Our experiences with dying loved ones show us there must be better ways....

These are Our Stories

New Hampshire Alliance for End of Life Options

Advocating for Expanded End-of-Life Options for New Hampshire's Terminally Ill Residents

NH Alliance for End of Life Options is a non-partisan, citizen-led, grassroots effort dedicated to better end-of-life experiences for all people. Our goal is that all New Hampshire residents are able to make important decisions about their bodies, spirit, and emotional well-being when nearing end of life.

Our vision is that New Hampshire is known as a place where people are inspired to live life fully and completely, and enjoy the best quality of life possible, right to the end.

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New Hampshire Alliance for End of Life Options

Courage

By Rebecca Brown

It takes courage to share stories of dying loved ones. It takes courage to share the fears and hopes around one's own dying. We honor the writers of these stories for their courage and their dedication to helping others by showing why the option of medical aid in dying is needed in New Hampshire.

Rebecca Brown & Harry Reid

A legal change is required for medical aid in dying, which is available in 10 states including Vermont and Maine, is being considered in Massachusetts, New York, and many other states. Some people see medical aid in dying as a **compassionate option** and others see it as an **expression of personal liberty**. It is both.

NH RSA 137-J states: "The State of New Hampshire recognizes that individual persons have the right, founded in the **autonomy and sanctity of a person**, to control the decisions relating to the rendering of their own medical care." (RSA 137-J) Medical aid in dying honors this commitment by providing a compassion-based option for dying adults, nothing more, nothing less.

When people approach us about end-of-life options, we urge them to use hospice and palliative care services, which are underutilized resources in our state. Everyone should have access to quality health care, first and foremost. And undeniably, there are numerous obstacles to good care for some vulnerable people and communities, including those living with disabilities. **Shortcomings in our health care system should not be used as an excuse to prevent terminally ill people from having the option of medical aid in dying**.

Medical aid in dying gives terminally ill people the **opportunity to face the reality of their impending death** knowing they can make the best decisions for themselves, based on their own beliefs and values, in consultation with their loved ones, their medical team, their clergy or counselors, and anyone else they want involved.

My husband, Harry Reid, did what some proud, independent, ex-military NH men do when faced with the inexorable pain and anguish of a terminal condition — he took his own life, alone and violently. I was serving in our Legislature at the time. That experience drove me to this work. **If we can help another family avoid the anguish mine felt, that is success**.

We hope these stories **give lawmakers the courage** to bring medical aid in dying to our state. We also hope they motivate others to join our work for better end-of-life experiences for people and their loved ones. **Please share this with others, tell us your stories, and know we are a resource for you**.

Rebecca Brown is the executive director of the NH Alliance for End of Life Options. She lives in Sugar Hill.

Aylene Wozmak

In 30 years as a hospice nurse, I've been at the bedside of well over 1,000 patients in the last days of their lives. My experience has shown me that for some people, the most humane and compassionate care would be to allow them the option of deciding to end their own suffering.

Hospice care addressees physical and emotional pain through counseling, antidepressants, anti-anxiety medications, and pain medications. But sometimes these are not enough.

> *He begged me every visit to help him die.*

There are some diseases where the end stage pain simply can't be controlled. I've seen too many patients for whom the severity of their physical pain becomes overwhelming. It's anguish for their loved ones, who feel hopeless and powerless as the suffering patient asks for mercy, saying over and over that they just want to die.

Not long ago, a man I was caring for desperately wanted to go to Vermont, where medical aid in dying is legal. Prostate cancer had spread to his bones, and he was in physical and psychological agony. But he was bedbound – impossible to travel to Vermont. He begged me every visit to help him die.

I finally told him the only legal thing he could do in New Hampshire was to stop eating and drinking. This became another form of suffering. He lasted for over two weeks before he couldn't do it anymore and broke down and started eating again. And his suffering continued.

