

## Podcast 343 Rehm Transcript

Karen Wyatt: Hello and welcome to End of Life University podcast where we share real talk about life and death. I'm your host, Dr Karen Wyatt and I want to thank you for joining me here today for episode number 343. In just a few moments. I'll be sharing with you a very special interview I did with Diane Rehm, and some of you may have heard of Diane. She was the host of the Diane Rehm show on NPR for nearly 40 years today. Diane and I are talking about her latest book *When My Time Comes*, which deals with her research into medical aid in dying. It's a really fascinating topic and I think you'll find it very interesting. And I was indeed honored to have this opportunity to talk with Diane. So that's coming up in just a moment.

But first a quick reminder that on March 24 I am hosting a question and answer session with William Peters about his book *At Heaven's Door* and it's free. It's open to anyone. You don't have to have read the book. You can just tune in and listen to our conversation and listeners' questions for William about shared death experiences. It should be really interesting, and once you register for it, you'll receive the replay if you can't attend live. So you'll find the registration page. I'll give you the tiny url, if you're able to write that down and remember it. It's [tinyurl.com/sharedcrossing](https://tinyurl.com/sharedcrossing). But you can also just go to the show notes for this episode at [eolupodcast.com](https://eolupodcast.com) and look for episode 343. You'll find a link there to the registration page and that's a good reminder that [eolupodcast.com](https://eolupodcast.com) is the place you can go if you want to find any of the archives from the past and any of the topics we discuss. But also the links that are shared during any of those episodes. So keep that handy on your favorites list, [eolupodcast.com](https://eolupodcast.com) because that's a great place to go. If you remember an episode from the past, you want to go back and listen again, you can scroll through all the topics that are there and find what you want next.

I'd like to thank my newest supporters on Patreon, Erica Sanchez and Kelly Bean. Thank you so much for joining the team and supporting this podcast. And thanks to everyone who has been making contributions over the last few years because due to your generosity, I am now able to offer transcripts for every episode plus videos of each one of these interviews I'm doing from here on out, which you can view on Youtube. My Youtube channel is End of Life University, just like the podcast and here's a link for the Youtube channel, if you can remember at [youtube.com/c/eoluniversity](https://youtube.com/c/eoluniversity). And you can go directly there also, you can come back to the show notes again as I mentioned and there will be a link to the Youtube channel and specifically the video for today's interview. So this is something brand new for me, adding video to my podcast. So I don't feel like I'm quite up to speed yet on filming videos of myself and figuring out how to get the lighting right and everything. So have patience and bear with me. Hopefully the quality will improve over time as I get more practice and figure out what I'm doing. So anyway, I'm delighted to be able to offer transcripts and videos. So many of you like to learn in different ways and some people are more auditory, some more visual, some just prefer reading as their means of taking in information and now you have all three of those

modes available when you want to listen to these interviews. So, and once again thanks Patreon supporters for making that possible.

So now we will move on to my interview with Diane Rehm, which as I said before, I was just so honored that she would sit down and talk with me and I hope you enjoy it. And I wanted to mention that Diane's book *When My Time Comes* is on the list this year for A Year of Reading Dangerously. It will be our book selection for the month of September. I did this interview with Diane a little early to fit her schedule and mine, but this will be the book that we'll be working on in the month of September. So you'll get a preview here by listening in to this interview. So remember after the interview, stay tuned, I'll come back with a few takeaways and to say goodbye. So here we go with Diane Rehm.

Karen Wyatt: Today, I am so very excited to welcome my very special guest, Diane Rehm. Some of you may know of Diane as an award winning journalist who hosted the Diane Rehm show for WAMU and NPR for nearly 40 years with a weekly on air audience of more than 2.8 million people, which really blows me away, since I get excited if I have 200 people who listen to my podcast, so I can't even imagine that. But Diane now hosts the weekly podcast *On My Mind*. She also has a monthly book club that she's hosting that she and I just talked about. And Diane is the author of five bestselling autobiographical books, including *On My Own*, a moving story about the death of her husband of over 54 years and her latest book *When My Time Comes*, conversations about whether those who are dying should have the right to determine when life should end. Today, we'll be discussing when my time comes, and also the companion documentary of the same name that everyone should watch. And you can learn more about Diane, her podcast, and her book group, and all of her amazing books that she's written by going to her website, [DianeRehm.org](http://DianeRehm.org). So Diane, thank you once again, so very much for joining me today.

