

## To Die with Dignity

“Can you tell me why you’re here?” The physician asked my mother.

“For a MAiD,” she answered in a clear voice.

“Are you here of your own volition or have you been coerced in any way?”

“No, I haven’t been coerced.”

“Do you understand that you will have to drink a glass of sodium pentobarbital which will cause your heart to stop, bringing about death?”

She nodded. “Yes.”

“And are you sure you want the procedure?”

“Yes.”

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This factual account of how I procured a Medical Aid in Dying (MAiD) for my ailing mother, which took place over the ten months from March 2022 through January 2023, will forever change the way you view life, death, and the bridge between them.

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I grabbed my cell on the second ring. “Hi, Mom. How are you today?”

“Terrible. I tried to kill myself.”

“*What?*” I gripped the phone. “What happened?”

She gave a heavy sigh. “Nothing. I woke up this morning at the usual time when the aid came to do my eye drops.”

I sunk down on the couch. “I mean what happened to make you...do that?”

My ninety-year-old mother had been suffering, mentally and physically, since her frontal lobe stroke two years before. And her second one about a year later. The medical term is cerebral vascular accident (CVA), an interruption in blood flow to the brain. It’s often caused by a blood clot and can result in trouble speaking and understanding, confusion, paralysis or numbness, memory and vision loss. Her main symptoms were loss of mobility, vision, and hearing. She also had anxiety and trouble sleeping.

She sighed again and answered my question. “My life is intolerable. I can’t see and I can’t hear, so I can’t even read or watch TV.”

“But you dialed the phone and you’re talking to me now, right?” I said, my tone gentle. My relief that she was exaggerating her ailments only lasted a moment until I realized she believed what she was saying. To the point where she’d tried to take her own life.

“It’s no use,” she said in a heavy voice. “I told you the aids keep the medication cabinet locked because they don’t trust me. For the last couple weeks, I pretended to take my sleeping pills and hid them in the pocket of my robe. It wasn’t easy—they watch me like hawks. Last night I took the pills all at once.” She sniffed. “But I guess I didn’t have enough.”

“They have to lock the medications up and watch people take them. It’s assisted living. It’s the law,” I kept my voice even, as if we weren’t talking about her attempted suicide.

“Look, don’t tell them. If they find out what I did, they’ll probably throw me in a nursing home.”

My mother had been a university Mathematics professor. Logic, rather than emotion, had always driven her, to a degree suggestive of mild autism. I attempted to appeal to her with reason. “That doesn’t make sense, Mom. This is a private facility, and they can’t just commit you to a nursing home without your permission.”

“The aids hate me. They don’t know how to put in my new hearing aids. They make me use a walker even though I keep telling them I don’t need it.”

“Mom—”

“What should I do?” she asked, her tone plaintive, demanding and tinged with hopelessness.

“I’ll call the manager again about the hearing aids. We’ll get it figured out. Do you need anything? Would you like me to send you a different magnifier light? Meanwhile, why don’t you go to an activity.”

“How? I can’t see or hear. It’s no use. You can’t help me. Goodbye.”

Her words stung. There must be something more I could do. I put down the phone and stared at it, thinking about how much my mother had lost in such a short time. She’d always looked and felt younger than her years, gardening for hours, going on long walks and hosting her volunteer groups in her townhome nestled against lush woods. But when I’d last seen her, I’d hidden my shock at her hunched frame, shaking hands, and eyes that seemed to focus inward as if unable to see past her personal problems.

Before her strokes, she’d lived in the New Jersey town where I grew up. My daughter, Kirsten, and I lived in Upstate New York, and we saw her every couple of months. But recently, I’d accepted work in California. When she could no longer live alone, I put her house on the market, sold or donated most of her belongings, and relocated her to an independent living facility she had selected before reporting to my new job.

I’d helped her move into a small apartment with a nice view and a second bedroom where Kirsten and I could stay when we visited, but the distance was hard on all of us. She’d

never lived in an apartment and most regretted losing her yard and garden. Although independent living allowed personal vehicles, she could no longer drive. She became reliant on the facility's shuttle buses, which only traveled short distances and seemed to have minds of their own regarding a schedule. It was too difficult to continue her volunteer work or to visit people outside the facility. Or so she said. In truth she stopped returning phone calls from concerned friends. When I pressed her, she admitted she didn't want them to witness her condition.

The facility also had a separate assisted living (AL) building and a nursing home on the grounds. Only nine months later, she was forced to give up her cozy apartment and move to AL. The damage from the strokes, coupled with confusing and isolating COVID restrictions, had made it impossible for her to navigate the new independent living situation. I used my vacation days and traveled back east, cleaned out the apartment and donated everything that wouldn't fit into the single bedroom and bathroom.

