Exit Network expanded its reach, strengthened its services, and remained a steadfast voice for dignity and choice at the end of life. Through Mary's compassion, commitment, and vision, countless individuals and families have found the knowledge and support they needed at life's most vulnerable moments. We are profoundly grateful for her service and wish her all the best in the next chapter.

At the same time, we are honored to welcome our new Executive Director, Michelle Witte, who joins FEN after eight years as Executive Director of the League of Women Voters in Minnesota. We are fortunate to have Michelle as a part of our team. She brings a deep commitment to autonomy, equity, and ethical leadership, and joins us at a moment of organizational clarity and growth.

Finally, following thoughtful discussion and reflection during our recent board retreat, we have adopted a new mission statement that we believe better captures the heart of our work and the clarity of our purpose:

***"To educate and support those who want choice in dying."***

This updated mission affirms what Final Exit Network has always stood for—respecting personal autonomy, offering compassionate support, and providing trusted information to those navigating end of life decisions, without judgment and with unwavering dedication to the dignity of every individual. This mission is a promise—simple, honest, and bold. It says exactly who we are and what we do.

One of our new strategic goals is to get FEN's message out to new audiences to let them know our mission and services. We want to encourage people to understand and discuss their choice for dying with their families and friends. We think this new mission statement will resonate with people and help us reach new audiences.

The timing of this change is meaningful. As we welcome our new executive director, this refined mission offers a strong foundation and a clear direction for the organization's next chapter. It is our hope that this language will make our work more accessible and resonant with those who need us, as well as with the many allies and advocates who stand beside us.

Mary's important foundational work, together with the leadership of our new executive director and the clarity of our renewed mission, positions us to step confidently into FEN's next chapter—grounded in purpose and ready to expand our reach.

Thank you for your continued support of this essential work.

A handwritten signature in black ink that reads "Brian Ruder". The signature is written in a cursive, flowing style.

Brian Ruder  
Board President

Final Exit Network (FEN)

## IN THIS ISSUE

- 3** A Warm Welcome  
From the Executive Director
- 4** What's Next?
- 5** Strategic Goals 2025-2026
- 6** Annual Report 2025
- 7** Financials 2024-2025
- 8** A Life of Purpose and a  
Chosen Ending
- 11** Legal Corner
- 12** Planning for End of Life  
Emergencies
- 13** In Matters of Life and Death,  
Seek Out the Experts
- 14** Death and Dying in the Media

# From the Executive Director

## A Warm Welcome

*With a career full of creative ways to help people live well at home, Michelle brings a wealth of experience and heart to her new role as FEN's Executive Director:*

- *President, Health Consumer Solutions, consulting with health care systems across the country*
- *Owner, The LifePlace store at Mall of America, "to create new possibilities for living life with ease, comfort and independence"*
- *Contract to develop new resources for the State of Minnesota "Live Well At Home" program*
- *"Older but Wiser Living" exhibit designer at the Minnesota State Fair*
- *Board President, Missouri Long Term Care Ombudsman Program*

*Michelle lives in Minnesota with her husband Eric and dog Kiwi. They have two grown daughters, Eli and Kate, and enjoy swimming, bike riding, and visiting family and friends around the country.*

Greetings to Final Exit Network volunteers, members, and supporters!

I have the great honor to have been chosen as your next Executive Director, having been handed the baton by Mary Ewert and the dedicated FEN team to continue your journey to educate people on end of life options.

How I wish I would have had a "compassionate bedside presence" when I was caring for my mom in my home in 2022. "When will this end?" My mom asked me this question day after day, as she suffered from severe anxiety, seizures, and other Parkinson's symptoms, hoping that hospice would help her find a peaceful end. We struggled together, eventually stumbling upon the option of VSED. After 11 days of not eating, five days of not drinking, and nearly two days of agonal breathing, she finally found her way out—and I found a new passion to work toward a day when no one would have to endure what we did.

My passion started with advocating at the Minnesota State Legislature and testifying for our End of Life Option Act. Yet, I knew the bill would not provide the help and true compassion my mom needed. It was along this journey that I discovered Final Exit Network and am thrilled to have now found my door into how to have a greater impact in changing the conversation about how we die, while also serving people in need today.

Along with my lived experience of witnessing a loved one suffer her way through her final days, I bring to FEN a career of nonprofit leadership and management, recruiting and engaging volunteers, and expertise in resource development as a Certified Fund Raising Executive. My professional journey includes deep experience within aging and health care, and various challenging leadership positions that include serving as an elected school board member and building a new community art center. Most recently, I've been the executive director for the League of Women Voters of Minnesota, serving 33 local League chapters and 2,500 volunteers in our mission to empower voters and defend democracy. I've been privileged to work alongside committed staff, members, volunteers and partners for eight years, leading through challenges and opportunities to inspire increased civic engagement within our communities. And now, I couldn't be more excited to join the Final Exit Network team, and continue to learn, lead, and grow together.

With appreciation,



Michelle Witte  
Executive Director



*Bringing my mom Diane to vote for the last time.*



*Mary Ewert, Michelle Witte, and Janis Landis (FEN past president) met in Chicago in early August.*

## FEN Board Welcomes Russell Bates



Volunteer Russell Bates was officially appointed to the FEN Board of Directors at the July meeting, the first gathering of the fiscal year.