Diane Rehm: Karen, I'm delighted to be with you. Thank you.

Karen Wyatt: Well I so enjoyed reading your book and watching the documentary *When My Time Comes*. I've just been really excited to have a discussion with you about the subject that you cover. But I thought that we really need to start a little bit further back and have you tell us about your journey with your husband John as he reached the end of his life, because it seems like that really informed the work that you did in *When My Time Comes*.

Diane Rehm: Indeed. And just so we're clear, the documentary came first. I worked on that and, as I was doing so, I thought this needs a book to go along with it. So the book is based on the documentary. My husband and I were married as you rightly said for 54 years. He was an attorney. He worked for 13 years for the Kennedy and Johnson administrations on trade issues and then went into private practice. He was in private practice until 2001, and he decided that it was time for him to retire. He had kind of gotten dissatisfied, I'll put it that way, with the way the law is practiced in this country. So he then threw himself into wonderful volunteer efforts. He was working as a hospice

volunteer, he was reading for the blind, and he studied for a full year to become a docent at the Freer and Sackler Gallery here in Washington. So he had great fun and great enjoyment, giving pleasure through all those volunteer efforts. But then he would wait for me to come home because of course I was still working, and we'd go out for a walk in the afternoon after I arrived at home. And all of a sudden Karen, I began to notice a shuffle in his walk, and he was a wonderfully tall, strong man. When I first met him, I thought he had been a football player because his shoulders were so broad, he just looked really good. And it turned out he had been working in his father's rock quarry between high school and college, and that's where that physique came from. And he had a wonderful loose and easy, strong walk. And when I first heard that shuffle, I said to him, how come you're shuffling, what's going on, why aren't you picking up your feet as you normally do it? And he shrugged his shoulders Well, as time went on, I saw the shaking in his hands and he was diagnosed with Parkinson's disease. He could no longer drive, which he had enjoyed doing. And so our children, our son, our daughter convinced us that, in a large house with a long staircase, we best move to a condominium, and that's where I am now. He was here with me. He was diagnosed I think in 2005 and he began falling. And at that point we knew, I mean I tried to pick him up and it was impossible. And the condo was not large enough to have someone here on a 24 hour basis. So we moved John, and he understood. We moved him to a nearby nursing home. He had his own lovely apartment, and I even took the same fabric that I have here in our guest room and had draperies made for him. And so he would feel comfortable in that room. He was there for about a year and a half with a steady decline. And finally one day he said to me, I'm ready to die. I can no longer use my hands, I can't walk, I can't stand, I really am ready to die. And so he said, I'd like you to call our doctor in for a conversation tomorrow, and let's get the two children on the phone. Actually, my son was in the room when we had this conversation. And he said to the doctor, you know, I'm really done. I can't do anything for myself. I cannot even feed myself or take a shower or toilet myself. He said, I've lost all dignity. And I think he thought that the doctor could simply give him something and he would then die. And the doctor said, here in Maryland which is where the nursing home was, I am not free legally, ethically, morally to do anything. The only thing that you can do is to stop eating, taking medication or drinking water. Now people can live for a long time without food. I mean they can go 40, 50 days. But without water your organs begin to deteriorate - as you well know - very, very quickly. When the doctor told him that, he was really angry and disappointed. We all left. I mean, my daughter who is a physician herself. My son left to go home. The doctor left. I came back the next day and his face was rosie, his eyes were bright, he was so cheerful. And I said sweetheart you look wonderful. What's happening? And he said, I began the journey. I haven't had any water, no medication, no food. And I said are you really sure this is what you want? And he said absolutely this is what I want. I had brought with me an album I had created of his pictures from the time he was an infant, born in Paris, until he graduated from high school. It was a wonderful album. And we just sat on his bed together and looked at those photographs and talked a lot. But he stopped eating, stopped drinking. And on the 9th day, he had been awake I think for about three days and then fell into sleep. And on the 9th day, I mean he hadn't talked, he hadn't moved, nothing. I decided to stay there that night. And I was on two chairs with our little dog Maxie on my stomach, and I couldn't

