compassion & choices

MAGAZINE

SPRING 2026

FREEDOM, COMPASSION, AND CHOICE - EVERY STEP OF THE WAY

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You make this possible.

Decades of dedication are changing what's possible at the end of life.

The movement for end-of-life care and choice is built by people like you — giving year after year, staying the course, celebrating hard-won victories, and never losing sight of what's at stake.

Today, more Americans than ever can make their own choices about their end-of-life healthcare because of you and your support.

We are in a pivotal moment.
We're making huge strides —
because you never stopped believing in this work.

Visit us online at **CandC.link/spring26** or email **info@CompassionAndChoices.org**

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Care and Choice at the End of Life

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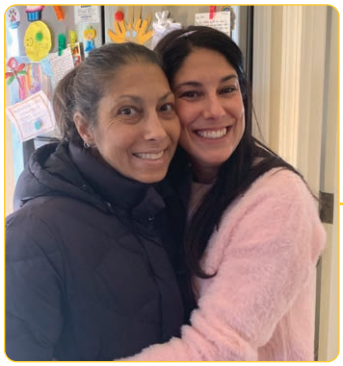

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Compassion & Choices improves care, expands options and empowers everyone to chart their own end-of-life journey. Learn more at **CandC.org**.

The Compassion & Choices family comprises two organizations: Compassion & Choices (the 501(c)(3)), whose focus is expanding access, public education, and litigation; and Compassion & Choices Action Network (the 501(c)(4)), whose focus is legislative work at the federal and state levels.

QR codes (these squares) offer a simple way to access online content without typing lengthy web addresses. To use one, open your smartphone's camera and aim it at the square. A notification will appear; tap it to be directed to the website. For added clarity, the corresponding website address is also printed next to each code.

Now more than ever you're in the driver's seat of your care

The movement for end-of-life autonomy is at an inflection point — and if you're reading this letter, you helped get us here.

Propelled by real people's stories, over the past year we've achieved major legislative wins, realized legal victories, and strengthened partnerships with community leaders, healthcare professionals, policymakers, and civil rights allies.

From the statehouse to the exam room to the kitchen table, more people than ever are demanding the right to make their own decisions about their care.

Medical aid in dying is just one part of this movement. Our work is holistic: improving hospice and palliative care, empowering people to plan for the end-of-life experience they want, and protecting patient decision-making.

The stories in these pages demonstrate just how interconnected these different parts of our work are. Ken Pauley's wife, Chris, worked with her oncology team at UC Davis and her pharmacist to continue pursuing treatment for her cancer while also qualifying for medical aid in dying. Here's what Ken shared about their experience:

"Throughout our journey, we realized how important it is to know what your options are — it's not just going through or declining treatment. You also have a choice in how you manage your care, and that includes how you want your life to end."

Other stories highlight the role community plays in end-of-life care: Fran Volkmann's wife, Joan, cherished her last days during VSED surrounded by loved ones; Sera Passalaqua's sister Christina took her aid-in-dying medication in a room with thirty friends and family members wearing Mickey Mouse ears in a tribute to her desire to go to Disneyland.

These stories are proof of what this movement can do, of what's possible when people have access to compassionate end-of-life care in line with their values. That's the world we're building — together.

With gratitude,

Kevin Díaz, JD

President & CEO

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In the media

TIME

TIME100 Health 2026

Kevin Díaz, president and CEO of Compassion & Choices, was named to the TIME100 Health list of the most influential people in health. "We're working to redefine what the gold standard of end-of-life care looks like in the United States," Díaz says. "We advocate for patient-directed care, where clinicians bring expertise, and loved ones and communities provide the support, but patients are the ones who set the goals."

