



Ministry of Justice

Case No.: 2013:0275:0127

CORONER'S REPORT
INTO THE DEATH OF

DEVANEY

Surname

DANIEL DAVID

Given Names

Of
Vancouver, BC
(Municipality of Residence)

I, Bilal Waheed, a Coroner in the Province of British Columbia, have investigated the death of the above named, which was reported to The BC Coroners Service on the 9th day of May, 2013, and as a result of such investigation have determined the following facts and circumstances:

Gender: ☒ Male ☐ Female Date of Death: 9 May 2013
Age: 60 years Time of Death: AM hours
Place/Municipality of Death: Residence, Vancouver
Municipality of Illness/Injury: Vancouver

MEDICAL CAUSE OF DEATH

(1) Immediate Cause of Death: a) Pentobarbital and morphine toxicity

Antecedent Cause if any: Due to or as a consequence of b)

Giving rise to the immediate cause (a) above, stating underlying cause last. Due to or as a consequence of c)

(2) Other Significant Conditions Contributing to Death:

By What Means Intentional ingestion of excessive amounts of central nervous system depressant medicines

Classification of death ☐ Accidental ☐ Homicide ☐ Natural ☒ Suicide ☐ Undetermined

Date Signed: 17 October 2013

Bilal Waheed, Coroner, Province of British Columbia

CORONER'S REPORT
INTO THE DEATH OF

DEVANEY

SURNAME

DANIEL DAVID

GIVEN NAMES

INVESTIGATIVE FINDINGS

Mr. Daniel David Devaney's death was reported to the BC Coroners Service on May 9, 2013. He had intentionally taken an excessive amount of pentobarbital to end his life.

According to information obtained from family members Mr. Devaney was injured in 1979. He was trimming a tree when his pruning shears came into contact with a high-tension electrical wire and he fell to the ground. The fall resulted in a fracture of the sixth thoracic vertebra resulting in paraplegia. Approximately ten years following this injury Mr. Devaney developed chronic pain due to the damage to his spinal nerves and was placed on narcotic pain medications by his physicians. He also sustained fractures of his lower limb bones which physicians had stated were due to osteoporosis as a result of his limited ability to move. Mr. Devaney had expressed the intention to take his life because of the continuous pain and the decreased quality of life caused by it.

According to information obtained from his physician he was taking M-eslon a sustained release preparation of morphine for the treatment of chronic pain.

On May 9, 2013 in the presence of a family member, Mr. Devaney ingested an excessive amount of pentobarbital obtained from another country. Mr. Devaney left a detailed letter addressed to the BC Coroners Service and a video recording explicitly stating that he was taking his own life because of chronic pain and was under no duress from any source.

TOXICOLOGY EXAMINATION

Postmortem toxicology revealed blood levels of pentobarbital at 37 mg/litre and of morphine at 1.70 mg/litre. The levels of both medicines are in the lethal range.

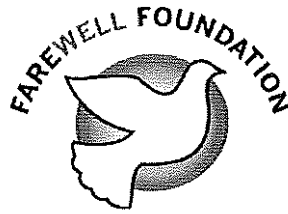
CONCLUSION

Investigations have revealed that Mr. Daniel David Devaney died on May 9, 2013 of pentobarbital and morphine toxicity.

The death is classified as suicide and no recommendations are made.



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Bilal Waheed, Coroner, Province of British Columbia



FAREWELL FOUNDATION'S PROCEDURES FOR ATTENDING A SELF-CHOSEN DEATH (Updated May 2012)

In July 2011 the Farewell Foundation for the Right to Die published *Draft Procedural Safeguards for Self-Chosen Death* for members who request assistance to end their lives. Since it is currently unlawful to provide the means and physical assistance for self-chosen death, Farewell Foundation cannot implement those procedures.

It is not unlawful to support or to attend a self-chosen death. The directors of the Farewell Foundation have prepared the following procedures to guide its activities for supporting members who request support and accompaniment at their self-chosen death.

