

DR PHILIP NITSCHKE & DR FIONA STEWART

THE PEACEFUL PILL **e**HANDBOOK



THE ESSENTIALS

Exit International USA

**DIGITAL ONLINE
EDITION**

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About The Peaceful Pill Handbook Series

The Peaceful Pill Handbook - Essentials edition provides detailed, practical information on end of life choices. Our readership includes the elderly, people who are seriously ill (eg. with cancer or ALS) & their family/ friends.

The online edition is updated continuously, ensuring that readers have access to the most best practical, DIY information.

See the FAQs at: <https://www.peacefulpillhandbook.com/> for further information about different editions within *The Peaceful Pill Handbook* series or to apply to join the Peaceful Pill online forums.

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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>

Introduction

The ‘Essentials Edition’ is the 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 Essentials* edition is continually updated.

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* online edition includes the former 2022 online edition of the *Handbook* which is provided as Appendices.

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. This is especially the case if cognitive

Introduction

impairment is present (eg. dementia). The *Essentials* is designed to help all 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. Captain Rob Cane is a good example of this. He would have qualified for help to die in his home in Australia. But he didn't want to spend his final three months going from doctor to doctor collecting the necessary paperwork. Instead he took the 'shortcut' as he called and boarded a plane for Switzerland.

More generally, the book is intended for anyone who simply wants 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 mostly not sick. But they are all 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 words. 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

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

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 or 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 two landmark rulings, the Constitutional Courts of both Austria and Germany in 2020 ruled that the notion of self-determination is a fundamental right of ‘personality’. The right to ask for help to die is a fundamental human right also.

Assisted Suicide & 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. Only Switzerland and Germany offer an alternative to this law.

Defining Assisted Suicide

Courts are often unable to give clear and concise definitions regarding suicide assistance. In 2015 in Ireland for example, 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 State 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 in New Zealand, Exit's Wellington Chapter Coordinator, Suzy Austen, was similarly charged with assisting the suicide of fellow Exit member, Annemarie Treadwell. 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



Suzy Austen after her not guilty verdict, Wellington NZ

Nembutal? What role did Suzy play, if any, in getting her the drug? Annemarie's diary gave the New Zealand Police all the answers they needed.

While Suzy was found not guilty of assisting Annemarie's suicide, she was found guilty of importing the Nembutal that Annemarie used. Suzy was saved because the prosecution could not establish that she knew that Annemarie was going to take the Nembutal and suicide. Suzy would also have to have intended for Annemarie to use the Nembutal that Suzy gave her. Both Gail and Suzy thought they were doing the right thing and helping their friends. Both were well intentioned. However, their experience shows how broad and grey the area of assisted suicide in the eyes of the law can be.

The Medicalisation of Death & Dying

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 medical in nature. We are all going to do it, with or without a doctor by our side.

In most legislative models around the world, the medical profession has been spectacularly effective in exerting control and it is doctors who have become the gate-keepers of almost all forms 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 to die. In all states and countries except Switzerland, the criteria for receiving assistance is illness and only doctors can determine if a person's illness qualifies for them legal help to die. And because drugs are used to end life, it is the doctors who prescribe the doctors. Doctors, therefore, decide who to help.

These medical laws do not, in practice, provide people with a 'right to die'. Rather, they only grant the right to ask permission. 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.

The Role of Modern Medicine & the Ageing Population

In contrast to previous generations, populations in the industrialised west are living longer than ever before. A century ago, life expectancy was approximately 25 years less than it is today. In this regard the disease spectrum has changed, leaving many of us living longer but more likely to be impaired by chronic illness and suffering.

The longer we live, the more likely we are to live with poor health and, with that, a diminished quality of life. While old age is not, in itself, predictive of ill health, old age can present very specific challenges for one's quality of life. Some people are better than others at tolerating a compromised quality of life. This is no one-size-fits-all debate.

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Of course, at Exit we are all for living longer. The authors of this book both hope they can live on in good health until they are very old indeed. But should we be forced to live on, if we have come to a point where we consider that our life is no longer worth living? Surely one's quantity of life should be balanced against one's quality of life. The answer to this question is deeply personal and varies from person to person.

The 'Tired of Life' or 'Completed Life' Phenomenon

One way in which the quality of life debate has been expressed has been to refer to a decision to go (early) as being 'tired of life' or having the feeling of 'completed life'. This is expressed by saying 'I have had a good life but now is the time to go'.

People see the decision to bring things to a close as one of self-determination. Any decision along these lines is deeply subjective. Importantly, being 'tired of life' can be independent of one's state of health. It is not just about having a serious illness.



Quality of life assessments can depend also on the poly-pathologies of old age (eg. all those niggling little things that can compromise one's daily life). Equally, they can be based on not being able to do the things that one used to do or not having the friends and partners whom once gave such joy to life. The assessment is existential.

The retired French academic, Lisette Nigot explained her position with great insight. In 2002, Lisette 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. She also 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. This was perhaps not surprising for a woman who had once worked in public relations at the Waldorf Astoria Hotel in New York and had once mingled with the likes of Salvador Dali, Marilyn Monroe and the Kennedys.

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'.

Introduction

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

‘I greatly regret having reached this 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.

Neither Lisette Nigot nor David Goodall were depressed, nor were they suffering from a mental illness. Rather, each had come to a decision to end their lives in a rational, considered way. This fundamental right of self-determination has been recognised by both the German and Austrian Constitutional Courts.



Philip Nitschke with David Goodall, Switzerland May 2018

Going Together - a Couple's Choice

The recent focus on couples 'going together' is taking place within this rights discourse of self-determination at the end of life. In this regard, it is not unusual for couples to want to be able to bring their life to an end at the same time, and regardless of their state of health. However, this is more problematic than it sounds.

'Duo euthanasia' (as the phenomenon is known in the Netherlands) usually means that both members of the couple must get sick at the same time. This is the only way that a doctor could lawfully help two people to die together. Not only in the Netherlands but in all other countries where degree of illness is the qualifying criteria for getting help to die. This is perhaps why the information contained in this book is so important for couples who want to go together. Being able to die peacefully, at home, in each other's arms, will take a lot of planning.

At Exit, 'going together' is not that uncommon. As a phenomenon, it first raised its head back in the 1990s when the elderly couple, Syd and Marjorie Croft, attended an Australian Exit workshop. As Philip tells the story, they sat up the back holding hands, and asked many questions. When they died they left a suicide note explaining their actions (see the video titled 'Going Together').

The Crofts were the first of a number of couples to go public with why they wanted to die together. Others have included [Don & Iris Flounders](#), Peter and Pat Shaw and Beverley and Athol Whiston. While the Flounders and the Shaws died at home, the Whistons chose to buy their Nembutal in Peru and die together in their Lima hotel room. They said that this way they broke no laws.

And it is true. Nembutal is available over the counter in numerous South American countries. Dying in the country where one purchases the drug is a relatively straight forward matter. Exit has even witnessed best friends going together (see the video of Claire Parsons and Val Seeger), ensuring that no one is left behind.

Outside of creating your own Exit Plan, there are almost no end of life laws that can accommodate couples getting help to die together. When you hear of couples getting assisted dying/euthanasia, this will be because both partners were judged to be seriously ill and suffering at the same time. Of course, this can happen but on the scale of probability it does not happen very often.

In early 2024, the former Dutch Prime Minister, Dries van Agt and his wife Eugenie made headline news around the world when they died together at their home in Nijmegen in the Netherlands. In some respects, the van Agts got lucky. They both got sick at the same time. This allowed each of them to request euthanasia. This is how they got to die together.

Despite the Netherlands' progressive euthanasia laws, very few couples have been able to die together in this country. This is because Dutch euthanasia law is focused squarely on people with

GOING TOGETHER?



Dries & Eugenie van Agt

unbearable suffering and who have no prospect of improvement. There is no absolute right to euthanasia in the Netherlands. This makes the joint death of Dries and Eugenie all the more unusual.

How can Couples Die Together?

At the current time, the only places where couples can get help to die together are Switzerland and Germany. In both of these countries, getting help to die is framed (in legislation) as a human right, rather than a medical privilege.

Getting help to die in these countries is not dependent upon one's degree of sickness. Because of this, assisted suicide can be offered, legally, to people regardless of whether or not they have a terminal illness or are suffering unbearably (although this remains untested in Germany). In Switzerland however, where the law has been tested, there remain barriers to getting a joint assisted suicide.

In 2018, Swiss doctor Pierre Beck, was charged with a criminal offence of helping the well wife of a seriously ill man to die: the couple wanted to die together. In early 2023, Beck was finally cleared of any wrong-doing. The Court found that while Beck may have breached his professional ethics (under the guidelines laid down by the Swiss Academy of Medical Science - SAMS), he had not committed any crime. However, his case shows how sensitive 'double assisted suicide' can be, even in Switzerland.

While all Swiss assisted suicide clinics have helped couples to die, this has largely been when both members of the couple have been seriously ill or suffering (eg. the British conductor Sir Edward Downes and his wife Joan). There is no doubt that these clinics prefer their clients to be 'a bit sick': thereby ensuring that the doctors involved do not attract attention from the medical governing groups (eg. SAMS).

Remember, doctors are inevitably involved in assisted suicide in Switzerland because it is they who prescribe the lethal drugs. At the current time, everyone who dies in Switzerland will die from an overdose of barbiturates which can be administered intravenously or taken orally.

When Exit's 3D-printed Sarco capsule was used in Switzerland in September 2024, no doctor was required because no drugs were used. Of course, the user underwent a full psychiatric assessment by a registered psychiatrist, as a precaution. This is why Sarco is a complete game-changer. No drugs, and therefore no prescribing doctor.



Dr Pierre Beck

Self-Determination & the Peaceful Pill

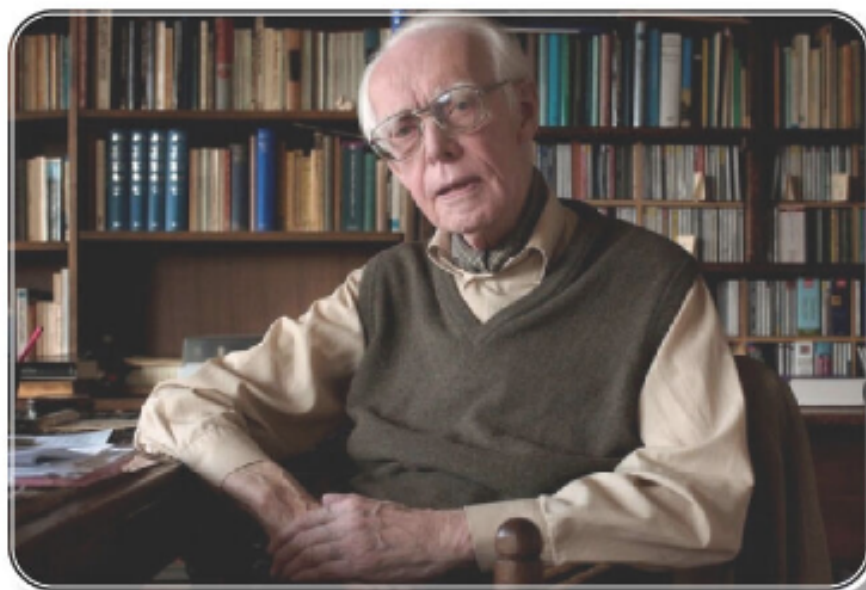
It was the late Dutch Supreme Court Judge Huib Drion who, in 1991, called for the introduction of a Pill that would give all people over a certain age the option of a peaceful death. He argued that access to a lethal 'Drion' or 'Peaceful Pill' was a right, not a privilege. This represented not only one of the first attempts to de-medicalise the right to die. It also brought the issue of self-determination at the end right into the debate

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.

He continued:

Why then should such older people not be allowed to take matters into their own hands ... Why not allow them the peace of mind that comes from knowing that they are able to prevent such an existence [the bleakness of [an] institutionalised existence]: an existence which they feel is unacceptable to them. To go before one's time has come, at the moment that they want to?

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.



Huib Drion

More recently, the chemical compound cyanide has become well known as a suicide pill. One notable 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.

Cyanide has also been used by the infamous. For example, the Nazis, Heinrich Himmler and Hermann Goering, both avoided execution by suiciding with a cyanide pill. In December 2017, the Bosnian war criminal Slobodan Praljak drank a vial of cyanide whilst in the dock at the International Criminal Court in The Hague. When there is a need for speed, cyanide fits the bill perfectly.

However, few readers of this book would consider a super-fast death to be their primary concern. Of more importance is peacefulness and reliability. The drug that best fits this requirement is the barbiturate, Nembutal (sodium pentobarbital) which, as we will discuss later in the book, is increasingly difficult to obtain.

Exit Reliability-Peacefulness Test

Because peaceful and reliability are the most important factors of a good death (at least as far as Exit International is concerned), each of the methods discussed in this book is analysed on these criterion. 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 very end of the book. These tables show the results of the RP Test as it 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.

Advance Health Care Planning

Advance Health Directives

Most western countries possess some form of law that allows for advanced health care planning. These statements are generally known as Advance Health Directives (AHDs) or Living Wills. This is where we lay out one's plans for medical treatment and care. Advance directives 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 doctor to provide voluntary euthanasia. Most advance directives are about the type of medical care to be given (or withheld as the case may be).

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

Alongside advance planning laws sits a range of other legal mechanisms that enable legally-enforceable health care plans to be made. 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.

Form work, 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.

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 under medical model legislation.

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**



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 CO₂ 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.

