

DR PHILIP NITSCHKE & DR FIONA STEWART

# THE PEACEFUL PILL HANDBOOK



## THE ESSENTIALS

Exit International USA

*The  
Peaceful Pill  
Handbook  
Essentials Edition*

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&  
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EXIT INTERNATIONAL

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**About**  
***The Peaceful Pill Handbook***  
**Series**

*The Peaceful Pill Handbook - Essentials* provides readers with the best, most up to date, practical DIY information about end of life choices.

The book's audience is older adults who seek an insurance plan for the future, as well as people who are seriously ill and need to know their immediate life and death options.

The online edition is updated continuously. The print edition is published annually. An 18+, general readership print edition is available at Amazon.com.

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*For*

*Derek Humphry*

*for his courage and compassion in showing the way*

**'Freedom takes a lot of effort'**

**Anna Stepanovna Politkovskaya**

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### *Disclaimer*

While every effort has been made to avoid errors in the information contained in this book, neither the authors nor the publisher warrants that the information is error or omission free. Legal commentary in this book does not constitute legal advice.

If you feel you need counselling, please contact the following organisations:

|             |   |
|-------------|---|
| USA:        | Suicide Prevention Hotline - 1 800 273 8255 |
| UK          | The Samaritans on - 08457 90 90 90          |
| Australia   | Lifeline on - 13 11 14                      |
| New Zealand | Lifeline on - 0508 828 865                  |
| Canada      | The Life Line on - 1-800-668-6868           |

Other countries hotlines can be found at:

*<http://www.suicide.org/international-suicide-hotlines.html>*

# ADD-ONS

## Peaceful Pill Online Forums

Members of Exit & PPeH Subscribers have free access (on approval) to the Peaceful Pill Online Forums.

Apply to join at:

<https://www.peacefulpillhandbook.com/forums/>

## Exit Snippets

In 2021 during Covid, Exit held a series of monthly online workshops (Snippets) hosted by Dr Philip Nitschke & based on the Peaceful Pill eHandbook.

Recordings of the 2021 Snippets are available on subscription to Exit Members and PPeH Essentials subscribers at:  
<https://www.exitinternational.net/meetings/workshops/>



To find out more about the work of Exit International or to consider making a donation/ bequest to Exit International, please visit

[www.exitinternational.net](http://www.exitinternational.net)



# Introduction

The 'Essentials Edition' is the new shortened, condensed version of the best-selling *Peaceful Pill Handbook*. *The Essentials* provides the most accurate, up-to-date information about practical, DIY (self-help) strategies for elderly and seriously ill adults.

The aim of the *Essentials* is to empower our readers to develop an end of life Exit plan, as an insurance policy for the future. Most hope they will never need such a plan. Everyone can find comfort from knowing that they have the means of a peaceful and reliable DIY death, should the need ever arise.

The *Essentials* edition can be read in conjunction with the original 2022 edition of the *Handbook* which is provided as Appendices (online edition only).

## Book Audience

This book has two principal audiences.

Firstly, it is written for people who are seriously ill and need urgently to know their end of life options. Families and friends can also find this information invaluable in terms of assisting with end of life planning.

Having choice to die at home is important, even when you live in a country with right to die laws. Because the vast majority of voluntary assisted dying (VAD) / medical aid in dying (MAiD) are based on degree of sickness (one generally needs to be terminally ill with < 6 months to live), many people find that they do not qualify. Especially if cognitive impairment is present

(eg. dementia). The *Essentials* is designed to help these people in their time of need.

Secondly, some people do not want to involve doctors in their death. Even if they are eligible to use the law, some do not want to put themselves through what can sometimes be exhaustive bureaucracy in order to gain approval.

More broadly, the book is intended for people who simply want to know how to die peacefully and reliably and at a time of their choosing. Most people who join Exit and come to a meeting want to know about their end of life options. Exit members are often not sick. Indeed, many are well. But they are motivated, independent people who are used to looking after themselves. This means planning ahead.

### **Terminology**

Anyone who makes plans for their own death can be said to be planning their 'suicide'. However, the term suicide, and even assisted suicide, have become controversial. Many in the right to die movement have changed their wording to more 'palatable' phrases such as voluntary assisted dying (VAD) or medical aid in dying (MAiD). This shift has occurred at the same time that the word 'die' is also often replaced with phrases such as 'pass', 'pass away' and so on: as if to somehow soften the idea that we are all going to die.

For some right to die advocates, the change in wording has been an attempt to distance themselves - at least semantically - from the reputation that now stalks the term 'suicide'. Nevertheless, ending one's life is nothing if not suicide.

### ***Voluntary Assisted Dying (VAD) & Medical Aid in Dying (MAiD)***

Assisted suicide is now better known as voluntary assisted dying. This is when a doctor prescribes (and sometimes administers) a lethal drug to a patient. In most countries where VAD is legal, the patient will take a drink of Nembutal (or other lethal combination of drugs) that has been medically-prescribed. In some cases, other means of administration are accepted, such as the delivery of the lethal drugs intravenously.

### ***Voluntary Euthanasia***

What, then, is voluntary euthanasia (VE)?

The word ‘euthanasia’ comes from the Greek and means ‘good death’. When a lethal drug is administered to a person by another, with the former’s consent, it is referred to as voluntary euthanasia. It was voluntary euthanasia that was legal for nine months in Australia in 1996-97. It is VE that is lawful in the Benelux countries of the Netherlands, Belgium and Luxembourg.

### ***Suicide & Rational Suicide***

So where does this leave the terms suicide and rational suicide?

The authors of this book have been active in the right to die movement for almost 30 years. During this time, we have witnessed many changes. One noticeable shift has been the view of suicide as a societal ill. A person who contemplates suicide has, by definition a (possibly undiagnosed) mental illness. Today, suicide is rarely considered to be a good thing. This is regardless of a person’s reasons for taking their own life.

It is not surprising, therefore, that suicide prevention is now big business. Governments around the world pour vast resources into campaigns, advocacy groups and mental health services to tackle the (perceived or real) problem of too many people killing themselves. The right to die movement has been caught up in this culture of universal prevention.

The current climate of suicide prevention leaves almost no space for discussion about the equally important phenomenon of ‘rational’ suicide: that is, when a person makes a considered, long-held decision to end their own life, either in the context of illness, advanced old age or some other important reason.

Interestingly, in the Dutch language, rational and irrational suicide each have their own terms that differentiates one from the other. There is ‘zeldoding’ for rational suicide and ‘zelfmoord’ for irrational suicide. Unfortunately, the English language has no comparative terms of delineation.

It is within the context of rational suicide that this book is published. Exit believes firmly that every rational adult over a certain age should have access to the best information about how to take their own lives, should they wish to do so. We do not believe that barriers should be placed in people’s way, as long as the decision is a rational one. In a landmark ruling, the notion of self-determination as a fundamental right of ‘personality’ was confirmed by the Constitutional Courts of both Austria and Germany in 2020. It is to be hoped that countries follow this lead.

### **Ageing Population & the Role of Modern Medicine**

In contrast to previous generations, populations in industrialised western countries are living longer than ever before. A century

ago, when life expectancy was approximately 25 years less than it is today, few people had the opportunity to reflect on how they might die. Today we have much more time to think this through: especially if we are suffering a poorer quality of life in our later years.

Today the overall population is more likely to experience a range of degenerative diseases and disabilities that were rare in earlier times. Better sanitation, higher standards of living, and exposure to modern western medicine (that offers an increasingly sophisticated array of life-prolonging technologies) has meant that we are living longer. Living longer can be a wonderful thing, especially if one's quality of life is also good. But this is not always the case.

While old age is not, in itself, predictive of serious illness, the gradual deterioration of one's body (as a factor of age) leads to an almost inevitable decline in a person's quality of life. Because we are living longer, we are living more years with a compromised quality of life. Some people can better tolerate this state of affairs than others.

Don't get us wrong, at Exit we are all for living longer. The authors of this book both hope they live on in good health for a long time. But should we be forced to live on, if we come to a point where we have simply had enough? Surely one's quantity of life should be balanced against one's quality of life. This decision is for no one but the individual alone. This is why the issue of control in dying is an increasingly common concern for many elderly people.

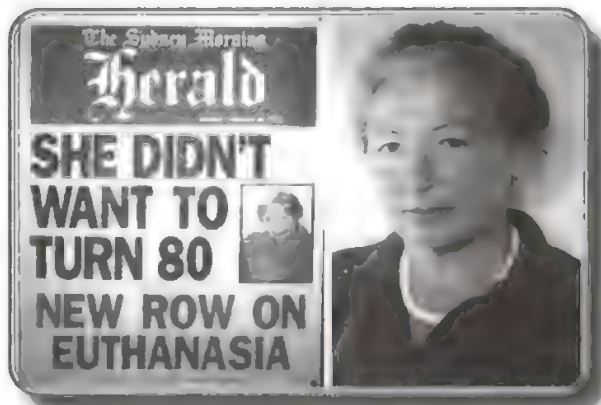
Developing an Exit Plan can be seen as much the same as making a will, appointing executors or prepaying for a funeral. It makes good sense for everyone concerned.

### **'Completed Life' Phenomenon**

As the lifespan in advanced western countries has increased, many people have found themselves in the 'odd' predicament of feeling that they have had enough: that they have lived long enough. This new social phenomenon is referred to 'tired of life' or 'completed life'. This decision can be irrespective of one's state of health. The sentiment is often expressed as 'I have lived the good life and now is the time to go.'

One of the first people to exhibit, publicly, a 'tired of life' mindset was the retired French academic, Lisette Nigot. In 2002, Lisette also took her own life, consuming barbiturates that she had stockpiled over the years. Lisette's reason for dying? She said she did not want to turn 80. Lisette insisted that she had had a good and full life. However she said that she had always known that she did not want to become 'too old.'

'I do not take to old age very well' she told film-maker Janine Hosking whose documentary *Mademoiselle and the Doctor* traced the last months of her life.



The *Sydney Morning Herald* banner the day after Lisette Nigot died

Lisette explained her decision:

*'I don't like the deterioration of my body ... I don't like not being able to do the things I used to be able to do ... and I don't like the discrepancy there is between the mind which remains what it always was, and the body which is sort of physically deteriorating.*

*Perhaps my mind will go and I would hate that. And certainly my body will go and I wouldn't be very happy with that either. So I might as well go while the going is good'.*

Professor David Goodall is another person who chose to end his life in the context of advanced old age. Shortly before his death in Switzerland at the age of 104, David stated:

'I greatly regret having reached that age,' he told the media.

*I'm not happy. I want to die. It's not sad particularly. What is sad is if one is prevented. If one chooses to kill oneself, then that should be fair enough. I don't think anyone else should interfere.*



The author with Professor David Goodall on the morning of his death

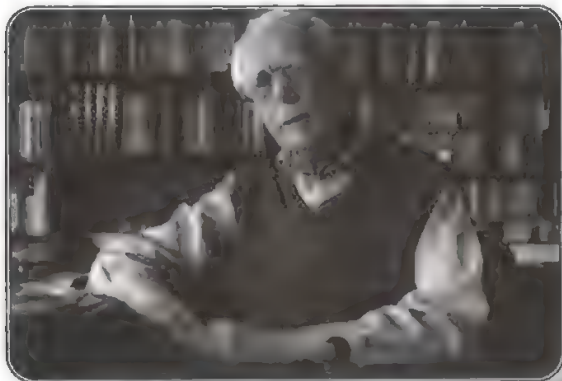
Neither Lisette Nigot nor David Goodall were depressed, nor were they suffering from a mental illness. Rather, they had come to a decision to end their lives in a rational, considered way. Their right to suicide is exactly the same right of self-determination that the German and Austrian constitutional courts have recognised.

### **Concept of a Peaceful Pill**

It was the late Dutch Supreme Court Judge Huib Drion who, in 1991, called for the introduction of a Pill that would give all people over a certain age the option of a peaceful death. He argued that access to a lethal ‘Drion’ or ‘Peaceful Pill’ was a right, not a privilege.

*There is no doubt in my mind that many old people would find great peace of mind if they had a means at their disposal to end life in an acceptable manner at a moment that is appropriate to them.*

### **Huib Drion**



Huib Drion



The idea of a suicide pill that can be swallowed or drunk is not new. In Athenian times, the herb Hemlock was the drug of choice for suicide and it was taken as a drink. The most famous Hemlock suicide was that of the Greek critical scholar, Socrates.



Socrates drinking his cup of Hemlock .  
to the horror of those looking on

More recently, the chemical compound cyanide has been used as a suicide pill. One well known death from cyanide was that of Spanish quadriplegic, Ramon Sampedro. In 1998, Sampedro ended his life by drinking cyanide that his friends had provided. The award-winning 2004 film *The Sea Inside* provides a remarkable account of his life and death.

For much of the 20th Century, cyanide was also routinely issued to intelligence agents as part of their job. Hitler's head man in the Gestapo, Heinrich Himmler, escaped interrogation by swallowing a capsule of cyanide. Hermann Goering, head of the Luftwaffe, avoided the hangman by taking cyanide the night before his planned execution. As recently as December 2017, Bosnian war criminal Slobodan Praljak drank a vial of cyanide whilst in the dock at the International Criminal Court in the Hague.



Ramon San Pedro

Where the need is speed of action (eg. in order to avoid interrogation, torture or imprisonment) cyanide fits the bill perfectly.

However, few readers of this book will consider a super-fast death to be their primary criteria. Of more importance will be peacefulness and reliability. The drug that best fits this requirement is the barbiturate, Nembutal (sodium pentobarbital).

### **Medicalising Death**

Western medicine has a long history of colonising areas of life which are not necessarily medical matters. Childbirth is a good example of this. More recently, it is the dying process that has come under the purview of medicine as a profession. This is despite death not being a medical event. We are all going to do it, with or without a doctor.

It is perhaps not surprising that in most legislative models around the world, it is the medical profession who have

become the gate-keepers of assisted dying. In all states and countries where assisted dying is legal, the doctors have a monopoly on who does, and who doesn't, get help. In all states and countries except Switzerland, the criteria for receiving assistance is illness.

These medical laws do not, in practice, provide people with a 'right to die'. Rather, they only grant the right to ask permission. It is the doctor who determines who gets access to the required lethal drugs (eg. Nembutal), who gets help with the means of administration and who decides if the person has the mental capacity to take the step in the first place.

As Dutch journalist, Henk Blanken, wrote in 2018 in *The Guardian*:

*The right to die has been discussed for so long now in the Netherlands that we have come to believe we each have the right to die when we want. But when push comes to shove, the patient is not the one who decides on their euthanasia. It is the doctor who decides, and no one else.*



Henk Blanken with his 2019 book *The Beginning of the End*

Exit believes that the right to a peaceful death is fundamental. It should not be a medical privilege, reserved only for the very sick.

### **Dying & the Law**

In most western countries, no one can help another person to die, even though suicide, itself, is not a crime. There is no other example in western law where it is illegal to help someone to do something which is legal. And it is not just a *little* bit illegal to help someone to die. It is *very* illegal and, in some circumstances, can even attract a life prison sentence. In places where there are assisted dying laws, the only person who can help a terminally ill person die, is a medical professional (usually a doctor) and only then under very strict (some might say unrealistic) conditions.

### **Assisted Suicide & the Law**

Courts are often unable to give clear and concise definitions regarding suicide assistance. In 2015 in Ireland, Gail O’Rorke, was prosecuted for buying a one-way ticket to Switzerland for her friend Bernadette Forde. Bernadette had advanced multiple sclerosis (MS). The Irish prosecutor argued that the purchase of the airfare amounted to suicide assistance. Gail was the first person to be charged with assisting a suicide in Ireland. She was later found ‘not guilty’.

See Gail’s book *Crime or Compassion*: <https://bit.ly/gailbook>

In 2018 on the other side of the world, Exit’s Wellington Chapter Coordinator, Suzy Austen, was also charged with assisting the suicide of fellow Exit member, Annemarie Treadwell.



Suzy Austen after her not guilty verdict, Wellington NZ

Annemarie was 77 years old and suffered from painful arthritis. An autopsy revealed that Annemarie had died from an overdose of Nembutal.

This is where the trouble started for Suzy. How did Annemarie obtain Nembutal? What role did Suzy play, if any, in getting her the drug? Annemarie's diary gave the New Zealand police their answers.

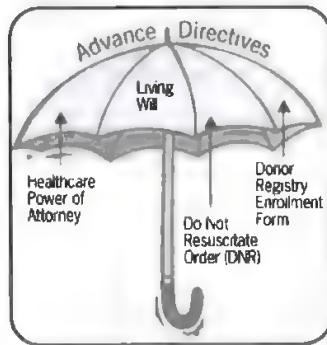
While Suzy was found guilty of importing Nembutal, she was found not guilty of assisting Annemarie's suicide. In order to be convicted, Suzy would need to have known that Annemarie was going to suicide. And Suzy would have had to have intended that Annemarie would use the Nembutal that Suzy gave her to suicide.

Both Gail and Suzy thought they were helping their friends. Both were well intentioned. However, their experience shows how broad and grey the area of assisted suicide can be in the eyes of the law.

## Advance Health Care Planning

### *Advance Health Directives*

Most western countries possess some form of law that allows for advanced health care planning. These statements, generally known as Advance Health Directives (AHDs) or Living Wills, lay out one's plans for medical treatment and care. They only come into effect when/ if the person becomes unable to communicate their wishes for themselves. Only in the Netherlands, Belgium and Luxembourg can an advance directive contain an instruction for a medical professional to provide voluntary euthanasia in the context of advanced dementia.



### *Advocates, Proxies, Agents & Enduring Guardians/ Power of Attorneys*

Alongside these laws sits a range of other legal mechanisms that enable advance health care planning. These include the appointment of an advocate, health care proxy, agent or enduring guardian. This agent becomes the person's legal health representative, should the person become unable to speak for

themselves (eg. they are in a coma). The agent or proxy is legally able to ensure that a person's advance directive (document) is adhered to.

### ***Type of Care Covered by an AHD***

Advance health directives can also contain instructions about a range of medical treatment options such as CPR (cardiopulmonary resuscitation), the use of a ventilator (commonly known as being 'on life support') and artificial nutrition and hydration (feeding tubes and IV fluids).

In the US, the term 'comfort care' is also used. This 'catch-all' refers to everything else that might be done to 'make you comfortable'. This can include medication for pain, anxiety, nausea, or constipation, limiting medical testing and providing (or not) spiritual and emotional counselling.

See: <https://bit.ly/2yNvjZT>

Other issues that can be included in an advance directive include: DNR (do not resuscitate) directives, organ and tissue donation wishes and, in some jurisdictions, physician or medical 'life sustaining treatment orders'. These orders are complementary to an existing advance health directives and can give medical staff the direct authority and responsibility to provide (or withhold) certain types of treatment in an emergency situation.

### ***Formwork, Registration & National Registries***

Advance health directives are normally completed using an official form or template. In most countries these forms can be obtained from local government agencies or advocacy groups. In some states/ countries, the statements may need to be formally witnessed by, for example, a doctor or attorney. It makes good

sense to review one's advance directive from time to time as your views on your end of life care may change the closer you get to the end of life.

### **Exit Reliability-Peacefulness Test**

At the end of each Chapter, readers will find Exit's proprietary Reliability - Peacefulness (RP) Table. A summary RP Table can be found at the end of the book. These tables show the results of the RP Test that is applied to each of the methods discussed.

The Exit RP Test provides a benchmark against which all end of life options can be compared. A number of factors are considered for each method and an overall value. This value gives an indication of how the method rates in relation to an 'idealised' Peaceful Pill score of 100% .

The two principal indices are 'Reliability' and 'Peacefulness.' In the RP Test, each are each given a score of 1 to 10. The higher the number, the more reliable and more peaceful the method in question. For example, Nembutal has Reliability & Peacefulness indices of 10/10.

Six secondary criteria have a maximum of 5 points. While these criteria are of lesser importance, they are nevertheless highly-desired characteristics for a method of dying.

- Preparation and Administration (Pr)
- Undetectability (U)
- Speed of Effect (Sp)
- Safety to Others (Sa)
- Storage - Shelf Life (St)
- Legality (L)



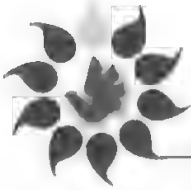
Note - the value of these indices changes from time to time depending upon the results of the R&D undertaken by Exit and the information that is provided to the organisation as a result of verified, eye-witness accounts.

### **Summary**

At Exit, we believe that ‘a peaceful death is everybody’s right’. A good death should not only be for the terminally ill or those sick enough to qualify.

A well considered Exit Plan provides the comfort of knowing that if things ‘turn bad’, a plan is in place. An end of life plan can also keep family and loved ones safe from any problems with the law. Remember, while suicide is legal, assisting a suicide is a crime. None of us would want to expose those we love or care about to serious criminal charges, just because they helped us to get the good death we wanted.

It is our choice to be prepared for the end. It is also our responsibility to safeguard those we love from legal harm. This is why an Exit Plan is a responsible thing to do.



**A PEACEFUL DEATH  
IS EVERYBODY'S RIGHT**

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# Physiology of a Peaceful Death

## Introduction

In order to be fully informed about how to achieve a peaceful and reliable death, it is important to understand the forces at play. What makes a death ‘peaceful’, and what is meant by ‘reliable’? A survey of Exit International members identified reliability and peacefulness as the most important criteria. Respondents stated that the ideal death would be one that occurs while the person is asleep. The process should be fast, and there should be no discomfort or pain prior to loss of consciousness and death.

Unfortunately it is harder than it sounds to die peacefully and reliably. For example, some actions might be peaceful but they are not reliable (eg. an overdose of Valium). Or, the process might be reliable but not at all peaceful (eg. jumping from a tall building).

Achieving the desired mutual goals of peaceful *and* reliable (preferably within as short a time frame possible) is a more complex challenge. In this Chapter we take a look at the physiology of death and how it influences reliability and peacefulness.

## Essential Life Systems

The maintenance of human life requires a functioning brain. The cells in the brain require an uninterrupted supply of oxygen and glucose, which are their essential metabolic needs. Any significant interruption to the supply of oxygen or glucose will lead quickly to death.

The brain is 2% of the body's weight. However, the brain cells consume more than 20% of the body's total oxygen intake. Brain cells also require some 20% of the blood that is pumped by the heart and account for 60% of the body's resting energy consumption. To maintain brain function, a functioning respiratory and cardiac system is necessary.

Respiration within the cells of the brain produces the essential energy which is needed for brain function. Respiration also results in the production of CO<sub>2</sub> and water which are removed via the blood supply. Any interference with either the respiratory or cardiac systems quickly leads to death.

### **Hypoxia - a Peaceful, Reliable Death?**

Each of the methods discussed in this book work by interfering with the brain's essential needs: that is they block the supply or utilisation of oxygen in brain cells which results in 'cerebral hypoxia'. There are four main ways this interference occurs.

**Hypoxic Hypoxia** - when not enough oxygen enters the lungs

**Hypaemic Hypoxia** - when the blood fails to transport oxygen

**Ischemic Hypoxia** - when there is insufficient blood flow

**Histotoxic Hypoxia** - when brain cells are unable to use oxygen

The hypoxic death that results from inadequate air flow into the lungs or failure of the lungs to transfer sufficient oxygen to the blood is often described as 'respiratory failure'. Something that stops the heart and results in an ischaemic death is often referred to as cardiac arrest or a 'cardiac switch'.

### **Making the Hypoxia ‘Happy’**

Hypoxic deaths can range from ‘happy’ (ie. peaceful) to terrifying. The hypoxic hypoxia that is brought about from inhaling pure nitrogen will be disorientating and mildly euphoric. At the other extreme, the hypoxic hypoxia that is brought about from an obstruction to the airways (eg. hanging) is terrifying. One will struggle with all their might to relieve the obstruction. While hanging may be a *reliable* hypoxic death, it is *not* peaceful.

The term ‘happy hypoxia’ came into common parlance during the COVID-19 pandemic when it was noted that patients whose lungs were severely effected (so that oxygen could not readily cross into the blood) were not particularly distressed. Even though they had life-threatening hypoxia.

This is perhaps why hypoxic death from lung infection or pneumonia has long been described as peaceful. This is why pneumonia is known as the ‘old person’s friend’. In this book we describe ways to bring about a happy hypoxic death.

### **Summary of Methods**

The following Table summarises the 10-plus methods described in this book, listing the type of hypoxia each strategy employs. The ‘Comment’ column explains the mechanism for each method.

| Method                   | Mechanism  | Comment                                |
|--------------------------|------------|--|
| <b>Nitrogen Exit Bag</b> | Hypoxic    | Low oxygen environment                 |
| <b>Nembutal</b>          | Hypoxic    | Respiratory failure                    |
| <b>Sarco</b>             | Hypoxic    | Low oxygen environment                 |
| <b>Carbon Monoxide</b>   | Hypaemic   | Blood O <sup>2</sup> transport failure |
| <b>DDMAPh</b>            | Ischaemic  | Cerebral switch                        |
| <b>Sodium Nitrite</b>    | Hypaemic   | Blood O <sup>2</sup> transport failure |
| <b>Sodium Azide</b>      | Histotoxic | Block to brain cell metabolism         |
| <b>Hydrogen Sulphide</b> | Histotoxic | Block to brain cell metabolism         |
| <b>Opioids</b>           | Hypoxic    | Respiratory failure                    |
| <b>Chloroquine</b>       | Ischaemic  | Cerebral switch                        |
| <b>Amitriptyline</b>     | Ischaemic  | Cerebral switch                        |

# **All About Lethal Drugs & Poisons**

## **The Overdose**

Human pharmaceuticals (products, compounds and medicines) are never developed to end life. Yet some drugs *do* cause death, especially if they are administered in ways that were not intended. The usual misuse of a pharmaceutical is to overdose (exceed the suggested dose).

The outcome of an overdose does not always result in death. Indeed, when a drug has produced the possible side effect of death in overdose, safer alternatives have been quickly developed. The barbiturate sleeping drugs of the 1950s are a good example. Because safer sleeping tablets are now available, the barbiturates have largely disappeared from the pharmaceutical schedule. While there are some drugs that can cause death if misused, the number is small and ever-decreasing.

