
A Speedier Way: Inert Gases

Ideas recently developed in North America aim to allow terminally ill persons painlessly and legally to end their suffering by inhaling inert gases. Drugs or medications may not be necessary, and the apparatus is simple and nonmedical.

Now that Oregon's physician-assisted suicide law (1994) is under strong attack by the U.S. Congress, which seeks to ban the use of barbiturates by doctors for hastening death (2000) and the outlook for further legalization of "the right to die" is not at all hopeful at present, dying people who wish to hasten the process may need to act for themselves.

The new ways of ending one's life were first revealed at a remarkable conference in Seattle, Washington, in November of 1999, held by the Self Deliverance New

Technology Group (NuTech), comprising right-to-die organizations in the United States, Canada, Australia, France, and Germany. The Hemlock Society, for example, sent five top officers to the conference.

For decades, believers in voluntary euthanasia have talked about devices for ending a painful life with inert gases or diving equipment. Drugs other than barbiturates are virtually useless for assisted suicide. Pavulon (curare) and potassium chloride, both lethal, can only be administered by injection directly into a vein, which is one form of euthanasia that currently is murder—as Dr. Kevorkian's imprisonment reminds us.

Throughout the Western world, governments have tightened restrictions on the sale of any drug containing narcotics or barbiturates. Law reform for assisted dying has been rebuffed by the parliaments and courts in Britain, Canada, and Australia. Only the Netherlands, Belgium, and Switzerland permit assisted suicide. The Dutch law excludes visitors to the country, but the Swiss law does not.

Doctors Nervous

Numerous physicians in North America and around the world covertly assist terminally ill patients to die, but the consequence of this well-organized political and religious resistance is that now many more doctors are reluctant to help suffering, terminal patients to die because of the increased threats to their freedoms. The medical profession is not especially noted for its courage or progressiveness anyway, with a few exceptions such as Doctors Nitschke

(under constant surveillance), Kevorkian (imprisoned), and Reding (exiled).

Thus, this climate of backlash is forcing underground many groups and individuals who have the courage and compassion to assist justifiable suicides. So to protect themselves, techniques are being developed enabling the patient to perform suicide—which is not illegal—ensuring that there is no help given apart from information and moral support, which are not criminal.

Many in the right-to-die movement—myself included—believe that a person deliberately ending their life should not have to perform this awesome act secretly and alone if they happen to lack support from loved ones or friends. Nowadays, many of the more involved euthanasia societies will send an individual to be temporarily present as a “companion.”

Inert Gases

The following words are for information only. This text is not encouraging anyone to take their life.

Performing autoeuthanasia by using a plastic bag secured around the neck has been well known since it was described in the book *Final Exit*, first issued in 1991. Persons who are unable to get the cooperation of a physician, or have no access to barbiturate drugs, yet wish to die to escape further suffering, commonly use this plastic bag technique. It may not be aesthetic, but it is effective.

It takes about thirty minutes before death is achieved

through deprivation of oxygen with this technique. It is advisable to swallow sleeping pills and/or tranquilizers in advance to make that waiting period more tolerable. The neckbands should be held out with two thumbs until sleep comes, then the hands drop, and the procedure begins.

The exit by plastic bag technique has worked well for many terminally ill people. Remember, the pills are just to make the procedure more comfortable; they are not lethal.

The latest technique reduces the time to about five minutes by use of helium or other inert gases such as argon or neon. Nitrogen is also lethal. In America, helium is the easiest to obtain.

Put simply, helium flushes the oxygen out of the body. Complete lack of oxygen initiates brain death painlessly within a few minutes.

Helium—an inert gas, which is neither explosive nor flammable and is odorless and easy to breathe—can be acquired in toy stores in lightweight compressed-gas cylinders, which are included in carry-away party balloon kit boxes for around twenty U.S. dollars. It is advisable to buy two, one for a backup. Pay cash so as to not leave traces.

The smallest size helium tank is 4.5 cu. ft and weighs 4.5 lbs. in its carton. The next size is 8.9 cu. ft and weighs 7 lbs. The smaller tank, carefully used, is adequate for self-deliverance. The helium balloon kits require no deposit and are nonreturnable. They are extensively sold throughout toy stores in the United States, Canada, and Mexico for around twenty dollars. Pull off—perhaps with pliers—the extra-width rubber nozzle that is sometimes fitted to make it easier to inflate party balloons.

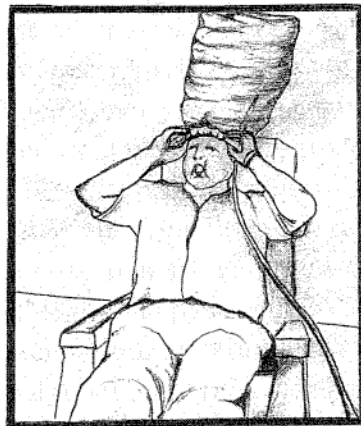
The EXIT bag and helium technique



Place the elasticized opening of the bag on forehead, also covering hair and ears like a shower cap. Squeeze out any residual air.



Lean back and turn the gas valve partway open to a gentle flow. Bag gradually fully inflates with pure helium above the head.



Completely exhale air in lungs, hold breath, and then quickly pull the bag down to neck.



Fasten strap snugly around the neck and inhale deeply. Keep gas flowing steadily until tank is empty. Patient dies in 5–15 minutes.

A four-foot-long piece of thin plastic tubing (5/16th" inner diameter, 7/16th" outer diameter) bought from a hardware store for a couple of dollars is needed to connect the canister to a person who has a plastic bag loosely over their head. In advance, put the tubing inside the bag and tape it firmly.

If the canister is inclined to wobble and fall over, use a bungee cord to secure it to the chair leg or some nearby solid object. If the canister is being used on its side, make sure it does not roll. Keep the tank in its box.

The ideal size of the bag for deliverance without the use of helium is 19" by 23". For the helium gas technique a larger bag is better, something like 22" by 36", to allow more gas to accumulate. Experience tells us that the plastic should be clear so that patient and family may see each other.

In some cases, as the person dies from the effects of close-contact helium, there is some bodily twitching. This can be avoided by taking anticonvulsant drugs—two Valium or Neurontin or similar—an hour beforehand.

Sleep aids of the brand the person knows suits them best—prescription or nonprescription—could be taken in overdose, twenty to thirty pills a few minutes before the plastic bag is donned. But there is no need for any pills if that is the person's choice.

Reclining position. A comfortable, semireclining position in an armchair or bed is preferable, although the person could be supine. Before reclining, the person would be wise to empty their bladder and bowels to prevent spontaneous evacuation after death, although this is more

likely to happen in sudden, traumatic death than the peaceful death brought about by barbiturates or with helium.

The neck fastener. Have on hand a small strap, which reaches around the neck and can be fastened with Velcro at either end, or strong ribbon, which goes around the neck with Velcro sewn into the ends, or even ties easily into a knot. Large rubber bands or panty hose firmly but not harshly around the neck will do. It does not have to be completely airtight.

The plastic bag needs to be enclosed sufficiently well to hold in the gas for a short while, but not so tight as to be painful or leave a skin mark. Check for possible holes beforehand. If after the plastic bag is fully inflated some gas seeps out at the neck, this does not matter provided the amount of gas remains the same in the bag.

If the person is worried about sucking the plastic bag into the nostrils and mouth, use a paper painter's mask, otherwise called a particle mask. If the person wants the bag to be well away from the eyes, wear a baseball cap. These two articles are most useful if using the bag *without gas*; when gas is used, the inflation keeps the plastic off the face.

When the bag is fastened around the person's neck, with the tubing leading inside, the person by hand slowly turns on the gas tank, which must start full for maximum effect, although only part of a tank properly used is sufficient to be lethal. (It might be advisable to have two canisters just in case one has accidentally not been filled in production. A metal T-junction could link them.) The bag inflates with deadly gas and the person is overcome in about two min-

utes. Brain death follows within five. There then may be some gasping or twitching as the full-body death process sets in, less likely so if anticonvulsant drugs were taken beforehand.

Why not use a mask similar to the ones used in hospital to put patients under for surgery? It would seem to be the answer. But experience has shown that it is difficult to find a mask with a perfect fit over the face. Secondly, if the gas is turned on strongly it tends to lift the mask off the face.

If the patient should speak in the middle of the procedure, the helium will have changed the normal tone of the voice into a high-pitched Donald Duck-like sound.

Experience has shown that the following steps (see illustration) are best:

1. Put the plastic bag over the head just to the eyebrows, held there by an elastic band or strap.
2. Inflate the bag with gas on top of the head.
3. Strongly exhale own breath, then rapidly pull bag down to the Adam's apple.
4. Fasten securely at neck but not painfully. Keep the gas flowing. Consciousness will be lost in seconds; death will occur in minutes.

Practice first. It is essential that the person self-delivering practices the whole procedure several times—without the pills and the gas, of course. Lack of practice and haste will cause mistakes. Will the force of the gas out of the canister blow the bag off? As the neck bands are not airtight, any excess gas should escape via that route. There

may be no need for the tank to be fully switched on, as long as it maintains a steady flow. We have not found this a problem in more than 100 cases reported to us.

Close contact with enclosed helium gas is lethal; released into the open air, it quickly disperses, and is safe for others. It is neither flammable nor explosive. When the person is dead, a family member switches off the gas tank, an action that—even if it became known—could be attributed to a lifesaving attempt. An *autopsy*—should it be considered necessary—will not show that a plastic bag was used provided the authorities did not know by other means.

A Warning

As with all forms of suicide using gases, if the person is interrupted just before the point of death and survives, then brain damage and paralysis are likely. (This does not happen if a person survives a barbiturate overdose.) These techniques—in legal terms—are straightforward suicide, which is not a felony. There need be no helper, which sometimes can be criminal. The presence of others in the room giving moral support is not felonious provided they *do not physically assist*.

After a couple of hours—and with the equipment out of sight—the family should call the patient's primary care physician, report the death, and ask for a death certificate. That the patient died from being inside a plastic bag, with or without gas, is undetectable. A physician will most likely put on the death certificate the underlying disease from which the patient suffered.

Some people wish to make an ethical statement by being recognized as a rational suicide. They leave the drugs or bag in place for the coroner/doctor to see, as well as a used copy of the book *Final Exit*. But it would be advisable to remove the helium gas apparatus, because that would intrigue the minds of the police, thus making their inquiries lengthier.

Have the body *cremated* as soon as feasible. This eliminates any chance of an exhumation should there be questions later on.

The inert gas suicide technique has the advantage of being simple, cheap, and easy to use. A video demonstrating the helium-balloon technique is available from ERGO!. It can be purchased from either ERGO! or from the video section of Amazon.com (both twenty dollars). The overseas price from ERGO! only is thirty dollars. Checks must be drawn on an American bank.

The Future

Nobody at the 1999 Seattle conference, and similar meetings that followed, was or is giving up on the continuing fights for democratic law reform on justifiable, voluntary euthanasia and physician-assisted suicide. But driving the “self-help” dynamism is a feeling that in the meantime there must be a humane response to those dying who are suffering now.

Meanwhile, medical and pharmaceutical scientists around the world are determinedly searching for a drug, or combination of drugs, that is lethal but is not a drug substance

controlled by law, and therefore beyond the reach of politicians. So far the hunt for the so-called "magic pill" for quick and painless death has been fruitless—hence the heightened interest in inert-gas ways of gaining release from terminal suffering.

The most promising avenue in the hunt for poisons producing an instant and painless death lies in the oceans. We know that puffer fish and certain shellfish, especially around Australia, are deadly when they bite. The problem is how to turn their poisons into marketable pills. As more nations legalize euthanasia, undoubtedly more scientists will want to crack this problem.

The Hemlock Society USA, based in Denver, Colorado, runs an excellent "Caring Friends" program that gives specialized advice to the dying on self-deliverance from a terminal or chronic physical illness. Call 800-247-7421 to join. Hemlock is unable to help people with psychological suffering.

The EXIT bag

An organization in Canada sells a customized inert gas kit that provides everything except the gas for a person planning self-deliverance. The kit comprises a rugged, clear, plastic bag of proven size with a sewn-in Velcro collar and fastened-in, flexible plastic tubing. Instructions on how to use this are included. To obtain this kit, send forty U.S. dollars or fifty Canadian dollars to: LR Publications, P.O. Box 39018, Victoria BC V8V 4X8, Canada.

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The Checklist

If you are comfortable with your decision to die because of the advanced and unbearable state of your terminal illness, and have carefully considered the issues already raised in this book that might relate to your circumstances, you should now review the following list and check it off:

1. Be sure that you are in a hopeless medical condition. Talk it over with your doctors one more time. Ask yourself if your judgment is clouded by the drugs you are taking.
2. Are you just depressed? After all, the prospect of dying soon is immensely saddening. Ask your friends if they think you are. Talk to your doctor if you are feeling terribly low, and consider seeing a psychologist.