

Asphyxial Suicide with Helium and a Plastic Bag

Russel D. Ogden, M.A., and Rae H. Wooten, R.N., B.S.N.

Suicide by helium inhalation inside a plastic bag has recently been publicized by right-to-die proponents in “how to” print and videotape materials. This article reports a suicide performed according to this new and highly lethal technique, which is also a potentially undetectable cause of death. Toxicology information could not determine helium inhalation, and drug screening did not reveal data of significance. The cause of death could be determined only by the physical evidence at the scene of death. Helium inhalation can easily be concealed when interested parties remove or alter evidence. To ensure that their deaths are not documented as suicide, some individuals considering assisted suicide may choose helium methods and assistance from helpers. Recent challenges to Oregon’s physician-assisted suicide law may increase interest in helium instead of barbiturates for assisted suicide.

Key Words: Assisted suicide—euthanasia—helium inhalation—plastic bag asphyxia—right to die—suicide.

The decision to act on a desire to die is limited only by the creativity of the individual and the availability of an effective method. Although it is not considered a common suicide method, asphyxiation with a plastic bag is quite effective and is more commonly used by the elderly than by younger individuals (1,2). Several “how-to” publications provide detailed advice to maximize the potential for a fatal outcome in plastic bag suicide (3–5). The best known guide, Derek Humphry’s 1991 *Final Exit: The Practicalities of Self-Deliverance and Assisted Suicide for the Dying*, was a *New York Times* best seller. A substantial increase in suicide by plastic bag asphyxiation in New York City was attributed to this book (6).

To ensure lethality, plastic bag asphyxiation often includes self-poisoning by sedative medications (1,7). Less common is plastic bag asphyxiation with gases such as propane (8), ethyl ether (9), or nitrous oxide (10). However, recent print literature (11,12) and videotape productions (13,14) demonstrate how to combine inert gas, specifically helium, with a plastic bag to hasten death. Interest in helium inhalation may increase in light of efforts by the United States government to restrict the prescription of scheduled drugs for physician-assisted suicide and because helium may represent a more effective means of suicide than oral drugs.

We believe that the following case report is the first published report of helium and plastic bag suicide carried out in accordance with published “how to” literature.

CASE REPORT

This death occurred in September 2000, in South Carolina. The deceased was a 60-year-old white woman with a diagnosis of adenoid cystic carcinoma that had spread to the eye, causing double vision. She had a history of depression and had previously made one suicide attempt. Her husband discovered her on the living room floor approximately 2 hours after she was last seen alive. She wore a surgical mask over her face, and a clear plastic bag was secured over her head. Waterproof padding had been placed under her buttocks to protect the floor from possible incontinence. Next to her body was

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From the Department of Criminology, Kwantlen University College, New Westminster, British Columbia, Canada (R.S.W.) and the Charleston County Coroner’s Office, North Charleston, South Carolina, U.S.A.

Address correspondence and reprint requests to Russel D. Ogden, 504 Amess Street, New Westminster, BC V3L 4A9, Canada; e-mail: rdogden@telus.net

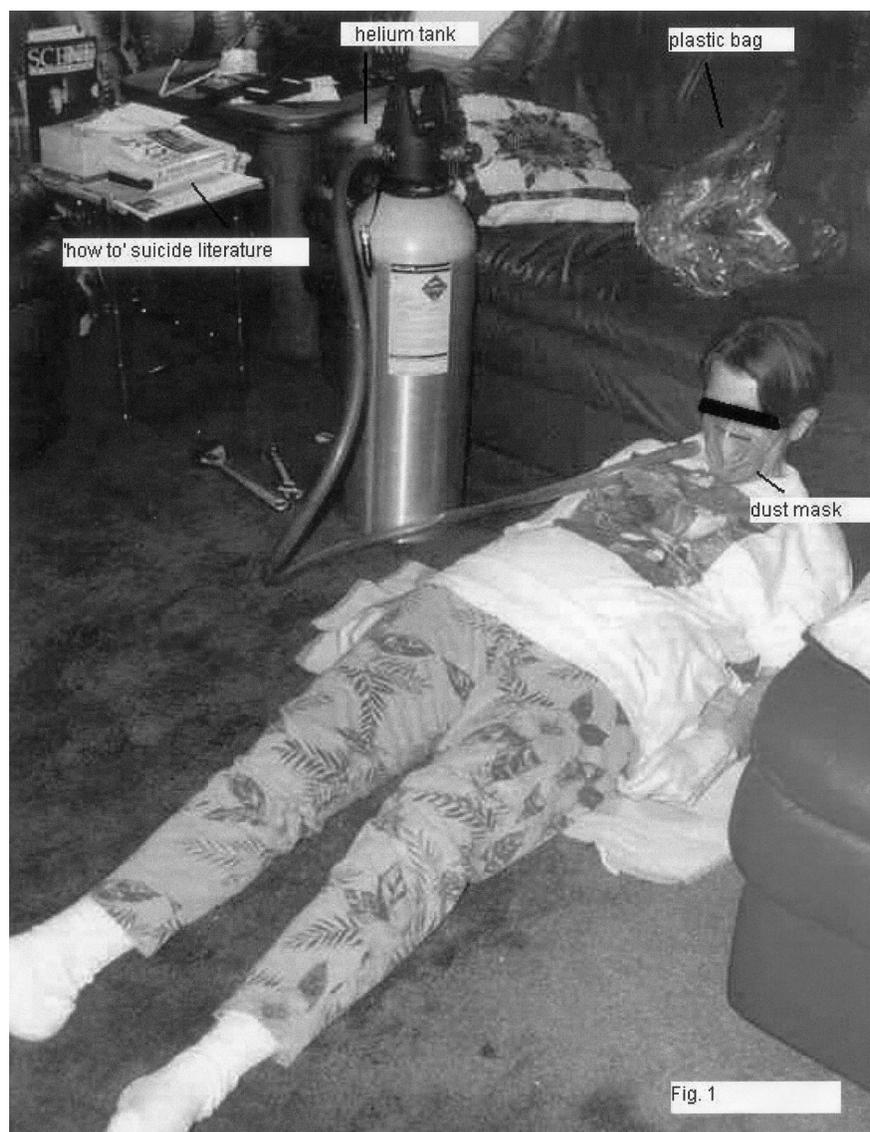


FIG. 1. Decedent slumped forward from sitting position. Head propped on couch. Equipment for suicide in background.

an industrial refillable tank labeled “helium.” A clear plastic hose was attached to the tank valve and led to the plastic bag (Fig. 1). Also at the scene were the book *Final Exit* (4), *Final Exit: The Video* (13), and the Spring 2000 Hemlock Society Newsletter, which included an article on helium and plastic bag suicide (Fig. 2). The decedent appeared to have diligently followed the instructions in these materials. Also consistent with published instructions, a suicide note and a copy of the decedent’s will were found at the scene. There were instructions for the *Final Exit* videotape to be passed on to a friend who might need it.

The deceased’s skin color was unremarkable, and there were no external signs of poisoning. Toxicologic examination of blood and urine for therapeutic and abused substances did not reveal data of significance. On the basis of historical information and evidence at the

scene, the cause of death was attributed to asphyxia by helium inhalation.

DISCUSSION

Helium is an inert gas with an atomic weight of 4. It is odorless, colorless, and nonflammable. The low density of helium gas reduces the effort of breathing when it is included in any gas mixture. It is a simple agent of asphyxia because oxygen is removed from the bloodstream when the lungs are filled with helium. A flow of helium into a plastic bag will quickly flush out any residual oxygen and carbon dioxide. When a person breathes inside a plastic bag filled with helium, unconsciousness will occur almost immediately, and death will ensue in minutes.

