

# Final Considerations

## Introduction

With a lengthening of the lifecourse, many older people have strong opinions against being kept alive by modern medicine well 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? At Exit we believe that every rational adult should be allowed to make the fundamental, individual choice about when and how to die.

The aim of *The Peaceful Pill eHandbook* is to help ensure that one’s death may be peaceful and reliable and at a time of one’s own choosing. Our aim is also to ensure that the aftermath of a death is not unduly complex for those left behind. While we would like to say that we can help with stress levels, sadly this would be one step too far.

The ways in which each family deals with the loss of a loved one, even if their death was planned, is uniquely individual. This Chapter can, however, provide a few pointers in the context of the book’s overall aims. To this end, this Chapter discusses issues such as suicide notes, death certificates (and how to

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avoid the police becoming involved), the legal issues associated with the cleaning away of equipment, autopsies and coronial inquiries. This Chapter is not intended as legal advice. Rather, we hope to offer some important advice on how to safeguard your elected death while ensuring its aftermath is least traumatic for all concerned.

### **Do You have the Mental Capacity to Die?**

One important factor in dying is ensuring you have the mental capacity to do so. If you have been diagnosed with dementia, for example, the authorities may try to prosecute those left behind. That is, if you were not able to make the decision for yourself, did your friends or family coerce you or decide now was the time for you to die on your behalf? Always be careful.

Indeed, in conventional medical circles, open talk about taking your own life can lead a person to be being certified as mentally incompetent. The mere mention of suicide is considered a symptom of a deeper underlying psychiatric illness (including depression). While one relatively recent psychiatric Canadian study found almost one third of suicides to be rational acts, such a finding is not widely accepted, at least within the medical profession.

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

## **Suicide Notes**

One way that the question of mental competence can be addressed is by way of a well-expressed suicide note. Especially if you do not mind that your death is recorded as ‘suicide’.

A suicide note is a statement of intent (in written, video, oral recording or other social media form) that outlines why a person ended their own life. The note will offer insight and explanation for those left behind, including, if necessary for the authorities.

When considering how or what to include in a suicide note, the following points may be helpful. One could say:

- The decision was the result of careful consideration
- No other person was involved in this decision
- The decision was not influenced by outside pressures
- If the person was suffering from a serious illness this should be mentioned
- In short, paint a picture which any reasonable person would be able to relate to and sympathise with.

Once the note has been signed and dated, it is wise to make a few photocopies. If written, give or mail copies to close friends (if you have told them of your plans). Or use a sealed envelope and ask them to ‘keep it safe’. That way you need not reveal the exact date and time of your plans. If you are in contact with a lawyer you could also give a sealed envelope to them also. Leaving your note hidden in a drawer in your home is another possibility. Let someone close and supportive know it is there to be used ‘just in case’ questions are asked.

A well written suicide note will not only help confirm that you knew what you were doing - that you had mental capacity to die - but it will help keep others safe. It is much more difficult

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for the police to charge a loved one with helping you suicide - even if they were with you when you died - if there is a first-hand statement by you outlining why you did what you did. If you don't mind that your death will be known as a suicide, then the note can be left somewhere obvious.

### **Death Certificates**

If a death takes place outside of a hospital, hospice or other medical institution (eg. at home), it is normal practice upon 'discovering' the death, that the local doctor be called. Upon arriving at the house, the doctor has two formal duties.

Firstly, the doctor will confirm death. They will do this by carrying out a number of simple tests to establish that the person is indeed dead, not simply in a catatonic or comatose state.

Having confirmed death, the next duty is to sign the death certificate. There is a number of requirements that must be satisfied before this can be done.



A suicide note

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Firstly, the doctor must know why the patient has died. Clearly, if you have cancer, your death will not seem suspicious and your death certificate should be signed by your doctor. No further questions asked.

However, if you have died for no apparent reason, even if your death looks to be natural, the doctor will not be able to sign your death certificate. That said, where ‘the elderly’ are concerned, old age can be a good substitute for a terminal diagnosis.