The following procedures replace the July 2011 *Draft Procedural Safeguards* and are to be adopted into policy and binding on the Farewell Foundation for the Right to Die and its members.

The purpose of the procedures is to ensure that any member's decision to end his or her life is made on the basis of reliable information at a time when the member has the capacity to make the decision, is without inappropriate or undue influence, and is transparent and accountable to public authorities.

1. VALUES & PRINCIPLES

The following values apply to support in a self-chosen death:

1. No personal gain.
2. Respect for law, autonomy and self-determination. The Farewell Foundation does not counsel, aid, or abet self-chosen death.
3. Respect for the right of a person to make informed decisions about self-chosen death.
4. Regard for vulnerable persons at risk of impulsive suicide and the provision of referrals and services to protect them.
5. Appropriate processes to facilitate investigation of a death.

FAREWELL FOUNDATION FOR THE RIGHT TO DIE

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Internet: www.farewellfoundation.ca Email: info@farewellfoundation.ca
Telephone: (604) 521-1110

2. DEFINITIONS

"Self-chosen death" occurs in the manner, time, and place decided by the individual who dies. The decision to die is informed and carefully considered, voluntary, free from inducement, free from coercion, free from threats, and free from undue influence.

3. AUTONOMY & SELF-DETERMINATION

Pursuant to Canadian law, individuals have the right to personal autonomy and self-determination. This includes the right to life and the right to make personal and private decisions about the boundaries of one's life.

Individuals have the right to make decisions about the method, manner, time and location for ending their lives, as long as they have the capacity to make such decisions. They must respect that Farewell Foundation does not counsel, aid, or abet self-chosen death. Farewell Foundation has the right to set out the conditions for its support with a self-chosen death.

4. METHODS FOR A SELF-CHOSEN DEATH

Farewell Foundation supports methods that are humane and non-violent. It encourages best practices to prevent impulsive acts.

5. ORGANIZATION OF SUPPORT IN A SELF-CHOSEN DEATH

Farewell Foundation does not profit from self-chosen death. Depending on the nature of services, physicians, mental health workers, and compassionate companions may receive appropriate compensation from Farewell Foundation. Members requesting support with self-chosen death shall not be charged a fee for service.

6. PROCESS FOR SELF-CHOSEN DEATH

Farewell Foundation will assign a support team, consisting of two or more members of the Foundation, to each member who requests support with ending his or her life. Meetings with the support team may include relatives or friends at the discretion of the member, but the support team will meet at least twice with the member without the presence of relatives or friends or other persons who may exert undue influence.

The support team will document its dealings with the member requesting support. Meetings of members and the support team can include others for training and accountability purposes. The support team will contact the Directors as needed, especially if medical, legal or ethical issues arise.

If a member's request for support with a self-chosen death arises from a grievously and irremediable illness, the support team must take steps to ensure that it is not acting upon a misapprehension of medical diagnosis. Individuals considering self-chosen death should make decisions based on the best possible information. The support team should ensure that it is properly informed about a member's diagnosis and prognosis so that it can provide the best possible support.

If a member's request for support is due to non-medical reasons such as "completed life," the Farewell Foundation will confirm that the member has considered additional services, such as a care facility and other supports, to maintain or improve quality of life.

By law all adults are presumed capable of making informed decisions until it is demonstrated that they are not capable. The support team will document its impressions and conclusions concerning the lucidity of a member.

A written confirmation that there is nothing contrary to the member's capacity to make informed decisions is required no more than 14 days prior to the date which a member requests support at a self-chosen death.

If a member's capacity is in doubt, greater scrutiny and additional consultation is necessary. The support team must take care to ensure that a decision for self-chosen death is informed and voluntary.