Suicide by plastic bag asphyxiation leaves very few indicators of hypoxia or suffocation (7,15). A remarkable

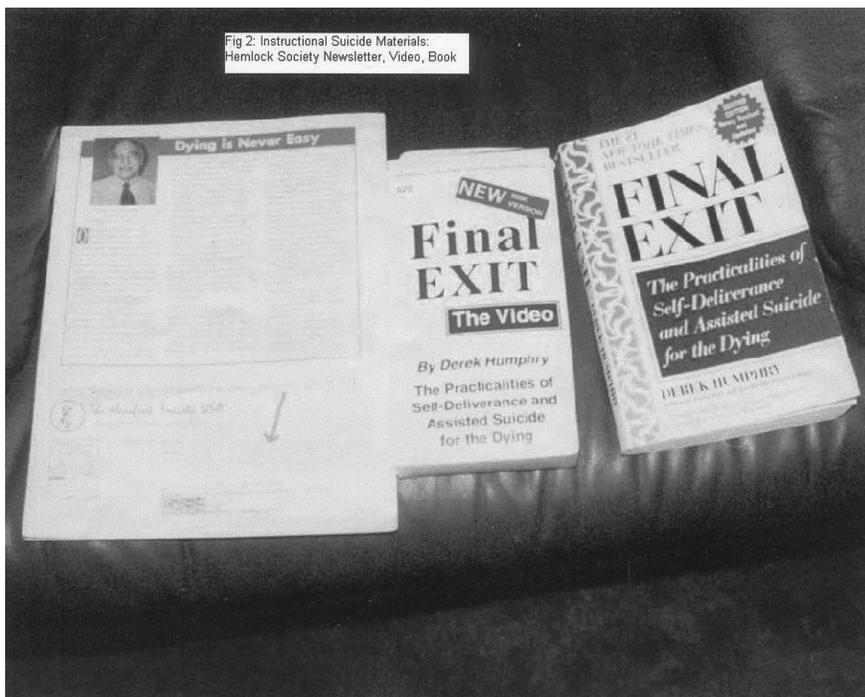


FIG. 2. Instructional suicide materials: Hemlock Society Newsletter, videotape, book.

stealth feature of the combined helium and plastic bag method is that no drugs are required, and helium asphyxiation cannot be determined by toxicologic testing. In this particular death, had it not been for the presence of the helium tank and the plastic bag, the cause of death would have been obscure. Therefore, investigation of the scene is particularly important to determine the cause of death (8), and any finding regarding the cause of death is dependent on information from witnesses or situational evidence when the body is discovered, i.e., helium tank, plastic bag, and instructional literature and videotapes.

The existence of “how-to” literature has been shown to influence the choice of suicide method but not the overall suicide rate (1,6). Recent “right-to-die” publications about plastic bag and helium asphyxia are very reader friendly and give detailed step-by-step descriptions to minimize the risk of failed suicide. The literature explains that helium is easily purchased at many toy retailers in the form of nonrefillable party balloon kits. Helium can also be purchased from scuba diving retailers and welding suppliers in refillable tanks. Other required materials—plastic tubing and a plastic bag—are simple to obtain. Indeed, Humphry (13) recommends a turkey-sized oven bag, and a Canadian organization sells a custom “Exit Bag for Helium” for \$40.00 US (12).

The publishers of the how-to literature on self-deliverance for the seriously ill note that helium asphyxiation can be disguised, and they offer strategies to conceal a suicide or assisted suicide. For example, it is suggested that a helper can dispose of the helium apparatus after a death, presumably so the death will be attributable to an

underlying disease. Another suggestion is to mislead death investigators by having a helper, with gloved hands, remove the helium delivery system and modified helium bag, and then place a regular plastic bag over the deceased person’s face: “This will appear to authorities as an ordinary ‘plastic bag’ death. It is best to use a commercial plastic bag such as that produced by Glad, since such products are beyond legal reproach” (12).

