



**“Manifesto”**

There comes a day  
 When spirit fails  
 When vision dims  
 When life seems vain  
 When nature bores  
 When love fails to restore  
 When darkness deepens  
 When soul loses hope

There comes a day  
 When curiosity fades  
 When zest has paled  
 When beauty no longer thrills  
 When energy dissipates  
 When appetite departs.

Then the cup of life,  
 hitherto so eager,  
 Admits its grateful fullness  
 And is ready to rest,  
 replete and relieved.  
 Rest, rest rest.

— Dorothy S. Conlon  
 12/12/2008

DOROTHY'S CHOICE  
**The traveler's  
 FINAL  
 Journey**

Dorothy Conlon embraced life with a sense of adventure, a lust for travel and a stoic forbearance of the tragedies that came her way. Fiercely independent and mentally sharp at 86, she decided to take control of her final itinerary: the design and timing of her own death. Her story begins on Page 11A.

**ONLINE HERALDTRIBUNE.COM/FINALJOURNEY**  
 Visit us online to view a timeline of Dorothy Conlon's life, as well as video and extra content.  
 ■ Reporter Carrie Seidman and geriatric social worker Kathy Black will host an online chat about Dorothy's Choice on Monday, March 17, from 10:30 a.m. to noon. Go to [heraldtribune.com/dorothychat](http://heraldtribune.com/dorothychat).

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**INSIDE**

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**Communities press new case for regulating vacation rentals**

**FLORIDA:** A collision of quality-of-life concerns and economic interests



Judy Ward, 78, of Holmes Beach lives in a 2-bedroom duplex 2 blocks from the beach — and next to vacation rentals.

was “this quiet residential neighborhood.” But soon after she moved in, an investor demolished the property next door and began construction on two six-bedroom vacation rental homes.

By ZAC ANDERSON  
[zac.anderson@heraldtribune.com](mailto:zac.anderson@heraldtribune.com)  
 The two-bedroom Holmes Beach duplex once seemed like a perfect winter retreat to Judy Ward. Living just two blocks from

the beach allowed the 78-year-old to open her windows at night and let the Gulf breeze lull her to sleep. When Ward bought the property in 2009, she said 66th Street

One of the weekly rentals has a big water slide that starts from a second-floor balcony, and “kids scream the whole way down,” Ward said. Loud music can be a

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DOROTHY'S CHOICE

# The traveler's FINAL Journey

By CARRIE SEIDMAN, carrie.seidman@heraldtribune.com

**D**orothy Conlon's final journey took 16 days.

Sixteen days without a morsel of food.

Sixteen days without a gulp of water.

Sixteen days to get what she wished for — her own death.

The end came July 30, just three months after the former foreign service worker and longtime travel volunteer decided she would end her life by depriving herself of food and water.

Given Conlon's decades of adventure-seeking and her stubborn independence, the choice was not surprising, at least not to her friends. As one said: "She was always the captain of her own ship. How was this any different?"

Still, the decision shocked many. Because at 86, Conlon had no diagnosed illness, no hint of dementia and no pain, either chronic or acute.

She was simply, as she put it, "done."

After years of volunteering in far-off locales from Guyana to Ghana, there was only one place left she wanted to go, a destination unknown.

"My cup is not only full, it's overflowing," wrote Conlon, who self-published three books — a memoir and two travel collections — in her 80s. "How could I possibly squeeze in anything more?"

The desire for release by those suffering from terminal, painful or mind-robbing illnesses that strip a life of its quality — cancer, ALS, Alzheimer's — is perhaps understandable, if still unacceptable to many.

Choosing to hasten death simply because there is no longer the will or interest to keep living — or because of a desire to control its time and dénouement — raises questions and concerns our culture has yet to answer.

Is it, in fact, every person's right to choose when and how they will die?

Should there be acceptable and non-traumatic ways to hasten death, without legal ramifications and with palliative care to alleviate suffering?

How does one avoid efforts to sustain life that are built into the American medical system?

And should anyone have the right to assess whether an individual's desire to

See CONLON on 12A

## "What a Life"

I've never —

Ridden a bicycle, run a marathon,  
Planted a garden, crocheted an afghan,  
Painted a canvas, painted a house,  
Built a chicken coop, driven a tractor,  
Milked a goat, curried a horse.

Paddled a kayak, climbed Kilimanjaro,  
Piloted a plane, flown in a helicopter,  
Played the cello, blown a trumpet,  
Borne a daughter, had any grandkids,  
Been divorced, had a career.

But I have —

Hooked a rug, cooked a curry,  
Knitted booties, woven baskets,  
Pieced quilts, embroidered pillows,  
Glazed a pot,  
played the piano,  
Plucked a dulcimer, sung the Messiah,  
Preached a sermon, worn a sari.

Built a brick hut, listened to dolphins,  
Slept in a cave, slept in a hammock,  
Driven a jeep, ridden a horse,  
Hiked the Long Trail, soared in a balloon,  
Straddled the Equator, paddled the Zambezi,  
Sailed the seas, flown the skies.

Taught in an orphanage, studied in an ashram,  
Wandered in Vietnam, wondered in Thailand,  
Written books, hobnobbed with VIPs,  
Married an Irishman, buried a husband,  
Borne two sons, mourned two sons,  
Seen the world.

What a life —

— Dorothy S. Conlon  
6/12/13



CONLON from 11A assess whether an individual's desire to die has been motivated by rational thought, or by other factors, such as depression?

In short, whose life — or death — is this anyway?

"This will be the civil rights issue of the 21st century," says Kathy Black, a former nurse and geriatric social worker who teaches a course on death and dying at the University of South Florida Sarasota-Manatee.

Loss of control was something Conlon feared and sought to circumvent. She had watched her husband suffer from the effects of esophageal cancer treatment before he died in 1989. She had seen friends enter nursing homes as their mental capacities diminished.

Neither fate was for her.

Influenced by her Eastern spiritual ties — she practiced yoga and meditation daily — Conlon also saw death not as something to be avoided at all cost, but as the natural bookend to birth. She claimed not to fear it, but rather to anticipate it, welcoming the "wonderful mystery" as the punctuation point to her full and peripatetic lifetime.

That she had no remaining family members or dependents made it possible for her to feel free to go. That she had already packed so much into her 86 years made it seem, to her, a logical and reasoned choice.

"One of my mantras is that I think quality of life is a heckuva lot more important than quantity of life — and I've had both," Conlon said three weeks before her death. "So why draw it out?"

Conlon was born in Shizuoka, Japan, where her parents — stoic New Englanders from Vermont — were serving as missionaries for the Universalist (now Unitarian Universalist) church. She was just 6 when her family returned to the United States, but the spirituality and the culture of Asia would stay with her forever.

After high school, Conlon tried on a variety of hats — nursing school student, lab technician, waitress and sude ranch worker — before earning a degree from Bates College in Maine. Determined to work overseas, she joined the foreign service, which assigned her to a secretarial position in Taipei, Taiwan.

She immediately embraced life abroad: the exotic foods, the chaotic street life, the friendly people, the complex language she could never quite conquer. Eventually, she also fell in love with a dashing, if un-

predictable, colleague from Illinois who worked for the U.S. Information Service, Ned Conlon, whom she married in 1953.

In 1956 they had their first son, Bruce; his brother, Brad, followed two years later.

Every few years they changed venues — Indonesia, Hong Kong and finally, in the mid-1970s, India, a place Conlon bonded with immediately and permanently. She studied yoga with a master teacher, adopting a daily physical practice she would continue through the rest of her life.

The family moved to Washington, D.C., in 1976, a return to Conlon as a real comedown: she preferred the exotic and unpredictable to the mundane and routine of the Washington area.

Con Bruce eloped with Vicki Gray, a former classmate in India, in 1976. But the marriage lasted less than a year. However, Gray and Conlon became the best of friends and frequent travel companions.

Seven months later, Brad died in a canoeing accident on the Potomac River. The death widened the rift between his already-divorced parents and nearly ended their marriage.

After Ned's retirement in 1980, the couple moved to Sarasota, but Conlon still had what she called "itchy feet." She returned several times to India and, with her close friend, Jean, to Japan, revisiting the place where they both were born.

Then tragedy struck again. After a last visit to his parents in Florida, Bruce took his own life in 1987. Less than two years later, just after the Conlons' 36th wedding anniversary, Ned died after complications from cancer surgery.

Save for her ongoing friendship with Gray, living near D.C., Conlon was bereft of close family.

But she found a new incarnation, submitting to the lure of the faraway lands she had always loved.

Combining service learning, teaching and volunteering, she visited an average of two exotic locales a year, from Vietnam to the Cook Islands. The ever-changing scenes and situations kept her interested and challenged; the volunteering channeled her mind and energies away from her painful losses.

She self-published an autobiography, "Born with Wings," and two collections of the travel essays she'd previously submitted, one by one, to obscure publications without pay. She finished the last volume less than a year before she died.

Long before she decided to end her life, Conlon's writing hinted at what was to come.