## **Routes of Administration**

There are several ways to introduce a lethal drug or poison into the body. The most common administrative route is oral (through the mouth) where the substance is swallowed as a drink or as tablets etc.

Other possibilities include direct administration into the stomach by way of a nasogastric (NG) tube inserted through the nose, or via a PEG (percutaneous endoscopic gastrostomy) which is when a tube is inserted through the abdominal wall. Both of these methods bypass the mouth and take the substance directly

to the stomach. Neither of these two methods requires the person to be able to swallow. Instead, the substance is absorbed into the blood either from the stomach or, later, when it reaches the small intestine. Rectal administration is also sometimes possible and allows the drug to cross into the bloodstream. Direct intravenous administration allows the drug into the blood through a needle in a vein. If the lethal substance is a gas, inhalation is a possible route that enables the poison to move into the blood via the lungs.

All of the DIY strategies described in this book use one or other of these methods.

### **Oral Administration**

For many people, taking lethal drugs orally is the preferred means of administration. Substances taken this way require no special equipment. It is the simplicity of the method that explains its appeal. A drug or substance that is taken orally is also less likely to arouse suspicion from the authorities and makes it more likely that the death will be recorded as from ‘natural causes’.

However, oral administration has its own challenges. Some substances taste awful and leave a very bitter after-taste. The person must also have the ability to swallow if they are to take something orally. Finally, the risk of vomiting must be addressed through the use of supplementary, anti-emetic (anti-vomiting) drugs.



## **Nasogastric Tubes & Stomach PEGs Administration**

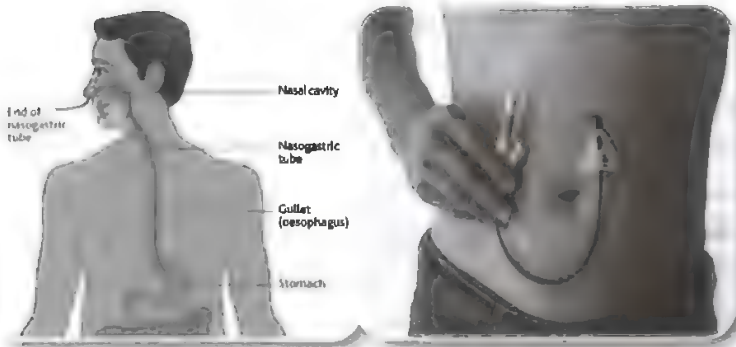
People who have difficulty swallowing sometimes have a temporary, nasogastric tube inserted through the nose and down into the stomach. This allows for the delivery of fluids. A longer term solution to the problem of not being able to swallow involves the surgical introduction of a feeding tube through the abdominal wall directly into the stomach. This is called a Percutaneous Endoscopic Gastrostomy (PEG) tube or a ‘stomach peg’.

The administration of lethal substances is often easier when a person has a PEG or nasogastric tube. This is because there is no need to swallow, and there will be no concerns over a drug’s bitter taste. The risk of vomiting is also addressed. With nasogastric and PEG administration, an anti-emetic is not required. However, PEG and NG access is suitable only for liquid substances which can be delivered using a suitable syringe.

## **Rectal Administration**

Drugs that are administered rectally using suppositories, or by direct infusion (enema) are often quickly absorbed. This method also has the advantage of reaching higher blood levels of the lethal substance than that achieved by stomach and gut absorption.

With gut absorption, the lethal substance in the blood is taken directly to the liver where some detoxification and degradation takes place, resulting in lower blood concentrations. This is known as ‘first pass’ reduction. Rectal administration avoids this reduction. This is something that is well known to recreational drug users who use ‘boofing’ to increase a drug’s effect.



Rectal self-administration can be done using a '22fr Foley catheter and a 200ml syringe. The procedure is the same as that described in the literature prepared by the American Clinicians Academy on Medical Aid in Dying (ACAMAiD) where this method has been extensively used in the context of the 5-Drug protocol (see 5-Drug Mix Chapter). The time to loss of consciousness and death is similar to that when a substance is taken orally.

ACAMAiD recommends a medical assessment of the bowel in order to assess the suitability, prior to this route being decided upon. Bowel preparation requires the use of laxatives in the preceding 72 hours, and an enema prior to delivery of the lethal substance (eg. Nembutal). The method should not be used if any type of tumour is present, or if there is impacted faecal material that cannot be removed.

Further information together with a video outlining preparation and technique for rectal administration is available at:

<https://www.acamaid.org/rectal-administration-of-aid-in-dying-medications/>

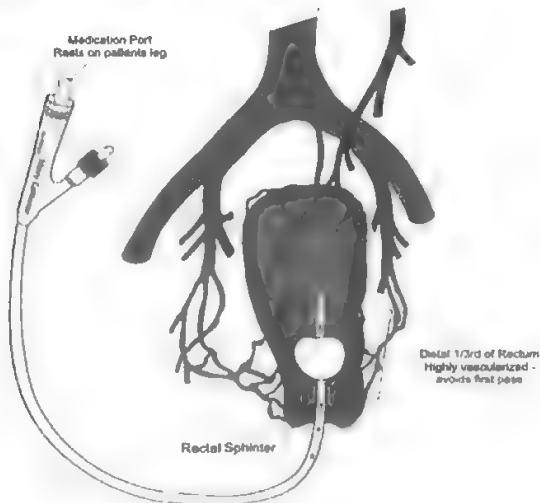
<https://vimeo.com/603594763>

## Intravenous Administration

Lethal substances in liquid form can also be delivered directly into the blood through a needle placed into a vein. The insertion of the needle requires skill. This method is not recommended



for DIY. If a person does attempt to insert a needle him/herself, the added problem will be that the person is likely to lose consciousness before all of the drug can be self-administered. This problem applies also when a delivery bag, drip line and self injection and syringe is used. A further problem is that the drip line could become blocked or dislodged. If someone were to assist in clearing the line, they could find themselves guilty of murder. For these reasons, intravenous self-administration is never advised.

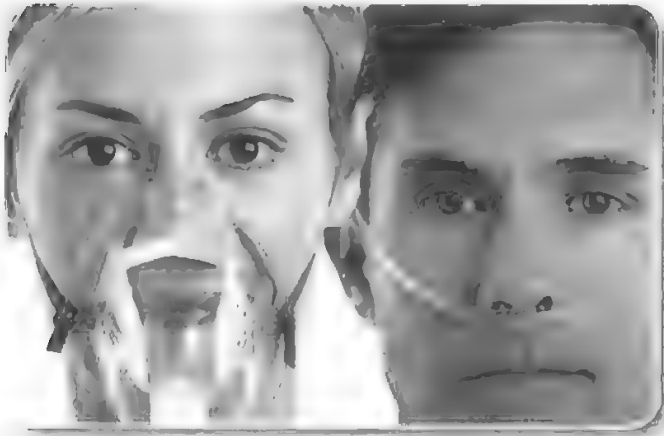




### **Inhalation**

Inhalation of a gas to bring about death can be very effective. Absorption of the gas from the lungs into the blood stream is quick, and can present a useful alternative to oral administration. However, when a gas is used, a range of equipment is invariably required.

If a low level of concentration of the lethal substance is required (eg. with carbon monoxide) this equipment consists of a simple, non-sealing face mask or nasal prongs. If the process requires the exclusion of oxygen, more elaborate items will be needed. In the case of an inert gas such as nitrogen, a plastic Exit bag and tubing will be required. In the case of the R2D Rebreather, a sealing face mask is required. Looking forward, the Sarco aims to simplify the process of gaseous administration.



## **Oral Administration - Specific Issues**

### **Swallowing**

Taking a large number of tablets can be especially difficult if a person has a problem with swallowing. Some diseases of the throat and oesophagus, and some neurological diseases like ALS/ MND (motor neurone disease) can compromise swallowing so severely, that oral administration is simply not an option.

The most effective way to consume a significant quantity of a lethal drug, is to turn it into a liquid. This can then be quickly drunk. Tablets can be turned into a liquid drink by crushing them. If capsules are concerned, the gelatin covering can be removed and the powder dissolved in a common solvent such as water. Even if the drug does not fully dissolve, the powder can still be made drinkable by rapid stirring with a teaspoon which will allow a suspension of the fine particles to form. This liquid can then be drunk.

By keeping the volume of the liquid to be drunk to around 100ml (approximately 1/3 cup), only a few mouthfuls will be needed.

### **Bitter After-taste**

Lethal substances and drugs are often very bitter to taste. To disguise the bitter taste of the lethal dose, drugs can be mixed with another substance (eg. yogurt). However, this is not advised as the end result can be an even larger volume of an equally-unpalatable substance. A better technique is to follow the bitter substance immediately with a small, strong alcoholic drink (eg. whiskey).

Another technique to address a bitter after-taste is to take a frozen water-based sorbet before and after the lethal drink. The low temperature of the sorbet dampens the strong bitter after-taste and any burning sensation that may occur. Dairy-based confectionary (eg. ice cream) should be avoided because dairy products can impede the body's absorption of some substances.

### **Vomiting**

Any substance that can be taken orally can be vomited up. In order to ensure the death goes according to plan, it is imperative that the full (lethal) dose of the drug or substance is consumed. Vomiting must be prevented.

To make things more complicated, some people are more prone to vomiting than others. Some diseases are known to cause vomiting. Because some end of life drugs and substances are often bitter (or extremely salty) their strong taste can induce reflex vomiting. In a minority of cases, vomiting (or fear of vomiting) can be such a problem that oral drugs should not be used.

To minimize the risk of vomiting, an anti-emetic drug can be taken as a single ‘stat’ dose some 40 minutes before the lethal substance.

Note - anti-emetic drugs can have side-effects. In very rare cases, these side-effects can be serious. If you have not taken a particular anti-emetic before, it is wise to take a ‘test-dose’ prior to its planned use with the lethal substance, to see if you experience any side effects.

A number of anti-emetic drugs are available. Some are purchased over-the-counter, others are only available on prescription.

Note, in late 2021, a warning was issued to doctors that patients suddenly asking for anti-emetic drugs could be at risk of suicide. A request for a prescription for anti-emetics was to be considered a ‘red flag’.

(See the section on ‘Supplementary Drugs’ for further discussion about anti- drugs, including possible side effects.)

### **Absorption into the Bloodstream**

A lethal substance consumed by mouth travels via the oesophagus to the stomach. In the stomach it is exposed to gastric acid. Here, some absorption into the bloodstream takes place, before the substance moves on to the alkaline environment of the duodenum and small intestine: where most of the transfer into the blood (via the gut wall) takes place.

The goal of absorption is to speed the transfer of the lethal substance into the blood so that the concentration rises so quickly that it is rapidly distributed to the brain and other target

organs. Rapid absorption will shorten the time from ingestion to loss of consciousness.

Since most absorption takes place in the small intestine it is best to speed the passage of the substance through the stomach. Having an empty stomach before taking the lethal substance can help this process. Fasting for several hours and drinking only clear fluids (no dairy), can also help. Some anti-emetics have the added specific effect of speeding gastric emptying. These are of particular benefit.

Oral drugs are absorbed into the blood from the stomach or gut. This blood must pass through the liver. This trajectory can result in some metabolism and detoxification. This can reduce the concentration in the blood of the lethal substance ('first pass'). This first pass effect does not occur with rectal and IV routes of administration, nor with inhalation.

### **Slow Release & Enteric Coated Drugs**

Some pharmaceuticals are designed to slow down the release of a particular substance, to give a longer-lasting but lower blood concentration. Designated 'slow release'(SR) or 'Enteric coated'(EC), these forms of drugs are generally unsuitable for end of life use. This is because they impede the rapid rise and high concentration of the lethal substance needed in the blood.

### **Drug Sensitivity & Tolerance**

The human body possesses remarkable variability, not only in terms of age, weight, height etc. but also in terms of genetic makeup. This means that there can also be considerable variation



in the effect of a certain drug or poison. Given the goal is to ensure a reliable death in all cases, the conundrum of individual sensitivity must be considered. The drug doses given in this book are considered ‘reliably lethal’ for all adults. Reference to the need to increase dose requirements for those with excessive weight is made when this is considered relevant.

Conversely, if a person has had long-term exposure to a particular drug (eg. they have taken the drug for a long period of time), it is possible that the body has learned how to break-down the drug. This is called ‘drug tolerance’. Where drug tolerance is identified, it may be necessary to increase the quantity of a particular drug in order to ensure that the planned death is brought about.

Tolerance and sensitivity are of particular importance when opiates are to be used to end life.

### **Shelf Life & Storage of Drugs / Poisons**

The time taken from the manufacture of a substance or drug to the point when chemical or biological degradation occurs to its purity and quality (shelf life) can never be guaranteed. For modern medicines, the stated expiration date is usually set for two to three years after manufacture. This date will be recorded on the packaging of the drug and referred to as the ‘use-by’ or ‘expiry’ date.

Veterinary liquid Nembutal has an expiry date stamped on the label of each bottle. Exit research has shown Nembutal to have a shelf life many years beyond its formal expiry date. Clearly, no drug becomes 100% ineffective immediately after its official expiry date. However, a potential loss of potency must be considered.

There is a range of issues which can affect a drug or substance's shelf life. These include:

- Is the drug liquid or powder?
- Is the drug in tablet or capsule form?
- Has the drug been stored in its original, air-tight container?
- Has the drug been stored at a cool room temperature?,
- Is the drug's storage container & location free from humidity?

If the answer to each of these questions is 'Yes', then the drug may have a shelf life of well over 10 years more than that stated on the bottle or packet.

The shelf life of a powdered form of a drug can be extended if the powder is vacuum-packed (using a standard kitchen food vacuum-sealer) and kept in a dark, cool place. Shelf life can be shorter for drugs in liquid form.

### **Detecting Drug Degradation**

To determine if a drug has deteriorated, some common sense guidelines exist.

#### ***Liquids***

- colour & clarity - has it become cloudy?
- particulate matter - are there tiny visible particles?
- sterility - has the bottle been tampered with or opened?
- has the drug interacted with its enclosure - is there corrosion of bottle or lid?

**Tablets**

- has the tablet changed in appearance, colour etc?
- does the tablet contain moisture or is it swollen?
- has the tablet become harder or more friable during storage?

These tell-tale signs may indicate some chemical degradation. The drug may need to be replaced.

The only certain way of establishing whether significant degradation has taken place is by carrying out a chemical assay. For drugs that are hard to obtain and expensive and difficult to replace, an assay makes a lot of sense. A detailed discussion on the testing of Nembutal is provided in the Sedative Drugs Chapter.



## **Summary**

This Chapter details some of the most important general issues that should be considered when one is planning to use drugs or other lethal substances to achieve a peaceful, reliable and dignified death.

Specific issues such as:

- drug & poison overdose
- route of administration
- absorption into the body
- speed of action
- shelf life & storage

apply to all drugs and substances used to end life. An understanding of these issues will reduce the chance of failure.

## The Lethal Sedatives

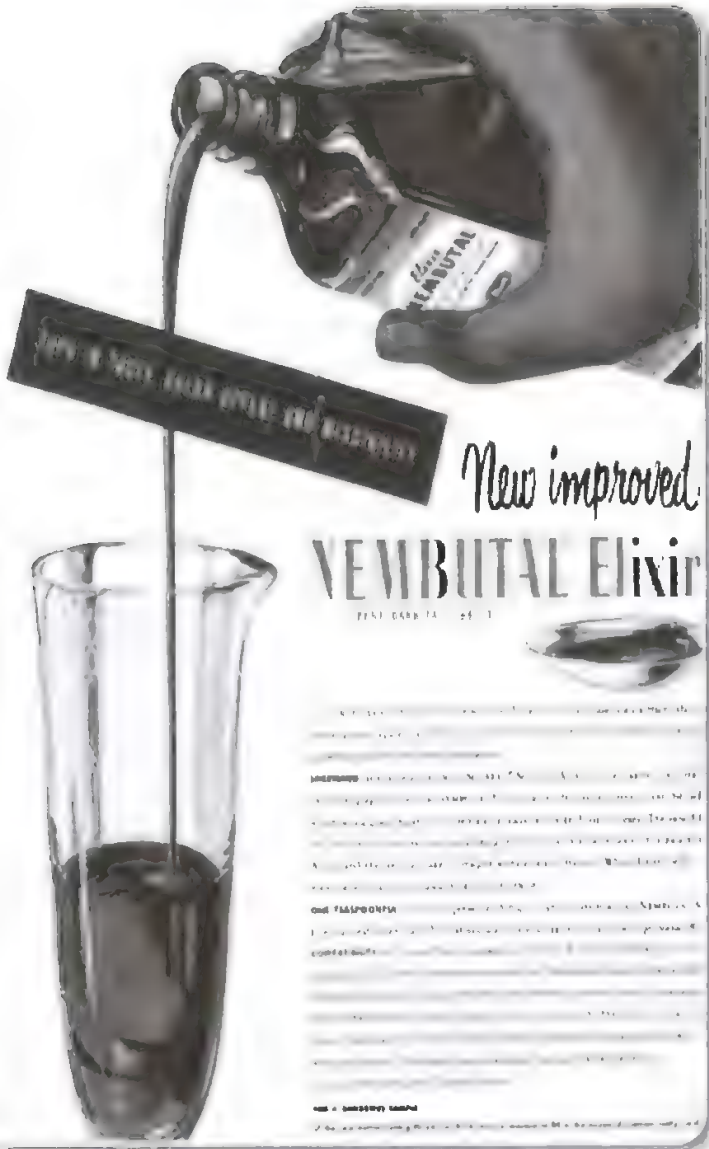
Most sedative drugs are not lethal. However, *some* are reliably lethal, especially when taken in combination with other drugs. Sedatives are important because they can calm the person concerned. Sedatives also induce sleep and make the time before loss of consciousness both shorter and more palatable. In this Chapter we discuss a range of sedatives that bring about respiratory failure and death from cerebral hypoxia.

The drugs described in this section come from two classes:

- The Barbiturates
- The Opiates

Of the barbiturates, sodium pentobarbital (Nembutal) is the most useful. Its most important role is as a stand-alone end of life drug. The widespread use of Nembutal, as a single agent, has led to its reputation as the ‘holy grail’ of end of life drugs. Indeed, Nembutal is of such significance that it is the subject of the best part of this Chapter.

The second class of lethal sedatives discussed in this Chapter are the opiates which include morphine, fentanyl and even heroin. Although opiates have a reputation for being useful end of life drugs, there are several practical issues that affect their reliability, making them less useful as rumour would suggest. Full details on the problems associated with their use are given later in this Chapter.



The advertisement features a central illustration of a hand pouring a dark liquid from a bottle labeled 'Nembutal' into a tall glass. A measuring spoon is positioned above the glass, with the liquid being poured into it. The background is a light, textured surface.

*New improved*  
**NEMBUTAL Elixir**  
FIRST CLASS TABLET

**DISADVANTAGES** ...

**CONTRAINDICATIONS** ...

**CAUTION** ...

**DOSE** ...

**PREPARATION** ...

**PACKAGING** ...

**WARNING** ...

**CONTRAINDICATIONS** ...

**CAUTION** ...

**DOSE** ...

**PREPARATION** ...

**PACKAGING** ...

**WARNING** ...

Nembutal women's magazine advertisement from 1950s

## **Nembutal & the Barbiturates**

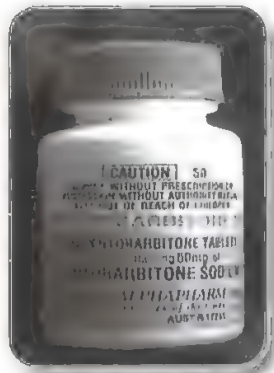
*I am hoping to get access to your 'peaceful pill' not for immediate use, but to have on hand should my health deteriorate too much in the future. Arthur, 77 years*

Barbiturates are drugs that are derivatives of barbituric acid which was first synthesized by Adolph von Bayer in 1864. Although barbituric acid is physiologically inert, it was soon discovered that some of its derivatives were strong sedatives that induced sleep. In excess, the barbiturates cause respiratory depression. Death occurs as a result of cerebral hypoxia.

The first of the barbiturates was 'Veronal' which was developed in 1904. This was soon followed by phenobarbital (Luminal) in 1913. By the 1950s, there were more than 20 marketed forms of barbiturates (eg. Barbital, Amytal, Seconal, Soneryl, Nembutal) which were sold mostly as sleeping tablets.

Nembutal (also referred to as 'pentobarb') was one of the most effective sleeping agents and soon became the most widely prescribed. However, Nembutal has a narrow therapeutic margin (the therapeutic dose appropriate for treatment vs a toxic dose that causes death. An overdose could lead to sleep, deep sedation, respiratory failure and, finally, death: especially if taken with alcohol. Nembutal is now largely used only in veterinary practice where it forms a convenient, single-agent anaesthetic in animal surgery. In larger doses it is used to end an animal's life.

Many famous people have died from an overdose of Nembutal. Marilyn Monroe, Judy Garland and Jimmy Hendrix are a few. The narrow therapeutic margin led the barbiturates to fall out of favour once newer, safer benzodiazepine (BDZ) sleeping drugs became available.



Pentobarbital sleeping tablets

### **The Nembutal Death**

Nembutal is a soluble, organic salt which, if taken as a drink, is rapidly absorbed from the stomach. Nembutal can also be administered rectally and intravenously.

On entering the bloodstream, the drug crosses into the brain where it enhances (and even replaces the brain chemical GABA). It is GABA that causes sedation and sleep. An overdose of Nembutal can depress brain function so severely that respiration ceases and the person dies. A reliably lethal dose is 10gm.

When taken orally or rectally, Nembutal is quickly absorbed into the bloodstream. With both routes, unconsciousness occurs within a few minutes. Death usually follows within the hour. To an observer, a Nembutal death is extremely peaceful: 'with Nembutal you always die in your sleep'.



If the drug is administered intravenously, the effect is even more profound. Sleep occurs within seconds with death following within 5 to 10 minutes. Unlike when taken orally, with rectal or IV routes, anti-emetics are not necessary.

Note - there is a small group (estimated at <1%) who may exhibit a prolonged comatose phase before death from a Nembutal overdose (sometimes up to 24 hours). While accounts of failure do exist, these are the outliers. Most people lose consciousness quickly and die shortly thereafter.

### **Other Useful end of life Barbiturates**

Benzodiazepine drugs have long since replaced Nembutal as the most commonly-prescribed sleeping tablets. While it has been possible in the past, to acquire the organic sodium pentobarbital salt from some manufacturers in China, this is no longer the case. The occasional reference to the availability of Nembutal on dark web have also proven fruitless.

It is veterinary Nembutal, packaged as a liquid for injection into animals, that is the basic source of this drug.

The only Nembutal that is now available is for veterinary use and it comes in two liquid forms: sterile and non-sterile. Both are labelled 'for animal use only' and 'for injection only'.

### ***Sterile Veterinary Liquid Nembutal***

Sterile, veterinary liquid Nembutal is a sterile clear liquid that is used as an anaesthetic for animals undergoing surgery. The drug is usually packaged in sealed, 100ml bottles. The concentration is @ 65mg/ ml, which means that one 100ml bottle contains 6.5 gm of Nembutal. The recommended lethal dose is >10gm.

### ***Non-sterile Veterinary Liquid Nembutal***

Non-sterile veterinary liquid Nembutal is used for animal euthanasia. The liquid is coloured for safety. Green and pink are two colours used. The common green form led to the term 'the green dream'. The concentration of non-sterile Nembutal is much higher than the sterile anaesthetic form. The concentration of the non-sterile form is often @ 200mg /ml, so that in a 100ml bottle there is 20gm of Nembutal. Much more than a lethal dose.

### ***Phenobarb***

The chemical name for Nembutal is *pentobarbital*. This is not to be confused with *phenobarbital* which is a different, slow-acting barbiturate. It is phenobarbital that is still available on prescription because of its use as an anti-convulsant (eg. to stabilise people suffering from epilepsy). While phenobarb can be lethal in overdose, it is much slower-acting. Nevertheless, this drug is still available on medical prescription and can be used to end life. See the Chapter on the '5 Drug Mix' for further reading.

### ***Pentothal***

The barbiturate pentothal was used as the main intravenous induction agent for human anaesthesia. When administered intravenously consciousness is lost within a few seconds. The drug is still available on prescription, but has been largely replaced in anaesthesia by propofol.

Pentothal is marketed as soluble, thiopentone sodium powder packaged in 500mg sterile ampoules. To end life 10gm (20 ampoules) of powder can be dissolved in ~100ml of water and taken as a drink. It can also be administered rectally. Alcohol is a useful supplementary drug.

### **Nembutal Availability**

- Over the Counter (OTC)
- The Open Internet
- The Dark Web
- Synthesis

### **Over the Counter**

Veterinary liquid Nembutal is available over the counter (OTC) in some Central and South American countries. Exit has received reports of Nembutal being purchased OTC in Mexico, Peru, Bolivia, Ecuador and Columbia. Previously reported sources in SE Asia no longer exist.

The legal status of the OTC purchase of Nembutal in South America remains unclear. Some readers have been refused sale or have been asked for a script. Some have then offered a USD100 note (or more) and have been sold Nembutal on request, but there are no guarantees.

In this section we list the places where it may be possible to buy Nembutal OTC. Be aware, different labelling is used, depending on the brand of the drug. For example in Mexico, liquid Nembutal is sold as: *Anestosal*, *Pisabental*, *Barbithal*, *Sedalpharma*, *Sedalforte*, *Pentovet*, *Pentomax* and *Dolethal*. In Peru and Bolivia, Nembutal is sold as *Halatal* or *Penta-Hypnol* (see the Appendices for photographs of these different labels - online edition only).



Veterinary Nembutal as a) clear, sterile anaesthetic liquid  
& b) dyed, non-sterile euthanasia liquid



Phenobarb tablets & Pentothal powder

**Mexico**

Since the *The Peaceful Pill Handbook* was first published in 2006, the places where Nembutal has been able to be purchased OTC, or with a local ‘fixer’, have ebbed and flowed. We have not listed individual stores but success has been reported in the following Mexican cities.