Death Physiology

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

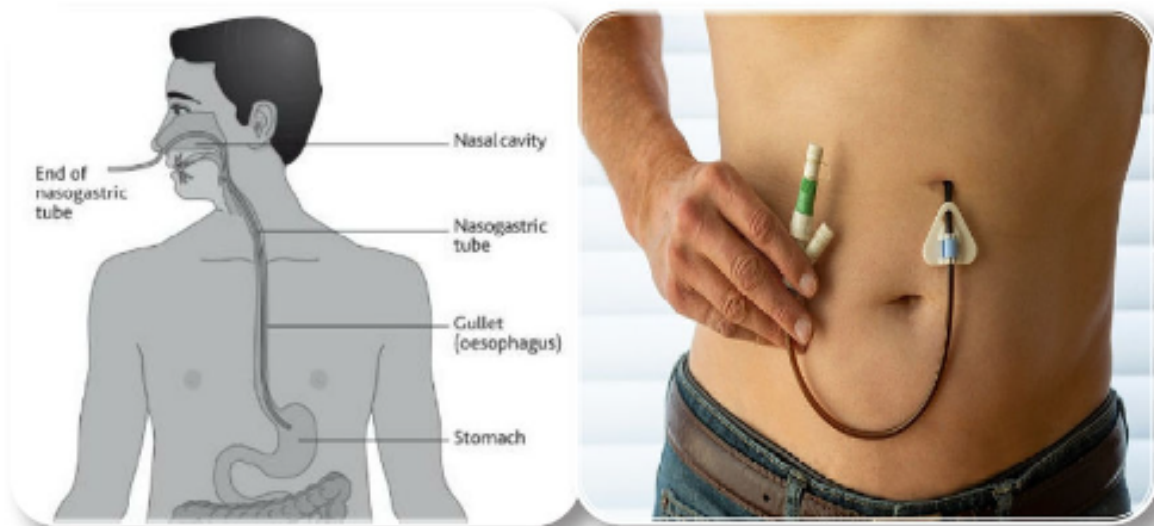
The administration of lethal substances is often easier when a person has a PEG or nasogastric tube. This is because there is no need to swallow, and there will be no concerns over a drug's bitter taste. The risk of vomiting is also addressed. With nasogastric and PEG administration, an anti-emetic is 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.

All about Lethal Drugs & Poisons



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 fecal 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/>

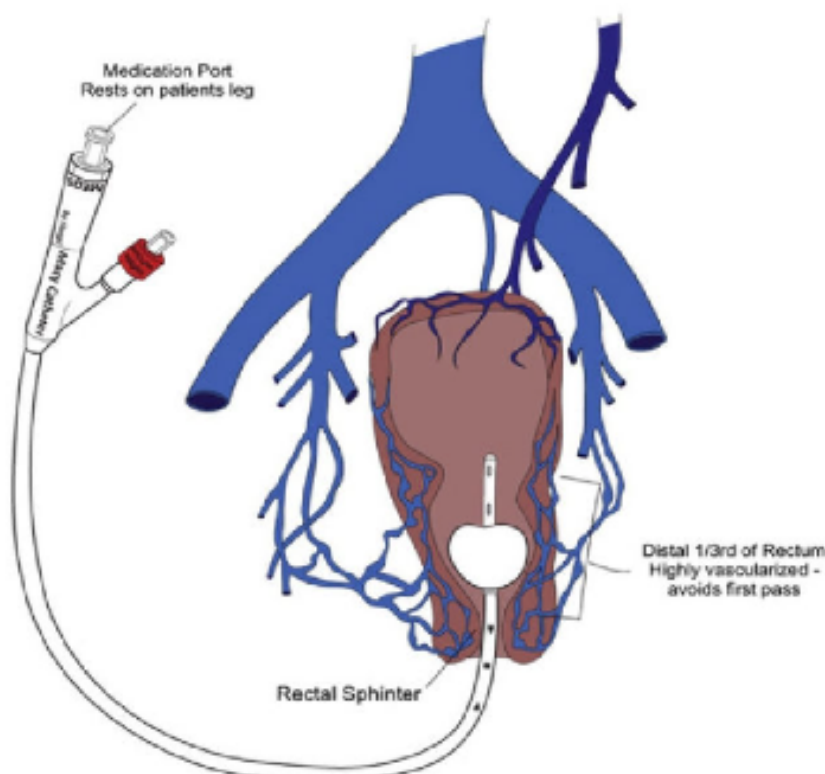
<https://vimeo.com/603594763>

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.

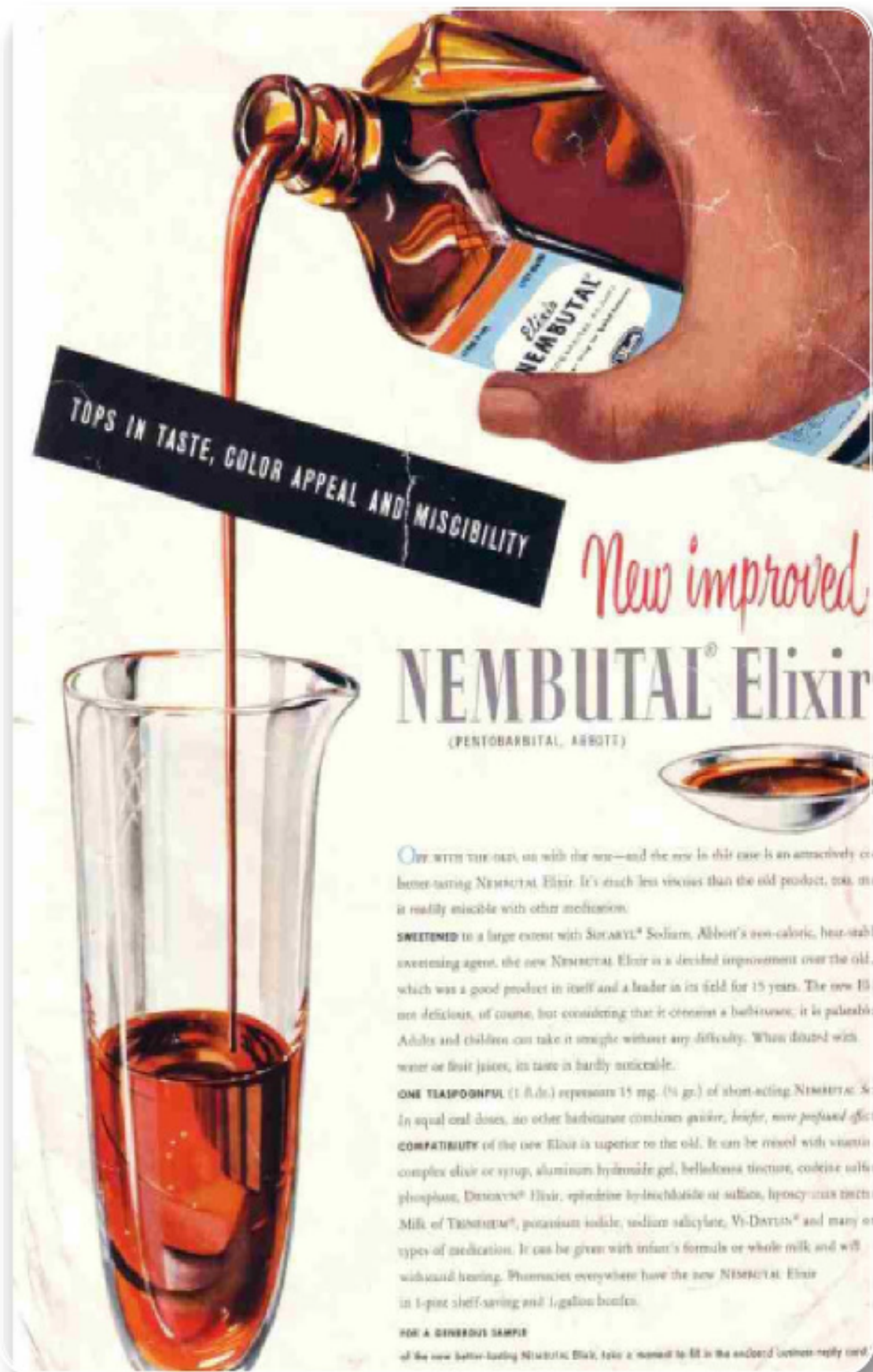
The drugs described in this section come from two classes:

- 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 Lethal Sedatives



TOPS IN TASTE, COLOR APPEAL AND MISCIBILITY

New improved
NEMBUTAL® Elixir
(PENTOBARBITAL, ABBOTT)

ONE WITH THE OLD, one with the new—and the new in this case is an attractively colorless-tasting NEMBUTAL Elixir. It's much less viscous than the old product, and it is readily miscible with other medications.

SWEETENED to a large extent with SUCARYL® Sodium, Abbott's non-caloric, heat-stable sweetening agent, the new NEMBUTAL Elixir is a decided improvement over the old, which was a good product in itself and a leader in its field for 15 years. The new is not delicious, of course, but considering that it contains a barbiturate, it is palatable. Adults and children can take it straight without any difficulty. When diluted with water or fruit juices, its taste is hardly noticeable.

ONE TEASPOONFUL (1 fl.oz.) represents 15 mg. (1/4 gr.) of short-acting Nembutal. So in equal oral doses, no other barbiturate combines *quicker, longer, more profound effect*.

COMPATIBILITY of the new Elixir is superior to the old. It can be mixed with vitamin complex elixir or syrup, aluminum hydroxide gel, belladonna tincture, codeine sulfate, phosphorus, Dextrocin® Elixir, epinephrine hydrochloride or sulfate, lipoxygenase tincture, Milk of Thistle®, potassium iodide, sodium salicylate, Vi-DALIN® and many other types of medication. It can be given with infant's formula or whole milk and with without heating. Pharmacies everywhere have the new NEMBUTAL Elixir in 1-pint shelf-saving and 1-gallon bottles.

FOR A GENEROUS SAMPLE
of the new better-tasting NEMBUTAL Elixir, write a request to BB in the enclosed business-reply card.

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.

The Lethal Sedatives



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.

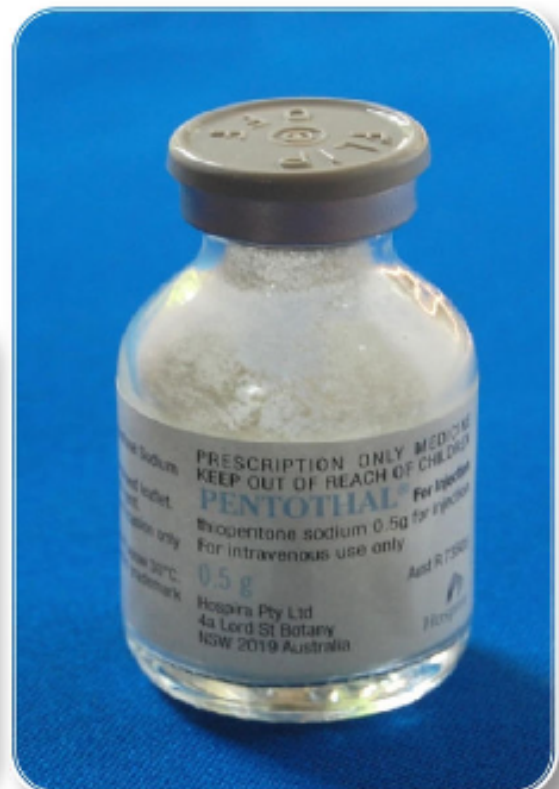
The legal status of the OTC purchase of Nembutal in South America remains unclear. Some readers have been refused sale or have been asked for a script. Some have then offered a USD100 note (or more) and have been sold Nembutal on request, but there are no guarantees.

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: *Anestesal*, *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).

The Lethal Sedatives



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

For more than a decade now, veterinary Nembutal has been available in Peru 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, some of these stores sell Halatal OTC, for others a prescription or a ‘fixer’ may be needed.

The testimonial below was received in late 2023.

I visited some stores in the address in this book and they all turned me down. Then I stood on the sidewalk and checked for other vet stores on google maps on my phone, when a man approached me and asked me something in Spanish. I used Google Translate. He asked what I’m looking for, and I showed him the picture of the Halatal bottle on my phone. Then he said: ‘I have it but I can’t give it to you in the store. Wait for me in the corner of the street and I’ll be there in 2 minutes’. I signaled to him with my fingers for 3 bottles and he



Zoo Farma, Av. P.º de la República 668 Lima, September 2023

nodded. 5 minutes after that I had 3 bottles in my hands. As I said each cost 150 soles. In Cusco it's much easier to buy it.

Cuzco

The city of Cuzco is an hour's flight from Lima, 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' (3 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 OTC. 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 store photos were taken in late 2022.

The Lethal Sedatives



Calle Tres Cruces de Oro in Cuzco

Bolivia

In Bolivia, Nembutal is readily available OTC from ‘farmacias veterinarias’ or ‘insumos veterinarios’ (veterinary supplies) in major cities such as La Paz and Santa Cruz, as well as in smaller cities with a tourist profile such as Uyuni (the jumping off point for the famous salt plains nearby). Packaging and labelling of Nembutal in Bolivia is the same as for Peru. The price can vary considerably from between USD40 - 80 per 50ml bottle of Halatal, depending on the store in question (rural areas can tend to be cheaper). Three 50ml bottles (6.5grams per 100ml) is a lethal dose.

This is not to say that Nembutal is *always* available in Bolivia without a prescription. A farmacia veterinaria in an upmarket urban area could well bring about a demand for a prescription. However, in the commercial/ industrial areas of the large cities, no questions will be asked. Payment is easiest in the local currency of ‘bolivianos’ (rather than USD).

La Paz

In La Paz, there is a healthy selection of farmacias veterinarias in the street ‘Avenida Saavedra’. For those who come to Bolivia solely for shopping, there is a hotel called the Mitru Express around the corner from this street. This would make the whole trip very easy indeed if one were to stay in the local neighbourhood (thereby minimising travel).

Santa Cruz

In Santa Cruz, Nembutal can be readily acquired from a number of stores in a street called ‘6 de Agosto’, which is opposite the famed pirate plane or ‘Avion Pirata’. The park where the plane is on display is a famous tourist landmark in the city. It is also likely that Nembutal (tradenname ‘Halatal’) can be purchased in the city of Cochabamba. However, this is unconfirmed at the current time.



A typical farmacia veterinaria in Avenida Saavedra, La Paz

The Lethal Sedatives



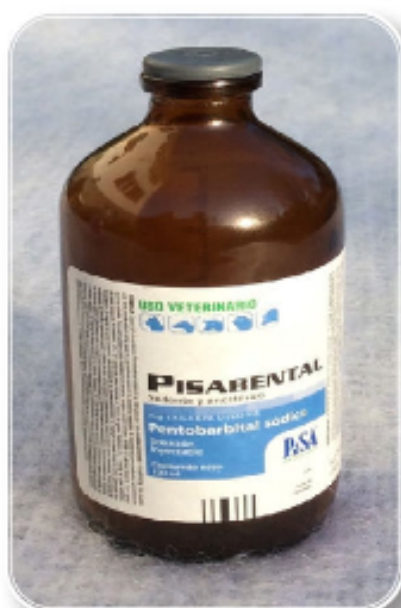
6 de Agosto in Santa Cruz

The Pirate Plane in Santa Cruz



Peaceful Pill eHandbook - Essentials

South American veterinary sterile anaesthetic Nembutal: Halatal



Mexican veterinary sterile anaesthetic Nembutal: Pisabental

Mexican veterinary non-sterile euthanasia Nembutal: Dolethal



New packaging for Halatal in Peru

Nembutal on the Open Internet

Over the years, Exit has received countless reports of people buying Nembutal online, over the open Internet. Generally speaking, the sellers have been located in Mexico and China. Liquid Nembutal was sold out of Mexico. Powdered Nembutal came from China.

The most well known Mexican seller was a person known as ‘Alejandro Vasquez’. Like others before him, this person disappeared as mysteriously as he appeared. Or so we thought.

In June 2024, media reports stated that a person whose real name is Daniel Gonzalez-Munguia (but who went by the online name Alejandro Vasquez) had been indicted by a US grand jury and charged with illegally importing and distributing a controlled substance to be used in suicide.

Homeland Security had apparently been investigating the trade since March 2016 with undercover agents even going so far as ordering from Alejandro as part of their sting operation. Daniel Gonzalez-Munguia is now in US custody awaiting the next step in what will, no doubt, be a long and difficult criminal trial process.

See: <https://bit.ly/3VK089W>

In regard to Chinese powder Nembutal, the most well known supplier was a person called ‘Johnson’. For many years, Johnson shipped flat-packed Nembutal all over the world. The quality of this powder tended to be very high. In late 2017, however, Johnson stopped answering emails and disappeared completely. Many wondered what had become of him/ her.

In mid 2024, and to the utter amazement of many who have been contacted, a person who goes by the online name of ‘Johnson’ has reappeared using the *same* email address as seven years ago. Initial reader reports suggest this is a scam.

In mid 2024, this person sent emails all over the Internet, stating that they were back, and selling Nembutal over the Internet again. And when they didn’t get the enthusiastic response they expected they sent further emails.

This time, the person was not only selling Nembutal, but they could also supply sodium nitrite and sodium azide. Their preferred form of payment would be crypto.

On the Internet as in real life, if something sounds too good to be true, it is too good to be true.



Chinese powdered Nembutal, shipped flat-pack, circa 2017

Nembutal on the Dark Web

We are sorry to disappoint but in the 18 years since this book has been published, there is only a handful of times when Nembutal has been available over the Dark Web. Despite the plethora of drugs that have been available over the years, Nembutal has almost never been one of them. And this is despite what the Pedro Almodóvar film, ‘The Room Next Door’, might claim!

Nembutal Pills: Fact & Fiction

As discussed above, the purchase of Nembutal online is an extremely difficult task. Not only is purchase next to impossible, but authorities around the world have shown little tolerance for this type of self-empowerment. While some elderly people who have purchased Nembutal online have been subject to welfare checks from their local police, others have had their homes raided and their Nembutal seized. Some have been arrested and charged for their alleged role in promoting how to get the drug online (eg. the board members of French group *Ultime Liberte* in January 2021: <https://bit.ly/3zsruJh>). See also the following section on ‘Police Raids & Welfare Checks’ for the lengths that law enforcement will go to stop the sale of euthanasia drugs online.

Unfortunately, Hollywood has yet to acknowledge how damn difficult it is to get lethal drugs online. In September 2024, Almodóvar’s film, ‘The Room Next Door’, won the Golden Lion at the Venice Film Festival. This film features a rekindled friendship between two women who are writers, Martha (who has terminal cancer) and her friend Ingrid (support person). Prior to linking up with Ingrid, Martha has acquired ‘euthanasia pills on the dark web. She wants to take them at a time and place,



Julianne Moore and Tilda Swinton in *The Room Next Door* © Deseo, photograph by Iglesias Mas

knowing that Ingrid is in the room next door. Ingrid's presence gives her comfort in feeling that she is not dying alone.

If only life (and death) were so easy. To begin with, and as we have explained already, it is next to impossible to get Nembutal on the dark web, and always has been. Nembutal is a drug that is 'too hot to handle', even for seasoned drug dealers. Drugs that cause death bring more problems than they are worth, given the seller can be held responsible for the deaths such drugs bring about. This is exactly what is currently happening to Canadian former chef, Ken Law, who is being charged with more and more murder offences. To recap, for a period of time, Ken Law sold sodium nitrite online and many people died.

Following close on the heels of *The Room Next Door* is the six-part Netflix series, *The Perfect Couple*. In this series, the mother of the central character, also has cancer. Like Martha, Karen has been lucky enough to acquire 'euthanasia pills': only this time the pills were a gift from a fellow patient at her cancer support group (rather than from the dark web).

The factual inaccuracy as far as *The Perfect Couple* is concerned relates to the concept that three, small white pills will 'do the

The Lethal Sedatives

job'. Even in the days when various barbiturates were available in pill form (eg. the 50s and 60s when sleeping pills were barbiturate-based), it was an *overdose* of these barbiturates that was lethal, not three single pills.

And then there is the issue of supply. At the current time, the main way that pentobarbital can be obtained is over the counter from veterinary supply stores in South America. However, this veterinary form of pentobarbital comes as a liquid, not as a pill or a powder.

While some may say that *The Peaceful Pill Handbook* is being overly-pedantic in criticising contemporary portrayals of end of life issues in this way, we think this is justified. There are serious and long-lasting legacies at play here.

Suggesting that you can buy peaceful pills (that will kill you) on the dark web propagates an urban myth: and will lead many to follow this course of action. Seeking Nembutal on the dark web is fraught. More likley than not, it will only lead to the increased scamming of older and seriously ill people.

Secondly, suggesting that three small white pills of pentobarbital is a lethal dose is nothing short of fantasy. We wish that a good death were that easy, but it is *not* and *never* has been. Interestingly, the book upon which the series is based has a very different (and more credible) ending.



Cancer sufferer, Karen, in *The Perfect Couple*

Nembutal Scams

There are hundreds of websites, emails, phone numbers, messaging app numbers etc. 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. We will say it again, they are all scams.

Over the years, scam Nembutal sellers have become increasingly sophisticated. Many claim an association with Exit and post images from our books. In mid 2024, one even re-appeared under the guise of a once-reliable seller of powder Nembutal out of China.

This person, known as 'J', began emailing their contact list in July 2024. They apologised to some for their sudden disappearance back in 2018. To others they offered Nembutal (just as before). When this failed to generate orders, they offered sodium nitrite and sodium azide, along with suitable anti-emetics.

To date, a handful of people have ordered from this supplier. No test results are yet available. This means that the supplier is not verified and that caution must be urged.



A scam website

A good example of a scam website is:

<http://www.peacefullpill.com> (note the spelling of ‘peaceful’). This site says that it even provides a free 15-minute phone consultation!

The form of scams is far more than websites and emails. There are also:

- Fake editions of *The Peaceful Pill Handbook*
- Fake Peaceful Pill online forums
- Fake email addresses of ‘suppliers’
- Email addresses that mimics Philip Nitschke’s email address: eg. *phillipnitschke163 @ gmail .com*
- Fake phone numbers, Whats App, Signal, Telegram
- Fake social media (inc. Linked In & Facebook).
- Fake transport, courier and insurance companies

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. If you have been scammed, report your experience at: *www.nembutalscams.com*. There are currently over 500 scammers listed. Others can then benefit from your information.

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.

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.

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.

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.

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.

A Nembutal Death

Since Nembutal can be taken orally, intravenously (or rectally), there are various experiences of death that this drug brings about. The discussion below assumes that anti-emetic drugs have been taken (as either a stat dose or over several days prior) in relation to the oral taking of Nembutal.

Intravenous

Sometimes, Nembutal is administered intravenously via a cannula in the arm (eg. if the person is dying in a place with voluntary assisted dying laws or at some clinics in Switzerland). This type of death is extremely quick. The person will lose consciousness almost immediately and die shortly thereafter. If there is a medical professional in attendance, it is not unusual for that person to support the jaw of the reclined person. This is done in order to prevent the soft palette falling back which can make a gurgling sound. This sound would not worry the unconscious person but it can sound unsettling to those watching. No one expects a person dying from pentobarbital to let out deep guttural sounds in their last moments. Hardly a pleasant death.

Oral

When Nembutal is taken by mouth, its effect is usually slower than intravenous. A person may not fall unconscious for a minute or more. The moment of death may also take longer although this is a technicality since it is the moment that the person falls unconscious that is the most important. Since it is at the moment

of unconsciousness when the person ceases to *be* (in terms of an independent, speaking, listening, interactive human being).

Very Rare Occurences

In rare cases of Nembutal death, the person's bowels may make a mess. At one Swiss clinic disposable sheets are used. At another the person is asked to sit on a sheet on the sofa, just in case.

Vomiting is rare but can still occur, even when anti-emetics have been taken. Occasionally, there may also be a long period (eg. many hours) from the ingestion/ administration of the drug to the time of death.

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).

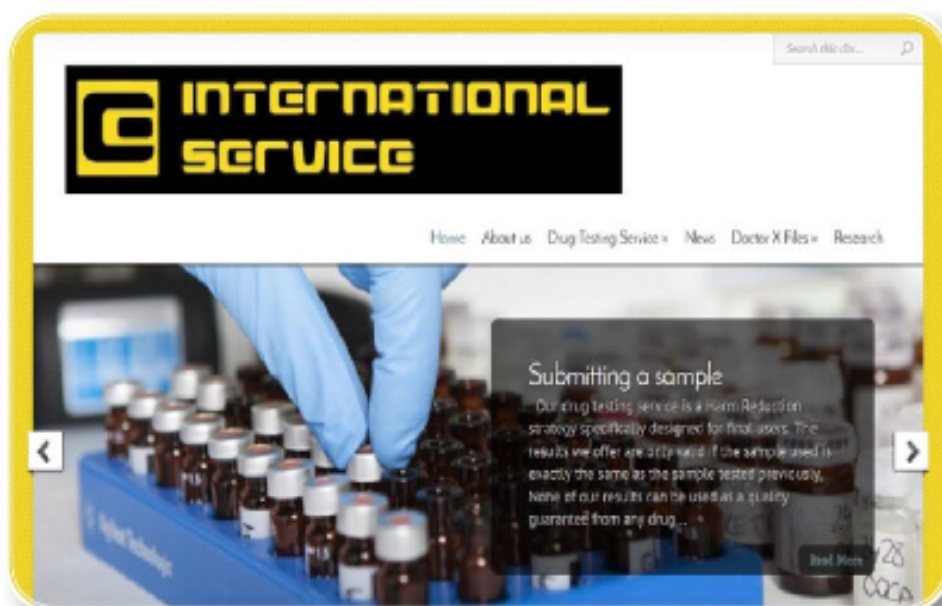
Testing

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 are forwarded to EC by mail. Results are returned by email. Energy Control is at:

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



Energy Control Website

How to Submit a Sample to Energy Control in Barcelona

- Click on the blue 'Submit a Sample' button
- Click to Register a New Account
- Fill in your details & select your language
- Complete each of the boxes with a drop-down menu

Tips for Completion:

- Choose an Analysis box: select 'Quantitative + PDF Report'
- Substance box: select 'Pentobarbital'
- Shape box: select 'Liquid' or 'Crystal/Powder/Rock'
- Via Administration box: select 'Oral'
- Note - if a sample fails to arrive at the Lab, Energy Control are known to offer a refund.

When all boxes are complete, click 'Analyze Sample'

- If the sample is crystal or powder, send: 40-50mg
- If the sample is liquid, send: 2 mililiters
- Send the sample in a folded paper or plastic zip-lock bag
- Label the sample with the order ID/ sample ID number
- The Energy Control address is given at checkout along with a contact email address
- Do not use a courier service to send
- Cost: €120 (with report)
- Payment: PayPal (with a credit card), Bank Transfer or Bitcoin
- Results: Forwarded by email
- Time for results: varies but usually around 7 - 21 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).

Nembutal Home Testing

Home tests are available for Nembutal but these are poor substitutes for professional testing at Energy Control (see the Appendices for more information).



'Nembutal Sampler Kit' for Energy Control assay specimens

Order at: <https://www.exitinternational.net/products>

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 shelf life of Nembutal is long. The drug is also easy to administer at home. Generally speaking Nembutal is reliable and peaceful. However, one of its main benefits is that the person who takes the drug dies in their sleep. Taken together, these factors make this barbiturate the premier euthanasia drug.

The main stumbling block remains Nembutal's limited availability. Barbiturates are heavily restricted and harsh legal penalties can apply to those seeking to import or possess the drugs.



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.

Opioids

Natural

Opium
Morphine
Codeine

Semi Synthetic

Oxycodone
Heroin

Synthetic

Pethadine
Methadone
Fentanyl

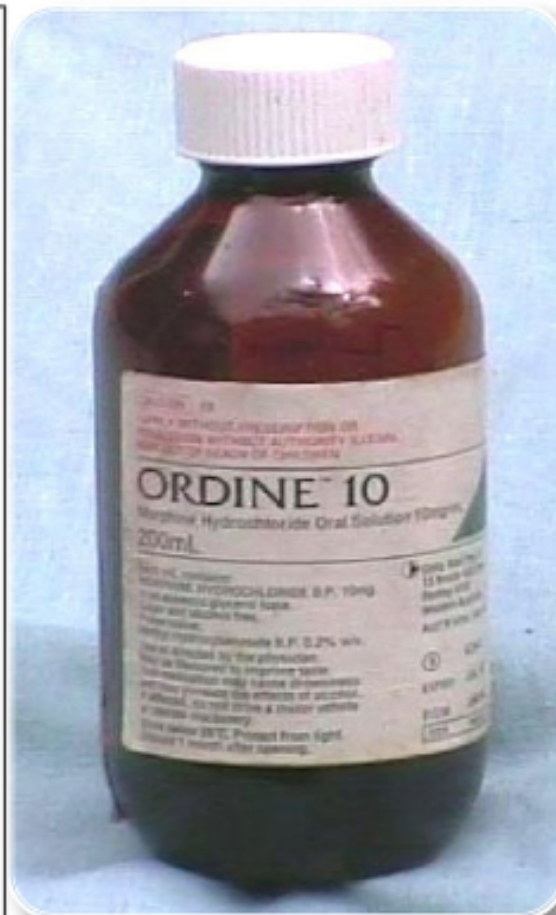


Table of common opioids and a 200ml bottle of 10mg/ml 'Ordine' liquid morphine

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

The Lethal Sedatives



Commercial ampoule of Fentanyl Citrate 0.5mg in 10ml

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 scores of Nembutal (a barbiturate) and Morphine (an opioid).

Nembutal scores well on all categories (except legality).

On the legality scale it is awarded a '1'. This relates to those rare occasions when the drug is purchased OTC in countries such as Peru and consumed while still in that country.

The notorious unreliability of the opioid Morphine is why the overall score of the drug, amounts to only 68%.

Nembutal & Morphine

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)	1	2
Total (50)	43 (86%)	34 (68%)

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 bromazepam. 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.

Lethal Cardiac Drugs

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 - 8gm 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.

Lethal Cardiac Drugs



Avlocor 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	Cloroquine	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
Total (50)	31 (62%)	33 (66%)	35 (70%)



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.

5-Drug Mix

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 200mg.

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.

5-Drug Mix

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

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

Criteria	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
Total (50)	43 (86%)

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.

Supplementary Drugs

- 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

Peaceful Pill eHandbook - Essentials

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

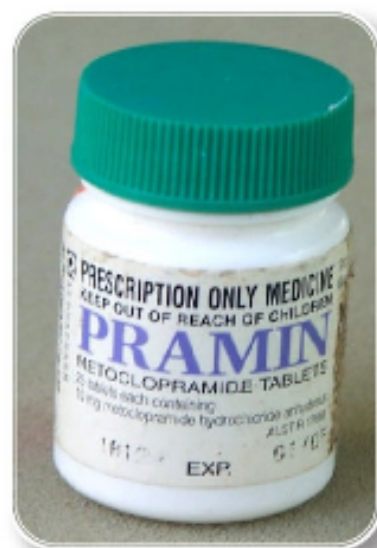
There is a number of anti-emetic drugs on the market, although the most effective are prescription-controlled. It may, therefore, be necessary to fabricate a story when asking a doctor to prescribe them for you (eg. you are going on a cruise).

The table below shows the range of anti-emetics that can be used in conjunction with lethal oral drugs. The 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 40 mins prior	extra-pyramidal
Cannabis	Dope		Inhale/vape 15-20 mins prior	none
Domperidone	Motilium	10mg	10 -20mg 40 mins prior	minor extra pyramidal
Prochlorperazine	Stemetil etc	5mg	10 -20mg 40 mins prior	extra-pyramidal
Ondansetron	Zofran	4mg	8mg 40 mins prior	seratonin syndrome
Dimenhydrinate	Dramamine	50mg	100mg 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.

Supplementary Drugs



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.

Supplementary Drugs

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.

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.

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 generally prescription controlled and increasingly difficult to obtain. Examples include: diazepam 1gm, oxazepam 600mg, clonazepam 100mg, or nitrazepam 100mg.

Note: Several useful 'legal' BDZ drug analogues have been internet available, but in Jan 23 the US FDA quietly reclassified a number of these drugs onto Schedule 1, making their possession or importation a criminal offence, attracting significant penalties. The reclassified off-licence BDZ drugs include - diclazepam, etizolam, flualprazolam, flubromazolam and clonazolam.

Note: Bromazolam has not yet been rescheduled and it may be wise to acquire it while it is still legal. An effective dose is 200mg. See: <https://chemicalplanet.net/>

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.

Supplementary Drugs



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.

Proton Pump Inhibitor - Nexium

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

Histamine H₂ 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.

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.

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, <i>b</i> Block, BZD



Lethal Inorganic Salts

Introduction

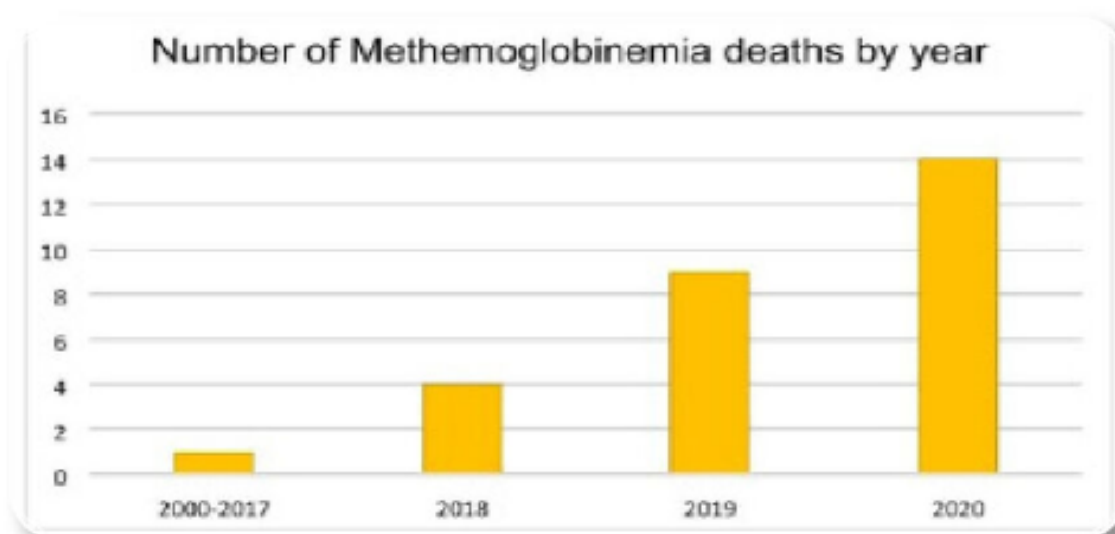
This Chapter looks at two common, inorganic salts as options for a peaceful and reliable death.

- Sodium Nitrite - NaNO_2
- Sodium Azide - NaN_3

While these simple chemicals have been available for many years, their importance as end of life agents has only relatively recently been recognised. Exit first discussed the possible use of sodium nitrite at the Toronto NuTech conference in October 2017. Details were published in this book the same year. Since this time, there has been a rapid increase in the use of nitrite to end life. The Dutch right to die group, Coöperatie Laatste Wil (CLW), drew public attention to the effectiveness and availability of another lethal salt, sodium azide, 'Middel X', at around the same time.

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

The Lethal Inorganic Salts



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

Inorganic Salts Controversy

With the rapid rise in the number of people ending their lives with these substances, 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 a series of articles on these new substances. 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'.

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'*.

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 methods used were cruel), Exit took notice. The immediate question 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 human death is the most significant development in the end of life choices movement in recent years.

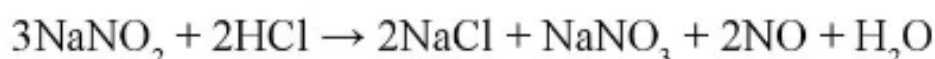
See: <https://ab.co/3Otcgqt>

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 difficult.

The Lethal Inorganic Salts

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, producing methemoglobin, an altered form of haemoglobin. Methemoglobin has a much higher affinity for oxygen which greatly restricts the available oxygen required for correct 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 (hypaemic) hypoxia.

Humane Australian breakthrough in feral pig control with poison bait, Hoggone

Landlines / By Tim Lene
Posted Sun 20 Jul 2021 at 5:36am



Australian media report sodium nitrite as a breakthrough in pig control - July 2021



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 the 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 (hypoemic) 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 increasing the oxygen in inhaled air. 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 is often 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, flubromazepam (12mg), 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 debate about the importance of lowering stomach acid (in order to lessen gastric nitric oxide 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.

However, the benefit (in terms of potentiation) of taking an antacid such as Mylanta, an H₂-antagonist such as Cimetidine or a proton pump inhibitor (PPI) such as Nexium, cannot be clearly established. This is no longer advised.

B-blockers Controversy

It has also been argued that sodium nitrite can be made more lethal by the concurrent administration of a B-blocker like propranolol. It is argued that because there is a compensatory cardiac response to nitrite-induced cerebral hypoxia in the form of an increased heart rate (tachycardia) as well as an increase in cardiac output, the B-blocker will frustrates this. It will also prevent tachycardia and speed death. A dose of 400mg of propranolol taken with the antiemetic (metoclopramide) has been advised.

The Lethal Inorganic Salts

Some reports have suggested that while the use of a *B*-blocker may alleviate the uncomfortable sensation of a racing heart (tachycardia) before LOC, its use may also prevent the increased oxygen demand of the heart and slow death from cardiac arrest. Until more information is available, the benefit (or otherwise) of using a *B*-blocker cannot be established.

Sodium Nitrite Protocol

- Fast (clear fluids only) for several hours
- Take 30mg (3x10 mg) tablets of metoclopramide
- (Optional) +/- 400mg crushed propranolol in water
- 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 (+/- propranolol) in water
- Lay back

The following is a typical time line 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

Available Data on Sodium Nitrite Deaths

By 2024, Exit had received eyewitness reports of over 40 nitrite deaths, some with video footage. All deaths were reported as peaceful. The details that were provided include the person's:

- weight, age & gender and amount taken
- symptoms experienced
- time till loss of consciousness (LOC) & death (TTD)

A table detailing 22 of these deaths can be found in the online Appendix.

Eye Witness Accounts

A small number of filmed deaths of sodium nitrite show a 'relatively' peaceful death, albeit with a few caveats. Because nausea and vomiting from drinking the salty liquid are a problem, an anti-emetic is essential. Issues such as anxiety (caused by a racing heart) *before* consciousness is lost can also be a drawback which is why a beta-blocker is advised. It is best to ensure that the person is sitting semi-upright in an armchair and that they have a long (> 24hr) period of time when they will not be disturbed.

Sources & Alternatives

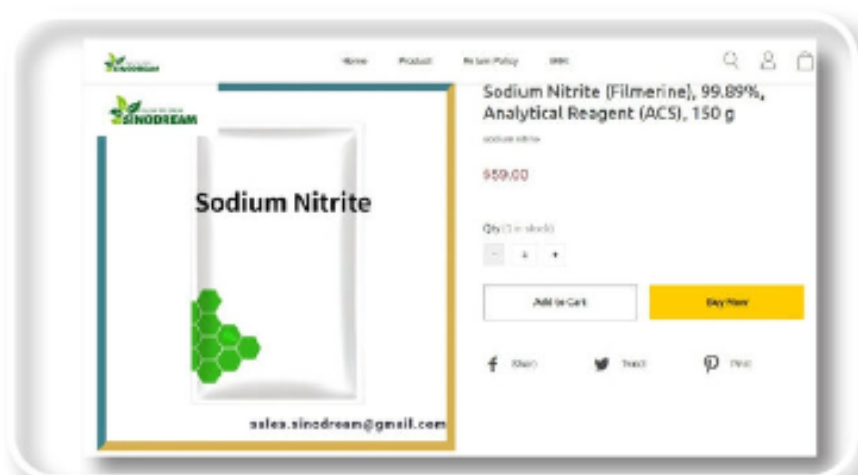
When sodium nitrite first emerged as a viable end of life agent, it was widely and freely available. Many people obtained the salt on Amazon where, for a time, it was bundled with a copy of this *Handbook*. Information exchanged online in suicide chat rooms led to its increasing use by younger people. In 2022, action was launched against Amazon for the sale of 'suicide kits'. The number of outlets offering the sale of the salt rapidly decreased. See: <https://bit.ly/3KPSi8k>

The Lethal Inorganic Salts

In 2022, a former Canadian chef called Ken Law started distributing sodium nitrite & nitrogen gas products via a range of websites including: *Imtime Cuisine*, escmode.com and ambuca.com. In April 2023, Law became the subject of a UK sting operation by *The Times* newspaper and his websites all closed. Law was arrested in May 2023 and charged with two counts of assisting suicide. In early 2024 his charges were upgraded to include 12 counts of first degree murder. Law is in custody. His trial, which will attract significant international attention, is expected in 2026. See: <https://bit.ly/3KJK29V>

Warning - Police ‘welfare checks’ have been carried out on many readers of this book who ordered sodium nitrite from Kenneth Law.

Increasing restrictions on the sale of nitrite have led many to explore availability from more remote countries. Russia, China along with some Eastern European and Asia countries have been reported as still supplying the product. The Chinese website (<https://www.sinodream.co>) shows current availability. The Russian website (<https://chemcraft.su>) is currently showing the product as ‘not in stock’, although this has not always been the case.



Online Chinese Sodium Nitrite Source: <https://www.sinodream.co>

Analogues

The increasing restrictions on the availability of sodium nitrite has led to ‘other’ nitrites being explored. These ‘analogues’ can offer the same reliable and peaceful death. To date, they have not been restricted. . Of particular interest is potassium nitrite (KNO_2) which is just as effective as its sodium counterpart.

The US supplier *Chemsavers* restricts the sale of sodium nitrite to ‘qualified labs and businesses only’, while offering potassium nitrite with no such restriction. See: <https://chemsavers.com/>

Other nitrites also *may* offer significant end of life potential. These include calcium nitrite, barium nitrite and lithium nitrite none of which are subject to any specific restriction.

Note: A current list of sources is in the Appendix.

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 simple, home test. A video of the process can be found in the Appendices.

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 difficult to obtain which is why its analogues should also be considered.

Sodium Azide

Sodium Azide (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 Cooperatie Laaste Wil (or CLW at <https://laatstewil.nl/>) that they had discovered a new 'Drion' or 'Peaceful Pill' which they called 'Middel X', led many Dutch people to seek sodium azide. In 2023, Dutch man Alex S was charged and found guilty for selling the substance on an open Dutch marketplace website.

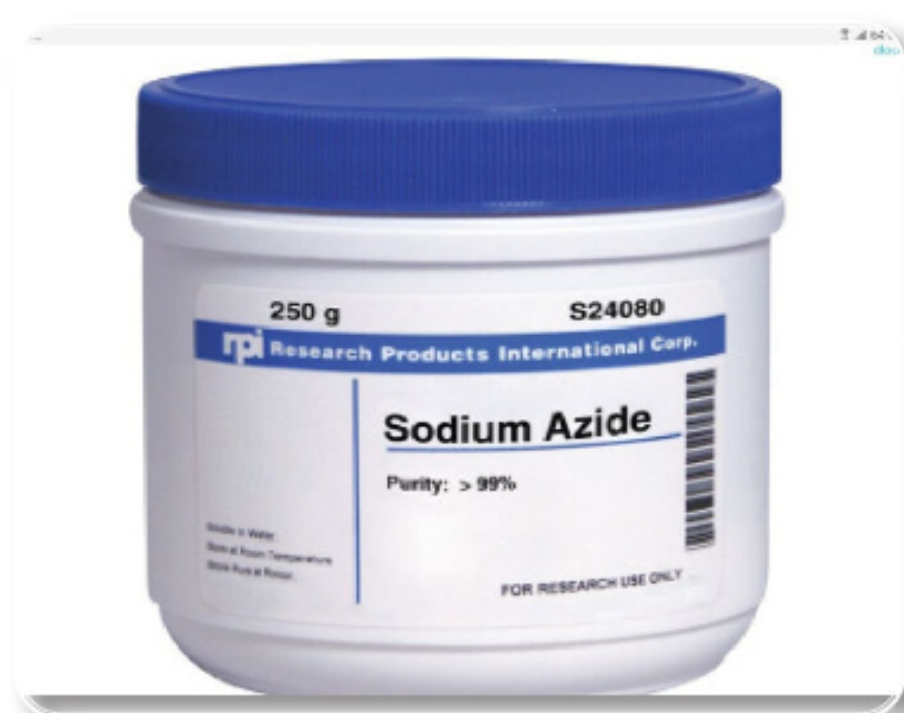
The Lethal Inorganic Salts

In August 2024 seven CLW members were prosecuted for being part of a 'criminal organisation' because they had allegedly knowingly let their members sell and provide sodium azide to others. Despite a request from prosecutors, custodial sentences were not imposed. Legal action taken against 80 year old psychologist and CLW member Wim van Dijk in October 2024, for supplying suitable anti-emetics to take with Middel X also led to a community service sentence. This increased activity by Dutch prosecutors has led to a number of European restrictions on the sale of azide, making it now much harder to obtain.

In November 2024 CLW announced that due to concerns expressed by members reporting on observed unpleasant symptoms associated with the ingestion of Middel X, that they would no longer be referring to a Middel X death as 'humane'. An azide death would now be called 'normal'. As Chairman Rob van Doorn said 'not every death runs like a Hollywood movie!'

See: <https://bit.ly/3xqNAuI>

See: <https://bit.ly/40CBdb4>



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 drop in blood pressure. A large study of 172 people using sodium azide in 2024 by GGD Amsterdam describes a number of difficult deaths where people became ‘hot, short of breath, dizzy and with significant vomiting’.

See: <https://bit.ly/3Adr2iM>



Former CLW Chairperson Petra de Jong discussed ‘Middel X’ on Dutch TV,

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 process should be undertaken in the open air, or in a well-ventilated area due to the (minor) release of toxic hydrazoic acid gas (HN_3). The solution can then be sealed (and drunk at a later stage).

Administration

- Take 3 x 10mg of the anti-emetic (metoclopramide)
- At the same time, take 500mg-1gm of an analgesic (eg. paracetamol - to moderate the expected headache)
- Wait 40 minutes
- Take a benzodiazepine (eg. a prescription BZD or eg. flubromazepam 12mg if the former cannot be obtained). This shortens 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.

Available Data on 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. Details of 19 deaths by the ingestion of sodium azide was compiled by the Dutch poisons centre (DPIC) in 2021. A second dataset of 29 azide deaths was provided by the group, CLW. Both these datasets can be found in the online Appendices.

In summary, the data collectively showed:

- Ingestion of sodium azide is reliable (and, note, there is no antidote)
- 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 (TTD) 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 widely, from none, to severe vomiting, fecal incontinence, confusion, agitation and dizziness.

Eye Witness Accounts

One of the most informative press articles to document the types of deaths that sodium azide can bring about was written in 2021 by Dutch journalists Haro Kraak and Maud Effting in *de Volkskrant* newspaper. An English translation of this important article is available on the Exit website at:

<https://bit.ly/middelxvolks>

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. Publicity over its use as an end life agent has further restricted its availability. However sodium azide can still be purchased on the Internet. Although some sites will only sell to a company or business. 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. 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>

Note - Sodium azide remains 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 a 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. This occurs when the salt comes into contact with an acid and hydrazoic acid gas (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>

Ongoing Research

While sodium azide is considered a reliable means of death, accounts of how peaceful the death will be vary widely. As such, Exit welcomes receipt of first-hand, eye-witness accounts.

Summary

The use of sodium azide to end life has attracted controversy with claims and counter-claims about its efficacy. Nevertheless, the data confirms its effectiveness as a reliable agent. Questions, however, remain about time to loss of consciousness, as well as the possibility of experiencing unpleasant symptoms prior to LOC. The lack of any antidote is seen by many as an important benefit of the method as this protects against unwanted emergency intervention. There remain a range of issues associated with the storage and safe disposal of sodium azide along with the possible risk that it poses to others after death. Growing concerns over the ‘peacefulness’ of azide has led to some uncertainty over its stated RP rating of 5.

Lethal Inorganic Salts

EXIT RP TABLE

Criteria	Sodium Nitrite	Sodium Azide
Reliability (10)	8	8
Peacefulness (10)	6	5
Preparation (5)	5	4
Undetectability (5)	2	4
Speed (5)	3	4
Safety (5)	5	3
Storage (5)	5	4
Legality (5)	5	5
Total (50)	39 (78%)	37 (74%)

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Inert Gas

Introduction

The use of an inert gas, such as nitrogen, when introduced into a closed environment (eg. a plastic exit bag), can provide the means of a simple, effective, peaceful and entirely lawful DIY death from cerebral hypoxia.

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, odorless, inert gas like nitrogen. Although other inert gases, such as helium or argon can be used. These gases serve no purpose other than to replace the oxygen. On taking a deep breath of a gas with zero percent oxygen, consciousness is lost almost immediately. Death follows within a few minutes.

To ensure the death is peaceful, the concentration of the exhaled carbon dioxide (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 Appendices for further discussion.

A further reduction in the time taken to LOC can be achieved by spending a minute or two inhaling and exhaling deeply before pulling the bag down. This practice, referred to as hyperventilation, lowers the level of carbon dioxide in the blood, and minimizes bag CO₂ levels, reducing any chance of an alarm reaction.

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.

The Role of the Exit Bag

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 the (inert) gas from the cylinder into the bag flushes away the exhaled carbon dioxide. The continuous gas flow also ensures that no oxygen can re-enter the bag from the opening which is now at neck level. 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.

Equipment

The equipment required for a death using inert gas includes 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.

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.

Details of the modification and use of a larger bag - the so-called 'Big Bag' theory by the late Exit Member Bill le Boeuf are included in the Appendix.

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.

Inert Gases



Plastic tubing (above)
Plastic exit bag (left)

Gas Cylinders

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 of 200 bar, these take-home cylinders contain around 420 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.

A range of small lower pressure disposable gas cylinders, manufactured in Italy by MaxxiLine, became available in many countries in 2024. Of particular use for an assisted suicide is the disposable 2.2 liter cylinder with nitrogen at a pressure of 100 bar (containing 220 liters of nitrogen). See:

<http://www.maxxiline.com/product/nitrogenfoodgasbottle/nitrogenfood.html>

Inert Gases

These compact, light cylinders (weight ~ 2Kg) have a simple 10mm (M10) screw thread that allows a small flow gauge regulator to be attached without the use of any tools. At 15 liters/min flow rate, ~15 mins of nitrogen is provided which is enough for a reliable death. Branding varies from country to country.

The cost of a disposable cylinder and flow regulator is low (~\$100). With an effectively infinite shelf life and the option of mail order delivery these cylinders present an attractive option for those wanting 'something available, just in case'.

Note: Gas cylinders are sometimes rated by the volume of compressed gas they contain. For example a 2-liter cylinder @ 300 bar is sometimes referred to as 600 liter or 20 cu/ft cylinder. The regulator pressure gauge provides the best indication that a gas cylinder is full. If the regulator only shows flow rate (as in the M10 disposable cylinder regulators), the cylinder weight can indicate. A full 2.2 liter disposable cylinder weighs 300gm more than an empty one.

Gas Cylinder Suppliers

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

US

Cyberworld: <https://store.cyberweld.com/shielgascyl22.html> \ (Cyber world is currently 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

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

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



2-liter EU nitrogen (stickstoff)
cylinder and compatible internet
purchased flow regulator



2.2-liter disposable nitrogen cylinders (various branding)

Disposable Nitrogen Cylinders

The 2.2 liter MaxxiLine disposable nitrogen cylinders are available in many countries, including -UK, France, The Netherlands, Belgium, Germany, Switzerland, Poland, Hungary,, Czech Republic, Slovakia, Moldavia, Bulgaria, Russia, Spain, Iceland, Danmark, Sweden, Norway, Greece, South Africa, Malaysia, Hong Kong, Australia, New Zealand and Panama.

See:

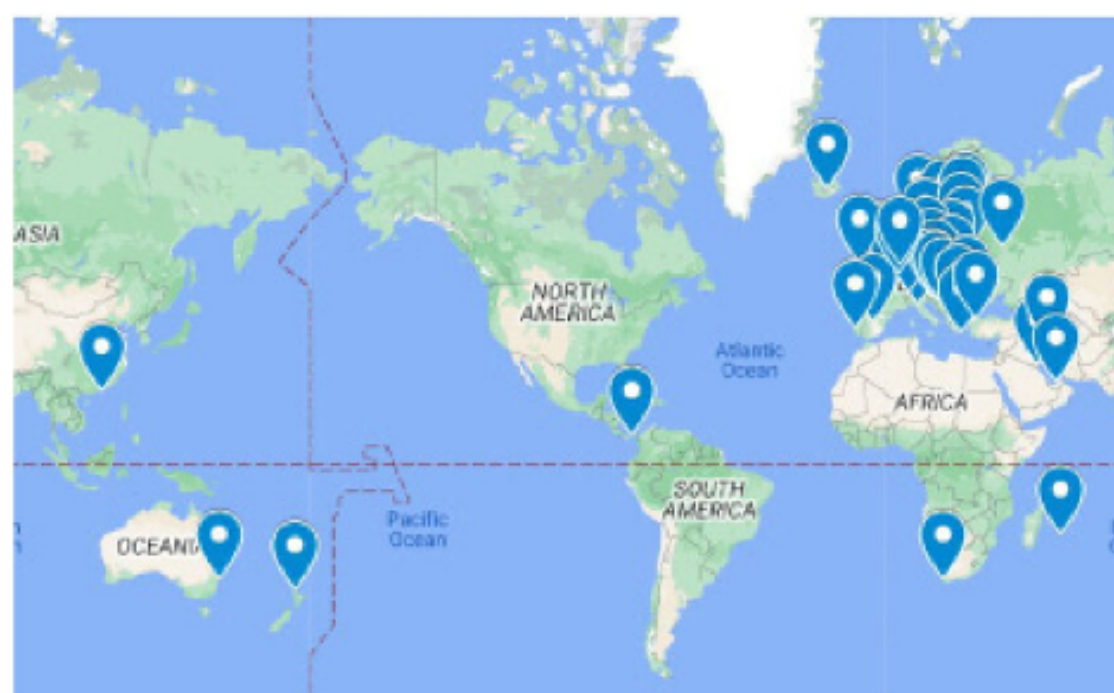
<http://www.maxxiline.com/product/nitrogenfoodgasbottle/nitrogenfood.html>

<https://bit.ly/4fHntkI>

<https://www.hampdon.com.au/Disposable-Nitrogen-Gas-Bottle-2.2-Litre-Combo-Kit>

<https://weldingsuperstore.co.uk/nitrogen-n2-disposable-gas-cylinder.html>

Note - Gas supply arrangements can change without warning. For more detail see the Appendices or the Peaceful Pill Forums.



Global distribution of Italian 2.2 liter disposable nitrogen cylinders

Regulators

A regulator is needed to reduce the high pressure of the compressed gas in the cylinder to the lower pressure needed for delivery of the gas into the Exit bag. There are two common types of regulator: those that can vary the output gas pressure (pressure gauge regulators), and those that vary the flow rate of the delivered gas (flow gauge regulators).

To use a cylinder of compressed nitrogen for a peaceful death a regulator that can deliver the desired gas flow of ~ 15 liters/min is required. Flow gauge regulators are widely used to control the gases that are used in MIG (metal inert gas) welding. In welding, the gas used is usually a carbon dioxide/ argon mix but these regulators also work well with nitrogen.

Regulators are cheap and readily obtained on the Internet. Ensure that the regulator purchased will suit the compressed gas cylinder you decide. Regulators for the high pressure gas cylinders (usually around 200 bar, ie. 20MPa or ~3000psi) are more expensive than the simple screw in regulator for the lower pressure disposable cylinders. Suitable regulators are generally available from the gas cylinder supplier.

Note: An information sheet on suitable regulators has been provided courtesy of Final Exit Network and details of connections for disposable cylinders courtesy of Australian Exit chapters is in the Appendix.

Note: the gas output of the regulator should have a hose-barb fitting in order to attach the plastic delivery hose that takes the nitrogen to the exit bag. Many regulators come with this fitting.

Inert Gases

Accompanying photos show several of the available brands of regulator.

The **Farley** ‘click style’ nitrogen regulator is compact, convenient to use but it is more expensive (~\$180).

The **Olsen** flow gauge regulator is cheaper (~\$80). Both brands accept up to 3000psi or 20MPa, with variable gas delivery of up to 25 liters/min.

The **M10 regulator** for 2.2 liter disposable cylinders is shown with the gauge indicating gas flow

All come with a 6mm/ 1/4” hose-barb. See:

<https://www.wtfarley.com/Nitrogen-Click-Style-Regulator-CGA-580>

OR

<https://www.amazon.com/OLSEN-FLOW-GAUGE-REGULATOR-63787/dp/B07PJS4BCR>

OR

<https://www.tradetools.com/bromic-mini-regulator-with-flow-gauge-suits-m10-gas-cylinders-1811530>

It is important that the regulator is compatible with the gas cylinder acquired. Cylinder standards differ depending on the country, so ensure that you purchase the appropriate fitting for your particular cylinder.

Fitting Types

Suitable regulators include:

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

The disposable cylinders have an international M10 metric screw fitting.



Nitrogen Click Style Flow Regulator



**OLSEN
CO2/Argon
Flow Gauge Regulator**

Two gas regulators with a cylinder pressure gauge & flow rate control



M10 screw regulator with flow gauge for disposable 2.2 liter nitrogen cylinders

Procedure

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

Step 2: Ensure the gas cylinder is full by checking the pressure gauge on the regulator. Next step is to adjust the regulator so that the gauge indicates a flow rate of 15 liters/min of nitrogen will be delivered into the exit bag. In about 2 minutes the bag (sitting on top of one's head) will be fully inflated. During this time one can take a series of deep breaths (hyperventilate) which will lower blood CO₂ levels. When the bag is full, excess nitrogen will 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 3: When ready to proceed, 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. Details of the modification and use of a larger bag by long term Exit member Bill le Boeuf's 'Big Bag' theory are included in the Appendix.

Eye Witness Accounts

Experienced Exit eye witnesses say that the hypoxic death using an exit bag is peaceful and fast. However, there are a few things to be aware of. If the person breathes fully and

Inert Gases

deeply, consciousness is quickly lost (usually within a minute). Following this, the low cerebral oxygen can cause involuntary muscle contractions which may take the form of uncoordinated arm or leg movements, or the person's head may tilt forward and back. These movements cease after 2 to 3 minutes with death typically occurring within 10 minutes. Eye witnesses report that there is no perception of pain or distress. One helpful suggestion is to have one's hands on a cushion on one's lap to accommodate the possible movements. Note also, a nitrogen hypoxic death is the only undetectable means of ending one's life.



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 of ending one's life

Exit Bag Alternatives

Covid-19 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. There is also a number of available positive pressure full face masks developed to provide safety for people working in dangerous environments. Although designed to be fed with clean air, they can easily be modified to provide 100% nitrogen to the wearer.

Examples include the 3M Versaflo, Honeywell Airvisor and the Allegro face mask, all of which can be fed with compressed inert gas.

These helmets / face masks are not pre-filled with gas, but are worn and then 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.

These masks are available from Amazon for around \$200-300
https://www.3m.com/3M/en_US/p/d/v000094208/

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

Inert Gases



3M Versaflo headgear



Honeywell Airvisor helmet



Allegro supplied air Facemask



3M Versaflo headgear connected to a cylinder of compressed gas

Bags vs Face Masks - The 2024 Alabama Execution

In January 2024, Kenneth Eugene Smith was executed at Holman prison in Alabama using nitrogen hypoxia. Despite expert advice to the contrary, the State of Alabama used a high-flow face mask to deliver nitrogen gas. The nitrogen served to replace the air that Kenny was breathing. Exhaled carbon dioxide and excess nitrogen were released into the execution room via a one-way valve on the mask.

Eye-witness accounts of Smith's execution report that he held his breath for as long as possible and then only took small breaths, presumably in an effort to prolong his life. This behaviour increased the time to loss of consciousness and his eventual death.

By holding his breath, carbon dioxide built up in his lungs, acidifying his blood and causing some involuntary convulsions. Although this was clearly traumatic for those witnessing the death, it is unlikely that Smith was aware of it.

Expert Testimony

In December 2023, lead author of this book, Dr Philip Nitschke appeared as an expert witness in Montgomery, AL for the defence of Smith, as part of an application for a stay of the execution.

In his deposition, Nitschke warned the State of Alabama against the use of a face mask, arguing that the assisted suicide movement had abandoned the use of such masks 20 years earlier. This was due to difficulty in making (and maintaining) an effective seal against air leakage, especially after consciousness is lost. Even the ingress of a small amount of air (containing oxygen)

could frustrate the process. The issue of face masks has been explained in detail at Exit Workshops. Footage of this topic from the 2024 Exit workshop program can be found on the following page.

Voluntary vs Non-Voluntary Death

A successful (eg. peaceful reliable and quick) death by nitrogen hypoxia demands the cooperation of a person who wants to die. The problem with Smith's execution is that he did not want to die. A non-voluntary death such as execution is unlikely to ever have the cooperation of the prisoner, why would they? Smith fought the process. By doing so he prolonged his death.

The Alabama Gas Flow Rate

In the court transcript, the judge stated that a 70 l/min nitrogen flow-rate would be used with the off-the-shelf face mask. Exit's recommended flow for use with a plastic Exit bag is 15 l/min.

Can a Face Mask ever Work?

All face masks have the inherent problem of air leakage. This problem may be minimised by increasing the gas flow rate. Alternatively, an assistant could hold the mask firmly on the person's face once consciousness is lost. However, outside of an execution, this action would be illegal. Any person providing such 'assistance' could find themselves charged with murder.

In September 2024, Alabama executed a second death row prisoner, Alan Miller. Miller, too, experienced involuntary muscle contractions and was reported as intermittently ‘gasping for air’ for around 5-6 minutes. This was despite the reported use of a new mask, fitted by a medical professional. It is not known if a sedative was given prior. However, on available evidence it would seem that Miller also held his breath (because he did not want to die). Therefore, eye witness reports of seeming distress followed. This continues to highlight the importance of lack of suitability of nitrogen hypoxia as a method when the person does not wish to die.

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.



R2D III Debreather

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 a new R2D DeBreather R2DIII which sought to address the problem of the unreliable face-seal was developed. In 2025, Exit has still not received any reports of its successful use to end life.

Note - In theory, the R2DIII can be pre-loaded with oxygen. This means that the DeBreather could be used as a life-sustaining device in, for example, a contaminated gas environment. If preloaded with an inert gas, use *should* result in a rapid loss of life.

For a time, the Respiro ReBreather III was available from the developer's website. The website <https://respirodirect.com/> has since ceased to operate, and at this time no alternative has become available.

Summary

The use of an inert gas in an enclosed environment (eg. an exit bag) provides a fast, peaceful and reliable death. There is, however, the need for specific equipment, preparation and practice; good technique is important. It is also important to note that involuntary muscle contractions and some muscle movement may occur after consciousness is lost.

Technique in this method is also critical and it is important to be aware that the hypoxic death may not suit people with an underlying restrictive respiratory illness. A primary benefit of the (nitrogen) inert gas method is that this is the only *truly undetectable* method.

RP Test - Inert Gas (& Exit Bag)

A hypoxic death using inert gas is as peaceful as it is reliable. The main drawback of this method is the equipment needed which is why 'preparation' is the only criteria to score low. In all other respects, and with the caveats discussed in this Chapter, this is a method of death to be considered.

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
Total (50)	41 (82%)

* If the gas used is nitrogen



Sarco

Introduction

The Sarco euthanasia capsule was created by Philip Nitschke to provide a lawful, drug-free, de-medicalised means of a peaceful passing at a time of one's choosing. Sarco derives its name from 'sarcophagus', meaning above ground crypt. No specialised medical skills or experience are required. In time, and with the help of a large-scale 3D printer, a person will be able to print their own. Exit will make the 3D-print plans available in a future update to the *Peaceful Pill eHandbook Essentials*.

History

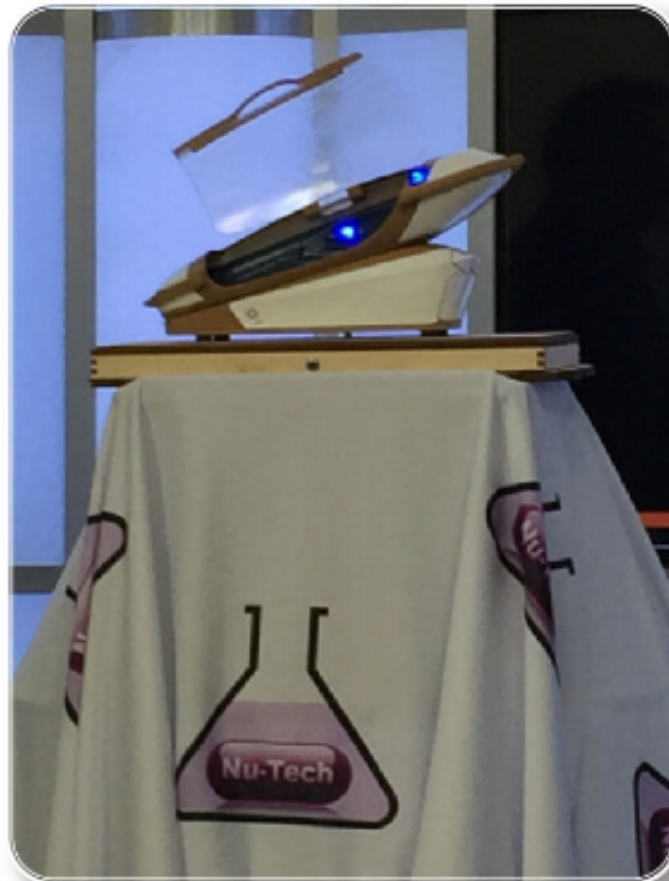
In 2012, Philip Nitschke was approached by the lawyers for British man, Tony Nicklinson. Tony was suffering from 'locked-in syndrome'. The lawyers said they were looking for a technology that would allow Tony to lawfully end his life, without the assistance of his family.

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 had seen the 'Deliverance' euthanasia machine in the British Science Museum and were aware that Philip had created the device that was used during the time of the *Rights of the Terminally Ill Act* in Australia.

They were looking for a similar technological innovation that could help Tony. Unfortunately, Tony died in August 2012, long before the Sarco project was able to take shape.

Early Sarco Development & Exhibitions

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



The first 3D-printed model of Sarco
Toronto Canada, 2018

In April 2018, a full-size model (consisting of steel-cut wood lattice) was exhibited at the Amsterdam Funeral Fair at the famous Westerkerk. The 3D model was accompanied by a virtual reality (VR) display which gave participants an impression of the view from within the Sarco and a feeling of elevation after the green ‘go’ button was pressed.

The first full-size, 3D-printed Sarco was unveiled at the Venice Design exhibition in May 2019. In 2020, Sarco displayed 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’.