"I am grateful for each new adventure, whether better than expected or ascen-

ding disappointing," she wrote in "Born with Wings." "I have flown far and wide, farther than I could possibly have imagined as a child. When the wings are ready to fold, I'll have no regrets."

For nearly a year, Conlon had complained of feeling fatigued, lacking energy, having to take naps, being sporadically short of breath. Some assumed her it was merely what happens in your 80s, but she chafed at the inability to keep her fatigue fully schedule.

Her fatigue coincided with the publication of what she vowed was her final book and her acknowledgment that she could no longer travel independently.

At the same time, Gray's growing involvement in a budding new relationship, which curtailed her availability for travel, became a hurt and a resentment.

In June 2012, Conlon emailed a friend that she was "tired of feeling tired." She made the rounds of doctors — her primary care physician, a pulmonologist, a cardiologist — an internist — certain her lack of energy was "more than the normal aging process."

Over the next six months, specialists suggested various hypotheses — pulmonary hypertension, sleep apnea, a leaky aortic flap — and performed procedures in a fruitless effort to settle on a diagnosis for her complaints.

"We used to say, 'No news is good news,'" Conlon complained to a friend who expressed relief at the good news that she had no heart ailment. "But in this case, I totally disagree."

Though she remained active in the UU church, kept in touch with foreign acquaintances through Facebook and met local friends for coffee or a meal, Conlon's social circle began to diminish.

A close relationship with John, a friend in Sarasota who had provided her with companionship at home and on a few trips, waned. An uncharacteristic stab at dating through a website for seniors provided a momentary spark of hope before reverting to her effort.

Even her interest and involvement in the church, where she headed the worship committee and sang in the choir, faded.

When a heart procedure to detect the cause of a fainting spell — something Conlon had experienced sporadically in the past — showed no evidence of a medical issue, the cardiologist suggested a trip to the Mayo Clinic for further investigation. Conlon rejected the idea.

"I'm through with doctors offering the buck," she told Gray, who had passed the

company her.

By late March she wrote to her editor in Vermont: "I'm pretty much resigned to never, for the rest of my life, feeling any better, only gradually worse."

Conlon took a weeklong trip to Colombia in May that she'd scheduled earlier in the year. She hinted that it would be a litmus test for future travel.

Her weariness prevailed. On returning home, she complained that the altitude had exacerbated her already "maddening breathlessness," and that she'd been unable to participate in many of the tour's side excursions.

Friends who knew of her wanderlust were alarmed when they posted on Facebook that she would travel no more.

A longtime member of Compassion & Choices — an organization that grew out of the Hemlock Society and advocates for end-of-life options — Conlon began to think about ending life on her own terms.

"When I got home from Columbia, I thought, 'That's it.' " she told a friend. "Obviously there would be no more trips. And I thought, 'What's the point? Seeing all the people I've seen in nursing homes, I was aware of when you get beyond the well of decision making. So I thought, 'Well, I guess it's time to stop just thinking about it and start making real plans.' "

On June 10, she went for her annual checkup with her primary care physician. She took a form requesting no resuscitation or life-prolonging efforts and a "Living Will," which he advised she take with her if ever she went to a hospital.

In a journal she had started in late May, she described her conversation with the doctor:

"I don't say (to him) I've had a good run, that I'm ready to throw in the towel. I don't ask him for anything unethical; he can't refer me to hospice without a terminal diagnosis. But I imply I'm ready, and I might speed up the process. I didn't feel it appropriate to take the conversation any further, but I hinted at my desire and intent."

As she walked out of the examination room, Conlon's journal recounted, the doctor cheerfully said, "See you next year."

To which she replied, "I certainly hope not."

Conlon revealed her decision over a delicatessen lunch in mid-May to Helen, a friend of more than 20 years. (Helen, like the others monitoring Conlon's final days, agreed to speak candidly if her real name was not used.) Without specifying the method, Conlon indicat-

ed she was considering "not going on with this."

When Helen not only understood the allusion, but expressed no protest or surprise, Conlon's relief was palpable.

"Ethically, morally and mentally, I was fine with whatever she meant," says Helen, 60. "And considering her life and her upbringing in the UU church, I actually wasn't surprised."

While the church does not espouse a specific principle regarding death, its members generally do not believe in a heaven or hell, nor a continuing existence after physical life; they are free to embrace their own concept of the soul and the spirit.

Conlon began to formalize what she called her "G2G" ("Good to Go") plan, and to assemble volunteers who would become her "Team Oz." ("Get it?" she would say gleefully. "Oz? Dorothy? Somewhere over the rainbow?")

Eventually the team consisted of four women: Helen, who had met Dorothy through the church in 1989 though she was no longer a member; Susan, nearly 70, a former psychotherapist and Conlon's massage and Reiki therapist; Heather, 53, a member of the meditation group in which Conlon regularly participated; and Carmen, a longtime neighbor and friend of 25 years, who was already established as Conlon's health care surrogate.

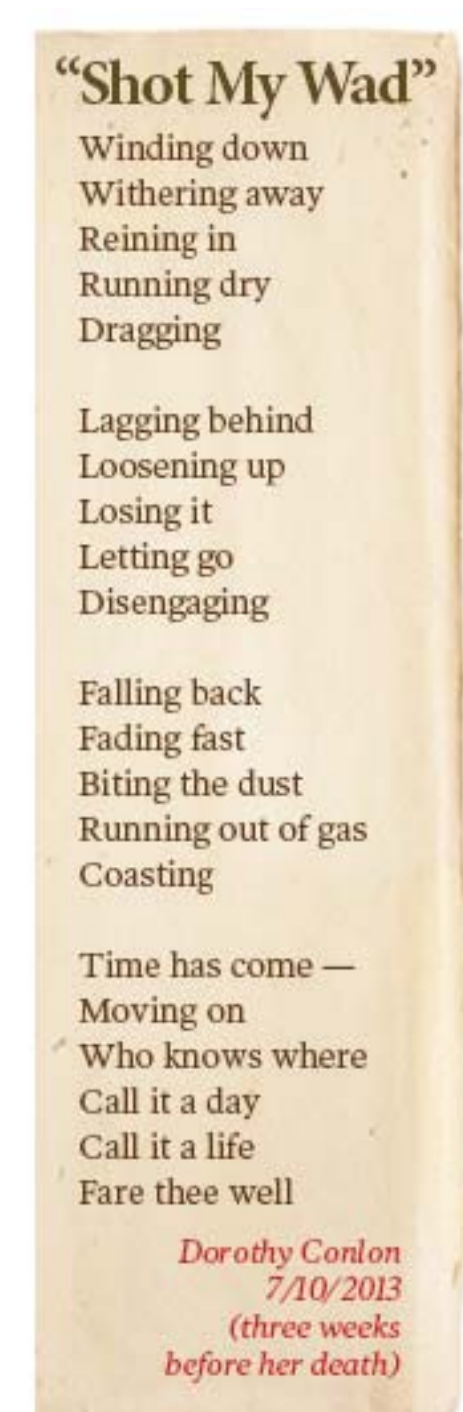
None considered themselves intimate friends, but all fulfilled her essential requirements: They approved her request to make the decision and promised to help her accomplish it, while pledging to refrain from pursuing any medical intervention.

As the team came together, Conlon began to prepare for her final trip in much the same way she'd prepared for all the others — with research, organization and a renewed zest and enthusiasm. She printed material for team members on the process of denying herself food and drink, set a start date, met with her lawyer about her estate and decided to give her collection of Asian valuables to The Ringling museum in Sarasota.

She also discussed her choice with her minister, who didn't argue but said he "would be delighted if I changed my mind." She began, with an explosion of energy and determination, to distribute her belongings.

Gradually, she informed others. In a difficult phone call, she told Gray, who arranged to visit before the process began.

On a weekend trip to Sarasota, the two, at Conlon's insistence, enjoyed only "fun things" — a rare pedicure, a movie, a walk on the beach. A memorable moment was a leisurely meal at a restaurant beside Phil-



ippi Creek, where, for a long time, they watched in silence as a great blue heron tried to catch its own dinner in the waning light of day.

Conlon also delivered the news to her closest remaining relatives, several nephews from out of state. Some subsequently visited briefly, leaving, as did anyone who stopped by during her final weeks, with armloads of hand-me-downs.

Reluctant at first to let out her secret, Conlon soon began to enjoy the celebra-

tion and tributes her announcement elicited. Her spirits seemed to lift. Eventually, says Helen, "she told anyone and everyone," even asking that an announcement be made at the church.

As cards, letters and emails streamed in, Conlon carefully filed each one in a two-pocket notebook — "pros" on the left, for those who agreed with her decision, and "cons" on the right, for those who expressed dismay. She voiced disappointment in those who "didn't get it," and read to visitors the expressions of love, admiration and respect from those who did.

Several friends wondered if Conlon's revival of spirits was evidence of depression. But only one dared broach the subject with her.

"I don't think a little pink pill is the answer to anything," Conlon snapped, countenancing no further discussion.