Russell is a film, TV, and commercial director. A FEN volunteer since 2022, he has directed two short films for the organization (“FEN: An Introduction” and “FEN: A Client’s Story”) and serves as a coordinator and senior guide. In his spare time, he enjoys beekeeping, surfing, and advocating for better bike, transit, and pedestrian infrastructure in Los Angeles. He holds a BA in film production from UCLA.



## In Search of Excellence

BY BRIAN RUDER, BOARD PRESIDENT

With Mary Ewert’s decision to retire from her position as executive director, we knew we had a big task ahead of us: finding a new ED who matched Mary’s dedication and who would bring the experience to lead us into new growth and impact.

We searched internally within FEN, through social media, and ultimately with a professional recruiter, Peter Gray Executive Search.

Because of our very specific and sometimes controversial mission, we weren’t sure what to expect and neither was Peter. I’ll let Peter tell the rest of the story:

*I wholeheartedly support FEN’s mission. But doing public outreach and starting conversations about choice in dying (as I did in posting and publicizing FEN’s Executive Director position) was new for me. Knowing that FEN has faced hostility on occasion, I braced myself for negative or sideways reactions from friends, family members, and strangers.*

*But that didn’t happen. Instead, I was overwhelmed by an absolute tidal wave of positivity. In fact, FEN’s executive director search received the most applications (over 500, many of them from incredibly qualified people who shared deeply moving personal stories) of any search in my entire career as a recruiter.*

*So I’m heartened to feel like we’ve reached a tipping point, and our society is increasingly open to empowering people to choose death with dignity, on their own terms and timeline. I’m grateful to FEN for its courageous leadership on that front, and proud to play a small role in FEN’s leadership transition.*

# Strategic Goals 2025-2026

*Compassion. Autonomy. Dignity.*

## **Promote FEN's mission to expanded audiences.**

Ensuring that more people understand and support the right to a peaceful, chosen death is critical. To do this, we will identify high-profile individuals and groups whose voices can amplify FEN's message and expand outreach strategies to engage each effectively. We will also reassess current messaging and programs to determine what's working, what needs refining, and what may no longer serve our goals. As we grow, we continue to evaluate the staffing and expert support needed to communicate with broader and more diverse audiences. These efforts will help ensure FEN's message reaches further, resonates more deeply, and supports those seeking compassionate end of life options.

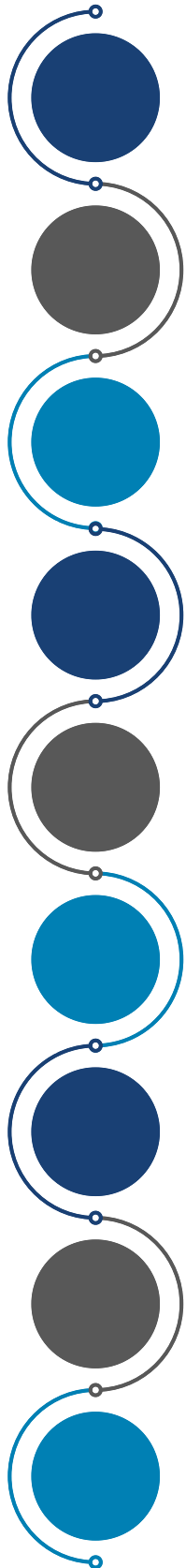
## **Sustain and strengthen the Exit Guide Program.**

Final Exit Network is committed to securing the long-term sustainability of our guide program—both financially and organizationally—so that we can continue offering compassionate, informed support to those facing end of life decisions. To ensure financial sustainability, we're deepening our outreach and engagement with individuals, foundations, and major donors. Operationally, we continue to review staffing, clarify roles, and strengthen our culture of communication and volunteer support. By investing in both the financial foundation and operational structure of the guide program, FEN is taking thoughtful steps to protect and strengthen this vital service for years to come.

## **Expand awareness of FEN's unique dementia-focused services and program.**

As the prevalence of dementia grows, Final Exit Network is expanding awareness of our unique services tailored to individuals facing this difficult diagnosis. Our goal is to ensure that those in the early stages of dementia—and their caregivers—understand the full range of end of life options available to them, including VSED (voluntarily stopping eating and drinking) and the refusal of life-sustaining treatment. We are actively engaging neurologists to better understand and influence their perspectives on these choices, and using our social media platforms to foster thoughtful, compassionate conversations around dementia and autonomy. By assessing the needs and attitudes of patients and caregivers, we aim to improve access to information and support, empowering more people to make informed decisions while they still can.

**All goals ultimately support FEN's core objective:  
to educate about and support end of life choice.  
It's why we exist and why we attract dedicated supporters.**



# Annual Report 2025

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



### Strategically expand staffing to ensure leadership continuity.

- Following a comprehensive evaluation of staffing needs, FEN created an executive assistant position and welcomed Michelle Kalapodis to that role in July 2024.
- With Mary Ewert's retirement announcement, FEN leadership underwent an extensive search process to identify and recruit a new executive director.
- An executive search firm reviewed more than 500 applicants and facilitated the hiring process for Executive Director Michelle Witte in summer of 2025.