Sarco arriving at Venice Design in 2019

Sarco



Sarco in Germany, 2021

In 2022-23, Sarco was invited (but not displayed - for various reasons) at 'Open End' in Geneva and Munich Design Week. Sarco has also been exhibited at the Nowy Theatre in Poznan, Poland as part of Piotr Kruszczyński's 2022 production of the play, 'Right to Choice'.

In July 2024, the final Sarco was unveiled at a press conference in Zurich, Switzerland. Note - it had never been Exit's intention to reveal the Sarco to the public before it came to be used.

However, media reports began to emerge based on misinformation. On legal advice, The Last Resort and Exit International held a press conference to set the record straight.

A timeline of the Sarco Project can be found on the Exit International website at: <https://bit.ly/3WsHSRK>

Peaceful Pill eHandbook - Essentials



The inflatable model Sarco, Sydney 2023



Sarco in Zurich, July 2024

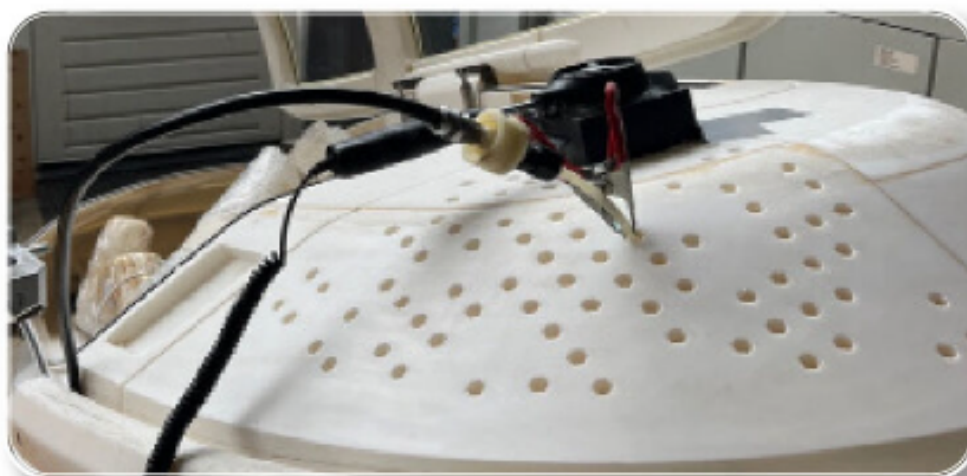
Sarco



Monitoring gas concentration inside the capsule



Adjusting interior door release mechanism



Sarco testing (with instrumentation) in Rotterdam, July 2023

Philosophy Behind Sarco

The philosophy behind the Sarco is the belief that access to a good death is a fundamental human right for all rational adults, not simply a medical privilege for the very sick. The Sarco project sets out to give substance to this right by removing the need for controlled medications and minimising the role of medical professionals.

The project seeks to use new technologies to provide adults, who possess mental capacity, with the means of a peaceful elective death.

In the initial phase of the project a psychiatric assessment of potential Sarco users will be required. This requires the involvement of the medical profession, albeit in a reduced capacity. It is envisaged that the Sarco will, eventually, incorporate an AI-powered mental capacity screening test.

Design Goal

The aim of the Sarco was to create a device that not only functions, but has aesthetic appeal: a device for a stylish and elegant departure.

The Sarco capsule is inspired by notions of futuristic travel. It gives the impression of movement (into a new world). Sarco provides a beautiful way to mark one's departure from the planet.

Where can Sarco be Used?

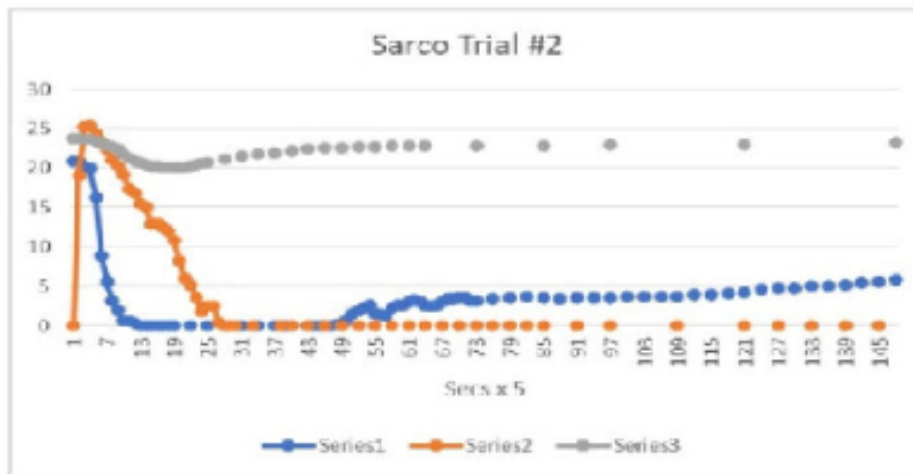
At the current time, there are very few countries where a Sarco can be used. This is because, from a legal perspective, to give someone a Sarco may be construed as assisting with their suicide. Assisted suicide is generally illegal except under strict conditions (eg. if a doctor administers Nembutal to a terminally-ill patient).

In Switzerland and Germany the law is different. In Germany, following the 2020 Constitutional Court ruling, assisting a suicide is no longer against the law. In Switzerland, one person can lawfully help another to die, as long as their motives are altruistic.

There are two further Swiss criteria that derive from case law. Firstly, the person must carry out the action that brings about the death themselves. Secondly, the person must have mental capacity. One need not be sick to get help to die in Switzerland (or in Germany). This is why these countries are under consideration as locations for the initial use of Sarco.

In some Scandinavian countries assisted suicide remains a grey area. Exit has received one legal opinion from experts in Finland who suggest that there would be no legal impediment to the Sarco's use in that country. Time will tell.

Series 1: [O₂] %
Series 2: Gas flow x10 m/sec
Series 3: Exit Gas Temp C



Sarco test results from 2023 showing the rapid drop in oxygen within the capsule

3D Printing & Manufacture

The Capsule

Sarco has been made using 3D-printing in order to enable the design to be digitally shared and reproduced. 3D-printing also allows for on-going design modifications and improvements (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 could also allow for the potential use of the Sarco as a coffin.

The Generator

The Sarco base is 3D-printed. The base houses the generator. Access to the generator is via a slide-draw in the rear of the structure. The gas transfer from the base to the capsule is at the front. The generator can be prepared up to 24 hours before use.

Upon activation, nitrogen gas lowers the level of oxygen within the capsule. Within 30 seconds, the oxygen concentration drops from 21% (in normal air) to $<0.5\%$. At these oxygen levels, a person inside the capsule will lose consciousness almost immediately. Death will follow soon after.

The Software

Once inside the Sarco capsule, there is the option to have the user verbally answer four questions. These questions are:

1. What is the password?
2. What is your name?
3. Where are you?
4. Do you wish to go ahead and die? If you wish to proceed, say 'yes'.

The Sarco process can be set that only once these questions are answered is the physical 'go' button activated. The pressing of this button is only possible from within the Sarco. No one can press the button for the user. It must be done by the user themselves.

The circuitry governing the activation is battery-powered. Access to mains electricity or the Internet is not required. This consent and activation process can be recorded.

A Word About AI & Mental Capacity

In time, it is envisaged that an artificial intelligence (AI) mental capacity test will be incorporated into the entry protocol for the Sarco. The AI component is an ongoing project of Exit.

Sarco Testing

Basic instrument-testing of the Sarco took place during the Covid pandemic in August 2020. The Sarco used for this testing was an earlier prototype which was created for use in the R&D process.

By June 2023, the printing and assembly of the third rendition of Sarco was finally completed in the workshop in the Netherlands. Instrument testing followed in two phases. These tests measured:

- Nitrogen flow rate
- Nitrogen temperature
- Oxygen concentration
- Switching software

Ongoing testing took place between July 2023 and June 2024. All indices were positively evaluated meaning that, from a technical point of view, the Sarco was now ready. The final Sarco was completed in June 2024.

Different Sarco Models

The technology underpinning the Sarco has broader application than the 3D-printed version. For example, one idea is the Sarco C, or ‘Sarco Coffin’. This model makes use of a simple, mail-order American-style coffin (split lid).

If the top half-coffin lid is replaced with a transparent cover, the Sarco generator can be used to create a hypoxic/ hypocapnic (low oxygen, low carbon dioxide) environment. This would allow the user to die in their own coffin. The Sarco Coffin is now in production in the Netherlands.

A second model involves the use of an athlete training tent in lieu of the capsule. This tent can also be attached to the Sarco generator. A variation to this model could use a portable medical oxygen tent over a bed.

Both the Sarco C and Sarco T models are significantly cheaper to assemble than the 3D-printed Sarco.



American-style split lid coffin

Sarco in the Media

To date, the Sarco has attracted significant media attention. As one journalist commented, ‘every time I write about the Sarco, the response is immediate. There is something about the Sarco that forces people to have an opinion’.

Exit considers that media coverage of the Sarco project is important for a number of reasons.

Firstly, death is a topic that we often avoid. Exit hopes that by creating an entirely new means for the elderly and seriously ill to have a peaceful, dignified and elective death at a time of one’s choosing, that public discourse about end of life choices will also benefit.

In this regard, it is hoped that Sarco creates a space for discussion and debate about how and when we die. This is the essence of political activism.

In a January 2025 opinion piece in the Amsterdam newspaper *Het Parool*, lawyer/entrepreneur, Melvin Keijzer, encapsulated exactly this sentiment when he wrote:

The Sarco capsule, however controversial, represents more than a technical tool. Sarco represents a new way of thinking about autonomy and dignity. Not to romanticise death, but to see it as an integral part of being human.

The *SwissInfo* Media Storm

As with any significant new idea, it is not surprising that the media coverage on the Sarco has ranged from the serious to the sensational. This baptism of fire started back in December 2021 when the Swiss news platform, *Swissinfo*, published an article whose headline stated that Sarco had gained ‘legal approval’ for use in Switzerland.

The said ‘approval’ was a reference to a report that Exit had commissioned from Swiss law expert, Professor Daniel Huerlimann. Professor Huerlimann stated that he could find no legal impediments to the use of Sarco in Switzerland.

The Huerlimann report from 2020 concluded that:

- the capsule does not constitute a medical device and is therefore not covered by the *Therapeutic Products Act*,
- nitrogen is not a medicinal product and is therefore also not covered by the *Therapeutic Products Act*,
- nitrogen is not covered by *Narcotics Act*,
- the use of nitrogen when operating Sarco does not violate the *Chemicals Act*,
- Sarco is not a weapon in the sense of the *Weapons Act*,
- Sarco is also not covered by Product Safety Law,
- assisting the suicide of a competent person by means of Sarco does not constitute an offence under the *Criminal Code*,
- after a first suicide by using Sarco, confiscation must be expected,

- any confiscation can only be a temporary one, because the investigation will show that assisted suicide by means of Sarco is just as exempt from punishment as assisted suicide by means of sodium pentobarbital.

However, the controversy was unstoppable.

The *Swissinfo* story quickly morphed into a claim that Sarco had been ‘approved for use by the Swiss authorities’. This claim, understandably, attracted intense interest and comment from around the world.

Some of the strongest anti-Sarco comments came from those within the right to die movement, including those who are wedded to the medical model of assisted dying. Of course, a non-drug, de-medicalised means of dying will challenge their status quo.

Sarco: The suicide capsule causing a stir in Switzerland

Controversial suicide pod dubbed the ‘Tesla of euthanasia’ to be used for the first time

Scientist reveals staggeringly low cost of using suicide pod to end person's life

The Last Resort presented its controversial pod from ‘Dr Death’ this morning

A different source of criticism stems from the vested interests that some groups have in protecting their ‘business’ of assisted suicide in Switzerland. And make no mistake, given the exorbitant fees charged by some Swiss clinics, there is a lot of money at stake. Anything that challenges such financial arrangements is bound to be unwelcome.

A second media storm developed in early July 2024, when the *NZZ* newspaper ran a spoiler article that the Sarco was soon to be used in Switzerland. This was enough to set off a new round of media frenzy and political commentary. Again much was based on misinformation and unchecked facts. The controversy showed the sensitivity of the Sarco in Switzerland.

The First Use of Sarco

The Sarco was first used in Schaffhausen Canton in Switzerland on 23 September 2024. The user was a 64-year old woman from the American mid west. She was seriously ill with multiple conditions, including osteomyelitis of the skull which could not be treated (due to her allergies to so many drugs).

The President of The Last Resort, Dr Florian Willet, would witness her death and be later detained (along with Exit’s two lawyers and a journalist from *de Volkskrant* newspaper).

Florian would go on to spend 70 days and nights incarcerated in a Swiss prison in so-called ‘pre-trial detention’. The main reason that Florian was detained was that he was suspected of intentional homicide (murder). A phone call note from the autopsy office on the evening of 23 September suggested that there were marks on the woman’s neck. These were said to be



consistent with strangulation. This allegation was accepted by the Schaffhausen Court despite film footage and oxygen trace monitoring that showed that:

1. The woman had died in the Sarco
2. The capsule was not opened till the police arrived
3. No one else was involved

These facts were, seemingly, finally recognised by the prosecutor's office in early December 2024 when Florian Willet was suddenly and unexpectedly released.

The prosecutor said in a public statement that he no longer held a 'strong suspicion' of intentional homicide.

Nor was Florian considered a flight risk?

Nor was there an ongoing risk of his collusion?

The prosecutor stated in conclusion, for the first time, that the 'presumption of innocence applies'!

Interestingly, at the time of Florian's release on 2 December 2024 there was still no autopsy report.