Another friend, feeling Conlon ought to discuss her decision with someone who had experience in the dying process, connected her with a former hospice worker. Speaking by phone, the woman voiced concern about the potential for discomfort and a prolonged demise with the process Conlon had chosen.

Later, Conlon wrote irritably in her journal that the woman had "never even observed it herself. So what does she know?"

She remained resolute. "Team Oz" held a final dinner at the Bangkok Cafe, during which Conlon determined each person's limited "on-duty" schedule. Questions about possible scenarios arose.

What should the team do if she happened to fall and hit her head? Did Conlon really expect them to stand by and let her bleed?

No one felt comfortable with that. "I said I thought we needed to be aware of the unpredictable," but there was no response to that," recalls Susan. "She just said, 'I won't need much,' and went on with her plans. She didn't even want anyone to spend the night."

Though concerned, the team members stuffed their anxiety, hoped for the best and dropped the matter.

As her start date of July 15 approached, Conlon continued with the minutiae of daily life: doing laundry, ironing, even keeping an appointment with her dermatologist, something the team members found amusing.

Meanwhile, she continued to plan for every last detail — even who would take home her serrated bread knife, some out-of-date spice bottles and a used Swiffer mop. It filled the void of an empty itinerary nicely.

"Dorothy traveled her entire life," said

Helen. "This was just another trip to her. Without her adventures, Dorothy didn't have a purpose."

In the end, it didn't go the way anyone had anticipated, least of all Conlon.

She had imagined she would peacefully rest, reciting the mantras she'd been given, listening to Indian flute music and eventually slipping into a coma.

While uncommon, that conception of dying is unrealistic, says Joelle Angsten, chief medical officer for Tidewell Hospice, a nonprofit organization that offers palliative care and family support.

"It doesn't look like it does in the movies, where you can say something profound to your family member one minute and the next you just drift off to sleep," Angsten says. "It's often fraught with physical changes and it can be a challenging journey if you're not prepared for it."

The team members were equally deluded.

Susan had presumed she would quietly and calmly perform Reiki or massage. Heather anticipated her friend might open up at last and talk about her sons and her marriage. Helen, with whom Conlon had shared more intimate conversations, figured she would just "hang out" and keep her friend company. And Carmen, who would be on an out-of-town trip for the first 10 days of the process, secretly hoped that Conlon might pass peacefully before she returned.

But instead of relaxing and releasing, Conlon went through something else entirely, her need for control seeming to increase. She ordered team members to shred papers, take dictation, organize files, contact those whom she'd already bid farewell, and perform challenging physical tasks to assure her ongoing mobility. In her journal, she referred to herself as "Cleopatra on the couch, seeking for them to do my bidding."

Heather saw it as a coping mechanism. "I felt all along that Dorothy's putting us all to work was an avoidance," she said. "Dorothy was hiding from the pain of her life and fighting to keep control to her very end."

The weekend before she died, a severely weakened Conlon wanted to be taken to the church meditation garden. She hired a car service to take her. The couple pushed her in a wheelchair to the spot where a memorial plaque hung. They snapped the last photo taken of Conlon, holding a rose given to her by her friend John.

See CONLON on 14A

# Dignified-death options limited

By CARRIE SEIDMAN  
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The options for achieving a so-called "dignified death" without involving medical personnel or legally implicating others are limited.

Dorothy Conlon chose to deny her body nutrition and hydration, a process known as Voluntary Stopping of Eating and Drinking (VSED), or Voluntary Refusal of Food and Fluids (VRFF).

"VRFF is, of course, allowed by anyone," says Jim Chastain, president of a national organization of volunteers called The Final Exit

Network, which provides counseling and information — but not hands-on assistance — to those with terminal or chronic illnesses. "Suicide is not illegal. But we think VSED is awkward and slow. There are other ways that are much more humane."

Whether Conlon knew about or considered such options is unknown. Though she was a longtime member of the Hemlock Society (and of Compassion & Choices, its later incarnation), and believed in an individual's right to choose an early death, she would not, in any case, have qualified for Final Exit counseling — nor for hospice services — because she was considered essentially "healthy."

While physician-assisted suicide has, in recent years, been sanctioned in five states — Oregon, Montana, Washington, Vermont and recently, New Mexico — outside those areas or conditions, options are illegal or limited.

Hospice services generally require a doctor's pronouncement of a terminal illness or a

state of extreme suffering. Because they are paid for by Medicare, there is no way to obtain them through self-pay, even for someone like Conlon who could have afforded the expense.

The situation is different in other countries.