### Amplify FEN's thought leadership expertise.

- FEN volunteers and staff appeared on eight podcasts throughout the year.
- International conferences brought FEN speakers in as presenters and panelists, reaching an extended global audience.
- San Francisco Public Library recognized FEN volunteer Jim Van Buskirk as a 2025 Library Laureate for his work as editor of *There at the End: Voices from Final Exit Network*.
- FEN volunteer and former board member Gary Wederspahn discussed FEN's work in a June 2025 AARP magazine interview.



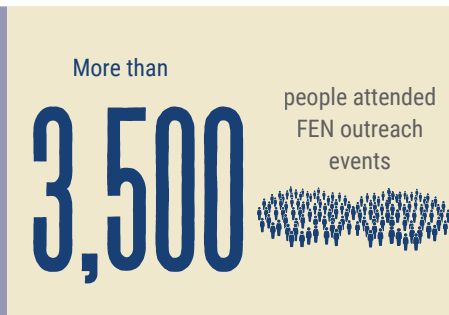
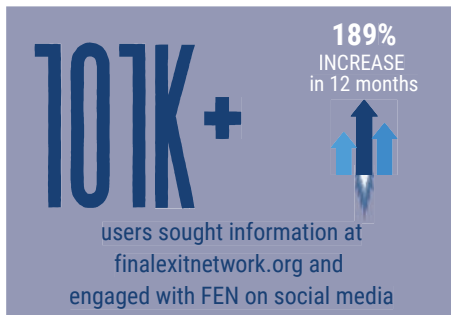
### Augment and diversify Final Exit Network's financial vitality.

- The average donation increased from \$933 to \$1,340 year-over-year.
- FEN membership increased by 22%, providing over \$93,000 in support.
- FEN secured \$140,000 from private foundations, representing a 142% increase in grant funding year-over-year.
- Recurring donations (individuals giving to FEN each month) increased by 70%.
- Infinity Society membership (those who remember FEN in estate plans) grew by 40%.



### Forge deeper collaborations with right to die organizations.

- FEN is currently working with more than ten right to die organizations nationally and the World Federation of Right to Die Societies.
- New and renewed collaborations with Swiss right to die organizations provide FEN members with alternatives when exploring their options for a death with dignity.
- FEN's Swiss Option Advisor team develops regular communications to address common questions about the Swiss option.



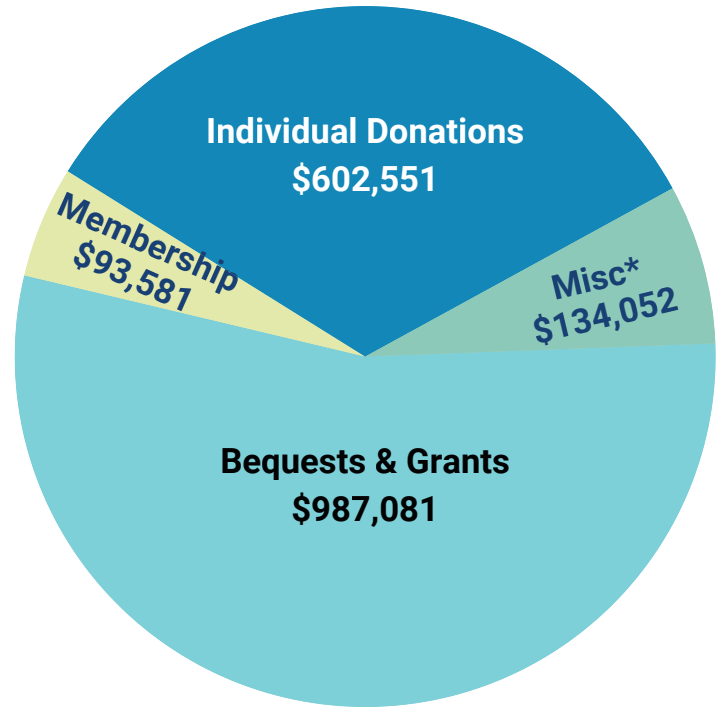
FEN's success wouldn't be possible without the support of our members, volunteers, and donors. **You** make the difference. Thank you!

