

## CHAPTER 1

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### The Aim Of This Book

#### Consider.

You are lying in bed in excruciating pain from a serious, perhaps terminal, illness. Maybe you are suffering from a mental illness which involves chronic and high levels of anxiety and which severely limits your life. Perhaps you are simply tired of the day-to-day hassles of what seems to you to be a meaningless and purposeless existence. As a result, you think about the possibility of killing yourself, and you begin to consider this as a viable option.

#### What Should You Do?

This book is not concerned with the mechanics of the act of committing suicide—how many of which type of pill to take, etc. This information can be found readily in Derek Humphry's book *Final Exit* and Geo Stone's book *Suicide and Attempted Suicide*.<sup>1</sup>

This book is, instead, a guide to making and carrying out the psychological decision to kill yourself or, if you so decide, to continue living.

Although the choice between suicide and continued living is your decision alone, a decision for which I have no bias as to which path you should choose, by focusing so much on the decision to commit suicide in this book, the book appears to be in favor of the

<sup>1</sup>Stone's book surveys the various methods for committing suicide more broadly than Humphry's book, and it is a little more explicit about the physical consequences of using each method. Sometimes it reads more like a forensic science book!

option of suicide. The reason for this is that there are many books and articles written on preventing suicide, but very few written in favor of committing suicide. Consequently, the present book does focus more on the decision to commit suicide than on the decision to continue living.

And if you are wondering why David Lester is writing this book, I'll explain why in the next chapter.

### FOR WHOM IS THIS BOOK WRITTEN?

The book is written for anyone who is thinking about committing suicide. I have tried to make the book easily readable and to minimize technical jargon and scholarly references.

However, the book may also prove useful for those who know someone who is thinking about killing him or herself—perhaps a loved one, relative, or friend. This book may help you understand them better and make you a better confidante for them. Why do they want to die? What is their reasoning?

In addition, many of us worry about what the future may hold for us and wonder how we will cope with the stresses that could very easily befall us. For example, how we will cope with the loss of loved ones? What if we ourselves suffer one day from cancer or Alzheimer's disease? Many of my friends bought *Final Exit*, not because they wanted to kill themselves right then, but because they anticipated that they might want to end physical or mental suffering later, in their old age, and they wanted to have a “how-to-do-it” book at hand should that circumstance ever arise. *Final Exit* serves as a safety net for them. This book will serve the same purpose—to have at hand for the future should you decide at a later date that suicide might be a reasonable option.

Over 30,000 people kill themselves each year in the United States, and perhaps a quarter of a million people make an attempt at suicide but survive. In Canada, almost 4,000 people commit suicide each year, and another 3,000 do so in Mexico. These individuals have many friends and relatives (who are commonly called “survivors”) who will be shocked and upset by these suicidal acts. So this book is also for survivors—to read and use right now.

Remember, in this book I am not urging you to commit suicide. But neither am I urging you not to kill yourself. I believe strongly that it is no one's place to tell other people how to live their lives—and

dying is, after all, a part of life. It is not the role of a writer, such as myself, or a psychotherapist, or even a friend or a lover, to tell *you* what *you* ought to do and what *you* ought not to do. It is your life—you must live it as you think fit.

What I *do* attempt in this book is to shed some light on a subject that could be, indeed *should be*, critically important to you—and that is your own death and how and when you want it to occur. After all, we put much thought in our society into making the entry into life good for the infant. We advise mothers how to make their pregnancy healthy for themselves and the baby, and we try to some extent to make the birthing process a good experience for both the babies and their mothers. If we are concerned about our entry into life, then we ought to be as concerned about our exit from life!

And yes, I do think that suicide can be an appropriate way to die, a good death—which is the literal meaning of the word *euthanasia*, a term which has become loaded with other connotations in recent years. (I will discuss this concept in greater detail in Chapter 4.)

### THE ISSUES I WILL DISCUSS

Among the issues I am going to consider in this book are:

- What kind of death do you want? What would you consider to be a good way of dying for you?
- What is the best way to go about making the decision to commit suicide? How do you weigh the pros and cons?
- Must the decision be final?
- Can suicide be rational and morally acceptable?
- Is committing suicide illegal?
- Should you have someone assist you with your suicide?
- With whom should you discuss your thoughts of suicide and your decision to kill yourself?
- If you decide to commit suicide, how should you deal with your loved ones, relatives, and friends?
- Should you have a suicide ceremony?
- What if you are thinking about suicide but want help in deciding not to kill yourself?

Most of you have probably not given these questions a great deal of thought. You are probably accustomed to thinking that your own

death is not an event that you should be involved in. Perhaps, more importantly, you find that thinking about death, especially your own death, is depressing. Most of us would prefer to ignore the topic completely.