Aylene Wozmak

Finally, his hospice team declared this "intractable end of life suffering." The only thing left to do was sedate him into unconsciousness. Even then, it is unclear that patients are no longer in pain – they just can't express it. It would have been far more humane to allow this man to end his life while conscious, in relationship with his wife and family. Giving him the right to make that final decision would have honored his personhood and his dignity.

People like my patient want and need the option of medical aid in dying.

Aylene Wozmak lives in Walpole.

Bonnie Blaisdell

One night after we'd hiked a 4,000-footer, my husband, Frank Liva, 59, woke up unable to speak and or feel one side of his face. A CT scan revealed a tumor in his brain. He had glioblastoma, the deadly cancer. He was given up to a year and a half to live.

Frank wanted the option of medical aid in dying, as he knew that his end could be extremely difficult. He was frustrated it was not an option here, especially since we could walk over the bridge to Maine where it is available to residents.

Frank Liva and Bonnie Blaisdell

Eventually, Frank's time ran out. The tumor was growing, he was declining fast, and with our family's full support, he stopped his last of many treatments and entered hospice.

Around this time, Vermont dropped its residency requirement for medical aid in dying. Maybe Frank could have that option after all. We traveled two and a half hours to northern Vermont to meet with a palliative care physician. Frank met all the qualifications, but would have to return 15 days later to confirm his eligibility before receiving the aid-in-dying prescription.

As we contemplated that return visit, Frank was hesitant. He was so weak, another trip would be arduous. And his desire all along was to die in his own home. Why should he be forced to leave his home and our state to die? Ultimately, though, he decided he'd make the trip. He wanted the choice of when, where, how, and who would be with him when he died. In Frank's words, "I've lived as a free person in New Hampshire, and I want the freedom to die as well."

> *I've lived as a free person in New Hampshire, and I want the freedom to die as well.*
>
> *- Frank Liva*

It seemed that making that final decision gave Frank peace of mind. He died, at home, on the very day of that second appointment.

Frank Liva wanted nothing more than to live. He tried everything he could to live as long as he could. But when he had run out of options, Frank wanted the choice of medical aid in dying. He felt it should be up to the individual to decide what amount of suffering was bearable to them.

Since Frank is no longer here to tell his story it is up to me. Medical aid in dying is an urgent need for terminally ill adults. Frank wanted the option to die peacefully and avoid suffering. He wanted his story to help bring the option for others.

Bonnie Blaisdell lives in Portsmouth.

Claudette Kelley

Bill Kelley

My husband, Bill, was my best friend and soulmate. He was as tough a man as you'll ever meet. He fought hard against cancer for over three years so that he could unselfishly be here for his loved ones.

Bill was in and out of the hospital more times than I can count, enduring all kinds of treatments and their side effects. Becoming immobile was the final straw. He was unable to function and in significant pain despite the medications from a wonderful hospice team.

Medical aid in dying would have allowed my husband, who believed in everything about "Live Free or Die" and was a loyal Granite Stater, to go peacefully, surrounded by his family and loved ones in the state where he spent his entire life. Instead, we had to travel to Vermont so that Bill could responsibly and safely make his own choice and pass on his terms. We experienced a

process so responsible, warm, caring, peaceful and so much in the best interest of my husband and our entire family.

Some might say we do not need medical aid in dying in NH because dying people could go to Vermont. They are wrong. It is very difficult to arrange, and every step has to be in Vermont. And fundamentally, why should any of us have to leave the place we love to die in peace?

Please consider for yourself what it means to be humane, and what kind of treatment you would want should you ever be terminally ill and suffering. Would you want the government to dictate to you – you with a sound mind and knowing your death is inevitable – that you cannot die with what little dignity you have left and allow you to end the pain and suffering you are enduring?

New Hampshire must live up to our motto, "Live Free or Die," and embrace our people who have been diagnosed with a terminal illness and allow them to choose their own path, their own peace.

Claudette Kelley lives in Epsom.