On the flight back to California, I'd contemplated how this vibrant woman's home and possessions shrinking from a house to an apartment to a single room was an apt metaphor for the shrinking of her life. From a well-liked professor and contributor to the community, to the steep physical decline and isolation that caused her to lose her independence, and with it, her dignity.

My mind returned to the present and I phoned Kirsten. She'd turned twenty-six that year and had moved out of my house to her own apartment.

"Hey Mom, what's up?"

"Grandma tried to kill herself."

"Oh God, what? Should I go visit her?"

I breathed a sigh of relief. "That would be great." Kirsten and her grandmother were close, and I hoped the visit would lift my mother's spirits. And my daughter could assess the extent of her grandmother's decline.

The following month, Kirsten returned from a week in New Jersey. We sat at my kitchen table drinking tea.

She took a sip and put down her cup. "Grandma's really unhappy. I took her clothes shopping and got her book CDs, but she cried a lot."

"Really?" I'd never seen my mother cry. Not even when she was devastated by my father's death many years before. The mental image of her sitting on the room's single chair, hunched with despair and staring at nothing, made my stomach clench and my eyes burn. "Did she talk about wanting to end things?"

"Yeah. The whole time. I asked if she was sure, and she kept saying that's all she wanted—for it to be over. The worst part is she feels helpless." Kirsten cast her gaze to the table. "It's only gonna get worse."

“I know, but what can we do?” I put my teacup down and clasped my hands. “Maybe I could send her enough pills...I mean if we’re positive it’s what she wants. But no guarantee it would work. Or I could bring her here...”

Kirsten shook her head. “Don’t do that. You could get arrested.”

“She’s miserable. If I do nothing, she’ll end up in a nursing home confined to a bed with zero quality of life.” I wasn’t always the best daughter; rebellious as a teenager and overwhelmed as an adult in a bad marriage. If I could help my mom escape her anguish, shouldn’t I try?

Kirsten drained her teacup and looked up. “What about Medical Aid in Dying? I think they call it MAiD. Remember that romantic movie I love, ‘Me Before You’? The one where the British guy is paralyzed from a motorbike accident, and he goes to Switzerland? There’s a scene where the guy’s father tries to convince his wife that their son should be allowed to end his life on his own terms. They’ve got a letter with the organization name, Dignitas.”

I raised my eyebrows. “How many times have you seen that movie?”

She shrugged. “Too many.”

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I put my browser in incognito mode and searched for MAiD. Many countries offer that option, including the United States—in the more liberal states, such as New Jersey. But only if you have a terminal diagnosis with less than ninety days to live. As if *that* was an exact science. Although my mother’s body was failing, age-related misery didn’t qualify as a terminal illness. Of the countries that did not require a terminal diagnosis, eligibility only applied to their citizens. Except for Switzerland.

The two main nonprofit organizations who act as intermediaries with the Swiss government were Exit and Dignitas. Supported by independent Swiss physicians, they provided accompaniment for MAiD to members with terminal or severe physical illnesses. They also performed advisory work on palliative care, health care advance directives, suicide attempt prevention, and legislation for right-to-die laws around the world. Members with sound judgment submitted a formal request including a letter explaining their wish to die, and medical reports showing diagnosis and attempted treatment. MAiD law mandated that it be performed without coercion or self-interest on the part of anyone assisting with the process. Patients certified that they were making the decision to die of their own free will. Death would then be accomplished humanely through voluntary ingestion of a powerful overdose of Sodium Pentobarbital (NaP), a fast-acting painless barbiturate, which first numbs pain, then induces a coma, and finally results in respiratory arrest and death.

Although it’s not necessary to use an intermediary organization, I doubted my ability to deal directly with the Swiss government and chose the one from the movie, Dignitas. Founded near Zurich, Switzerland in 1998, its maxim is: “To live with dignity—to die with dignity.” They believe that only an individual, not physicians or attorneys, can judge whether one’s life

situation is intolerable. I also learned that about one-third of those approved for MAiD do not follow through. For some, it's enough to know they have the medication—the control—to end their lives when they want.

After work the next day, I phoned my mother. "How are you doing?"

"Terrible."

"What's wrong?"

"Oh, come on. You know. Everything. The aids want to get rid of me. They're trying to make my life miserable so I'll leave."

I pictured her stuck in her room, heart wrenchingly bored and lonely. "Why would they do that? It's their job to take care of the residents. That's how the facility makes money. And besides, aids don't have any authority."

"Well, that's what's happening."

"How are you feeling otherwise? You're not in any pain, are you?"

"No, but I'm miserable. I can't take it any longer. My vision is getting worse every day. I can't hear at all. I can't get around. I wish I could just kill myself."

I wanted to mention that she could obviously hear since she was speaking to me, but I felt awful for her; it wasn't the time for logic. I took a deep breath. "Do you really want to end your life?"