The Farewell Foundation will not attend at a member's self-chosen death if the support team has doubt about a member's capacity to make informed decisions. For the Farewell Foundation to provide a member with support, we must be confident that the decision of a member to end his or her own life is based on a self-determined, well-considered, durable and balanced decision. The total situation of the member is considered in this assessment.

Due to the criminal law, the support team cannot have custody and control of medication, technology or other physical means for ending life. Farewell Foundation cannot ensure that self-chosen death is never impulsive and that no other person can accidentally or deliberately die. Therefore, members are encouraged to store their medication or technology safely.

If the Farewell Foundation agrees to attend at the death of a member, at least two members of the Foundation will be present. The time, manner and location of death are determined by the member wishing to end his or her life.

Documentation will be retained by the Farewell Foundation and will be disclosed as required to public authorities following self-chosen death.

No member of the Farewell Foundation will encourage or counsel or induce the suicide of any member. All members who request support with ending their lives will be referred to approved suicide prevention organizations that are independent of Farewell Foundation. The referral will be documented and it is up to the member to decide whether to act on the referral.

7. REPORTING OF DEATH

It is the responsibility of the support team to inform members of reporting of death requirements. Compliance with provincial and territorial law on reporting of death is expected. A copy of the case file will be provided to the coroner, medical examiner, or police investigator at the scene.

8.3 Decisional capacity

There must be no doubt that the member considering a self-chosen death is of sound mind and capable of making informed and voluntary decisions.

Through repeated conversations that include the topics of life situation, social environment and personal history, the support team will be alert to anything that may suggest the member does not have ability to make decisions about proceeding with a self-chosen death.

8.4 Independence, balanced decision-making and consistency in decisions for self-chosen death

A person considering a self-chosen death must make such a decision free from external pressures, particularly pressure from relatives and friends, or due to financial problems. Social isolation must also be considered.

Decisions by a person considering a self-chosen death must be consistent with their individual values as they relate to life and death, quality of life, intolerable suffering, knowledge of available alternatives and an awareness of the seriousness of a decision for self-chosen death.

8.5 The wish for self-chosen death must be consistent

To confirm the above, at least two separate conversations, in the absence of friends or relatives or any other person who may influence the decision, should be conducted by the support team. Exceptions to this must be documented and the support team must consult with the Directors. These conversations must be documented. This does not mean that friends or relatives are never present. Much can be gained by involving family and friends (e.g., information and translation).

FAREWELL FOUNDATION FOR THE RIGHT TO DIE DIRECTORS

Russel D. Ogden

Laurence Elisabeth Cattoire

Erling Christensen

John Lowman

Paul Zollmann

Revised May 5, 2012

About Exit International

Exit International was founded in Australia in 1997 by Philip Nitschke (PhD, MD) & has since become a global leader in the provision & advocacy of end-of-life information & choices.

In 1996, Dr Nitschke became the first physician to administer a legal, lethal, voluntary injection under the world's first right-to-die law, Australia's *Rights of the Terminally Ill Act* (1996-1997). Philip is the recipient of many awards, as well as being a six-time nominee for Australian of the Year.

As an organisation, Exit's focus is upon empowering Seniors & people who are seriously ill with the ability to make rational, considered decisions about their life & death. Exit also continues to play a leading role in law reform advocacy.

Exit International operates in Australia & New Zealand, Nth America & Europe, & is supported by an extensive network of local Chapters.

"As a rational adult, I have a right to the best end of life information ... only then can I make fully informed decisions about my future."

