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Euthanasia struggles

Claire had pancreatic cancer, with secondary cancers throughout her body. She had been given three months to live, and each week was less pleasant, with pain and nausea. Claire wanted the option of ending her life when she wanted, before her suffering became too severe. She wanted to go peacefully. She knew she could hang herself, or jump off a tall building, or jump in front of a train. But these options meant she couldn't be with her family when she died, and these methods could traumatise others. However, peaceful options to end her life were limited. It used to be that drug overdoses were a way of committing suicide, but all the drugs that could do this reliably — such as the sleeping pills used by Marilyn Monroe — have been taken off the market.

One drug is widely preferred as a peaceful road to death: pentobarbital, commonly known as Nembutal. It is used by veterinarians, but in most countries it is not available for sale to the public.

Claire would have liked easy access to Nembutal, as a drink, so she could take some and die peacefully in the presence of her closest family and friends. But Claire lived in Australia, where it is illegal for anyone to help someone to die.

Claire's case is a typical one used by advocates of voluntary euthanasia. The word euthanasia literally means

"good death." It is now used to describe ending a life to reduce intolerable suffering.

However, there's a danger: someone's life might be ended when actually they wanted to keep living. This would be called involuntary euthanasia. There is no choice involved.

Sometimes people aren't able to express a choice because they are so incapacitated they cannot communicate or comprehend what is going on. Nevertheless, it might be obvious to others that they are suffering extremely and have no hope of recovery, so dying seems to be in their best interests. However, allowing others to decide in such circumstances appears to open the door to involuntary euthanasia that the person would not want.

The word euthanasia acquired strong negative connotations after World War II. In 1939, at the beginning of the war, the Nazis instituted a policy of killing people with mental or intellectual disabilities who resided in institutions. Today often called the T4 programme after the agency in charge, it was termed by the Nazis a programme of "euthanasia" as a way of disguising its actual operation, which involved cold-blooded murder by doctors.[1] After the war, the word "euthanasia" was tainted. The word

1 Michael Burleigh, *Death and Deliverance: "Euthanasia" in Germany 1900–1945* (Cambridge: Cambridge University Press, 1994); Henry Friedlander, *The Origins of Nazi Genocide: From Euthanasia to the Final Solution* (Chapel Hill, NC: University of North Carolina Press, 1995); Hugh Gregory Gallagher, *By Trust Betrayed: Patients, Physicians, and the License to Kill in the Third Reich* (Arlington, VA: Vandamere Press, 1995).

continues to have an ambiguity about whether death is voluntary or not, so advocates commonly used the label "voluntary euthanasia." Today, most organisations in favour of voluntary euthanasia have dropped the word altogether in preference for names like "Dying with Dignity."

Proponents of the option of voluntary euthanasia say it is humane — a way to end unnecessary suffering. Many opponents say euthanasia is morally wrong: no one should be allowed to end their life through their own agency. Opponents argue that legalising euthanasia, even with safeguards, will open the door to the risk of involuntary euthanasia. Opponents want to prevent the possibility of abuses by banning euthanasia in any circumstances.[2]

There are many strands to the debate.[3] Opponents say it is unnecessary to allow voluntary euthanasia because good palliative care can reduce most pain and suffering. Advocates counter by saying pain relief does not work for

2 David Jeffrey, *Against Physician Assisted Suicide: A Palliative Care Perspective* (Oxford: Radcliffe, 2009); William J. Smith, *Forced Exit: The Slippery Slope from Assisted Suicide to Legalized Murder* (New York: Times Books, 1997); Margaret Somerville, *Death Talk: The Case against Euthanasia and Physician-Assisted Suicide* (Montreal: McGill-Queen's University Press, 2001).

3 For analyses of the debate, see Megan-Jane Johnstone, *Alzheimer's Disease, Media Representations and the Politics of Euthanasia: Constructing Risk and Selling Death in an Ageing Society* (Farnham, Surrey: Ashgate, 2013); W. Siu, "Communities of interpretation: euthanasia and assisted suicide debate," *Critical Public Health,* vol. 20, 2010, pp. 169–199.

all conditions and that there are other forms of suffering, for example due to loss of autonomy and dignity, that palliative care cannot fully address.

The push to legalise voluntary euthanasia has been driven, to a considerable extent, by advances in medicine. A century ago, a person with a serious disease usually died at home, with minimal medical intervention. Today, in some countries the majority of people die in hospitals, often in intensive care units. Patients can be kept alive with the aid of remarkable techniques and technologies, including defibrillators, respirators and feeding tubes. The result is that many have their lives extended far more than in previous eras, by months and sometimes years — but in a highly dependent state. For some patients, this is a living death, a state of existence they abhor yet cannot easily escape.

It is not so long ago that suicide was illegal in many countries. People who ended their own lives might be refused church burials, and their families would be humiliated. If they survived a suicide attempt, they could be imprisoned or confined to a mental asylum.

Religious prohibitions against suicide made more sense in times when community solidarity was more important than individual dignity, and when death usually came swiftly, often through diseases such as pneumonia. Cancer was seldom the cause of death.

On the other hand, the breakdown of traditional communities and the rise of individualism have meant increased concern for human rights. In previous eras, newborn children with disabilities were often left to die; today, in many circumstances, parents and doctors make

heroic efforts to enable survival and a high quality of life. Euthanasia has a dark history of ties with eugenics, a philosophy and practice of preventing the weak and infirm from having children while encouraging reproduction by those supposedly of the best genetic stock. Eugenics today is largely discredited in most public discourse, yet its underlying ideas still have currency. Legalising euthanasia can bring the spectre of a new application of the idea of culling those who are a burden on society, through their lack of productivity or their poor genes.

One of the arguments against legalising euthanasia is that some people who are ill or infirm will feel they are a burden on society and prefer to die, even though their lives have value to themselves and others. Making it easier to die peacefully could encourage such individuals to claim they are suffering in order to obtain the means to die. Furthermore, some vulnerable people might be encouraged to think this way by greedy relatives.

On the other hand, even without legalisation, euthanasia occurs in practice, usually covertly. Patients who desire death may find an accommodating doctor who can give them drugs to hasten their death. Then there are cases in which doctors make decisions to end a person's life, by withholding treatment, giving more drugs than necessary or even by blunt means such as suffocation with a pillow. In most of such cases, the patient is incapable of giving consent, being unable to communicate or comprehend simple ideas. The doctor judges that the quality of the patient's life is so low that death is a form of deliverance; this is mercy killing in the classic sense. Unfortunately, some of the covert cases can be classified as involuntary

euthanasia: the patient is capable of giving or rejecting consent, but the doctor does not seek consent.

For obvious reasons, doctors seldom reveal their involvement in this sort of euthanasia; knowledge that it occurs owes much to a few researchers and outspoken doctors and to surveys in which doctors remain anonymous.[4] Covert euthanasia is fraught with dangers because the doctors may have little experience in assisting death, and secrecy can hide incompetence and abuse. Legalising euthanasia would make many instances of this sort of covert euthanasia unnecessary, as well as ensuring that high standards are maintained in prescribing drugs to end life. Opponents of legalisation almost never refer to covert euthanasia, as it undermines one of their key arguments, the slippery slope, namely that legalisation opens the door to serious abuses. If such abuses are occurring already, and made worse by the secrecy that is necessary to avoid prosecution, then legalisation makes more sense.

Strategies

There are two potential injustices at stake in the euthanasia debate. On the one side is involuntary euthanasia: the killing of a person whose life is worth living and who has not given informed consent. On the other side might be called involuntary life: the refusal to allow a person who

4 Roger S. Magnusson, *Angels of Death: Exploring the Euthanasia Underground* (Melbourne: Melbourne University Press, 2002); Clive Seale, "Hastening death in end-of-life care: a survey of doctors," *Social Science & Medicine,* vol. 69, 2009, pp. 1659–1666.

wants to die access to the means to do so in a peaceful way. Some people would consider that not allowing voluntary euthanasia is a form of violence, because it prolongs suffering unnecessarily. Here I'm going to focus primarily on this second injustice. I'll first outline the main strategies of the movement for voluntary euthanasia to achieve law reform, and then consider an alternative, promoting the means for self-deliverance.[5] In each case there are possibilities for using nonviolent action, in its traditional forms, as well as using tactics that follow the spirit of nonviolent action but are adapted for an arena in which the main methods used do not involve physical violence in its usual sense.

Voluntary euthanasia groups have mainly sought to change the law so that it becomes legal to end one's life peacefully. This approach has had success in some parts of the world. In the Netherlands, initial change came through court rulings: in specified circumstances, physicians who

5 On the movement for voluntary euthanasia, see especially Richard N. Côté, *In Search of Gentle Death: The Fight for Your Right to Die with Dignity* (Mt. Pleasant, SC: Corinthian Books, 2012). See also Ian Dowbiggin, *A Merciful End: The Euthanasia Movement in Modern America* (New York: Oxford University Press, 2003); Daniel Hillyard and John Dombrink, *Dying Right: The Death with Dignity Movement* (New York: Routledge, 2001); Derek Humphry and Mary Clement, *Freedom to Die: People, Politics, and the Right-to-Die Movement* (New York: St. Martin's Griffin, 2000); Fran McInerney, "'Requested death': a new social movement," *Social Science & Medicine,* vol. 50, 2000, pp. 137–154; Sue Woodman, *Last Rights: The Struggle over the Right to Die* (Cambridge, MA: Perseus, 1998).

helped patients to die were exempt from prosecution. Later the law was changed. Physicians in the Netherlands, by following suitable protocols, can legally give their patients lethal injections, in what is called active euthanasia.

The US state of Oregon introduced a somewhat different approach. Following a referendum, and various appeals, a law was passed allowing physicians to provide drugs to patients who satisfied certain conditions, including being terminally ill and desiring a peaceful death. Physicians can prescribe the drugs, but only the patients can take them, in a process commonly called physician-assisted suicide or physician aid in dying. The words suicide and euthanasia are not part of the Oregon law.

Other places where euthanasia is either legal or where there is no law against it include Belgium, Colombia, Luxembourg, Switzerland and several other US states. In most of these places, only residents can access the legal provisions for peaceful death. In Switzerland, though, it is possible for visitors to legally obtain the means to end their lives peacefully, subject to conditions.

Much writing about euthanasia is about ethical considerations. Another major topic is legal aspects of the issue. Here, my focus is on strategy and tactics. I won't be addressing arguments about whether euthanasia is ethical or should be legalised. All that matters is that significant numbers of people believe in the right to die peacefully, and that on the other side of the debate significant numbers of people oppose anyone being able to have their life ended earlier than what would happen via natural processes.

So to begin. For those supporting access to voluntary euthanasia, who live in countries where this is illegal, how should they proceed? The standard approach by most organisations supporting voluntary euthanasia is to push for legalisation. This is done through lobbying politicians and through publicity and education to change public opinion, with public pressure then used to influence politicians. In some countries it is possible for referendums to be held, and these can be used as vehicles to push for legalisation.

In many countries, public opinion is strongly in favour of access to voluntary euthanasia. Figures of 70% in support are commonly cited.[6] However, on this issue public support rarely translates into political action. Many politicians are reluctant to vote for legalisation because of organised opposition, especially by religious groups.

Traditional forms of nonviolent action are possible. Campaigners can hold rallies and marches. They can hold vigils outside the offices of politicians. In systems of representative government, these are well-established means of political protest. They can be powerful, but they do not push very far beyond the normal political boundaries.

The two main forms of noncooperation are strikes and boycotts. But who is going to go on strike, and what is going to be boycotted? Bringing up the idea of strikes and boycotts points to the difference between the euthanasia issue and struggles against repressive governments or powerful corporations. In a campaign against a powerful and damaging corporation, workers can go on strike and

6 See figures cited in Côté, *In Search of Gentle Death.*

consumers can boycott products. Alternatively, the corporation's suppliers or buyers can be targeted via strikes and boycotts. In the case of voluntary euthanasia, the obstacle is supply of a product, namely drugs to enable a peaceful death, or a service, doctors to obtain and prescribe the drugs. Going on strike is not an obvious option, because the goal is the supply of drugs, not interrupting it. The companies that produce Nembutal are not the obstacle: they would be happy to sell the drug; indeed, they sell it to veterinarians. This is not a big industry. Even where euthanasia is legal, the market is small, because any individual needs only one dose of the drugs. Each person dies just once, so repeat prescriptions are not needed, unlike billion-dollar markets for drugs for high blood pressure, arthritis and other chronic conditions. To put it crudely, the business of helping people to end their lives operates in a self-limiting market, whereas extending people's lives offers the possibility of continued sales. This means the market stake in peaceful dying is relatively small. Governments receive negligible revenue from taxes on end-of-life drugs, and few workers are involved.

This means thinking about noncooperation options needs to explore other directions. One possibility is doctors, who have access to means for peaceful death, namely certain drugs. Many doctors assist patients to die, out of compassion, but nearly always this is done covertly, to avoid legal consequences. A doctor can undertake an act of civil disobedience by openly providing a patient with drugs to enable peaceful death. Rodney Syme, a urologist in Melbourne, did just this. In his book *A Good Death,* he tells about his gradual increase in awareness due

to encountering patients with terminal diseases and with severe suffering not eased by conventional palliative measures. He began his journey by covertly supplying death-enabling drugs to one patient, and then to another. As his willingness to help became known, more patients came to him for assistance.[7]

Syme sent information to the coroner about his participation in terminal sedation — a common practice with no legal basis — seeking to provoke authorities into making an open declaration about it. If authorities took action against him, this would publicise the issue and probably make Syme a martyr for the cause; if they stated they would not take action, they would set a precedent for others to follow. In this dilemma, the authorities, instead of acting, did nothing, leaving Syme's position in limbo. Syme was not charged with any crime, but neither was there any official statement.

In April 2014, Syme openly admitted supplying Nembutal to a man named Steve Guest, arguing that this was for palliation and was not for the purposes of suicide. Syme aimed to demonstrate that laws addressing medical acts near the end of life were ambiguous and inadequate.[8]

Syme's actions were a form of nonviolent action. However, only a few others could participate in this type of action, namely doctors, and few were prepared to join Syme in openly declaring their involvement. The reason is

7 Rodney Syme, *A Good Death: An Argument for Voluntary Euthanasia* (Melbourne: Melbourne University Press, 2008).

8 Julia Medew, "Lifting the lid on a crime of mercy," *The Age* (Melbourne), 28 April 2014, p. 12.

that this was a high-risk form of action, with possible penalties including deregistration and years or decades in prison. Few doctors were willing to risk ending their careers on this issue. If hundreds or thousands of doctors had joined Syme, the consequences would have been dramatic, either the spectre of prosecuting a huge number of doctors or, more probably, the failure to prosecute any of them, resulting in a de facto legitimation of physician-assisted peaceful death.

In September 2014, several doctors in Melbourne spoke to the media, telling about their assistance in helping patients — or in one case the doctor's own mother — to die. Two of them courageously gave their names: Simon Benson and Peter Valentine. The article about their actions mentioned that covert assistance in dying is probably widespread, but has dangers due to being unregulated.[9]

In summary, assisting others to die, and then openly admitting it, is a form of civil disobedience that is potentially potent but has two inherent limits. The first is that only doctors (and perhaps a few others) can participate, and the second that the high risk means only a few of them actually do.

Syme was exceedingly cautious in his actions and his advocacy. Through his experiences with suffering patients, he gradually expanded his view of the circumstances in which he considered it ethical to supply drugs by which patients could end their lives. He approached authorities to clarify the legal status of his actions. Only

9 Julia Medew, "Don't-tell doctors supporting secret euthanasia deaths," *The Age* (Melbourne), 7 September 2014.

when this failed to produce a result did he go further by revealing his position to a public audience. In his quiet, compassionate and considered approach, he followed a trajectory that can be likened to Gandhi's approach of first respectfully engaging with authorities to seek a resolution before initiating nonviolent action to create the conditions to enable dialogue.

Kevorkian

The most prominent — or notorious — physician-activist is Jack Kevorkian, who is quite a contrast to Rodney Syme. Based in the US, Kevorkian developed a machine to enable patients seeking death to end their lives. Rather than gradually nudging the authorities, Kevorkian confronted them head-on, pushing the boundaries of ethics and legality.[10]

Kevorkian enabled over a hundred individuals to end their lives. From the beginning, he was a vocal advocate of voluntary euthanasia. With his repeated uses of his technology, he dared authorities to take action; his aim was to challenge laws against voluntary euthanasia. On several occasions, he was arrested and charged with murder, but was found not guilty despite his penchant for flouting legal procedure and frustrating his legal team. Eventually he overreached. He video-recorded his actions ending the life of a patient and challenged authorities to

10 Neal Nicol and Harry Wylie, *Between the Dying and the Dead: Dr Jack Kevorkian, the Assisted Suicide Machine and the Battle to Legalise Euthanasia* (London: Vision, 2006).

act. They did. He was convicted of murder and sentenced to prison.

Kevorkian was in such a rush to push the boundaries, and to make a name for himself, that he made mistakes. He did not always seek sufficient information about the condition of his patients, and therefore was not always absolutely sure their diseases were terminal. In the case that led to his imprisonment, he did not take sufficient care to obtain informed consent.

In terms of nonviolent action, Kevorkian's actions in helping people die might be considered direct action or even a form of civil disobedience. Even when his actions were legal, he was confronting current ethical norms, so his "disobedience" was as much to expectations of acceptable behaviour as to laws. However, by pushing the boundaries of acceptable behaviour, Kevorkian took the risk of perpetrating an injustice himself: involuntary euthanasia.

An analogy to nonviolent action might be environmental activists who sabotage equipment to prevent and disrupt forestry operations.[11] Examples are putting sand in the fuel tank of a tractor, pulling up survey stakes and hammering stakes into trees. In this sort of "ecotage," care is taken to avoid harming humans. After putting metal or ceramic stakes into trees, companies are informed of the action to discourage them from logging: the stake can cause sawmill blades to break, a costly process. There is also another risk: a sawmill blade might break and injure a worker. This could happen because the message about

11 This was discussed earlier in chapter 2.

staking the trees was not conveyed to the right people, or was incorrect or not taken seriously. Because there is a potential risk of hurting workers, many environmentalists advise against staking. