

## Swiss Options

- (a) Dignitas - Zurich
- (b) Lifecircle/Eternal Spirit - Basel
- (c) EX International - Berne

### Introduction

There is only a handful of places in the world where Voluntary Euthanasia and/ or Assisted Suicide is currently legal.

There are even fewer countries where non-nationals can use another country's right to die law. This is why Switzerland is different and deserves praise for being so.



For example in the US states where assisted dying is lawful, a person must be a lawful resident of the state concerned in order to use the State's law. There is no cross border trade when it comes to assisted dying. The same applies in Canada, Luxembourg and Belgium. There is no possibility of death tourism.

In the Netherlands, however, there is some confusion about who can use that country's *Termination of Life on Request and Assisted Suicide Act 2002*.

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In an article published in the journal *Nederlands Juristenblad* (2017/2035) in November 2017, journalist Leo Enthoven, noted an important change to the Dutch government website on euthanasia.

Up until August 2017 the website stated:

*The Act is only applicable to people who have a medical relationship with a physician ... This means that people who do not reside in the Netherlands cannot apply for euthanasia or physician-assisted suicide.*

Since August 2017 the same website reads:

*It is up to the physician to decide whether this (i.e. euthanasia or assisted suicide) is possible in case [sic] of a request done by a person who does not reside in the Netherlands and has only recently arrived here.*

See: <http://bit.ly/2ByH8zp>

Presumably this means that as in Switzerland, non-nationals can use the Netherlands' progressive end of life laws. Finding a willing doctor may be another matter altogether.

### **Switzerland – Laws & Loopholes**

In Switzerland, assisted suicide is dictated by the Swiss Penal Code which states that 'a person who, for selfish motives, persuades or assists another person to commit suicide will be punished with imprisonment up to five years.' And, the Swiss do not discriminate about who is helped, be they Swiss, American or French for example. It is this that has opened the way for foreigners to come to Switzerland to die.

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In terms of the manner of assistance, the drugs may be delivered orally (by way of a small drink) or by lethal injection that is controlled by the person. It is the person him/herself who must flick the switch and start the drugs flowing. Swiss law has allowed assisted suicide since the early 1940s.

Given the legal environment of Switzerland, it is not surprising to find that the country is home to several right to die organizations each of which accepts foreigners as clients. These groups include the well known, ‘Dignitas’ organisation in Zurich (established in 1998), ‘Lifecircle/ Eternal Spirit’ in Basel (established in 2012) and little-known ‘Ex International’ in Berne (established in 1997).

### **Dignitas**

Zurich-based Dignitas is a non-profit member society founded by lawyer, Ludwig Minelli.

Recognizing the limitations of organizations such as ‘Exit Deutsche Schweiz’ (which only provide their services to Swiss Nationals) Minelli created a organisation that caters for those from many different countries. Dignitas’ guidelines state that they assist people who have been diagnosed with a terminal illness, an incurable disease, or who are in a medically hopeless state. Such people may have intolerable pain or



Fig 21.1: Dignitas Director,  
Ludwig Minelli

an unreasonable handicap. A person does not need to have a terminal illness to be accepted as a client by Dignitas.

Interestingly, Mr Minelli has recently gone further suggesting that people with mental illness should not be automatically excluded from the Dignitas service as their suffering is real and deserves to be addressed as such.

### **A Word of Warning**

While the theory of allowing a dementia sufferer to decide on his or her own suicide is one thing, the reality of doing this is quite different. Suicide for the mentally ill, not simply those affected by diseases such as Alzheimer's Disease, can be fraught with danger. There is no better example of what can go wrong than the 2008 case of Australians Shirley Justins and Caren Jenning.

In October 2005, a former Qantas pilot, Graeme Wylie, who was suffering from dementia applied to use the Dignitas service. Dignitas contacted Philip Nitschke to assist with a review of Graeme's current medical state. In his report Philip made clear that although Graeme suffered from 'significant dementia, he retained insight into his condition'. One month later, on receipt of the report, Dignitas rejected Graeme's application, stating that they had concerns about his mental capacity. While the organization sympathized with Graeme's wish to put an end to his suffering, they were unconvinced that he had the ability to make a clear and consistent decision in this regard.

