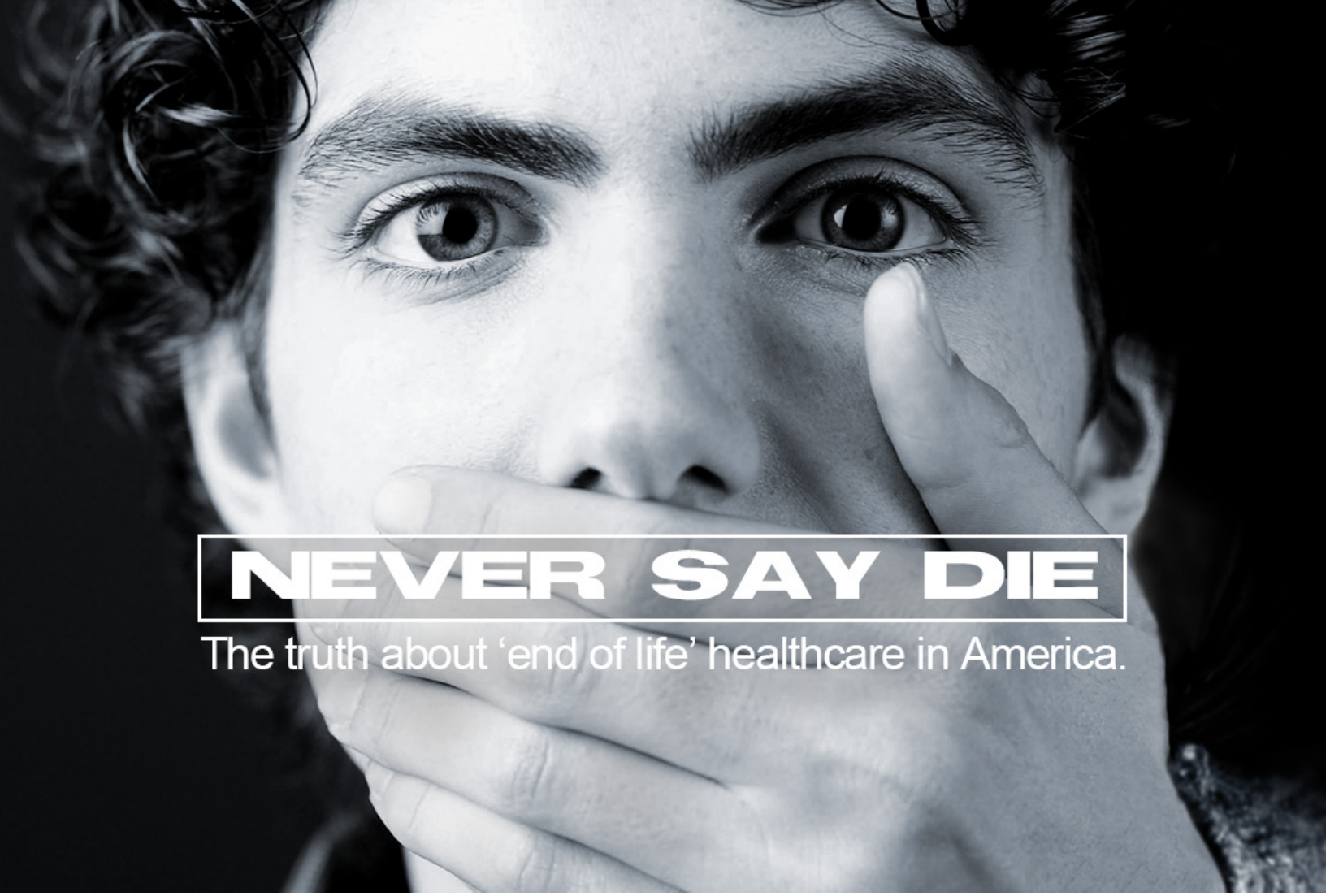


DEATH IS AN ABSOLUTE CERTAINTY.