In Europe — notably the Netherlands and Switzerland — assisted suicide is legal, with or without a doctor's determination that a patient is terminal. There are public "death cafes," where people openly discuss end-of-life issues and choices.

VRFF appealed to Conlon as the most natural way to go, as well as the method that gave her control over the process. She wanted to make sure she was not left in an incapacitated state, a danger when ingesting pills.

Even in her final days, she refused to take more than her recommended dose of a sleeping pill her doctor had previously prescribed, for fear she would "overdose" and lose control over consciously completing her demise.

That VRFF gave her complete responsibility for her death also was important to her; she felt strongly that the "team" members watching over her during the process be protected from any potential legal ramifications.

But even Conlon, who extensively researched the method online, did not expect the process to take as long as it ultimately did, nor to go the way it went.

A person can fast for as many as 40 days before his or her life is threatened from starvation; a person denied liquids will usually die within 10 to 14 days, though a remarkably small amount of fluid — even as much as would be

taken in by rinsing the mouth — can stretch that to a month or more.

It was 16 days after her July 15 "start date" that Conlon, who took in only the occasional sip of water with a sleeping pill, died. She remained conscious and lucid, though increasingly agitated, until the final 48 hours.

Whether there is suffering involved is hard to determine. Studies of healthy volunteers report that total fasting causes hunger pains for less than 24 hours, after which ketonemia — a morphinelike substance is produced by the body, which has an analgesic, even mildly euphoric, effect — takes over.

Over time the mouth can become sore and the feeling of thirst continual. While the use of products that stimulate secretion of saliva — products Conlon did buy and use — can help, depending on intake, they can also prolong the dying process.

For a person in hospice care, these discomforts are typically alleviated through sedation. In what is known as "terminal sedation," a person can be kept in a comfortable and semi-conscious state as the body breaks down, obscuring any physical pain and suffering.

Such palliative care was not available to Conlon, underscoring the complex issues surrounding end-of-life decisions.

"We all want to be independent to the end, and wouldn't that be wonderful if we could?" said Joelle Angsten, chief medical officer for Tidewell Hospice. "But for the majority of us, that's not likely going to be the way and it may not be a realistic choice."

## Forums

### A conversation about the end of life

Dorothy Conlon's decision to end her life should spur significant community discussion. Two panel discussions are planned to offer the public opportunities to engage with experts on the topic:

■ Expert panel discussion presented by the Herald-Tribune, USF Sarasota-Manatee and Sarasota County Libraries. Tuesday, March 25, 2 to 3:30 p.m. Selby Auditorium, USFSM campus, 8350 N. Tamiami Trail, Sarasota. Seating limited. Doors open at 1:30.

■ Expert panel discussion presented by the Herald-Tribune, USF Sarasota-Manatee and Sarasota County Libraries. Thursday, March 27, 2 to 3:30 p.m. Jacaranda Public Library, 4143 Woodmere Park Blvd., Venice. Seating limited. Doors open at 1:30.

ONLINE: **HERALDTRIBUNE.COM/FINALJOURNEY**  
 Visit the online site to find more resources and additional information and statistics.

## Resources

**theconversationproject.org:** This website assists people with communicating their end-of-life wishes. There is an online "Getting Started" kit to help get that tough conversation started.

**deathoverdinner.org:** An interactive site that promotes the organization of dinner gatherings as a way to have conversations about end-of-life wishes and plans.

**finalexitnetwork.org:** An outgrowth of the Hemlock Society, Final Exit offers free counseling on end-of-life options for those suffering from a fatal or irreversible physical illness, intractable physical pain or chronic, progressive physical disabilities.

**agingwithdignity.org:** Aging with Dignity founder, Jim Towey was Mother Teresa's legal counsel for 12 years. She was the inspiration for Five Wishes, a popular living will. Aging with Dignity introduced Five Wishes in Florida in 1997; it meets legal requirements in 42 states.

**compassionandchoices.org:** Another outgrowth of the Hemlock Society, Compassion & Choices works to make aid in dying an option recognized throughout the medical field and permitted

in more states; increase patient control; reduce unwanted interventions at the end of life and pass laws ensuring access to end-of-life care options.

**Nhdd.org:** National Healthcare Decisions Day is a movement to inspire and educate health care providers and the public about advance planning.



## DOROTHY'S CHOICE

CONLON from 12A

days before her death, Conlon became increasingly irrational, insisting she could go to the bathroom though she could no longer stand, justifying her demands by saying, "I know I can be bitchy sometimes — now I have an excuse."

Only once did Conlon show a moment of vulnerability, bowing her head and laying it on Susan's chest.