Upon his rejection by Dignitas, Graeme's friend of 30 years - Caren Jenning - travelled to Mexico in search of Nembutal for him. Upon her return to Australia, Caren Jenning gave Graeme's partner of 20 years, Shirley Justins, the precious bottle of Nembutal. Later the same week, Shirley Justins gave the bottle

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of Nembutal to Graeme, saying ‘if you drink this Graeme you will die.’ Graeme drank his Nembutal and he died.

After an investigation of some 18 months, and a Supreme Court case lasting seven weeks, the women were respectively found guilty of the manslaughter and accessory-before-the fact of manslaughter, of Graeme Wylie. This was in June 2008.

The Court determined that because of his dementia, Graeme Wylie lacked the capacity to make the decision to die. He did not therefore suicide. Rather, he was murdered. Shirley Justins went on to appeal both the verdict and the sentence. Both were quashed. In 2011, the Public Prosecutor decided against a retrial. In the intervening months, Shirley served her entire custodial sentence (18 months of weekend detention). Such is the way of the law. Caren Jennings, herself suffering from breast cancer, took a Nembutal overdose before her sentencing in September 2008. She was adamant that she was ‘not going to die in jail’.

The lesson here is that if Dignitas (or another Swiss service) rejects a person on the basis of a lack of mental capacity, that person and their family need to be very careful about alternative strategies.



Fig 21.2: The Dignitas Doorbell

## **The Dignitas Process**

As those who have used the Dignitas service have discovered, nothing happens quickly. The Swiss are very particular. Each Canton has an exhaustive list of requirements that the organisation must take special note to comply with. This is why it is best to approach Dignitas well ahead of a perceived need. The application process for Dignitas can be lengthy and drawn out. Dignitas say the average application takes 3 - 4 months, however a six month plus approval period is not unheard of.

The first step to using the Dignitas service is to join the organization. For a one-off joining fee of 50 Euros and a yearly membership fee of 25 Euros, a person can become a member. From there, the person can apply to make use of the service at some time in the future, when/ if the need should arise.

You can join Dignitas by writing to them, emailing or phoning (contact details are given in this Chapter). While a proficiency in German is not mandatory, it will help when dealing with more complex questions. The Dignitas phone reception does have an English language option, but this can lead to an answering



Fig 21.3: The Dignitas House in Zurich

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machine, depending on the time of day that you call. And call-backs in English may take longer.

More than this, though, there is the issue of cultural differences. The authors are regularly approached by people who have contacted Dignitas (and the other groups) and who are frustrated that they get nowhere fast. Some things inevitably get 'lost in translation'. This serves to make an already complex process more difficult. This is a note of warning.

To make an application to Dignitas, there is a formidable list of documents required. Firstly, you must have your illness fully investigated, diagnosed and recorded and an official medical case history compiled in your home country. Documents required by Dignitas upon application include:

- Birth certificate (issued in past 6 months)
- Passport
- Marriage certificate (issued in past 6 months)
- Medical records (tests and results)
- Medical specialist reports
- General Practitioner medical reports
- Current local government rates notice (to prove place of residency)
- Current drivers license
- Statements from family members (children, grandchildren)

To apply to use the Dignitas service, a person needs to complete the application form and forward this, along with copies/ and originals to the Dignitas office in Zurich.

*Note – Swiss authorities insist that at least some of these documents are certified extracts not more than 6 months old, and some may need to be verified by a Public Notary. Be prepared to do a fair bit of running around to gather the paperwork together.*

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Upon receipt of the application, Dignitas reviews each applicant's situation. If deemed suitable, a provisional letter of acceptance will be mailed to the client. This is called the 'green light'. It is at this point that plans for travel to Zurich can be made.

### **Upon Arrival in Zurich**

Upon arrival in Zurich, an appointment is made with one of a number of consulting physicians who work in conjunction with the organization. These medical doctors are independent of Dignitas and work from their own rooms.

There is a detailed meeting with the consulting doctor and the medical records are re-examined (by a second doctor). If relatives or loved ones have accompanied the person to Dignitas, the doctor will likely interview the family members and/ or friends. Don't be surprised if you are interviewed together, then individually, then together again.