sleep. I got up at 2am and started writing on my own, the book that comes before, the one we're talking about. And because I've never lived alone, I went from my parents' home to marriage to motherhood, I've never been without him. So when his caregiver arrived at seven o'clock the next morning, I said I'm going to run home, take the dog, feed the dog, walk the dog and I'll be right back. And as soon as I got home, his caregiver called and said Diane, please come back quickly. I think John is going. And by the time I got there he had passed away 10 minutes before, 20 minutes before. So I didn't get to say goodbye.

Karen Wyatt: Mm hmm.

Diane Rehm: And I think that is part of what has led me into the making of the film, the writing of the book and the activity that I have done on behalf of the rights of those who wish to have medical aid in dying. That was a very long answer. And I'm sorry to be so long.

Karen Wyatt: No, I think it's important for us to understand what probably stimulated your interest in this topic and even your desire and your passion to do something that might be helpful to other people that John himself couldn't access, when that's really what he would have wanted.

Diane Rehm: You know, Karen, I think it started even earlier than that. My mother died when I was 19. My father died of a heart attack, and I've always said, of a broken heart 11 months later. And she begged to die. She was in such pain and I didn't remember being at the hospital after they had given her a treatment and brought her back to the room. And she said, please please just let me die. And of course, in those days, they never just let a person die. So I think it's been in my head for a long time.

Karen Wyatt: Yeah, that makes sense. And then I was so impressed that you had the inspiration to interview such a diverse group of people for the documentary and then for the book, because that's one of the things that I value about it so much is that you were willing to sit and listen to people with many different opinions. And you're such a great listener, being willing to just gently receive whatever it is that they needed to share or talk about. So I'm just curious how you chose or found the people to interview.

Diane Rehm: Now, you must understand that I was simply the interviewer and the narrator of the film. The director and the executive producer chose those people and they looked all over the country for, as you put it, that wide diversity of voices, both for and against medical aid in dying. So, I was in the position of having the good fortune to talk with each of these people and to listen to their stories. But I do not take any credit for the wonderful choices that they made.

Karen Wyatt: It makes the film so rich with information. But I think it also helps us recognize that many people who are opposed to medical aid in dying are very, very fearful and also perhaps don't know very much about it. And that's such an important

reason why we need this documentary, and we need your book because we need to help educate people and spread the word a little bit more.

Diane Rehm: Thank you for saying that. I think the memories of Dr Kevorkian and the manner in which he approached the subject of dying, and the rather seemingly heartless manner in which he dealt with the press. I'm not saying he dealt heartlessly with his patients because they really, really wanted to die and had no one to turn to except for Dr Kevorkian. But I think those memories have stayed in people's minds. And the idea of medical aid in dying immediately brings to memory those kinds of thoughts.

Whereas we, who dedicate ourselves to medical aid in dying like you, those of us who believe that people should have a choice for a gentle passing are really talking about something so very different from anything that Dr Kevorkian did. And trying, as you say, to educate people on the importance of choice. The importance of not having life extended simply by medical means, if there is no joy in life. I was fascinated to learn that the number one reason that people choose medical aid in dying is not pain. Pain is number six. It's actually lack of joy in life, realizing that they will never be back to what they think of themselves as having a wonderful, lively ability to do all the things they did as a younger person. Life is a cycle. We're born, we live if we are lucky, and we die. And it's the natural way, except sadly those in our country who are killed out of vengeance or anger or racism or what have you. But those who choose medical aid in dying are literally at the end of their lives. In fact, two doctors must decide that you are within six months of dying. There must be at least two doctors making that decision. And then in some cases you must go through a psychiatric evaluation when you are all alone to ensure that you are not being forced. You are not being pressured by anyone in your family. It's very important that people understand that, of the thousands of people who have received the medication through which they can take their own lives, only two thirds have actually used it. One third has chosen simply to go as they would naturally. Others have chosen to be fully sedated. And the longer one is sedated, the less likely they will be revived. But it's a choice. And I believe every single one of us has the choice to decide how we want to die, as did my beloved husband.