America's denial of this universal truth has become a source of personal tragedy and social crisis. Our modern healthcare system, with its remarkable technology, drugs, and specialists, is partly to blame for the delusion that a cure is always possible and dying is never an option. We rage against the end of life at all costs, often subjecting ourselves and our loved ones to insufferable deaths marred by a litany of costly, painful — even violent — medical treatments. Our "never say die" American mantra has inspired a culture whose faith in science has outpaced its reverence for reason and humanity. The time has come for us to do better.

Our goal is to break the taboo and secrecy surrounding death, honestly revealing how Americans die and the end-of-life choices available to them. We will expose the shocking toll our system takes on patients and their families, and explore the anguish healthcare workers endure when treating the terminally ill with futile procedures. While modern medicine has succeeded in lengthening our lives, we must consider whether those final days are spent really living, or merely dying.

Filmed in Detroit, a uniquely American city that has seen both dizzying growth and ruinous decline, Never Say Die will follow a new breed of palliative care experts and their patients as they confront the American healthcare system — and their own mortality.

This will be a documentary that transforms public perception, but only if you join us. Together we can begin to address the crisis surrounding dying in America and ignite the social resolve needed to transform this national tragedy into a movement of hope.

THE *WHY* OF THE FILM

Why Now?

How Americans are dying is the single greatest moral and financial medical crisis of our generation. The drama plays out on a daily basis in hospitals, hospice centers, and homes across the country, forcing families and their caregivers dangerously close to the breaking point. Our population is aging, our healthcare costs are skyrocketing, and our society is ill prepared for the coming "silver tsunami" of Baby Boomers. The far greater tragedy is that our medical system is mishandling, and even tormenting, the most vulnerable among us — those at the end of life. The shortcomings of modern end-of-life care are widely documented and denounced, most recently in a groundbreaking report by the Institute of Medicine; yet the average American — even the average healthcare provider — seems neither prepared for nor engaged in addressing the difficult issues surrounding death. The first step in averting disaster is to pull back the curtain — exposing the issues, breaking the taboos, and empowering Americans to change how we die.

Why a Documentary?

In the digital age of Twitter, Facebook, and sensationalist media, "dry" statistical data struggles to capture the attention of the public and is unlikely to generate meaningful *action*. To truly inspire interest and change, we are compelled to show the crisis, not merely report on it. We must engage Americans on an emotional level by exploring real-life stories and introducing characters with whom the audience can connect. As socially transformative films like *Super Size Me, Blackfish,* and an *Inconvenient Truth* have demonstrated, it often takes a documentary to spur far-reaching change. It's time to create a film that makes dying an integral part of the national dialogue.

Why Detroit?

Detroit is an all-American city that for many years has raged against its own slow death. The historic home of Motown and the birthplace of our country's automobile industry, Motor City's dramatic highs and lows present a rich, textural backdrop for filmmaking. Detroit is home to a diverse population and a vibrant, thriving medical community that includes a group of dedicated palliative care specialists, hospitals, and programs, which have granted us unprecedented access to patient care at a depth that has never before been captured. Detroit is also a city whose financial woes and subsequent bankruptcy have, in part, been precipitated by ballooning healthcare costs. By exploring the struggles of the patients, doctors, nurses, and citizens of Detroit, we will tell a story in which every American has a stake.

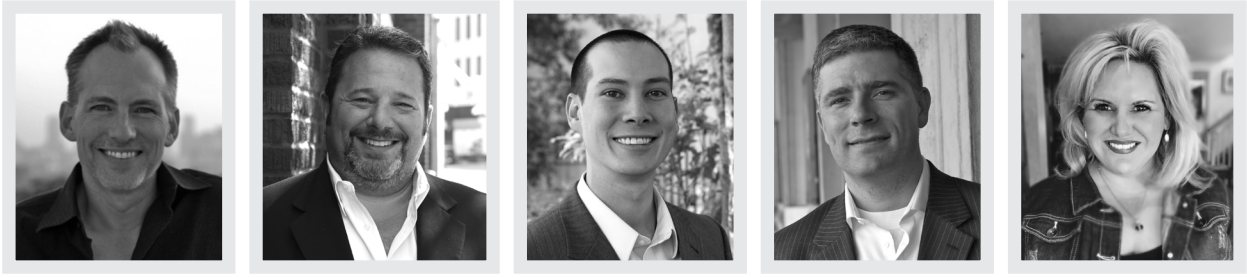
Why Triage Films?