Once the medical consultation has taken place and if the doctor is satisfied, a prescription for pentobarbital will be written. However, the drug is not handed over to the person at the time of the consultation with the doctor. Rather, approval at this stage means that a final appointment can be made. This appointment is when the person will die. The doctor's approval means that the drug will be available for consumption by the person at the Dignitas house on the chosen day.

### **The Final Appointment**

The final appointment is held at the Dignitas house in the outer Zurich neighbourhood of Forch. This appointment can take

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place quite quickly after the medical review, sometimes the following day. A third member of the Dignitas team may arrive during the appointment and deliver the drugs that will be used. Two Dignitas staff will be present at the death. The death will be filmed.

### **The Drugs**

As is the case in all places where assisted dying is legal, the drug that is used at Dignitas is Nembutal (pentobarbital natrium). There is no argument that this is the best end of life drug. A prescription will have been written out for this drug by the consulting doctor who saw the client. The prescription will be filled by Dignitas staff on the person's behalf.



Fig 21.4: One of two rooms at the Dignitas House

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It is the Dignitas staff who produce the Nembutal at the final appointment. At the pending death, Dignitas staff will dissolve the pentobarbital powder in a small glass water to form a drink. This is done when the person indicates for a final time that it is their wish to go ahead with their death.

The Pentobarbital used by Dignitas is the soluble sodium salt and 15gm are dissolved in ~50ml of water just before use. The concentration of Nembutal in the liquid consumed is 300mg/ml. The amount consumed is ~50 mls which is no more than a few mouthfuls. Note: This dose differs significantly in concentration from the sterile veterinary anaesthetic Nembutal. Anaesthetic Nembutal has a concentration of 60mg/ml, about 5x weaker than that used by Dignitas.

### **Dying at Dignitas**

Once the client and their family and friends arrive at the Dignitas house for the final appointment, a few further tasks must be attended to. Firstly, additional legal paperwork is completed concerning informed consent, power of attorney and forms to release the body. This final hurdle clears the way for the death to take place.

At this time, the person (Dignitas client) reads, approves and once more signs papers indicating that they know what they are about to do and indicating that they are acting of their own free will. Their signature is witnessed by those present. After the completion of the paperwork, the Dignitas staff explain again that the person can opt out at any time. The client is asked if they'd prefer to stay seated around the table or if they'd like to lie down. Either way, it is the person who determines what happens next and how it happens.

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The Dignitas rooms are bright and airy. They are decorated in warm light colors. There is a coffee machine and CD player for those who wish to have music. And in case you forget to bring your own music, there is even a Dignitas CD compilation of well known relaxing popular music, in case you feel that music might be a valuable last minute addition.

Once the person indicates that they wish to go ahead, the staff set up a video recorder on a tripod in the corner of the room. All proceedings from this point are recorded. This is done to provide evidence about the death if questions are asked as to its voluntary nature.

After the death, the Swiss police may view the tape to ensure that no pressure or coercion took place. With the camera rolling the person is then given access to the first of a two-step drug protocol. The first drug is an anti-emetic (anti-vomiting drug) and is taken in the form of a small drink. The drug provided is metoclopramide. This drug is taken as a 'stat dose' meaning in a large quantity all at once.

The Dignitas staff place the glass on the table. It is for the person to reach for the glass and take the drug if they wish. After this drug is swallowed, a half an hour is needed for it to take effect before proceeding. This time can be very stressful and the Dignitas staff are skilled in providing a calm environment for the person and their family/ friends.

When the time has passed, the person is then given access to the Nembutal. Once again, the Dignitas staff ask if the person wishes to proceed and reminds them that they can opt out or change their mind at any time. If the client says 'yes', a staff member will place the small glass of the dissolved pentobarbital sodium solution on the table.

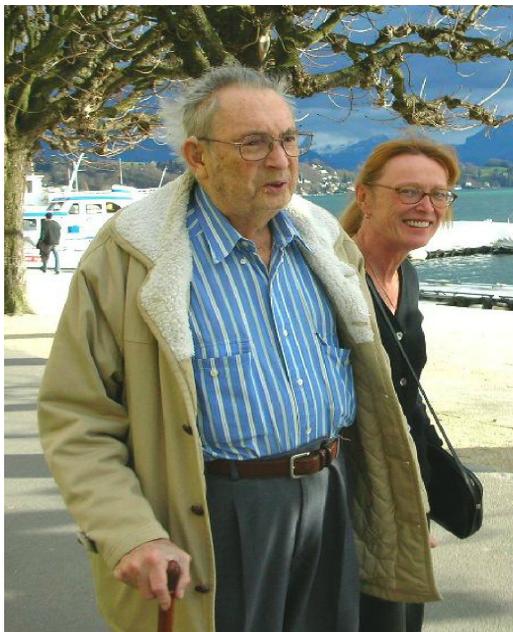


Fig 21.5: Dr John Elliott and his wife Angelika in Switzerland shortly before his death

In January 2007, the authors accompanied US-born former physician, Dr John Elliott, to the Dignitas clinic. Dying of Multiple Myeloma (a cancer of the bone marrow), this 79-year old man's last weeks had been a nightmare of untreatable pain. John desperately wanted release from his suffering.

When staff presented John with the glass of Nembutal at the Dignitas apartment, he reached for it quickly. However, John had a problem with gastric reflux, a condition associated with the palliative radiation therapy he had undergone some weeks earlier.

Afraid that he would vomit, John needed significant reassurance that he could manage the small drink. He was pleased when he was able to consume the 50ml drink with little difficulty. Prepared for the much talked about bitter after-taste, John finished the Nembutal, saying 'that didn't taste too bad.'

Because John's favourite drink was cognac, everyone shared his final moments with a toast to his 'exit'. Not only did the cognac take away the drug's after-taste, it made the Nembutal work faster.

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We clinked glasses while John's wife Angelika held him. John nodded peacefully off to sleep. John Elliott died within the hour. John's journey has been captured in a short film called 'Flight to Zurich.'

See: <http://www.youtube.com/watch?v=1j4c6aVFfUk>

### **After it's Over**

About an hour after John died, a Dignitas staff member performed several simple tests to confirm death. Once this was established, the staff called the police who arrived with a medical doctor and an officer from the Coroner's department. The funeral home was also contacted at this time.

In all deaths, those present are asked to leave the room while the doctor examines the body. The police may view the video tape of the death and interview those present about the nature



Fig 21.6: John Elliott on arrival at Zurich Airport

of the death. Was the death peaceful? Was it voluntary? Did it go according to the person's wishes?

Once all questions are answered and the officials are comfortable, the family and friends of the deceased person can leave. The body is then removed to the funeral home, in preparation for either cremation or transportation back to the person's country of origin.

### **Dignitas and the Swiss Law**

While the statistics tend to vary, Dignitas say that around 500 people use their assisted suicide service each year. Although there have been a handful of situations where a person's family has become disgruntled with Dignitas (these cases have been reported at length in the international media), most people would be grateful to the compassionate team of workers at Dignitas who make this choice possible.

If you are thinking about using the Dignitas service, there are several points to note. Firstly, it is important to understand that Dignitas does not provide lethal injections. At Dignitas, the client must be able to act for themselves and consume the lethal drug unassisted. This means that unless a person is able move their arms to lift the glass to their lips, or suck on a straw, or swallow, or empty the drug into their own stomach 'peg', then Dignitas is not the service for them. At both Lifecircle/Eternal Spirit or Ex International a lethal injection is possible although the person themselves must be able to activate the flow of drugs into the vein.

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Remember, at Dignitas there is no doctor present at the death. Once a person has been accepted by Dignitas, this is very much a DIY model of operation. Interestingly, Dignitas Founder, Ludwig Minelli, has a background in law not medicine. Dignitas provides a relatively de-medicalized model of dying.

In the authors' opinion, the popularity of the Dignitas service is likely to continue. Although for west coast Americans, Australians, New Zealanders and South Africans the sheer distance involved means that Dignitas is unlikely to be first choice because of the logistics involved.

### **Dignitas: Looking Forward**

In March 2011, the good people of the Canton of Zurich went to a referendum to decide if the Dignitas service should continue to accept foreigners as clients. Despite grave fears, the population voted overwhelmingly (78%) to maintain the status quo allowing foreigners access to Switzerland's assisted suicide services.

