D.I.Y. Death

Want a way out because the pain is too much? Or just planning for the worst? Nursie has the plastic bag and pills to do the job.

September 1, 2001 By Greg Lugliani

Hear me, Nursie --

It may be unfashionable to ask this in our HAARTy age, but what tidbits of information can you offer for a no-fuss, no-muss last exit? Not that I'm e-mailing from the Golden Gate Bridge or, razor in hand, a nice warm tub. But we ole AIDSy dames like to plan for a rainy day. Tell me tips on autotermination?

-- Death Becomes Me

Dear Death,

Crusaded against by church, legislated against by state, praised by poets and performed by rock stars, suicide is as old as civilization, as is the oft-shrill debate about its place in (or out of) society. For most who pour their own hemlock, the will to call it quits results mainly from depression's hopelessness or helplessness and from other mental morbidity. So my best advice is: Get thee to a shrinkery.

It may surprise you that most folks burdened with a terminal disease contemplate suicide no more often than their healthy counterparts, though a 1991 study found that self-offing thoughts crossed the minds of 17 percent of pozzies at least once in the previous week. Either way, HIVers do show a predilection for taking their own life -- they have a suicide rate 20 times that of the nameless, faceless rabble. And other studies show that their attempts tend to take place early in infection, with the risk greatest for those just beginning their journey on Highway OI. But the rates are relatively high for the full blown, too: One in four long-termers have made deathly "arrangements" to avoid facing physical decline.

Now that I've statisticked you to, er, death, Death dearie, let's get down to the nitty-gritty. Pulling your own plug is no small matter and is certainly not something that yours truly, a Vestal virgin of the Hippocratic Temple, would ever consider -- even if the Grim Reaper were not only in the room but lubelessly trying to mount me from behind. Be that as it may, you seek advice, and it is my duty to administer, so read on.

For ladies and gents alike, the suicide of choice is death by a firearm, which accounts for 60 percent of self-inflicted fatalities. While fast and effective (providing you're a good aim -- Annie

Oakleys ain’t born every day), pulling the trigger is no magic bullet: It’s messy, noisy and requires some pestiferous preliminary paperwork -- and you have only one chance. For males of our fair species, hanging is choice No. 2; for girls, it’s overdosing. Both methods have drawbacks. Hanging, a bold last statement by any measure, requires the right strength of cord, a proper knot, a sturdy cross-beam and nerves of steel.

Pills, the little beauties, are trickier. Barbiturates, the most reliable pharmaceutical agents of self-deliverance, are jealously controlled by the feds and hard to get in lethal quantities. Antidepressants are an uncertain option. In the proper quantities, tricyclic drugs (for example, imipramine), which account for 25 percent of ODs leading to hospitalization, can effect a literally heart-stopping departure. By contrast, such selective serotonin reuptake inhibitors as Prozac have, by and large, no death prowess. With all druggy deaths, the dose is the rub: Get it right and it’s hello-a, Pearly Gates! Get it wrong and it’s the stomach pump (barf-o-rama, baby).

For better or worse, the lively right-to-die movement -- led by the Hemlock Society, the Self-Deliverance New Technology Group and Compassion in Dying -- is ever unveiling painless new methods of extinguishing life’s spark. These ways of kissing it all buh-bye are like teaching old dying doggies new tricks. One bears the title of the Exit Bag -- a plastic bag fitted loosely over the head and tightened at the neck with a rubber band, causing shrink-wrapped suffocation. While painless, this bag-it-all approach takes about 30 minutes -- a long time to suffer Saran Wrap. A swifter (five minutes) version involves pumping into the bag an odorless inert gas such as helium (available at toy stores in $20 canisters). If that’s too slow, try piping the helium via an inexpensive plastic nose-and-mouth medical mask -- so much more elegant than a baggie. The trouble with gases, however: If the flow is interrupted, you’re likely to end up brain damaged and paralyzed. Veggies, anyone? Costlier and more sophisticated is the De-Breather, a scuba diving-like apparatus that *doesn’t* replace the oxygen in your exhaled air, inducing hypoxia and demise. For full descriptions of these and other methods, stop by the Death Mart (www.rights.org), which carries “everything you need for a good death.”

Nurse herself likes to stock up at the Good Life: A nice Merlot, a sensational sunset and Beethoven’s *Fidelio* are more than enough to keep me clinging to my mortal coil and the yet-to-be-tasted pleasures of this world.

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