Triage Films represents an anomaly in the documentary industry. It was founded and is run by physicians who intimately understand the practice of medicine and the intricacies, difficulties, and opportunities for patients at the end of life. Because Triage is physician-run, we are governed by a social conscience that has translated into a profound determination to tell stories of great relevance to both patients and their caregivers. Equally important, Triage features the notable creative talent of Dave Thomas, an Emmy-nominated director whose work includes major television and film productions such as *Lost, The West Wing, The Amazing Race,* and *Nip/Tuck*. The team is experienced, having already made an award-winning medical documentary, EMRA's *24|7|365: The Evolution of Emergency Medicine*. We are the company with the insight and skill to produce this film.

How We'll Do It.

Our mission to reveal and change the culture surrounding death requires an approach that is both ambitious and unique. Time becomes more precious as death approaches, and the only way to capture its passage is to invest in our subjects — being present as they live, struggle, fail, triumph, and die. Because this is not a process that can be rushed, we will film *Never Say Die* over the course of an entire year. As we witness the seasons change, the themes of mortality, loss, and redemption will have ample time to flourish. After a comprehensive national search, primary location scouting has been completed and local Detroit partners have been established. They have granted us unprecedented access to patients, providers, and the city in which they live and work. Death is not about isolation, but about connectedness. Every character in our film is part of a larger community; we will show that death isn't only about the person dying — it's just as much about those left behind. We will also explore the critical choices made by and on behalf of the dying, revealing how each decision tangibly alters the end of life.

WHO WE ARE



Dave Thomas — Director/Producer

Dave is an award-winning documentary filmmaker and an Emmy-honored creative director whose work has been featured in popular television shows like *The Amazing Race, Nip/Tuck, The West Wing,* and *Young and the Restless.* He also has been one of the creative forces behind networks like the Discovery Channel, The Food Network, and BBC America, among others. His vast experience in the entertainment industry includes editing, designing, and photography — invaluable skills that have made him a strong filmmaker and sought-after director.

Dominic Bagnoli, MD — Executive Producer

A veteran of business, medicine, and film, Dominic's professional and personal interests are as diverse as they are successful. He serves as chairman and chief executive officer for Emergency Medicine Physicians (EMP), which he has led to become one of the fastest growing emergency medicine organizations in the United States. Dominic's success as an entrepreneur and business visionary has been recognized through his receipt of numerous industry awards, such as the Ernst & Young Entrepreneur of the Year, and recognition by Harvard Business Club of Northeast Ohio for outstanding entrepreneurship.

Donald Stader, MD — President/Producer

Don is an emergency physician whose passion for medicine has led to numerous national leadership positions and a commitment for creating projects with high social impact. Don holds a medical degree with honors from Baylor College of Medicine, where he was an Albert Schweitzer Fellow. He is a diplomate of the American Board of Emergency Medicine and practices in the ER of Swedish Medical Center in Denver, Colorado. In his young career, Don has launched two non-profits, become a national and international lecturer, and discovered a passion for the transformative power of documentary filmmaking. He is the creator and executive producer of the acclaimed documentary *24|7|365 — The Evolution of Emergency Medicine,* and is the co-founder and president of Triage Films, LLC.

Mark Brady, MD, MPH — CEO/Producer

Mark is a board-certified emergency medicine physician in Memphis, TN. He first learned about production from his time writing for the Discovery Health Channel, where he worked on educational television content, interactive online learning, and making lesson plans for Discovery Education. In addition to his medical degree from Brown University, Mark's curiosity about the world led him to earn a master's degree in public health from Harvard, another master's in biomechanical engineering from Brown, and a diploma from the London School of Hygiene and Tropical Medicine. Along with Don Stader, he was executive producer of *24|7|365 — The Evolution of Emergency Medicine.* Mark is the co-founder of Triage Films, LLC and serves as the production company's CEO.

Rachel Donihoo — Associate Producer/Director of Communications

Rachel is a longtime medical editor and writer, whose work has earned her national honors. She joined forces with the rest of the Triage team in 2012 during filming of the documentary, *24|7|365 — The Evolution of Emergency Medicine*, for which she was an integral part of the production advisory crew.