Media reports about this positive development can be found at:

*<http://www.bbc.co.uk/news/world-europe-13405376>*

*<http://bit.ly/lcpjpb>*

### **What does Dignitas cost?**

At the current time, the Dignitas organization charges a one-off joining fee of approximately €50 and an annual member contribution of at least €25. The current cost of the Dignitas service is just over €10,000.

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### **Dignitas Contact Details**

Address:

PO Box 9, CH 8127

Forch, Switzerland

Telephone: 0011 41 44 980 44 59

Fax: 0011 41 44 980 14 21

Email: [dignitas@dignitas.ch](mailto:dignitas@dignitas.ch)

Website: <http://www.dignitas.ch>



Fig 21.7: Drs Philip Nitschke & John Elliott take a walk in the countryside outside of Zurich shortly before John's death in January 2007.

### **The Lifecircle/Eternal Spirit Process**

*(contributed by Sophie Haesen)*

In recent years, a second assisted suicide service that caters for foreigners has emerged. The association 'Lifecircle' was created in the Basel region of Switzerland in 2011 and is thus the newest right-to-die organization in Switzerland. Its founder is Dr Erika Preisig, a general practitioner and former consultant physician for Dignitas.

Lifecircle is an association established under Swiss law. Its philosophy involves a commitment to human and self-determination in the often difficult circumstances that surround the end of life. Membership is open to any person over 18 years, and can be obtained via the website or by sending a letter/email requesting membership and indicating name, date and place of birth, address and nationality.

A yearly membership fee of 50 CHF (Swiss Francs) is payable or 1000 CHF for life membership.

Upon joining Lifecircle, members are invited to send a copy of their living will. This is then stored in the association's archive and is accessible via the internet in case of need.



**Dr. med. Erika Preisig**  
Family Doctor FMH  
President association *lifecircle*

## **The Lifecircle Process**

Members of Lifecircle can apply for an assisted death as provided by the group's sister foundation, Eternal Spirit. The following conditions must be met:

- The main diagnosis must be physical (not psychiatric)
- The member must be of sound judgement

AND

- either terminally ill

OR

- suffering unbearable and uncontrollable pain or have an unacceptably incapacitating disability.

Family members must be informed although, unlike Dignitas in Zurich, they are not required to give their consent to the assisted suicide. This is an important difference to note!

The application must also include:

- a detailed motivation letter and biographical brief, signed and dated,
- at least two medical reports containing all diagnoses, one of which should be recent,
- a recent confirmation of sound judgment written by a doctor, which is eminently important for (early) dementia sufferers,
- valid passport or identity card of member and member's spouse if married,
- birth certificate (multilingual CIEC/ICCS format, for more information see [www.ciec1.org](http://www.ciec1.org)) of member and member's spouse if married,
- depending upon civil status: marriage certificate, spouse's death certificate (multilingual CIEC/ICCS format), divorce certificate.
- The certificate of residence issued by civil registry office of residence (phone bill or driver's license is not sufficient).

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The medical and administrative documents can be sent as copies, the originals can be brought in person to Switzerland.

As the compilation of all these documents may take some time, it is best to start this process several months ahead. For example, the requested information may need to be resent in a revised format acceptable by Swiss law. Medical records can also often take some time to obtain and collate.

After receipt of the request to die, and payment of an initial fee of 3000 Swiss Francs (CHF), the member's file will be given to a Swiss physician who will decide upon the 'provisional green light'.

In the course of the acceptance process, phone calls or Skype conversations may be required to supplement the information contained in the written documents. If the application is not accepted (for whatever reason), a refund of 1000 CHF will be made. This excludes costs such as doctors' fees which need to be covered, irrespective of the outcome.



Fig 21.8: The house of the Eternal Spirit Foundation in Basel.

After the 'provisional green light', a date for the assisted death can be fixed. Before coming to Switzerland, the member will be required to pay a second installment of 7000 CHF. Members who are in a difficult financial situation can apply for a partial or total exemption but will need to send financial statements as justification. The board of Eternal Spirit will then decide on a case-per-case basis.