"Definitely. But I failed, and now I'll never get another chance."

The sadness and frustration in her voice tore at my heart. "Mom, do you want my help?"

"Yes, but you can't help me. Nobody can."

I took a deep inhale. "How would you feel about going to Switzerland for a medical aid in dying?"

"How is that possible? I can't travel."

"Kirsten and I would take you. If that's what you truly want," I said in a hesitant voice.

"They'd never accept me. I think you have to be terminal."

"Not always. We could at least look into it, see if it's an option. Do you want me to try? Because if it's not what you want, I'll drop it."

"Yes, it's what I want," she said, her voice sounding stronger than it had in a while.

The next day, March 2, 2022, I registered my mother as a Dignitas member. I sent a fee of 200 Swiss francs (CHF) and annual membership fee of 80 CHF, about \$315 total. I longed to turn to friends for emotional support and advice but resisted. You may think you know someone until a potentially polarizing issue comes up; better to keep it to myself. An agonizing

few weeks later, Dignitas emailed their informational brochure, and a Patient Instructions / Advance Directive form. A case worker, Diana, was assigned. Since Switzerland is nine hours ahead of California, email would be the preferred communication method for the months ahead.

Dignitas' brochure listed a step-by-step procedure for obtaining a "provisional green light", the indication that Dignitas was ready to send completed documentation to the Swiss government. Following the initial membership payment, we would submit documents for evaluation. If approved to continue, Dignitas would make a submission to the Swiss government on our behalf. The organization boasted a perfect record of documentation acceptance by the government once a provisional green light was given.

Upon acceptance, we would travel to Switzerland to meet with an assigned physician who would grant final authorization, "definitive green light", and prescribe the NaP medication. Our stay needed to be at least one week in order to meet with the physician twice, with two days in between, and accompaniment by a Dignitas representative the following day. The entire process should take three to four months, and the expected cost was listed at \$7,000 to \$16,000, the range due in part to method of funeral and/or cremation choice.

For some, the cost may seem high but would likely be far less than end of life care. For example, my father-in-law's nursing home had kept him alive in the advanced stages of Alzheimer's. Prolonging his existence, even after he was no longer conscious, had resulted in a huge emotional and financial toll on his family.

The prerequisites for a Dignitas accompanied MAiD were that the patient be: a member, of sound judgement, and able to self-administer the lethal medication. Additionally, the patient must have: a terminal illness, and/or an unendurable incapacitating disability, and/or unbearable and uncontrollable pain. Before beginning the submittal process, I contacted Dignitas to confirm that my mother would be a candidate. Her situation, a ninety-year-old suffering from multiple physical failings resulting in isolation and inability to care for herself, was only getting worse and would certainly result in either natural death or confinement to a nursing home bed. I believed she fell in the "unendurable incapacitating disability" category, and they agreed.

But could I really take my mother to another country in order to end her life?

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To begin the evaluation process, Dignitas requested: 1) a letter requesting Dignitas to prepare an accompaniment, giving reasons why, and explaining her medical condition with a personal view on her sufferings. 2) A separate 'life report' describing her past and current situation and explaining if family members support her intention and would accompany her to Switzerland. 3) One recent and two to three older 'medical certificates', which contain the diagnosis(s), describe her state of health and its development, treatments tried, medication, etc. At least one of the certificates could not be older than three months.

I was not aware of it at the time, but these documents represented only the initial evaluation. The brochure contained no hint of additional submittals, each capable of derailing the entire process.

Despite my mother's exaggeration of the extent of her eyesight and hearing loss, both were steadily declining. She wasn't able to see well enough to prepare the letter and life report, and I verified with Dignitas that it was acceptable for me to assist if she unilaterally provided her signature.

From two years of phone calls and visits I knew her anguish well. The personal letter detailed the many ways her life had become intolerable. I read the letters to her over the phone and made her minor adjustments. I mailed them to her, and she signed and sent them back, all the while expressing doubts that our efforts would be successful.

I spent the next several months obtaining medical records from specialists, starting with her initial hospital stay following the first stroke. I dealt with the HIPAA process, long hold times, and unreturned phone calls. I printed and compiled a large binder of medical reports showing a record of her ailments and decline. The reports included an extensive list of her medications. One of the older reports noted a medication for anxiety and Sertraline, prescribed when my mother had once stated she felt depressed. Near the end of July, I had assembled all of the documents and forwarded them to Dignitas for review.

During this time, I learned that my mother had discarded her passport, believing she would never travel again. A visit to the DMV was necessary, but she no longer drove nor felt competent to ride share. Neither Kirsten nor I could take off from work and travel across the country at that time, so I engaged a local friend to help obtain a new passport. This presented a problem.