- Juarez
- Mazatlan
- Nogales
- Nuevo Laredo
- Playa Del Carmen
- Tijuana
- Valladolid

The testimonial below is typical of a successful report received at Exit.

*On my recent trip to Playa del Carmen we visited 5 or 6 shops and were always turned away; I was about to give up when the driver said he knew of one other place. I don't remember the name of the pet store but it was on the outskirts of town. It was just a hole in the wall. I cannot thank you enough for all of your help and your book. I am 83 years old and I live now with a great sense of relief.*

## **Peru**

In Peru, Nembutal is sold as ‘Halatal’ in small 50ml bottles. The drug concentration is the same as the larger (100ml) bottles in Mexico. Each 50ml bottle contains 3.25gm of Nembutal. Cost per bottle is ~140 soles (US\$15). Reliable outlets have been found in Lima and Cuzco.

Note: ‘Halatal KT’ is also available, but this contains ketamine instead of Nembutal and is *not* suitable. Do not confuse the two.

### ***Lima***

As in Mexico, veterinary Nembutal is sold from veterinary pharmacies and pet stores. There is a cluster of these stores at the busy intersection of the ‘Norte’ (or northern) entrance to the ‘Estadio Nacional’ (national stadium), the home of the Peru football team.

While, in the past, some of these stores have sold Halatal freely OTC, a prescription may be now needed. Be prepared to press your case.

The testimonial below is typical of the feedback received.

*Neither AgroSuni nor Zoofarma would sell me Nembutal. Both had Halatal on display, but their sellers refused to sell me without a prescription. There is, however, a third Agroveterinaria there. It's a small place, without a name (or, at least, I could not find its name) a few meters to the right of AgroSuni (Zoofarma being a few meters to its left around the corner).*



Aquafarma in Lima

### *Cuzco*

An hour's plane ride from Lima is the city of Cuzco, en route to the hidden Inca village of Machu Picchu. The Agro Veterinarias in Cuzco are all located in a street called 'Calle Tres Cruces de Oro' (the three golden crosses). Some stores will have bottles of Halatal on open display, either on the shelf behind the counter or in a glass cabinet.

Generally speaking, this is the easiest place to purchase Halatal with no questions asked. Cuzco is known as a place where store attendants are more keen to make a sale, than to ask about the reasons for purchase. The price remains cheap at around 140 soles per bottle. These photos of stores were taken in 2022.



Calle Tres Cruces de Oro in Cuzco

## **Bolivia**

Nembutal is reportedly also available in some Bolivian cities including La Paz and Santa Cruz. Packaging and labelling is the same as in Peru.

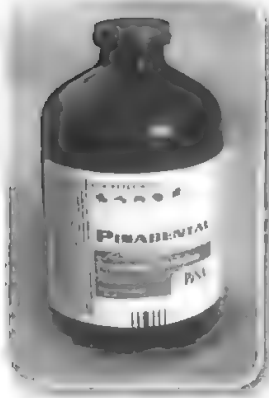
One traveller wrote:

*I have just returned after successfully buying Nembutal in Santa Cruz, Bolivia. I chose this city since there is a direct flight from Europe.*

*To buy Nembutal was easy. The key to success was to find an Agroveterinaria. They are different from an ordinary veterinaria. They are all located in the street 6 de Agosto (just east of the city center).*

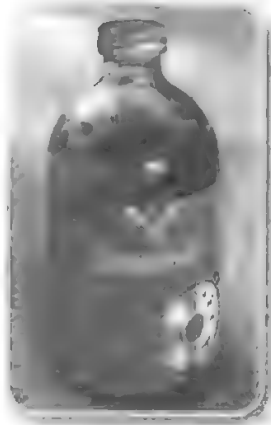


South American veterinary sterile  
anaesthetic Nembutal: Halatal



Mexican veterinary sterile anaesthetic  
Nembutal: Pisabental

Mexican veterinary non-sterile euthanasia  
Nembutal: Dolethal



### **Nembutal on the Open Internet**

Exit receives frequent reports of people purchasing Nembutal over the Internet. It would appear that those who sell Nembutal online have recognised this increasing desire among ageing populations to have an 'insurance policy for the future'. The online Nembutal market, however, continues to be subject to

constant change: both in the nature and form of the Nembutal on offer, and the sources from which it can be obtained. Hence the need for frequent updates of this book.

There is currently only one known, reliable, source of liquid Nembutal operating on the open Internet. This source is known as 'B'.

This supplier sells 100ml bottles of Pentobarbital (63mg/ml). The cost varies depending on destination, starting at US\$450 for one bottle to the US (\$700 for 2 bottles). Payment is by Bitcoin, Monero or Western Union.

The email address is: *dsupplynbtal@protonmail.com*

### **Nembutal on the Dark Web**

While, in the past, a few people have reported the successful purchase of Nembutal over the dark web, this has not been the case since at least 2021. Nevertheless, circumstances do change. Should Exit become aware of confirmed sources, this section will be updated.

### **Nembutal Global Shortage News**

Since mid 2021 there has been a building global shortage of veterinary Nembutal. This has occurred both because of the pandemic but also because of a reported catastrophic incident at one of the two global manufacturing sites of the drug (see: <https://bit.ly/vetshortage>). It was not until mid 2022 that the impact has been truly felt. While Nembutal can still be purchased OTC in some countries, those who trade (illegally) in Nembutal on the Internet can reportedly not get supply.

## **Nembutal Scams**

There are hundreds of websites that claim to sell Nembutal over the Internet. They are all set up to cheat and exploit. They are all fake. They are even fake when they claim that they can refer you to a 'trusted' supplier. They are all scams.

Over the years, scam Nembutal websites have become increasingly sophisticated. Many claim an association with Exit and post images from our books.

Two particularly blatant examples are:

<http://www.peacefulpilldirectory.com> &  
<http://www.peacefullpill.com> (note the spelling of 'peaceful')

However scams do not stop at websites. There are also:

- Fake editions of *The Peaceful Pill Handbook*
- Fake Peaceful Pill online forums
- Fake email addresses of 'suppliers'
- Fake phone numbers, Whats App, Signal, Telegram
- Fake social media (inc. Linked In & Facebook).
- Fake transport & courier companies



Scam website



The Scam website: [www.peacefulpill.com](http://www.peacefulpill.com)

### ***Stopping the Scams***

To reduce the impact of Nembutal scams upon Exit members, Exit has established the Nembutal Scams website where details of fake websites and operators can be submitted. Others can then benefit from this information.

Scams can be reported at: [www.nembutalscams.com](http://www.nembutalscams.com)

### **Nembutal Publication Policy**

Exit's publication policy on Nembutal availability is to review reports that are received from readers who have purchased (or attempted to purchase) Nembutal, online and offline. When the number and quality of positive reports received exceeds the reports of non-receipt, we publish. Be aware that this information can and does change quickly.

## Synthesis

With access to the right laboratory glassware and precursor chemicals, Nembutal (sodium pentobarbital) can be synthesised at home. In 2005, a group of Exit members set out to make the drug at a remote location in NSW, Australia. The event became known as ‘The Peanut Project’.

Full details of the process and the precursor chemicals and equipment needed is described in the Appendices (online edition only).

Watch the trailer at: <https://bit.ly/peanutproject>



The 2005 ‘Peanut Project’ to synthesise Nembutal

## **Nembutal & the Law**

In general, it is illegal to import, manufacture or possess Nembutal, regardless of your state of health or other personal justification. While OTC purchase in a country where possession is not controlled may be lawful, bringing the drug back to your home country is illegal.

Penalties for importation and/ or possession vary from country to country. In the UK, where Pentobarbital is a Class B drug, unlawful importation brings a possible maximum penalty of 14 years jail and an unlimited fine. In the US, Pentobarbital is a Schedule II controlled substance. The maximum penalties are up to 20 years imprisonment and a one million dollar fine.

Exit knows of very few people who have been charged with importation offences. Of those who were, the argument was that the drug was for personal use only. This usually led to a modest fine (and confiscation of the drug).

For example, in 2009, ‘Ann’ from Melbourne, was charged with importing two bottles of Nembutal. She pleaded guilty to the importation offence and received a fine of AUD\$1500, and a 12-month good behaviour bond. No conviction was recorded. See: <https://bit.ly/3nqamun>

If the importation involves a large amount of the drug, the question of trafficking or supply can arise. In these cases, the penalties can be significantly higher. In 2009, Jeff Osfield was charged with importing a commercial quantity of Nembutal into the US (Nevada). He received a 7-year jail sentence. In 2018, Exit’s New Zealand Coordinator, Suzy Austen, was charged with importation and supply of Nembutal. She received a NZ\$7500 fine and a criminal conviction.

### **Police Raids & ‘Welfare Checks’**

In October 2019, 300 French Police officers had conducted raids in over 103 different locations across 18 regions of France. These dawn visits of elderly people’s homes resulted in the seizure of 130 bottles of Nembutal. In November 2019, similar raids were carried out in Spain, with more than 10 people visited by Spanish police. The French authorities said they were acting on information from the United States.

See: <http://bit.ly/2MTpDky> (*Le Monde*)  
& <http://bit.ly/2Rwkm4z> (*El Pais*)

Exit Members, too, have routinely reported receiving visits from the police. Saying they are undertaking ‘welfare checks’, the police arrive unannounced, invite themselves in and then question the person about alleged or real attempts to import Nembutal.

They generally say they are aware that a purchase has been made and ask that the drug be handed over. If this order is complied with, there is usually no further action. Sometimes the police advise the person that they should ‘maybe talk to their doctor’ about their ‘mental health’.

Note - In most countries, the police cannot gain entry to your home unless they have a search warrant. This is not to say they do not try. Police involved in Nembutal ‘welfare’ checks rarely have warrants. Remember, there is no such thing as an informal or ‘off-the-record’ friendly chat with the police! You have a right to silence and generally do not need tell the police more than your name and address. Legal advice should be sought *before* any police interview is agreed to.

## **Taking Nembutal**

Nembutal is one of the simplest drugs to take to end one's life. Based on its reliability and peacefulness, Nembutal is the drug of choice in places where assisted suicide and voluntary euthanasia are lawful. Nembutal is a simple, if bitter-tasting, drink. If there are problems with swallowing, or vomiting, then the alternative administration routes of rectal or intravenous can be used.

### ***Oral Administration (by mouth)***

A lethal dose of Nembutal is > 10gm. This requires:

- 2 x 100ml bottles (13gm) - sterile (clear) veterinary Nembutal liquid
- OR
- 50ml (10gm) - non-sterile (dyed) veterinary Nembutal liquid

Nembutal liquid is strongly alkaline (high pH) and is very bitter to taste. Because of the bitterness, an anti-emetic (metoclopramide - Maxalon) is required.

### ***Procedure***

- Take 3x10mg tablets (30mg) metoclopramide tablets
- Wait 40 minutes
- Drink the prepared Nembutal
- Follow with a small drink of an alcoholic spirit (eg. whiskey)

Because Nembutal is absorbed from the stomach, it will be more effective if the stomach is empty. Do not eat a heavy meal beforehand. Tea and toast will suffice. Loss of consciousness will occur within minutes, with death from respiratory failure and cerebral hypoxia following within the hour.



Even though liquid Nembutal has an unpleasant taste, it is best not to try and disguise this. Drink the liquid quickly and follow with a strong alcoholic spirit or liqueur. This will quickly take away the bitter after-taste.

### ***Nasogastric or PEG Administration***

If a person has a nasogastric tube in place, or has had a surgical PEG inserted, Nembutal can be delivered directly into the stomach using a 200ml syringe. It is important to deliver the full dose to the stomach, before the onset of sedation which can be very rapid (eg. a few seconds).

### ***Rectal Administration***

Nembutal is well-absorbed rectally. Nembutal can be self-administered using a 22fr Foley catheter and a 200ml syringe. See the Chapter ‘All About Lethal Drugs & Poisons’ for further discussion.

### ***Intravenous Administration***

Nembutal is administered intravenously at the Swiss assisted suicide clinics of Pegasos and Life Circle. The ‘Deliverance Euthanasia Machine’ that was used in Darwin also relied on the intravenous administration of the drug. As a DIY method, however, intravenous is not recommended. See the Chapter ‘All About Lethal Drugs & Poisons’ for further discussion.

### ***Interactions with other Drugs***

Generally speaking, there is no need to stop taking other drugs in the days preceding Nembutal use. This is because few drugs interfere significantly with a Nembutal death. In a few cases, (eg. chronic heavy alcohol use or long-term exposure to other barbiturates) there may be cross-tolerance. This may impair the action of the drug. However, the effect is small. The most useful potentiating drug to facilitate a Nembutal death is alcohol.

### **Nembutal Shelf life & Storage**

Because Nembutal is notoriously difficult to obtain, many people source the drug well before they plan to use it. The time spent in storage can lead to concerns over its shelf life and potency.

While the marketed forms of veterinary Nembutal always come marked with an expiry date (some two years after drug manufacture), if the bottles are stored ‘properly’, the stated shelf life can be greatly extended.

The anaesthetic form of the drug which comes in sealed, sterile 100ml glass bottles should be left alone until the time of use. The bottles should be kept in a cool place, away from the light. The suggestion is to wrap the bottles in aluminium foil and store at refrigerator temperature (not freezing).

## **Testing**

Testing the potency of a bottle of Nembutal is important if there is doubt over its source, or if the sample is particularly old.

The ‘gold standard’ for purity testing of Nembutal is by Gas Chromatography and Mass Spectroscopy (GC/MS). However, this equipment is expensive and requires skilled operators. Another problem concerns the difficulty of finding a laboratory that is prepared to test unknown drugs. Not only may there be questions of illegality about the drug, but what if a positive result is returned. Would providing this information constitute assisting a suicide?

The progressive, Spanish laboratory, Energy Control (EC) is one of only a handful of laboratories globally who will assay Nembutal liquid (and powder). Samples can be forwarded to EC by mail. Results are returned by email. Further information can be found on the Energy Control website.

*<http://energycontrol-international.org/drug-testing-service/submittng-a-sample/>*

## **How to Submit a Sample**

- State the test is for sodium pentobarbital (this must be specified as it is not listed on the drop-down menu)
- Sample size (liquid): 1-2 ml
- Cost: €70 (€120 if test data is required to be forwarded)
- Payment: Bitcoin, PayPal or bank transfer
- Results: Forwarded by email
- Time for results ~ usually around 10 days



### ***Nembutal Sampler Kit***

To facilitate the taking of a sample of Nembutal for testing by Energy Control, Exit offers a kit from our online store. The kit consists of 2 x syringes and needles (for removing liquid samples from sterile bottles), 2 x 1.5 ml liquid sample containers, along with tiny plastic Ziploc bags (for powder samples).

See: <https://www.exitinternational.net/products>

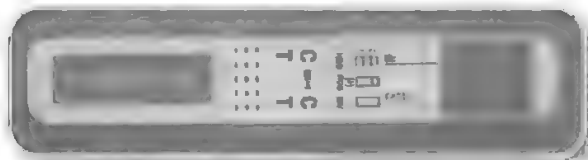


Exit 'Nembutal Sampler Kit' for Energy Control assay specimens

## **Nembutal Home Testing**

### *Qualitative*

There are also several DIY home tests that can be carried out. The simplest of these is the qualitative spot test where a drop or two of the liquid is added to a test strip with the results appearing as a red line a few minutes later (like a covid test). This qualitative test confirms the presence (or not) of Nembutal. Exit provides the Exit Barbiturate Test Kit from the Exit website. The kit contains 1 x barbiturate test cassette and 1 x 0.5ml syringe (for extracting the liquid). Note - this test does not test for purity (ie. the concentration of the sample).



***Quantitative***

Home quantitative tests are more complex. There are three tests available. Details of these are available in the Appendices (online edition only) under the general heading of the ‘Max Bromson Quantitative Tests for Nembutal’.

The 3 Tests are:

- a) The Acid Conversion Test (ACT)
- b) The Melting Point Test (MPT)
- c) Dilution Purity Testing (DPT)

Taken together, these 3 home tests give an indication of Nembutal purity. They do not, however, provide the accuracy of laboratory testing. Spot test strips and items required for the Max Bromson tests are available from Exit International.

See: <https://www.exitinternational.net/products>



Removing a sample of Nembutal

### **Nembutal Summary**

There is no doubt that Nembutal is the best drug to end life in a reliable and peaceful manner. The methodology is simple and there is no need for medical involvement or outside assistance. The long shelf life of Nembutal along with its easy administration, reliable and peaceful action (ensuring that the person who takes the drug will die in their sleep) makes this barbiturate the premier euthanasia drug.

The main problem for those wishing to use barbiturates concerns their limited availability. All are heavily restricted and harsh legal penalties can apply to those seeking to import or possess the drugs.

Once a sample has been professionally tested for purity, one will have the peace of mind that comes with knowing that you have the best means of a peaceful death, should the need ever arise.

## **Morphine & the Opioids**

Opiates are naturally-occurring compounds that originate from the sap of the poppy flower, *papaver somniferum*. The opiates include drugs such as morphine and codeine. The term opioids is given to all drugs that have morphine-like effects (produce sedation and respiratory depression). Morpheus is, after all, the goddess of dreams. Opioids include semi-synthetic products such as heroin and codeine. Opioids also include fully-synthetic compounds such as methadone, oxycodone and fentanyl. All of these substances relieve pain by affecting the brain's opioid receptors, making them important end of life drugs.

### **Opiates & Opioids as End of Life Drugs**

Opioid drugs have been used primarily as analgesics (pain relievers). But they can also cause respiratory depression which leads to cerebral hypoxia and death. Opiate sedation is associated with a feeling of wellbeing and even euphoria. This has led to their use as recreational drugs and to problems of addiction. If too much of an opioid is consumed, the euphoria becomes respiratory failure. Death occurs while the person is deeply sedated.

### **Slow Euthanasia**

The reason why the opioid drugs are commonly used in medicine is because they are very effective at providing pain relief. However, they are also used to help people to die. Doctors use opioids to help end a patient's life by slowly increasing the morphine dose. This loophole is called 'slow euthanasia', 'pharmacological oblivion' or the 'doctrine of double effect'.





Doctors say that they are ‘upping’ the drug to quell a patient’s unbearable pain. They say their aim is to address the pain, it is never aimed at ending life. By adhering to this narrative, a doctor can help a person to die, while escaping the accusation that this was a deliberate act.

For this to be plausible, the doctor must increase the dose very slowly, sometimes over days or weeks. During this process, an additional (non-lethal) sedative, the BDZ midazolam is often added. This is known as ‘Double M’ therapy and it ensures that the person stays asleep until death occurs. ‘Terminal sedation’ and ‘pharmacological oblivion’ are other terms that describe this practice.

It is this use of opiates that has led to the widely-held belief that drugs like morphine are the best end of life drugs: because that is what doctor’s use!

Note - in ‘slow euthanasia’, the patient is not in control. It is the doctor who decides whether to be involved and the speed of the process. Doctors need to be able to argue that they are

just treating pain. This is why they use opioids and not the faster-acting barbiturates. Slow euthanasia is always an option of last resort.

### **Dual Problems of Sensitivity & Tolerance**

It is notoriously difficult to determine a reliably lethal opioid dose. This is because there is remarkable variability in opioid sensitivity from person to person. A certain dose may have almost no effect on one person, yet on another person of the same gender, height weight etc., it could kill.

Another difficulty is the rapid development of tolerance to the drugs, when they are taken for any length of time. Within days, the initial dose that had had a powerful analgesic effect, could be rendered almost ineffective.

The dual issues of sensitivity and tolerance make the determination of a lethal opioid dose extremely difficult. This difficulty will not trouble the doctor because they can continue to raise the dose indefinitely. For the unassisted individual who needs to consume a single dose for a DIY death, however, establishing the dose required can be almost impossible.

### **The Opioid Antidote**

Another problem when using an opioid for a DIY death, is the ready availability of the fast-acting and effective antidote, naloxone. Naloxone can rapidly reverse the effect of an opioid. Even those who are close to death can be resuscitated.

## Different Opioid Drugs

Because opioids are widely used as recreational drugs, they are heavily restricted. For those with serious painful illnesses, opioids can be prescribed. However, following the opioid epidemic of recent years in the US (and the sharp rise in deaths from overdose), opioids can be hard to obtain, even on prescription. High addiction rates and a reticence of doctors to prescribe has led many to sourcing opioid drugs illegally.



Table of common opioids and a 200ml bottle of 10mg/ml 'Ordine' liquid morphine

### ***Additional Considerations***

When taken orally, opioids are rapidly metabolised in the liver. If a person has liver damage, however, the overdose of the opioid will be more effective. Opioids can also induce nausea and vomiting. This is why an antiemetic is essential. To recap, the standard procedure is 3x10mg metoclopramide tablets, taken 40 minutes prior to taking the opioid.

### **Morphine**

Morphine is used widely in medicine as an analgesic and comes commonly-packaged as soluble morphine sulphate tablets (slow release and fast-release) or in liquid form. Morphine can be taken orally, rectally or intravenously.

When taken orally, peak levels occur within 30 minutes. For slow-release tablets (eg. MS Contin) the rise in blood drug level is slower. Therefore it takes a lot longer to reach lethal levels. The lethal oral dose is very variable, but 100mg is often quoted as a lethal amount. That said, it is not uncommon for someone with prior tolerance for the drug to consume 20x this amount with little effect. Note - a massive 15gm of morphine is used in the 5 Drug DDMAPh Mix (see the Chapter on the 5-Drug Mix).

### **Oxycodone**

Oxycodone is especially controversial due to its role in the opioid epidemic of recent years. Prescribed for pain relief as Endone or as OxyContin (in slow-release form), oxycodone is highly addictive. Oxycodone is one of the most commonly-abused recreational drugs currently prescribed in the US.

Because oxycodone is broken down by the liver, any impairment to liver function can push up blood levels making it more effective. Potency is similar to that of morphine.

## **Heroin**

Heroin is a widely-used recreational drug that is almost always got from illegal sources. Responsible for many accidental deaths, due mainly to its illegal origin (and, therefore, unknown composition), it has little to recommend it as an end of life drug. When taken orally, heroin is rapidly converted to morphine. The twin problems of sensitivity and tolerance make the prediction of a lethal dose of heroin almost impossible. How long is a piece of string?

## **Fentanyl**

The synthetic opioid, fentanyl, was first synthesized in 1960 at which time it was found to have a strong agonist effect on brain opioid receptors. Fentanyl was immediately recognized as an exceptionally powerful analgesic, ~100 times more potent than morphine. However, fentanyl is rapidly metabolised by the liver, especially if taken orally. This leads fentanyl to share the same problems that characterise all of the opioid drugs: tolerance and sensitivity.

Marketed forms of fentanyl include: ampoules for intravenous administration (eg. a 10ml ampoule contains 0.5 mg fentanyl) and skin patches (with various rates of delivery, eg. 0.1mg per hour). As a drug of abuse, fentanyl is a common cause of



Commercial ampoule of Fentanyl Citrate 0.5mg in 10ml

overdose death. As little as 3mg of fentanyl, taken intravenously, can be lethal. Although for oral administration, much larger quantities are required.

## Summary

An opioid death can be peaceful and painless. However, the difficulty in being able to identify a required lethal dose makes them notoriously unreliable as end of life drugs. In addition, these drugs are heavily restricted and difficult to obtain. There are also concerns over drug purity, especially if illegally sourced. The presence of an effective antidote (naloxone) highlights the additional problem that one cannot afford to be interrupted if using these drugs to end life. For these reasons the opioids are best avoided, unless there are no other available options.

**RP Test - the Lethal Sedatives**

There is considerable difference in the RP score between Nembutal (barbiturate) and Morphine (opioid). Nembutal scores well on all categories (except legality). While the opioid, given its notorious unreliability, only reaches 68%.

## Nembutal & Morphine

EXIT RP TABLE

| Criteria            | Nembutal        | Morphine        |
|---------------------|-----------------|-----------------|
| Reliability (10)    | 10              | 5               |
| Peacefulness (10)   | 10              | 10              |
| Preparation (5)     | 5               | 5               |
| Undetectability (5) | 4               | 2               |
| Speed (5)           | 4               | 2               |
| Safety (5)          | 5               | 5               |
| Storage (5)         | 4               | 3               |
| Legality (5)        | 0               | 2               |
| <b>Total (50)</b>   | <b>42 (84%)</b> | <b>34 (68%)</b> |



# **Lethal Cardiac Drugs**

## **Introduction**

This Chapter discusses drugs that are known to bring about a reliable death through cardiac arrest (heart attack). These drugs are:

- Amitriptyline
- Chloroquine
- Propoxyphene

These drugs cause death from ischaemic hypoxia. This occurs when the ability of the heart to pump oxygenated blood around the body is interrupted. When the mechanism controlling the regular contraction of the heart muscle is disturbed, insufficient oxygen will reach the brain. This lack of oxygen brings about death.

While taking a drug to cause cardiac arrest is a reliable way of ending life, it is not peaceful. This is why supplementary sedatives are needed. These other drugs will ensure that the person loses consciousness before the cardiac arrest. These drugs are discussed in detail in the Chapter titled 'Supplementary Drugs'.

### **Drug Preparation**

The supplementary drugs that go together with the cardiac drugs of Amitriptyline, Chloroquine and Propoxyphene are a) an anti-emetic (to stop vomiting) and b) a benzodiazepine (BZD) for sedation.

The suggested additional drugs are listed below.

#### **a) Anti-emetic (Metoclopramide)**

Metoclopramide is the most useful anti-emetic. Marketed as Maxolon or Pramin it is packaged in 10mg tablets. The usual dose is 3x10mg tablets, taken 40 minutes prior to the cardiac drug.

#### **b) Sedative (Benzodiazepine - Oxazepam)**

The medium- to fast-acting benzodiazepine, oxazepam is the best BZD. Marketed as Serepax, oxazepam is taken in the dose of 20 x 30mg (600mg) tablets. It is taken immediately after the cardiac drug.