Upon arriving in Basel in Switzerland, the person attends two consultations with two different doctors. These consultations are organized by Eternal Spirit and are required by Swiss law. The second consultation needs to occur at least two days after the first consultation to ensure that the member has not changed their mind in the interim. It is normal for the member and family to book in to a Basel hotel for two or three nights' minimum.

The medical consultations usually take place in the doctor's own rooms in the Basel region. In exceptional circumstances, the consultations can be arranged at the place where the member is staying.

During the consultations, the person's medical records and current situation will be reviewed. If the second consultation is deemed satisfactory by the consulting doctor, a prescription for a lethal dose of pentobarbital sodium (NAP) will be provided to Eternal Spirit. The drug will then be available for the 'accompaniment' (assisted death).

*live self determined – die self determined*

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At Eternal Spirit, the death will take place in a house belonging to the organisation. Upon arrival, a final round of paperwork will need to be completed. This is required by Swiss law. After this is completed, the member and his/her loved ones can spend some time in the room, talking or listening to music, drinking tea, coffee or even champagne.

The death will usually take place on the morning following the second medical consultation. It is normal for a doctor and at least one other Eternal Spirit staff to be present. The member must be accompanied by at least one friend and/or family member; any of whom can choose to be present at the moment of dying, or leave the room immediately prior. Once the person has died this person will need to identify the body.

Eternal Spirit recommends the intravenous administration of pentobarbital. This avoids the need for anti-emetic (anti-vomiting) medication. This method allows a very fast death to take place, normally within a few minutes. This sets Lifecircle apart from Dignitas which insists on oral administration. (ExInternational prefers oral administration but does consider intravenous when absolutely necessary (ie if the person cannot swallow).

However, if the member prefers to take the Nembutal orally by mouth, this is also possible but is not preferred. In all cases, the important point is that the person must administer the drug him or herself. This can be done by opening the valve on the intravenous drip. For quadriplegics, the valve can be activated via a special interface.

When the person is ready to die, he/she will lie down on the bed. The doctor will insert the IV cannula (with a saline solution). The member will then be instructed on how to open the valve. Once

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this process is fully understood by the person, the Nembutal will be added to the saline solution.

A camera will be set up in order to record the following procedure in which the person will be:

- asked to state his/her name.
- asked for the reason why he/she has come to Eternal Spirit
- asked what will happen once the valve is opened.

By recording these preliminary steps, Lifecircle/ Eternal Spirit seeks to ensure that the death will be deemed voluntary; that is, it has been carried out by the person themselves, and that he/she has been fully cognizant of the consequences. The video will be shown to the police after the death.

An hour after the person's death, Eternal Spirit staff will inform the local Swiss police that a non-natural death that has occurred. This is required by Swiss law. Police will then arrive along with a representative of the Public Prosecutor's office and a forensic doctor. At this point, family/ friends will be asked to leave the room, while the forensic doctor examines the body.

Once the police leave, a funeral home will be contacted and the body will be collected soon after. The body is then disposed of as per the member's wishes. This includes cremation with the ashes to be sent to a nominated person. Alternatively, the person's ashes can be scattered in a peaceful forest in Switzerland. While the body can be transported back to the person's home country this process will incur significant additional costs which should be costed for well in advance.

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Other practical considerations for those coming to Basel to die at Lifecircle/Eternal Spirit is that the organisation is not able to organize travel tickets or book hotel rooms. These tasks remain the responsibility of the person and their family/friends. However, the addresses of hotels close to Lifecircle/Eternal Spirit can be provided.

The Lifecircle website provides information about the service in German, English and French. Staff speak at least two of these languages. This enables communication with those from countries such as the US, the UK, Canada, Australia and New Zealand. As Lifecircle/Eternal Spirit is a small organization, it is best that initial contact is via email. Only then can communication take place via phone or Skype.

### **Lifecircle/ Eternal Spirit Costs**

As with Dignitas, an assisted death at Lifecircle/Eternal Spirit is around 10,000 euro. Exit understands that this was the deliberate intention by the Founder not to undercut Dignitas in price.

### **Lifecircle/ Eternal Spirit Contact Details**

*<http://www.lifecircle.ch>*

*[http://www.lifecircle.ch/pdf/lifecircle\\_Interview\\_EN.pdf](http://www.lifecircle.ch/pdf/lifecircle_Interview_EN.pdf)*

## EX International

EX International is a third assisted dying organisation to cater for foreigners. EX International was established in 1996. In September 2016, the authors met with EX International to discover more of each organisation's activities. The authors were then invited to tour the premises in Bern, Switzerland.

The following review of the organisation is based on both publicly available information and first person communications. The organisation is extremely sensitive to any type of publicity of who they are and what they do. This exists to the extent that the group has a rather rambling landing page (exclusively in German) as the totality of their website. Persevering with this first impression, however, reveals an organization with its heart in the right place and who may well be able to provide a caring and helpful environment for an assisted suicide.



Fig 21.9: EXInternational Website

## **Membership of EX International**

On application for membership (there is a one off joining fee of €100), the applicant will be sent a ‘brochure’ which details the philosophy of the group along with the procedure for membership, required patient information, waiting periods and of course the cost.

The group understands that membership might be requested for the following reasons:

- A person may not wish to endure a ‘painful illness through to its bitter end’;
- A person may not wish to become ‘dependent on others’; and
- A person may not wish to be ‘subjected to extreme medical technology’.

Assisted suicide is defined by EX International as the person acting autonomously to take the ‘medical drug’ (Nembutal). ‘Active euthanasia’ (where a lethal injection is administered by another person) is not provided. While the group does not exclude assistance for psychiatric suffering, there is the proviso that the person must be ‘capable of judgement’ and ‘not in the care of the health services’ (presumably mental health services).

To join EX International, one sends a recent passport photo, along with the registration form and payment. The person will in turn be requested to complete a ‘disposition in contemplation of suicide’ form. This is to establish a history of consideration in regards to an assisted suicide. EX International advise that this form should be reviewed periodically for the purpose of creating and maintaining this history. A living will is also strongly recommended.

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In the authors' opinions, EX International sets itself apart from Dignitas and Life Circle in a number of ways.

Firstly, EX International say they can act quickly and be reactive to the individual needs of a dying person. While the Dignitas 'green light' can take many months to acquire, at EX International the process is claimed to be quicker. This might be particularly useful for those with little time left. At EX International there is no designated 'waiting period' between joining the group and receiving an assisted suicide. What is required is that the decision to take one's own life must be a long-held sentiment.

Another important factor about EX International is that while the involvement and support of family and friends is considered important, the Ex International brochure states that it is the 'autonomy of the patient wishing to die [that] takes precedence!' This suggests that it is not necessary for extended family to be supportive of the person's decision to seek assistance.

The process for using the group to die is much the same as for the other two services (although there is some suggestion that one may travel to Bern without prior to the organization giving the official 'green light' of prior approval. Instead the approval may be organised on arrival). The death takes place at the organisation's designated rooms in Bern. These are similar to those at Dignitas. There is the same white leather furniture, the same bright walls, the same floral soft furnishings.

As with Dignitas and Life Circle, one should also expect much to-ing and fro-ing in communication (email, phone, skype video) in the lead up to the planned death. Once in Switzerland the person will visit one of the doctors linked to the group. A volunteer from EX International will accompany the person on this visit. The visit is critical to confirm the person's medical condition, the constancy of their request for assistance to die and

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Fig 21.10: Dr Philip Nitschke & Professor Avril Henry at her home in Devon,UK

their mental capacity to make the decision. The outcome of the visit will be a prescription for Nembutal. This will be provided to the volunteer for later use by the patient.

EX International came to the authors' close attention after former Professor of English medieval culture, Avril Henry, asked Dr Philip Nitschke for assistance with her application. At this time 81-year old Professor Henry was toying with two decisions as her health and quality of life were rapidly deteriorating. Professor Henry was needing to decide if she would go to Bern for an assisted suicide, or if she would try to import illegal drugs into the UK. Professor Henry was desperate to die in her own home and to be buried in her orchard. As history tells it, Avril opted for the latter. The UK media carried significant coverage of her death. See below.

See: <http://bit.ly/2dbW5em>

Before Avril made the decision to abandon the Swiss option, however, she was involved in a backwards and forwards communication with the volunteers at EX International.