"Dorothy, this has been harder for you than you thought it would be, hasn't it?" Susan prompted, hoping to elicit some release.

"She just nodded yes," Susan recalls. "There were no words, but it was like a surrender."

Yet Conlon continued to carefully track her own descent in the log she kept during her final days.

When she could no longer type, she had a team member record her dictated daily update:

7/18: 108 lbs. Still no sense of hunger, but increasing dry mouth, almost constant.

7/21: 104 lbs. Dream about filling plates with food and glasses with cold water; it woke me up thinking, "But I'm not eating and drinking now." Funny.

7/24: By far my weakest, worst day. Beginning of the end?

As the days went on, "Team Oz" frayed. Not quite two weeks into the process, Conlon was increasingly agitated and her caretakers debilitated, drained and overwhelmed emotionally and physically.

At least one team member felt an urge to call 911, but squelched the impulse after one of the others acknowledged it was too late to restore Conlon to health.

"I think this is a real dilemma that would challenge anybody's morality," says Tidewell's Angsten of the responsibility the team members assumed. "Then, to watch someone suffer adds a whole other dimension."

Since calling in medical personnel went against everyone's vow to respect Conlon's wishes, Carmen looked elsewhere for support. Through a team member, she found a woman who, while not professionally trained as what is sometimes called an "end-of-life midwife," had tended to her dying father and several other friends at the end of their lives.

Samantha agreed to help, though she later admitted she "had not understood that Dorothy was not unhealthy" — was not suffering from a terminal illness as she had assumed. She met Conlon two days before her death.

"I didn't tell her why I was there, but she said she knew," says Samantha, a single mother who calls herself a "gypsy." "My thought was that the team was causing her to hold on, and that because I wasn't emotionally attached to her, I could help her let go."

For the next 48 hours Samantha checked on Conlon, now lying on cushions on her living room to prevent a fall, four times a day. She performed some Reiki, read passages from Conlon's books to her and, since Conlon was now periodically losing consciousness, kept up a one-sided conversation.

On the evening of July 30, Samantha got no response. Conlon was breathing irregularly. She kissed her on the forehead and encouraged her to let go. Then she went home for the night, quietly closing the door behind her.

At 5:48 the next morning, Helen and Samantha remember waking abruptly from a deep sleep at their respective homes. Conlon was still warm to the touch when they arrived shortly after.

She had one arm raised above her head, as if waving to someone. There was a faint upward curve to her lips.

"She looked very peaceful," said another friend, who assisted with calling a doctor to obtain a death certificate. "She was entirely in control to the end and ultimately, it was the dignified death she wanted."

And yet, for everyone involved, an unease lingered.

"I admire what she did," the friend concluded. "But I think it was a very hard way to do it."

The members of "Team Oz," along with Samantha and the couple who had taken Conlon to the meditation garden, gathered in Carmen's living room several weeks later. Still shaken, they spent three hours processing their experience over cheese and wine.

No one had a change of mind about their support of Conlon's choice and her right to make it. But they all agreed they would never again offer to help in a similar circumstance.

"It did not change my views morally, spiritually or ethically at all, but if someone asked me to do this again, I'd tell them I want no part of it," says Helen. "I'd strongly suggest they look into all the reasons they want to leave — and then that they get some goddamn pills."

Carmen remembers sitting in her car one day after pulling into her driveway, watching and listening to the rain and thinking how much she valued living.

"I don't think Dorothy ever considered the burden you are putting on people by asking them to help," she says. "It's heavy, even just the knowledge of it. I would not offer to do this again."

Like the others, Heather, who is dealing with a parent suffering from dementia, believes there should be a better option than the one Conlon chose, one that is legal and swiftly accomplished.

"I would not do this with my mom unless she were medicated because of how long it took and because of how it created a vulnerability in everyone in-

involved," she says. "I still feel strongly that the way most people die in America is not what I want for myself or anyone I love. But this wasn't a good way and I would not participate in it again."

The day after Conlon died, Samantha retrieved the mail from the box in front of her home. Lying on the ground, about three feet to the left, was a slender gray feather. She took it as a sign.

"To me, it was confirmation that she had made it to the other side," Samantha says. "And I don't really care if anyone believes me or not. I sent it to Vicki."

Gray received the news of Conlon's death at her home in Virginia, where her partner was recovering from cancer surgery.

Days later, sitting on their balcony, the couple watched a bird they had never before seen in the area, a hummingbird, hover.