New York Magazine

How One Doctor Changed New York's Right-to-Die Law

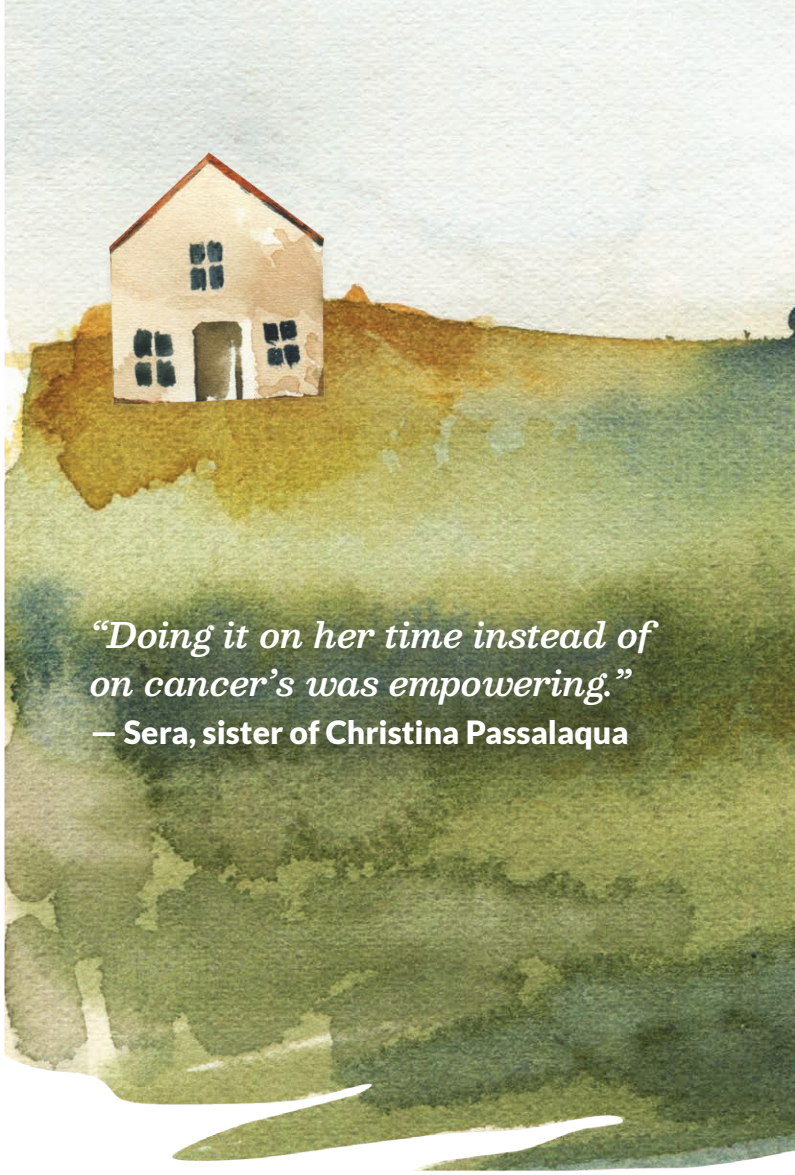
New York Magazine profiled Compassion & Choices advocate Dr. Jeremy Boal, a physician and geriatrician living with ALS who became a central advocate for medical aid in dying in New York. The piece described Boal practicing dying daily through meditation known as maranasati, a Buddhist practice, as he faces a terminal prognosis. "It sounds morbid, but it's actually incredibly helpful to go through the process of imagining those last few hours and letting go of my possessions, letting go of my relationships, and wishing people well."

MSN

Advocates Urge Georgia Black Families to Discuss End-of-Life Plans

Compassion & Choices advocates urged Georgia's Black families to begin end-of-life planning conversations during Black History Month, framing advance care planning as an act of love rooted in community rather than paperwork. Advocates recommended starting with personal stories of good deaths and opening discussions in trusted spaces like churches and family reunions. ©

Your care, your options: The full picture



In January 2023, on the last day of her life, thirty of Christina Passalaqua's closest friends and family gathered around her — all wearing Mickey Mouse ears.

Christina had spent most of the previous three years undergoing extensive treatment for breast cancer, and, later, stage 4 pancreatic cancer at Sutter Health/Palo Alto Medical Foundation. By October 2022, treatment became more problematic for Christina than the disease itself. She decided to focus on living: She made it to her 50th birthday, did a beach tour in an RV with her husband and children, saw her niece turn 4.

A few weeks after concluding treatment, Christina began the request process with her Sutter Health care team for an aid-in-dying prescription, and they connected her with a local hospice to lend support during her last days.

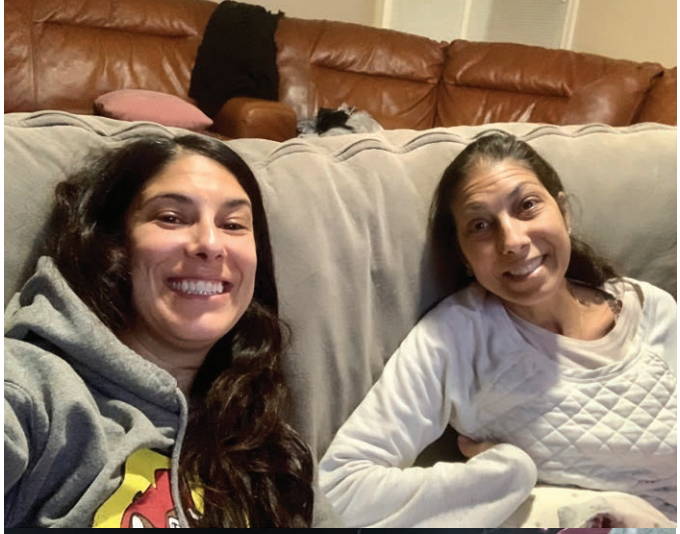
On January 9, Christina's loved ones, including her sister Sera, donned the Mickey ears to honor her dream of going to Disneyland before she died. When the hospice doctor showed up, he put on a pair, too. Christina died peacefully in her sleep less than an hour after taking her medication.

