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Final Exit: The Practicalities of Self-Deliverance and Assisted Suicide for the Dying. 3rd edition

by Derek Humphry

Review by Richard D Della Penna, MD

The revised, updated edition of *Final Exit: The Practicalities of Self-Deliverance and Assisted Suicide for the Dying*, by Derek Humphry, is a “must-read” for all physicians, nurses, social workers, ethicists, and other health professionals—but especially those who care for people with advanced illness. The intended audience of the book is nonprofessionals, whether well or seriously ill.

Final Exit addresses contemporary human anguish and fear of dying without control, whether over pain, shortness of breath, incontinence, or just an unacceptable condition. Most people die from a chronic disease after protracted distress from symptoms and functional decline. Humphry sees the right to end one’s life as an evolving one: Currently, Humphry would limit the right to those with medical illnesses, but the author does not preclude future inclusion of mentally ill people without apparently meaningful lives and whose condition resists treatment.

Most readers of this book will never avail themselves of the methods described, but growing numbers of people want options to be available “just in case.” Indeed, the popularity of Humphry’s book highlights the growing acceptability of ending one’s life when disease makes life personally unacceptable. That decision varies over time and from person to person as their illness progresses, but the “medicalization” of dying has nonetheless created a new death-related anxiety: fear of becoming trapped in a soulless, technology-centered system of care from which no exit is possible.

Final Exit does not address the ethics of individual choice in end-of-life decisions. Nor does Humphry try to convince anyone; he attempts only to empower people with information.

The book suggests such concrete steps as:

- Make an advance directive, and consider hospice care.
- Ensure that your insurance is in order and that suicide would not preclude your beneficiaries from receiving a payout.
- Arrange for quick cremation so that measurement for lethal levels of drugs will be impossible.
- Take steps to ensure that you do not have treatable depression.

Other recommendations include asking your physician about his or her views on the subject. Humphry also recommends that you leave a copy of *Final Exit* next to where you die, so that your intent is clear.

Humphry is a pragmatist and recognizes that many people will be unable to find a sympathetic physician to prescribe needed medications. Moreover, some people will be unable to ask; for these people, he offers specific instruction for how to end their lives.

Since the book’s first appearance in print, Oregon voters twice approved the Death with Dignity Act,² and a 1994 Oregon law established specific guidelines under which physicians in that state may lawfully prescribe medications for terminally ill adult patients to end their lives at a time chosen by the patient. The Death with Dignity Act defines “terminal” disease as a medically confirmed, irreversible, incurable disease that will probably produce death within six months.² At present, Oregon is the only US state where physician-assisted suicide is legal.

Final Exit and its topic are uncomfortable for many people but should not be dismissed a “fringe” book. Failure of clinicians to communicate with seriously ill people and to adequately address their concerns, fears, and symptoms has been repeatedly documented. Although some people will choose to end

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their lives during the course of decline or serious illness, most will not; most people hope and expect that their physicians and health care systems will ensure that terminally ill patients die with dignity and that these patients will not feel the need for self-deliverance. Living up to that expectation will be a major challenge for clinicians and for a health care system driven by technology and by the philosophy that there is always one more thing that can be done for the patient. ❖

References

1. Quill TE. Death and dignity. A case of individualized decision making. *N Engl J Med* 1991 Mar 7;324(10):691-4.
2. Oregon State Legislature. Oregon Revised Statutes. Chapter 127. Powers of Attorney; Advance Directives for Health Care; Declarations for Mental Health Treatment; Death with Dignity [monograph on the Internet]; 2003 [cited 2005 Jan 20]. Available from: www.leg.state.or.us/ors/.

Leaf and Bird

When I rise up
let me rise up joyful
like a bird.

When I fall
let me fall without regret
like a leaf.

— *Wendell Berry, b 1934, poet, essayist, farmer, and novelist*