One way of working towards your advanced age being substituted as your ‘cause of death’ (despite the real cause being suicide) is to visit your doctor shortly before you decide to end your life.

You might complain of chest pain or shortness of breath. Plenty of elderly people die of pneumonia. It is not called the ‘older person’s friend’ for nothing. Presenting to your doctor with the symptoms of pneumonia is a good way to plant the seed in their mind. Then, when they find that you have died peacefully at home a few weeks later, they may add 2 and 2 together and the rest is history.

The visit to your doctor will also serve another important purpose. In most countries, a doctor will only be able to sign your death certificate if they have seen you in a professional capacity within recent weeks or months before your death. While the exact time period requirements change depending upon your country or state, the object is the same. Your regular, treating doctor will need to have seen you ‘recently’.

In the 2018 trial of Suzy Austen in New Zealand, the person Suzy was accused of assisting to suicide had not seen her regular doctor before she died. Indeed, her regular doctor of many years

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had since retired. While Annemarie's death might have looked natural, there was no way the attending doctor was going to sign her death certificate.

The lack of a recent doctor's visit and, more importantly, the lack of a known cause of death (at least prior to any autopsy being performed) meant that the police would become involved. On this occasion, the involvement of the authorities led to Suzy Austen being charged with assisting in Annemarie Treadwell's suicide.

All other things being equal, Suzy may not have found herself charged had Annemarie visited her doctor complaining of chest pain and shortness of breath in the weeks before she died. After all, at 77 she was no 'spring chicken'.

### **What if the Death does not look Natural?**

If the doctor suspects that the death is *not* natural (eg. if the death is possibly a suicide or if the cause of death is unclear) the doctor will certify death, but he/she will not sign the death certificate. In this case, the doctor will likely notify the police and the Coroner's office. This is not necessarily a cause for alarm especially if a suicide note has been left by the deceased and the cause of death obvious (eg. if the bottle of Nembutal is by the bedside).

If there is a well-written suicide note, the police may do no more than question those present about their relationship with the deceased. This questioning may be either informal at the home or more formal and 'under caution' at the police station. Questioning will be aimed at confirming that those present

played no role in the person's death. In this situation, a suicide note may help make a death less suspicious. However, caution is still required.

### **A Word about the Police**

In most countries, the police will only attend deaths that are 'suspicious'. Sometimes the police will consider a death suspicious on the grounds that the person was either a member of Exit or because they left the *Peaceful Pill Handbook* lying close by. Police will always use their discretion as to what happens next if a person has died at home.

While police are usually sensitive and respectful when attending a home death, it is pertinent to remember that they are there to do a job. The police may ask questions of the nature of illness of the person who has just died. If the suicide is obvious they will note the method used (if apparent). Details will then be forwarded to the Coroner's office. However, if there is any suspicion in the minds of the police about the death, the questioning of those present may intensify. Be warned and be careful. The police are not your friend, no matter how friendly they may be to you.



*An attractive coroner's court entrance*

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### **How much do I have to tell the Police if they ask?**

In most jurisdictions, the law requires you to tell the police your name and address. But that is it! Even if the police are being really nice to you, it's good to remember that they will make extensive notes of the day. These notes will include everything you tell them on and off the record. Given their record of conversation can be used as evidence in court, it's best to say nothing, or very, very little. It is your right to say nothing so use it. And never submit to a recorded police interview unless you have an lawyer present. Seek legal advice immediately.

### **Should I say I was present when He/ She Died?**

Exit is often asked if it is lawful for a loved one to be with a person when they take their life (ie. drink their Nembutal). In reply we say that there is 'no clear legal answer.' Obviously, it is the right thing to be there for the one you love. No one should be forced to die alone. However, the right thing to do is not always the legal thing to do.

In Nth America, the UK, Ireland, Australia and New Zealand there is very little case law which exists to help clarify whether being present when a person dies a) amounts to encouragement to suicide - 'assisting a suicide' or b) reflects a breach of a duty of care - under civil law. Generally speaking, a duty of care does not kick in unless the person who has died is known to you or does not have mental capacity.

In general, there is little need to worry about whether you have a duty of care to stop a person suiciding. In modern western democracies, personal liberty is highly prized and is subject to strong legal safeguards.



‘Restrictions on liberty and interference with rights, privacy, dignity and self-respect ... [should be] kept to the minimum necessary in the circumstance’ (*Jervis on The Office and Duties of Coroners*, 1957).

## **Cleaning Away and the Law**

Given that the deaths that we are talking about in *The Peaceful Pill eHandbook* are peaceful and dignified, any cleaning up refers to the removal of equipment such as an Exit Bag or empty drug packets from the scene of death. In some situations, this type of ‘cleaning away’ can be done well ahead of time. Many people who end their lives by drinking Nembutal will clean things up themselves. They will remove the bottle. They may even have time to rinse their glass before they nod off to sleep. If this is done, the cause of death will clearly look natural (even if it is suicide).

In most countries, cleaning up (if it means removing a gas cylinder and Exit bag) will be classified as an offence as it is interfering with the ‘circumstances of a death’ or ‘interfering with a corpse’ etc. In the scheme of things, this is not a serious crime. Note: removing an Exit bag from a person’s head after they have died, is a very different matter to helping the same person put the bag on their head in the first place. It is clearly ‘assisting a suicide’ to help a person position a bag on their head.

If, by chance, the authorities do become aware that some ‘cleaning-up’ has taken place, family and friends can explain their actions by saying that they were ‘protecting their family’s reputation’. They can say that it would be a ‘blemish on the person’s good name’ if their suicide were ever to be made public.

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Of course, whether you fess up to this at the scene of the death or get all defensive and insist on saying nothing unless you are to be charged, is always a line call. Only those present will be able to judge how to handle the situation. Generally speaking, however, the act of ‘cleaning away’ is unlikely to attract anything more than a legal slap on the wrist.

### **What if the Cause of my Death says ‘Suicide’?**

At Exit workshops, the rooms can generally be divided evenly into those who worry about what will be recorded on their death certificate and those who do not. Some people, understandably, fear being known as old Aunt Josie who ‘committed suicide.’ Others will have no preference, saying ‘who cares what they write, I’ll be dead anyway?’

If a person who is about to die from a serious disease and their death looks natural, it is likely that this disease will be recorded as the cause of their death. If you do not want ‘suicide’ recorded on your death certificate, you will need to take steps to disguise the truth.

### **Dying without Trace**

At first glance, most end-of-life drugs leave no obvious identifying signs. Take death from either liquid or powder Nembutal as an example. The person will appear to have succumbed to their cancer or heart disease. However, if Lethobarb - the veterinary dyed form of the drug is used - the person’s lips will be stained green; hence the name the ‘green

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dream'. Green lips are a dead giveaway (pardon the pun) to a death that is not natural.

If an autopsy is performed, the pentobarbital (or any other drug) will be discovered. Questions about its source could be asked. A suicide note that explains the source of the drug could be very helpful in this situation.

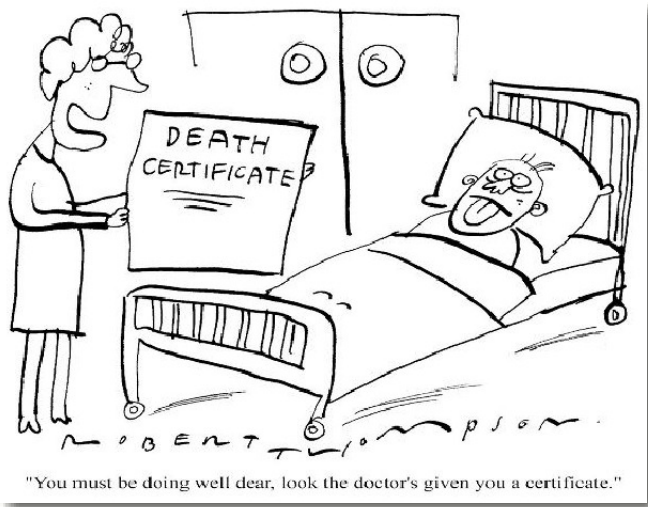
The *only method* that leaves no trace, even at autopsy, is the Exit Bag with nitrogen (a hypoxic death with helium will be detectable at autopsy). For the death to be recorded as natural, however, the bag, tubing and the cylinder would need to be removed. This is where a possible breach of the law comes in.