Karen Wyatt: And I know in the documentary, I appreciated that you interviewed Dan Diaz, the husband of Brittany Maynard because I think you're so right. The negative publicity around Dr Kevorkian was the primary story. Most of us, including me, had even heard about death with dignity, but he wasn't even associated with death with dignity itself in those days. I remember it was called physician assisted suicide, which I myself objected to as a doctor because my own father died by suicide long ago. But all I could think of was, I would not want another family to experience what my family experienced. So I wouldn't help a patient do that. And it was only when I learned about compassion and choices, and Barbara Coombs Lee and I had a conversation about the fact that this is not suicide. This is not the same as suicide at all. And that word should not be associated with it because it's a very different type of choice that people are making.

Diane Rehm: You know, one of the dear young women in the film, I think she was in her late 30s, early 40's said, if I had a choice, I would live until I'm 90. She said, I have no choice. The breast cancer is all throughout my body. I don't want my 13 year old son to see me suffer. I want to have the choice when the time comes to be able to go peacefully. In the end, she had the medication, she did not use it, and she died peacefully. But she said having the knowledge that the medication was right there for her to use gave her so much peace of mind that she knew if the pain got too bad, if her health began to deteriorate so seriously that she could no longer do for herself, then she would use that medication. But it didn't get to that point apparently. And she just died peacefully in her own home.

Karen Wyatt: That is such a good point. And I liken it to the fact that, when I was a hospice doctor, we made sure that the families always had this emergency kit of medications for pain or anxiety or shortness of breath in the home. Many times, those emergency medications were never used. But the fact that they had them there was so important because of the peace of mind for the patient and the family to know whatever happens, because none of us can predict what that final journey will be like for any patient, we don't know what they might encounter or experience. And being prepared and knowing that there's something I can do, there's some way I have of alleviating the suffering, makes all the difference in terms of peace of mind. And that's really what we're hoping other patients can experience here.

Diane Rehm: And that the population as a whole can come to understand exactly what medical aid in dying is. That there has never been a single case of coercion, that there's never been a single case of someone with ALS who has been forced to take this medication. In fact, as a doctor, you know far better than I, that with ALS, the throat muscles begin to go and therefore one is not able to swallow. As the demand is from the medical profession that you must be able to self administer, most of the patients in Oregon for example who have used medical aid in dying have had ALS. And they have been allowed to use a pump with which they can use an elbow or something to press in order to ingest the medication through a stomach tube or rectally or whatever method is chosen. But there has to be a recognition that our lives are our lives. And if you want God to be the only decider then that's your choice and I'm totally in support of that. And if you want all the medications that science can provide, I hear you, it's your choice and I support you. And I just hope that more and more people can support those of us who wish to have the choice of medical aid in dying. Since we began in the film when Brittany Maynard died, there were only three states that allow medical aid in dying. Currently there are 10, plus the District of Columbia where I live. So I feel quite comfortable knowing that I do have that choice, because I'm 85 years old and who knows when it could come. But we need more states to recognize this. Massachusetts is one who's brought this up four times and defeated it four times. Virginia has just defeated it. And it is the Roman catholic church that is very, very opposed. And some within the community who are afflicted with a disability, fear that they could be somehow forced into this. But there's not been a single instance where anything adverse of that sort has happened.

Karen Wyatt: And in fact the laws have these built in safeguards to prevent that from happening, which I think in general, people don't know about that. They don't realize that the criteria to even access the medication is fairly strict. You have to have two doctors express an opinion that this is the right thing to do, and you have to have a waiting period of a certain amount of time. I'm not sure if that's different in every state, the waiting period. And also because you have to self administer the medication, no one else can get the medication and make that choice for you or force it on you. But I think that's where a lot of fear comes in. People don't understand that. The law itself is very careful to protect people from any of those negative consequences.

Diane Rehm: Exactly. California has just changed its law from a waiting period - once you've been approved by the doctors. The waiting period used to be 15 days, two full weeks, and people were dying during that two weeks. They've just changed the law to 48 hours. And I think that has given a lot of relief to people who know that, when they make that decision, they want to do it when they want to do it, and not be told by the government that they have to wait for two weeks.