> ***We experienced a process so responsible, warm, caring, peaceful.***

Marguerite Mathews

I've always believed that all of us should be able to make decisions for ourselves about how we face dying, the most profound juncture of our lives.

Now, I have a very serious health issue.

I had assumed that even if New Hampshire had not yet allowed medical aid in dying, I could travel to another state when and if the need arose. I was relieved when Vermont extended aid in dying to non-residents in 2023. I began researching how I might find such care for myself.

> *Why should I – or anyone else – have to leave my home, and the state I love, to die in peace?*

After much effort and examination, I'm discouraged. It is very difficult to find a new doctor there and access a facility for end of life care, and every step of the process must be done in Vermont. I doubt I can find a way to take advantage of Vermont's openness to serving the needs of people like me.

I don't want to spend the valuable time I have left pursuing an unattainable option. I need to spend that time doing the work I love and enjoying my home, my friends, and my family.

I was encouraged to find the NH Alliance for End of Life Options, which is working to make medical aid in dying available to residents of our state. We need legislation that affirms access to the peaceful and pain free end-of-life care that I choose for myself. I look forward to living every day as long as I am able and to ending this life on my own terms.

Marguerite Mathews

I'm in good spirits and grateful for a lifetime of traveling the roads of New Hampshire and connecting with people all over this wonderful state. I'm continuing my work performing stories that reflect the culture and values of our region for audiences in our many small rural communities.

My performances feature the stories and poetry of two of our state's great writers, Donald Hall and Robert Frost. These shows have been offered at public libraries, senior centers, retirement communities, historical societies, and more. I've been devoted to this work in our state for nearly half a century. I was honored to receive the Lotte Jacobi Living Treasure Award from Gov. Hassan and to have served two terms as New Hampshire's Artist Laureate.

Thinking of my life here, my long career and devotion to the Granite State, why should I – or anyone else – have to leave my home, and the state I love, to die in peace?

Marguerite Mathews lives in Durham.

Jeanne Twehous

I'm a former hospice nurse and because of my experience, a long-time supporter of medical aid in dying. I believe that this option is desperately needed.

I realize that my professional experience of seeing people and caring for them in the last stages of their lives has given me a perspective that is hidden from many — until, of course, you or your loved one is there. After spending so many hours, days, weeks, months with hospice patients and their families, I'm not sure how anyone could be against giving people the right to have this last profound measure of control over their own lives.

> *I understand what you want, but I cannot help you.*

Hospice can do many things to ease people's suffering. But it cannot solve all problems.

Breakthrough pain, loss of control over bodily functions, existential suffering . . . and, of course, the anguish of your loved ones witnessing your suffering.

One hospice patient in particular stands out in my memory. He asked me on several occasions, "How much morphine do I need?" I knew what he was asking but I repeatedly would tell him the standard dose that the hospice nurses were allowed to give for breakthrough pain. He'd say back, "That's not what I am asking for." It broke my heart each time to have to respond, "I understand what you want but I cannot help you with that."

Each time, I'd leave the house in tears. And I'd dread the next call from his family asking me to come, desperate for relief for his anguish, knowing that the next time I would have to tell him, again, that I could not help him with what he wanted most.

Medical aid in dying was what he wanted. His mother and sister wanted him to have that option. And it's how I wish we could have responded to his request. He deserved — as did all my patients — the full range of compassionate end-of-life care.

Jeanne Twehous and her father, Ray

Jeanne Twehous lives in North Conway.

Brent Richardson

My life experience, my personal beliefs, and the insights gleaned from my career caring for thousands of patients at end of life convince me that medical aid in dying is a needed and compassionate option in our state. As an advance practice nurse practitioner (APRN) specializing in critical care, palliative care, and healthcare ethics, I'm devoted to treating serious illness and saving lives.

None of us can even come close to understanding another's death or suffering. Just as beauty is in the eye of the beholder, so is pain and suffering.