Dr Philip Nitschke



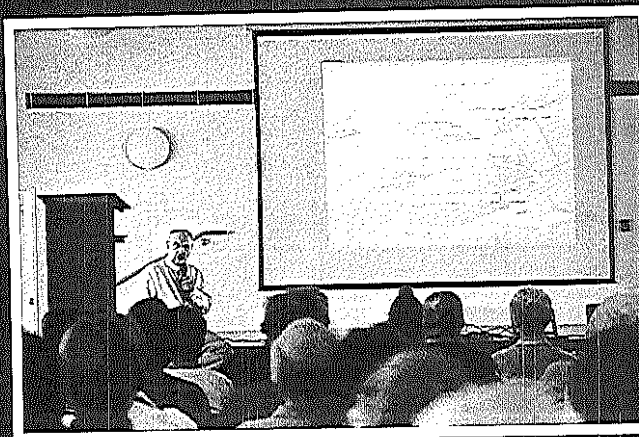
Member Services

Exit Workshops are held throughout the year in Nth America, Europe, Australia & New Zealand. Workshops focus upon practical information including useful drugs, the Swiss option, the use of Inert Gases & include extensive Q&As.

Exit Workshops are delivered in person by Dr Philip Nitschke. Workshops are free for Exit Members.

Peaceful Pill Forums Exit's online forums are an exclusive member/subscriber-only space for the exchange & discussion of ideas. The forums enable members' individual questions to be answered accurately & in real time.

Exit Local Chapters (branches) operate widely. These informal, friendly groups meet regularly for a range of activities (including coffee & chat). Chapter activities are free for members.



Exit Research

Exit Research & Development involves an on-going program of scientific endeavour into technology-based, end-of-life solutions.

Research results/ break-throughs are published as regular updates in the online *Peaceful Pill eHandbook*.

To date, Exit has focused upon multiple gas flow control systems for use with inert gases, a barbiturate ID test kit, long-term storage techniques for 'Nembutal' & the 'Exit Pill'.

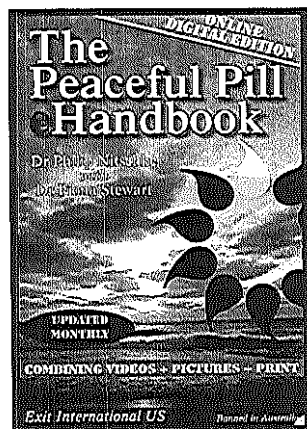
Via its ExitTech program, Exit encourages members to apply for funding for R&D projects whose outcomes may benefit those in the end-of-life choices movement. Exit's active R&D program positions it apart from all other organisations advocating for end-of-life choices.

Exit International is funded by memberships, donations & bequests which enable the organisation to provide:

- Exit Workshops
- Peaceful Pill Online Forums
- Local Chapter Meetings & Support
- Exit R&D (drug testing, inert gases etc)
- Deliverance newsletter (6 x year)
- Twitter & Facebook notifications
- Exit Membership Pack (inc badge/card)

Join today...

Exit Books



The Peaceful Pill eHandbook is available at www.peacefulpill.com

About the Peaceful Pill Handbook

The print edition of the *Peaceful Pill Handbook* is updated annually & is available at Amazon.com or Peacefulpill.com.

The online edition of the *Peaceful Pill eHandbook* is updated 6 times a year. A 24-month subscription allows readers access to all new updates as well as access to Exit's exclusive, online Discussion Forums. Features commonly updated include:

- 4 Chapters on Barbiturates: Online/offline sources, testing, manufacture, administration
- Exit laboratory developments
- Legal issues (as derived from cases before the courts)
- Use of Gases (Nitrogen/Helium)

The *Peaceful Pill eHandbook* includes over 2.5 hours of instructional videos & hundreds of hyperlink references. With new updates added regularly, the *Peaceful Pill eHandbook* is a dynamic, new form of publishing that offers the latest information in a real time format.

READ IT. WATCH IT.

