Speaker 1 ([00:02](https://www.rev.com/transcript-editor/Edit?token=iPGpQt7ddJRU5pkH8BfgJrzHSBMLcWqW9e_lALr99FU_9TEhRagss21Q8Lm-CUqjGzpDe9Z-l6JUDlQQCFoyXwKxAj8&loadFrom=DocumentDeeplink&ts=2.27)):

Hi everyone, and welcome to this episode of ASCA de Doula. I am Susan O'Brien. Today, we have a very important podcast. It, I'm gonna get right into it. So I just want to introduce this is Phyllis Shacter and our story today, and what we're gonna share with you is something that can change live. So without further ado, Phyllis, thank you so much for being here.

Speaker 2 ([00:24](https://www.rev.com/transcript-editor/Edit?token=HLPeclY1gFAAI_u6KVTKI63PvAh6hkwJyXfrDdbdPW-PrRiNtnGL-c0ZCYyMpjik2scH-TNVay654UMjJQ-1rgXg2Go&loadFrom=DocumentDeeplink&ts=24.91)):

You're welcome. And thank you for inviting me. I'm always happy to share my story.

Speaker 1 ([00:28](https://www.rev.com/transcript-editor/Edit?token=Zi3TUabmudH8PFcl0ayMp48sIPNKeJb3Zk4HACXP6Rcch9m6NsYjp0vh9VruQTGMAlDRtUHIsCVjlubWDoDV-YVQ2dA&loadFrom=DocumentDeeplink&ts=28.71)):

Yeah. And you do have such a beautiful story. It just warms my heart every time I read more about it and just listen. And I wanna start out this podcast by asking you and just making a statement more or less about, there's a big uproar in the movement of medical aid and dying. And people are really, you know, kind of like pitchforks up and let's get going state by state. We have to legalize medical aid and dying. There has to be another option for people who are suffering because we know so many people are suffering from things like Alzheimer's dimension, even, you know, other diseases at the end of life. And I'm over here saying, wait a minute, there, there is another way. And this is really your, again, your story, your life's work. And it's called v said, voluntarily stop eating and drinking. You actually have the journey that you can share what that is like. And again, it's such a powerful story. So I wanna thank you for being here, but I also wanna get your opinion on what I just shared, this whole movement with medical aid and dying. What is your feeling on it and what do you want people to know? Again, just about this other option called V said that you and your family chose.

Speaker 2 ([01:41](https://www.rev.com/transcript-editor/Edit?token=NnkStB5Co62O5i8M8feRlyHRhjOuZW8NgKixSr9M-xHcWsBTiQ3zSfHfEZwklMF9hq8COr1Im_LfvvQLuxl0e1iRBwo&loadFrom=DocumentDeeplink&ts=101.81)):

Well, I'm grateful that we have choice.

Speaker 1 ([01:45](https://www.rev.com/transcript-editor/Edit?token=BqxrXQ8Erz6H5j60LqZGqEr8TcQ0zbS6jIKcsnEeDvxxIFADtHam1yrboccOYEvyQGKh3Antxkht5y4TEisjygjkCn8&loadFrom=DocumentDeeplink&ts=105.67)):

Mm-hmm. <affirmative>. Yes.

Speaker 2 ([01:47](https://www.rev.com/transcript-editor/Edit?token=AQn91Eub21eT5HnjugSXZCe81krm7rwyxUpLA5J2osT0HKe5CqyxEXt6-OAfSGIGFv2EpmTxOr_rqFfA1-AiU6XuvJ0&loadFrom=DocumentDeeplink&ts=107.32)):

And medical aid and dying isn't the only choice.

Speaker 1 ([01:50](https://www.rev.com/transcript-editor/Edit?token=OEFKbAMr8WFG8dPtkefid9kicmgZrm_oZtB_T0o_OiTWdXn_dUDp_XmYiaL8xnZidU2-I3WGTYPYpBZwAxf25i2BOnU&loadFrom=DocumentDeeplink&ts=110.41)):

Yeah.

Speaker 2 ([01:50](https://www.rev.com/transcript-editor/Edit?token=-3gjH6g5UjHIBsnRDzNAm3mKvtQx9g559p2ENwWzi85OhDmM81OAj1QrkNf9Bn1DITi7LDovX87eeDgsaOSZ_zInPhA&loadFrom=DocumentDeeplink&ts=110.9)):

Right. And it was a, a struggle to get medical aid and dying legal for people to participate in. Um, but medical aid and dying doesn't encompass all the neurological diseases. And so there has to be an out for the neurological diseases when they are some of the most devastating Yeah. Diseases that can go on and on and on and on for a long time. And so when my husband, I was happily married for 26 years. I had a beautiful marriage. I think I maybe had one argument with my husband in 26 years. And that's the truth.

Speaker 1 ([02:39](https://www.rev.com/transcript-editor/Edit?token=MvZTUDg1z7hlAhKcwA3nOuPC-bcHXOEL0owG9_BXCNEMMTl7MznAB6Tq66M8m0EsJdURDH_axWmFy0XMjaGv8wc4e8I&loadFrom=DocumentDeeplink&ts=159.26)):

I love it.

Speaker 2 ([02:40](https://www.rev.com/transcript-editor/Edit?token=LPFWtQzdnfDS6AvKu24D8OPyxXyrVGMolbKKGZh822Mdv8u6RgcYaEl7QF93Q9PpoDB7akUdAR9wQ55UItILYFZ4A2M&loadFrom=DocumentDeeplink&ts=160.21)):

And, uh, we were partners in every sense of the word, including working together at one point on our journey. Um, and there was a lot of neurological disease in his family, which I knew about when I met him. I was just 30, I was 39, and he was 49 when we were, we were met both close to our birthdays. And so it wasn't a first marriage. I knew about the neurological disease in his family. And I basically dismissed it and decided to just live my life. Of course. Yeah. And toward the end of 2012, actually, um, and it was, it was, it was a slow progression, but Alan started to get to be more forgetful and couldn't use the computer the way he did. Now, he was a computer genius. He took the first computer course ever given in the world at Harvard. Wow. Mm-hmm. <affirmative>.