> *There are some situations where even the best care cannot prevent undue suffering.*

In my experience, expert hospice and palliative care can bring adequate comfort and symptom relief to most, but not all, people at the end of life. Unfortunately, there are some situations where even the best care cannot prevent undue suffering.

Brent Richardson

Life is precious and ideally, joyful, and wonderous. However there are fates worse than death. I've seen them. I've witnessed suffering and the usurpation of human dignity beyond my control to palliate. Families of dying patients have begged me to end their loved one's suffering. I've had patients try to end their pain and hasten their inevitable death by stopping eating and drinking. Dying that way is not for the faint of heart. The option of medical aid in dying is what these patients and families wanted and could not have.

Saving lives is not always possible. When death is inevitable, my role is to provide comfort, dignity, and a gentle landing for my patients and support to their loved ones. This is why our state needs to allow medical aid in dying for terminally ill adults who have decision making capacity, a prognosis of less than six months, and make a fully informed request for assistance with dying at the end of their life.

We are all going to die. As much as we may hope and pray, eat right and exercise, follow doctor's orders and roll the genetic dice, time marches on. We don't get to choose what affliction may be visited upon us. We are all patients in waiting. Any one of us, or a loved one, may face a profoundly debilitating terminal illness accompanied by soul-sucking pain that for some becomes unbearable. In that case, many of us would want the peace of mind that the medical aid in dying option offers.

Brent Richardson lives in Chester.

Brian Lombardo, M.D.

My first encounter with medical aid in dying occurred several years ago. A Vermont patient of mine with advanced colon cancer sought out my help. His symptoms progressed rapidly with intractable pain.

As the pain intensified, my patient grew increasingly vocal about what he saw as having to wait for the inevitable. One day I noticed his gun cabinet. Nodding toward it, I asked, "Have you ever thought about doing that?" "Of course," he replied. A moment went by, and I had an epiphany. Vermont has a medical-aid-in-dying law. "I have an alternative for you," I said. His reply was immediate: "Tell me about it."

> *Patients feel empowered by having the end-of-life option.*

Since then, I've cared for other terminally ill people who have exercised their right under the Vermont law. The vast majority had metastatic cancer that failed multiple treatments. These patients did not want to allow the disease to control their deaths. Each was extremely grateful to be legally allowed some control over an uncontrollable process of dying. Family members also expressed gratitude for the medical aid that helped their loved ones minimize their suffering.

Brian Lombardo

Because New Hampshire doesn't allow medical aid in dying, some of the patients I've helped have been referred to me by NH doctors. As a result, patients must transition their care from the trusting, established relationships they have to a new provider at a critical juncture in their lives.

In 30 years of medical practice, I have rarely seen a group of patients so appreciative of the care they have received. Each one of them described feeling empowered by having the end of life option, and told me of the great solace it provided as they approached their death.

As a medical practitioner I cannot think of anything more patient centered than providing a terminally ill person with choice in how they die. My experience convinces me that patients want and need access to this care. New Hampshire residents who qualify ought to be able to choose this vital care if they believe it is the right option for them.

Brian Lombardo is a family practitioner at Alice Peck Day Memorial Hospital in Lebanon. He formerly served as the interim medical director for the hospice program for the Visiting Nurse Association of New Hampshire and Vermont.

Lisa Schmitt

My husband, Jack Borghetti, was incredibly healthy and active, still going on seven-mile hikes and kayaking at age 82. At 83, things changed. Walking became increasingly difficult. When over-the-counter pain meds no longer worked and he needed a cane, he finally saw a doctor. He had advanced prostate cancer.

Jack Borghetti

Treatments helped, and for a few months Jack stopped using a cane was able to return to his beloved wood shop. He made a bookshelf for his 4-year-old granddaughter—the last project he was able to do by himself.

But the cancer symptoms returned, including severe nausea, whole body pain, and the abdominal torment from extreme constipation brought on by the increasing doses of opioid pain meds. Walking, riding in the car, even getting up and turning over became incredibly difficult. Then he began to lose his hearing, affecting the few pleasures left: participating in conversations and listening to music.

> *He wanted me to purchase a pistol.*

Just after his 84th birthday, Jack chose to go on hospice. Hospice was amazing—and I cannot thank them enough for helping us. Nevertheless, even they say that they "chase the pain," because it can't be controlled completely. Jack's first unbearable breakthrough pain was in the early hours of the July 4, Independence Day. "I think I am going to start screaming," he told me.

Jack had always lived life on his terms. Losing that control was to him even worse than the physical pain. Jack had always talked about wanting to make use of medical aid in dying if it became necessary, and now it became an obsession. He wanted to go to Vermont, where the option had just become available for out-of-state residents. But the

obstacles are significant, and it was not a realistic option for us. Jack started talking about ending his life and even wanted me to purchase a pistol.

Jack, Lisa and their companion, Kelly.

Ultimately, Jack chose to stop eating and drinking. Family arrived to say their final goodbyes.

Jack died eight days later. I am grateful that I was able to support him in dying at home, but I feel that I let him down by not being able to arrange for him to access aid in dying in Vermont. Stopping eating and drinking was a rough way for Jack to die, but at least it was on his terms.

Helping my husband navigate the final 12 months of his life was a journey and a gift, and I am glad that I was able to accompany him. We had done so much together—so many life adventures in our 42 years.

Our family and friends offered impressive support, and we especially enjoyed seeing him have some good days after he started hospice, but nothing was gained by forcing Jack to live beyond the point where life had any meaning for him and with so much suffering.

As one of his final wishes, Jack asked me to do whatever I could do to help make medical aid in dying available to people here in New Hampshire.

Lisa Schmitt lives in West Chesterfield.

Dennis Pratt

Denis Pratt (Photo courtesy of Concord Monitor)

Many people might consider age 66 to be "young old," but because I have cancer, maybe I'm "old old." Not that I feel it! Heck, I still imagine myself to be 22! But my wife disabuses me of that conceit.

"Old old" or "young old," my circumstances lead me to consider my end of life. What will it be like? Will my courage and good humor hold out? How painful will it have to be? How long will I fight? And especially, how will I die?

Many of my friends are asking themselves the same questions; one or another of us seems to be dying every few months. We share our fears as we share our farewells.

One dear friend was Marie-Patrice. She was my weekly "check-in buddy" during a four-year personal growth seminar. She had cancer, and it spread, her terror grew. But it wasn't death that scared her; it was not being in charge of how she died.

> *We should die with the liberty of free men and women.*

But once Marie-Patrice obtained the means to be the ultimate decider of how she would die, she relaxed. She was now the one to decide how much suffering she'd endure, and could preserve her dignity as she saw fit.

Freed from fear, she lived her remaining days fully. She wrote beautifully, reflecting on her past, and on this, her final journey. She died, as she had hoped — peacefully and largely pain-free, amongst friends and family — not hooked to machines, under the efficient but cold gaze of professional strangers. I hope to die as well as she did!

And so, here I am in a similar predicament. But I am fortunate! I live in the freest state in the country — perhaps in the world. If our lawmakers respect my ownership of my own body, and allow medical aid in dying so that I am in charge of my own death, I will not have to fear a horrible death.

As the owner of my body, of course, it should be I, and I alone, who decides when cancer has consumed enough of me. There is no ethical justification for any politician, bureaucrat, health worker, nor enforcer to violate my fundamental right of self-ownership at the very moment I might need to exercise it most.

Because there's a chance that I and others like myself might find ourselves in a bad, no-good situation. And we might prefer to die in peace, falling asleep, cradled by loved ones. We should die — as we all should live — with the liberty of free men and women.

Dennis Pratt lives in Dover.