I hadn't spoken of the MAiD to anyone except my mother and daughter. Although completely legal, I feared potential judgment, and possible intervention, due to the controversial nature of MAiD. No matter how much Kirsten and I wanted to confide in our friends for comfort and encouragement during this difficult time, we kept silent. My mother did not disclose her intentions to anyone at the AL facility, especially the management. I regretfully lied to the local friend, saying the passport was needed to take my mother on one last trip to Poland, her birthplace. Reinstating the passport became the first of several lengthy, arduous undertakings due to complicating factors, including that her driver's license, needed for identification, had recently expired. After four trips to the DMV, she finally had a current passport.

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Dignitas' reply came at the end of August. They requested minor revisions to the letters—easy. They said the medical reports were not in the correct format and different ones would be needed—difficult. And, because one of the older reports mentioned depression, they required a letter attesting to her mental competence and signed by a psychiatrist—nearly impossible.

First the easy part. Tweak the letters and re-submit. Then the harder part. Figuring out what was wrong with the medical information I'd spent months compiling. After several emails where I sought clarification on the medical 'certificates' required, Diana, the case worker, said I had gone to unnecessary effort compiling hospital and specialist reports. My older primary doctor reports were acceptable. Only one comprehensive recent report was still required.

I made an appointment with a geriatric physician to obtain a new primary doctor's report. I traveled back east to take her to the appointment, as well as several other medical and dental visits. I gasped at the extent of her decline; barely able to walk, even with a walker, consistently out of breath, failing vision and hearing, and anxiety about being left alone even for a few minutes while I pulled the car around. The dental appointment offered a reprieve; the dentist's manner kind and comforting, sharing stories about her dogs to distract my mother from having a tooth pulled.

The geriatric specialist became skeptical when I informed him of the specific information required for the evaluation. If I told him about the MAiD, would he refuse to help? He didn't know our diligence to assure legality—what if he feared being implicated? Or had religious or cultural reasons to object? Steeling myself, I fabricated a story that we needed the report to transfer my mother to an AL facility in California near my home. He seemed not fully convinced, stating that they usually deal directly with the facility, but agreed.

After the appointment, we got in the car to return to the AL facility. I turned to her and helped her with her seatbelt. "You're sure you still want to go to Switzerland, right?"

She tested the belt. "Yes, I'm sure. But it will never work."

I looked her in the eye. "Mom. I've been speaking to you practically every day. You know we're almost done with the process. Please stop worrying."

She stared back through rheumy eyes. "If you say so."

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By mid-October, almost seven months since we joined Dignitas, I was back home tackling the psychiatric report—the final hurdle. Or so I thought.

Dignitas' review of my initial submission contained a concern with one of the older medical reports. It stated that the report's mention of antidepressants could be interpreted as a sign of reduced or impaired judgment in relation to my mother's wish to die.<sup>1</sup> Although there had been no previous relevant guidance from Dignitas, and the antidepressants were prescribed by a primary doctor without making a diagnosis, we would now need a psychiatric determination.

I emailed Diana:

*Dear Diana,*

*I understand, but in my mother's case, she has never been diagnosed with depression. A year and a half ago she told her GP she was unhappy, and the GP prescribed Sertraline to see if it would help. The medication did not help and was discontinued. Our most recent report from the geriatric specialist confirms she does not exhibit signs of depression.*

*Dear Michelle,*

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<sup>1</sup> I hadn't mentioned my mother's attempted suicide because I'd previously become aware that such an admission may cause ineligibility for MAiD. I am confused by this determination and am certain that many individuals attempt suicide before resorting to MAiD.



*Unfortunately, to complete the medical file and request for a MAiD, Dignitas requires a medical report signed by a psychiatrist, and no older than three months, confirming capacity to understand, and decision-making ability. The decision-making process should not be influenced by third parties, medication, or psychological impairment.*

I couldn't believe it. I was now expected to find my mother a psychiatrist, wait several months for an appointment, figure out how to get her to frequent visits, and wait however long for the doctor to become familiar enough with her to write that she was not depressed and was of sound mind and capable of making her own decisions. Meanwhile, the geriatric report would expire in a couple of months.

I had to speak with Diana. She only worked mornings, so I set my alarm to 2:00 a.m., 11:00 a.m. Switzerland time, and called her to discuss the issue. "My mother has never sought psychiatric care. The more recent medical reports show she was not experiencing depression, only anxiety. Since a GP prescribed, and shortly discontinued, the medication in the first place, can't another GP affirm it's not needed?"

Diana heard me out, but said "Unfortunately, the government rules are non-negotiable."

After a long stress-and-frustration-induced cry, I wracked my brain and recalled that a psychiatric nurse had made rounds at the AL building, visiting with my mother. I phoned the nurse who remembered my mother, consulted her notes, and agreed she had full mental capacity. Still afraid to share the real reason for the request, and needing to justify specific wording required, I reiterated the previous story of finding my mother a living facility closer to me—one that did not accept residents with mental impairment. Lying never got easier, but what choice did I have?

