

Supplemental Information

***Final Exit:
The Practicalities of
Self-Deliverance and
Assisted Suicide
for the Dying***

3rd Edition

Addendum

Updated: May 2009

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You must have or obtain the book Final Exit 3rd edition for these changes to have any meaning. Please do not photocopy.

\$6.⁰⁰ Printed • \$5.⁰⁰ PDF Download from ERGO

The following information is for the terminally or hopelessly ill competent adult only.



Euthanasia Research & Guidance Organization (ERGO)

<http://www.finalexit.org>

FOREWORD

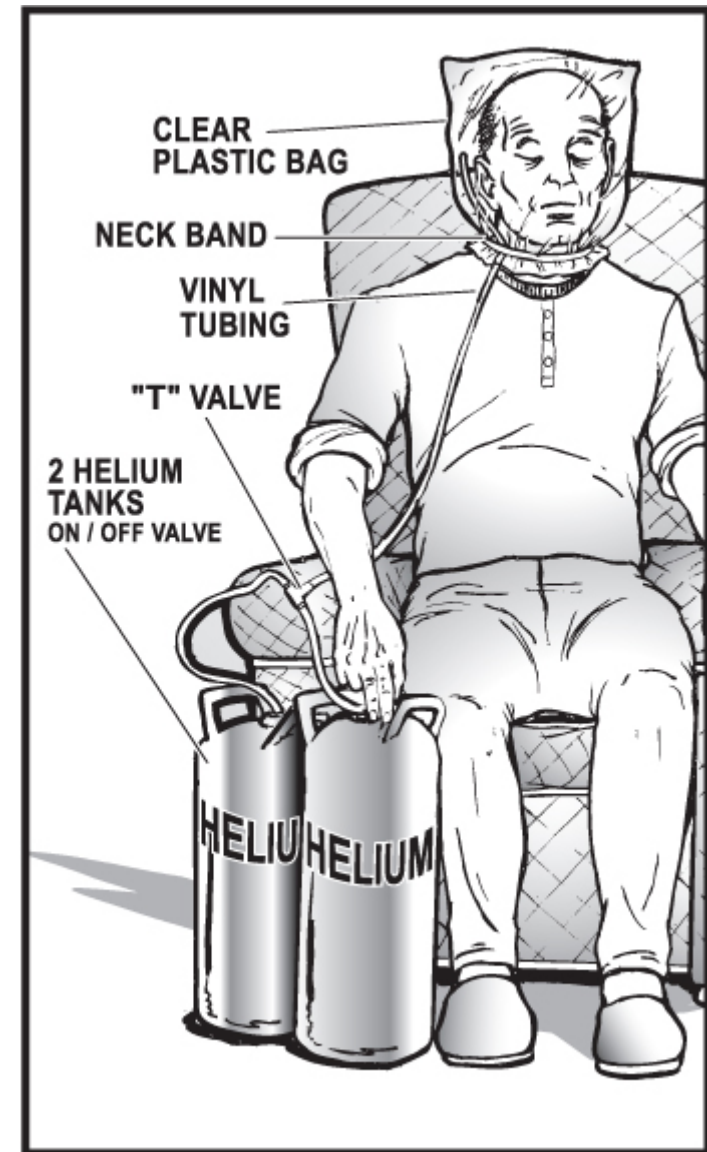
Why the need for an Addendum to a comprehensive book on euthanasia such as 'Final Exit'?

Because it is worldwide bestseller it is printed in large volume by Delta Trade Paperback and therefore only goes back to press about once every five years. Euthanasia, self-deliverance, assisted suicide is a mobile subject. We are constantly learning things. Moreover, with the dismal future for law reform on physician-assisted suicide, more people are realizing that they must handle the matter themselves.

Following are updates to 'Final Exit', 3rd edition paperback book printed at the end of 2002. You must have, or obtain, the 'Final Exit', 3rd edition for these changes to have any meaning.

Addendum Contents:

- I. Refinements to Helium Bag Technique (Pg. 132-139)
- II. Exit Bag Supply Change (Pg. 140)
- III. The Signs of Death (Pg. 150 & 173)
- IV. Obtaining Barbiturates (Pg. 163-166)
- V. Items to Remember
- VI. Contact Info



NOTE: Only the patient must turn the tank switches in order to remain within the law.

INERT GAS REFINEMENTS - Helium Bag Technique

For closure of the bag first around the eyebrows, and then around the neck, consider buying an athlete's elasticated fore-head sweat-band from a sports store. Elasticated bandages for binding wounds will also suffice. But in your trial testing make sure all this fits firmly, to your satisfaction, but not tight enough to hurt or indent the skin of the neck.

Since publication of the 3rd edition of *Final Exit*, the exit taps of the helium tanks for toy balloon inflation have changed. There is now a 4" black rubber nozzle which is meant to make it easier for children to inflate party balloons. Screwed on to the base nozzle you will see a hard, white, plastic base with hexagonal edges. This nozzle must first be loosened with a wrench or pliers and then it is easy to unscrew the whole gadget with your fingers.