If prescription-controlled oxazepam is not available, an effective alternative is the off-licence bromazolam. See the Supplementary Drugs Chapter for further background reading.

Another useful and available sedative is alcohol. A spirit or liqueur taken after the cardiac drug can sedate and enhance the lethal effect of the cardiac drug.

### **Cardiac Drug Protocol**

The same protocol is used regardless of which of the three cardiac drugs has been selected for use.

#### ***Anti-emetic (metoclopramide)***

Set aside 3 x 10mg metoclopramide tablets (which will be taken whole with a small drink of water).

#### ***Benzodiazepine (oxazepam or equivalent)***

Crush 20 x 30mg tablets (a full card of oxazepam), mix with water until a drinkable solution is created.

### **Procedure**

The drugs are taken in the following order.

1. Metoclopramide
2. Wait 40 minutes
3. Cardiac drug
4. Oxazepam solution
5. Alcoholic drink (optional)



## **Amitriptyline**

Amitriptyline is a member of the ‘tricyclic anti-depressants’ class of drugs (TCAs) which date back to the early 1960s. The drugs’ narrow therapeutic margin (the therapeutic dose vs the toxic dose) made them difficult to use safely, especially given they were being prescribed for depressed patients.

With the advent of safer SSRI anti-depressants (eg. Prozac), the TCAs fell out of favour, although they are still used in the treatment nerve pain (eg. trigeminal neuralgia) and migraine. While amitriptyline is one of the most sedating of the TCAs, supplementary sedatives are still required to ensure a peaceful death.

Amitriptyline brings about death from ischemic hypoxia: that is by reducing cardiac output, lowering of blood pressure and disrupting cardiac rhythm. The lethal effect is accentuated if the drug is taken as a drink and rapidly absorbed from the alkaline environment of the gut. The anti-emetic metoclopramide assists by speeding gastric emptying.

### ***Packaging & Availability***

Amitriptyline is marketed as Endep or Elavil tablets. The amount required is 10 gm. Amitriptyline is prescription-controlled but can be reliably sourced from some online Internet pharmacies such as: <https://rxmedonline.com/catalog/view?slug=Endep>

### ***Preparation***

Amitriptyline comes packaged as 10mg, 25mg, 50mg or 100mg tablets. Boxes usually contain multiple packets of 50 tablets. Place 10gm of the amitriptyline tablets in a glass. Add enough water to cover the tablets. With gentle agitation (stirring), the drug will dissolve in the water.

Use with the Cardiac Drug Protocol (see previous pages).

The Amitriptyline drug cocktail works quickly, inducing sleep in about 15 minutes. Once consciousness is lost, the cardiotoxic properties of the drug bring about death. Time to death can vary. It is a good idea, therefore, to choose a location and circumstance where there is no likelihood of disturbance for at least 24 hours.

Note - 8mg of amitriptyline is used as part of the 5-drug protocol (see the Chapter on the 5-Drug Mix).

## **Chloroquine**

First synthesised in the 1930s as a substitute for naturally-produced quinine, chloroquine is effective against malaria, and some auto-immune diseases such as lupus and rheumatoid arthritis. Like amitriptyline, chloroquine has a 'narrow therapeutic range' which made its use in various treatments problematic. An additional problem is that in recent decades, much of the world's malaria has become chloroquine resistant (CRM). Chloroquine remains available OTC in some countries and on prescription in others. It is also available as a fish tank additive to treat aquatic parasites.

The toxic properties of chloroquine are not well understood, but it is believed that the drug's effect on the movement of sodium and potassium through the heart's cell walls leads to cardiac arrest. One famous person to die by chloroquine overdose was the Cambodian despot, Pol Pot, who used it (with diazepam) the night the Khmer Rouge decided to hand him over to international authorities for trial.

Note - Chloroquine should not be confused with its less-toxic analog, hydroxychloroquine, which is marketed as Plaquenil. Plaquenil continues to be used as an anti-malarial, and in the treatment of some auto-immune diseases.

### ***Packaging & Availability***

Chloroquine is usually marketed as a salt in the form of 'chloroquine phosphate'. Chloroquine comes in blister packets of 20 tablets which each contain 250mg. Brand names include 'Avloclor'. Each 250mg tablet of chloroquine phosphate salt has ~150mg of active chloroquine base. Two packets (40 x 250mg tablets) or more is a reliably, lethal dose.

### ***Preparation***

Use a mortar and pestle to crush the chloroquine tablets into a powder. Then mix together with 100ml of water.

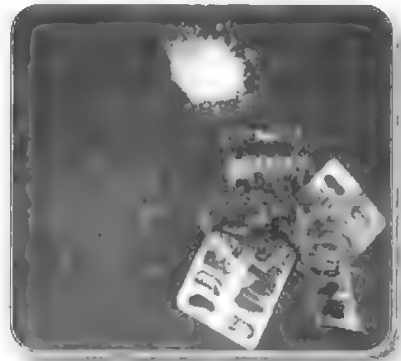
Use with the Cardiac Drug Protocol (see previous pages).

The first symptoms of overdose will occur within 30 minutes of ingestion. Death from cardiac arrest will usually occur within 1 - 3 hours. Drowsiness and dizziness quickly progress to loss of consciousness. However, seizures are also possible. This is why a the benzodiazepine sedative is essential.

Note - there is argument over the suitability of the common BZD, diazepam (Valium), when using chloroquine. Indeed there are some claims that diazepam can provide a protective effect when taken with chloroquine. Because of this disagreement, diazepam should not be used in conjunction with chloroquine. Oxazepam is more suitable.



Avloclor 250mg (chloroquine phosphate)



Propoxyphene napsylate,  
100mg powder

## **Propoxyphene**

Propoxyphene napsylate is a prescription-controlled analgesic (pain-reliever) that is often used if other common oral analgesics (eg. panadeine forte) prove unsatisfactory. Whereas it was once widely prescribed, its narrow therapeutic margin, and efficacy as an end of life drug, led to increasing restriction. Propoxyphene is now difficult to acquire.

### ***Packaging & Availability***

Marketed under names, such as: Darvon, Doloxene, and Depronal, propoxyphene capsules have a single active ingredient (dextropropoxyphene napsylate). Di-Gesic (brandname 'Darvocet') contains propoxyphene, but it is also combined with other analgesics (acetaminophen - paracetamol). For this reason it is not suitable.

Propoxyphene comes in packets of 50 capsules (not tablets), each containing 100mg of dextropropoxyphene napsylate. A lethal dose is 10gm (100 capsules).

### ***Preparation***

Prepare the propoxyphene by pulling apart 100 x 100mg capsules (or cut them open with scissors). Empty the 10gm of white powder into a glass. Add enough water to cover the powder and stir.

Note - the propoxyphene creates a suspension of particles in the water. It does not dissolve.

Use with the Cardiac Drug Protocol (see previous pages).

Sleep will occur in 10 - 20 minutes with death following, usually, in 4 - 6 hours.



**Afterword - the ‘Cardiac Switch’**

The term ‘Cardiac Switch’ is used to describe drugs that have the specific goal of causing death by stopping the heart. All three drugs described in this Chapter can be considered as ‘cardiac switches’. All three require additional sedation.

Cardiac-switch/ sedative drug combinations have been developed in the US as part of on-going research into alternative lethal drug mixtures (given the exorbitant cost of Nembutal in this country). This research has been undertaken in the context of US medical aid in dying laws.

The lethal drug mix DDMAPh is the most effective. In this drug mix, the ‘cardiac switch’ is comprised of digoxin (D) and amitriptyline (A) which is then combined with the three sedative drugs: morphine (M), diazepam (D) and the barbiturate, Phenobarb (Ph). The DDMAPh mix has been found to provide as peaceful and reliable a death as Nembutal.

This digoxin - amitriptyline switch can be added to other drugs to ensure their reliability, including barbiturates, benzodiazepines, opiates and, even, the inorganic salts (eg. sodium nitrite). If there is any reason to doubt the reliability of a primary lethal agent, the addition of this digoxin - amitriptyline switch will ensure death. See the Chapter on ‘5-Drug Mix’ for further detailed discussion.



### Summary

The lethal cardiac drugs are a highly reliable end of life option, however, all three require additional sedation in order for the death to be made peaceful. The most effective of the cardiac drugs, propoxyphene, remains difficult to source. Chloroquine is readily available. This makes it the most useful of the three.

## Cardiac Drugs

| Criteria            | Amitriptyline   | Chloroquine     | Propoxyphene    |
|---------------------|-----------------|-----------------|-----------------|
| Reliability (10)    | 6               | 8               | 9               |
| Peacefulness (10)   | 6               | 5               | 7               |
| Preparation (5)     | 3               | 3               | 3               |
| Undetectability (5) | 3               | 3               | 3               |
| Speed (5)           | 2               | 2               | 2               |
| Safety (5)          | 5               | 5               | 5               |
| Storage (5)         | 3               | 2               | 3               |
| Legality (5)        | 3               | 5               | 3               |
| <b>Total (50)</b>   | <b>31 (62%)</b> | <b>33 (66%)</b> | <b>35 (70%)</b> |

# The 5-Drug Mix

## Introduction

The 5-drug mix was developed in the US following steep price rises in the cost of a lethal dose of Nembutal. The reason why the price of Nembutal was hiked so dramatically by its Danish (and other) manufacturers is because of the use of the same drug in capital punishment in the US. European countries now refuse to sell Nembutal to the US, regardless of its use. This has led to a scarcity which in turn has seen the price increase astronomically to ~ USD\$20,000 per dose. A cheaper alternative was needed. The 5-drug mix is that alternative.

The 5-drug mix came about after trials involving a variety of combinations of drugs (generally sedatives) that would bring about sleep and respiratory failure. These were combined with cardiac switch drugs which would stop the heart. The most successful is the 5-drug mix DDMAPh which has given results that are even superior to a single dose of Nembutal. In this regard there has been a shorter time to death (1.1 hours average) and fewer failures. This mix consists of five prescription-controlled drugs that can be taken orally (or rectally) without medical assistance.\*

See 'Kaiser Health News' for further background at:

<http://khn.org/NjgyNzc3>

\* Exit acknowledges the kind assistance of Drs Robert Wood, Carol Parrot, Sally McLaughlin & Lonny Shavelson for providing detail on the drug mix protocols.

### Contents of the DDMAPh 5-Drug Mix

The five drugs of the DDMAPh mix are:

|        |    |               |       |
|--------|----|---------------|-------|
| DDMAPh | D  | Digoxin       | 100mg |
|        | D  | Diazepam      | 1gm   |
|        | M  | Morphine      | 15gm  |
|        | A  | Amitriptyline | 8gm   |
|        | Ph | Phenobarb     | 5gm   |

An antiemetic is also required.

### Sedatives Drugs (3)

#### *Diazepam*

Diazepam (Valium) is a benzodiazepine (BZD) that is available on prescription. Without a script, it can be found on the dark web. Alternatively, diazepam can be replaced with an off-license (legal) BZD such as bromazolam. Bromazolam can be legally purchased online. The required dose is ~50 mg.

#### *Phenobarb*

Phenobarbital is a slow-acting barbiturate that is still prescribed as an anti-convulsant (eg. for patients with epilepsy). Marketed as 'Luminal', phenobarb can be sourced from online pet drug suppliers.

#### *Morphine*

Morphine is a highly-addictive and, therefore, tightly controlled opiate. It is a difficult drug to source. Prescribed for strong pain, the fast-acting morphine sulphate is used. Fentanyl

(purchased from the dark web) is a suitable replacement drug. See the Chapter on ‘Lethal Sedative Drugs’ for further information about morphine and fentanyl.

### **Availability of the 5 Drugs**

The drugs in this mix are all prescription-controlled. Some can be purchased on the open Internet or dark web from online pharmacies such as: <https://rxmedonline.com//>

### **Cardiac Switch Drugs (2)**

#### *Amitriptyline*

Amitriptyline (Endep) is a prescription-controlled, tricyclic anti-depressant. It can be readily sourced from online pharmacies. See the Chapter on ‘Lethal Cardiac Drugs’ for further information.

#### *Digoxin*

Digoxin (Lanoxin) is a cardiac drug that is used to strengthen heart contractions and to control an irregular heart beat. When given in large doses, and in the presence of amitriptyline, the electrical system of the heart is interfered with, causing ‘heart block’ and cardiac arrest.

## Anti-Vomiting Drugs

### *Metoclopramide & Ondansetron*

There are two recommended anti-emetic drugs that should be taken together: Metoclopramide (Maxolon) and Ondansetron (Zofran). Metoclopramide is prescription-controlled but it can also be purchased without a script from online pharmacies. Ondansetron (Zofran) increases relaxation, suppresses vomiting, and enhances the effect of the metoclopramide. See the Chapter on 'Supplementary Drugs' for further information.

### Administration of the 5-Drug Mix

|          |  |
|----------|--|
| <b>1</b> | Take 20mg of metoclopramide + 8mg of ondansetron   |
| <b>2</b> | Wait 60 minutes  |
| <b>3</b> | Using a mortar/pestle, crush 100mg (800 digoxin tablets) + 15gm morphine + 1gm diazepam + 8gm amitriptyline + 5gm of phenobarb |
| <b>4</b> | Mix the crushed tablets together with water or fruit juice   |
| <b>5</b> | Take as a drink  |

The 5-drug mix can also be administered rectally.

The large dose of sedative drugs causes a rapid loss of consciousness. Death follows soon after. The cardiac switch drugs provide certainty by ensuring that the heart stops.

**RP Score for the Lethal DDMAPh Mix**

The RP rating for DDMAPh is high on many indicies. Points are lost due to the complicated preparation demanded by having to use so many different drugs.

**DDMAPh****EXIT RP TABLE**

| Category            | Score           |
|---------------------|-----------------|
| Reliability (10)    | 10              |
| Peacefulness (10)   | 10              |
| Preparation (5)     | 3               |
| Undetectability (5) | 4               |
| Speed (5)           | 5               |
| Safety (5)          | 5               |
| Storage (5)         | 3               |
| Legality (5)        | 3               |
| <b>Total (50)</b>   | <b>43 (86%)</b> |





# Supplementary Drugs

In this book, a range of lethal drugs is discussed. However, not all of these drugs/ substances are peaceful. Furthermore, there is the inherent risk with any substance that is taken orally that vomiting can occur. Some lethal drugs/ substances have unpleasant side-effects. Others can be described as ‘peaceful and reliable’, if the person is sedated prior to the death occurring. For these reasons, supplementary drugs play an important role.

## Role of Supplementary Drugs

- Prevent vomiting

Vomiting is an issue of particular concern. If one takes oral drugs to die, it is critical that vomiting does not occur as this would remove some, or all, of the lethal agent from the body. If vomiting were to occur, this is classified as a failed attempt. The process should be aborted. With a supplementary, anti-emetic drug, vomiting is much less likely.

- Provide sedation & mask any other unpleasant side-effects

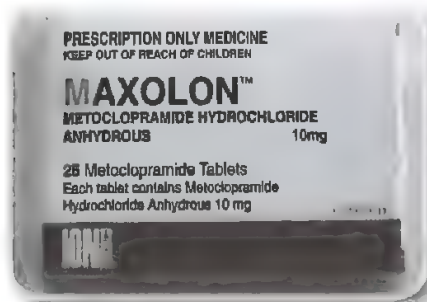
Sedatives are drugs that reduce the inevitable anxiety associated with one’s end of life plan (anxiolytics). These drugs/ substances can also make a hitherto not peaceful process peaceful. These include certain opiates, BZDs, alcohol and cannabis.

- Potentiate a lethal substance or drug

Linked to premedicating drugs are potentiating drugs. These drugs (or, sometimes, strategies, such as hyper-ventilating or fasting) enhance the action of the lethal agent, making the process quicker and more reliable. A number of useful premedicating and potentiating drugs (including alcohol and certain opiates) are discussed in this Chapter.

### Anti-Emetic Drugs

A successful death from a drug overdose requires that the full lethal dose of the drug or substance is digested. While some people are more prone to vomiting than others, some diseases cause vomiting. Furthermore, some end of life drugs/ substances are bitter (Nembutal) or extremely salty (sodium nitrite). This strong taste can, in itself, induce vomiting. An anti-emetic should *always* be taken when lethal drugs/ substances are taken by mouth.



Metoclopramide as Maxolon

Anti-emetics can be taken as a single 'stat dose', usually 40 minutes prior to taking the primary lethal agent.

There is a number of anti-emetic drugs on the market, although the most effective are prescription-controlled. It may, therefore, be necessary to fabricate a story when asking a doctor to prescribe them for you (eg. you are going on a cruise).

The table below shows the range of anti-emetics that can be used in conjunction with lethal oral drugs. This includes some common drug names, available pill size, doses, recommended regime and possible side effects. Because *all* anti-emetic drugs have side effects, a test-dose of the drug in advance of one's chosen day is recommended. This way, any allergies and unexpected hyper-sensitivities can be discovered.

| Anti-emetic Drug | Common Names | Pill Size | Dose & Regime                   | Side Effects          |
|------------------|--------------|-----------|---------------------------------|-----------------------|
| Metoclopramide   | Maxolon etc  | 10mg      | 20-30mg<br>40 mins prior        | extra-pyramidal       |
| Cannabis         | Dope         |           | Inhale/vape<br>15-20 mins prior | none                  |
| Domperidone      | Motilium     | 10mg      | 10 -20mg<br>40 mins prior       | minor extra pyramidal |
| Prochlorperazine | Stemetil etc | 5mg       | 10 -20mg<br>40 mins prior       | extra-pyramidal       |
| Ondansetron      | Zofran       | 4mg       | 8mg<br>40 mins prior            | serotonin syndrome    |
| Dimenhydrinate   | Dramamine    | 50mg      | 100mg<br>40 mins prior          | anti-cholinergic      |

## Metoclopramide

Metoclopramide is the best anti-emetic for use with end of life drugs. Common brand names include Maxolon and Pramin. In most countries it is a prescription drug. However, in Mexico and other Sth American countries, it is available OTC. This drug is useful because it a) prevents nausea and vomiting (by blocking dopamine) and b) increases the absorption of lethal drugs (by facilitating gastric emptying).



The usual regime is to take 3 x 10mg tablets (30mg) 40 minutes prior to the planned ingestion of the lethal drug. Adverse side-effects to the drug are rare but can be excluded by taking an earlier test-dose. The most serious side-effects include: neurological movement disorders such as spasms etc. These are referred to as extra-pyramidal symptoms.

## Other Anti-Vomiting Drugs

### *Domperidone*

Domperidone (common brand name 'Motilium') is an anti-emetic that facilitates gastric-emptying and drug absorption. Minor extra-pyramidal side-effects are possible. Domperidone is available as 10mg tablets. The suggested regime is to take two tablets (20mg) 40 minutes prior to taking the lethal drug. Note - Domperidone is not available in the US.

### ***Prochlorperazine***

Common brand names for prochlorperazine are Stemetil and Promat. Available as 5mg tablets, the suggested regime is to take two tablets (10mg) 40 minutes prior to taking the lethal drug. Note - this medication can cause sedation and extra-pyramidal side-effects.

### ***Ondansetron***

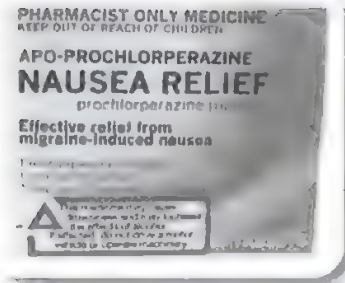
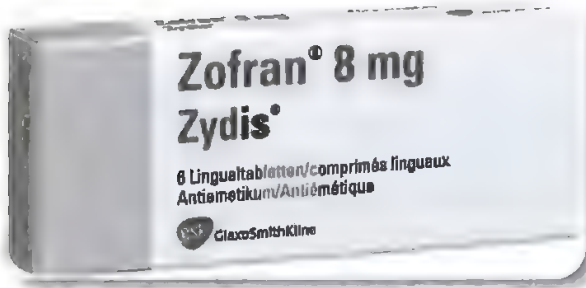
Zofran is the best known brand name for the anti-emetic, Ondansetron. Zofran is available in 4mg or 8mg tablets. Ondansetron is mostly used to control for the nausea of chemotherapy. The advised dose is one or two tablets (4mg - 8mg) 40 minutes prior to the lethal drug. The side-effects of Zofran include heart palpitations, flushing and agitation (serotonin syndrome).

### ***Dimenhydrinate***

Common brand names for the drug, dimenhydrinate, are Dramamine and Gravol. Available as an OTC 'combination' anti-emetic, it should be used only if other anti-emetics are hard to obtain. Available as 50mg tablets, the suggested regime is to take one to two tablets 40 minutes prior to taking the lethal drug. Note - dimenhydrinate can cause anti-cholinergic side-effects which include: dry mouth, sweating and poor coordination.

### ***Cannabis***

When administered by smoking or vaping, cannabis is a useful, fast anti-emetic drug which can also ease anxiety. Note - oral ingestion is slower and more erratic. It is not recommended.



**If Vomiting Occurs**

If even a small amount of vomiting occurs after taking a lethal substance, immediate plans should be abandoned. This is because it is impossible to know the quantity of drug that remains in the stomach. It is advised to move quickly to induce further vomiting.

Vomiting can be prompted by putting fingers down the throat. It is important to bring up as much of the lethal drug as possible. Follow the vomiting with a large glass of water. Rest peacefully until the remainder of the ingested lethal drug has been processed by your body. When things are calm, an alternative future suitable date can be chosen. If vomiting (or fear of vomiting) persists, it may be necessary to look at a different end of life strategy (eg. use of a gas) which does not involve swallowing.

**Premedication & Potentiation**

Premedication refers to the act of taking a supplementary drug prior to the lethal drug. The aim is to relieve anxiety and stress. Alcohol, cannabis, BZDs and certain opiates are all effective premedication drugs.

Linked to premedication is the issue of ‘potentiation’ which can take several forms. ‘Drug potentiation’ refers to when an additional (non-lethal) drug is taken in order to enhance the efficacy of the chosen lethal drug or substance. This is relevant if a person is taking drugs whose purity or amount is uncertain.

Secondly, potentiation refers to behaviours such as fasting (prior to taking lethal drugs), or hyper-ventilating (as a way of speeding death from the use of an Exit bag). There is detailed discussion about potentiation in each of the relevant Chapters.

Note - some drugs can be used for both premedication and potentiation. As with anti-emetic drugs, however, it is wise to experiment prior to use in order to determine the appropriate dose along with any unexpected side-effects.

### ***Alcohol***

A strong alcoholic spirit or liqueur is useful in three ways: as a premedication (where it can relieve anxiety), potentiation (where it can speed the action of the lethal drug) and postmedication (where it can remove the bitter after-taste of some lethal drugs/substances). As a premedication, alcohol should be taken carefully so that judgement is not impaired. It is also important to ensure that the alcohol does not counter the anti-emetic (eg. by promoting vomiting).

- ⌘ As a potentiator, alcohol can bring a respiratory-depressing action that can potentiate other lethal depressants such as the barbiturates and other opiates. The amount of alcohol to be taken is dependent on personal sensitivity and experience. Use with care.

### ***Cannabis***

Cannabis can be used as both a useful premedication sedative and as an anti-emetic. It should be smoked or vaped 15 - 20 minutes prior to a person taking their lethal drug. Because oral consumption can be slow and unpredictable, this should be avoided.



***Opiates - morphine***

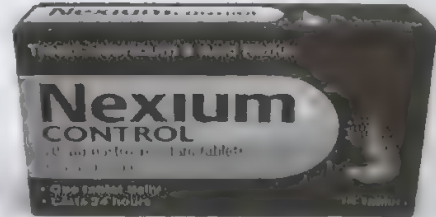
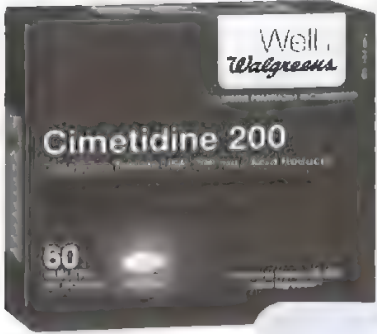
Opiates can be used for both premedication and potentiation, although there may be problems with tolerance and personal sensitivity. Pharmaceutical-grade opiates such as morphine sulphate (as tablets or liquid), fentanyl (as a nasal or sublingual spray) or illegal forms such as opium and heroin can all be used. Note - oral ingestion of opiates can often prompt vomiting so care is needed. Prior testing is advised.

***Barbiturates - phenobarb***

While the barbiturate, Nembutal, is lethal on its own, it has a second role in that a smaller, non-lethal amount can potentiate other drugs. Other barbiturates (eg. phenobarb) are also an effective sedative. Their fast absorption from the stomach means that they can be taken at the same time as a lethal drug. Phenobarb (5 gm) plays this role in the 5-drug DDMAPh mix.

***Benzodiazepines (BDZ) - eg diazepam***

On their own, the sedative, anxiety-relieving benzodiazepine drugs (eg. diazepam/ Valium) are considered extremely safe with a wide therapeutic margin. However, they are very useful end of life supplementary drug. Taken with a lethal agent, BZD's can speed loss of consciousness, ensuring one 'dies in one's sleep' and are an essential supplement for the lethal cardiac drugs. They are prescription controlled and can be difficult to obtain. Note off licence internet available 'legal' BDZ drugs can be useful alternatives. Examples: diazepam 1 gm, oxazepam 600mg, clonazepam 100mg, or off-licence bromazolam 50mg.



***Proton Pump Inhibitor - Nexium***

Proton-pump inhibitors (PPIs) (such as esomeprazole - Nexium) lower gastric acid. In some cases, this can accentuate gut-absorption of certain lethal agents, pushing up blood levels. Dose 40mg daily.

***Histamine H<sub>2</sub> Antagonist - cimetidine***

Cimetidine inhibits gastric acid production. As with PPI drugs, this may directly increase the stomach's absorption of some lethal agents. Of greater significance is the drug's interference with the liver breakdown/ metabolism of a number of lethal drugs. A slowing of the metabolic breakdown can significantly increase blood levels of the lethal agent. Dose 800 mg daily.