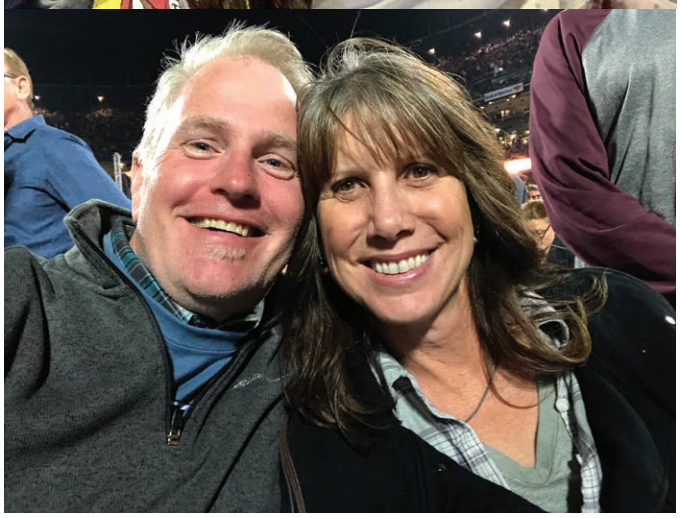
"Christina wanted every one of us to be a part of it," Sera shared. "Doing it on her time instead of on cancer's was empowering."

Medical aid in dying: One piece of the puzzle

Navigating end-of-life care can be like putting together a puzzle, taking into account your needs, your values, and your existing options — including curative treatment, palliative care, hospice, VSED, medical aid in dying.

Ultimately, the pieces should come together in a way that reflects your values, as it did for Christina.





Sera and Christina Passalaqua (top), Ken and Chris Pauley (bottom)

For Chris Pauley, this looked like continuing to pursue treatments — immunotherapy followed by three clinical trials — for melanoma while also going through the process of qualifying for medical aid in dying, all with her oncology team at UC Davis.

"Throughout our journey, we realized how important it is to know what your options are," Chris's husband, Ken, said. "It's not just going through or declining treatment. You also have a choice in how you manage your care, and that includes how you want your life to end."

Four days after Chris and Ken met with hospice, she decided it was time. Chris died on her farm, by Ken's side, her beloved mule, Angus, and horse, Frankie, in view.

The full picture of end-of-life care

Medical aid in dying is one option within the full spectrum of end-of-life care, and many people who are eligible for it don't realize it's within reach. But knowing it exists and knowing how to access it through your existing care team are two different things.

Start conversations early with your healthcare provider and loved ones about what matters most to you at the end of life. Ask about different paths to achieving what's most important to you.

Thanks to integrated care programs, accessing medical aid in dying was no different than any other option Christina Passalaqua or Chris Pauley chose for themselves: informed, self-directed healthcare to the last moment.

Your care should likewise reflect your values, your wishes, and your definition of a good life — all the way to the end. ©

You have the right to know your options. Visit **CompassionAndChoices.org** to learn the laws in your state, get conversation guides, and connect with our care consultation team at no cost.

Understanding voluntarily stopping eating and drinking (VSED)

When Julie Steele's mother, Gigi Steele, was diagnosed with Lewy body dementia in 2020, she made her end-of-life care wishes clear: She didn't want to spend months or years unable to recognize her family, and she didn't want to live in a skilled nursing facility.

What wasn't so clear was how Julie and her family could help Gigi have the end-of-life experience she wanted. Both Julie and her mother had spent their careers as nurses, but they felt ill-equipped for Gigi's situation.

Unsure of their options, Julie reached out to Compassion & Choices' helpline.

"The person I spoke with was so kind and helpful," Julie said. "When they asked if I had heard of VSED [voluntarily stopping eating and drinking], I said no. I was surprised — I'd given lectures on death and dying to nursing students, but I'd never heard of VSED."