### **Is it better to die in the Morning or Evening?**

Regardless of the method, it is generally advisable that the death takes place in the evening. This not only provides a window of time as a safeguard against drugs taking longer than normal to work, but it will allow family members or friends to 'discover' the body in the morning. Then the doctor can be telephoned and the official paperwork completed by him/her. An overnight death also allows for everyone else in the house to say they were asleep in bed when the death took place (with no one able to prove otherwise).

### **Autopsies**

If there is any doubt about the cause of death, the attending doctor will contact the coroner and an autopsy may be arranged. An autopsy involves the dissection of the body by a pathologist,

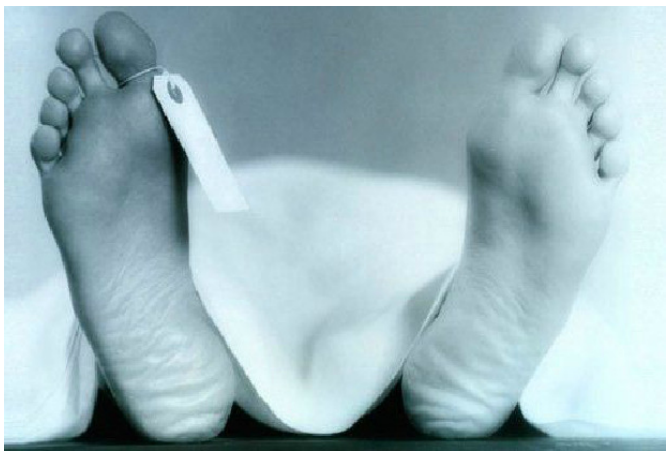


the visual and microscopic inspection of organs, along with the biochemical testing of body fluids, stomach contents etc.

At autopsy, the existence of any drugs (and alcohol) in the body will be discovered. If the drug is uncommon or difficult to obtain, questions will be asked about whether or not assistance was provided in obtaining, preparing or administering the substance.

It is usual for a family to have no control over whether an autopsy is performed. The laws governing autopsies generally have little regard for the feelings of those left behind. That said, autopsies are expensive and so are generally only carried out if there is a legal or medical mystery associated with the death.

In cases where the death is obviously a suicide, an autopsy is generally unlikely to be performed. The take-home message in regard to autopsies is that if a totally undetectable death is important to you, and your family is prepared to stretch the law



A typical tagged body at autopsy

for you by taking the equipment away after your death, Nitrogen is your only option that will show nothing at autopsy.

### **Safeguarding Your Will**

As discussed earlier, the medical profession has long argued that suicide is usually the outcome of a psychiatric illness. This makes rational suicide a contradiction in terms. If a person wants to die - regardless of the context - then QED they were not thinking rationally.

Luckily, the law has never gone down the path of equating suicide with mental illness. Rather, the courts have found in a wide range of cases where suicide is no indication of mental illness. To this end, the law refuses to see suicide as the outcome of mental illness. Indeed, some suicide notes have even been upheld as wills. Two birds with one stone as they say.

Where the making of a will is concerned, the law will be relatively unconcerned if your death was a suicide or not. What counts in terms of making a will is that you were of 'sound mind, memory and understanding' at the time that you made it.

This means that you must understand what you are doing in making your will, you must have a general overview of your assets that you intend to give away, you must be mindful to those who may have a 'moral claim' to your assets (eg. your blood relations) and, finally, you must be aware of the ramifications of dividing your assets in the way you have done.

If you fulfill these legal requirements, you will be said to have 'testamentary capacity'. So even if you then go on to suicide, your will will be relatively safe from contest on the grounds of incapacity. If safeguarding your will is important to you there are several further steps that can be taken as extra precautions. These may be particularly important if your will is contested in court and if the 'other side' calls hostile psychiatrists as expert witnesses.



Fig 22.4: It is your last will after all

As professionals trained in the pointy end of bio-medicine, it is psychiatrists who are most likely to reject the premise that your decision to end your life was a rational one. Indeed, most psychiatrists object to the concept of rational suicide. As expert witnesses - even if they have never met you - psychiatrists have the power to make your suicide seem the action of a mentally ill person. Planning head by undertaking a few simple steps can minimise the chance of this occurring in court.

- Ask your Doctor to go witness for your will. In addition, ask them to document in their medical notes your state of health and state of mind at the time you make your will.
- Ask your family members to write a brief statement of your mental wellness at the time you suicided. Courts will generally prefer evidence from those who knew you rather than consulting psychiatrists who never met you.
- Give your lawyer a one-page explanation of why you are dividing your assets up in this way - thereby providing extra evidence that you knew exactly what you are doing.
- If you are making a will that is substantially different from a previous version, write an explanation of why have changed your mind and give this to your lawyer.

If you have had a diagnosis of early Alzheimer's Disease - there will be no right or wrong answer.

On the one hand, you could submit to an examination for the express purpose of pinpointing the degree to which you are affected, and hope that your testamentary capacity is confirmed.

On the downside of course is that a) you may not wish to know and b) the results may be worse than you thought. There is no clear guideline for a diagnosis as devastating as Alzheimer's Disease and Dementia.

The above discussion is intended to provide a useful checklist for safeguarding what happens to your property after you are gone. And, more importantly, to ensue that just because you suicide, your intentions should not be compromised or overlooked. For legal advice on all aspects please consult a solicitor or attorney in your local area.

### **Preserving Your Privacy with a Mail Forwarding Service**

In this era of identity theft, an increasing number of people are turning to offshore mail forwarding services in order to receive their mail in their home country. These services have sprung up partly because of the boon in online shopping but also because people are increasingly wary about revealing their true mail and street address when purchasing online.



Fig 22.5: How mail forwarding services work



Regardless of where you live ,there will be a mail forward service for your area. Some services only forward letters. Others take all your mail, re-parcel it into plain wrapping and send it on by either regular mail or by Fed X courier etc.

Once you decide to go with one of these services, you will need to shop around to find the one that offers the right service for your particular needs.

Examples of these virtual mail forward services include (in no particular order):

*<http://www.mailnetwork.com/>*

*<http://www.myus.com/>*

*<http://www.my-mail-service.com>*

As one website says: ‘You can use this address to give others the impression that you or your business are located in Vancouver as opposed to the city, province, state, country or continent in which you currently reside.’ They then add: ‘We can even repackage your mail for added discreetness.’

## Grief Counselling

The rational suicide of a loved one will evoke mixed reactions in those close to that person. The broader community's reaction may also be mixed. While most people support the concept of rational suicide there is still a significant minority who do not. It cannot be assumed that there will always be sympathy for those left behind so be careful.

In many circumstances where a person has died of their own hand, counselling may be of assistance for those left behind. The ability to talk things through can be therapeutic and can go a long way towards easing the inevitable grief and despair.

Private counsellors list their services in most countries' telephone directories and of course online. Community health centres also commonly offer counselling as part of their range of health services. There are also often community telephone help lines.

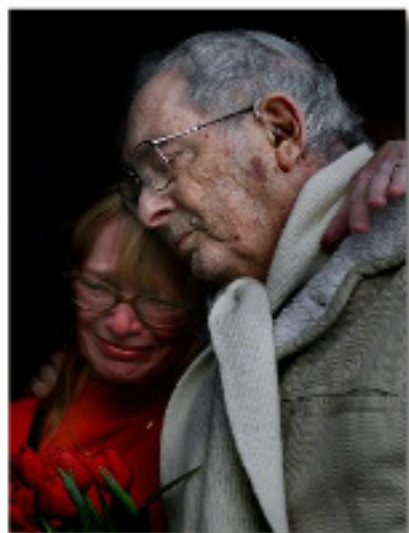


Fig 22.6: Angelika Elliott with her husband John on the morning of his assisted suicide in Zurich in 2007

## **Telling Your Story Publicly**

Some people who choose rational suicide resent the fact that they are made to act like criminals in order to die with dignity. While some travel overseas to acquire prohibited drugs, others lie to their doctors and deceive those they love. Most of us are acutely aware that this cloak of darkness has to change.