Karen Wyatt: And I know I'm familiar with the case here in Colorado, where I live, of a woman who it was far more than the 15-day waiting period because it took so long in the first place to get the first appointment with the first doctor and to find out that he would agree. And she had to drive a few hours away for that appointment, then had to find a second doctor which also took even more time and waiting for an appointment. And the concern I have is that some patients, who may have been eligible because they could self administer at the beginning of the process, by the time they actually reached the end of the process might no longer be able to self administer the medication. And that feels so cruel.

Diane Rehm: Totally, totally. And what that says to me about Colorado is that apparently there are not very many doctors who are willing to participate. But mind you, I don't think any doctor should be forced to do so. I think it should be on a totally volunteer basis if that doctor chooses to participate or not. And your story indicates that there may be very few doctors in Colorado willing to do so.

Karen Wyatt: And I think, I mean, I read this in the book from some of the doctors and in the documentary that you talked with, talking about doctors having fears that their license doesn't cover this because it's a federal license. And because the medical aid in dying is not legal on a federal level, only on the state level. And were fearing that somehow there would be retaliation against them. But again, I think that's a lack of information about the safeguards built into the law.

Diane Rehm: Exactly, exactly. I doubt that there will ever be a federal law in regard to medical aid in dying. I believe it will stay within the states, and they'll make their own decisions. But you see in Massachusetts for example, polling showed that 80% of those in Massachusetts were in favor of medical aid in dying. And then the Roman Catholic Church stepped in with a \$5 million dollar program to defeat it. And that's what's

happening around the country. So it is in the hands of the state legislators before whom I've testified both in Maryland and Massachusetts. And it's so sad to hear the incorrect assumptions coming from the mouth of those legislators using words like euthanasia, which has nothing to do with medical aid in dying. The Netherlands does offer euthanasia, and you don't have to be sick if you want to die, if you want to travel to the Netherlands. But what is available here is so different from that.

Karen Wyatt: It's so true. And there was footage in the documentary of some of the comments made by those legislators in Maryland and you could just see fear on their faces. That's how it felt to me. Like they're afraid because they don't really understand what this is. For one thing, as a society, we're generally afraid of talking about death and dying in the first place. This brings up even more fears. And yet the contrast when you talk with family members who were present and experienced death with medical aid and dying. And all they talk about is how beautiful it was, how peaceful, how much love was present. And there's no fear whatsoever. And it's amazing, just the way they talk about it with such love and such gratitude, that they were able to have that experience.

Diane Rehm: And such with such reverence, I think for the life passing out of the body when a decision has been made by that person that he or she is ready.

Karen Wyatt: Yes. So it's just so beautiful. And the contrast is really stark in the documentary between the people who are afraid, and they're afraid for good reason because they don't know, they don't know what it's really all about. It sounds very frightening to them and they have misconceptions.

Diane Rehm: Now the group that feels totally left out of the medical aid in dying are those who have various types of dementia, including Alzheimer's. And in no state is an individual with Alzheimer's permitted medical aid in dying. On my book club next month, we're going to talk with Amy Bloom who's written a new book about her husband's experience of Alzheimer's and the fact that he chose to go to Switzerland to have medical aid in dying because it's not available anywhere in this country. And so many people ask about Alzheimer's. When I was out on tour for the book and for the documentary, that question came up again and again and again.

Karen Wyatt: And it is very sad. It's because of the safeguards built into the law that certain patients can't access it. And there are other issues also, I think with the law. It's not equally available partly because some states who haven't passed the law, but even then the cost of medication difficulties like I was describing, finding a doctor to prescribe it or pharmacies that will order it. So the law itself, there are challenges within the law of how do we decide to make it available in a way that it's accessible to anyone, anyone who might qualify for it?

Diane Rehm: I think the only thing that I can do, you can do, those who feel so strongly, is to talk with state legislatures and to help them understand what it's all about. I have a neighbor in this building who we frequently have a pod that has come together during the

Covid era and have dinner together. And one evening, we began to talk about medical aid in dying and he got out and excused himself and laughed. I mean there are people, as you said earlier who don't want to talk about death. Death has been a taboo subject in this country for years. And it's only now after the courage of Brittany Maynard that it's coming more and more to the fore. I hope our documentary and my book help move the conversation along. I hope the conversation you and I are having will help people understand that this is not doctors aiding people to commit suicide. They are helping people. Oh and we should say that, with that self administration, the doctor cannot do anything. The doctor cannot do a thing. So it's a matter of education, it's a matter of understanding and it's a matter of spreading the word.

Karen Wyatt: And you mentioned Brittany Maynard again. And I think it's such a good testimonial, I guess for all of us who care about issues like this, to realize she's one 29 year old woman who made such a huge impact because of her courage and her willingness to stand up and speak out, and be interviewed by people and have difficult conversations and even face people's criticisms. But she, I think she really galvanized the movement. And the reason it's legal in 10 states and Washington D. C. right now is largely due to that courage of hers.

Diane Rehm: I agree. She of course had to move from California because California at that time did not have medical aid in dying. She moved to Oregon, rented a home there. Now, how many of us could afford to pick up and move to another state, establish residency, which she had to do, find doctors, do everything that the law required in Oregon? Because California had no law, now as a result of what she did in Oregon, California's law did come about. But first came the state of Washington immediately after Oregon. But even in Washington they have some restrictions that people are seeking to overturn to make it easier for the patient.

Karen Wyatt: There's another story that emerged in the documentary and that is the delegate Luedtke, I think his name is, from Maryland who changed his mind about how he felt about medical aid in dying. And it's so powerful for us to remember that when people do get the correct information, but also when they have life experiences, people do change their mind and it is possible. So that's, I think that should inspire all of us, keep educating, keep talking. Because there are people out there who will change how they feel about this subject. And I thought that that was a great story.

Diane Rehm: He was the one I believe whose mother was suffering from esophageal cancer and drank an entire bottle of morphine trying to commit suicide because she was in such agony. And then when she did die, he began to think to himself, who am I as a legislator, who am I as even her son to tell her she cannot do this? And I am going to prevent her from doing this as a lawmaker. And that vote in the Maryland house of delegates, it lost by one vote. And it was an abstention, and the Maryland house is going to bring it up again. They seem to have more people on their side now, but who knows, who knows. But he was the one who said to me, you know, we're all just one bad death away from supporting medical aid in dying.

Karen Wyatt: I love that quote, that really struck me. And I think when we remember that sometimes the people who are opposed to it, it's simply that they don't have the education or maybe they don't have the experience of being with someone at the end of life. They don't know everything they need to know to make that decision, and we have to have compassion for them. They're making their decision based on a limited amount of experience and knowledge. And that's something I really appreciated about you and your interview style because you are so open to everyone's perspective and allowing them to share their point of view. And you are very gracious, which I think that's what we all need, to have a certain amount of grace toward those who are opposing a law that to us feels reasonable and important and necessary. That for now we have to have grace towards those people who for whatever reason object to it or don't understand because once again, they're one bad death away from changing their mind. And if we've been there as someone willing to listen and hear their perspective, then we might be able to come back again and be part of that change in the future.

Diane Rehm: And you know, there's an interesting fact that every single person I spoke with, whether they were for or against medical aid in dying. I asked each person what would be a good death for you. And even the Roman catholic priest, even the doctor in Oregon who was totally against medical aid in dying, they all said the same thing: to be surrounded by friends and loved ones and to die peacefully in my own bed. They all said the same thing. And yet we have so many people dying in the hospitals with attendants trying to do more and more and more. And as Barbara Coombs Lee has said, getting them on that wheel of medical interruption when in fact, we're going to die, we're all going to die. And so much money is spent on those last three months of life. Because too many doctors are saying, well if we can't do this, let's try this. This didn't work, let's do this. and you heard one doctor in the films say, oh, we never give up. There is always something we can try. Well, I'm not so sure that patients really want that.

Karen Wyatt: And you do emphasize in the film and the book that, first of all, we all need to think about this, about what we do want for ourselves at the end of life. What do we think would be a good death for ourselves? And we need to talk about it, no matter what it is we want, no matter how we feel about any of these options, we have to be able to talk about it with our families and our doctors.

Diane Rehm: Have you done that?