"The first thing I thought of when I

saw it was, 'That's Dorothy, come to visit,'" Gray said, likening the bird's hyperactive movements and diminutive body to the petite and passionate friend she now mourned. "We saw it maybe four or five times afterward and then never again."

When Gray received the feather from Samantha, she mentioned it in passing to her sister.

"But that's so funny," her sister said, "because after Dorothy died, I was unloading the car and this feather appeared in the trunk of my car."

She held up a tiny delicate feather, gray with barely discernible white dots.

Then Gray recalled her final creek-side meal with Conlon.

How the two of them had avoided talking about the fact that they would never be together again and instead focused on the blue heron, searching intently for its next meal, the dying light of the summer day bouncing off its feathers just before it dove, in search of whatever might lie beneath the still waters.

## Before the story, she was my friend

Long before Dorothy became my subject, she was my friend.

When I accepted a position with the Herald-Tribune in 2010 and made plans to move from New Mexico, I shared the news with my sister Sarah, in Vermont.

"That's great!" she said. "That's where Dorothy lives."

Sarah had met Dorothy on a trip to Nicaragua more than a decade earlier. They shared a love of travel, exotic cultures, foreign food and the written word. It was Sarah who eventually encouraged

Dorothy to write about her many travels and, later, produce a memoir of her life.

Sarah introduced us by email and I talked to Dorothy several times by phone even before I made my cross-country transition; it was deeply reassuring to have a ready-made friend in a place where I knew almost no one else.

Dorothy was on one of her many foreign trips when I arrived, but she called as soon as she returned and we had the first of what would become a regular rendezvous — morning coffee, a walk or wine and cheese in the "meadow" next to her condo along Phillip Creek. In the three years we shared time to-



Sisters Sarah (left) and Carrie Seidman met their friend Dorothy outside Conlon's condo. Sarah Seidman met Conlon while traveling in Nicaragua, and edited her three books. STAFF PHOTO / MIKE LANG

gether almost weekly, I also did a little editing for Dorothy and made suggestions for one of her books; most of the time when she asked for feedback, she immediately argued against the response and did what she'd wanted to do all along. I never took offense because she respected me as a writer, too. She often admired my output and longevity as a journalist.

"I don't know how you do it," she'd say.

But in fact, she did, because she wrote all the time. Not just her books and the articles she submitted to often obscure magazines for no pay, but a daily journal and emails to friends, updates on her Facebook page and the website she created to sell her books.

She left a paper trail a mile long, which is one of the reasons I was privileged to have unusual journalistic in-

sight when I finally wrote this story.

At the time Dorothy told me of her plan, I was still in active treatment for a recurrence of a breast cancer that had first visited me in 2007. I was sick from chemo and fighting hard to stay alive and here was someone — with no diagnosed illness or pain — who was fighting to die.

For that reason, and because she was my friend and I didn't want to lose her, I told her I could not embrace her choice. She accepted my stance more gracefully than she had any other contrary opinion I'd expressed.

Eventually, I offered my assistance with her "preparations" for departure — sorting through household goods, helping choose photos for her memorial, doing small errands — though I declined to be one of her caretakers. I asked that we say our goodbyes before

she began her fasting process. I'd watched both my parents linger in hospice and didn't want similar scenes to be my last memories of her. She said she understood.

Given my situation, and hers, Dorothy and I had talked fairly often about death, and the need for people to think about and make known their wishes before it became a necessity or an impossibility. The more I thought about her choice, the more I felt her example of a life well lived and a death well planned could provide a powerful incentive for others to dictate their own final chapters.

So a month before she died, I approached Dorothy with the idea of writing about her after she was gone.

She needed no convincing. She not only embraced the idea, she advocated for it. And eventually she gave me far more than I ever asked for.

In addition to several in-depth interviews I conducted with her before her death, she shared her journals, photo albums, snail mail and email files, memorial choices and, posthumously, the log of her final days, which she'd instructed a team member to give to me.

She also shared with "Team Oz" her enthusiasm for the story. As a result, they were incredibly helpful and generous in sharing their own, sometimes painful, experiences.

Dorothy might not like, or even agree with, everything I have written. But I have tried my best to honor her life and her choice to die, with honesty and respect. This account stays true to the intent we envisioned together: to raise questions and provoke conversations about a topic that is all-too-often taboo.

I am honored and humbled that Dorothy entrusted me with her remarkable story.

Carrie Seidman has been a journalist for 35 years, as a staff member of the New York Times, the Albuquerque Tribune, the Albuquerque Journal and the Los Angeles Herald-Examiner. She joined the Sarasota Herald-Tribune in September 2010 as an arts and dance writer.

CARRIE SEIDMAN