Dennis and his wife, Carol. (Photo courtesy of Concord Monitor)

Lucy Karl

On November 27, 2019, my beautiful, strong, courageous 34-year-old son Alexander died in Oregon from pancreatic cancer. Xan lived life fully until the final weeks. He endured over 60 rounds of chemotherapy, and numerous surgeries and radiation treatments. Despite his will to live and all the treatments, the cancer advanced relentlessly.

> *Mom, I am in control.*
> *I can die on my own terms.*
> *- Xan Karl*

Xan was bedbound within days of entering hospice. Having lived his life intentionally since the moment of his diagnosis, he was now committed to living his life intentionally to the end. With this goal, he decided to pursue his options under Oregon's Death with Dignity Act, which has allowed medical aid in dying since 1998.

Xan and his wife had witnessed friends die of brain metastases and knew how ugly and painful the dying days could be. He did not want that for himself, and he adamantly did not want his loved ones, especially his wife, Sara, and his 3-year-old son, Kevin, to witness his tortured death.

Xan, Lucy, and Kevin

With the aid-in-dying prescription, Xan regained a vital sense of control. He knew he could take it if and when he was ready. This gave him, and us, tremendous solace. "Mom," he told me with the prescription in hand. "Mom, I am in control. I can die on my own terms."

Ultimately Xan died without taking the medication. Just having it — just having the right and freedom to have that option — made all the difference to him.

While hospice and palliative care provided some relief to my son, medical aid in dying provided him peace of mind, critical to him in his last days. His peace of mind as he lay dying was and continues to be a tremendous comfort to his wife and our family.

I promised Xan as he was dying that I would fight for this legislation as fiercely as he fought the cancer that killed him. We in the Live Free or Die State should have the same option my son had, to alleviate our suffering and die peacefully in our own homes, in our own beds.

Lucy Karl lives in Hopkinton

Mary James

Bob James and his daughter, Molly

My beloved husband, Bob, died of tongue cancer. The cancer was cruel. Bob lost his tongue and couldn't eat or speak; he needed a tracheostomy to breathe. He endured multiple surgeries, infections, the awful side effects from immune and chemotherapies, and developed aggressive prostate cancer.

But none of these things took away his desire to live. His oncologist remarked that Bob tolerated more hard treatment than most people, and he did so with grace. But Bob was also a realist, and wanted the option of medical aid in dying. We found the NH Alliance for End of Life Options, and asked what people in NH do without that option. We learned that what some choose is either overtly violent, or a slow death by stopping eating and drinking.

Finally, Bob enrolled in hospice. Hospice provides needed service, and yet Bob had unbearable breakthrough pain. His breathing tube constantly clogged and threatened to choke him. He'd lose consciousness, falling down and losing all control of his bodily functions. Without access to medical aid in dying, Bob thought about overdosing on the hospice medications, but was concerned it might fail or there could be repercussions against our family.

> *Much of the rest of my life involves suffering, but I want to transition in peace.*
>
> *- Bob James*

Two weeks before his death, Bob wrote: "I am more or less overdue for my own day of passing...I want a peaceful passing; much of the rest of my life involves suffering, but I want to transition in peace."

If only he could have.

One night he awoke bleeding from his tracheostomy. A forceful stream of blood and tissue ensued that we could not stop. All I could do was hold him and tell him how loved he was. Bob simultaneously bled to death—not gently—and drowned in his own blood. As his wife, I am heartbroken that he had to endure this. As a minister, I do not believe that either his disease or the manner of his death were "God's will" for him. I believe God is found in comfort and accompaniment, not in the affliction of trauma.

Far too many terminally ill people end up asking their doctor, "Can't you help me die?" Let's change that, so that a dying, suffering person may say instead to their doctor, "I'd like to pursue medical aid in dying. I've fought hard. I am ready to go in peace."

The Rev. Mary James lives in Durham.

Mimi White

My husband, Steve, had so many hobbies, from fly fishing to bridge, he knew when the time came to retire, he'd coast easily into post-work life. Always feeling lucky, he was surprised when on the last day of work, also his 55th birthday, the doctor called to tell him he had prostate cancer. Tests followed, a plan was made, and he banked his blood. We took off for a month of travel as planned. When we returned he had a prostatectomy which was deemed a success and Steve went about enjoying retirement.