The tiny control 'nail' which turns the gas on and off for balloon inflation comes away with the black tubing and plastic nozzle.

Now all is left is a simple brass pipe with threads. Attach to this pipe a 4 ft length of clear vinyl tubing ½" (half inch) outside dimension and 3/8" (three eighths) inner dimension (and not the size it says on *page 135* of the book). Tubing is available at large hardware stores. It is essential to test everything for size and fit well in advance.

If it seems hard to push the tubing over the brass threads, place the end in hot water briefly to make it stretch and there should be no problem.

One tank full is lethal, but a cautious person would buy two tanks. Just occasionally, a tank has not been properly filled at the factory, or somebody has meddled with it. It is extremely difficult to check in advance on a tank's contents. A meter with correct coupling would be needed. The weight of an empty one could be compared with that of a full one. But that's a lot of trouble.

If one tank happens to run out—which is rare—switch the piping to the other tank which is standing prepared. Or, better still, link the two tanks together with a T-junction (some call it a T-tube) available from a hardware store or an aquarium supplies store. The patient would have then to turn two switches for legal self-deliverance.

OBTAINING HELIUM HOODS (once known as Exit Bags)

Currently, there is only one supplier for a ready-made helium hood kit (which used to be known as the Exit Bag), for use with two tanks of the inert gas helium, to achieve a quick self-deliverance from a terminal or hopeless physical illness. The kit includes a strong, clear plastic hood with tubing sewn in, an adaptable elastic collar, and a vinyl T-junction to connect the two tanks. The mailing box of course does not externally disclose the contents.

This independent supplier does not take telephone or internet orders. Nor does it supply tanks, which can be bought locally at toy or party supply stores. Ask for a 'party balloon kit.'

Send \$60 US (same for overseas) to this address:

Gladd Group

3755 Avocado Blvd #166

La Mesa, California 91941 USA

Since my colleagues and I developed this method of self-deliverance in 2000, we have become aware of several hundred deaths this way. None failed. But perhaps the helium hood method is not for you; everybody has their own style of approaching death and the way of handling their own dying event. It's called 'choice.' What I am doing in this publication is laying out some of the options and advice which knowledgeable people have shared with me over thirty years.

CLARIFICATIONS - The Signs of Death

If you are not a doctor, you may be unaware that there is a reflex movement of limbs that occurs when one falls asleep speedily, with or without helium. This is not the sign of someone struggling to take the bag off although it may appear that way. We have seen this often and it is the same reflex that people may have in falling asleep normally without an inert gas influence. It is accentuated in helium use due to the rapidity of sleep occurring.

It is not necessary to take barbiturates prior to using the helium bag methods. Many—most actually—of the scores of cases we know about, have been with only a small amount of Ativan, Valium or other tranquilizer or none at all. This way the patient is

alert and able to fully handle the necessary physical actions to turn on tanks, and pull the bag down to the throat without anyone assisting. Most patients are really keen to make this final action. Plus, of course, this is the legally safe procedure.

Effectiveness is enhanced if the patient exhales (breathes out) strongly just at the point when he/she pulls the bag down to the throat.

Waiting 30 minutes to have the bag removed is not necessary—if anoxia (zero oxygen) is complete with a properly closed system and no leaks due to faulty tubing, the brain stem will have died in 15 minutes. The cause of death is severe brain damage, not suffocation.

A final point regarding someone starting the helium method and deciding to abort the procedure:

If the person has not had about four minutes of anoxia and pulls the bag off, brain death of the cognitive centers has not occurred. However, most would be so deeply asleep after about two minutes or even less that it is most unlikely they would be aware and able to remove the bag. If they were alert enough to do that it suggests they had enough leaking of air into the system that it wasn't working properly. It takes only about 10% of oxygen mixing in with the helium, due to a leaking system, to keep the brain undamaged and in that case the patient would become awake during the process.

Do you need a flow valve to control the helium as it leaves the tank into the plastic bag? A scientist would naturally answer yes, but persons who have helped scores to use this self-deliverance technique say that it has not seemed necessary. Excess inert gas will escape via the neckband. Anyway, a few deep breaths of helium are fatal.

Do not use a medical face mask (the sort that's used in surgery) in place of a bag. They rarely fit the face well, and are inclined to be pushed off by the pressure of the inert gas. The advantage of the plastic bag is that the whole head is surrounded with gas, and one or more deep breaths will prove fatal.

Disclaimer: This technique of self-deliverance, by a competent adult from hopeless illness via inert gas, has absolutely nothing to do with the manufacturers of the gas, its tank or its accessories. It is a 'do-it-yourself' method entirely depending on individual ethical and medical choices.

OBTAINING BARBITURATES

The manufacture of secobarbital (Seconal) temporarily stopped in 2002-3 while the production of the drug was switched from Eli Lilly to Ranbaxy. It is again available by doctor's prescription but a pharmacist might have to order it from a wholesale warehouse. Don't allow doctors or pharmacists to convince you that it is not available. It is. **See page 165** of the paperback 'Final Exit' for lethal dosage.