And yet, some day, you may be diagnosed with cancer or some other serious irreversible illness. You may be lying in a hospital or nursing home bed, alone and in great discomfort and pain, and then you will wish you had thought about the manner of your dying and had planned something so that you weren't in the sorry situation in which you find yourself. I recently heard about an acquaintance who had tried to plan for her dying and death, but nevertheless found herself at the age of 94 in a horrible situation. After falling in a nursing home and breaking her hip, she was tied to a bed in a hospital to prevent her from thrashing around from the pain she was experiencing after hip-replacement surgery. She also developed pneumonia. Only because she had communicated her desire to her niece several years earlier in a living will<sup>2</sup> indicating that she wished to avoid being kept alive at any cost after the quality of her life had become too poor, was she able to escape this situation. Her niece persuaded a physician to end her suffering with a lethal injection of morphine—an act which is illegal in the part of the United States in which she lived, but which takes place occasionally nonetheless.

Bear this in mind. Every time we hear or read of a new medical advance to treat an illness such as heart disease, the probability increases that we will live longer and eventually die slowly in old age of painful and degenerative diseases, often abandoned by our children and grandchildren, who may indeed be already fighting over the expected inheritance when we pass on.

Even some of those who have worked professionally to prevent suicide kill themselves when their lives became unbearable. Nico Speijer, a leading psychiatrist in the Netherlands, was devoted to the cause of understanding and preventing suicide. He developed cancer in his 70s, and the strong medication required to control his pain made him fear that he was turning into a “zombie.” Speijer decided that he wanted to die with dignity and at a time and place of his own choosing. He did not want to become so debilitated that he was dependent upon others and at their mercy. Finally, in September, 1981, he decided to kill himself. Although Speijer's wife was not ill,

<sup>2</sup> And signed the appropriate legal papers giving her niece “power of attorney.”

she decided that she did not want to live without her husband. So they committed suicide together.<sup>3</sup>

If you are a counselor involved in suicide prevention, working for example at a suicide prevention center, when a person contacts you, uncertain as to whether to live or die, you assume that he or she called a suicide *prevention* center because of a desire, however weak, to be prevented—to be helped to find other options. But most suicides do not call suicide prevention centers. They are certain that they want to die, and they successfully kill themselves.

Today, counselors and psychotherapists, as well as friends and lovers, law makers and judges, and physicians and psychiatrists, feel free to tell us what we ought to do. On the whole, they tell us that suicide is neither a rational nor an appropriate act, and that we have no right to assisted suicide, that is, to legally ask a physician to prescribe for us a lethal dose of a medication to commit suicide.

**I think that this is wrong!**

The task of counselors and psychotherapists should be to help you make up your mind about whether and in what way you want to die and then help you carry out your decision. Let me illustrate my point with a personal analogy from marriage counseling.

Richard, a colleague of mine, went into marriage counseling along with his wife. The counselor saw them together and also individually. One Saturday morning while alone with the counselor, Richard had an insight. He said to the counselor, “You don’t care about what is good for me; you care only about keeping this marriage together.” The counselor considered this and finally agreed that Richard was correct. Richard then got up and left, and he said to me later, “We both knew at that moment that there was no point in my seeking his help anymore. He didn’t care about me!”

Just before my second marriage broke up, I went into counseling with my wife. Our counselor began the first session with a statement something like this: “The first task we are going to tackle is to help the two of you decide what you want to do with your marriage. If you decide to stay together and work on your problems, I will help you do

<sup>3</sup> In some cases similar to these, the husband has exerted pressure on his wife to die with him, even though, in my opinion, the wife might have had a good life without her husband. This may not have been the case with Speijer, but I suspect that the wives of Arthur Koestler and Stephan Zweig, for example, were psychologically coerced into dying with their suicidal husbands. Such cases illustrate the usefulness of having a counselor participate in these decisions to help the individuals make good choices.

this. Or, if you decide to divorce, then I will help you with that. I have no stake in your decision. My job is to help you decide what you want to do and then help you accomplish your goals.”

Richard’s marriage counselor was biased. He assumed that his clients *ought* to stay married. My counselor was concerned, instead, with what my wife and I wanted. She wanted to help us decide what *we* wanted and, once we had decided, to help us carry out that decision.<sup>4</sup>

The decision about killing yourself presents the same problem. Most counselors, relatives, and friends will try to deter you.<sup>5</sup> Only a few will remain unbiased and help you reach your own decision.

The goal of this book, therefore, is to take this latter approach, even though we are dealing with the decision to take your own life. We will answer two key questions:

**How to decide whether or not you want to commit suicide?**

and

**How to carry out your decision?**

<sup>4</sup> As it happened, my wife wanted out of the marriage, and so we went our separate ways.

<sup>5</sup> Counselors do have a personal right to disagree with your decision but, in that case, they probably should refer you to a counselor whose moral position does not conflict with yours. For example, a marriage counselor who thinks that homosexuality is immoral should not attempt to counsel a homosexual couple who come for counseling to deal with relationship problems that they are experiencing. That marriage counselor should make his or her moral position clear and help the couple find a marriage counselor who can more effectively help them resolve their problems.