Our Advisory Council: **Nancy Boutin, MD**, chief of palliative care and chair of the Salem Hospital Cancer Committee; **Dan Griffiths**, a veteran of film distribution and the chief operating officer of Hippo Education, Inc.; **Gar LaSalle, MD, MFA**, co-founder of TeamHealth, author, and filmmaker; **BJ Miller Jr., MD**, executive director of Zen Hospice House, palliative care specialist, and assistant clinical professor of medicine at UC San Francisco; **Joseph Rotella, MD, MBA**, chief medical officer of the American Academy of Hospice and Palliative Medicine (AAHPM) and a palliative care consultant at CatalystHPM; **Christian Sinclair, MD**, president elect of AAHPM and assistant professor of palliative care medicine at the University of Kansas Medical Center; and **Robert Zalenski, MD**, medical director of palliative care development at Wayne State University School of Medicine.

SUPPORT THE PROJECT

Our goal is to raise $1.2 million to create a transformative documentary about dying in America. There are two ways to contribute – become either a donor or investor. Each option has its rewards and will be kept in its own separate contribution pool. However you choose to give, your contribution will help us create a film that inspires change.

INVESTORS

Invest your capital in a cause you believe in, change the lives of viewers, and advance the national conversation about dying. Investors have the opportunity to recoup investments and earn profits over the life of the film.

DONORS

Donate to *Never Say Die* and your dollar does more than create a film, it sustains a movement to transform end-of-life-care. Your gift will benefit non-profit partners working to change the American discourse on dying. In addition, substantial contributions are tax-deductible.

Minimum Contributions

Minimum Investment of $2,500.
Greater investments garner greater benefits.

No minimum.
All donations are tax deductible through our nonprofit partner, The Last Words Project.*

What Happens to Profits

100% of profits from the investor pool go toward repaying investors *until all investments are recouped*. Additional profits are split 80% Triage Films, 20% Investor over the entire life of the film and distribution. Our goal is to pay back each investment, grow our company, and provide financial benefits to each investor.

Seventy-five percent of profits made from the donor pool will be donated to nonprofit organizations focused on end-of-life care. The remainder (25%) will be allocated for future Triage Films projects, supporting the company's goal of creating socially transformative documentaries.

INVESTMENT AND DONATION LEVELS

Each sponsorship level comes with its own unique benefits. Benefactors at all levels listed will be featured on the film's website and receive an exclusive digital download of the documentary. Benefactors at levels of $10,000 and above will enjoy exclusive benefits and promotional positioning, including but not limited to visibility in the film's end credits, invitations to a VIP screening of the film, and project memorabilia to be outlined at a future date. Please visit our website for more information.

Platinum Sponsor	$150,000 and above
Gold Sponsor	$100,000
Silver Sponsor	$50,000
Luminary Sponsor	$25,000
Foundation Sponsor	$10,000
Friend Sponsor	$2,500
Sage Sponsor	$1,000

HOW TO DONATE

For any donations greater then $1,000, please contact **Dr. Donald Stader**, president of Triage Films (donald.stader@gmail.com), or **Dr. Mark Brady**, CEO, (markbrady02@gmail.com).
Smaller donations may be made through the website www.neversaydiefilm.com.

*The Last Words Project will charge a 5% processing fee, which will go toward the organization's mission, "To allow every individual the opportunity to speak their last words on their own terms."

PROPOSED BUDGET

(Over 36 Weeks)

PRE-PRODUCTION

Research and development **$77,648**

- Books, videos, archival footage
- Trailer edit
- Creative director (labor)
- Travel (fundraising, scouting, shooting)
- Office overhead

PRODUCTION

Labor **$349,000**

- Producer
- Associate producer
- Sound recordist
- Investigative reporter/writer
- Director
- Production assistant
- Director of photography

Production management **$18,500**

- Production manager
- Office and research supplies

Materials **$35,800**

- Office/editing bay rent
- Postage, misc. office supplies

Production equipment **$51,400**

- HD camera package rental and fees
- Lens rental
- Portable storage
- Batteries
- Sound package
- Lighting package
- Jib and dolly
- Field production materials

Travel and transportation (six trips to Detroit for four crew members) **$82,876**