This is why some people want their deaths to mean something publicly. Telling your story in the media is one way to push the debate forward. If you think you would like to contribute to public debate and encourage legislators to act, there are several options available. As trite as it might sound, as a rule of thumb, most media are keen on personal stories that involve suffering and heroism.

Take the story of Australian grandmother, Nancy Crick, as an example. Nancy went public with her plans to invite 21 end of life choices campaigners to be with her on the night she took her Nembutal. In telling her story Nancy wanted to force the authorities to clarify whether it was a breach of the law to be with someone when they die. Nancy died peacefully, sipping on Baileys and smoking her last cigarette. The Australian Police never did decide to charge those present. This grey area of the law prevails to this day.

Over the years, Exit has found that an alternative approach is for the person to film their story, or provide an interview, on the condition that it be published only after their death. This was the case with 31-year-old Angelique Flowers. Angelique's Internet plea to the Australian Prime Minister was front page news in *The Sydney Morning Herald*.

See: <http://bit.ly/1JzVOQB>

Her *YouTube* plea is still publicly available at:  
[http://www.youtube.com/watch?v=jdx\\_dEFDd4s](http://www.youtube.com/watch?v=jdx_dEFDd4s)

A documentary about her death titled '35 Letters' won the 2014 Sydney Film Festival.

The trailer can be viewed at:  
<http://www.youtube.com/watch?v=5DqXGLwmJsc>

One possible downside of 'going public', however, is that the tapes and records can be used as evidence in a court room. If you do want to prepare a farewell message, be sure to be careful what you say about the involvement of loved ones. After all, it was the airing on *60 Minutes* of a video tape of Dr Kevorkian assisting his patient, Thomas Youk, that saw Kevorkian spend his next decade in prison.

A third possible way to tell your story publicly is for your family and those closest to you to speak for you after you have gone. This is a very safe option. However, without the imagery and direct quotes from you, there will be much less media interest

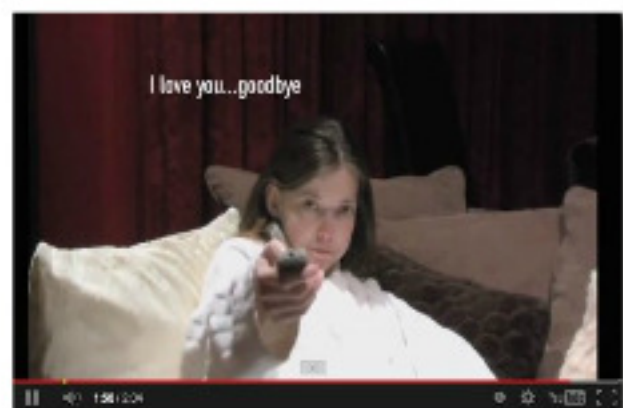


Fig 22.7: Angelique Flowers' Youtube video

and likely less impact. That said, getting people's stories out to the broader public domain is an essential part of initiating political change.

## **Concluding Comments**

*The Peaceful Pill eHandbook* was first published in 2008. Since this time the book has been regularly updated to include new and changed information. This is essential to keep up with the debate about end of life choices.

The online format of the *eHandbook* has allowed updating when and as it is required. At the current time, the *eHandbook* is updated around six times each year. The online *eHandbook* contains over 50 pieces of video, providing hands-on instruction and critical detail on a diverse range of issues. And it can now be accessed on laptops, PCs, Androids and iPads and iPhones.

*The Peaceful Pill eHandbook* is made available in the philosophical belief that knowledge equals empowerment. An end-of-life plan makes for longer and happier life in one's later years. Far from pushing people towards suicide, establishing one's options helps people to stop worrying, and get on with living better.

For those with terminal illness, being back in control can be pretty 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  
that come with reading our books.*

*Thank you.*