([03:46](https://www.rev.com/transcript-editor/Edit?token=V-D-sldvMiu-mDYP2Jtzs4UwZaHzrRKvirnXuT8gDB4xHRtoi7lH3p7Pez20-z-c965nhgwrBUcyW-L1cZc_fuOJHKU&loadFrom=DocumentDeeplink&ts=226.4)):

And, and he stayed in the computer field for his, um, entire career. And he started getting kind of lost on the, on, on the computer. Mm. And, and, um, he could cover it up a lot because he was a very, very bright man. Mm-hmm. <affirmative>. But things began to progress and it became obvious, like even things like, you know, forgetting to turn the stove off Right. And things like that, you know? Right. And, um, things began to progress and we really needed to, uh, face up up to this. And so I made, I did some research mm-hmm. <affirmative>, this paper is probably still online. It's a long white paper by Thaddeus Pope. Mm-hmm. <affirmative>, P O P E, and Lindsey Graham. And, um, I, I read this and it had to do with choice and voluntary stopping eating and drinking a long white paper. I printed it out, read it, gave it to Alan mm-hmm. <affirmative>,

([04:47](https://www.rev.com/transcript-editor/Edit?token=D1cEYZNAoRF1Hy89tpgm8wxE4ooe24FU9uLdQWbXwOECwfYOAnC1SFNhmrWxMjIKSuLcf1_upY1VMqV8sxT4tfKCpcE&loadFrom=DocumentDeeplink&ts=287.53)):

And I was upstairs, I think when he was reading it. And when I saw him next, he said, I've read this paper and I've made it my mind. This is what I'm going to do. Wow. Mm-hmm. <affirmative>. And it was really, that was it. We never looked back. Mm-hmm. <affirmative>, we never looked back. And along that journey, we also explored the possibility of a dementia facility just to see what that might be like for him. Yeah. And I would say going to the dementia facility, and I mean, this sincerely was worse than the day he died in terms of what we witnessed. Yeah. When we walked around this facility, we both just held hands and cried Yeah. As we were being toured around this facility. Mm-hmm. And I can remember sitting with, uh, the person who toured us, we all sat down after she gave us the tour and sat down, and Allen and I were pretty shaky.

([05:49](https://www.rev.com/transcript-editor/Edit?token=LOCL9SsVANTGNd9pGfeYD1OBphwLXrN47tPM9k_DjXwDzkGzY4vj4yihxhH6wa3R10RyzkrQYMldZg0QSU0GLRGfbUk&loadFrom=DocumentDeeplink&ts=349.87)):

We were both had tears and we were pretty shaky. And I looked at her and I remember saying, how can this happen? How can families allow their people to come to a place like this at the end of their life? I literally said that. It was just so horrible. And when we left, as soon as Alan hit the parking lot, literally we got out the door and he looked at me and he just said, I will never live there. Mm-hmm. <affirmative> mm-hmm. <affirmative> at the same time. And I think this is in a really important piece because a lot of people as they go through their life, aren't thinking about end of life and building a relationship with their medical providers. Mm-hmm. <affirmative> and a relationship with our medical providers are really, I really important, even though they may change over the years. So I've always had, um, and Alan did two, when I say I, we, you know, always had a medical team, meaning we did complimentary medicine mm-hmm. <affirmative>

([06:52](https://www.rev.com/transcript-editor/Edit?token=9TEcPaMqZ-xg4NlhE4vzaeQ_uS5kivdHpOHswLBD3uSaW2W6C2QlseKcZC0OXjeGq4YuENWNMT8oMBIqPbxFiPKlXWM&loadFrom=DocumentDeeplink&ts=412.51)):

Like naturopathy, homeopathy, whatever. And we also always had a medical doctor mm-hmm. <affirmative>, we also had on our team an osteopath mm-hmm. <affirmative>. And I'm still in touch with her and I still actually see her for, for, for osteopathy. And, um, she looked at Alan one day and she just said to him, and she was very fond of him, and she said, Alan, I want you to know that I'm going to take care of you for the rest of your days. And she, she kept her word. Mm. This woman, um, and I mentioned this in my book, um, this woman, uh, was raised Catholic. Mm-hmm. <affirmative>, and the Catholics don't believe in voluntary for the most part. I mean, I'm generalizing care, but in choosing death mm-hmm. <affirmative> and in a voluntary kind of way mm-hmm. <affirmative>. And, um, she kept her word. And when I, we stayed in contact with her.

([07:54](https://www.rev.com/transcript-editor/Edit?token=hLHnsI2ZcRUzoUxyAJp_p6qL-eKKP8o5w6FdQDZT-eb7I4MMGL6If0p9XXvoeCDaRSqAoaHVDO5Xu1nc-rl75DMZXr4&loadFrom=DocumentDeeplink&ts=474.18)):

And, um, we also had contact with another counselor who we talked with who helped us through conversation to decide when to begin. Now, we were also having conversation with End of Life Washington, and they're one of their volunteer doctors on staff who also gave Alan guidance. Things like he said, five days before Alan starts, make sure he eats no more than 500 calories a day to begin to mm-hmm. <affirmative>, you know, his body would begin to get, you know, adjust. And so we, we had, we had guidance. We were also talking with, uh, chaplain, a very wise woman who has become a good friend of mine from compassion and choices at that time. And we were consulting with her and she actually came up to our house, drove a couple of hours to come up here to meet with Alan and me. And she helped him get the clarity as to when he really wanted to start and begin to kind of paint the picture and set the intention for how it would go.

([08:58](https://www.rev.com/transcript-editor/Edit?token=1TnoNGeQO0ufBMNhfVqZue514YNt9xcBNTMUoEIMiIMagJ1hxrt4sSNe-7nM58jYLEzg6VYi9769rvKWaVblcXxC1DU&loadFrom=DocumentDeeplink&ts=538.95)):

Mm-hmm. <affirmative> beautiful. So we did that. And, um, once he, then we talked to ano, a counselor, and, and, uh, in that last conversation with her, we began to actually talk about possible dates mm-hmm. <affirmative>. And he picked a date. He picked a date, and it was a week away. Wow. And it was a week away. And, um, Owen was a, he was a very spiritual man mm-hmm. <affirmative> in a non-religious sense. Mm-hmm. <affirmative>, he was all, he was a very well read, very well educated man. And he had a very strong spiritual bent to him. And I think not, I mean, on some level, he did not believe that this was the end for him. Mm-hmm. <affirmative> in terms of consciousness. Yeah. Okay. So on some level, he was actually curious, maybe even looking forward, given the circumstances as to what would come next. Yeah. And so I think this is a way that he was able to prepare himself, uh, for this.

([10:12](https://www.rev.com/transcript-editor/Edit?token=qy8A55zblDmVfzNtlz2TM17C8sbmWEIGd9nwLJXnmA_9r0HhkiDSm2MaC9-MT5mNa3R0eUiNP5f4ChSUPpuNKxKuaCw&loadFrom=DocumentDeeplink&ts=612.74)):

Sure. And, uh, once I was just, uh, a friend of mine was visiting, uh, just a few days ago. Um, he is actually writing a script, which he is hoping will turn into some kind of a film about our story. Others have tried, whether it will happen ever. I don't know. Hope it does. Well, I'm still here, <laugh> and <laugh>. And, um, and, uh, we were telling Larry, you know, about the story and now I lost my track about what I wanted to tell you. Um, a little bit about Larry being here. Lost my track. It'll come back. Yeah. It'll come back. Anyway. So, um, another important piece of this, which is quite dramatic, um, and extraordinary, and there's a chapter about this in my book. Um, Alan was diagnosed with, um, advanced Larygeal cancer. Mm. Uh, within weeks or month Mm. Of the Alzheimer diagnosis mm-hmm. <affirmative>. And he was told by our oncologist that he would die of painful death within six months. He was actually told that, and it is a horrible cancer to die from. It is, it's laryngeal cancer. Mm-hmm. <affirmative>, um, that started by him having an H P V viral wart on his right. Vocal court that became cancerous mm-hmm.

Speaker 1 ([11:53](https://www.rev.com/transcript-editor/Edit?token=77LKgaEkSYJRF0Sr7YtUTLsDcnP-rxr8q_vLG-aWj1uvtLZjDya5e9i-4rcP1tzVs-VyPf_xV35aOCRrJuUvbJ9OEp4&loadFrom=DocumentDeeplink&ts=713.32)):

<affirmative>.

Speaker 2 ([11:54](https://www.rev.com/transcript-editor/Edit?token=LBdLPE1U3BiOBFig3jM2Ov6Puc83zwsKCNRkGTZ2KD9ocSb4cHrYPl98BKIQqKaiGH-npbKOS9X7BYZC2bMsE6evKGA&loadFrom=DocumentDeeplink&ts=714.38)):

And, um, and, and, and so, you know, he, he knew this, he knew he had cancer, he knew he had Alzheimer's. And it, you know, he was grateful for the life he led and he had had a good life and he was looking to for, you know, to what was gonna come next. And so he did make, he made this choice. And, um, so we were in contact with the osteopath and we stayed in contact with her. And, uh, once he made the decision and picked the date to start mm-hmm. <affirmative>, um, she was in contact with us. She actually made three house calls Hmm. During the nine and a half days mm-hmm. <affirmative>, which was helpful. I don't know that many doctors will do that today.

Speaker 1 ([12:47](https://www.rev.com/transcript-editor/Edit?token=iP5FSQYwhnlzMEjNcEUgJI2nw8CdaVd5N_gulxyOxonLU1-4V5fr_PhGWjKf80Co3XXz-wqshaT8u0zLHGzscb7snbc&loadFrom=DocumentDeeplink&ts=767.42)):

Well, fascinating enough that some hospices now, not many, and I can't speak for all of them of course, but some hospices are participating in Vaid. Correct. Which, in my opinion, I need a doctor on call because I just feel better as a doula, as a doula giver, if there's a doctor that can be on call in case you need them, that will come to the house and also the medications in case you need them. Mm-hmm.

Speaker 2 ([13:13](https://www.rev.com/transcript-editor/Edit?token=olLKClkQVNQv-ozMm9dbmvUdubb2aZG4lt_SQY-0WVTHUV0EDMvVOWF1XyX06jtOVK_CVpklZ5ZP__cS9T86D8iy5ZU&loadFrom=DocumentDeeplink&ts=793.39)):

<affirmative>. Absolutely. I feel it's essential.

Speaker 1 ([13:16](https://www.rev.com/transcript-editor/Edit?token=TEnt5CDdeA8yOb30MictUHtR2Jt5pCShpi4ATdBWbf7E1cBz74Yh2YHWn0LvrCvg552hMn8_sIfCb1FEOvKHqEiV-CY&loadFrom=DocumentDeeplink&ts=796.26)):

I feel Yeah. Do too. Essential. And we're gonna talk about that in a minute, cuz I think that when people hear about this, so one of the things we wanna highlight right at this moment is that there are options and choices for people, and you don't need to wait till some law passes in some state to know that you have choices. That being said, this choice, you wanna know how to prepare for it in the best way, what you wanna look for, and also what cha not challenges, but Yeah. Maybe what what might come about. And of course what interventions you can use. And we're gonna talk about your story, then I really do wanna hear again how your journey actually went in that process, um, so that you can share with people because

Speaker 2 ([13:56](https://www.rev.com/transcript-editor/Edit?token=QPX460yKNqV54SK3apALjrkNAT6i9kObuNuAiHrIxcMYqbxg4z6Je3EOmJ3r36SnQY73co8Ht0pskbdXN5SYcS725Xs&loadFrom=DocumentDeeplink&ts=836.51)):

Right. As

Speaker 1 ([13:57](https://www.rev.com/transcript-editor/Edit?token=I7tavQDGE0J4mkbo-R6hOSE7-7LT7FzSHVG2dQgxpQH8BuaaCn1axbgCJY2dRqd3MW0YFSFN_aduEUw-0Rk9mULOtUQ&loadFrom=DocumentDeeplink&ts=837.43)):

A, as a hospice nurse, I want people to know that the, the visa option mirrors the natural way we have end of life where we stop eating and drinking. It's a very totally, it's the most natural, gentle process. Absolutely. And what people are doing with visa is if you have a terminal diagnosis or something that's of that nature, you can choose to just stop, to not have to suffer and just stop eating and drinking and kind of facilitate that to be a little bit sooner than that natural end of life. Which by the way, Alzheimer's, dementia, some of the cruelest periods of time that I've ever seen for patients and families, just, just awful,

Speaker 2 ([14:34](https://www.rev.com/transcript-editor/Edit?token=dNP5IV_lHf4To2laveoogiSUW_NFYBHhdAzoUqTs4RSbOOSzCMSts090_TEUQokjzIzRkMHAKxMFLPQWtt3FHpQMGiE&loadFrom=DocumentDeeplink&ts=874.66)):

Cruel is the right word. And so sad

Speaker 1 ([14:37](https://www.rev.com/transcript-editor/Edit?token=aVUw5Vzfhd3inJwEwNO_SFaVz783pTSboBJayDtCpSBOXH-VMlt-UPHkLu3sWJBjCX3U0D_T-t2dFY3hl28gOw3yPiI&loadFrom=DocumentDeeplink&ts=877.85)):

And can last for D and can last for years and years, and usually does.

Speaker 2 ([14:41](https://www.rev.com/transcript-editor/Edit?token=cnywmZGLsw6y3vsDzd4msbJTeHR8QCeVdpAUxovatjSQqkoxqUiVOfwH867ZuoevFJFtilnUz5ewsWKWK9_dJOHcxHY&loadFrom=DocumentDeeplink&ts=881.83)):

There was dementia, um, in our family and Alan's family, my father had Alzheimer's and his mother had Alzheimer's mm-hmm. <affirmative>. So we knew what we were heading toward.

Speaker 1 ([14:51](https://www.rev.com/transcript-editor/Edit?token=OTRCpwIJXzsXwWiJzD0rLgxYc3KzsGOAzH3pc0LrXgH4EtMpxlf-glaw_icylj54BZ3CUD5HpBrX8jY7UtrLhXNc6zk&loadFrom=DocumentDeeplink&ts=891.91)):

Yeah. And it's, it's for everyone, you know. And, and that's where I say to people, your advanced directive is so very important to let your family know what you would want or not want. Because I don't honestly know anyone that would opt to be in that position where they's just not able to do anything for themselves and, and just many other things. So with that being said, knowing that Vaid is a natural part, it mirrors the natural way that it does not depend on a law to be passed. It's legal everywhere. Let's talk about he picked the date. What did you put into place? What was, what is Nita, what would you recommend to people who are good of this option?