The nurse provided me with a signed statement. Tension flowed from my body as I emailed the letter to Diana and got my first good night's sleep in weeks. The next morning, I opened my email

*Dear Michelle,  
Unfortunately, in Switzerland, nurses' reports have no value. A physician's signature is required.*

Trying not to panic, I contacted the nurse again and asked if a psychiatrist in her office could also sign the letter. She tried, but the doctor refused, stating he was unfamiliar with the patient. My fingernails dug into my palms. Didn't he trust his own nurse's evaluation? Even if we pursued another psychiatrist, would they agree that a ninety-year-old woman having suffered from two strokes and of normal age-related mental capacity, was of sound mind?

I again set my alarm for 2:00 a.m. and called Diana. I argued that trying to place my mother under psychiatric care, to prove that she doesn't need it, would be quite prohibitive. Was my mother really going to lose her right to die based on having once tried an antidepressant that was shortly discontinued? Diana discussed our case with her supervisor and responded the next day.

My hands shook as I opened the email.

*Dear Michelle,  
Unfortunately, the letter signed by a psychiatrist is required.*

I sat with my head in my hands feeling helpless and wishing for someone to talk to about all this. Desperation tempted me to consider forging the psychiatrist's signature beneath that of his nurse. I paced the kitchen floor. Would I fail at fulfilling my mother's last wish, and perpetuate her torment, or commit a forgery that no one would ever know about?

I called the nurse and beseeched her to try once more to get the psychiatrist's signature.  
"Just a minute, he's here. I'll ask him."

My heart pounded in my ears, my mind racing to come up with options. Maybe the psychiatrist would agree my mother was technically already a patient of his practice, see her without the long waiting period and corroborate the nurse's determination? But would he sign based on a single visit? And if he refused and I forged the signature? Did the Swiss government call to check on these things? A dull headache pounded at the base of my skull. I paced some more on shaky legs.

The nurse came back on the phone.  
My every muscle stiffened.

"He signed. I'm emailing it to you now."

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The first week of November 2022, I was elated to receive Diana's next email.

*Dear Michelle,  
All documentation is in order. Requesting 4,000 CHF for next steps. Attached: checklist of original or reissued documents needed (specific to country of origin).*

The checklist requested several forms of identification for the patient and spouse, deceased for over 40 years in my father's case. I would now need to provide my mother's birth certificate and my father's death certificate, neither of which I had.

*Dear Diana,  
My mother emigrated to the U.S. when she was four years old. Her family fled the Nazi invasion of Poland, and her birth certificate was lost. She has always used her Naturalization papers instead. I'm assuming I can send those?*

*Dear Michelle,  
Unfortunately, no. A reissued birth certificate is essential for identification purposes. Attached is a list of Polish attorneys who can assist you.*

Great. I contacted one of the Polish attorneys, and for a reasonable fee of about \$150, she initiated a search for the birth certificate. If found, one would be reissued, and if not, a legal statement that it had been destroyed would suffice. The process could take up to six weeks. I

only had seven more weeks until the psychiatric note and latest medical certificate expired. The attorney agreed to expedite for a small additional fee, with no guarantees.

If only Dignitas had given me a heads-up, I could have started working on the birth and death certificates months ago. The organization provides only the information needed at each stage of approval since an applicant may not choose to proceed or may fail to provide the necessary documents. The difficulties I experienced locating older documents will not apply to everyone. But I believe there is no downside to supplying the full requirement list up front and have made that suggestion to Dignitas.

Neither my mother nor I had my father's death certificate, issued in 1980. I remembered the name of the funeral home only because it was a fixture in the town where I grew up. I contacted them and learned that records from the 1980s had not been saved electronically. They directed me to the County, who informed me that retrieving a copy was not a problem and shouldn't take more than five weeks. My ID and my paternal grandparents full names, including my grandmother's maiden name, were required as proof of the requestor's identification.

Retrieving the death certificate presented two problems. First, I had expedited my mother's birth certificate to prevent other documents from expiring and now I was right back with the same issue. Second, I never knew my paternal grandfather, and my paternal grandmother had long since passed. I found their full names on my parent's marriage license, but my grandmother's maiden name was not listed. My mother didn't know it and there were no living relatives on his side of the family. I was stuck.

*Dear Diana,*

*Is there any way around this requirement? I can't believe my mother will lose her opportunity to die with dignity, even after all our efforts over the past six months, because we cannot produce the maiden name of a woman born abroad over one-hundred years ago, changed her surname twice through marriages, and who died half a century ago."*

*Dear Michelle,*

*In the case of a widow/widower, proof of the spouse's death is unfortunately required.*

I grabbed a pillow from the couch and screamed into it. My mother needed me to do this one thing for her—help her carry out her final wish. I'd tried my best and failed. After half a year of stress, trouble sleeping, and difficulty concentrating at work, I couldn't take one more "unfortunately."

I braced myself to tell my mother the MAiD was not going to happen. It's one thing to have a "failure-is-not-an-option" attitude, and another to know when you're beaten. I reached for my cell and it rang—a woman from the County. She had the funeral home on the other line and among the three of us managed to verify my grandmother's maiden name. The relief of the last obstacle falling away flooded my body. Two weeks later I had both my mother's birth certificate and my father's certificate of death.

In late November, I received a few more basic forms to complete. A separate letter stated that the Swiss government had past difficulties identifying the deceased from photos alone and therefore requested dental records. I recalled the kind dentist my mother and I had seen during my last trip to New Jersey and didn't hesitate to request the records.

The dentist phoned me the next day. "Has your mother found a new dentist? Where should I send the records?"

I sighed. "Please just email them to me in the format I requested, if that's okay."

"That's very unusual. We never send this type of record directly to the patient. What do you need them for? Perhaps I can send you something else?"

I hesitated. Exhaustion weighed heavy on my mind and body. But this had to be the last hurdle. "As you know, she's not doing well." I swallowed. "My daughter and are taking her to Switzerland for a MAiD. They need dental records for identification."

"I'm so sorry. I'll send these right over."

"Thank you so much for understanding. I've been afraid to tell any of her other doctors, or really anyone."

She clucked her tongue. "We give this consideration to our pets when the time comes. It's a crime we don't show people the same kindness."

I wiped a tear from the corner of my eye. The warmth of her solidarity brought me hope and confidence that others, too, would understand and support my mother's decision.

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A few days before Christmas, we received "conditional green light" approval; all the documentation and payments had been accepted. I booked travel for my mother (round trip, in case she changed her mind), my daughter, and myself, and scheduled the required Swiss physician's appointments. Our first appointment was one day before our most recent medical document would expire.

I phoned my mother, anticipating her relief. "We're all set. I booked our trip for January sixth. We've got an Airbnb that looks very nice. Kirsten and I will pick you up in New Jersey and we'll fly out there together."

She hesitated. "I don't know about this."

"I'm confused. What don't you know about?"

"All of it. I don't think we're really going for a MAiD."

"What are you talking about? We've been working on this for nine months. Where do you think we're going?"

"I believe we're going to Switzerland. But what if they don't accept us and you abandon me there?"

My gut tightened. "Why would I possibly want to do that?" I knew her anxiety and the weight of helplessness was flaring, but how could she believe me capable of abandonment? And that her granddaughter was in on it? "Would Kirsten agree to that?"

“No, I guess not. But I don’t think I’ll go. Besides I don’t have anything to wear—nothing fits me.”

My limbs felt heavy. “You have clothes. Kirsten took you shopping, remember? But it’s okay if you’ve changed your mind.” If we missed this opportunity, her physical, and potentially mental, decline would mean there would be no second chance. I knew she’d regret it. But if any part of her had reservations, it wasn’t for me to talk her out of them.

“I haven’t changed my mind and I want the MAiD—if I believed it.”

My shoulders slumped. “Okay. What do you want me to do?”

“Send me a copy of the round-trip tickets. And I’d like your emails with Diana. I can read with a magnifier.”

She no longer used her computer, so I made copies of the airline tickets and emails and mailed them to her by overnight air.

I phoned her the next day. “Did you get the stuff I sent?”

“Yes.”

“Do you still want to go?”

“Yes.” Her voice caught. “Thank you for doing this.”

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My phone rang. I saw it was my mother and got ready to explain again: Kirsten and I will fly there, help you pack, and drive to the airport. We’ll be with you the whole time. I answered the phone.

She didn’t pause to say hello. “I told them.”

“You told who what?”

“I told the assisted living manager.”

My stomach dropped. “What exactly did you say?”

“I said, ‘My daughter and granddaughter are trying to take me to Switzerland for a MAiD and I don’t want to go.’”

I sat down hard. “What? Why would you do that?”

“I don’t see how this is possible. If we go and I get rejected, which I know I will, they’ll retaliate against me.”

“Who will retaliate?”

“The manager here. Then they’ll treat me even worse.”

“Mom, they don’t treat you badly, they’re just doing their jobs,” I said through gritted teeth. “What did the manager say?”

“She was very concerned.”

I’ll bet. “Did she ask if you wanted a MAiD?”

“Yes. I told her I did, but don’t believe it will happen. I won’t be able to hear the Swiss doctor when he asks me questions. Then you’ll abandon me there.”

“Mom, that makes no sense.” I leaned my back against the living room wall and slid down to a seated position on the floor. “What possible reason would I have to abandon you? If anything goes wrong, or if you change your mind at the last minute—you can always do that—we’ll just fly back and that’s the end of it.”