Gigi was thrilled and relieved that VSED gave her a lawful option for dying on her terms with her family around her.

"Our family was one hundred percent on board," Julie said. "It was clear these were Mom's wishes. Our job was to honor them."

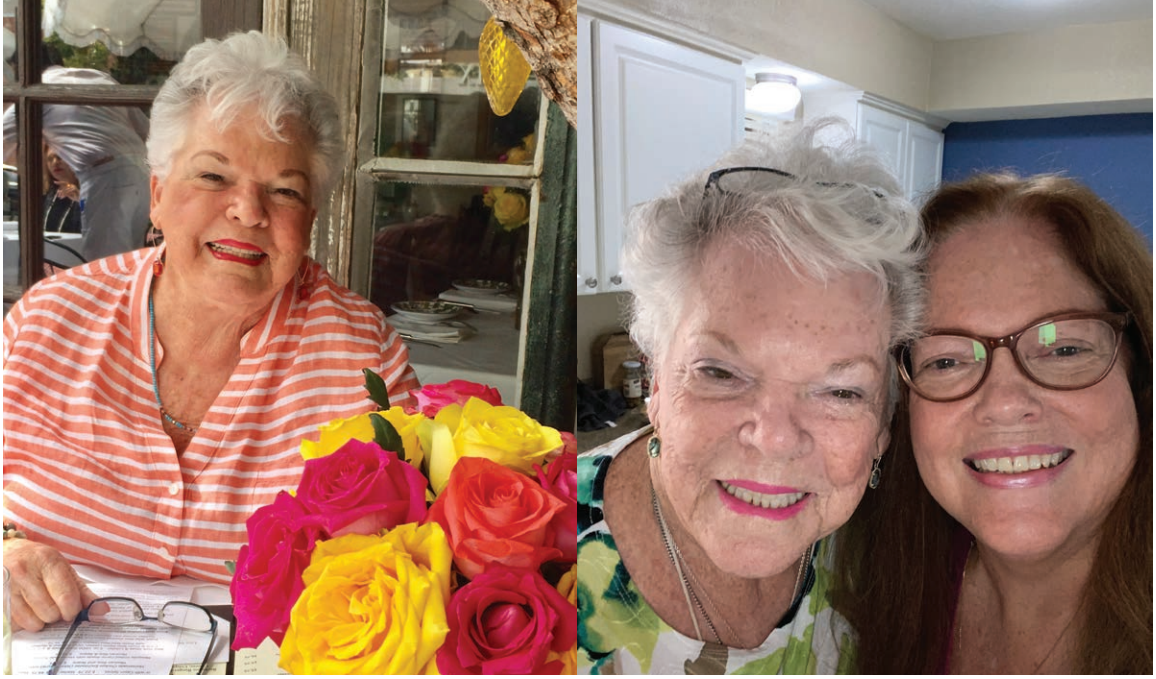
What is VSED?

Voluntarily stopping eating and drinking (VSED) is a lawful, ethical, and profoundly personal end-of-life care choice, yet it remains one of the least understood options.

A person who chooses VSED is choosing to forgo all forms of nutrition and hydration in order to control how and when they die. For many people, VSED is not a last resort or an act of desperation; it is a deliberate, protected expression of autonomy.

Is VSED right for me?

Typically, VSED is a choice made by adults approaching life's end who want more control over the timing and manner of their death. Most people who choose this option for dying are already near the end of life due to illness, in serious or accelerated physical health decline,



Gigi Steele and Julie Steele

or facing impending cognitive decline from diseases like dementia.

Fran Volkmann's wife, Joan Cenedella, chose to voluntarily stop eating and drinking following an Alzheimer's diagnosis.

For Joan, VSED was a way for her to die in her own home, with her friends around her, remaining "herself to the end," which would later become the title for Fran's book chronicling Joan's experience.

It was apparent to all Joan's friends and loved ones who gathered around her during VSED that Joan was truly cherishing her last days.

And for Fran, "It left me overwhelmed with gratitude."

How is VSED different from medical aid in dying?

Unlike medical aid in dying, which is currently authorized in 13 states plus Washington, D.C., VSED is a lawful end-of-life care option available in all states.

Sometimes dying people choose VSED because they are not eligible for or cannot access medical aid in dying where they live. However, beginning the VSED process is not a way to become eligible for medical aid in dying.

What steps can I take to have a peaceful VSED journey?

If you choose VSED, you should plan carefully to be sure you receive adequate symptom management, comfort care, and emotional support. Hospice services, end-of-life doulas, and caregivers can help you during your process. It's important that your care team and loved ones who will be involved are on board with your decision and have open, ongoing conversations about how they can collaborate to achieve your wishes.

You might consider documenting your plan to choose VSED in an advance directive and, if possible, make a short phone video to show your well-thought-out intentions. (While your advance directive provides guidance to caregivers, the decision to choose VSED is made

Fran Volkmann and Joan Cenedella

"For Joan, VSED was a way for her to die in her own home, with her friends around her, remaining 'herself to the end.'"
— Fran Volkmann

while you have mental capacity to do so and is up to you; regardless of what is stated in your advance directive, no one else can choose to withhold food or water for you.)

In the cases of Joan and Gigi, each had a robust support system in place for caregiving, including hospice, family members, friends, and neighbors.

What does the VSED process actually look like?

Because VSED is a natural process, the symptoms and timeline can vary from person to person. For some, it can feel like a gradual, peaceful transition. For others, it may be more physically and emotionally challenging. Age, overall health, medications, illnesses, body type, fluid retention, and even a person's readiness to let go can all influence how the process unfolds.

During Gigi Steele's VSED process, her family kept a spray bottle of ice water and mouth swabs to moisten her mouth, plus lip balm and lotion to keep her comfortable. Medications for anxiety and sedation were also key to her comfort during the process.

Seven days after starting VSED, Gigi died. Julie and her brother were holding her.

"We expected it would take longer," Julie said. "When I talked to the doctor about this afterwards, he simply said, 'She was very determined.'"

Four years later, the peace and love of Gigi's last days inspired her sister — at the age of 85 and facing progressive dementia — to choose VSED, as well. She died peacefully in December 2025, cared for by her sons. ©

VSED is a lawful end-of-life care option — and you don't have to navigate it alone. Download our new VSED guide and connect with a care consultant at **CandC.org/vsed**.

National Programs Update

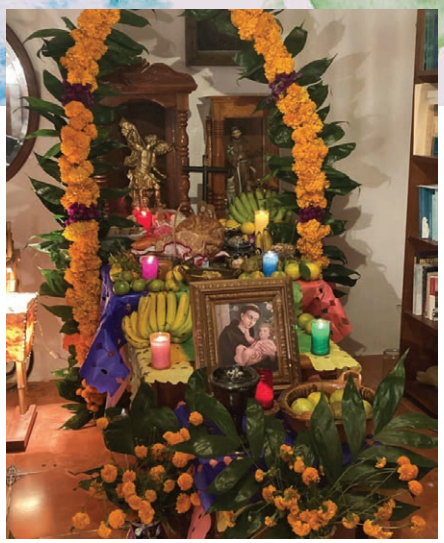
Every day, we're working to ensure communities have access to the information and resources needed to make informed end-of-life decisions — and to equip healthcare systems and professionals to support individuals on that journey. Read on for updates on these efforts!

Educating clinicians and communities about new aid-in-dying laws

As Delaware, Illinois, and New York have authorized medical aid in dying over the past year, Compassion & Choices has been informing clinicians and communities in these states about this new end-of-life care option. Efforts have included …

- Creating a resource guide for clinicians in Delaware, Illinois, and New York to help them support eligible patients in accessing medical aid in dying.
- Hosting webinars, including a series for healthcare professionals in Delaware covering the law, responding to patient requests, and more.
- Meeting with partners, professionals, agencies, and healthcare systems — from the ACLU of Illinois to the Delaware and New York Departments of Health — to discuss the laws and their implementation.
- Offering educational presentations and sharing resources at universities, senior centers, and community events.

We look forward to continuing to support new states in growing awareness of the full range of care options available at the end of life.

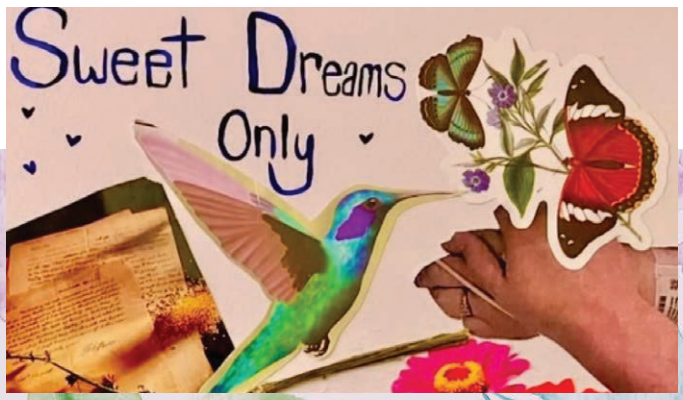


Wisdom and resilience: Community voices on end-of-life care

Enter a digital gallery that reveals how identity, culture, faith, and lived experience shape perspectives on the end of life.

Compassion & Choices invited 45 people to take part in PhotoVoice, a participatory research project. Through photography and narrative storytelling, participants reflected on their experiences with end-of-life care, the changes they hope to see in healthcare, and how their diverse communities inform their views on death and dying.

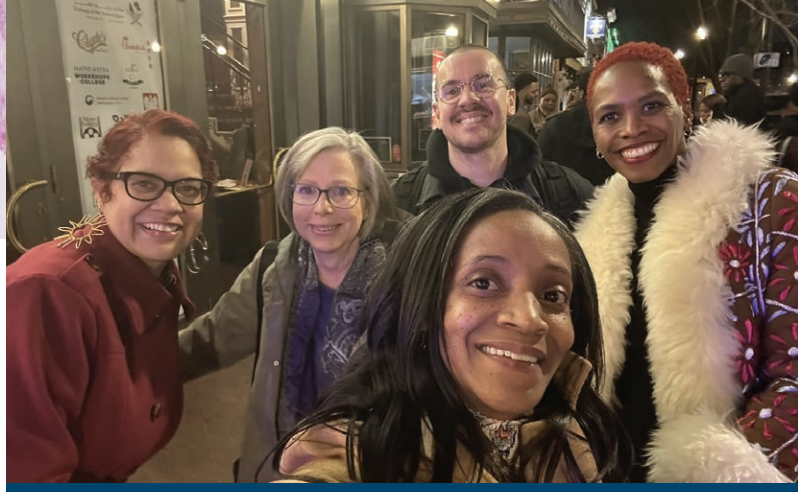
The digital gallery invites visitors to learn, reflect, and honor these visions of more equitable, culturally responsive care. Explore at: **CandC.link/sp26pv**



Right to Die: Barbara Mancini reclaims her story

Barbara Mancini made headlines when she was arrested for aiding her father's death before a judge dismissed the charges. Years later, she faced another uphill battle while her mother was dying. *Right to Die*, a new short documentary from Compassion & Choices, shares Barbara's story and explores what it takes to truly honor someone's wishes.

For Chief Engagement Officer Brandi Alexander, the premiere in February was a full-circle moment — from standing with Barbara at her trial years ago to now seeing her story on screen. The evening reflected the power of storytelling and the lasting relationships that are forged through life's defining moments. Watch the film at **CandC.org/Right-To-Die-Film**



Wendy Minor, Barbara Mancini, filmmaker Wren Rene, Brandi Alexander, and Dr. Sonja Richmond at the DC Independent Film Festival

Expanding advance care planning in Latino communities

Compassion & Choices is a proud partner of Ventanillas de Salud or "Windows of Health," an initiative implemented by Mexican consulates in the United States that aims to improve access to health information and services in Latino communities.

In the second half of 2025, Compassion & Choices collaborated with Ventanillas de Salud and other partners to reach nearly 25,000 people through community presentations and outreach. We shared care planning information and resources, supporting more than 8,700 people in completing advance directives. This impact highlights what's possible when trusted community partners come together to expand knowledge and support.

A Jewish lens on medical aid in dying

As a hospice chaplain, Rabbi Sarah Rensin believes "our job [as clergy] is to be with people on their journey, including when they choose medical aid in dying to compassionately end their suffering."

Together, we recently launched a new small-group curriculum, Medical Aid in Dying Through a Jewish Lens. It explores various aspects of the practice and invites Jewish communities to reflect on and prepare for the end of life.

Your questions, answered

What is decision-making capacity, and why is it required for accessing medical aid in dying?

Decision-making capacity is a person's ability to understand their medical situation and make informed decisions about their care. Because medical aid in dying is a patient-driven care option, all U.S. laws require that mental capacity be confirmed before someone receives the prescription. This ensures they understand their diagnosis and prognosis and can decide whether medical aid in dying is the best option for them.

Are medical-aid-in-dying laws in the United States and Canada the same?

No, aid-in-dying laws in the United States differ from those elsewhere — including Canada. Each country has distinct legal and healthcare structures with different eligibility criteria, safeguards, and processes.

Two differences are eligibility and administration. In the United States, medical aid in dying is only available to those with terminal illnesses, and the medication must be self-administered. Medical assistance in dying in Canada is available to any adult with a grievous, irremediable medical condition that causes intolerable suffering, and the medication may be administered by a clinician. ©

Have another question?

call compassion

800.247.7421

Contact Call Compassion to receive personalized support and resources. Leave a voicemail at **800.247.7421** or send an email to **info@CompassionAndChoices.org** to get started.