Speaker 2 ([15:30](https://www.rev.com/transcript-editor/Edit?token=_fTwb4aWzLlEvnH2Pd5hSagyagVfzUX7EGW6a1mweqY5Ttb4UfR-plbD9knQorCt5QALikj8IKXj8OKG6Bq1TUF7ne8&loadFrom=DocumentDeeplink&ts=930.56)):

Absolutely. So they're, uh, key things. We had, so five months before this occurred, I had already hired some caregiving help for me

Speaker 1 ([15:42](https://www.rev.com/transcript-editor/Edit?token=EzFZ1LmBpeq1vN6Lqnjb2B1X-VScvpSE9U8zrTMb82Ls03UCBgfVpUl1FofU48WXR7omDIb2Cr0nlWPmLaBit5-qTQQ&loadFrom=DocumentDeeplink&ts=942.11)):

Mm-hmm. <affirmative> Yes. To

Speaker 2 ([15:43](https://www.rev.com/transcript-editor/Edit?token=Fr9Tafma2BQBvqJdjj0wd_CzVqU3KdO3zptBzsaGNND1MDRFCYL86f3mDnP5zMUdpmCam-Z5XutWkEk-YTypja_zl0Q&loadFrom=DocumentDeeplink&ts=943.16)):

Help me, I needed it. Mm-hmm. <affirmative>. And so I had already had caregivers, so I knew I needed to have caregivers and I wanted round the clock caregivers. And I ended up with two doulas, essentially, you know, uh, 12 hour shifts mm-hmm. <affirmative>. Um, I also, um, had the doctor who said she would be on call mm-hmm. <affirmative> and medication is going to be necessary. And that's why we needed to have her on call.

Speaker 1 ([16:15](https://www.rev.com/transcript-editor/Edit?token=m8xyVHV3DcDMOQ58V8XawGjhQdrScFyzyH-7THSexfDjvdLoh-6EBVy-0jav8LgwX8U6IfvttscQGaoFPMtX3iAsPIs&loadFrom=DocumentDeeplink&ts=975.17)):

Yeah. And could you share what kind of medication,

Speaker 2 ([16:17](https://www.rev.com/transcript-editor/Edit?token=ysOYnl7HFmlpp3JRRSju7lSZrAOC1gBtEwj2GBFRmjRWOaCKB6CTG9QJ6dBbja2ifoYz75oj-Z9p0-3_xKBuGtSWalE&loadFrom=DocumentDeeplink&ts=977.46)):

Please? Yes, I will. So he took morphine and on the, and, um, starting with a very low dose, and I think on the fourth day he got a fentanyl patch. Mm-hmm. <affirmative>. Now, one of the reasons why he needed to get the morphine from the very beginning on a low, very low dose mm-hmm. <affirmative> was because, this is kind of crazy, but believe it or not, Alan had had nine root canal teeth pulled within a few months prior to all this because we had educated ourselves and had gone to a biological dentist and learned that there is a correlation between root canals and cancer. Wow. And so, so as crazy as it is, we spent a lot of money getting rid of the root canal teeth and having them pulled because who knew maybe there was some other miracle that would happen. And he would, and he would survive. And while he was still, I believe I might have done this while he was still alive, I had two root canal teeth, and I just said, I'm getting them out. Yep. And I, and I went and I had 'em pulled.

Speaker 1 ([17:31](https://www.rev.com/transcript-editor/Edit?token=dtziCkoHYXRau3KtStAMlPcmPaQ3cmubwavv5gUyKNWxgdkQEb0CqnZyQ0x0pqC_JSsP-hb2OQJT8MkB9SVu4M661v0&loadFrom=DocumentDeeplink&ts=1051.2)):

Wow.

Speaker 2 ([17:32](https://www.rev.com/transcript-editor/Edit?token=4TAw4UY4TujAlHjZMMlUl01KGtxGF7-bNBI18IWg7jH_ic0mDeNXfmLJEuDxaqrGE4D_2MjMi3fTk8IJ8_lieyQICSE&loadFrom=DocumentDeeplink&ts=1052.91)):

So, um, and then the, the, so the reason I'm mentioning that is he had had a fair amount of soreness also in his jaw from all of that. And so he started out on a very low dose of morphine pretty much right from the beginning. Part of it was the jaw pain. Yeah. So I don't think he would've had to, you know. Yeah. I mean, it was, it was very, very small dose. Um, and then we stayed in contact with the doctor. She did make the house calls. Um, again, I don't think, I don't know, I just don't think there are many doctors today that will do that if you're in just regular conventional medicine. Mm-hmm. <affirmative>. Um, but he needed, and, and she came and she diagnosed him, and I mean, she was there and to see his progression, and I do remember it might have been on her third visit where I remember her examining him and looking up at me and just saying, he's brain dead.

Speaker 1 ([18:33](https://www.rev.com/transcript-editor/Edit?token=N5yWGm3ZPX-yRbgYF0Mo6paX8B2J_7oz6OVy6zgkB22Pa2SMD1oF3iNk0qRsrm3aXJHZrEAvC3C8PYN3R0MZOgOZZGs&loadFrom=DocumentDeeplink&ts=1113.51)):

Mm. Mm-hmm.

Speaker 2 ([18:34](https://www.rev.com/transcript-editor/Edit?token=-IBiyEeCEnf6SdbI8V8Qi0H5ZodWESqwHtJDviUhnnG0oD84GcPIP4oLhRUFXqUjq4cq-8e5FSZj1JVLAjyoYV4JMdU&loadFrom=DocumentDeeplink&ts=1114.78)):

<affirmative> at that point, and he was still breathing. Mm-hmm. <affirmative>. So the brainstem there is still, I think mm-hmm. <affirmative> connect working and, but, but he was basically brain dead. He was ba basically gone. Yeah. So, another thing that happened on her last visit after she examined them and he left, um, was I had a very intuitive sense that he was, you know, really ready to go. We had made all these preparations. We had a hospital bed, by the way. Okay. If I lose my train of thought, make sure I come back to when he actually left his body. Okay. All right. So, um, but, uh, we had made all these preparations. Mm-hmm. <affirmative>, he had a, a bed, this was surreal. He had a bed, a queen bed or something that had drawers in the bottom of it. We each at this point, had our own bedrooms. I came downstairs the night before he was going to start, I sat up on the bed with him, emptying his clothes out, knowing that, I think it was the, the day before or within a few days, knowing that somebody was coming to that I was gonna give his bed away and a hospital bed was being brought in.

([19:48](https://www.rev.com/transcript-editor/Edit?token=VEJyIWR_7TxC1zBb3QfTzXsThCsDIV3P4VP_qp3i7I7jz5CbSQ7_pSqBx-_m4D0g0pZLG6YbL0S3ichcs841zpVOznE&loadFrom=DocumentDeeplink&ts=1188.96)):

We needed to have a, a small hospital bed, a standard hospital bed in the room mm-hmm. <affirmative>, which we did have for his comfort. So w and we laughed. We, uh, laughter was the best part of my relationship with Alan. Alan and I, you know, just laughed at everything in our lives. We just, that was just extraordinary quality of our relationship. And we laughed at the kind of absurdity and insanity really, of what we were experiencing in the moment. It was our last laugh. And, uh, the next morning, the bed, you know, got put in and then, you know, and then he began to start. So, okay. What did I tell you to remind me of? Well,

Speaker 1 ([20:35](https://www.rev.com/transcript-editor/Edit?token=v62COV2gcds1583gOYk_IJoC3OZnAhY3M8ErzgOMbkHgXmPqgEweC0XgHjEhBHUDnvw50rDgbtLhvxwwqycNLgxZS5E&loadFrom=DocumentDeeplink&ts=1235.23)):

When he ask a question left his body, but I wanna wait on that. Yeah. Cause I, I have a couple more questions. Yeah. How long did the process take and how long does it normally take people to

Speaker 2 ([20:44](https://www.rev.com/transcript-editor/Edit?token=pKb4Dgghy8dVxn5bPXeqYN2mMwKnmwPD58ToK9I-BhqQx5ir9_Q2SOcMvNO5CCKnrP9-ZQfy1gury7w42Cu7hmpvWRQ&loadFrom=DocumentDeeplink&ts=1244.77)):

Be said it? Um, I would say it normally takes anywhere from about a week to about 11 days.