Manufacturers of pentobarbital (Nembutal) have ceased making the drug in pill or capsule form. Seemingly, they had no viable market for it. But it still comes in liquid form. Ask your doctor for a prescription as follows: *'Three 2.5 gram injectable phials of pentobarbital'*. These are difficult to obtain commercially, and only hospitals may stock them.

Take the top off the phials (phial and vial both mean 'small bottle'; using a bottle cap opener is easiest), pour all three into one glass, and drink at the point that the patient wishes to die. It is bitter, salty, awful tasting. Not much can be done about that. Some consumers mix in heavy juice, peach or apricot nectar, and lace that with 20 packs of artificial sweetener.

Provided all the drugs mixed in its liquid are consumed quickly, and kept down, death will certainly follow. **See page 165** for lethal dosage. If storing the phials for future use, do not open and keep in a cool, dry, dark place. Not in a refrigerator.

Anti-emetic/anti-nausea medications in advance are **essential** or the substance will probably be vomited. On the day prior to the planned death of the patient an anti-emetic should be taken every 6-8 hours, and on the day of self-deliverance one pill every 4-6 hours.

Which ones? Often your own physician will give you a prescription for an anti-nauseant, which will be more effective than over-the-counter brands. If not—in advance—buy several different brands of over-the-counter anti-nausea pills and try them for

personal suitability. Avoid the ones that send you to sleep. *See page 154.*

Also, in the majority of cases with this method, sleep occurs within five minutes, but the time for actual death might take anything from a few minutes to two hours, not immediately. The length of the period of delay depends on the degree of debilitation of the patient from their underlying disease.

Note: I repeat, Nembutal and Seconal are now back on the market. Do not let doctors or pharmacists tell you that they are no longer available. They may not be on the pharmacy's shelf, so insist that they order them from a wholesale supplier. By prescription only, of course.

REMEMBER:

1. Careful planning, advance testing, and the physical presence of an advisor (not an actual helper) are recommended.
2. Provided all the helium method equipment is removed, and discretion is observed, an autopsy cannot tell what was the cause of death. But be mindful, if the coroner's officers are not told by the doctor what he/she believes was the cause of death, they may order an autopsy to try and find out. It is their duty to ensure that there was no foul play. So it may be best to leave the book *'Final Exit'* at the bedside together with an empty pill box, indicating that it was self-deliverance–suicide. This is a very personal

decision by the patient, depending on the medical and other intimate circumstances.

3. The person who finds the deceased should: (a) call the funeral home; (b) call the doctor for a death certificate if the funeral home does not offer to do so. Do not call 911 Emergency—there is no need. Notification procedures are different all over the place, but this is the general rule of thumb.



Note: I am grateful for the thoughtful input to this Addendum by people who have had extensive experience of the situations discussed here but must remain anonymous. We are always learning.

D.H.

05/09

Derek Humphry, author, “*Final Exit: The Practicalities of Self-Deliverance and Assisted Suicide for the Dying*”, 3rd edition, 2002-03.

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**All the above guidance is amply illustrated in a newly updated video by Derek Humphry “FINAL EXIT DVD”.
Playable on your DVD on TV or computer with DVD.
Price: \$20 US + shipping (\$7 USA or \$10 international).
To order, see next page.**

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Euthanasia Research & Guidance Organization (ERGO)

<http://www.finalexit.org>

ERGO is a non-profit educational organization. Membership is \$25 and up. Contributions are tax-deductible to the extent of American law. Visit ERGO's website for right-to-die info, book/document lists and ERGO membership form.

24829 Norris Lane
Junction City, OR
97448 USA

Email: ergo@finalexit.org

Phone/Fax: +541-998-1873

ERGO Store Online

<http://ergo-store.finalexit.org>

Securely order books, the *Final Exit* Video on DVD or VHS, and special printed documents from ERGO. Most books and documents are available to download in PDF (eBook/eDoc) format so you can read on your computer. VISA, MasterCard, AMEX, Discover, eCheck, PayPal and Google Checkout accepted online. Or ERGO printable order form is available at:

<http://www.finalexit.org/orderform.html>

Or Phone/Fax +541-998-1873 to place order.

Euthanasia Self-Deliverance Right-To-Die Final Exit Blog

<http://www.assistedsuicide.org/blog>

Share your views with the rest of the world on ERGO's weblog.

Essays & Videos on Assisted Suicide by Derek Humphry

<http://www.assistedsuicide.org>

Essays and educational video clips by Derek Humphry.

World Right-To-Die News

right-to-die@lists.opn.org

ERGO's free Right-to-Die listserv is a source of serious news and views on assisted suicide, not a 'chat room'. Nothing anonymous, spam or commercial accepted. The list is delivered as a daily digest. List moderator is Derek Humphry.

To subscribe to the Right-To-Die Mailing list/Listserv visit:

http://www.lists.opn.org/mailman/listinfo/right-to-die_lists.opn.org

Or send a blank email message to org.opn.lists.right-to-die-request@lists.opn.org with the word 'subscribe' as the subject line.

Or you can email ergo@finalexit.org with your email address.