She sniffled into the phone. “I want to go, but now I’m afraid I messed everything up.”

“Don’t worry. I’ll see what I can do. Okay?”

“Okay. They want to speak to you.”

“Assisted living?”

“Yes. And they called the police.”

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A few days later, one week before my daughter and I were due to leave, the AL manager and a social worker phoned me.

“We understand that you’re planning to take your mother for a MAiD,” she said.

“Yes, that’s correct.”

“Are you aware she told us she didn’t want to go?”

I kept my voice even and friendly. “I believe she said she *did* want to go but is having some anxiety about the logistics of travel.”

The social worker spoke up. “That’s what she told us, but maybe subconsciously she doesn’t want it and that’s why she’s making excuses.”

That thought had occurred to me as well, but I’d witnessed her increasing anxiety at her loss of independence and declining health. Her latest reaction seemed to be a manifestation of the same. Besides, how could I deny her my assistance for MAiD based on an unsubstantiated guess that deep down she may have reservations?

The AL manager continued. “We can’t release her from the facility unless she agrees. We need to meet with you when you arrive here to pick her up. And we filed a routine police report, so an officer may contact you.”

“I understand,” I said and signed off. I did understand. If a person is being coerced into MAiD by someone who stands to benefit from their death, it becomes a police matter. In our case, there was no coercion, but my daughter and I were my mother’s inheritors. Surely it was common for a relative to assist and accompany a loved one, and likely they would be named in that person’s will. But would the police view it that way?

My daughter called. “Are we still going to Switzerland next week?” I’d been keeping her in the loop about her grandmother’s imagined concerns and the latest issue with the AL manager.

“I keep trying to reason with grandma. She’s worried she won’t hear the doctor’s questions, so I told her we can bring a small whiteboard to write on. And she thinks she has nothing to wear, so I reminded her you took her shopping and we’d help her pack.” I paced the kitchen floor. “Oh, and now she’s afraid assisted living won’t let her leave even though I said they can’t hold her there if she says she wants to go.” I huffed in frustration. “It’s like she’s not hearing me.”

“That’s the problem. You keep trying to reason with her logically. I found a video you should watch. It’s a TEDx talk on how to speak to an elderly person who’s being irrational.”

After Kirsten sent me the link, I watched the talk, *Validation, Communication Through Empathy*, by Naomi Fell. Naomi, a social worker employed in a senior’s home, presented a compelling way to relate to elderly people. She discussed how we commonly treat older people who are in distress with sympathy (‘I know how you feel. Have some tea.’), or redirection (‘Don’t cry. Everything’s fine.’) or lying (‘You’re asking for your mother [deceased]? She’ll be here soon.’) Naomi said never to argue or negate what they say. Even if it seems illogical, there are likely deeper unresolved emotions. She encouraged the audience to instead validate the person’s feelings and gain their trust with empathy. To rephrase what they say, matching their tone and inflections, and to ask questions, allowing them space to express themselves. What seems like delusional behavior is often the manifestation of unresolved feelings from the past, so it’s important they be allowed to grieve and cry.

My daughter was right. My habitual way of dealing with my mother was a combination of all of the ‘don’ts’ in the video. But how I interacted with her was deeply ingrained. Kirsten changed her flight and arrived a few days sooner to be with her grandmother in the way the video described.

I arrived in New Jersey on January third. The next morning, I drove through slushy roads, my wipers clearing wet snow from my windshield. I parked at the AL facility and headed for my mother’s room. I hastened my steps as I passed the AL manager’s office. The manager would question my mother about her desire to go to Switzerland before we could leave the facility. Would a police officer be there? What would my mother say? Had Kirsten been able to ease her paranoia, or would she still refuse to leave despite constant affirmation that her greatest desire was to go?

I put a smile on my face and opened my mother's door. Kirsten sat beside her, holding her hand, a packed suitcase lying open on the floor. "... and then what happened after you got sunburned on your honeymoon?" she asked.

My mother looked up. "Ah, you're here," she said to me and then smiled at Kirsten. "My lovely granddaughter has been coming every day." Her eyes glistened and she wiped at her cheek. "She's been helping me pack. Too bad nothing fits."

I set my coat and purse down on her bed and gave her a hug. "What are you talking about? Kirsten had you try everything on. It's all right there," I said, gesturing to the suitcase.

Kirsten leveled a warning look my way. "Grandma, why don't you tell me more about when you and grandpa were first married?"

I grabbed my purse. "I'll just wait in the common area. See you soon, Mom," I kissed her cheek and went to the door.

I sat on the overstuffed, floral couch across from the communal TV. I leaned back and breathed, letting the past ten months of stress drain from my shoulders. I loved my mother and had done the best I could for her. Either we would leave for Switzerland that afternoon or we wouldn't. It was as simple as that.