Karen Wyatt: Yes. For the most part, my children are not so willing to listen to it. My husband and I have talked extensively about it. My Children, they basically know what I would want at the end of life but they're a little in denial that that day will ever come.

Diane Rehm: That it will ever come. It's totally pushed away. So what I did, as you saw in the film, I had my grandson record me on his cell phone telling him precisely what I want. And that is there as a record for him, for my granddaughter, for my son, my

daughter, for my entire family, and my husband is a family therapist, Lutheran minister, he's totally in support.

Karen Wyatt: So yes, I love that. I love the scene with your grandson and him doing the filming, which is a great way to share your wishes to have it in a video because even if you have discussed it, it's possible that one person won't quite remember exactly what you said or how you said it. And so this makes sure your exact words get conveyed to everyone. And how did all your children and grandchildren receive that?

Diane Rehm: Well they're fine because my late husband and I talked about this at the dinner table with them when they were younger because my late husband's father and mother both committed suicide.

Karen Wyatt: Oh wow.

Diane Rehm: And my mother died At 49 when I was just 19. So we talked about death and John and I both promised each other we would support each other and make sure that we didn't suffer. And then for him to have to die as he did, it felt like a failure on my part.

Karen Wyatt: So, of course, I mean, I'm sure it had to be excruciating to sit by and not be able to do anything to feel helpless.

Diane Rehm: And you know, the doctor warned me, he said Diane, you're a public figure. Do not do anything to help him, nothing. And so I was warned, I could not do anything to help him.

Karen Wyatt: And yet you are helping so many people now, and by taking on this cause and doing such an incredible job of traveling around the country and interviewing diverse people and putting it out there. I mean, the documentary is really masterfully produced and edited. It's so compelling to watch. The hour flew by and I was so engaged in every story, but in the book as well. So I am, I'm so admiring of you to use the pain that you felt after John's death but to turn it into such an effort, and to creating something so good for the world. And I'm so appreciative.

Diane Rehm: Thank you so much.

Karen Wyatt: So, it's been a pleasure to talk about it with you because I want to spread the word. I want everyone to watch the documentary though. Our, you know, our conversation. It's not nearly enough for people to get all the education they need, they need to read the book and watch the documentary, both, because they are a little different.

Diane Rehm: I mean, yeah, quite right. I think I chose 20 of the people in the documentary and there are many fewer than that in the documentary. But you can see the documentary on amazon.com.

Karen Wyatt: That's what I wanted to mention. So people can go, it's on amazon prime, I think.

Diane Rehm: It's on amazon prime. Exactly.

Karen Wyatt: And then I noticed on the website for the movie, which I should say that website is, [whenmytimescomesmovie.com](http://whenmytimescomesmovie.com). Is that right? I'll have to look that up to be sure.

Diane Rehm: Yeah. I'm not sure whether it's a movie or documentary.

Karen Wyatt: There is a, there are options to screen the film. So if someone wanted, which I think would be beautiful, to have a discussion group, get a large group of people together, screen the film for that group of people and then talk about it afterwards. And maybe they could have someone from the local Compassion and Choices organization be there to answer questions.

Diane Rehm: Quite right. I think that's a great idea and we have done that. The film was shown at the Charlottesville Film Festival and then the three of us, the director, the executive producer and myself were on the stage and talked about answered questions from a large audience afterwards.

Karen Wyatt: Well, that's really wonderful. There's just so many opportunities for anyone listening to us talking about this. See the documentary first, read the book and then get inspired for how you might bring it into your community and share it with other people who need this information. And by no means is this an attempt to force people to accept medical aid in dying—only to introduce it to people who may want it and need it and support it. Because as you said, all options are welcome here. All options are fine. It's just that people should be able to make the choices that are right for them and shouldn't have someone else saying some choices are off the table.

Diane Rehm: You're absolutely right.

Karen Wyatt: Well, Diane, I've enjoyed our conversation so much and I will say that you are a mentor for me because I admire so much your interview skills and your style and your presence and your listening ability with people that you interview. And so I strive to be like you.

Diane Rehm: You have done, you've done a marvelous job today. I must say you've touched on every point that I would have if I were in your place. So I appreciate that very much.