***B Blocker - propranolol***

B blocker drugs limit the ability of the heart to react when the circulatory system becomes compromised. For example, when lethal drugs restrict the blood supply to the brain, heart rate and cardiac output increases to compensate (tachycardia). B blockers block this survival mechanism. Dose 400mg.

**Summary**

Supplementary drugs are important because they can make what could be an un-peaceful death, peaceful and an un-reliable death, reliable. The anti-emetics also prevent vomiting. Their use is central to many of the oral strategies discussed in this book.

## Supplementary Drug Use Table

| Method            | Useful Supplement                    |
|-------------------|--------------------------------------|
| Amitriptyline     | anti-emetic, BZD, opiate             |
| Carbon Monoxide   | unnecessary (if [CO] >1%)            |
| Chloroquine       | anti-emetic, BZD                     |
| DDMAPh            | anti-emetic                          |
| Hydrogen Sulphide | unnecessary                          |
| Nembutal          | anti-emetic, alcohol,                |
| Nitrogen Exit bag | hyper-ventilation                    |
| Opiates           | anti-emetic, alcohol, cardiac-switch |
| Propoxyphene      | anti-emetic, BZD                     |
| Sodium Azide      | anti-emetic, opiate, BZD             |
| Sodium Nitrite    | anti-emetic, PPI, bBlock, BZD        |

# Lethal Inorganic Salts

## Introduction

This Chapter looks at the recent introduction of two common, inorganic salts as options for a peaceful and reliable death.

- Sodium Nitrite -  $\text{NaNO}_2$
- Sodium Azide -  $\text{NaN}_3$

While these simple chemicals have been available for many years, their importance as end of life agents has only recently been recognised. Since their details were first published in this book in 2017, there has been a rapid increase in their use. The Dutch right to die group, Coöperatie Laatste Wil (CLW), drew public attention to sodium azide, 'Middel X', around the same time.

## Inorganic Salts Controversy

With the rapid rise in the number of people successfully ending their lives with either azide or nitrite, there was an immediate push-back by the medical profession and various suicide prevention organisations. In 2019 the journal of the Dutch Medical Association, *NTvG*, published an editorial and articles on the use of these new lethal salts. The cover story was titled 'The Rise & Fall of Agent X'. Author, Stella Braam, argued that the group, CLW, were nothing more than 'enthusiastic amateurs, blinded by enthusiasm and pressured by supporters'.



The May 2019 edition of NTVG

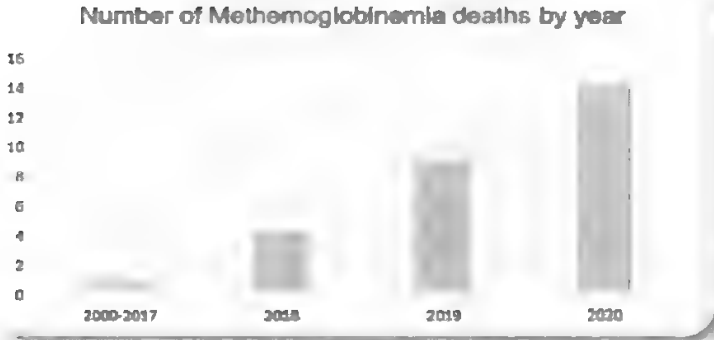
A second article in the same edition (titled ‘Auto-Intoxication with ‘Suicide Powder’’) examined the use of sodium nitrite as a potential suicide agent. In this article it was claimed:

*‘the mechanism of death is suffocation, and because of the unbearable symptoms, sodium nitrite is an extremely unsuitable suicide agent’.*

See: <http://bit.ly/ntgvsalts>

No evidence was provided to support the claim that sodium nitrite caused ‘unbearable symptoms’. Nor did evidence-based research findings reveal either agent to be ‘extremely unsuitable’.

The sensational growth in the use of these salts for a peaceful and reliable death has been driven by a number of factors. These include their simplicity, legality, availability and the increasing difficulty in sourcing the ‘gold standard’ alternative of Nembutal. The following graph represents the sharp rise in the number of sodium nitrite (methemoglobin) deaths since 2017.



Source: (Hickey et al.), 'Fatal Methemoglobinemia' *Forensic Science International* September 2021

## Sodium Nitrite

When the Australian government trialed the use of sodium nitrite in projects aimed at the eradication of the country's wild pig population (in response to animal rights claims that other means were torture), Exit began to pay attention. The question arising from these trials was 'can the salt also bring about a peaceful and reliable death in humans?' The answer was a clear 'yes'. The success of sodium nitrite in providing a peaceful and reliable DIY death is the most significant development in the end of life choices movement in recent years. See: <http://bit.ly/wildpiginvasion>

Historically, and perhaps ironically, sodium nitrite has been best known for its use as an anti-oxidant in the curing of pork. Sodium nitrite blocks the growth of botulism-causing bacteria, preventing spoilage. It also gives cured meats their characteristic pink color and enhanced flavor. This widespread use of sodium nitrite in food preservation makes its restriction or legal control unlikely.

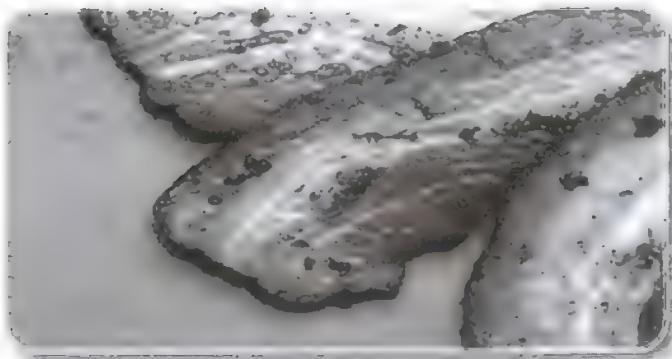
**Toxic Characteristics**

Sodium nitrite is very soluble in water and can be taken easily as a drink. In the acid environment of the stomach, some of the nitrite is converted to nitrate. This releases nitric oxide (NO).



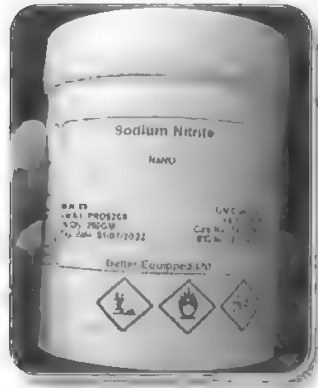
The unchanged nitrite that enters the small intestine is absorbed into the bloodstream. The nitrite in the blood changes the hemoglobin in the red blood cells, causing methemoglobin which is an altered form of haemoglobin. Methemoglobin has a much higher affinity for oxygen. This greatly restricts the oxygen available for cellular function in the brain and other essential organs.

A protective enzyme (methemoglobin reductase) is normally present in red blood cells and changes the methemoglobin back to functioning hemoglobin. But with high nitrite absorption rates, this protective mechanism is overwhelmed and death results from cerebral (hypoemic) hypoxia.



Sodium nitrite is commonly used as a meat preservative





Swallowing a large dose of sodium nitrite can cause symptoms such as: lethargy, confusion, intoxication, nausea and vomiting - all before consciousness is lost. If a significant amount of nitrite is converted by the acid in the stomach, the nitric oxide that is produced will cause a drop in blood pressure (and possible hypotensive headache). When hemoglobin is changed to methemoglobin, the colour of one's blood will take on a chocolate, brown appearance. This is sometimes visible on the body and may indicate a possible cause of death.

Note - some reports have mistakenly attributed a peaceful nitrite death to the drop in blood pressure (caused by the nitric oxide vasodilation). More correctly, death results from the cerebral (hypoxic) hypoxia brought about by the high levels of methemoglobin in the blood.

See: <https://archive.ph/Ras43>

Note - the compromised ability of the blood to carry oxygen cannot be corrected by the administration of oxygen by, for

example, paramedics. A person suffering from nitrite toxicity will show little improvement, even with the administration of 100% oxygen.

### ***Antidote***

If administered intravenously, methylene blue is the antidote for sodium nitrite ingestion. Methylene blue is a thiazide dye that converts methemoglobin back to the desired hemoglobin. With the increasing use of nitrite as an end of life method, methylene blue may be carried by first responders.

### **Supplementary Drugs**

While nitrite salt can be easily dissolved in water and drunk, there is a number of steps that may improve the reliability and peacefulness of the method.

### ***Fasting***

To speed the absorption of nitrite into the bloodstream, some degree of fasting is advised. Take only clear fluids for several hours prior to taking nitrite.

### ***Anti-emetics***

When sodium nitrite is dissolved in water it produces a very salty drink. Vomiting is common. For this reason, an anti-emetic is essential. Dopamine-blocking anti-emetics are the most effective. These include: metoclopramide, domperidone and prochlorperazine. Metoclopramide also speeds gastric emptying, which limits gastric conversion and nitric oxide production.

For these reasons metoclopramide is the preferred anti-emetic drug. Take 3 x 10mg metoclopramide tablets 40 minutes prior to the nitrite drink.

It may be wise to have a second prepared drink of sodium nitrite (and water) that could be taken should vomiting occur. If vomiting does occur, and no supplementary drink is available the procedure should be aborted.

### ***Benzodiazepines***

The unpleasant symptoms associated with the ingestion of sodium nitrite prior to loss of consciousness can be lessened with the use of a suitable benzodiazepine drug. Drugs such as oxazepam (20x30mg tablets), Valium (diazepam, 50x10mg) and the off-licence, bromazolam (10mg), can lessen anxiety and significantly shorten the time to consciousness loss. See the Chapter on 'Supplementary Drugs' for further information.

### **Antacid & B Blocker Use**

There has been considerable debate about the advantage of lowering stomach acid in order to lessen gastric NO production (with the associated drop in blood pressure) *vis a vis* allowing more nitrite to be directly absorbed into the blood from the small intestine.

Therefore, the benefit (in terms of potentiation) of taking an antacid such as Mylanta or an H<sub>2</sub>-antagonist such as Cimetidine or a proton pump inhibitor (PPI) such as Nexium, cannot be established. This is no longer advised.

### **B-blockers Controversy**


There is some debate that asserts that sodium nitrite can be made more lethal by the concurrent use of a *B*-blocker like propranolol. This is because there is a compensatory cardiac response to nitrite-induced cerebral hypoxia in the form of an increased heart rate (tachycardia) and an increase in cardiac output. Propranolol frustrates this occurrence, preventing the tachycardia and speeding the death. A dose of 400mg of propranolol taken with the antiemetic (metoclopramide) was previously advised.

Finally, some reports have suggested that the use of a *B*-blocker is a 'luxury' that serves no function other than alleviating the tachycardia (racing heart). It is argued that the raised cardiac oxygen requirements will speed death (presumably from cardiac arrest). However, until more information is available, the benefit (or otherwise) of using a *B*-blocker cannot be established. The *B*-blocker has, therefore, been removed from the protocol.

### **Sodium Nitrite Protocol**

- Fast (clear fluids only) for several hours
- Take 30mg (3x10 mg) tablets of metoclopramide
- Wait 40 minutes
- During the weight time, dissolve 25gm of sodium nitrite in 50 - 100 ml of plain water (35gm if body weight over 100Kg)
- Crush 20 x 30mg tablets (a full card of oxazepam) with mortar & pestle
- Mix crushed tablets with enough water until a drinkable solution is created
- Drink sodium nitrite in water
- Drink oxazepam in water
- Lay back

The following is a typical timeline of an observed death using 25gm of sodium nitrite.

|   |         |                             |
|---|---------|-----------------------------|
|  | 3 min   | dizzy                       |
|   | 5 mins  | very drowsy, responsive     |
|   | 12 mins | unconscious                 |
|   | 15 mins | deep sleep/ un-rousable     |
|   | 25 mins | increasing cyanosis         |
|   | 30 mins | irregular shallow breathing |
|   | 40 mins | death                       |

### **Accounts of Sodium Nitrite Deaths**

By 2021, Exit had received eyewitness reports of over 20 nitrite deaths, some with video footage. All deaths were reported as peaceful. The details that were provided include the person's:

- weight, age & gender
- amount taken
- symptoms experienced
- time taken until loss of consciousness (LOC) &
- time from ingestion to death (TTD)

A table summarising the data of the 22 deaths can be found in the Appendices (online edition only).

### **Sources**

When sodium nitrite first emerged as a viable end of life agent, it was widely and freely available. Since this time it has become increasingly subject to restrictions. It is not possible at the current time to provide a list of sources (because of constant changes).

The Peaceful Pill Forums are the best place to look for the most recent information. When sodium nitrite is found for sale, the cost can be as little as US\$15/ Kgm.

Note - in 2019, the Dutch government introduced regulations for the sale of nitrite to individuals. In other countries, purchasers of sodium nitrite have received 'welfare checks' from their local police.

### **Testing**

It is generally unnecessary to test the purity of sodium nitrite that has been purchased online. The salt is cheap and there is no *legal* restrictions driving up cost or prompting scammers. Nevertheless there is a test. A video of the process can be found in the Appendices (online edition only).

### **Storage & Disposal**

Sodium nitrite is a stable substance that can be stored almost indefinitely. It is best stored in a sealed container at room temperature. Sodium nitrite is hygroscopic, which means that it absorbs water from the air. Air leakage will cause it to slowly oxidize to sodium nitrate. Evidence of deterioration can be difficult to determine by eye. There are no specific concerns with the disposal of unused nitrite.

### **Summary**

Sodium Nitrite is a very effective end of life agent which does not require potentiation (although this remains an option). The only failed deaths of which Exit is aware are those where

there was medical intervention. However, sodium nitrite ingestion can have significant symptoms including nausea/vomiting and tachycardia (racing heart). An anti-emetic such as metoclopramide is effective at addressing the risk of vomiting. While sodium nitrite is legal to purchase and possess, it is increasingly restricted and can be hard to procure.

## **Sodium Azide**

Sodium Azide ( $\text{NaN}_3$ ) is a colourless, crystalline, water-soluble lethal inorganic salt. Sodium azide is subject to few regulations and relatively easy to obtain. As little as 2gm of the salt, mixed with water, will reliably end life.

Since the 1980s, the main use of sodium azide has been in car airbags. This use has seen a rapid rise in the availability and distribution of this toxic substance. Over time, better guidelines on its environmental health risks have also been developed. Sporadic reports of death from exposure to sodium azide, either accidental, or deliberate have been reported for many years.

The announcement in 2017 by Dutch group CLW that they had discovered a new 'Drion' or 'Peaceful' Pill which they called 'Middel X', saw a scramble on the part of elderly people to source sodium azide. This rush led to its restriction, at least in the Netherlands where it is now quite difficult to obtain.

### **Toxic Characteristics**

The exact mechanism of toxicity of sodium azide on the body is not fully understood. It is suggested that death occurs as a result of the direct damage to enzymes, necessary for cell respiration.

The cells die because of interference with cytochrome oxidase, because they can no longer use oxygen to respire. The organs with the greatest oxygen need (eg. brain and heart) are the first to die. This type of death can be described as 'histotoxic' hypoxia.

A different explanation is that death is the result of the production of nitric oxide (NO), which causes dilation of blood vessels, a drop in blood pressure and circulatory collapse. This is death from 'ischemic' hypoxia.

Symptoms of sodium azide ingestion, prior to loss of consciousness, include: nausea, gastric irritation, and the development of moderate to severe headache from the rapid blood pressure drop.

### **Sodium Azide Protocol**

#### ***Preparation***

- Dissolve 2-3gm of sodium azide powder in 50ml of distilled or de-mineralised water in a plastic or glass vessel
- Do not use soda water
- Do not use a metal spoon to stir the salt





This mixing should be done in the open air, or in a well-ventilated area due to the (minor) release of toxic hydrazoic acid gas ( $\text{HN}_3$ ). The solution can then be sealed (and drunk at a later stage).

### ***Administration***

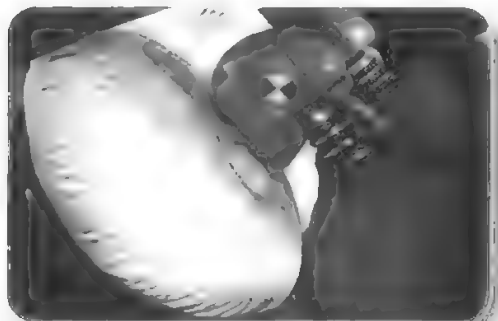
- Take 3 x 10mg of the anti-emetic (metoclopramide)
- Take at the same time 500mg-1gm of an analgesic (eg. paracetamol) (to moderate the expected headache)
- Wait 40 minutes
- If available, take a benzodiazepine (eg. a prescription BZD or bromazolam if the former cannot be obtained). This will shorten the time to loss of consciousness (LOC)
- Drink the dissolved sodium azide + water

Note - there is *no* known antidote for the ingestion of sodium azide. This is considered by some to be an important factor.

Note - it can be dangerous to attempt resuscitation on a person who has ingested sodium azide. Mouth-to-mouth resuscitation can result in the rescuer's exposure to hydrazoic acid. If vomiting has occurred, the vomit will be toxic and must be avoided for the same reason.

### **Accounts of Sodium Azide Deaths**

The increase in the use of this substance for an elective death has produced a range data on the nature of an azide death. Exit has obtained the details of 19 azide deaths. These data were compiled by the Dutch poisons centre (DPIC) in 2021.



Sodium azide found widespread use as the active ingredient in auto airbags

A second dataset was provided by CLW. These data contained information about a further 29 recent deaths from sodium azide. These tables can be found in the Appendices (online edition only). In summary, the data collectively showed:

- Ingestion of sodium azide is highly effective.
- In the two accounts of failure in the DPIC data there was no indication of the amount of sodium azide ingested.
- Average time taken to 'Loss of Consciousness' (LOC) in the CLW Data was 30 minutes.
- Time to Death (TOD) in four of the CLW cases was one hour or more. In the DPIC Data, four cases died two hours or more after ingestion. In each of these cases, the amount of sodium azide ingested is unknown.
- Reports of symptoms experienced vary from none, to vomiting, confusion, agitation and dizziness.

## Sources

The toxic properties of sodium azide along with its instability, difficulties in safe storage, and its use in the manufacture of explosives has meant that the substance is subject to increasing oversight and regulation. Recent publicity over its use as an end life agent has further restricted its availability.

Nevertheless, sodium azide can be purchased on the Internet. Although some sites will only sell to a company or business. When purchasing sodium azide, you may be asked for a business identification or tax number (eg. EIN in the US, ABN in Australia, KVK in the Netherlands). Company registration is generally straightforward in most countries. The base level company details that may be requested are:

- Company name, website and email address
- Stated line of business, eg. 'laboratory testing'
- Reason for purchase, eg. 'cleaning of laboratory equipment'

Sodium azide is best purchased in small quantities. It will be shipped in a small, sealed container.



CLW Chairperson Petra de Jong discussed 'Middel X' on Dutch TV, 2017

For a summary of websites selling sodium azide it is best to check the Peaceful Pill Forums.

The home manufacture of sodium azide is also possible.

See: <https://www.youtube.com/watch?v=eQ2qSBhFndY>

(Sodium azide is easier to buy than to synthesise).

### Handling, Storage, & Disposal

Sodium azide salt is a very stable substance. Sodium azide will keep indefinitely if it is stored in its sealed container, in a cool place and away from moisture. Aqueous (liquid) solutions of the salt (<5%) can also be stored in sealed plastic containers. Because of the possible formation of unstable/ explosive compounds, neither the salt nor aqueous solutions should come into contact with metals. Any unused sodium azide salt or solution should be disposed of by a professional chemical disposals company. Sodium azide should *never* be poured down the sink or into a drainage system where it may come into contact with metal.

Problems with the handling and management of sodium azide have led to its description as a dangerous substance. However, the *main* hazard with handling sodium azide occurs when the salt comes into contact with an acid. When this happens the chemical parent, hydrazoic acid gas ( $\text{HN}_3$ ) is produced. Hydrazoic acid is a volatile, toxic, weak acid and a shock-sensitive explosive. Unlike sodium azide salt, hydrazoic acid can be absorbed through the skin. Even though the smell of hydrazoic acid is 'extremely pungent' and has been termed 'fear-inducing', one may not always get adequate warning to protect oneself.

Should a spill of sodium azide occur, this can be mopped up using a dilute solution of sodium hydroxide (eg. lye, caustic soda), rather than water. The sodium hydroxide will prevent the formation of any hydrazoic acid. Gloves, eye protection and other safety equipment are essential in such a scenario.

See: <http://bit.ly/thenastiestchemical>

Anyone using azide to end life should display a clear sign indicating that this is the case. This will protect first responders and paramedics from any accidental toxic exposure.

See: <https://emergency.cdc.gov/agent/sodiumazide/basics/facts.asp>

## **Summary**

The use of sodium azide to end life has attracted support and some strong criticism, with claims and counter-claims about its effectiveness. Nevertheless, the data confirm the effectiveness of sodium azide for a reliable DIY death. Questions remain about time to loss of consciousness, as well as the possibility of unpleasant symptoms, prior to LOC. The lack of any antidote is seen by many as an important factor which protects against unwanted emergency intervention. There remains a range of issues associated with storage, safe disposal, and the possible risk that sodium azide poses to others after death.

***Ongoing Research***

The relative dearth of accurate information on the use of these salts to end life, and their ongoing disputed status as end of life agents, has led Exit to seek first-hand, eye-witness accounts as part of the Exit Citizen Science Initiative. This is being undertaken in conjunction with Final Exit Network (in the US). If you have information you are willing to share please contact Exit on: [exitint@protonmail.com](mailto:exitint@protonmail.com)

**RP Test for Sodium Nitrite & Sodium Azide**

The results are remarkably simliar for both of these lethal inorganic salts.

EXIT RP TABLE

| Criteria            | Sodium Nitrite  | Sodium Azide    |
|---------------------|-----------------|-----------------|
| Reliability (10)    | 8               | 8               |
| Peacefulness (10)   | 7               | 6               |
| Preparation (5)     | 5               | 4               |
| Undetectability (5) | 2               | 5               |
| Speed (5)           | 3               | 4               |
| Safety (5)          | 5               | 3               |
| Storage (5)         | 5               | 4               |
| Legality (5)        | 5               | 5               |
| <b>Total (50)</b>   | <b>40 (80%)</b> | <b>39 (78%)</b> |



# Inert Gas

## Introduction

The use of an inert gas, such as nitrogen, along with a closed environment (eg. plastic exit bag), can provide the means of a simple, effective, peaceful and entirely lawful DIY death from cerebral hypoxia. Cerebral hypoxia is discussed at length in the 'Physiology of Death' Chapter.

## Physiology

By placing oneself into an environment where a) there is not enough oxygen to sustain life and b) carbon dioxide levels are low, a peaceful, reliable, 'happy hypoxic' death will result.

A zero oxygen environment can be created using a tasteless, odourless, inert gas like nitrogen. Although other inert gases, such as helium or argon can be used. These gases simply replace the oxygen. On taking a deep breath of 0% oxygen gas, consciousness is lost almost immediately. Death will occur within a few minutes.

To ensure the death is peaceful, the concentration of the exhaled carbon dioxide ( $\text{CO}_2$ ) must be kept low. It is also important that one can exhale fully (empty lungs), and then inhale fully (filling the lungs with the inert gas) in a single breath. There are some lung diseases that can make this difficult (eg. emphysema). In these cases death may take longer. The prolonged time to loss

of consciousness (LOC) may cause alarm. For this reason, the method may not be suitable. See the the Appendices (online edition only) for further discussion.

To reduce the time taken to LOC, it can be useful to take frequent deep breaths (hyperventilation) for a minute or two before pulling the bag down. This will lower the level of carbon dioxide in the blood, and minimise the amount which can be exhaled into the bag. This reduces any possible alarm sensation.

Note - a mechanical blockage to the airways (eg. hanging, or a pillow pressed into one's face) will not only cause suffocation but a terrifying panic reaction. With an inert gas and exit bag, there is no physical obstruction. The person breathes freely, but with no oxygen present.

## **Equipment**

The equipment required for a death using inert gas are the following:

- Exit bag
- Plastic tubing
- Supply of inert gas
- Regulator

The plastic bag is connected to the supply of inert gas by means of a plastic tube. The regulator controls the rate of flow of the gas into the exit bag.

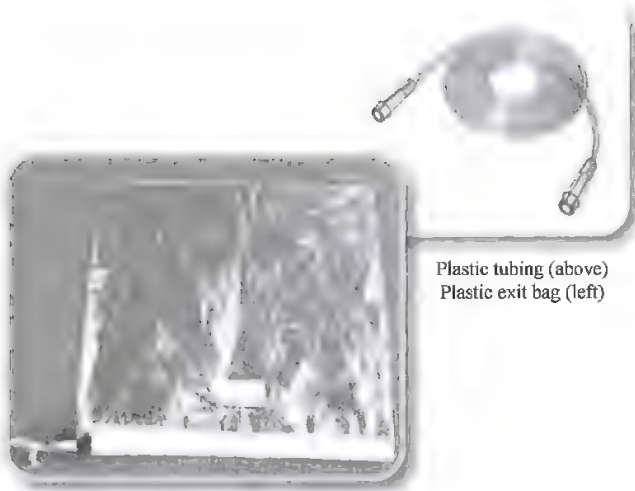
***Bags vs Face-masks***

The simplest way to immerse oneself in a low oxygen, low carbon dioxide environment is to fill a plastic bag with inert gas and then quickly place the bag over one's head. This process allows the person to move from breathing 'normal' air (with 21% oxygen) to an atmosphere where there is no oxygen. The continuous flow of an inert gas into the bag flushes away any exhaled carbon dioxide. This also ensures that no oxygen can re-enter the bag. The bag's low oxygen, low carbon dioxide environment creates the ideal environment for a happy hypoxic death. The optimal, inert gas flow rate into the bag is ~15 liters/min.

A face-mask cannot be used as an alternative to the plastic exit bag. This is because a face-mask would need to seal along the contours of the face and allow no leakage of room air into the lungs. This is almost impossible to achieve. The problem of air leakage is effectively addressed with an exit bag and a continuous flow of inert gas. The gas enters the bag via the tube which is connected to the gas cylinder and exits the bag at the point of its loose fit around the neck.

***The Exit Bag***

Exit bags are easily constructed. The bag should be large enough to fit easily over the person's head. A suitable plastic bag should measure ~35cm x 50cm and be made of ~50 micron plastic. The elastic collar allows the bag to be positioned on the forehead as the bag is filled. The bag should make a snug, but not tight, fit around the neck when pulled down.



Plastic tubing (above)  
Plastic exit bag (left)

### ***Plastic Tubing***

Plastic tubing (eg. standard 2-metre oxygen tubing with soft connectors at each end - such as used with home nebulisers) is suitable and readily available online or from pharmacies.

### ***Cylinder & Regulators***

A 2-liter gas cylinder provides a suitable gas source. If one is concerned about leaving a paper-trail, some cylinders can be purchased outright (rather than rented from a gas supplier). When filled under pressure, these small, take-home cylinders contain around 400 liters of nitrogen. This provides ~30 minutes of gas flow: more than enough for a peaceful death. A gas regulator is needed to control the flow.

### ***Gas Cylinder Suppliers***

Suitable cylinders of nitrogen gas can be purchased outright from the following suppliers.

#### ***US***

Cyberworld: <https://store.cyberweld.com/shielgascyl22.html> \ (Currently Cyber world is only supplying argon)

#### ***UK***

Adams Gas: <https://bit.ly/3sty49M> &

Hobbyweld: <https://www.hobbyweld.co.uk/products/nitrogen/>

*EU* - Gase Dopp: <https://bit.ly/39ozk6q>

#### ***Australia***

Stuggots: [stugg@mail.com](mailto:stugg@mail.com) &

Total Tools: <http://bit.ly/totaltoolslink>

*NZ* - iKegger: <http://bit.ly/33DLV0Y>

Note - gas supply arrangements can change without warning. For more detail see the Appendices (online edition only) or the Peaceful Pill Forums.

### ***Regulators***

A regulator is needed to control the flow of the gas. It is important that the regulator is compatible with the gas cylinder that one has acquired. Cylinder standards differ depending on the country. This is why selecting the correct gas regulator requires close attention.

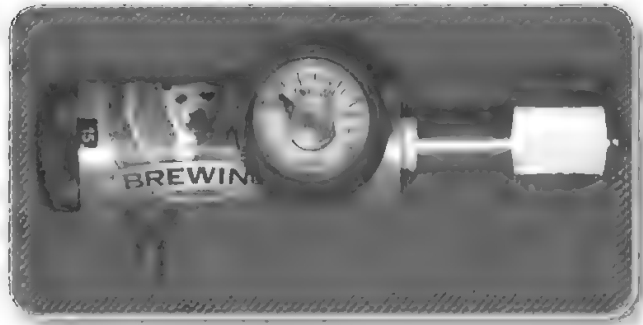
***Fitting Types***

The following is a list of suitable regulators.

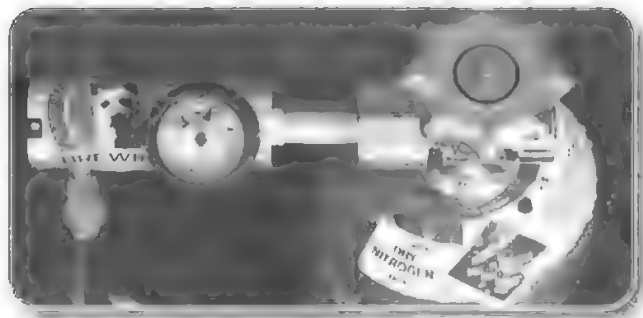
- US - Type CGA-580
- Aust/ NZ - Type 50
- UK - Type BS341-No3
- EU - Type DIN 477



Two different types of cylinders  
of compressed nitrogen.



MaxDog gas regulator with cylinder pressure gauge & flow rate control



Checking Cylinder Pressure

**Procedure**

**Step 1:** Adjust the elastic on the collar of the exit bag so that it provides a firm, but not tight, fit around the neck. Next, position the bag on the forehead and pat it down so there is no air inside.

Set the gas flow-rate on the regulator to 15 liters/min. Turn on the gas at the cylinder. In about 2 minutes the bag (sitting atop one's head) will be fully inflated. The gas will then begin leaking out from around the elastic collar. Use a mirror (and consult the images on the following page) to check that the bag is correctly positioned above the head.

**Step 2:** Hyperventilate for one or two minutes.

**Step 3:** When ready, fully exhale, expelling all the air from the lungs and pull the bag down over the face until it is positioned around the neck. Then take the deepest breath possible.

Within one or two breaths, consciousness will be lost. The gas will continue to flow, escaping harmlessly from around the neck elastic and taking any exhaled carbon dioxide with it. Death will occur within 5 - 10 minutes.





**Step 1** - Bag crumpled on head, ready for gas to be turned on.



**Step 2** - Inflated bag, ready to be pulled down over head



**Step 3** - Inflated bag pulled down over head.

### ***Un-Detectability***

There will be no visible change to the body after the person has died, regardless of which inert gas is used. However, if nitrogen is used, and if the bag and equipment are removed, the cause of death will not be able to be established. This is the case, even if a full autopsy is performed. Other gases, such as helium can be detected in lung tissue. A nitrogen hypoxic death is the only fully-undetectable method.

### ***Exit Bag Alternatives***

Covid-19 has led to the development of new forms of Personal Protective Equipment (PPE). Some of the anti-coronavirus helmets can be used as effective exit bag substitutes.

Examples include the 3M Versico headgear and the ‘MicroClimate Air’, both of which can be fed with compressed inert gas.

These helmets are not pre-filled with gas, but worn as the gas supply is turned on. One then holds one’s breath as the helmet fills. A higher gas flow rate (~25 liter/min) should be used in order to rapidly drop the oxygen level before the first deep inspiration.

The 3M mask is available from Amazon for around \$85  
[https://www.3m.com/3M/en\\_US/p/d/v000094208/](https://www.3m.com/3M/en_US/p/d/v000094208/)

The MicroClimate Air helmet is \$299 at:  
<https://microclimate.com>



3M Versico headgear



3M Versico headgear connected to a cylinder of compressed gas



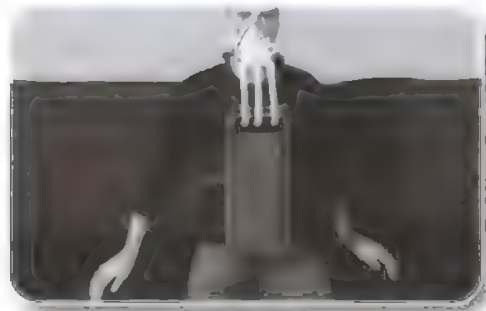
MicroClimate helmet

## **The R2D DeBreather**

The DeBreather is a device that uses a face-mask and re-circulated air to generate the low oxygen, low carbon dioxide environment suitable for a hypoxic death. No exit bag or helmet is required.

The idea of using a ‘closed’ gas source to bring about a hypoxic death was conceived by John Hofsess, and Gordon Smith and initially discussed with Philip Nitschke at the first NuTech (New Technologies at the End of Life) gathering in Victoria, BC in 1998. The device was used by several people over the years. However, problems with maintaining a good air-seal between the device and the person’s face led to its abandonment in 2002.

In 2017, US inventor, Richard Avocet, created a new R2D De-Breather which addressed the problem with the face seal.



R2D Debreather

However, by 2022 there had been no confirmed reports of its successful use. Further modifications are being undertaken. These suggested changes involve pre-filling the gas reservoir with an inert gas such as nitrogen. Use of an intoxicant such as nitrous oxide ( $N_2O$ ) is also being considered. Testing of proposed modification is underway and results will be published when available.

### Summary

The use of an inert gas with an exit bag provides a peaceful and death. There is, however, the need for preparation and setting-up of equipment. Technique is also important. It is important to note, that this method may not suit people with an underlying respiratory illness. One benefit of the inert gas (and exit bag) strategy is that, if nitrogen is used, this is the only *truly undetectable* method.

## Inert Gas (& Exit Bag)

EXIT RP TABLE

| Criteria            | Score           |
|---------------------|-----------------|
| Reliability (10)    | 8               |
| Peacefulness (10)   | 7               |
| Preparation (5)     | 1               |
| Undetectability (5) | 5*              |
| Speed (5)           | 5               |
| Safety (5)          | 5               |
| Storage (5)         | 5               |
| Legality (5)        | 5               |
| <b>Total (50)</b>   | <b>41 (82%)</b> |

\* If the gas used is nitrogen

# Sarco

## Introduction

The Sarco euthanasia capsule was developed by Philip Nitschke to provide a lawful, de-medicalised means of a peaceful DIY death. Sarco uses no illegal drugs or substances, and no specialised medical skills or experience are required. A person can obtain the plans and print their own. Exit will make the 3D-print plans available in future updates to the *Essentials* Edition of the *Peaceful Pill eHandbook*.

## History

In 2012, Philip Nitschke was approached by the lawyers for British man, Tony Nicklinson. Tony was suffering from ‘locked-in syndrome’. The lawyers said they were looking for a technology that would allow Tony to lawfully end his life, without the assistance of his family. Tony could do little more than blink his eyes. His lawyers wondered if there might be a device that could assist someone as disabled as Tony. They were aware of the ‘Deliverance’ euthanasia machine which Philip had created during the time of the *Rights of the Terminally Ill Act* in Australia and that is now in the British Science Museum. They were looking for a similar technological innovation that could help Tony. Unfortunately Tony died in August 2012 before the Sarco project was able to take shape.



Sarco at Venice Design, 2019

### **Early Sarco Development**

In 2017, the Sarco project began as a collaboration between Philip and Dutch 3D designer, Alex Bannink. A 1/7th scale, 3D-printed model of the proposed device was unveiled at the NuTech conference in Toronto that same year.

The following year, a full-size model of steel-cut wood lattice was exhibited at the Amsterdam Funeral Fair. The 3D model was accompanied by a virtual reality (VR) display which gave participants an impression of the view from within the Sarco: especially the feeling of elevation after the ‘die’ button was pressed.

The first full-size, 3D printed Sarco was unveiled at Venice Design in 2019. In 2020, Sarco was on display as part of the ‘(Re)Design Death’ exhibition at the Cube Design Museum in Kerkrade in the Netherlands. In 2021, Sarco was exhibited at the Museum of Sepulchral Culture in Germany in an exhibition titled ‘Suizid: Let’s talk about it’.



## **Philosophy Behind Sarco**

Exit believes that access to a good death is the fundamental human right for all rational adults, not just a medical privilege for the sick. The Sarco project sets out to give substance to this right by removing any need for controlled medications or any review and assessment by medical professionals. The project seeks to use new technologies to provide adults with mental capacity the means for a peaceful elective death. The Sarco will also, in time, incorporate a mental capacity screening tool.

## ***Design Goal***

The aim of Sarco was to produce a device that not only had to work well, but it had to look good. The goal has been to create something that would provide the user with a stylish and elegant departure. The Sarco capsule has been designed to look like a vehicle. It gives the impression of movement (into a new world). The person lies back in the aesthetically-pleasing ‘sarcophagus’ (or death crypt). Sarco provides a beautiful way to mark one’s departure from the planet: it creates a celebratory overlay on this most important of days.

## **Sarco in Switzerland**

Switzerland is the only country where a person can lawfully help another to die, as long as their motives are altruistic. The person who is seeking assistance to die must also fulfill two criteria. The person must do the action (that brings about the death) themselves, and they must have mental capacity. They need not be sick. The Sarco project addresses each of these aspects of Swiss assisted suicide law. This is why the use of Sarco in Switzerland is compatible with Swiss law.



## **3D Printing & Manufacture**

### **The Capsule**

Sarco has been made using 3D printing in order to enable the design to be digitally shared and infinitely reproduced. 3D printing also allows for various design modifications (eg. the creation of a double capsule for couples). The 3D files can be integrated with VR (virtual reality software), allowing a potential user to gain a better understanding of the device prior to use. While the range of print materials that can be used for 3D printing is expanding, the use of a biodegradable substance allows for the potential use of the Sarco as a coffin.

### **The Generator**

The Sarco base is also 3D printed. The base houses the generator. Access to the generator is via a slide-draw in the rear of the structure. Gas connection from the base to the capsule is made at the front. The generator can be loaded with 4 liters of liquid nitrogen. ‘Arming’ the generator is not time-dependent. Once the generator is armed, the Sarco can be used any time over the following 24 hour period.

On activation, nitrogen gas is produced at the rate of ~35 litres/ sec for ~4 minutes. Within 30 seconds, the oxygen concentration in the capsule falls to <1%. At these oxygen levels, a person inside the pod will lose consciousness almost immediately. Death will follow very soon after. The generator is designed to be re-armed and re-used.

### **The Software**

Entry to the Sarco requires a 4-digit code. This code is entered on the external keypad on the capsule. In time, an artificial intelligence (AI) mental capacity test will be incorporated into this entry procedure. Upon successful completion of the test, the person will be issued with an entry code that is valid for 24 hours. The AI capacity test is an ongoing subsidiary project of Sarco.

Once inside the Sarco capsule, there is a green activation button. This starts the generator. Use in Switzerland requires the person to answer three questions before they can press the button. The questions are presented on a screen. The answers will be video-recorded for the Swiss authorities.

These questions are:

1. Who are you?
2. Where are you?
3. What will happen if you press the Sarco green button?

Because Sarco is portable, it can be taken to an idyllic location of one's choice. The circuitry is battery-powered. Access to mains electricity is not required.

## **Sarco Testing**

The Covid pandemic significantly interrupted the planned testing of Sarco.

Stage 1 (*in vitro*) testing of the Sarco was carried out at the Exit workshop in the Netherlands in 2019. These tests confirmed a rapid drop in the level of oxygen within the capsule. On testing the oxygen level dropped to <5% within 30 seconds of device activation.

Stage 2 (*in vivo*) testing of the Sarco will take place in Switzerland. The device has not yet been used. When it does come to be used (expected in 2022-23), the person will be forensically monitored in order to document the exact nature of the peaceful and rapid death that is provided by the device.

## **Different Sarco Models**

The technology underpinning the Sarco has broader application than the 3D printed version.

### ***Sarco T***

The Sarco T (Tent) uses a hypoxic, athlete training tent as a capsule. This is attached to the Sarco generator. A variation uses a portable medical oxygen tent over the bed.

### ***Sarco C***

Sarco C (Coffin) makes use of a simple, American-style coffin. This allows the user to die in their own coffin. The half coffin lid is replaced with a transparent cover. The Sarco generator is used to create the hypoxic (low oxygen, low carbon dioxide environment).

Sarco T & Sarco C are significantly cheaper to manufacture than the 3D printed Sarco. Both are still in research and development at the Exit workshop.

### **Sarco in the Media**

The Sarco Project has attracted significant global media attention. As one journalist commented, ‘every time I write about the Sarco, the response is enormous. There is something about the Sarco that forces everyone to have an opinion’.

The most significant media event occurred in December 2021 when the Swiss multi-language news platform, *Swissinfo*, published an article whose headline read ‘legal approval for use in Switzerland’. The headline was referring to the Sarco.

The said ‘approval’ did, in fact, refer to a report that Exit had commissioned from an eminent Swiss legal professor. The professor stated that he could find no legal impediments to the use of Sarco in Switzerland. The *Swissinfo* story quickly morphed into a claim that Sarco had been ‘approved for use by Swiss authorities’. This attracted intense interest and comment from around the world.

Disappointingly, some activists in the global assisted dying movement took the opportunity to publicly criticise the Sarco project. Not surprisingly, the loudest complaints came from those who support the medical model and want to see the central role of the doctor preserved. It is perhaps not surprising that the non-drug, demedicalised Sarco sits uncomfortably with them.

## Summary

Sarco will provide a peaceful, reliable and lawful end of life option that requires no outside or expert assistance. Once the Sarco has been successfully used in Switzerland, and its proof of concept is confirmed, the 3D print plans will be published in this book. A high Reliability - Peacefulness test score is anticipated.

Work on additional Sarco Project concepts (eg. the AI mental capacity test and the VR program that provides users with a virtual Sarco experience prior to use) is continuing. It is anticipated that these will be incorporated into the Sarco design in the future.

Progress on the Sarco Project can be followed on the website at: *Sarco.design*



# Poison Gases

Of all the poison gases available, there are two that can provide a peaceful and reliable death. Unlike the inert gases, poison gases do not end life by excluding oxygen. Rather, poison gases interact with the body in other ways to cause a desired cerebral (happy) hypoxic death. The two gases discussed in this Chapter are carbon monoxide (CO) and hydrogen sulphide (H<sub>2</sub>S).

## Carbon Monoxide

Carbon Monoxide is a colourless, odourless gas. If inhaled, CO will bring about a rapid and peaceful hypoxic death. Its toxicity is due to the ability of the CO molecules to bind strongly with haemoglobin in red blood cells to produce carboxyhaemoglobin. This binding reduces the oxygen-carrying capacity of a person's blood so that not enough oxygen gets to the person's brain. If the inhaled concentration of CO in the inhaled air is high enough, a rapid, peaceful death will result.

In the 1990s, Dr Jack Kevorkian helped more than 50 seriously ill people to end their lives using carbon monoxide. Eye-witnesses of these deaths attest to the effectiveness and peacefulness of the approach.

### Importance of CO Concentration

The table below shows the importance of ensuring the concentration of the inhaled carbon monoxide is sufficiently

high. While death can occur at lower levels for a rapid, peaceful death concentrations  $>1\%$  (or 10,000ppm) are required.

After death, there are generally no specific clinical findings that show that the death was from carbon monoxide poisoning. Occasionally, however, the altered haemoglobin in the blood can give the skin a flushed pink colour. This may be noticed by an examining doctor. Carbon monoxide will certainly be detected if an autopsy is performed.

### Testing the Concentration of Carbon Monoxide

Before using CO to end life it is important to ensure that the inhaled air has a monoxide concentration of  $>1\%$ . The concentration can be measured using a suitable CO gauge. Inexpensive CO gauges that have a digital read-out of up to 0.1% can be readily purchased online.

See Amazon at: <https://amzn.to/3s2Nzrk>

| PPM<br>(%) | Time         | Symptoms   |
|------------|--------------|--|
| 35         | 8 hours      | Maximum exposure allowed by OSHA in the workplace over an eight hour period            |
| 200        | 2-3 hours    | Mild headache, fatigue, nausea and dizziness.  |
| 400        | 1-2 hours    | Serious headache-other symptoms intensify. Life threatening after 3 hours.             |
| 800        | 45 minutes   | Dizziness, nausea and convulsions. Unconscious within 2 hours. Death within 2-3 hours. |
| 1600       | 20 minutes   | Headache, dizziness and nausea. Death within 1 hour.                                   |
| 3200       | 5-10 minutes | Headache, dizziness and nausea. Death within 1 hour.                                   |
| 6400       | 1-2 minutes  | Headache, dizziness and nausea. Death within 25-30 minutes.                            |
| 12,800     | 1-3 minutes  | Rapid Death  |

Effect of carbon monoxide exposure





Note - a CO gauge needs to use with a sampling probe in order to detect the required >1% gas level. The 'Forensic Detector' gauge (above) and sampling probe are both available on Amazon.

## **Sources of Carbon Monoxide**

### ***Commercial Suppliers***

While some commercial gas suppliers sell compressed, pure carbon monoxide in cylinders, the flammable and toxic nature of the gas make it a difficult purchase for the non-professional.

### ***Cars***

There is also a common belief that CO from the exhaust gas of internal combustion motors can be used to end life. While this is technically true, it is not recommended. This is because it is difficult to obtain the required 1% carbon monoxide from the exhaust gas of modern vehicles. Exhaust fumes are hot, unpleasant and unreliable.

### ***Charcoal***

Another possible source of carbon monoxide is the incomplete combustion of carbon/ charcoal. This process can produce significant quantities of monoxide. However, unless the gas is tested, uncertainty will remain over the CO concentration. This uncertainty makes this a dangerous and unreliable strategy.

### ***Generators***

The best means of producing CO at the right concentration to end life is to synthesise it in a purpose-built generator. The simplest process uses the catalytic breakdown of formic acid (HCO<sub>2</sub>H / 85%) with concentrated sulphuric acid (H<sub>2</sub>SO<sub>4</sub>, / 96%). Carbon monoxide is produced by mixing these two acids in a suitable container and then cooling and washing the generated gas.

The chemical equation is:  $\text{HCO}_2\text{H} \xrightarrow{(\text{H}_2\text{SO}_4)} \text{H}_2\text{O} + \text{CO}$

A simple CO generator that can be built in a home workshop is the 'GULPS' model designed by John Todd in Australia. This device was awarded a NuTech innovation award in 2017.

## **GULPS Monoxide Generator**

### ***Items Required***

- Small glass jar - 5cm diameter
- Large glass jar with lid - 10cm diameter
- 50ml formic acid
- 250ml concentrate sulphuric acid
- 5-litre plastic container filled half with water
- 2x outlet hoses (6mm plastic tubing)
- Loose-fitting face-mask (eg. medical oxygen mask) or nasal prongs

### ***Preparation***

- Pour ~50ml of formic acid into small jar
- Pour ~250ml of concentrate sulphuric acid into large jar
- Make a hole in the plastic lid of large glass jar (through which 6mm outlet hose can be attached)
- Fill water bath half way with water.
- Make entry/ exit holes for the plastic tube in the water bath plastic container
- Attach 2nd plastic tube to the loose face-mask/ nasal prongs

The carbon monoxide will be fed into a water bath (labeled 'gas washing chamber'). The water has been coloured blue for clarity in the photograph. The monoxide gas will be cooled as it bubbles through the water. Any last remnant of acid will also be removed in the water bath. The gas that emerges will be 100% CO. This concentration easily exceeds the required >1%. Delivery is via a loose face-mask.



The GULPS generator

### Operation

To use the GULPS generator, add the acids to the glass vessels and place the small jar in the large jar. Seal the top of the large jar. This 'arms' the GULPS. It is now ready for use. To activate the reaction chamber (large jar), lay the large jar on its side, allowing the two acids to mix. Then return the jar to its upright position. The formic acid immediately breaks down into carbon monoxide (and water). The gas will begin to bubble through the water bath, exiting into the tubing that is attached to the face-mask.

On seeing the bubbles in the water chamber, the mask can be placed over the nose and mouth and the CO gas inhaled. Loss of consciousness will occur within 1 to 2 minutes.

## Sourcing the Acids

The GULPS generator uses sulphuric acid and formic acid. Sulphuric acid (98%) is an oily, clear liquid which can be purchased from chemical suppliers or at hardware stores where it is sold as a drain cleaner.

Formic acid (85%) is available online or from chemical supply companies. Home hobbyists use formic acid in leather tanning and bee-keeping.

## Safety Note

Concentrated formic and sulphuric acids are corrosive liquids and must be handled with care using gloves and eye protection. If acid is spilt on the skin, it should be washed off immediately with copious amounts of water. If either acid gets into your eyes, wash continuously for several minutes and seek medical assistance.

It is stressed that carbon monoxide is an *extremely* lethal gas. A person using this gas to end their life should be aware of the potential risk it presents to other people. For this reason, it is *absolutely essential* that a warning sign is placed in a prominent position, in order to prevent accidental exposure to others.

## Summary

Carbon Monoxide is a gas that can be generated with a home-made device such as the GULPS. In concentrations of >1%, the inhaled gas provides a peaceful and reliable death.

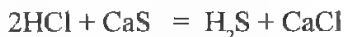
## Hydrogen Sulphide

Hydrogen sulphide is an extremely toxic gas that can be made from readily-available, unrestricted household chemicals. Inhalation of hydrogen sulphide gas with a concentration  $> 0.1\%$  (or 1000ppm), will lead to immediate loss of consciousness and rapid death from cerebral (histotoxic) hypoxia. If the gas is produced in a small confined space (eg. a car) and has a concentration level  $>1\%$ , certain death will result.

At low concentrations, hydrogen sulphide gas is commonly known as ‘rotten egg gas’ as it has an extremely unpleasant smell. For this reason, accidental exposure is unlikely. When produced in larger lethal amounts, the rapid loss of consciousness blocks any perception of the smell. Inhaling hydrogen sulphide to end life is sometimes referred to as a ‘detergent death’. This name refers to the chemicals that are used in the production of the gas.

### Production of Hydrogen Sulphide

Hydrogen sulphide gas can be easily generated by adding a concentrated acid to an inorganic sulfide. For example, adding concentrated hydrochloric acid to calcium sulfide will lead to a prolific production of hydrogen sulphide gas.



### Items Required

- Plastic bucket
- Calcium sulfide (500ml)
- Hydrochloric acid (500ml)
- Confined space (eg. car)
- Warning sign (to prevent harm to others)



Calcium sulfide (l), plastic bucket & concentrated hydrochloric acid (r)

### Sourcing the Acids

Calcium polysulphide ( $\text{CaS}_2$ ) is more commonly known as 'lime sulphur'. Lime sulphur is used by home gardeners as a fungicide/insecticide. Concentrated hydrochloric acid (HCl) is used to clean toilets, bricks and paving. It is also used as a swimming pool chemical and is available from most hardware stores.

### Operation

To produce hydrogen sulphide, 500ml of each of the lime sulphur and hydrochloric acid are mixed in a plastic bucket. Copious amounts of hydrogen sulfide gas will quickly result.

### Important Safety Considerations

Of major concern when using this method is the risk to others when large amounts of hydrogen sulfide gas are rapidly produced. Anyone close by will notice the awful smell. There are very *real risks* for those who might try to enter the area or attempt resuscitation.

While first responders will be aware of the risk posed by this gas (and will not to attempt resuscitation without protective equipment), innocent bystanders could be harmed. This is why it is best to choose a remote site or location. If the gas is to be produced in the confined space of a car, prominent warning signs should *absolutely* be displayed in the windows.