- Domestic airfare
- Rental car
- Gas, tolls, parking
- Excess baggage for equipment
- Hotel
- Taxi
- Standard per diem
- Extra pick-up shoot

POST-PRODUCTION

Graphic design and animation **$11,000**

Editing **$142,750**

- Offline editor
- Online editing
- Misc. tape stock
- Acquired footage
- Transcriptions
- Color correction
- Hard drive editing
- Film writer

Music/narration **$56,600**

- Original composition
- Voiceover studio
- Narrator
- Licensed music track

Post-audio **$23,375**

- Sound design
- Audio mix

Legal fees and insurance **$11,500**

Distribution **$135,000**

- Advertising
- Website creation and hosting
- Trailer production
- Film festivals
- Distribution agent
- Key art/graphics
- Publicist
- Constituent screening

Fiscal sponsor fee (5%) **$49,772**

Contingency fee (10%) **$99,545**

Total $1,144,766

PRODUCTION TIMELINE

Film Production		Marketing/Fundraising	
2014			
October	Video teaser is completed	**October**	Video teaser is completed Marketing of tease begins at ACEP14
December	Production of video content for online fundraising campaigns	**December**	Active fundraising period is launched Advisory and fundraising panels are formed
2015			
February – March	Official trailer production begins	**March**	Promotional media materials are finalized and distributed
May – June	First planned shoot in Detroit	**August**	Launch Kickstarter online fundraising campaign
August – September	Second planned shoot in Detroit	**October – November**	Possible Indiegogo campaign is launched to finance post-production
November – December	Third planned shoot in Detroit **Note: shooting will include two ad hoc shoots to be scheduled as needed based on filming story line/production needs*	**December**	Fundraising period concludes
2016			
March	Full-length trailer is delivered Fourth planned shoot in Detroit	**March**	Launch of marketing/social media campaign
April	24-week post-production begins	**March – October**	Active search for film distributors, with the goal of theatrical release
May	Key art is developed and finalized		
July	First cut of documentary is available		
October	Final cut of documentary is delivered		

FACTS ABOUT END-OF-LIFE CARE

Although 90% of Americans say they would prefer to die at home, only 24% over the age of 65 actually do.

The overwhelming majority of us die in hospitals and institutions. In 2009, more patients received ICU care (29%) in the last month of life than accomplished their wish to die at home. *Source: Centers for Disease Control and JAMA*

Doctors die differently than their patients, often forgoing care rather than seeking aggressive treatment.

Sixty-five percent of U.S. physicians create an advance directive, while only 20% of laypeople do; 90% of doctors do not want CPR if in a chronic coma, while only 25% of the public makes that same choice. *Source: Johns Hopkins*

Fewer people seem willing to accept the idea of a natural death or a death without intensive medical care.

The percentage of individuals who support *always* taking extraordinary measures to save a life has steadily increased in recent years from 15% in 1990 to 31% in 2013. The proportion of those who support the idea of allowing a patient to die declined from 73% in 1990 to 66% in 2013. *Source: Pew Research Center*

Popular media gives the public unrealistic expectations about the success of aggressive medical therapy.

CPR is successful in 75% of cases portrayed on television; 65% of "patients" return home. That statistic is much grimmer in real life. Only 8%-17% of Americans survive CPR, and the vast majority of those survivors go on to live in a vegetative or otherwise dependent state. *Source: New England Journal of Medicine*

America is aging rapidly; more patients and families soon will be confronted with how they want to die.

About 1 in every 8 Americans is 65 years or older (representing 12.9% of the U.S. population). By 2030, the elderly population will have escalated to 72.1 million – more than double what it was in 2000. *Source: Department of Health and Human Services*

End-of-life care, which accounts for 22% of all U.S. medical spending, disproportionately consumes healthcare dollars and adds to national debt.

Medicare cannot reject payment based on cost. As a result, patients with terminal conditions often receive invasive or superfluous treatments and procedures that do not change their outcomes. Twenty-seven percent of Medicare's annual $327 billion budget ($88 billion) goes to care for patients in their final year of life; approximately 16% (over $13 billion) is spent on futile care. *Source: Centers for Medicare & Medicaid*