# Financials July 2024–June 2025

## Highlights:

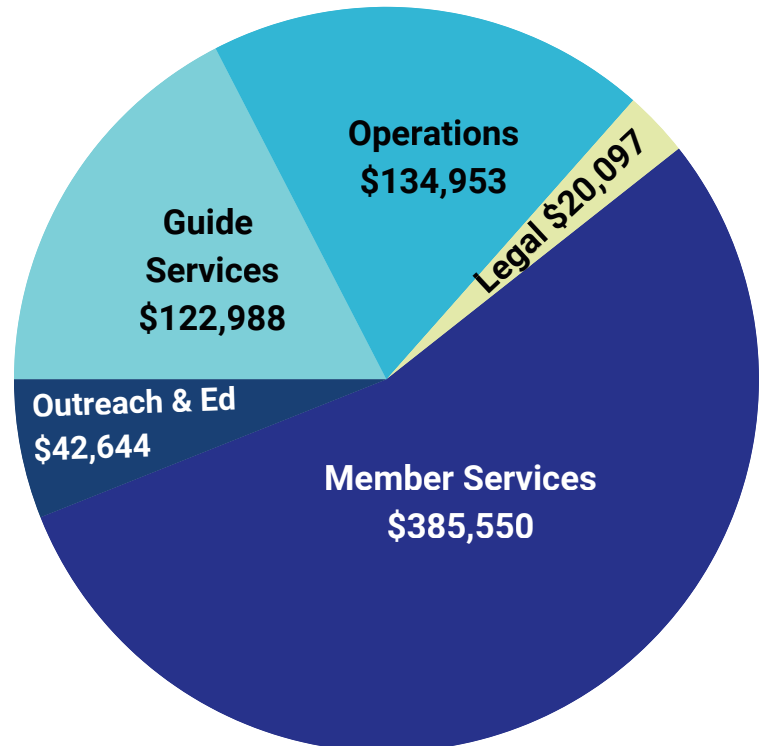
- 1,182 donors gave a total of \$1,589,632 between July 1, 2024, and June 30, 2025.
- FEN maintained Platinum Level status (the highest level charities can attain) from Candid/GuideStar, recognizing FEN’s commitment to financial transparency.
- Charity Navigator again rated Final Exit Network as a 4-Star charity—its highest rating—recognizing its commitment to accountability and finance, leadership and adaptability, and culture and community.
- 78% of FEN’s expenses are directly attributed to education and program services, exceeding best practice standards.
- FEN’s Investment Account totaled over \$7 million as of June 30, 2025, an increase of \$1.5 million from the prior twelve months. These funds, raised through individual gifts, bequests, and grants, support all of FEN’s programs.

**TOTAL REVENUE \$1,817,264\***



\*Does not include unrealized gain (change in the market value of held investments) of \$624,090

**TOTAL EXPENSES: \$706,232**



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

# A Life of Purpose and a Chosen Ending

## No Regrets: An Interview with Dr. Susan Robinson

BY RUSSELL BATES, FEN BOARD MEMBER

In 2023, Dr. Susan Robinson joined FEN's Medical Review Committee, an interdisciplinary team of healthcare professionals who review applications to the Exit Guide Program to ensure applicants meet FEN's medical criteria. She is a retired gynecologist who has been a leader in the reproductive rights movement, and has also provided tips and advice to people in her community on navigating the medical system in end of life care decisions.

Earlier this year, Susan received a diagnosis of stage four adenocarcinoma of the lung. In a message to the 400-member online discussion-and-activism group that she started in her local community years before, she describes the diagnosis and her actions:

*It's the kind of tumor that is not responsive to immunotherapy but, at the suggestion of the Stanford docs, I did try one 'Hail Mary' treatment of combined chemo and immunotherapy but I found the side effects unacceptable, and I won't have another treatment...*

*I have no regrets. I have loved my life, and I didn't waste it. I have had the extraordinary privilege and luck of finding my calling in abortion care and then of 'end of life' advocacy. I have loved my work, I have been proud of my work, and I have worked with more than a couple of beloved communities of dear friends. Who could ask for more?*

In a phone interview, which has been edited for length and clarity, Susan talked more about her life, work, and meditations on death.



**Russell (R):** You wrote to your online group, “always and without exception, you die.” It seems like such an obvious statement, but why is it so difficult for so many people to talk about this in a real and personal way?

Susan (S): People are afraid of dying. And if they talk about it, then they have to think about it. And man, does that make them uncomfortable!

When I was young, my daddy had a little wooden boat, an old fishing boat. And I remember lying in the bow and looking at the bow wave, and I could see individual drops of water coming up, and then going back into the ocean. And I remember thinking, that’s what consciousness is, that’s life and death. It’s a separate drop of water for a little while, and then it just goes right back into the ocean. And so nothing is made and nothing is destroyed. It’s just something separate from the ocean for a little while.

I’ve always remembered having that thought, though I never addressed my wondering to the question of “well, what’s the ocean?” But I’m almost 80 and I remember that so vividly, and it’s always been kind of a nice thought.

**R: You had a long friendship with musician Joan Baez and her family.**

S: Our moms were school friends, so our families have been friends forever. When I was five, we drove across the country to visit them. My sister Wendy and I were friends with the three Baez sisters: Pauline, the eldest, Joanie, the middle, and Mimi, the youngest. And we played all together that whole summer. And it was really

fun, a fun time. I remember their cesspool backed up, and we all got hepatitis A and worms!

Years later, after Joanie’s career had taken off, she called me up from England. She’d had a falling out with her personal assistant while she was on tour, and she really needed somebody to hold her hand, kind of...be her emotional support person. Did I want to do it?

So I got a passport—I don’t know how the hell I did it so quickly—and I got on a plane and flew to England. I worked for Joanie for the next couple of years. I went on tour with her...and at home I helped her deal with letters from people, and just things in general. She needed a hand holder. And I lived with her for a while. But after about two years, in 1967, I sort of had had enough of being in a situation where I was just a planet in the solar system that all revolved around Joanie. I was just an extra in her story. And I didn’t have a story of my own. I didn’t want my life to be about somebody else.