Professor Henry sought Dr Nitschke's help because she was 'frustrated' at the lack of clarity surrounding the required

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paperwork. For example, was or was not the signature of a British GP on a medical record required? This type of to-ing and fro-ing can be especially problematic when the conversation is delicate and one does not wish to offend. And given it is across languages and cultures. As Professor Henry put it:

*I was reluctant to let her know how fractured her English is (especially as my German is not fractured because I haven't any!)*

Professor Henry was also uncomfortable with the offer from EX International that she pay a sum that suited her. The arbitrariness of this amount left Avril feeling anxious and confused. On the one hand she was happy to pay whatever it took, she simply needed clear guidance. Given that Avril's quality of life was fast deteriorating (as a result of poly-pathology rather than terminal illness) and the sheer effort of daily life was fast-zapping her energy and concentration, this 'lost in translation' was especially unwelcome. It should be noted that this phenomenon is not unique to EX International. Others have reported similar confusion when dealing with the other organisations.

### **EX International Costs**

Another feature of EX International is that they are significantly cheaper in price compared to the other two organizations. While EX International is keen that their actual fees not be published in the *eHandbook*, it is safe to say that they are 25 - 30 percent cheaper than their 'competitors'.

In addition, EX International has established an 'Aid fund for the less well-off' on the grounds that 'no member should have to

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renounce to [sic] a dignified death due to lack of money'. This is commendable and may mean that EX International is a real option for those who would not otherwise have the resources for an assisted suicide in Switzerland.

That said, for most people a trip to Switzerland will never be a cheap option. In some ways the Swiss realise this and are prepared to work with small budgets to accommodate those who are less well off. Then again, it is not a good look to be making money out of helping people to die. From the authors' perspective the ongoing criticism of all Swiss assisted suicide organizations is unfair given what is being offered; not to mention the legal and ethical minefield that surrounds such activities.

### **In Summary**

While, on the one hand, EX International is a rather secretive organisation operating on the outskirts of Bern, on the other hand their politics concerning a person's 'right to choose' cannot be faulted. In this respect the group openly states that they seek to provide 'a new freedom of choice' through choice itself. This means that by merely knowing that choice exists a person may relax, feel less anxious and ultimately die a natural death. This seeming irony is close to the authors' own hearts. Access to information and choice over one's death can help us live longer and happier lives.

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## **Legal comment**

While assisted suicide is lawful in Switzerland, there have been prosecutions against those who have assisted/ sought to assist a person to travel to Switzerland for this purpose. The experience of Irish woman Gail O'Rorke is discussed in detail in Chapter 2 'Suicide and the Law'.

In 2010, the then UK Director of Public Prosecutions, Keir Starmer, released guidelines advising who would/ would not be likely to be prosecuted for assisting with a suicide. These guidelines came about after MS sufferer, Debbie Purdy, sought clarification in the British courts in regard to the legal liability of her husband, should he have assisted her to go to Switzerland. Debbie died before she could make the trip.

## **Conclusion**

Switzerland remains the only place in the world where a non-resident person who is terminally ill or suffering unbearably can travel to get help to die. Fortunately, the Swiss show no signs of changing this act of international largesse. For this they are to be congratulated.

However, dying in Switzerland is never going to be everybody's first option. Not only is an arduous trip to a foreign country required. But one must time one's run. The person must be sick enough to qualify for these organisations' requirements, but not so sick that they cannot make the trip. This process also locks the person into a specific day or set of days on which to die. And if the person changes their mind, they must make an expensive and stressful trip back home to the other side of the world.

## *Swiss Options*

For Jay, Switzerland was always going to be a one way trip. He did not have the money to go and then come back to Melbourne. So great was this dilemma that Jay has since returned all the money raised for him for his trip. Today he is taking his chances with obtaining Nembutal illegally, because at least this way he can stay at home and he does not lock himself into dying prematurely.

Jay's story has been extensively reported and can be viewed at these links:

### **The Age 'Jay Franklin is pleading for help'**

<http://bit.ly/2ci8xMm>

### **ABC 4 Corners 'My own choice'**

<http://ab.co/2cKeps1>



Fig 21.11: Jay & Bertha Franklin campaigning in Melbourne for the Voluntary Euthanasia Party, 2016