### Summary

The poison gases of carbon monoxide and hydrogen sulphide can provide the means for a peaceful and reliable death. One benefit is that there is no risk of vomiting when using these poisons. Unlike with an inert gas, there is also no need to use a plastic bag or other face-sealing device. However, important safety issues remain and these must be considered in order to avoid accidentally exposing others to lethal danger.

## Carbon Monoxide & Hydrogen Sulphide

EXIT RP TABLE

| Criteria            | Carbon Monoxide | Hydrogen Sulphide |
|---------------------|-----------------|-------------------|
| Reliability (10)    | 9               | 10                |
| Peacefulness (10)   | 8               | 3                 |
| Preparation (5)     | 3               | 4                 |
| Undetectability (5) | 2               | 0                 |
| Speed (5)           | 5               | 5                 |
| Safety (5)          | 0               | 0                 |
| Storage (5)         | 4               | 4                 |
| Legality (5)        | 5               | 5                 |
| <b>Total (50)</b>   | <b>36 (72%)</b> | <b>31 (62%)</b>   |



# VSED

## Introduction

Voluntary Stopping of Eating and Drinking (VSED) is often considered as the end of life option of last resort. It has been included in the *Essentials* because there may be occasions where it remains the only available choice. It is important, therefore, to understand the risks (and possible benefits) of the process.

In practice, VSED is very simple: one simply stops eating any food and drinking any fluid. If one persists, death is certain. However, there is immense variability in how long death will take and how difficult the process will be. The older and sicker a person, the more likely they will die within 14 days. For this reason, VSED is best suited to the elderly and frail who are of sound mind and strongly motivated.

To undertake VSED, a reliable support or nursing team will be needed as round the clock care will be required. Care homes can be wary of supporting the VSED death plans of their elderly residents. A private home is generally the best place.

While the symptoms of thirst and hunger can be extremely unpleasant, there are available drugs that can assist. There is also some evidence that in the latter stages of the process, one can feel serene or even euphoric. This is thought to be due to the endogenous endorphins produced by the body. There is also the comfort of knowing that you are controlling the process.

### **Physiology of VSED**

There is much debate about the nature of death provided by the so-called 'natural' process of VSED. Death results from the cessation of fluids, not food. One must be prepared, therefore, to give up drinking totally. Dehydration from this lack of fluid leads eventually to a loss of consciousness and coma. The altered balance of sodium and potassium ions in cardiac cell membrane leads to cardiac arrhythmia and death.

The symptoms experienced in the period leading to coma can vary considerably. Dehydration limits kidney function and the production of urine drops. The increasing blood urea may cause a pleasant disorientation, but agitation, delirium and confusion are also common. Gut motility stops, causing a further rise in blood toxin levels. Defecation also ceases.

### **Timeline of VSED Death**

There is great variability in the time it takes for a VSED death to occur. The more frail you are, and the greater your conviction to refuse all fluids, the quicker death will come. In this period you will need full time nursing care/ support from family and friends.

In the first few days of cessation, a person will be able to continue to live much as before. Movement will not be overly impeded and pleasant company can be enjoyed. It is towards the end of these critical first few days that some people will change their mind. If one does persevere, after several days the VSED symptoms will be impossible to ignore. The mouth will become dry and painful and weakness will set in. The person may also experience confusion and even hallucination as one

lapses in and out of consciousness. This period can be particularly difficult for friends and family who are present and watching the process.

As one nears death, loss of consciousness will be complete. No further communication will be possible. The person's skin may also change colour. Breathing may become intermittent. There may be audible moaning and a 'death rattle' (identifiable gurgle). Cardiac failure and respiratory arrest lead to the death.

### **Quality of VSED Death**

The most important factor about a VSED death is that it is controlled by the person themselves with no permission or doctor authorisation required. The practice has a long history, as a way of exerting political influence through the 'hunger strike' (eg. IRA political prisoner Bobby Sands), as a way to end the suffering of permanent incarceration. The method is not quick and without adequate palliative care, it can become a 'horror show'. The *New York Times* publish an interesting background read on the process.

See: <https://www.exitinternational.net/the-vsed-exit/>

### **VSED & the Law**

VSED is generally considered a lawful, 'non-medical' alternative to voluntary assisted dying/ medical aid in dying (which, by definition, involves medical intervention intended to bring about death). In contrast, in VSED, it is the person's own body that brings about the death. There is no external medical intervention (even though doctors may well prescribe a drug regime for palliation). However, there are several legal considerations.

### ***1. Mental Competence Requirement***

To avoid problems or interference with one's plans, a person seeking a VSED death must be mentally-competent (eg. decisionally-capable). Clearly, anyone can stop eating and drinking but once consciousness is lost and you can no longer dictate your wishes, the process can be reversed by medical intervention if mental competence has not been first assessed. This is best achieved by seeking psychiatric evaluation prior to commencing the VSED.

### ***2. VSED & Advance Health Directives, Guardians & Agents***

It is essential to have prepared an Advance Health Directive (AHD) before starting a VSED death. As discussed earlier, an AHD is a document that contains one's wishes about medical treatment. In your AHD, you should clearly state that you want no food or fluids administered and that you are making this decision as part of your desire to control your dying.

It is important to remember that the AHD only becomes 'live' when a person is no longer able to speak for themselves (eg. when consciousness is lost). To ensure your wishes are respected it is a good idea to appoint a guardian or agent with medical power of attorney. This guardian should be a trusted friend or family member. They should be aware of your wishes and be prepared to insist that the conditions set out in your AHD are respected once you lose consciousness.

### **Medical Assistance & the Importance of Nursing Care**

A VSED death requires intensive, ongoing and intimate physical care throughout the process. In the vast majority of cases, a

person taking the VSED route will be supported by some form of palliative care. They will also be provided with prescription sedative drugs to address symptoms such as pain, anxiety or agitation. The administration of these drugs may also require specialist care (eg. intravenous or rectal administration) since the taking of pills with a glass of water would act counter to the desired outcome of a peaceful (and not unduly long) death. A supportive doctor is generally considered essential. Careful planning is required.

### *Oral Care*

Oral care is an important in a VSED death. This is because the cessation of fluids can be particularly difficult (and stressful) if not well treated. An effective oral care plan will reduce the feeling of thirst, and help with the inability of the mouth to naturally cleanse itself. Fungal infections will also need to be kept at bay. Products which may help include mouth wash and oral sprays such as saliva substitutes (to keep the mouth cavity moist), lip salve to keep the lips moist and avoid cracking, and a baby-soft toothbrush as the gums become sensitive and sore. A room humidifier may make for a more pleasant environment.

### *Other Care*

Depending on how long the process takes and the time between loss of consciousness and death, the person will need to be turned regularly. This needs to be done in order to prevent bedsores. Members of the care team with the requisite skills and strength to carry this out will need to be identified ahead of time.



Saltva replacement gel

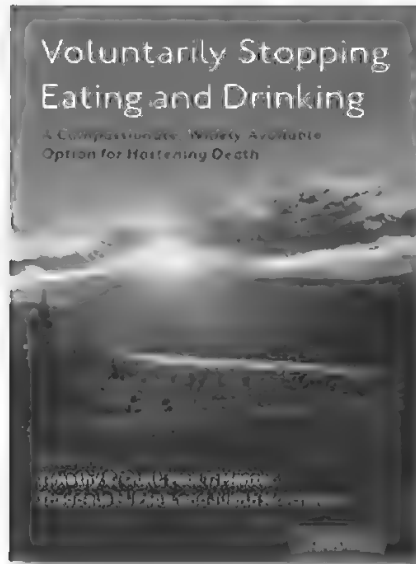
And then there is the issue of how to address bodily functions, as they slowly shut down. Should the person be catheterised on day 1 or has someone in the care team volunteered to be the one to monitor and change a person's pads when they become unable to do this for themselves? As most VSED deaths occur at the person's home, deciding who does what in the home-based palliative care team ahead of time may save awkward and even distressing moments later on.

A useful summary sheet is published by End of Life Choices Oregon and can be found online at: <https://bit.ly/VSEDOregon>

### Summary

While a VSED death represents a lawful, person-controlled strategy, the intensive nature of the required nursing care and the indeterminable slow time to death make it an option that only a few are likely to consider. As noted in the 2021 book, *Voluntarily Stopping Eating and Drinking: A Compassionate, Widely Available Option for Hastening Death* (edited with Timothy Quill, Paul Menzel, Thaddeus Mason Pope and Judith Schwarz), nursing and care homes can also be risk averse to supporting the VSED death plans of their elderly residents.

This means that VSED deaths generally need to take place within private homes. This is despite the fact that this requires the cooperation of a competent and reliable home-based palliative care team. The need for logistical planning, should this method be chosen, should not be underestimated.



Recommended further reading on VSED.  
See Amazon at <https://amzn.to/39xOxW8>

## VSED

EXIT RP TABLE

| Criteria            | Score           |
|---------------------|-----------------|
| Reliability (10)    | 10              |
| Peacefulness (10)   | 2               |
| Preparation (5)     | 1               |
| Undetectability (5) | 0               |
| Speed (5)           | 0               |
| Safety (5)          | 5               |
| Storage (5)         | 5               |
| Legality (5)        | 5               |
| <b>Total (50)</b>   | <b>28 (56%)</b> |



# Online Security & Privacy

## Introduction

For many older people, the Internet is a mystery, yet it is a necessary part of modern life. How to stay safe and secure online, especially when making purchases (concerning one's end of life plans), need not be complicated. However, it is useful to know how to ensure that your emails remain private and your web browsing (and purchases) are not tracked. Here are a few basic steps that everyone can take to protect themselves online.

## 1. Virtual Private Networks (VPN)

A Virtual Private Network (or VPN) is the best and easiest way to ensure that your whereabouts (and your data) is encrypted and is not intercepted.

A VPN hides your computer's IP address. The IP address is like your computer's home address, it tells where you are and shows what you are doing online. By hiding the IP address, you can pretend to be some place else in the world. This is useful if you are trying to circumvent location-restricted content (eg. BBC iPlayer). A VPN also ensures that the data you send and receive is not intercepted by any unauthorised third party, be that criminals or government authorities.

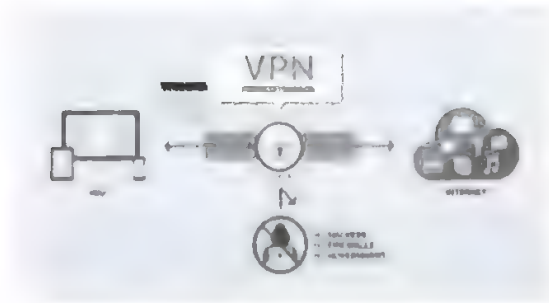
To understand more about your IP address see:

<https://whatismyipaddress.com/ip-address>

Recommended VPNs include:

<https://nordvpn.com>

<https://protonvpn.com/>



A schematic of how VPNs work

## 2. Encryption: Email

An encrypted email address ensures that no one other than the sender and receiver can see the contents of an email. To be effective, however, it needs both parties to use an encrypted email address. Encryption is essential if you are sending emails of a sensitive or private nature. Most encrypted email platforms have a free (and subscription) option.

<https://www.protonmail.com>

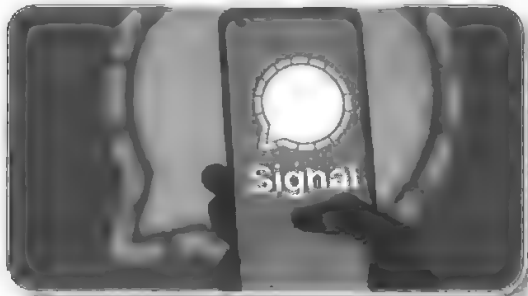
<https://www.riseup.net>

<https://www.hushmail.com/>

 ProtonMail

### **3. Encryption: Instant Messaging Apps**

For many people, instant messaging apps on smart phones have replaced text or SMS messages. ‘Whats App’ and ‘Signal’ are the two best-known free, instant messaging apps. Signal is a product of the Signal Foundation, a US non-profit. Whats App is owned by Facebook. While both offer features such as end-to-end message encryption and disappearing messages, Facebook is well known for its trackrecord of privacy breaches and the unauthorised disclosure of its users’ data. Exit recommends Signal over Whats App for security and privacy.



Signal Encrypted Messaging App

### **4. Tor & Tails**

For extra security when browsing the Internet there is something called the Tor Browser. The Tor Browser will bounce your communication around a network so that nobody knows what websites you visit. First developed for the US military, Tor is an increasingly popular way of stopping government snooping. With a Tor Browser your Internet habits can never be traced.

If you want more security still, there is an extra add-on to the Tor browser that is called ‘Tails’. Tails is a stand-alone operating



system that you download and run from a USB stick. Tails only works when you plug the USB stick into your computer. When the stick is unplugged, it leaves absolutely no trace that you were ever on your computer.

In recent years, Tor has been criticised for allegedly facilitating the dark web. However, the Tor Project stands by its founding principals:

*We believe everyone should be able to explore the internet with privacy. We are the Tor Project, a 501(c)3 US nonprofit. We advance human rights and defend your privacy online through free software and open networks.*

An overview of the Tor Project is at:

<https://2019.www.torproject.org/about/overview.html.en>

A short animated video that explains the way the Tor Browser works is on YouTube at:

<https://www.youtube.com/watch?v=-JWII85UtzKw>

The Tor Browser can be downloaded at:

<https://www.torproject.org/download/>

The 'Onion Search Engine' is available at:

<https://onionsearchengine.com/>

For more information about Tails see: <https://tails.boum.org/>



## **5. Cryptocurrency & Bitcoin ATMs**

Cryptocurrency is a form of digital asset based on a network that is spread across a large number of computers. This decentralized structure allows the currency to exist outside the control of governments, banks and other central authorities.

See: <https://bit.ly/cryptodef>

The most well known of the cryptocurrencies is Bitcoin (although there are many others eg. Ethereum). Bitcoin uses free open-source, peer-to-peer technology to allow instant worldwide payments at a very low cost. Crypto also provide a degree of anonymity in the transaction.

To understand further how Bitcoin works, see:

<https://bitcoin.org/en/how-it-works>



### *Crypto ATMs*

There are several ways to use Bitcoin. The easiest and most private is to use cash at a Bitcoin ATM. This allows the user to connect directly to a Bitcoin exchange. Bitcoin is bought/ sold by feeding cash into, or taking cash out of, the machine.

If you are using a Bitcoin ATM to purchase this book, you will need to feed \$95 cash into the machine and scan the QR code (Exit's 'public key') on the following page.

The machine will convert your cash to Bitcoin and send this to Exit. On receipt, Exit will create your book subscription and send you your log-in email.

To find a Bitcoin ATM see: <https://coinatmradar.com/>



Different Crypto ATMs



Scan QR Code of the *Peaceful Pill*  
*eHandbook*

### ***Crypto Wallets***

However, if you want to use cryptocurrencies for transactions on a regular basis, you are going to need a ‘wallet’. Wallets come in different forms. Firstly, a soft wallet is a piece of software that you install on your computer or mobile phone. A hard wallet is a piece of hardware like a USB stick.

For more about crypto wallets see the guide at:  
<https://bitcoin.org/en/choose-your-wallet>



Different brands of Crypto Hard Wallets

### **Summary**

In this Chapter, we have outlined some of the basic issues concerned with Internet safety and privacy including the role of encryption in email, messaging apps and the importance of VPNs when using Internet browsers. The basics of cryptocurrency is also explained.



# Right to Die Laws Around the World

## Introduction

Ever since Switzerland decriminalised assisted suicide in 1942 and the Northern Territory (NT) of Australia enacted the *Rights of the Terminally Ill Act* in 1996, the global legal situation on end of life choices has experienced significant change.

Today, medically-assisted dying is legal in the US States of California, Colorado, Hawaii, New Mexico, New Jersey, Maine, Oregon, Washington, Washington DC and Montana (in case law), all seven States of Australia as well as in countries such as New Zealand, Canada and Colombia. The countries that were the first to legislate on voluntary euthanasia were the Benelux trio of the Netherlands and Belgium (2002) and Luxembourg (2008).

While Australia's Northern Territory legislated in 1995, the NT is a 'jurisdiction' as opposed to a 'country'. The Northern Territory's *Rights of the Terminally Ill Act* (under which the author helped four terminally ill patients to die) was overturned by the Australian Parliament after nine short months of operation.

Already in this introduction, it is easy to see the confusing language and meaning between the various laws of different countries. Because these differences are important, the following Chapter explains what is possible in each of the countries where some form of lawful end of life decision-making exists.

### **Decriminalisation of the Right to Die**

There is a handful of countries where assisted suicide is not a crime. These include Switzerland, Austria and Germany. There are other countries where assisted suicide has never been criminalised. This leaves a grey area in law. Examples of this ‘in-between status’ include the US state of Massachusetts, as well as the Scandinavian countries, including Finland.

In countries where assisted suicide is not a crime, this can mean that anyone can get help to die. In Switzerland the legal caveat is that the person assisting must be altruistic in their motives (eg. not doing it for personal gain or enrichment). The person receiving the assistance must have mental capacity and must do the action themselves.

In Germany, where assistance is not a crime, finding someone prepared to help is another matter. Access to the best drug, Nembital, remains heavily restricted. At the current time German regulatory authorities are moving to restrict assisted suicide to people who are terminally ill.

Austria introduced similar conditions in late 2021, ensuring that assisted suicide is only available to people who are sick or suffering from a ‘chronic debilitating condition’. The ruling in 2020 by the Austrian Constitutional Court that one has a fundamental right to suicide assistance was quickly restricted by the passage of narrow, medical-model legislation. Germany is expected soon to follow suit.

In countries where there is no specific assisted suicide law, this does not mean that obtaining help is easy. Rather, in these jurisdictions, it is possible that the person who assists another to die, may be charged with manslaughter (or even murder). The

absence of a specific law on assisted suicide does not mean the practice is accepted. Utmost caution is required.

### **Medically Assisted Suicide & Voluntary Euthanasia**

With the exception of Switzerland and Germany, assisted suicide - also called voluntary assisted dying (VAD) or medical aid in dying (MAiD) - is a medical process. The prevailing laws reflect this reality. People who can legally get help to die are those who have been diagnosed by a medical professional as suffering from a terminal illness. In some jurisdictions, this includes a category of ‘unbearable suffering’. A terminally ill patient is usually defined as someone who, as a result of their illness, is expected to die within less than six months. In neurological cases (eg. ALS/ MND) the expected death must be within 12 months.

Under such medicalised laws, the person who seeks help to die is a *patient*. The person who is legally allowed to provide assistance is, by definition, a *medical professional* (usually a



Justices of the German Constitutional Court, 2021

doctor). The lethal drugs are only able to be provided by the medical professional. No other methods are acceptable (eg. no exit bag and gas).

### ***Definitions***

Assisted suicide (AS) differs from voluntary euthanasia (VE) in that assisted suicide it is the person, themselves, who must administer the lethal drug. The doctor cannot give a lethal injection. In voluntary euthanasia laws (such as those existing in the Netherlands, Belgium and Luxembourg) the doctor can give a lethal injection and prescribe lethal drugs. In some jurisdictions (eg. Victoria in Australia) a doctor can *only* give a lethal injection if the patient is unable to administer the drug themselves (eg. due to their illness).

Swiss law prohibits voluntary euthanasia. In Switzerland, the lethal drug must be administered by the person themselves. While the doctor can insert the cannula into the person's arm, it is the person who must start the intravenous infusion flowing. No other person can help.

### **Medical Caveats**

Medical restrictions on a person's right to die come in a range of forms, but restriction acts to ensure that it is the medical profession that defines and controls the process.

#### ***Medical Caveats on Voluntary Euthanasia***

For example, in the Netherlands, the Dutch Medical Association (KNMG) states that only a small range of drugs can be used. These drugs are controlled and can only be prescribed by

doctors. This consolidates the role of doctors under the Netherlands's *Termination of Life on Request and Assisted Suicide (Review Procedures) Act*. If a doctor chooses to act outside of these KNMG guidelines, he/ she will need to justify and defend their practice in a Dutch court.

### ***Medical Caveats on Assisted Suicide***

Swiss law states that providing suicide assistance is not a crime if the motivation is altruistic. In 2022, the Swiss Medical Association (SAMS) introduced new regulations.

SAMS has long opposed non-sick people (eg. the well elderly) getting lawful help to die. The new regulations state that it is not 'ethically justifiable' to help end the life of a 'healthy' person. Because Nembutal is used and because this drug is only available on a doctor's prescription, the result of the SAMS guidelines has been to restrict who gets help to die.

While SAMS is unable to change the Swiss *Criminal Code* (that permits assisted suicide), what they have been able to do is to place controls on their members who work in the area of assisted dying. If a non-drug option were available in Switzerland (eg. the Sarco), this would remove the control of the medical profession over assisted dying.

**BY PRESCRIPTION ONLY**

### **Qualifying for Help to Die**

Medicalised right to die laws codify (the degree of) a person's illness in order to determine who qualifies for help to die. Qualification is all about illness. If you are not terminally ill (with a life expectancy of < 6 months), you will not be eligible for help. Under MAiD laws, the *right* to die is really only a *privilege* granted to those sick enough to qualify.

### ***Relaxing the Laws over Time***

In the Benelux countries, the requirement of being terminally ill has been relaxed over time to include those 'suffering unbearably' as well as people with serious psychiatric illness. In the US, Australia and New Zealand, psychiatric illness is expressly excluded as a qualifying criteria, even if the person is also terminally ill. In 2022, the US State of Oregon was forced to drop the residential requirement of its law, further opening up access.

In Canada, medical aid in dying laws have also undergone change. When first introduced in 2015, tight controls excluded those with chronic suffering or psychiatric illness from qualification. These criteria have now been relaxed with the 'foreseeability of death' dropped as the primary qualifying criteria. From March 2023, people whose primary diagnosis is psychiatric, will be able to ask for medical help to die.

## **Qualifying Criteria**

There are significant variations in the qualifying criteria between the various countries with voluntary assisted dying, assisted suicide, medical aid in dying and voluntary euthanasia legislation.

Below is a summary of the broad qualification categories. The accompanying spreadsheet compares and contrasts the laws and the qualification requirements of each country.

## **Eligibility Requirements**

### ***1. Health Status***

Health status is generally divided into the categories of:

- Terminally ill (< 6 months to live)
- Unrelievable suffering
- Psychiatric illness
- Not stated (assumption, no illness is required)

### ***2. Mental Capacity***

Mental capacity is required in all jurisdictions where some form of assisted dying is lawful.

### ***3. Residential Requirements***

Most jurisdictions require the applicant to be a long-term resident of that state or country. In some countries, it is sufficient to have a long-standing relationship with a doctor of that coun-

try rather than being a resident or national. Only in Switzerland can a foreigner get help to die without being a Swiss resident or national.

#### ***4. Age Restrictions***

In most jurisdictions the applicant must be 18 years or over. Only in the Benelux countries can children and young people request help to die (with the consent of their parents).

#### ***5. Written Requests***

In many but not all countries, at least one written request (sometimes witnessed by an independent person) is required.

#### ***6. Cooling-off Period***

In some jurisdictions, there is a cooling-off period between a first and final request for assistance to die. The period may range from 48 hours to 12 weeks.

#### ***7. Medical Assessment***

In all jurisdictions the applicant must be assessed by a medical professional. (While the *Swiss Criminal Code* makes no mention of the role of doctors, subsequent case law requires that a mental capacity assessment is undertaken. This assessment is usually done by doctors.) In some places, at least two doctors are required to assess the patient with at least one of the doctors being a medical specialist in the field of the patient's illness or in palliative care.



### **8. Means of Administration**

The means of administering the lethal drugs varies depending on the definitions contained within the applicable law of each state or country.

In countries where assisted suicide is lawful the patient must take the drugs themselves (usually by mouth). Note - rectal administration can also be self-initiated. In some jurisdictions, a doctor can step in to administer a drug to a patient intravenously, but only if the patient is unable to do this for themselves.

In Switzerland, self-administration can be done via an intravenous infusion. The person switches on the tap that starts the flow of drugs into their veins. (Note - a doctor or nurse will have previously inserted the venous cannula.)

In countries where voluntary euthanasia laws exist, doctors can prescribe a patient lethal drugs. They can also give lethal injections.

### **9. Request to die in Advance Health Directives**

Only in the Benelux countries can a request for help to die be included in an Advance Health Directive (AHD).

An AHD euthanasia request allows a doctor to end the life of a person who is in a coma, or who has dementia and has lost the ability to consent.

### **10. Cost**

While the exorbitant cost of the barbiturates Nembutal and Seconal in some countries (eg. USA and Canada) has limited their use as end of life drugs, other much cheaper drug combinations have been developed to ensure that costs are kept reasonable.

The cost of a Swiss assisted suicide is expensive. All of the Swiss clinics that cater to foreigners cap their fees at between CHF 10,000 - CHF 12,000.

### **Summary**

This Chapter clarifies the ways in which various right to die laws differ in both terminology and practice. The spreadsheet provides a simplified overview of the qualifying criteria for each jurisdiction. It should be noted that small differences may exist between the states in a single country (eg. differences between Maine and Californian law) so further reading may be required.

