

FINAL EXIT

The practicalities of self-deliverance
and assisted suicide for the dying

Derek Humphry

THIRD EDITION

A Delta Trade Paperback

A DELTA TRADE PAPERBACK

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For
Sallie and Arthur

Few have done more

AUTHOR'S NOTE

As many of the readers of this book will be people with poor sight, it has been set in large type to assist them. Also, this book assumes the reader's ethical acceptance of the right to choose to die when terminally ill and thus the arguments for and against are not addressed. The history and controversy of this issue can be found in *The Right to Die: Understanding Euthanasia, Dying with Dignity*, and *Freedom to Die*.

*Darkling I listen; and, for many a time
I have been half in love with easeful Death,
Call'd him soft names in many a mused rhyme,
To take into the air my quiet breath;
Now more than ever seems it rich to die,
To cease upon the midnight with no pain...*

John Keats
1795–1821

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INTRODUCTION

It is not always easy to die, even when a person is mortally ill and desires a quick end. We have become so brain-washed by the fast, usually bloodless, and always painless deaths shown continually by the movie and television production industry that our collective perceptions of the act of death are sanitized. Whether by gunshot or through illness, the actor just rolls over and that's the end. We want so much to believe that this is true that we don't question it.

I once had the misfortune to see a man shot in the head at point-blank range on a Los Angeles street. Even though he was doomed from the instant the bullet entered his head, he could still cry out, "What have you done?" before collapsing into the storm gutter, where his death throes, lasting

several minutes, were pitiful to behold. This is not something you are allowed to see on-screen.

During my twenty years of experience in the right-to-die field, I have heard of plenty of "good deaths"—quick, peaceful, surrounded by love—and also of a few not so good that were characterized by delay, distress for the beholders, and even complete failure. Occasionally patients anxious to die to avoid further suffering woke up a few days later, more often than not in the psychiatric ward of the local hospital.

What separates a chosen "good death" from a bad one almost always comes down, upon analysis, to the amount of planning, attention to detail, and the quality of the assistance, all of which are vital to decent termination of life. These meticulous criteria apply equally to self-deliverance (acting on one's own) and to physician-assisted suicide.

Whether or not a dying person should accelerate the end depends, of course, on the degree of unrelievable suffering involved, his or her conscience, and consideration of the feelings of others. If the reader of this book is deeply religious, and takes all guidance from a divinity, then there is no point in reading further.

All I ask of persons to whom any form of euthanasia is morally repugnant is tolerance and understanding of the feelings of others who want the right to choose what happens to their bodies in a free society. To every person their own way of death.

In its first ten years this book was occasionally used by persons for whom it was not intended—the deeply de-

pressed and the mentally ill. This misuse I regret but can do nothing about. Suicide has always been endemic in mankind; some of us do not have the emotional and intellectual equipment to cope with a lifetime of troubles—real and imagined—and elect to die. Self-destruction of a physically fit person is always a tragic waste of life and hurtful to survivors, but life is a personal responsibility. We must each decide for ourselves.

Fortunately, only a tiny portion of Americans commit suicide—approximately 31,000 a year out of an annual death rate of 2,250,000. That statistic has not increased since the publication of this book, but what has happened is that some have chosen their self-destruction by the same methods as the book suggests for the terminally ill. If this means that those individuals bent on suicide for psychological reasons died in a less violent and shocking way than hitherto, then I can live with that. I appeal to all who are thinking of using *Final Exit* as a tool to escape clinical depression or mental illness to first seek medical help and counseling.

I do not think that we yet know enough about the human mind to institute physician-assisted suicide for psychological reasons, although this has been permitted in a few cases in the Netherlands, and I hear other people arguing for it. There is no doubt in my mind that some forms of mental illness are as terrible a torture as unrelieved cancer—and I have a few friends dead by their own hands to prove it. Perhaps escape from their agonies—or, better, a cure—will come later in this century.

My fight since 1976 has been for those adults who desire