Speaker 1 ([20:54](https://www.rev.com/transcript-editor/Edit?token=Vmp_P3pnO-OH5aWGPPfDjCv5zWSDhjAbm991P8mcx5Gw8jgcKv7_ULRYWoU0MAxCGik3ThnTcWPx19AK-mgyk51CdWo&loadFrom=DocumentDeeplink&ts=1254.67)):

Okay.

Speaker 2 ([20:55](https://www.rev.com/transcript-editor/Edit?token=2GpfwjcVtqUJ9xr-eZ10hPJ9KO4LbnCDm_0_mEbrTsABn4HCF0KxIZHpJ7cIV-09QE7lbgNB8RwwHV5prC3GX8kU1Ec&loadFrom=DocumentDeeplink&ts=1255.39)):

Okay.

Speaker 1 ([20:55](https://www.rev.com/transcript-editor/Edit?token=V_Wux3UoGwJx-ond7TRuVrFmlH3C9DZfS8FQvVk_v_Dncp_VhL2opxhXhh5JHMSVF1dXF7oAF0EFyGh0nBKL1G_ocB0&loadFrom=DocumentDeeplink&ts=1255.88)):

And is, is there a point in that journey that is like the threshold where it might be a little challenging and then you get to the next phase? Or, or no? Yes.

Speaker 2 ([21:05](https://www.rev.com/transcript-editor/Edit?token=RTI81NYXEFQ6DGqa-jZTZ6M5aUPj916PB-mF-sXyGbIMPgPwr02zb73JagzcMe3oT5wEFfUD6id4HJU4CJsIRb1jVXY&loadFrom=DocumentDeeplink&ts=1265.8)):

It

Speaker 1 ([21:06](https://www.rev.com/transcript-editor/Edit?token=Zw6w978DAzKH80NJn8Pijv0xORuEY-tzCl7NGqZVhu1zv0S4oIPnHjAfXBz4wQcddaL8ThP0Yazm7edm3GIwZzwee5o&loadFrom=DocumentDeeplink&ts=1266.08)):

Wasn't

Speaker 2 ([21:06](https://www.rev.com/transcript-editor/Edit?token=TRjKxebH1TDXQa5iy04O2dAcGGKIA89PUBGPEe40y0r87I0nCM7nmNSmVsvzZ7AFhjeEWGbqpeo6xCxffyYBCGwtBcg&loadFrom=DocumentDeeplink&ts=1266.32)):

All Okay. Yeah. Um, so his body, his physical being began to weaken to the point where he was getting wobbly. Yeah.

Speaker 1 ([21:18](https://www.rev.com/transcript-editor/Edit?token=r5_CYlhRSh4RvLhgKF3SMFUN6PGIUgxfydUv-Sjv5CYRvPYOcquD75hX9-ErFJS2yTQUUwxOZiJBJFzZSFGfP53yx38&loadFrom=DocumentDeeplink&ts=1278.06)):

He couldn't

Speaker 2 ([21:18](https://www.rev.com/transcript-editor/Edit?token=PaW42UbhghUW7ssdWiSDvilEayeN-dCG2vbTF-uk-SFrdnlwDfqBpDb0Y4fs2anl4MfToe23bypbT65E3bhBw7WQ8xQ&loadFrom=DocumentDeeplink&ts=1278.54)):

Sure at this by this point, you know, um, uh, he was still getting out of bed, I think, to urinate. And then at some point we had a, a doula sit right outside his room 24 7, watching him at one point, he did get out of bed before we started that process. It was very wobbly mm-hmm. <affirmative>. And, um, I just had, I was so scared that he would fall if he had fallen Yeah. That the process was over.

Speaker 1 ([21:52](https://www.rev.com/transcript-editor/Edit?token=7Z0ZofEvFqOfhC7MKVW8sFSdgzSvGOluGUSJHIZCBao3LbBuD0f0nfM6Lu_9sUh1kyqPoD3b0YOM9zRdbGxpmOES1sk&loadFrom=DocumentDeeplink&ts=1312.42)):

Right. And dehydration is gonna do that. So there's going to be that space where you have to be really, really diligent about safety and all that. So

Speaker 2 ([22:02](https://www.rev.com/transcript-editor/Edit?token=YxVdwy64VGAcnLq6QUakjQoWbIItr7RqaTIBsipNWrXmOpmlzdKAvwar687e1OkM2eCHOvzR1y4DFbJHOidyLBg8kUY&loadFrom=DocumentDeeplink&ts=1322.1)):

Continue. Yeah. And, and we were, yeah. And so, um, it wasn't in, I was communicating with him really all along. It wasn't until on the eighth day he could no longer open his eyes. Okay. And I got close to him, and I remember getting very close to his face and saying, Alan, I am here with you. If you can hear me, blink your eyes. And with his eyes closed, he moved them. And I knew we were still communicating.

Speaker 1 ([22:33](https://www.rev.com/transcript-editor/Edit?token=I9dB1TziCUy6ArEE2DlVOuZe_Gr1GPhNFpBkByrLFN-47CN01IMTtjfor1kFERuGStXye1wqs1y1yOge-9mRhqr0-aY&loadFrom=DocumentDeeplink&ts=1353.41)):

Yeah. Beautiful.

Speaker 2 ([22:35](https://www.rev.com/transcript-editor/Edit?token=vn11lJzyT3vbdXsoUvX6AtiBjgge4_0hQppvz_zn96IiNFr5ohZFz-dKaWw2TBOb0stSShEvT2krJeyh037nlPpH0T8&loadFrom=DocumentDeeplink&ts=1355.2)):

And, um, and then, uh, because of both the jaw pain and also as his body was beginning to break down, it be you, it causes pain.

Speaker 1 ([22:47](https://www.rev.com/transcript-editor/Edit?token=7an10mw_Lri5hZ5poP_P496pJmR4BweSyJ6Km7kabM2h2DYRjfhztTHsnLLHPdJLYRBJ4mbPQocDSYYkxExWyTIcRFA&loadFrom=DocumentDeeplink&ts=1367.04)):

Sure.