With regard to individuals who might conceal a helium-based suicide, an emerging counterculture of death providers has recently been identified. Ogden (16,17) has reported their activities, which include suicide assistance with inert gas systems as well as other covert means. These activists, motivated to ease the suffering of seriously ill people, appear to have been operating outside of the traditional medicolegal framework of health care (18) for several years, displacing assisted death outside the normative gaze of medicine. It appears that the strategic deployment of helium gas could well be outside the reach of forensic expertise, because if the relevant apparatus is removed after death, physical and toxicologic evidence will not yield any evidence of helium.

CONCLUSION

The publication of suicide guides such as *Final Exit* has been correlated to shifts in the methods chosen by suicidal individuals (19). The use of gas might also seem distasteful, but determined individuals will probably be undeterred, given the efficiency that it adds to plastic bag suicide. Therefore, it should be expected that more

deaths using this technique will be seen, especially because overdose by many sedative drugs is potentially much less lethal and also far less comfortable than helium inhalation. Indeed, one “how-to” publication states that helium “is not the poor man’s substitute for lacking barbiturates: death-by-helium represents a progressive step beyond barbiturates” (12). The absence of any need for drugs lends further appeal to this simple, nondisfiguring, and potentially clandestine method of self-killing. Death investigators and clinicians caring for seriously ill or suicidal patients need to be aware of helium and plastic bags as a highly lethal means of self destruction.

REFERENCES

1. Bullock MJ, Diniz D. Suffocation using plastic bags: a retrospective study of suicides in Ontario, Canada. *J Forensic Sci* 2000;45:608–13.
2. Haddix TL, Harruff RC, Reay DT, Haglund WD. Asphyxial suicides using plastic bags. *Am J Forensic Med Pathol* 1996; 17:308–11.
3. Hofsess J. *Self Deliverance and Plastic Bags: Introducing the Customized Exit Bag*. Victoria, BC: Last Rights Publications, 1996.
4. Humphry D. *Final Exit: The Practicalities of Self-Deliverance and Assisted Suicide*. Eugene, OR: Hemlock Society, 1991.
5. Stone G. *Suicide and Attempted Suicide*. New York: Carroll & Graf, 1999.
6. Marzuk PM, Tardiff K, Hirsch CS, et al. Increase in suicide by asphyxiation in New York City after the publication of Final Exit. *N Engl J Med* 1993;329:1508–10.
7. Martinez ALP, Chui P, Cameron JM. Plastic bag suffocation. *Med Sci Law* 1993;33:71–5.
8. Avis SP, Archibald JT. Asphyxial suicide by propane inhalation and plastic bag suffocation. *J Forensic Sci* 1994;39: 253–6.
9. Winek CL, Collum WD, Wecht CH. Suicide with plastic bag and ethyl ether. *Lancet* 1970;1:365.
10. White J. Va. Student’s death leads to drug conviction. *Washington Post* 2000, Oct 21, B7.
11. Humphry D. *Supplement to Final Exit: The Latest How-To and Why of Euthanasia Hastened Death*. Eugene, OR: Norris Lane Press, 2000.
12. Last Rights Publications. *The Art and Science of Suicide: Helium and the New “Exit Bag” for Helium*. Ottawa, ON: Author, 2000.
13. Humphry D. *Final Exit: The Video*. [video]. Junction City, OR: ERGO, 2000.
14. Last Rights Publications. *New Technology for Self-Deliverance* [video]. Victoria, BC: Author, 2000.
15. Dimaio JD, Dimiao VJM. *Forensic Pathology*. New York: Elsevier 1989.
16. Ogden RD. Non-physician assisted suicide: the technological imperative of the deathing counterculture. *Death Studies* 2001; 25:387–401.
17. Ogden RD. NuTech and non-physician assisted suicide: a reply to Werth. *Death Studies* 2001;25:413–8.
18. Werth JL Jr. Policy and psychosocial considerations associated with non-physician assisted suicide: a commentary on Ogden. *Death Studies* 2001;25:403–11.
19. Marzuk PM, Tardiff K, Leon AC. Increase in fatal suicidal poisonings and suffocation in the year Final Exit was published: a national study. *Am J Psychiatry* 1994;151:1813–4.