Thirteen years later, the cancer returned. At first the doctor gave him 10 years, then three years, then months. There was little to offer him to get ahead of the cancer. When I asked him what he wanted to do with his remaining time he said, "fish rivers." And so we did. When Steve died August 27, 2017 he had fished rivers from Alaska to Maine.

> *Aid in dying could have made grief easier.*

Steve was an easy going, practical planner. He kept lists of tasks completed and those yet to do. I suspect he died with an unfinished list in his desk. When he knew time was short, he told our children and grandchildren that he was going to die. He said he got the life he wanted and that made him a very lucky man.

Mimi White

If he had the option to choose when and where and how he would die, our family would all have been together at his passing. Steve could have been an active participant in the final days and moments of his life. But it was not so.

When he died, it happened very fast. Conscious still, eyes closed, he squeezed my hand. Our younger daughter was present only by luck; I'd asked her to come visit before she took a trip out of the country. Our older daughter was celebrating our oldest grandson's 16th birthday when we called to say her father had died. I still feel anguish when I think of her driving from Boston close to midnight after that call, accompanied by Butter, the family dog who adored Steve.

How different it would have been if Steve had been able, through medical aid in dying, to choose the date and time of his impending death, so all of us, including the grandchildren, could have been with him or at least said good-bye. I will always wish that Steve could have said farewell, or not — he was a man of few words — but the others could have said what they wanted to, which could have made grief easier perhaps, knowing he went from here with wishes of love, peace and gratitude. Make dying as sacred as living — it is the one last act we will all experience.

Mimi White lives in Exeter.

Tim Dolan

Tim Dolan

Prior to June 2023, I was "strong like ox." Then I was diagnosed with an aggressive lymphoma in my central nervous system (spine). During chemotherapy treatment number 4 of 6, I had an acute kidney incident resulting in a week of dialysis, and in addition, my respiratory system was severely weakened. Because my body could not handle any more chemotherapy we tried radiation therapy, but this did not work. I still have the cancer. The spine cancer has affected my optic nerve resulting in double vision, and peripheral neuropathy in both legs (loss of feeling, pain, muscle weakness).

In October 2023 I got COVID despite being vaccinated and boosted. My lungs were severely damaged resulting in Progressive Pulmonary Fibrosis which is lung scarring; there is no repair nor recovery. Now I have only about 25 percent remaining of my lung function. The lungs will get worse as the disease is progressive. I'm on oxygen 24/7. With my existing cancer and respiratory system I am not a candidate for a lung transplant. If I were to ever need to have general anesthesia for some other medical condition (such as an appendicitis) I would need to stay on the ventilator for my remaining life. I do not want to be on a ventilator outside of surgery, so I have a DNR.

> *I would like to die at home while relaxed, smiling, and holding hands.*

I expect the spinal lymphoma to spread to the rest of my body and my lung function to decline further.

My family, especially my wife, understands my thoughts, wants, and needs. I want to die with my dignity on my own terms. My spinal pain is getting worse, my lung function is getting worse. I have been receiving palliative care at my home in Nashua. Both of my doctors, an oncologist and a pulmonologist, say I could go the hospice route now. Having a severe, chronic terminal illness with a life expectancy of six months – this is where I am at April 13, 2024.

I would like to die at home while relaxed, smiling, and holding hands rather than tubes throughout my body and starving for oxygen. My family, siblings, friends, children, and spouse deserve to remember me as they knew me, not a gasping, pain-riddled body.

Medical aid in dying in New Hampshire might not happen in time for me but perhaps others will benefit from my support.

Tim Dolan lived in Nashua. He died in 2024 several months after sharing his story.

Help ensure every person's right...

www.nhendoflifeoptions.org/support

Please support every person's right to make their own end-of-life choices