Karen Wyatt: Thank you. Well, I can only hope that I can be still doing this when I'm 85. I admire your energy and your passion.

Diane Rehm: Thank you.

Karen Wyatt: And thank you Diane again, I'm so honored and I value so much that you're willing to give your time and energy to this cause.

Diane Rehm: Well, I thank you for doing the same and it was great to talk to you, Karen. Thank you.

Karen Wyatt: It was wonderful. Thank you so much and take care. And I'll be listening to your podcast.

Diane Rehm: Bye bye, now.

Karen Wyatt: Goodbye.

Karen Wyatt: I hope you enjoyed my conversation with Diane Rehm. As I mentioned to her, I'm a huge fan of hers. She's my mentor and gosh, I hope I can have her level of passion when I'm 85 years old, to still be doing a podcast at that age. But one thing that really impressed me that I wanted to reiterate about this conversation is that Diane's passion is really for choice. That people have options available to them. And she isn't really trying to push anyone in one direction or another. She's simply saying it makes sense that we have options available to people. And she even described, if you want to put everything in God's hands and let nature take its course, that is perfect. That's absolutely how it should be for you. If you want medical science to take over and do everything possible for you at the end of life, that's also a choice that's available to you and should be available. And if you would like to use medical aid in dying, if you fit the criteria, Diane stressed that, that's another option that should be available to people. And it turns out, it's not a large percentage of people that make the decision to use medical aid in dying. But out of compassion, we should care that our brothers and sisters here on this planet are not asked to endure more suffering than they can bear. And she did mention that many of the patients who have used the law since it first came into existence in Oregon have been patients with ALS, which I have to say is one of the cruelest diseases that we know of in terms of the suffering that it can cause at the end of life.

And so when I search my own heart, I cannot ask someone to endure suffering if it is possible for them to make choices that could diminish what they're experiencing as they're going through the dying process. My concern has always been that I don't want medical aid in dying to be a replacement for good end of life care. And that has been a fear that I have had that it will be an easy option instead of going through the work and the effort of providing really good care to help alleviate symptoms for patients. We could resort to medical aid in dying as something simpler perhaps. But the fact is I don't think that patients choose medical aid in dying just randomly or on a whim. It seems like, first of all, those who choose to engage it are looking for a way to have peace of mind. And as Diane said, only two thirds of them end up using the medication. And I think they just want some sense of security and some small amount of control at a time when everything

feels out of control. And I understand spiritually that dealing with the fact that we're not really in control is, that's part of what life is about. But I also know that it's more challenging for some people than others. And it does make sense to me to allow options compassionately for people. So that's kind of where I sit with this issue right now and I know it's controversial. There are lots of other opinions and I respect everyone's opinions about the issue, but I believe that Diane does. I know that she really wants to see medical aid in dying be an option that's available to everyone. But everyone who meets the criteria for it, let me say that, as the laws stand right now. And from there, it's just making a choice available to people. So there will be many more discussions to be had on this topic. As I said, it's controversial. I don't think any of us have all the answers or any of us can say one way or another what should happen. But it's definitely something we need to keep talking about. So I hope you did enjoy the conversation, that it stimulated some thoughts for you on the topic, and you may want to take a look at the documentary and read the book, because as we emphasized, Diane interviewed people with lots of different opinions and different perspectives on this issue. So it really helps you get a feel for the whole of this topic and to learn about the concerns that many people have.

As always, I'll remind you if you enjoy this podcast, please share it with other people. Let them know about End of Life University. You can share specific episodes that you think might be helpful to someone because we're trying to grow this community of people who care about end of life issues and are willing to talk about them, willing to have difficult discussions about subjects that make us uncomfortable. So also you can help the podcast by subscribing or following wherever you happen to be listening, whatever platform you use and then leaving a rating and review especially on Apple podcasts. Those ratings and reviews make a big difference in terms of who gets a recommendation for this podcast when they're searching for information like this. So I really appreciate all of you who have left reviews in the past. Thank you so much. So remember I'll be back next Monday with another interview for you. Until then, I hope you have a wonderful week. Remember that we're here for love. So face your fear, be ready for whatever happens next, and love each and every moment of your very precious life. Bye bye.