Speaker 2 ([22:48](https://www.rev.com/transcript-editor/Edit?token=NU2V2_c4zd9sIEjRfhcaIbyEXQEq0TbGKjiyHfUosZcWvLm1f_Lbt-l44mEghYo2xN0z-6i5SgrInRLIbieJdd9Ipao&loadFrom=DocumentDeeplink&ts=1368.31)):

So, so she was, uh, ooze, she gradually kind of increased the morphine and, and also we had to be careful. Another reason for the need of the fentanyl patch was we couldn't put too much liquid in his mouth. Mm-hmm. <affirmative>, he couldn't, um, not only because it was liquid, but just in terms of choking and getting it down mm-hmm. <affirmative>. Mm-hmm. <affirmative>. Mm-hmm. <affirmative>, you know, so, so, uh, the fentanyl patch made it, it was a big help.

Speaker 1 ([23:14](https://www.rev.com/transcript-editor/Edit?token=KCbKHgxYoDxr_SOZfLecX6o0yYh25gK9Njpqd8m8WlO__vdRoWzP8i5jbPYMBgAg5Mj66KuO8hiKX_028sy3ebpaXzw&loadFrom=DocumentDeeplink&ts=1394.97)):

Beautiful. So I agree. I think all those things are completely needed, uh, to prepare for this. Now, some insights as he was journeying, what was that like for him? Did he share with you what he was experiencing? Um, was there anything notable that you wanna share with people?

Speaker 2 ([23:36](https://www.rev.com/transcript-editor/Edit?token=HJmYRcZtI9wkGCe5aduoCizTjJmbNPZ67Wus5z1QsoZWwFTyHOI88h2EEcRnsBoUJG9dfECCSgB_hE7YupFJ15ddMrg&loadFrom=DocumentDeeplink&ts=1416.86)):

Deep peace.

Speaker 1 ([23:38](https://www.rev.com/transcript-editor/Edit?token=34QG5qW80oDqyG3wk6LM48YjSJKvhJgRQbgV2bfijNWB1NbGzhEpkFnIWVMCT8L50jc0orPeMYjtRZvdC0lb9o-Bim4&loadFrom=DocumentDeeplink&ts=1418.56)):

Mm. Beautiful.

Speaker 2 ([23:40](https://www.rev.com/transcript-editor/Edit?token=pie1qYgHzNqZ60vvbtfzr6-VpxocSDkdlooodHCwfpgVNixRLPy_cI9Z2DYn59fw7olxrwkEz_sKW-enM4x_h4P-VFw&loadFrom=DocumentDeeplink&ts=1420.94)):

Deep peace, never anxiety, never questioning in a state of gratitude. When he started from a life well lived gratitude for our life together. We were together 26 years. Um, and Alan was also a neurolinguistic programming practitioner, N l p. And this is, was was a a I'm gonna read this, I'm looking at it right above my own altar. This was by his desk. Okay. And then I moved it to my altar after he died. A belief is just a story that you tell yourself about what is a belief is just a feeling of certainty about what is a belief is not the truth.

Speaker 1 ([24:43](https://www.rev.com/transcript-editor/Edit?token=RoE3ijVNOo17SVUyEp2kNkqR1mSwDmojsC6lJY9WcvsmDQYlgfx4sIR-SXmw5D1606sg2IdfVs4A_raUTxZ6pZ7EyZE&loadFrom=DocumentDeeplink&ts=1483.51)):

Love that.

Speaker 2 ([24:44](https://www.rev.com/transcript-editor/Edit?token=m3c3aKuhyMzJHI0ntMjZCe2BlmSrTiRNSlknz6wevu5sR9hTAxZArMmCniUG0dgLT_iRZzveLgICx3QYoJzP_pe2Jmw&loadFrom=DocumentDeeplink&ts=1484.98)):

And so he had embraced what he believed to be true for himself and what he was going toward. I think he felt he was going towards something rather than away from something. Yeah. And he was in, in, in deep peace. Now, I did not let, I think this part is very important and, um, I've seen this issue come up over the years as I've consulted with people. I didn't let anybody who was negative mm-hmm. <affirmative> or disagreeing to be involved at all.

Speaker 1 ([25:15](https://www.rev.com/transcript-editor/Edit?token=aqOqycL3xNq-oTmVlWsGHe9ithJmB9pu2UzAWAqN3gNcS0H71dFokrI_SyomA2v0hzVhcU6N7ENlYkoTE2KQB0oXRS8&loadFrom=DocumentDeeplink&ts=1515.3)):

Yeah.

Speaker 2 ([25:16](https://www.rev.com/transcript-editor/Edit?token=2CoGNzfH247iyYM_j8ku8wAPFCR8FrifHhw5Vlw2ybSqhhUHPMsdAR9LoMYou0JPTE019w4GMJOcOgZ4FCMPh0--KFg&loadFrom=DocumentDeeplink&ts=1516.5)):

Yeah. Or into the house. Yeah. You know? Yeah. Someone did report us. That's in our book, mine's in my book. Um, it is our book, uh, <laugh>. And, um, someone from Adult Protective Services did come because she got the call that there was adult abuse. So by law she had to come and investigate mm-hmm. <affirmative>. And, um, let me see if I can find this quote in my book. She actually said it was, um, um, you know, of course she saw that there was, there was nothing wrong that we were doing, but I don't know exactly where it, oh, here it is. Um, a week after she visited, her report came out. I learned that the social worker wrote a positive report. The case was closed and could not be reopened later. It still gives me goosebumps. I received a letter from her and she wrote, quote, I'm glad to have met you, and I truly appreciate all I learned from you, your courage, strength, and love. Were and are unique to behold. That's just coming right out of my book. You know, love,

Speaker 1 ([26:39](https://www.rev.com/transcript-editor/Edit?token=KBc2ix-MqDAbyiOHLP6TbzSYFZqYPD4kDIJSDysv-VfP6XAhj2XXzBAYJiROHtG0zFp4d0WnVxIijTC6TOYXON4YfCU&loadFrom=DocumentDeeplink&ts=1599.28)):

Love, love this. So very much. Let's expand on the legal preparations if we can for a minute.

Speaker 2 ([26:47](https://www.rev.com/transcript-editor/Edit?token=qK0ViFkSVVVEsnfM9DOk2KL6rgU95iygjIm9rlf6-yFURonGe8qctHVBRG5TIALPkmxtokCHst9InI3-Fga5OeHkylE&loadFrom=DocumentDeeplink&ts=1607.13)):

So important.

Speaker 1 ([26:48](https://www.rev.com/transcript-editor/Edit?token=QBfQy4VGCWh_gwj2bTDCKq9CGSTYzvAmvAIsbr9TJ57PAU42UAxusdIUpFp8yKb7soOc4Y_L1N2Eo7R4PilnraAVcoI&loadFrom=DocumentDeeplink&ts=1608.13)):

So, right. So if I am of sound mind and I can choose, I can have this choice, especially again, w you know, an advanced disease process and all of that. But we do wanna button up everything that we can. So can you share with us legal preparations that you would recommend or that are needed in this?