A couple of hours later we were ready to go. My mother seemed relaxed. There was a knock on the door. The AL manager and another staff woman, evidently the social worker, entered. No police.

The manager addressed my mother. "I have to ask you—do you know where your daughter is taking you and do you want to go?"

I held my breath.

My mother sat up straight in her chair and spoke directly to the AL manager. "My daughter and granddaughter are taking me to Switzerland for a MAiD. Yes, I want to go."

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We arrived in Zurich after an eight-hour red-eye flight, rented a car and drove to our Airbnb. It took us over an hour to find the lodgings. Not because we were tired, which we were, and not because the street signs were in Swiss-German (the local dialect) which they were, but because the exterior looked like an abandoned commercial building. We parked in a crowded lot flanked by a gas station, and a liquor store and I helped my mother up the crumbling cement steps. The listing had stated the third-floor apartment had an elevator. They didn't say it was working.

I struggled with my mother up dimly lit stairs, holding onto the metal handrail. The three-bedroom apartment shared a wall with a dance studio and bore little resemblance to the online photos. There was no oven in the narrow space that passed for a kitchen and the toilet seat was broken. The beds were harder than the floors. But we'd gotten this far.



Kirsten grabbed a European adapter and plugged in her iPad. “At least we have pow—” she said as the lights went out.

By the next morning, we’d all gotten a few hours of sleep and the power was back on. The Swiss physician assigned to our case arrived at the apartment. He introduced himself and sat in a chair opposite my mother. He opened his briefcase and took out a piece of paper. “Can you tell me why you’re here?” he asked her, reading from the paper.

“For a MAiD,” she answered in a clear, unwavering voice.

“Are you here of your own volition or have you been coerced in any way?”

“No, I haven’t been coerced.”

“Do you understand that you will have to drink a glass of sodium pentobarbital which will cause your heart to stop, bringing about death?”

She nodded. “Yes.”

“And are you sure you want the procedure?”

“Yes.”

The physician returned the papers to his briefcase and snapped it shut. “Okay, that’s all I need. I will be back in two days and ask you the same questions to make sure you still want the procedure.”

“That’s it?” she asked him.

He smiled. “Yes, that’s it. I’ll see you Thursday,” he said and left the apartment.

We made the best of the substandard Airbnb for the next two days. I bought groceries at a small market and made my mother’s favorite dishes, glad to see her enjoying them. Kirsten and I talked with her for hours, the familiar stories of her youth rendered fresh by the context that we were hearing them for the last time. Of the three of us, she slept the best.

The physician returned, repeated his questions, and my mother gave the same answers. The following day, we drove to Dignitas’ rooms for the accompaniment. Upon confirmation from Dignitas, I’d brought my mother’s clothing and medications for donation and proper disposal, respectively.

We arrived and were greeted by two women. They put us at ease, offering tea and Swiss chocolates. The room contained a bed, a recliner, a couch and several chairs around a small table. The bed was only for patients who needed it, and my mother took a comfortable seat in the recliner. The rest of us sat around the table. I showed my passport and filled out some general paperwork.

After a half an hour or so, a young, uncomfortable looking policeman entered the room. Another thing we hadn’t expected. Had I done everything right or would there be an issue, literally at the last minute? I wiped my palms on my pants and tried not to think of the potential for police intervention when I returned to the States. His affable manner suggested his

presence to be a formality at this stage. He asked some basic questions, similar to the physician's, and left.

It was time.

One of the women handed my mother a cup of liquid and instructed her to drink it as quickly as she could. She drank from the cup without hesitation and with mostly steady hands. Kirsten and I sat on either side of her, each holding her hands, stroking her back and saying we loved her. Gratitude that we could be with her this way made me blink back tears.

When she finished drinking she said, "I don't feel anything."

"That's normal. Just breathe," one of the women said in a hushed voice.

Kirsten and I stroked her arms and we waited for about five minutes more.

My mother smiled and leaned back in the chair. "Here I go."

We gathered our belongings and prepared to leave, and both women hugged us. One of them said, "I've seen many cases over the years. Some people, even in the worst situations, feel one-hundred percent sure they are ready to die, but their bodies fight the medication. I just want you to know your mother went peacefully and without any resistance. She was ready."

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I returned to New Jersey and cleaned out my mother's room, looking over my shoulder for the police. Just before we'd left the accompaniment, we'd been instructed that any U.S. legal concerns should be directed to the Swiss authorities, but I couldn't help being nervous. Thankfully, there were no police, nor any further mention of them. I returned home and began the process of dealing with her affairs, including executing her will with its many charitable contributions. I had no regrets. I'd helped my mother fulfill her last wish—to die on her own terms.

With dignity.