

BRIEF COMMUNICATION

Death on the doorstep of a border community – intentional self-poisoning with veterinary pentobarbital

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Introduction. "Suicide tourism," the practice of traveling to a foreign destination to commit suicide, has been described in the medical literature. Additionally, committing suicide by self-administering veterinary medications has been previously described. **Case Descriptions.** We report two successful and one unsuccessful suicide attempts involving border-town travelers utilizing self-administered veterinary pentobarbital over a 1-year period. **Discussion/Conclusion.** Health care practitioners should be aware of and informed about this phenomenon.

Keywords Suicide; Pentobarbital; Tourism

Background/objective

"Suicide tourism," the practice of traveling to a foreign destination to commit suicide, has been described in the medical literature.¹ Additionally, committing suicide by self-administering veterinary medications has been previously described.² Recently, we have identified a worrying observation in our region. We report two successful and one unsuccessful suicide attempts involving border-town travelers utilizing self-administered veterinary pentobarbital over a 1-year period.

Case 1

A 57-year-old male with a past medical history of depression traveled to San Diego and checked into a hotel. After a missed golf tee time and multiple unanswered telephone calls the following day, hotel management entered the room and found the victim deceased on the bed. Around him was a suicide note, a drinking glass with a viscous orange liquid in it, a partly filled bottle of orange juice, and two empty 50 mL bottles of veterinary pentobarbital sodium. Postmortem specimens were analyzed for the presence of simple volatiles by gas chromatography (GC)–flame ionization detection, drugs of abuse (cocaine, methamphetamine, opiates, benzodiazepines, fentanyl, and cannabinoids) by enzyme-linked immunosorbent

assay (ELISA), for basic drugs by gas chromatography (GC)–mass spectrometry (MS), and for acid/neutral drugs by high-performance liquid chromatography (HPLC)–diode array detector (DAD). The results revealed a peripheral blood pentobarbital concentration of 8.6 mg/L and a gastric pentobarbital quantity of 4,300 mg. Screening for other acidic, basic, neutral, and volatile compounds was negative.

Case 2

A 57-year-old Australian male checked into a San Diego time-share facility the same day of his arrival into the United States. Multiple attempts by facility personnel to contact the victim went unanswered over the following 7 days and despite a "Do Not Disturb" sign, authorities entered the unit and found the victim deceased. Next to him was an empty drinking glass with a straw, a partly filled bottle of apple juice, an empty 100 mL bottle of pentobarbital sodium, and a business card for a veterinary pharmacy in Tijuana, Mexico. Postmortem toxicology testing using the same methodology as in Case 1 revealed a peripheral blood pentobarbital concentration of 27 mg/L and a gastric pentobarbital quantity of 1,270 mg. Toxicology screening for other acidic, basic, neutral, and volatile compounds was negative.

Case 3

A 20-year-old pregnant female with a history of depression and borderline personality disorder was found comatose in

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her apartment by paramedics. Two empty bottles of veterinary pentobarbital sodium (Sedalphorte[®], Salud y Bienestar, México D.F., México. 63 mg/ml in 100 ml vials) and one of metoclopramide were found in her apartment. She was intubated in the emergency department and was treated supportively. Serial blood pentobarbital concentrations measured by GC-MS were 24.4 mg/L (Day 1), 25.8 mg/L (Day 2), and 7.1 mg/dL (Day 3). The presence of acetaminophen, ethanol, salicylates, and drugs of abuse in her system was excluded. She was treated for aspiration pneumonia, was subsequently extubated after 3 days, and made a complete recovery. She revealed that she had used the book *The Peaceful Pill Handbook*³ to guide her acquisition and use of the pentobarbital and metoclopramide, which she obtained on a visit to Mexico.

Discussion

Concerns regarding suicide tourism have been recognized by the medical community for years.⁴ Our recent experience is unique in that the individuals did not commit suicide in the country to which they traveled to but instead exported their “tools” for suicide. This phenomenon may be largely attributed to pro-euthanasia resources which advocate obtaining lethal quantities of the preferred substance(s) in foreign countries and utilizing them in the exact circumstances desired by the individual. In the previously mentioned text *The Peaceful Pill Handbook*, the authors state that pentobarbital “is the best euthanasia drug” and provide detailed information on how to travel to Mexico and obtain pentobarbital for the purpose of committing suicide. The authors specify that pentobarbital is readily available in Mexican veterinary pharmacies under a variety of brand names. Additionally, they explain how to engage third parties to “guide” interested parties and broker the purchase of the drug. Finally, they describe the methods of transporting the drug out of Mexico.

Although we were unable to determine whether the first two individuals used the previously mentioned text for guidance similar to the person in our third case, the second individual was from Australia where the authors of the book *The Peaceful Pill Handbook* reside and where the book has been banned. Additionally, in all the three cases the pentobarbital was mixed with juice before ingestion which could be due to the authors’ acknowledgment that the drug has a bitter after-taste. Also of note, the person in our third case co-ingested the antiemetic metoclopramide that is specifically discussed in the text to “ensure that vomiting does not occur.” Antiemetics were not detected in either Case 1 or Case 2.

This case series brings to light a worrying observation. Pro-euthanasia resources are readily available and may be attractive to a variety of individuals seeking to commit suicide. Other Mexican border cities may be faced with similar self-poisonings similar to our experience. Health care practitioners should be aware of and informed about this phenomenon.

Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this paper.

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