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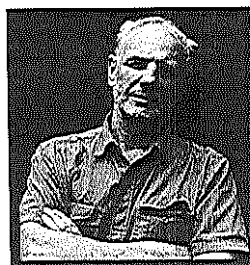
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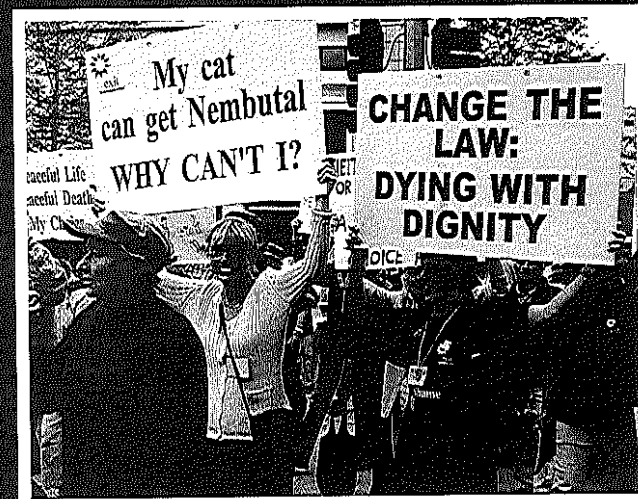
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Dr Philip Nitschke
Founder, Exit International

Exit International is the registered name of
Final Exit (Australia) Ltd.
Exit is an Australian non-profit public company.
ACN 102 986 005

Promoting End of Life Choice



- Meetings & Workshops
- Peaceful Pill Forums
- Local Chapters
- Nancy's Friends
- Exit R&D

Association

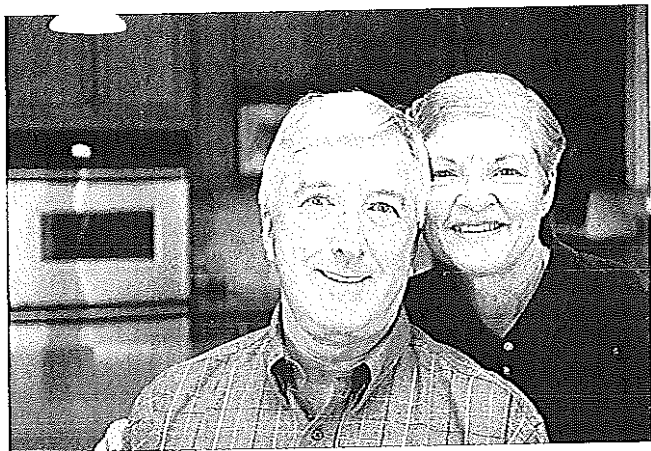
For Personal Resource Planning of Canada

2013

APRP: A non-profit association dedicated to fostering interest in and providing information about pre-planned funeral arrangements in Canada

Member Publication

Dear APRP Member: Having purchased a Group or Annuity Plan, you are automatically a member of the Association for Personal Resource Planning of Canada ("APRP"). APRP publishes an annual newsletter, and we are including a copy with your certificate or policy. Previous issues can be obtained by calling directly to 1.800.801.0800, ext. 12470.



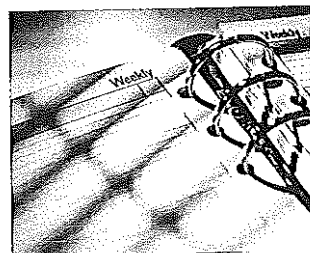
FUNERAL PLANNING, WHERE DO YOU BEGIN?

Funeral planning is a difficult process. It involves emotional stress, uncertainty, and financial decision making. Without planning ahead, the options and information surrounding funerals and arrangement preparations can seem overwhelming at an already complicated time. Pre-planning helps you to make personal and financial choices that leave you with peace of mind.

Pre-planning also allows you to *personalize* your service. Making final arrangements in advance lets you fulfill your wishes of how you want to be remembered – from that favorite song to your favorite flowers. The funeral should celebrate your life, your way, and eliminate the guess work for your loved ones.

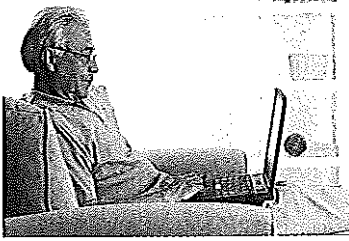
Laying the foundation for a well thought out plan for you or a loved one takes a bit of time, but it's worth every moment spent.