Victory in New York

We achieved an important milestone but our work is not done.

New York achieved a historic milestone on February 6, 2026, when Governor Kathy Hochul signed the Medical Aid in Dying Act into law. Her signature followed years of advocacy, testimony, and personal sacrifice by Compassion & Choices supporters and their allies. Now, in the nation's fourth most populous state, this right is no longer theoretical; beginning August 5, 2026, it will be real and available to eligible terminally ill people in New York.

For people facing the end of life, this law affirms a basic truth: Your body remains your own. Even in the final stages of illness, you retain the authority to decide how you want your last days to unfold and

who you want beside you. Serious illness can take away independence, privacy, and control. Medical aid in dying cannot remove disease, but it restores agency at a moment when so much else has been taken.

This victory matters deeply. But treating it as the finish line would betray the very people who fought hardest for it.

Numerous New Yorkers who would have chosen medical aid in dying died during the years it took to pass this law. Many knew it would not come in time for them, yet they advocated anyway. They shared their stories publicly while their bodies were failing, not for their own benefit but to help others. Among them were Ayla Rain Eilert, Bernadette Hoppe, Youssef Cohen, Brian Moffett, and Jay Kallio — people who loved and were loved, whose courage helped make this moment possible. Honoring them requires more than gratitude; it requires action.

First, everyone should know this right exists. A law that lives only on paper cannot change lives. Communities across the state — urban and rural, affluent and struggling, English-speaking and not — deserve clear, accurate information about what medical aid in dying is, how it works, and who qualifies. Silence breeds misinformation, and we cannot allow confusion or stigma to shape public understanding.

Second, we must normalize conversations about death long before a crisis strikes. Too often, families are forced into urgent decisions in emergency rooms without knowing their loved one's wishes. Advance directives, healthcare proxies, and serious-illness planning are not morbid tasks; they are acts of care that reduce anguish and allow people to live more fully in the time they have.

And there is still more to do. Choice is meaningful only when real alternatives exist. Governments at every level must invest in home- and community-based services, strengthen long-term care, and ensure hospice and palliative care systems are equitable, high quality, and accountable.

The law is a milestone, not the destination. The people who fought for this right understood that autonomy at the end of life should be embedded in care. Our mission is to transform the healthcare system into one that is worthy of that trust — one where talking about death is not taboo, caregivers are supported, hospice is strong and accessible, and every person facing terminal illness knows their voice still matters.

Medical aid-in-dying legislative updates

Legislative actions can change quickly. This information is accurate at time of printing. See **CandC.org/state-advocacy** for the most up-to-date information.

CONNECTICUT

Because of the limits of a short legislative session, a medical aid-in-dying bill was not introduced for 2026. Instead, the Connecticut team is strategizing for a stronger path in 2027. Volunteers are leading statewide outreach through events like film screenings, death doula–guided conversations, and other community events, helping to create open, human conversations in ways that reflect each community's needs. Inside the Capitol, the team has continued building and maintaining steady relationships with lawmakers as they work toward securing a future public hearing. Further, a recent well-attended press conference and lobby day with advocates and lawmakers shows strong public support. All of this important work prioritizes engaging candidates and deepening local connections, thereby building the momentum needed for meaningful progress in the 2027 legislative session.

DELAWARE

The Delaware team is focused on supporting and guiding the Delaware End-of-Life Options Act through its first year. The Department of Health and Social Services published the law's final regulations and written request form in March, a critical step in the process. We serve as a medical aid-in-dying resource, fielding questions from legislators, community organizations, and care institutions and leading educational efforts with programming centering both healthcare professionals and the general public. Compassion Legal continues to defend the End-of-Life Options Act from a lawsuit, *Curran v. Meyer*, filed by the anti-medical-aid-in-dying group Institute for Patients' Rights. In April, we filed an amicus brief in their appeal of their lawsuit's dismissal on behalf of Delaware advocates Susan Boyce and Vicki George and Compassion & Choices Action Network.

FLORIDA

Team Florida continues to lead an impressive Finish Strong educational campaign throughout the state, conducting presentations at continuing care retirement communities and Hospice and Palliative Nurses Association events, presenting at conferences alongside local and state partners, and sharing countless advance care planning resources via social media and supporter newsletters. The team

looks forward to two upcoming conferences, LeadingAge Southeast and Florida Council on Aging, where they present these materials to hundreds of attendees. Team Florida closely monitored HB 369/SB 312 throughout the 2026 legislative session. Although these bills — which would have played a critical role in advancing patient-directed medical orders in Florida — did not move forward, our continued commitment to statewide education on advance care planning will support the success of similar efforts in the future.