Eye Witness Accounts

Only Florian Willet and Philip Nitschke have watched a Sarco death. Their accounts (and that of the film footage and oxygen trace) show that the death was peaceful and fast.

Consciousness was lost in a little over a minute after the button was pressed. Following this, the low cerebral oxygen led to some involuntary muscle contractions causing some uncoordinated arm, leg and head movement. The woman's head was supported at all times by a horseshoe travel pillow and she lay on a padded sculpted sofa cushion within the capsule. Movement ceased after two minutes, with death occurring after approximately seven minutes.

Recent Sarco Reporting in the Media

The history of Sarco is both complex and evolving, especially given the Swiss criminal investigation.

The backstory to the first use of the Sarco was first reported in English by the Dutch *de Volkskrant* newspaper on 26 October 2024. The *de Volkskrant* article (in English) is on the Exit International website at: <https://bit.ly/volkskrantsarco>

Recent reporting in the *NZZ* and *Baseler Zeitung* newspapers go some way towards analysing the handling of the situation to date. Their reporting (in English) is at:

<https://bit.ly/sarcodirector>

<https://bit.ly/exitnzzinterview>

<https://bit.ly/baslersarco>

The press statements of The Last Resort Association (the Swiss home of the Sarco) can be found on the organisation's website at: <https://www.thelastresort.ch/contact/media/>

Summary

The Sarco represents a paradigm shift in the right to die movement. The Sarco is unique in that it offers a peaceful and reliable end of life option that is drug-free and requires no outside assistance. It is expected that the 3D-print plans will be published open source (with age protections) or in this book (to be confirmed).

Development work is continuing at pace on related Sarco project concepts such as:

- Coffin and Tent Sarco
- AI mental capacity test
- VR program (that provides users with a virtual Sarco experience prior to use)

Progress on the Swiss criminal investigation can be followed on the website of The Last Resort at: www.lastresort.ch

News about the Sarco can be found at: <https://www.Sarco.design>

RP Test - the Sarco

The Reliability-Peacefulness rating for the device is as follows.

The Sarco is reliable. The device cannot be activated unless the capsule is closed, and can only be activated by the person inside the capsule. Upon activation, a lethal hypoxic environment is produced within 30 seconds. This lethal environment will remain for more than an hour or until the capsule lid is opened.

Peacefulness is rated at 8/10 to reflect the need for the user to breath freely and deeply. Involuntary muscle contractions post LOC do not effect this rating.

Sarco preparation is required in terms of loading the device with liquid nitrogen within 24 hours of intended use. This requires care - 3/5

Anitrogen hypoxia death is undetectable if the body is removed from the Sarco (note - this may be an offence, eg. interfering with a death).

A Sarco death is fast, and it represents no risk to others present - 5/5

Liquid nitrogen can be acquired and stored safely for a few weeks prior to use - 2/5

If one has one's own Sarco or Sarco-like device (eg. Sarco Coffin) there is no illegality in use.

* The legal status of providing a Sarco for others to use in Switzerland is yet to be determined by the Swiss authorities.

Criteria	Score
Reliability (10)	10
Peacefulness (10)	8
Preparation (5)	3
Undetectability (5)	5
Speed (5)	5
Safety (5)	5
Storage (5)	2
Legality (5)	4*
Total (50)	42 (84%)

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 (H₂S).

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

Poison Gases

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 [CO]	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_2H / 85%) with concentrated sulphuric acid (H_2SO_4 / 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: $\text{HCO}_2\text{H} \rightarrow (\text{H}_2\text{SO}_4) \rightarrow \text{H}_2\text{O} + \text{CO}$

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
- 150ml concentrated sulphuric acid
- 5-litre plastic container filled half with water
- 2x outlet hoses (6mm plastic tubing)
- Loose-fitting face-mask or nasal prongs

Preparation

- Pour ~50ml of formic acid into the large jar
- Pour ~150ml of concentrated sulphuric acid into smaller jar
- Make a hole in the plastic lid of large glass jar (through which 6mm outlet hose can be attached)
- Half fill the water bath & make entry/ exit holes
- Insert the gas delivery tube into the water bath
- Attach outlet tube to the loose face-mask/ nasal prongs

Operation

Placing the smaller jar inside the larger and sealing arms the device. Laying the jars on their side for ~5secs allows the acids to mix and the resultant monoxide gas to be passed into the 5 liter washing chamber. On seeing bubbles in this 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. The gas that emerges will be 100% CO. This concentration easily exceeds the required >1%. Delivery is via a loose face-mask.

Poison Gases



The GULPS generator

Monoxide Generator Development

A compact monoxide generator that uses a syringe driver to deliver the formic acid into the concentrate sulphuric acid is undergoing trials at the Exit laboratory. The syringe driver allows for accurate control of the reaction process ensuring a steady gas production of 100% CO for a predetermined time.

Sourcing the Acids

The GULPS generator uses sulphuric acid and formic acid. Sulphuric acid (98%) has recently become subject to restriction because of its use in acid attacks. Purchase of concentrations > 15% from chemical suppliers may require a company address. Note: Dilute sulphuric can be concentrated by simple evaporation See- https://www.amazingrust.com/Experiments/how_to/Concentrating_H2SO4.html

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 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. There can be difficulty in sourcing the required concentrated sulphuric acid.

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 1000 ppm), 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 called a 'detergent death'. This refers to the chemicals used. Hydrogen sulphide is classed as a 'chemical suicide' (along with carbon monoxide and sodium azide).

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 (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

The rapid production of large amounts of hydrogen sulfide gas method poses a serious risk to others. Anyone close by will notice the smell. This means 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 necessary to choose a remote site or location. If the gas is to be produced

Poison Gases

in the confined space of a car, prominent warning signs should *absolutely* be displayed in the windows.

A film detailing the risks to emergency first responders has been produced by San Diego Health, Hazardous Materials Division. A table by the same authority summarising chemical suicides and risks to first responders can be found in the Appendix.

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

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
Total (50)	36 (72%)	31 (62%)

EXIT RP TABLE



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

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.

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

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-vs-ed-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.



Saliva replacement gel

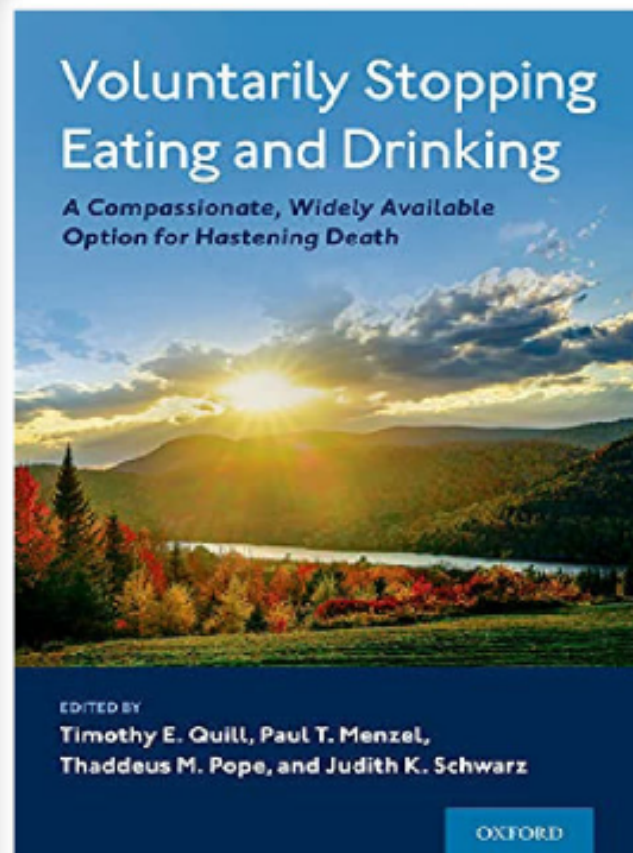
And then there is the issue of how to address bodily functions, as they slowly shut down. Should the person be catheterised on day 1 or has someone in the care team volunteered to be the one to monitor and change a person's pads when they become unable to do this for themselves? As most VSED deaths occur 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
Total (50)	28 (56%)



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.

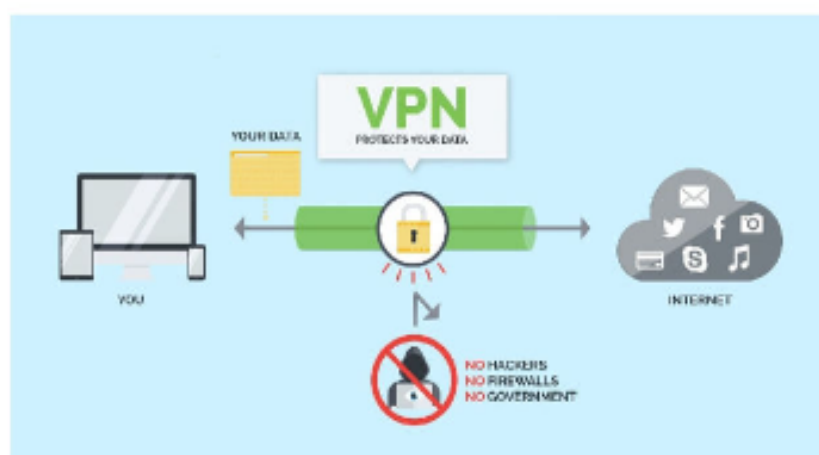
To understand more about your IP address see:

<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=JWII85UlzKw>

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, Nembutal, 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' *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. In January 2024 Canadian plans to extend their laws to the psychiatrically ill were shelved (as the political heat became too much).

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	✓	X	X	✓	X	✓	✓	X	X	✓	X

	Must be resident	✓	✓	✓ ^a	✓	✓	?	✓	✓ ^a	✓ ^a	✓	✓	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	Drink	✓	✓	✓	✓	X	✓	X	✓	✓	✓	✓	✓	✓
	Lethal Injection	✓ ¹	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
- *a - In Benelux countries one does not need to be a resident but must have a long-standing relationship with the treating doctor



Switzerland

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).

How to Plan a VAD in Switzerland

To apply for an assisted death in Switzerland , there will be considerable paperwork (including an exhaustive list of personal and public documents - eg. birth, marriage, divorce, death certificates). There will also be significant cost (CHF11,000 - 15,000). That said, the newly-established The Last Resort is the only organisation to offer a free service, but that is only with the Sarco device.

More Information

Going to Switzerland: how to plan your final exit

In response to member questions about all things Swiss, Exit publishes the guidebook *Going to Switzerland: how to plan your final exit*. The idea behind this short publication (2025 edition is available in both print and online formats) is to answer fully readers' many questions about this option.

See: <https://www.goingtoswitzerland.net>

Of course, the Swiss Option has never been the go-to choice for Exit, given the organisation's priority on DIY options. However, we do acknowledge that some people like the idea of travelling to a foreign country (and do not mind - in the normal course of

events - paying a lot of money) to get help to die. It is a matter a choice.

Going to Switzerland, the book, provides a step-by-step guide about how to plan for an assisted death in Switzerland.

Topics include the legal framework that makes the Swiss Option possible, the qualification criteria (including if you have a mental health diagnosis, eg. dementia) and the different methods of death used by different organisations.

The book details what to expect before, during and after an accompanied suicide including travel arrangements, Swiss immigration and events on the day.

Finally, topics such as cremation, death certificates and costs/refunds are also covered.

The two organisations that are described in detail are Dignitas (the oldest organisation) and The Last Resort (the home of the Sarco) and the newest organisation.



Summary

Switzerland is the only place in the world where a foreigner can get help to die. That said, travelling to a foreign land is never going to be everybody's first choice.

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 and the significant expense. However, Switzerland should be congratulated for its open-mindedness in allowing foreigners to get lawful help to die.

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.

When it all goes wrong

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 possibly 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.



When it all goes wrong

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 eHandbook - 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 eHandbook 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 online format of the *eHandbook* allows for updating when and as it is required.

Afterword

The 2022 *Essentials* edition is the first complete rewrite of the *Peaceful Pill eHandbook*. The *Essentials* is intended to be read in conjunction with the full length online *eHandbook* which can be found in the Appendices.

The Peaceful Pill eHandbook 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	DDMAPh	Nembutal	Sarco	Gases	Nitrite
Reliability (10)	10	10	10	8	8
Peacefulness (10)	10	10	8	7	6
Preparation (5)	3	5	3	1	5
Undetectability (5)	4	4	5	5	2
Speed (5)	5	4	5	5	3
Safety (5)	5	5	5	5	5
Storage (5)	3	4	2	5	5
Legality (5)	3	1	4*	5	5
Total (50)	43	43	42	41	39
%	86%	86%	84%	82%	78%

Rating Factor	Sodium Azide	Monoxide	Propoxyphene	Morphine
Reliability (10)	8	9	9	5
Peacefulness (10)	5	8	7	10
Preparation (5)	4	3	3	5
Undetectability (5)	4	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
Total (50)	37	36	35	34
%	74%	72%	70%	68%

Rating Factor	Cloroquine	Amitriptylione	H2S	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
Total (50)	33	31	31	28
%	66%	62%	62%	56%

In *The Peaceful Pill eHandbook*, Dr Philip Nitschke draws upon the latest scientific research to explain a range of practical and useful end of life strategies. By applying Exit's 'Reliability - Peacefulness' test, the readers can compare the benefits of various options including the barbiturates (sources, testing, administration), the use of inert gases such as Nitrogen, poisons, prescription / over-the-counter drugs as well as the assisted dying services available to foreigners in Switzerland. Finally, the PPeH also covers issues such as testamentary capacity, wills, advance health directives, death certificates and autopsies.

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