PRE-PLANNING CHECKLIST



- Prepare a contact list of individuals who should be notified in a medical emergency or death.
- Make sure a durable power of attorney for health care and a living will are in place so that your wishes are carried out if you are unable to do so.
- Give your Executor a copy of your Will.
- Make sure your representative has a list of important account information or telephone numbers for retirement plans, insurance policies, investments, bank accounts, safe-deposit boxes, properties, preferred law and accountant firms and mortuaries.
- Write an obituary or simply jot down information you would like included in an obituary.
- Choose the type of service you would like including the burial you prefer and make those arrangements. You will need to decide:
 - Cemetery lot location
 - Casket type; cremation urn type
 - Vault or sectional crypt
 - Type of service: religious, military, non-denominational, or fraternal
 - The contact details for the funeral home you designate to care for you
 - Pallbearers, music, flowers, scripture or other readings

How to Discuss Your Pre-Plan Funeral Arrangements with Family

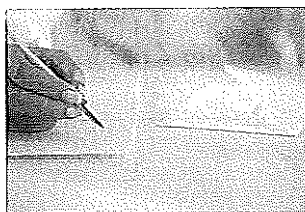


You've made all the arrangements for your funeral long before it's necessary: selecting the right package and payment plan, and getting your affairs in order, with plenty of time to spare. You can rest comfortably knowing that your family won't have to deal with the financial and emotional stresses of planning a funeral, however, there is still a fairly large hurdle to tackle: telling the important people in your life about the arrangements you've made.

Death and funerals continue to be a taboo subject in most families. This is a conversation worth having - in person not via email- and it's important that you make your wishes and decisions clear while you are able. Even if you haven't yet finalized your plans, and you're simply gathering information to make an informed decision, it's a good idea to include key loved ones in the process.

So how do you cope when life goes back to 'normal' - but not for you?

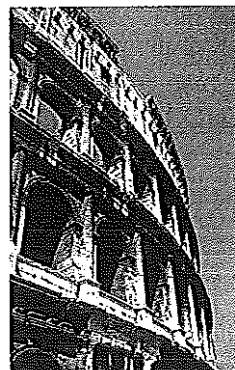
- Come back to basics. Make sure you are okay. Make a conscience effort to eat, stay hydrated, and rest. Meditate.
- Tell people what you need. People really want to be there for you. Let them. It will ease the stress and anxiety felt after the loss of a loved one.
- Do not isolate yourself. Most people grieving do just that. Don't stay too busy but locking yourself away can be more damaging and can impede on you getting back to 'normal'.
- Get the emotion out. Don't hold it in. There is nothing strong about 'being strong'.
- Write a Journal. Keep a diary. Write. It's a way to express your feelings, honestly and real. It reminds you of what you had and what you have lost and can bring a sense of comfort during this trying time.
- You may want to seek a professional assistance. They may be able to help you heal more quickly.
- Know that it is okay to move forward. The more pain you are in the harder it is to remember them properly.



The Road Not Taken

by Robert Frost

Two roads diverged in a yellow wood,
And sorry I could not travel both
And be one traveler, long I stood
And looked down one as far as I could
To where it bent in the undergrowth;
Then took the other, as just as fair
And having perhaps the better claim,
Because it was grassy and wanted wear;
Though as for that, the passing there
Had worn them really about the same,
And both that morning equally lay
In leaves no step had trodden black
Oh, I kept the first for another day!
Yet knowing how way leads on to way,
I doubted if I should ever come back.
I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood, and I
I took the one less traveled by, And that
has made all the difference.



Getting Older... see the world

*5 Top Travel Spots
for Seniors*

Prague

Ireland

Barbados

Rome

Seattle, Washington