ILLINOIS

In Illinois, the team is leveraging our organization's decades-long, nationwide experience with medical aid in dying to ensure that we are ready to support the state, medical community, and general public once "Deb's Law" takes effect in September. We are working across departments to develop key materials, including fact sheets and informational packets, and planning educational events for a variety of audiences. At the same time, we are keeping the cause in the media: to coincide with Women's History Month in March, we commissioned a story with Public News Service recognizing Suzy Flack's and Deborah Robertson's roles in getting Deb's Law across the finish line. The story quoted Callie Riley, regional advocacy director, and reached an estimated audience of 231,000 listeners across the state.

MARYLAND

The Maryland Compassion & Choices 2026 Education and Awareness Campaign is a targeted statewide initiative designed to build momentum ahead of the 2027 legislative session. Although the medical aid-in-dying bill will not be introduced in 2026, the Ask the Candidate Campaign will engage voters and hold candidates accountable for their positions. By concentrating resources in priority areas, the campaign ensures the medical aid-in-dying issue remains visible, relevant, and urgent among constituents and policymakers. Through strategic outreach and community engagement, the campaign aims to strengthen public understanding, expand grassroots support, and prepare advocates for effective action when the legislation is reintroduced.

MASSACHUSETTS

In a March public forum, the Senate president said she needed to hear from her members that they want to vote on the End of Life Options Act this year. Compassion & Choices

Action Network is coordinating with our partners, legislative champions, and advocates across the state to weigh in with their senators and urge them to let the Senate president know they want to vote now! Additionally, the House members of the Joint Committee on Health Care Financing requested a reporting deadline extension of our bill. They now have until June 15 to take action. We continue to reach out to the House members of the committee, urging them to move the bill forward.

MINNESOTA

Dedicated advocates have kept the Minnesota End-of-Life Options Act in the state and national spotlight in 2026. The *Star Tribune* published advocate Tom Albin's commentary about his desire to have the option of medical aid in dying in his home state of Minnesota as his ALS progresses. The story was picked up by *People* within 24 hours. The *Minnesota Reformer* published retired hospice chaplain Reverend Ed Holland's commentary about how the option of medical aid in dying can affirm one's faith, timed to coincide with the season of Lent. He writes: "At the end of life, the most faithful response is one rooted in love: supporting the dying, surrounding them with compassion, and trusting them to make the deeply personal decisions that define their final days."

VIRGINIA

As we shared in the Winter Magazine, we had incredible momentum and energy going into the Virginia legislative session, which kicked off on January 14. Senator Jennifer Boysko and Delegate Patrick Hope filed medical aid-in-dying legislation in the Senate and House, respectively. The week of January 26, advocates held a week of action, with hundreds of emails, phone calls, and in-person meetings taking place. A public hearing was held on February 3, and the bill was reported favorably out to the full Senate committee on Education and Health by a 3-2 vote. Unfortunately, individuals within the Medical Society of Virginia (MSV) made a coordinated effort to change the position of MSV from "neutral" to "opposed" on medical aid in dying. Using scare tactics about the "slippery slope" and Canada's experience with their medical assistance in dying law, they were able to sow enough seeds of doubt that two senators who had previously supported the bill voted no in committee. On February 5, the committee voted 7-8 against reporting the bill out favorably. This vote indicated to the House that the Senate wasn't going to move the bill any further, and on February 11 tthe House Courts of Justice Committee decided to table the bill until next session. ©

Leave a legacy of compassion.

A gift in your will keeps this work going for generations to come.

One of the most powerful ways to advocate for end-of-life care options across the country is through the language of your will, trust, or beneficiary designation.

Are you including Compassion & Choices in your estate plans? Let us know! Hearing from you means the world to us — and helps us plan for the future you want to build.

Contact **plannedgiving@CompassionAndChoices.org** to share your plans or learn more about legacy giving, or visit **CandC.link/spring26** to give today.

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Care and Choice at the End of Life

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800 247 7421
CompassionAndChoices.org

Have questions about end-of-life care?

Whether you're planning ahead, navigating a serious diagnosis, or facing barriers to the care you deserve, we're here, and we're not afraid to talk about it.

Call Compassion connects you with personalized information, resources, and support — wherever you are in the journey.

The Call Compassion helpline is not a mental health or crisis line.

call compassion

800.247.7421

Leave a message at **800.247.7421** and get connected.