**R: Tell me about the advocacy work you’ve been doing since retiring from your medical career.**

S: I’ve been going out doing community outreach, talking about the California End of Life Options Act, because I think something like 75 percent of Californians don’t even know that this exists. The basic theme is end of life care, and how you have other options than just to say, “yes, doctor.” If you have a serious illness, let’s say an illness where you had surgery, and the doctor is saying, “well, you’re gonna need another surgery.” You can say, “no thank you.” That’s okay. It’s perfectly okay to

~cont.



say “no thank you, doctor.”

This is a radical, radical thought, so I would go through the list of the levels of “no thank yous,” the first being that you can take everything the doctor suggests. But you can also pick and choose, like from a menu. And if the doctor says “you could have surgery or chemotherapy,” you can add quietly to that list, “or nothing.”



And if your death is imminent within six months, if you find that you are not being well served by palliative care, you can ask your doctor for a prescription that will make you die, when and where you choose—but only if you live in a state with a medical aid in dying law.

After I became clued into Final Exit Network, I added that there’s an option for people who do not qualify for MAID; there is a group that will instruct you and educate you and support you through other humane ways of ending your own life. And then I would say, “remember those words, Final Exit Network—Google it!”

Sometimes I would call it “driving your own car,” you know? You can make choices about what happens to you at the end of life. You don’t have to do what they suggest, what they say you need to do. I had the enormously empowering experience, just recently for the first time in my life, I signed out of the hospital against advice. I’ve been telling people for years that they can do this, and I did it myself. It was kind of fun!

**R: When you’re in that moment, or imagining being in that moment, it seems like an impossible act—like I couldn’t possibly sign out of a hospital without them saying I’m free to go. But you actually can.**

S: People see themselves as being in the hands of the medical establishment, and they sort of become childlike almost. Thinking you can’t say no to Mommy and Daddy. I would often say, it’s like you’re on a medical conveyor belt, or on a train going downhill with no brakes. This is what happens to you if you are not paying attention and thinking about it and talking about it. And if you don’t want this to happen to you, you better start thinking about it and talking about it.

The most important thing is picking the right proxy, someone to speak for you, and then talking to the proxy about what you want. And put a little card in your wallet that says who your proxy is. Because if you suddenly drop, or have a stroke in the middle of the street and you’re carried to the hospital, they’re gonna look for your ID, and right next to your ID should be a little card that says who your proxy is and what their phone number is.

I’ve never heard anybody else talk about this. So that would be always my sort of final word. And then I would start hauling out my wallet and showing these cards all over the place. I have one stuck to my phone. You don’t want to end up on the conveyor belt with no way off.

I feel as though with those talks, and my work with Final Exit Network, that I’ve been doing like a ten-year meditation about death. And so, when it’s like, right in my face, it’s not a shock. It’s not a bad thing at all!

###

*About the photos: Susan tackles life with a smile and determination...from pages 8 and 9; left to right: Susan and her husband Dave Paterson; with her sister at Sundance Film Festival; scuba diving with Dave; learning to herd with her dog Roo; enjoying the water with Dave. At right, laughing it up with her sister and a friend.*



## Did You Know?

***Final Exit Network offers its members a monthly discussion about end of life topics. The Chosen Death Forum is an online discussion group to explore ideas, feelings, and concerns with like-minded persons regarding choosing one’s own time of death, either through medical aid in dying (MAID), voluntarily stopping eating and drinking (VSED), or other nonmedical means. The Chosen Death Forum is also for those whose loved ones are considering end of life options.***

*If you are interested in learning more, scan the QR code below.*



*Not a FEN member but interested in participating? Join today!*  
[finalexitnetwork.org](http://finalexitnetwork.org)

## Looking Forward

There is an old saying among lawyers that “bad facts make bad law.” This usually implies exercising caution when seeking a judicial opinion because, as with a recipe, the ingredients determine outcome. In right to die cases that come before the judiciary, there is rarely an option to rewind, rethink, or reconsider. These cases are brought by third parties, usually law enforcement, although a small minority of cases are filed in civil courts by aggrieved individuals. To add to the difficulties, right to die cases are often riddled with facts involving personal, medical, and psychological tragedies. The disparities in the cases have led to disparity in the outcomes as well as the law in almost every jurisdiction.

One of the difficulties in predicting outcomes is the absence of any language or terminology differentiating “rational” or well-considered suicide from an impulsive, accidental, or irrational act. The term “suicide” is used to describe accidental overdoses, impulsive behavior by teenagers, domestic abuse (think “murder/suicide”) as well as reasoned decisions by the terminally ill. We have no language to describe a rational self-act ending the life of a rational person.

Despite the ongoing difficulties, the right to die movement has plowed on for over forty years and continues to make progress. At this point twelve states and the District of Columbia allow patients in specific circumstances to have a medically planned death. The court has allowed people to go to jurisdictions with medical aid in dying specifically for that purpose. Pressure on lawmakers continues for more legislation for access to medical aid in dying in more states. Awareness of options like travelling overseas continues to increase. Voluntarily stopping eating and drinking has been publicly and religiously accepted.