Speaker 2 ([27:05](https://www.rev.com/transcript-editor/Edit?token=sGpj7lp7Ajpb_b4TwWWL5HjYxPnq9SBUyqX_8Hg0l1jO9jKVOIL9zbDL9qZFWsOr5jz1XrD4XRxMMpOzliqpEdAFOO4&loadFrom=DocumentDeeplink&ts=1625.85)):

Uh, yeah. We went to an elder care attorney. Yeah. Uh, I, we had been contact with her actually for a while, but, um, within a couple of months prior to, I mean, papers began to get drawn up, the main papers that were drawn up and notarized mm-hmm. <affirmative>, um, were saying, uh, Alan took full responsibility mm-hmm. <affirmative> for what his choice was. Mm-hmm. <affirmative>, I said the same thing. I took full responsibility for my participation. And I mean, that was the essence of it. So that nobody else was involved in that, in that decision making or participation. Um, and we also were protecting that way. We were also protecting the doulas mm-hmm. <affirmative> mm-hmm. <affirmative>. And, and they were just doing their job essentially. Yeah. He was at the end of his life, and they were taking care of

Speaker 1 ([27:59](https://www.rev.com/transcript-editor/Edit?token=plM2alukZZ9VXUkrakJkUsrz7GmbeFc9QeO1OfbUwKs2l-ReMpuzzRxjpU2-R-avR5h2RkDOvTc8zp96SpTU5OP6lXQ&loadFrom=DocumentDeeplink&ts=1679.76)):

Him of course, and beautifully. So I think we were so caught up with so much nonsense. That doesn't even make any sense right now when we're caring for people. Like the common sense sometimes goes out the window. That being said, we do have to do everything we can to make sure that, you know, it's the healthiest dynamic. One of the things in my opinion that I always try and do is get the whole entire family on board with this, because there are people that's their own relationship with death. Their own fear is gonna be projected and, and anger, and it can get misdirected. And so if somebody is suffering from a disease process and said, this is how in my heart, what is right for me, you know, that discussion and that kind of conversation to again, have everyone on the same page, even if it's maybe not what you would want, to me is a really key part. It might not be possible, you know, you might not get everyone on board, but to have a medical doctor on call, to have the medications, to have support like you did, to have it legal, and then if you can, of course, to have everyone in that same space, um, is really helpful in

Speaker 2 ([29:01](https://www.rev.com/transcript-editor/Edit?token=EeB8Crd1RNd6DtjxlgUTgybZZaD8DyrqKEZNAD5To1AgXdECOBYk28L9XyGRvVESZRarOkOLXv7Nt4PngxswptsemiE&loadFrom=DocumentDeeplink&ts=1741.92)):

This choice. I, I agree with you. I think would be, in an ideal world, all of the key people in your family Yeah. Your nuclear family would be on board, but often that will not happen. Yeah. Often there will be somebody, and that was the case in our situation. Yeah. Yeah. Actually, yeah. There will be somebody. And, and so, um, I advise people n not to have those people around and not to focus on, on them at all. That this is the choice of your loved one, and they have nothing to do with it, really.

Speaker 1 ([29:33](https://www.rev.com/transcript-editor/Edit?token=Sglk5fpqrU6_UXEflJbX_RhAR6iMEeKdugFFQ8FUcWXcR1LWiqvW8JtaIRGCzh8j-NzDwKCoyjJ4trCHC8OHLgGe5MY&loadFrom=DocumentDeeplink&ts=1773.89)):

And I think that's actually a really good, uh, statement for like your life in general. You know, if there's a lot of negativity and toxicity. I mean, you can love people from afar and you can have really healthy boundaries. Right. Um, so I love that you said to bring back to the time when, hi, he left his body that you wanted to share about that.

Speaker 2 ([29:53](https://www.rev.com/transcript-editor/Edit?token=Ohfa4YaEr6U0czK9hptv47IFCJ2QINxFkKUJUmMXgT33GSuJbUSqZ9p5DfXjyuya-UJTDhbmzvYeaI_qPP26cQpwMYo&loadFrom=DocumentDeeplink&ts=1793.41)):

So he was in a coma at this point in a, in a light coma. He had, he was breathing heavily. Mm-hmm. <affirmative> like the, that kind of breathing, the doctor had just left. She had just consulted with another hospice doctor mm-hmm. <affirmative>. And they thought that he might live another two to three days based upon her exam, her her physical exam. And I thought, that's nuts. You know, I mean, he doesn't have to suffer. He doesn't have to go through this for another few days. Yes. Um, she left and I went and I stood by his bed silently for a while and just stood there, and he is breathing heavily and his eyes are closed. And then I just began to talk to him, and I just told him, uh, how much I loved him. I expressed our gratitude for the beautiful life that we had had, and that now he was doing something else, and that he was off onto another journey, and that he didn't have to worry.

([30:58](https://www.rev.com/transcript-editor/Edit?token=9rGMFfo3764QUaFv9qYphTj6GJEBw4yMruZhrVFQBOcAJdFU_-XrAhfjrRKKZnejZkndUWJ_ZbfU_VB_kra3eLCujnE&loadFrom=DocumentDeeplink&ts=1858.62)):

And an important thing that I said was, I assured him that I was going to be all right. And I think that was a really key part of that last interaction. And then I said to him, you, I said, you can leave now. You don't, you? And, and I didn't believe that he was gonna have to live another two or three days in that state. Mm-hmm. <affirmative> and <laugh>. I mean, this is almost a miracle. I mean, I, you know, there, there's no explanation for this. While I'm talking to him in probably that 15 minutes of time while I'm talking to him, expressing my love and gratitude and saying, you can leave now. It's okay. I'm going to be all right. He laid there and he just went, I took his last breath and left. That was it.

Speaker 1 ([31:56](https://www.rev.com/transcript-editor/Edit?token=WqU621iSTON6ZEiwwSsZ6914HXKCTwTo3d2k2HsqEmeEOrtcf4F5obAyX4nmVcmGF5NWCXEXRUOBwI9P4EZfjPrkbK0&loadFrom=DocumentDeeplink&ts=1916.34)):

I know this is gonna be shocking for a lot of people hearing this, because I have worked with so many people the end of life. I have seen things that you described giving permission for loved ones to go. There's almost a certain point where they're ready, but they're worried about you. So they stay. And, and this is really important for us to know because we need to, first of all, for me, it tells me that there's so much more going on, but it also that we do have to have these conversations. We do have to say it's okay, reassure them or whatever it may be. So that's beautiful. I love the, the big yawn at the end and the big breath. Um, just gorgeous. What I'm really moved about as far as many things, but reflections from Alan. I love that piece on your website. I love Alan. I love your husband. I love his heart. I love this journey. And I love the fact that you both put this platform together to educate us to just share. So would you like to share some beautiful reflections from your amazing husband for all of us that we can learn from?

([33:02](https://www.rev.com/transcript-editor/Edit?token=LqxsTFqDY_djp1TnoM_OE2HvnE8P_aUKLf5hrHdX4feOsqSIqPOqLFnZlmppkaRsNbMoT_-vdpd_6DmEV6oi--ijluc&loadFrom=DocumentDeeplink&ts=1982.45)):

He just said so many wonderful things. Hmm.