**Right to Die Laws  
Around the World**

|                           | Australia | Austria | Belgium | Canada         | Colombia | Germany | Italy | Luxembourg | Netherlands | New Zealand | Spain | Switzerland | USA |
|---------------------------|-----------|---------|---------|----------------|----------|---------|-------|------------|-------------|-------------|-------|-------------|-----|
| Eligibility Requirements  |           |         |         |                |          |         |       |            |             |             |       |             |     |
| 'Healthy' - not ill       | X         | X       | X       | X              | X        | ✓       | X     | X          | X           | X           | X     | ✓           | X   |
| Terminal illness required | ✓         | X       | X       | X              | X        | X       | ✓     | X          | X           | ✓           | X     | X           | ✓   |
| Unbearable suffering      | X         | ✓       | ✓       | ✓              | ✓        | ✓       | ✓     | ✓          | ✓           | ✓           | ✓     | ✓           | X   |
| Psychiatric illness       | X         | X       | ✓       | ✓ <sup>3</sup> | X        | ✓       | X     | ✓          | ✓           | X           | X     | ✓           | X   |

|                                |   |   |                |   |   |   |   |                |                |   |   |   |   |
|--------------------------------|---|---|----------------|---|---|---|---|----------------|----------------|---|---|---|---|
| Must be resident               | ✓ | ✓ | ✓ <sup>a</sup> | ✓ | ✓ | ? | ✓ | ✓ <sup>a</sup> | ✓ <sup>a</sup> | ✓ | ✓ | X | ✓ |
| Must be 18+                    | ✓ | ✓ | X              | ✓ | X | ? | ✓ | ✓              | X              | ✓ | ✓ | ✓ | ✓ |
| Cooling off Period             | ✓ | ✓ | ✓              | ✓ | ✓ | X | ✓ | X              | X              | X | ✓ | X | ✓ |
| Request in writing             | ✓ | ✓ | ✓              | ✓ | X | X | ✓ | ✓              | ✓              | ✓ | ✓ | X | X |
| Request can be included in AHD | X | X | ✓              | X | X | X | ✓ | ✓              | ✓              | X | X | X | X |
| Single Doctor sign-off         | X | X | X              | X | ✓ | X | X | X              | X              | X | X | ✓ | X |
| Multiple Doctors sign off      | ✓ | ✓ | ✓              | ✓ | ✓ | X | ✓ | ✓              | ✓              | ✓ | ✓ | X | ✓ |

| Means of Administration | Australia      | Austria | Belgium | Canada | Colombia | Germany | Italy | Luxembourg | Netherlands | New Zealand | Spain | Switzerland | USA |
|-------------------------|----------------|---------|---------|--------|----------|---------|-------|------------|-------------|-------------|-------|-------------|-----|
| Drink                   | ✓              | ✓       | ✓       | ✓      | X        | ✓       | X     | ✓          | ✓           | ✓           | ✓     | ✓           | ✓   |
| Lethal Injection        | ✓ <sup>1</sup> | X       | ✓       | ✓      | ✓        | ✓       | ✓     | ✓          | ✓           | ✓           | ✓     | X           | X   |
| Self activated infusion | X              | X       | X       | X      | X        | ✓       | ✓     | X          | X           | X           | X     | ✓           | X   |
| Rectal                  | X              | X       | ✓       | ✓      | X        | ✓       | ✓     | ✓          | ✓           | X           | ✓     | X           | ✓   |

|            |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Affordable | ✓ | ✓ | ✓ | ✓ | ✓ | ? | ? | ✓ | ✓ | ✓ | ✓ | X | ✓ |
| Expensive  | X | X | X | X | X | ? | ? | X | X | X | X | ✓ | X |

**Notes**

- \*1 - Injection is possible if the patient unable to self-administer
- \*2 - Only Oregon has dropped residential requirements
- \*3 - Psychiatric illness permitted from 03/23
- \*a - In Benelux countries one does not need to be a resident but must have a long-standing relationship with the treating doctor



# Swiss Option

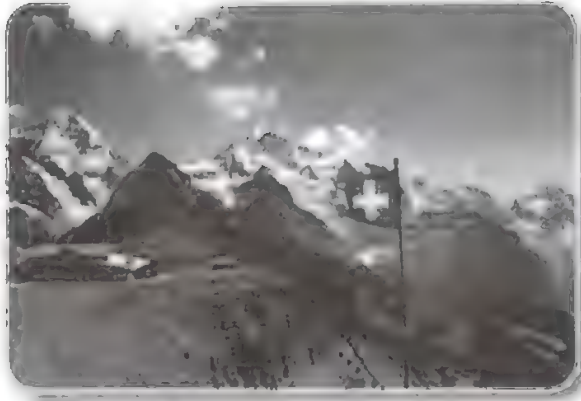
## Introduction

Only in Switzerland can you get help to die as a foreigner. This makes Switzerland unique. Another unique aspect of assisted suicide in Switzerland is the flexible nature of the *Swiss Penal Code* (Art. 115 StGB) which does not require sickness in order to qualify for help to die.

## Swiss Law & Assisted Suicide

According to Swiss law, ‘a person who, for selfish motives, persuades or assists another person to commit suicide will be punished with imprisonment of up to five years.’ This means that anyone who does not act ‘selfishly’ (eg. who does not benefit from financial gain or personal promotion) commits no crime. This means also that the person receiving the assistance does not need to be ill. In theory, you can get help to die in Switzerland, regardless of your reason.

The two other criteria governing assisted suicide in Switzerland are a) the person requesting help to die must have mental capacity and b) they must have ‘ownership of the action’ that brings about their death (eg. drink the drink or push the button).



### **Switzerland & the Medical Profession**

Swiss assisted suicide generally takes place in clinics where the drug Nembutal is used to end life. Only doctors can prescribe Nembutal in Switzerland. This means it is the doctors who control the process, regardless of the flexibility afforded by Swiss law.

In 2008, the Dignitas clinic attempted to move away from the medical model (of using doctor-prescribed drugs) trialing the use of exit bags and helium gas. Exit bags and gas do not require the involvement of a doctor. However, the ‘yuk factor’ of the plastic bag (together with sensational media reporting) meant that Dignitas soon returned to using Nembutal.

See: <https://bit.ly/dignitasdailymail>

***Recent Developments***

In mid 2022, the Swiss Medical Association (SAMS) released new guidelines for Swiss doctors working in the area of assisted suicide. These new guidelines are an attempt to make the practice of assisted suicide the domain of the medical profession. These guidelines add a number of new requirements to existing Swiss law. The guidelines stipulate that an assisted suicide applicant must be reviewed twice by the consulting doctor and that these reviews must be two weeks apart. Assessment by an independent third party is also now required. The most important new requirement is that ‘healthy’ (ie. not ill) people should not be helped to die. SAMS states that such assistance is ‘ethically unjustifiable’.

These changes are intended to place assisted dying within a medical framework, irrespective of Swiss law. A practicing Swiss doctor needs registration. They cannot afford to ignore the guidelines of their registering body. It remains to be seen if the doctors working at the various clinics will adhere to these new guidelines. Or if court challenges will follow.

Exit’s Sarco capsule (which requires no medical involvement) is intended to roll-back the increasing medicalisation of assisted dying in Switzerland.

**Different Swiss Organisations**

The authors have visited each of the four groups that cater to foreigners. All of the organisations operate from premises that are in industrial, city-fringe locations. They are far removed from the iconic images of Swiss chalets in mountain villages and cows with bells. Below is a short overview of each service.



Swiss Pentobarbital Natrium (Nembutal)

### ***Dignitas - Zurich***

Dignitas was the first Swiss service to work with foreigners. Established by Ludwig Minelli in 1998, a year after Exit International was founded, Dignitas has borne the brunt of tabloid reporting about Swiss death clinics and even reports of ‘compulsory euthanasia’. Ironically, perhaps, Dignitas is now one of the most conservative groups. Dignitas only accept, clear-cut cases of people with serious illnesses or those of advanced years. At Dignitas, you take the Nembutal orally.

### ***EX International - Bern***

EX International is a German-speaking assisted suicide organisation based in Bern. EX accepts foreigners but caters predominantly to Swiss nationals. Staffed by volunteers, the organisation differs significantly from the other Swiss groups. When the authors visited, the organisation had used a recent bequest to purchase new clinic premises on the outskirts of the city (adjacent to a freeway entrance).



***Lifecircle - Liestal***

Lifecircle was founded by former Dignitas doctor, Erika Preisig and is now operated by Erika and her partner, Markus. The clinic's most famous client was 104-year old Exit member, Professor David Goodall, who died at Lifecircle in May 2018 (see: <http://bit.ly/NewsGoodall>). Lifecircle's clinic is located in an industrial estate on the outskirts of Liestal: a 20-minute drive from Basel. At Lifecircle, Nembutal is administered intravenously.

***Pegasos - Liestal***

Pegasos was founded by Ruedi Habegger in 2019. Ruedi is the brother of Lifecircle's Erika Preisig. Operating from the same building as Lifecircle, the same descriptors apply. One important difference with Pegasos is that they guarantee to refund one's deposit if an application is not approved. They also say they are more open to taking the 'harder cases' (eg. younger people and those with psychiatric illness and couples who wish to go together). At Pegasos, Nembutal is administered intravenously.

**Swiss Help for Exit Members**

To apply for a VAD in Switzerland, there is a mountain of bureaucracy (including an exhaustive list of personal and public documents - eg. birth, marriage, divorce, death certificates) that are required. Despite what some people may think, assisted suicide in Switzerland is very tightly regulated.

For example, some documents must be originals, re-issued no more than 6 months ago, others not. Some documents need to be certified by a public notary. Medical records are also needed.



If the person has a psychiatric or neurological condition (eg. ALS/ MND, Parkinsons or MS), additional psychiatric reports will be required.

### **Exit Application Assistance Program (AAP)**

Compiling the required application paperwork can be difficult. For those who do not have family or friends to assist, Exit provides an Application Assistance Program (AAP). This is available to all current Members of Exit International. This assistance program includes help with:

- website application form
- collation of identification from government agencies
- document certification
- document advice, review & collation
- travel & accommodation (inc. permits, visas etc)

The AAP is staffed by Kay Scurr, a retired Australian RN. Kay liaises with the relevant organisations at every step of the administrative process. While Exit cannot guarantee that all applicants will receive a 'Green Light' (provisional acceptance), we will do our best. If we consider that an applicant is unlikely to obtain approval, this will be stated at the outset. The AAP fee is US\$1200.

For more information see:

<https://www.exitinternational.net/switzerland-2/>

### **Exit ID Service**

Everyone who dies at a VAD organisation in Switzerland must have their body identified after death by someone they know. Some people who go to Switzerland go alone. For this reason, Exit offers a free ID Service for Life Members of the organisation. This involves a representative from Exit liaising with the person prior to their departure for Switzerland, being with them on their last day at the clinic, and then speaking to the authorities after the person is gone.

The only cost to Exit Members for the ID service are the minor travel and accommodation expenses of the representative. The Exit person providing this service is a member of the European staff team.

For more information see:

<https://www.exitinternational.net/switzerland-2/>

### **Swiss VAD Procedure**

The person who has been accepted for a VAD in Switzerland will be asked to arrive a few days before their VAD. During this time, a consultation will be scheduled with the doctor (and/or psychiatrist). These consultations are usually held at the person's hotel. Once final approval is given, the doctor will write the Nembutal prescription. This will be collected from the pharmacy by the clinic on the morning of the VAD.

On the day of the VAD, the person arrives early at the clinic for a final round of paperwork. While the time of death is usually left up to the individual, VADs generally take place in the morning. In attendance will be the doctor, any assistants/ volunteers and the person's friends, family and even pets.

### **Swiss Clinics**

Because all the Swiss clinics are located in industrial areas, one's last view is more likely to be of a freeway overpass or high voltage powerlines, than snow-capped mountains. At Pegasos, the room has no windows. At some clinics, the moments immediately prior to the death will be recorded for the Swiss authorities. Before the person takes the drink or switches on the infusion, they will be asked:

- name & date of birth
- the reason why they have come to the clinic (eg. 'to die') &
- their understanding of what will happen when they switch on the infusion (the drug will flow & they will die)

Exit Member, Zsuzsi Yardley, kindly gave Exit permission to include the film of her final moments.

### **Afterwards**

After a VAD, the Swiss authorities attend the clinic. They include: the police, a representative of the public prosecutor and coroner's office. The body, scene of the death and any video records are inspected. Once satisfied, the body is released to the funeral home.

## **Cremation & Body Repatriation**

Following a Swiss VAD the body is generally cremated. Ashes are available for collection after ~ 5 working days. Alternatively, the clinic can courier the ashes back to one's home country. You cannot donate your body to science or any other institution following the VAD. While body repatriation is possible, it is expensive. There is also a possible legal risk with body repatriation if you came from a country where assisted suicide is illegal. A police investigation into the cause of death could raise legal questions for those who were present. This can create serious and unnecessary difficulties.

## **Death Certificate**

A Swiss-issued death certificate will be issued in English and sent by mail to the nominated person around 4 - 6 weeks after the VAD. No cause of death will be stated. Accompanying the death certificate will be a letter from the local Canton. This letter is called an 'order to dismiss' and confirms that no crime was committed.

## **VAD Cost**

Each of the Swiss VAD services charge foreigners the same fee (~€10,000 or CHF10,000). This vastly exceeds the cost of a lethal dose of Nembutal. The clinics justify the cost by pointing to the complex bureaucratic process. Depending on the organisation, payment is made in installments. The first 50% (the deposit) is due at the time of application. The remainder is paid once you are approved for a VAD and prior to your arrival in Switzerland.

**Refund Policies**

Each clinic has a different refund policy. Pegasos say they refund all but €1500 of the 50% of monies paid. Dignitas have been known to keep the entire deposit amount. The story of Exit Member, Troy Thornton, is below.

See: <https://www.gofundme.com/ftroythornton>

**Summary**

Switzerland is the only place in the world where a foreigner can get help to die. However, travelling to a foreign land is never going to be everybody's first option. Considerations include having to prove yourself sick enough in order for a Swiss doctor to be prepared to prescribe you Nembutal. There is also the Swiss bureaucracy, travel arrangements and significant expense.

However, Switzerland is the only country that allows foreigners to fly in to die. And it is the only country where you do not need to be sick to get help. For this, the Swiss ought to be congratulated.

# **When it All Goes Wrong!**

## **Introduction**

When seeking a DIY method to end one's life, the question of reliability is crucial. No one wants to fail and find themselves in the same, or even worse, situation than the one they were in before. In this book, only methods that have a high reliability index are examined. If these methods are followed closely, failure will be rare. But occasionally things *go* wrong. In this Chapter we detail some of the possible problems including how to avoid them and what to do if you find yourself in the unfortunate situation of having failed.

## **Failure from Drugs, Technique or Method**

Failure can result if mistakes are made in the method, in the technique used, or if errors are made in the quality or quantity of the drugs or substances used.

To minimise the chance of failure from these causes, the drugs or substances need to be carefully checked. If pharmaceutical products are used, check the expiry dates. If there is any doubt, either replace the drugs or, if possible, seek laboratory testing. This is particularly important with hard-to-obtain drugs such as Nembutal. If the purchase has been made illegally and if the cost is high, the labelling may have been altered. In these cases, laboratory testing is strongly advised in order to determine the identity and purity of the drug.

Even if one has taken the correct drugs in the correct amount, problems can in administration can occur. Taking substances by mouth (orally) is the most common route. However, if vomiting occurs, the method must be abandoned. It is too risky to proceed with an uncertain amount of the lethal drug in the system. If any vomiting occurs, force yourself to bring up as much of the drug as possible. Then take copious amounts of fluid and rest.

If rectal administration is to be used, one must be familiar with the catheter. Ensure that the inflatable collar (that prevents dislodgement) functions as it should.

If using gas, it is important to get to know the necessary equipment ahead of time. If inert gas is to be used, it is advisable to practice filling the bag with gas and checking that it is correctly positioned on the head. If a cylinder of compressed air (*vis a vis* nitrogen) is available, the whole process can be safely rehearsed ahead of time.

### **Failure from Intervention**

As there is always time between the initiation of the process to end life and the subsequent death, any interruption or discovery in this period can lead to failure. This is particularly the case if first responders and emergency paramedics are called. And if resuscitation is commenced.

There are several ways to reduce the possibility of unwanted interference. If the method chosen is known to take some time, it is paramount that the person is not disturbed. Clearly, the shorter the time between administration to time of death, the better. This is why 'speed' has been included as one of the indices in the RP Test.



Location and the time of day are also important. It is best to select a place where there is no chance of disturbance. Even if the method to be used has a high ‘speed’ rating, where the time to death is expected to be short, choose a location and a time of day where at least 12 hours of privacy can be expected.

This is especially important if it has been arranged for a friend or family member to discover your body. You do not want the person to arrive too soon (before death has taken place). In this scenario, the person would be obligated to call an ambulance or the local doctor in order to protect themselves legally. A treating doctor will always have more discretion than a paramedic. If she/he is aware of your medical situation (and possible your AHD) they may be prepared to avoid the heroics of resuscitation and let your death take place.

### **Paramedics & Advance Health Directives**

If an ambulance is called, paramedics will *always* attempt to resuscitate an unconscious person. They are under no obligation to consider any documentation at the scene. While leaving a suicide note or DNR (do not resuscitate) notice might make one’s intentions clear, emergency personnel will carry on regardless. Resuscitation will be conducted even if your AHD states clearly that this is not what you want. They will say that these issues can be sorted out at the hospital.

### Suicide & the 'Natural Death'

Some people who choose to end their life want their death to be seen as a result of a 'natural' cause. If this is the case, then it is important to choose a method that is undetectable. This is why 'undetectability' is included as an indice in the RP Test.

While some suicides will be recorded as 'death from natural causes' if, for example, the person is elderly and has known medical issues, this is not always the case. This will certainly not be possible if the method or drug leaves a visible change to the body.

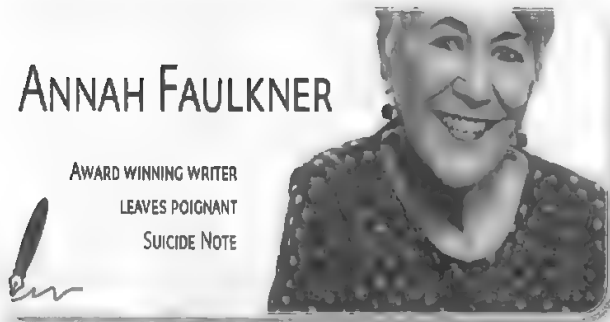
If there is any doubt about the cause of death, an autopsy may well be undertaken in order to determine how the person died. The *only method of death* which leaves no identifiable trace, even at autopsy, is nitrogen hypoxia. Of course in this situation, the gas equipment would need to be removed by a trusted friend before the body is 'discovered'. Be aware, the removal of equipment is usually illegal (eg. interference with the circumstances of a death). If an autopsy is carried out, and the means of death discovered, the death will *not* be considered natural.



## Leaving Documents by the Body

While a signed and dated suicide note stating that no assistance was provided can be legally protective of those around you, this strategy will immediately alert the authorities to the fact that the death was not natural. An AHD and DNR will point in the same direction: this death was not natural. If having your death recorded as natural (and not as a suicide) is important to you, it may be best to leave the completed documents with a trusted friend. This person is then able to reveal the documents at some later time, if necessary (eg. if there is suspicion that assistance may have been provided).

Writer Annah Faulkner asked Exit's Tasmanian Coordinator, Kay Scurr, to come and find her body after she had gone. She also left a suicide note that she wanted Exit to distribute widely. For some people, having 'suicide' on one's death certificate is of little concern.



Annah's suicide note can be found on the Exit website at:  
<https://bit.ly/annahfaulkner>

### **Summary**

When planning to end one's life, no one wants to fail. If the decision has been made and one's affairs have been put in order and friends/ family informed, the worse possible outcome would be to have one's well-considered and highly-desired plans thwarted.

While some factors that lead to failure may be out of one's control, paying attention to detail, having well thought-out plans, and choosing the most appropriate technique can eliminate most of the common causes. This Chapter has addressed several considerations. Keeping these points in mind can ensure that one's end of life plan has the best possible chance of success.

# Afterword

With a lengthening of the lifecourse, many older people have strong opinions about being kept alive beyond their ‘use-by’ date. Many of us have seen family and friends living longer but sicker lives and we ask what for? What is the controversy in wanting to opt out earlier than nature (or more likely heroic modern medicine) allows?

The aim of the *Peaceful Pill Handbook - Essentials* edition is to ensure that a peaceful and reliable death is the right of every rational adult. It should not be a privilege to control when and how you die. This book’s aim is also to ensure that the aftermath of a death is not unduly distressing for those we leave behind.

## Summary

*The Peaceful Pill Handbook* was first published in 2008. Since this time the book has been continually updated to include new information, making the *Peaceful Pill eHandbook* the only one of its kind!

The 2022 *Essentials* edition is the first complete rewrite of the *Peaceful Pill Handbook*. The *Essentials* is intended to be read in conjunction with the full length online *Handbook* which can be found in the Appendices.

*The Peaceful Pill Handbook* series is published in the belief that knowledge brings power.

Far from pushing people towards death, establishing one's options helps people to stop worrying, and get on with living their best lives.

For those with terminal illness, being back in control can be extremely satisfying, given the adversity which surrounds.

Freedom shouldn't take this much effort. But for the time being it does.

*Exit appreciates reader feedback on the facts and the feelings (and typographical/ editorial corrections) that come with reading our books.*



| Rating Factor       | DDSIAPH    | Nembutal   | Incr. Cases | Sodium Sulfite |
|---------------------|------------|------------|-------------|----------------|
| Reliability (10)    | 10         | 10         | 8           | 8              |
| Peacefulness (10)   | 10         | 10         | 7           | 7              |
| Preparation (5)     | 3          | 5          | 1           | 5              |
| Undetectability (5) | 4          | 4          | 5           | 2              |
| Speed (5)           | 5          | 4          | 5           | 3              |
| Safety (5)          | 5          | 5          | 5           | 5              |
| Storage (5)         | 3          | 4          | 5           | 5              |
| Legality (5)        | 3          | 0          | 5           | 5              |
| <b>Total (50)</b>   | <b>43</b>  | <b>42</b>  | <b>41</b>   | <b>40</b>      |
| <b>%</b>            | <b>86%</b> | <b>84%</b> | <b>82%</b>  | <b>80%</b>     |

| Rating Factor       | Sodium Azide | Monoxide   | Propoxyphene | Morphine   |
|---------------------|--------------|------------|--------------|------------|
| Reliability (10)    | 8            | 9          | 9            | 5          |
| Peacefulness (10)   | 6            | 8          | 7            | 10         |
| Preparation (5)     | 4            | 3          | 3            | 5          |
| Undetectability (5) | 5            | 2          | 3            | 2          |
| Speed (5)           | 4            | 5          | 2            | 2          |
| Safety (5)          | 3            | 0          | 5            | 5          |
| Storage (5)         | 4            | 4          | 3            | 3          |
| Legality (5)        | 5            | 5          | 3            | 2          |
| <b>Total (50)</b>   | <b>39</b>    | <b>36</b>  | <b>35</b>    | <b>34</b>  |
| <b>%</b>            | <b>78%</b>   | <b>72%</b> | <b>70%</b>   | <b>68%</b> |

| Rating Factor       | Chloroquine | Ambroxyline | flS        | VSED       |
|---------------------|-------------|-------------|------------|------------|
| Reliability (10)    | 8           | 6           | 10         | 10         |
| Peacefulness (10)   | 5           | 6           | 3          | 2          |
| Preparation (5)     | 3           | 3           | 4          | 1          |
| Undetectability (5) | 3           | 3           | 0          | 0          |
| Speed (5)           | 2           | 2           | 5          | 0          |
| Safety (5)          | 5           | 5           | 0          | 5          |
| Storage (5)         | 2           | 3           | 4          | 5          |
| Legality (5)        | 5           | 3           | 5          | 5          |
| <b>Total (50)</b>   | <b>33</b>   | <b>31</b>   | <b>31</b>  | <b>28</b>  |
| <b>%</b>            | <b>66%</b>  | <b>62%</b>  | <b>62%</b> | <b>56%</b> |

## **About Philip Nitschke**

Dr Philip Nitschke PhD, MBBS, BSc (Hons) is the Founder and Director of Exit International. In 1996 Philip became the first doctor in the world to administer a legal, lethal, voluntary injection to four terminally ill patients under Australia's short-lived *Rights of the Terminally Ill Act*. Philip is a global pioneer in the modern right to die movement.

Philip was awarded his doctorate in applied physics from Finders University in 1973. He graduated from Sydney University Medical School in 1988.

With Fiona Stewart, Philip is the author of *Killing Me Softly: Voluntary Euthanasia and the Road to the Peaceful Pill* (Penguin 2005, now republished). Philip's autobiography, *Damned if I Do* (with Peter Corris) was published by Melbourne University Press in 2013.

Philip is the recipient of many awards and honours including nine nominations for Australian of the Year. He lives in the Netherlands.

## **About Fiona Stewart**

Dr Fiona Stewart PhD, MPolLaw, LLB (Hons), BA is a public health sociologist and lawyer. Fiona has worked in a variety of fields as an academic, journalist, newspaper columnist, dot-com founder and media strategist. She has also consulted to the World Health Organisation. Fiona lives in the Netherlands.





In the *Essentials Edition* of the *Peaceful Pill Handbook*, the authors provide a new, more succinct, condensed book about practical DIY end of life options. Based on the original *Peaceful Pill Handbook*, the *Essentials Edition* covers topics such as the physiology behind a peaceful and reliable death, as well as methods including sedative and cardiac drugs, inert and poisonous gases and poisons, the role of supplementary drugs, the Swiss option and stopping eating and drinking. The *Essentials Edition* also examines voluntary assisted dying laws around the world, itemising the criteria that apply and clarifying who is eligible for help to die in each country.

### Read what the critics say about *The Peaceful Pill Handbook*

*The Peaceful Pill Handbook* is a comprehensive reference describing practical methods of self-deliverance, including analysis of advantages and shortcomings of each. The electronic version describes new developments and provides updated contacts. Final Exit Network recommends that its members and clients consult *The Peaceful Pill Handbook* as a unique and valuable source of information.

Final Exit Network, 2019

"*The Peaceful Pill Handbook* ... lays out methods to end one's life ... the book is banned in Australia and New Zealand. In the United States, though, it is only a few mouse clicks away online."

New York Times, 21 July 2008

"I have read the digital version of your *Peaceful Pill eHandbook* cover to cover and I greatly admire your courage in providing this critical information to the public. Please keep up your excellent work!"

Margaret, USA

"I have bought *The Peaceful Pill eHandbook* and it is a great comfort to know that there are people who understand what suffering is and how we should have the right to choose whether to live or die."

Stephen, UK



[peacefulpillhandbook.com](http://peacefulpillhandbook.com)

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