Although suicide is not a crime in any state, “assisting” a suicide is a crime in most. In the 1970s suicide was decriminalized across the United States. There were many interesting factors in play related to this issue, but decriminalization paved the way for decedents to be buried in any cemetery and destigmatized families from the religious and moral shame of a suicide.

Assisting someone in ending their life, depending on which state is involved, can be charged as felony, murder, reckless endangerment, or “otherwise unlawful.” However, “assisting” does not mean being nearby or knowing about the person’s choice in advance of the event itself. Assisting is typically described as a physical act or event. It is important to note that these laws are blatantly discriminatory against the physically disabled. Those whose physical disabilities prevent them from procuring, assembling, or operating the necessary equipment unaided may not legally receive physical assistance. They are stuck where the able-bodied have more options.

In a recent case, Ellen Gilland, a 78-year-old woman, shot her terminally ill husband in a Florida hospital room, because, she said, he was too weak to take his own life and she had promised to help him. Frightened and panicked in her husband’s hospital room, Gilland held various hospital personnel at gunpoint, including a SWAT team. Gilland ended up pleading guilty and was sentenced to 366 days in prison and twelve years of probation. How might the conclusions of both his and her lives have been different if society provided reasonable support and safe pathways to a chosen death for those at the end of life? Spending one’s last remaining years incarcerated is tragic. Final Exit Network remains committed to supporting end of life choice and helping loved ones avoid tragic personal outcomes.

***If you have topics you’d like to see addressed in a future Legal Corner, please email us at [info@finalexitnetwork.org](mailto:info@finalexitnetwork.org).***

# Planning for End of Life Emergencies

Peggy, a frail woman in her 80s, had long wanted to end her life on her own terms. She had planned for it and had been accepted into FEN's Exit Guide Program. Then, unexpectedly, she landed in the hospital with acute abdominal pain and was told she needed surgery. Conscious, but exhausted and too weak to think critically or lobby for herself, and with no one advocating for her strong wish to die at home, she was swept along on medical momentum.

Peggy's husband was her healthcare representative, but he was also frail and, by the time of Peggy's emergency, he had slipped into early dementia. Her stepchildren were unaware of her preference and did not want to interfere. After all, she could speak, they told the Exit Guide. Though conscious, Peggy was debilitated and needed help, but her husband was no longer able and her stepchildren didn't feel it was their place to join medical discussions or question aggressive treatment. Because she used a walker, the hospital refused to release her to her home, arguing that she needed to go to a rehab facility. And that's where she ended up for the month before she died. It was an outcome she had desperately wanted to avoid and, she told her Exit Guide, it was, "my worst nightmare."

## A path to a chosen death, or prolonged suffering?

Medical emergencies are to be expected late in life, but few people are prepared. An emergency can be a path to a chosen death, but the medical system is in the business of saving lives, and it defaults to aggressive treatment and prolonged care. Avoiding an unwanted outcome requires the patient, family, or healthcare representative to push back forcefully at every step and to suggest alternatives to what the medical system may recommend—alternatives such as minimally invasive pain relief or forgoing treatment in favor of palliative care.

Prepare your loved ones to consider the big picture, to pause, ask questions, and push for alternatives instead of aggressive care. Medical teams rarely suggest dying at home as an option. Overloaded and understaffed, healthcare providers focus on immediate solutions. They need guidance to understand the patient's values and preferences. Inform them, and ask them to brainstorm

## Planning at a Glance

- Keep your advance directive and related documents up to date.
- Have an emergency plan so family and close friends feel empowered to seek alternatives to aggressive treatment for you, whether you are lucid or not.
- Choose a healthcare representative who will advocate forcefully for you.
- Don't fear an AMA (against medical advice) discharge. It is every patient's right.

FEN's website has more information on End of Life Emergencies on the FEN Handouts tab at

[finalexitnetwork.org/resources](https://finalexitnetwork.org/resources)

options with you.

It can be difficult to decline treatment, request palliative care, and use a medical emergency as a path to a chosen death. But every patient has that right.

## Have an emergency plan.

Ideally, your healthcare representative will be your advocate. Your healthcare representative does not need to be a family member. **Choose a healthcare representative who, in making decisions on your behalf, will stand up for your wishes.** Make sure that individual has the strength of your convictions and the wherewithal to push back against the recommendations of doctors and nurses whenever necessary—and most likely repeatedly. If you choose your spouse to represent you, make sure he or she is up to the task. Make everyone aware of who your representative is, and that their authority is to be respected and supported.

If no one in your immediate circle can do this, you can hire a professional advocate to serve as your healthcare representative and advocate. The Resources section of

FEN's website has information about such professionals ([finalexitnetwork.org/resources](http://finalexitnetwork.org/resources)).

In addition to your healthcare representative, make sure that your family and close friends are aware of your wishes and prepared to honor them. If you avoid discussing your end of life wishes with those who disagree with you, they may struggle to support you in a crisis, and time will be lost as they process their emotions instead of advocating for you. They may feel they have no alternative but to let the medical system take over.