Speaker 2 ([33:10](https://www.rev.com/transcript-editor/Edit?token=tgO5zO0Nc_RzlsK0m3F5Shc6QVGT4fjDpJb2o39aGU4w0lLCCP3XL0PjVO1vE88tOhS77f8DcP4XHRV9Iz3ctDKSeOA&loadFrom=DocumentDeeplink&ts=1990.27)):

Um, I'm trying to remember if there were, um, I don't, you know, one of the quotes, well, I, what I do, what about a week before he died? Mm-hmm. <affirmative>, he, um, when we were sitting at the table, uh, he was sitting at the breakfast table and I was nearby, and he was crying. And I said, what are you feeling? What are you experiencing now? And he looked at me and he said, I'm not afraid of dying. Mm-hmm. <affirmative>, I've lived a good life, but I want everyone to know about V S E D and truly spontaneously, I don't know where it came from. I looked at him and I just said, you'll just have to trust that I'll be your vehicle. Which is not the way I talk. I don't even know where that language came from. Yeah. And, um, and then we never said anything more, um, really about it. One thing I I, I don't, um, let's see. I don't what one of the, some of the quotes I'd actually like to read from are some of the quotes that, um, people said who were, uh, who knew the story. We only surrounded ourself at this point toward the end with positive people. Mm-hmm. Uh, and, um, and so who were in agreement with what he was doing, um, here are a few quotes. I feel hopeful mm-hmm. <affirmative>, that we all might maintain our integrity and power to the very end, as Alan did.

Speaker 1 ([34:39](https://www.rev.com/transcript-editor/Edit?token=otLijBfMQ9AlE515UQJka9eaxOmrFzXGZrvB1NbTUoe7ZdqccuxYKI521P2qjgoYvQJcWn-YxHkDqi3WH0Z3WrtfmvM&loadFrom=DocumentDeeplink&ts=2079.08)):

Mm.

Speaker 2 ([34:40](https://www.rev.com/transcript-editor/Edit?token=ZsEqlYUU089402pMbL77VJ4LK7-DIhLH-Kf7-iQ8zR0qhHyKRkTcp5x0LiKuuLLd2SoB66rsxv3pF1kbrk2VoB662Ig&loadFrom=DocumentDeeplink&ts=2080.72)):

It was one of the most loving, beautiful, and a heroic deaths I have ever witnessed. Mm. There were a few people who were around him, and we were keeping vigil. So he would, we had somebody with him 24 7, and that included, uh, uh, uh, one or two very close friends who came and did like four hour shifts or mm-hmm. And would just sit there. I feel happy for Alan that he avoided the dread of descending into Alzheimer's. I'm grateful for his public courageous demonstration of his civil rights at the end of his life. He and every human being deserve to choose their passing. You gave him an enormous gift to help him pass with compassions. His final days will always be an inspiration to me. Those are some of them. There are more of them in, in quotes in, in my book mm-hmm. <affirmative>. Um, but we did all the, you know, all the necessary preparations so that everything went smoothly.

Speaker 1 ([35:44](https://www.rev.com/transcript-editor/Edit?token=_-jXBdzSLJwTMO8Yzb8YjygB4vC59JTBd2vOXczlcl2RfJSinMjYJJpLzvfTiqDZTDJsnPx2Zx40Bs5Efd4VJhqpHw0&loadFrom=DocumentDeeplink&ts=2144.03)):

Yeah.

Speaker 2 ([35:45](https://www.rev.com/transcript-editor/Edit?token=ga2SoRwYKCzu3BRp5b5f5eeeAjEd2toJuK_7yQYFxWq2xF8HSp0newgRVgD6z6xxwXn9d-XharTlUR_FmRVr2d2xfLE&loadFrom=DocumentDeeplink&ts=2145.57)):

As,

Speaker 1 ([35:45](https://www.rev.com/transcript-editor/Edit?token=0MnkpK9qG6mGLV-sZAc5K5XeXMUS1SpIqaKMHSwX8Vcx32V5Qm4xautaDGxzJanvMPw3oiiFIHYShA-qNIQp0_UNIsQ&loadFrom=DocumentDeeplink&ts=2145.95)):

I mean, it's absolutely beautiful. It's absolutely beautiful. It is. It's, it is. And I love, I keep hearing deep peace, deep peace, um, and wouldn't everyone want that? So, you know, for me, it's almost like you're moving closer to the true soul that you are. As you get closer to the end of this physical, leaving this physical body, you're closer to that pure, true person who you are. And with that being said, one of his reflections that I loved is that, you know, he said that he was always like the brain person. Right. He was always an intellect, and he was known for that and all that. And then when he had Alzheimer's and he was losing that part of him, he actually found his true self. He said, oh, I'm not a brain. I am this consciousness. You know, or this being part, um, there's so much here, not just for end of life awareness, but for life awareness. So I wanna, I wanna thank you and I wanna thank Alan for sharing your story. And could you tell our listeners how they can learn more about you?

Speaker 2 ([36:48](https://www.rev.com/transcript-editor/Edit?token=X74dhmDtfLFtk2Op7FXuJjCt8rQHnHriT6vwhqTbCkloLu5j4Vl_8weRE20VkLBJ7QkSKoohbWBVN4-n_tj552-EPAo&loadFrom=DocumentDeeplink&ts=2208.62)):

Yes. Um, my book continues. I think as people are getting more comfortable with choice at the end of life, my book becomes increasingly more important. It's called Choosing to Die. Beautiful. And, um, there is a really nice forward in the book by a medical doctor. Um, and so my book is there. I do have a website, which is a very abbreviated but mm-hmm. <affirmative>, uh, part of, but does go into our story@phyllisshater.com. Um, and I think those are the two most important ways to learn more. Um, I priced the book very inexpensively. I 1499. I did that intentionally without giving it away

Speaker 1 ([37:33](https://www.rev.com/transcript-editor/Edit?token=_GXBTdumXalIr2NEimUGbL7w-D9kyTYhxisxoGVQl_O5AGMbGR2TvLguuuaNjL9__7kpDpz-vLbatwxV99DL8I-7xuk&loadFrom=DocumentDeeplink&ts=2253.91)):

<laugh>. That is very, very kind of you and I know that so many people are gonna wanna grab that book. And also, your website is wonderful. It has so much great information on it. So I wanna thank you and I wanna thank Alan for the gift that you are giving our world. It's just, it's, it can change lives. And it is. So thank you for taking time and being here today. It's just such a beautiful story.

Speaker 2 ([37:53](https://www.rev.com/transcript-editor/Edit?token=B2jUQcLHVh44ziSeHCkw8F0A4Mfs5yg3QptBE9p32c1ftBshlUBB9q_9pZHyt3-8Cdtf5YLFrVp2C_w3YEwC8QU75gY&loadFrom=DocumentDeeplink&ts=2273.86)):

You're welcome. And thank you for your interest, and thank you for the work that you're doing. Thank

Speaker 1 ([37:58](https://www.rev.com/transcript-editor/Edit?token=cqIV7yvAZy4b_0OphLniwkrTy_a2sHd3LmxSug4ZgtCLgfiw3HRJkX6ADwgWs_Ip17VANwxDMfvAVQR1UoStdNF7fAs&loadFrom=DocumentDeeplink&ts=2278.31)):

You so much. Mm-hmm. <affirmative>. All right, everyone. We'll have all of Phyllis's information down below. Thank you so much for being on this episode of Ask a Death Doula, and we'll see you in the next one. Take care everybody. Bye.