There is a cognitive gray area that can leave many people floundering and unclear about their options. If a patient is conscious but too weak or confused to speak up, some people may be reluctant to step in. Prepare for this possibility; **let your healthcare representative and loved ones know that even if you're technically able to speak for yourself, they can be helpful in slowing down the medical rush to intervene.**

**Don't fear what is called an AMA discharge—**against medical advice. Leaving against medical advice is legal and common, no matter what hospital staff say. Prepare to hold your ground when faced with fierce resistance and emotional manipulation.

Finally, **recognize a sense of completion.** If you feel a sense of completion in your life, let your healthcare representative, your loved ones, and your healthcare providers know. It may help them make a decision on your behalf when an emergency arises.

Avoiding overtreatment requires both clear documentation, such as an advance directive and/or a do not resuscitate order, and strong advocacy. But you can't count on the written document in the chaos of an emergency. The more your loved ones and healthcare team understand your values in advance, the more control you'll have when it matters most.

BY JANIS LANDIS, FEN PAST PRESIDENT

## In matters of life and of death, seek out the experts.

That is my takeaway from a great discussion with one of FEN's significant donors, Fredric E. Russell.

Fred is a successful asset manager as well as a major donor to FEN. I had an opportunity to chat with him about the many turns his life has taken and the lessons he's learned on the way.



When he was growing up, Fred's parents were proud of him and knew he would excel when challenged in academics. But they did not have any college experience and didn't know how to set Fred on the right path. His father, a highly regarded columnist at the *World Telegram and Sun* (a major newspaper in New York), interviewed Charles Merrill, the co-founder of Merrill Lynch. He took advantage of the occasion to seek Merrill's expert advice for his son, and before long, Fred was enrolled at the prestigious Deerfield Academy.

After attending Deerfield and then Swarthmore, Fred began teaching history and accounting. Ultimately he chose finance as his career and, like his father had, sought out the best career advice. Following that guidance, Fred obtained an MBA, taught accounting at the university level and earned a CPA. Fred now has his own investment management firm and provides expert advice to his clients.

Perhaps his most important life adviser, though, was his mother. At the age of 92, his mother sought out medical experts to diagnose some concerns she had. When the answer "early stage dementia" was given, Mrs. Russell surprised her doctor by declining to make any follow up appointments. Instead, she turned to the experts in achieving a good death: Final Exit Network.

Fred supported his mother's decision and applauds her determination to meet death on her terms. This was possible only because of the Exit Guide Program.

As an asset manager and as a son, Fred thinks there's no better investment than supporting the experts at FEN.

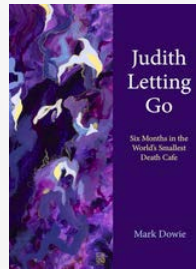
# Death and Dying in the Media



**-Mark Dowie-**

*Judith Letting Go: Six Months in the World's Smallest Death Cafe*  
(New Village Press, 2024)

This small book (just over 100 pages) shares a big story of an unanticipated, intimate connection between renowned poet, writer, and educator Judith Tannenbaum and award-winning journalist Mark Dowie. Introduced by a mutual friend, they enjoyed a six-month relationship formed and informed by the fact of Tannenbaum's impending hastened death.



"During the months that followed, Judith and I stayed pretty much in constant touch mostly by e-mail two or three exchanges a day. There were also long phone calls and conversations over tea in Judith's tiny apartment where we talked for hours about impermanence, surrender, detachment, transience, grief, entropy, afterlife – if perchance that exists—and the fine art of meditating on death..." "Although they discussed expanding the participation, they remained what they referred to as a two-member Death Cafe. Perhaps not exactly as Death Cafe founder Jon Underwood might have envisioned, but it certainly seems to have served its purpose.

As a FEN volunteer, I feel compelled to point out one minor, but significant inaccuracy: "Prior to meeting Judith, those at FEN told her they had never regarded chronic or intractable pain as a qualifying rationale for their assistance. After hearing her story firsthand and examining her well-organized and voluminous medical file, FEN guides and lawyers made their first exception and agreed to

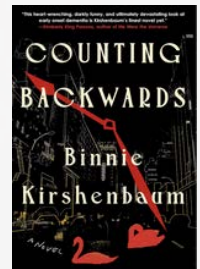
work with someone in pain—at a safe distance of course." For the record, FEN supported this rationale long before Judith's application.

Dowie concludes his powerful, poignant, and important tribute to Tannenbaum with the moving words: "And, as I promised you, never again will I take life for granted."

~ Jim Van Buskirk

**-Binnie Kirshenbaum-**  
*Counting Backwards*  
(Soho Press, 2025)

This novel about a middle-aged couple dealing with Lewy body dementia is told through the eyes of the wife, Addison, an artist in New York City. Her husband, Leo, is 58 and a PhD medical researcher. He loves to read and is an independent thinker.



The book starts with Leo hallucinating once or twice a week. He sees Gandhi outside his window and various things in the apartment in the middle of the night. The hallucinations are concerning, and they decide to get medical advice. After a few months Leo sees a doctor who recommends several scans, which show no signs of brain damage. After a few more months and more hallucinations, Addison finally talks to a social worker, who informs her that it looks to her like Leo has Lewy body dementia.

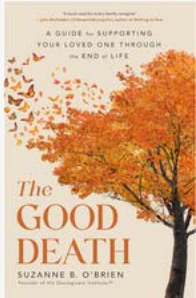
The rest of the book is about how Leo and Addison deal with the issues created by Lewy body dementia. Addison loves Leo but mourns the time she no longer spends on making art and the reduced freedom she has as her role as caretaker progresses. As Leo's symptoms worsen, it becomes clear that he needs more care than Addison is willing to provide. She finds a solution that is expensive but seems to work for them both. However, the solution also creates some sad moments for Addison.

I found the book to be well written, engaging, and troubling. It made me realize how difficult it is to have a loved one develop dementia and how unprepared most people are for dealing with the issues it presents.

~Brian Ruder

**-Suzanne O'Brien-**

*The Good Death: A Guide for Supporting Your Loved One Through the End of Life*  
(Vermilion, 2025)



I welcome every book that normalizes discussions of death and dying and encourages preparation for the inevitable. In my reviews, as FEN readers know, I focus on titles that include information on the option of hastening one's death. This new offering by a former hospice and oncology nurse who went on to found The Doulagivers Institute

provides much valuable information for all caregivers.

Unfortunately, the book falls short when it comes to addressing end of life options. After explaining palliative sedation and voluntarily stopping eating and drinking (VSED), the author goes on to dismiss medical aid in dying (MAID), "The movement for MAID is driven by a fear of pain and loss of control, but palliative sedation and VSED, which are already available in all 50 US states and many other parts of the world, address pain and loss of control without the need for self-induced euthanasia. If more people understood that palliative sedation and VSED are available and how they work, they would realize they already have everything they need right now for a peaceful and painless death. MAID is another option but not as necessary as people think."

I take issue with this misleading passage because many studies as well as anecdotal evidence have shown widespread examples of ineffective pain management. Also, because individuals' criteria for end of life choices are unique, the lengthy process of VSED is not acceptable to everyone. I also question the author's use of the term "self-induced euthanasia." Euthanasia is an act by one person (often a physician) to alleviate the pain and suffering of another person (often a patient). The commonly accepted terms for self-deliverance are a hastened death, choosing the time of one's death, or a planned death. Because language is important and powerful, it is incumbent on end of life experts to employ accurate terminology. The author's failure to include information on inert gas, FEN's support services, and Swiss clinics is a major lacuna in this otherwise useful guidebook.

~Jim Van Buskirk

**-Film directed by Reid Davenport-**  
*Life After* (2025)

Director Reid Davenport has made a provocative film exploring the intersections of disability rights and the right to die. Using the complicated and controversial case of Elizabeth Bouvia as a throughline, Davenport uses historic footage as well as contemporary interviews with her surviving sisters to understand what happened to this intelligent and articulate woman with cerebral palsy who was at the forefront of an intense legal battle to stop eating and drinking in the 1980s. Interestingly, Richard Scott, her ACLU attorney, was also a co-founder of the Hemlock Society.



Davenport also interviews other disabled people in both Canada and the United States to flesh out his investigation of systemic failures and personal autonomy, challenging the idea that assisted dying always represents a free choice, when it can sometimes be seen as the only option. The film also intersperses arguments for and against expanding medical aid in dying eligibility in Canada to include people with disabilities. Davenport, who also lives with cerebral palsy, is a sympathetic and dynamic investigator, if sometimes challenging to understand (I employed the closed caption function). Navigating the often-conflicting financial, ethical, moral, legal, and medical issues of what is continually referred to in the film as "assisted suicide," this film is an important contribution to the ongoing conversation. [www.lifeafterfilm.com](http://www.lifeafterfilm.com)

~ Jim Van Buskirk

In May 2025 the San Francisco Public Library recognized thirty Bay Area writers and creatives who illuminate our world through their books, poetry, and other creative work. FEN volunteer Jim Van Buskirk was among 2025's Library Laureates, honored for his work as editor of the FEN anthology *There at the End: Voices from Final Exit Network*.



Congratulations to Jim! (Anthology available on Amazon and lulu.com)



PO BOX 10071  
TALLAHASSEE, FL 32302

NON PROFIT ORG  
US POSTAGE PAID  
MONTEZUMA IA  
PERMIT NO 30

To make a gift to FEN today, please use this QR code or go to [www.finalexitnetwork.org](http://www.finalexitnetwork.org). →  
Thank you!



### 2025–2026 Board of Directors

- Brian Ruder, President
- Anita Winsor, Vice President
- Michael Klingler, Treasurer
- Russell Bates
- Randee Laikind
- Janis Landis
- Christopher Palmer

### Staff

- Michelle Witte, Executive Director
- Lowrey Brown, Exit Guide Program Director
- Michelle Kalapodis, Executive Assistant
- Heike Sanford, Member Services Coordinator

### Final Exit Network

PO Box 10071  
Tallahassee, FL 32302  
866-654-9156  
EIN: 80-0119137  
[www.finalexitnetwork.org](http://www.finalexitnetwork.org)  
[info@finalexitnetwork.org](mailto:info@finalexitnetwork.org)



## 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.*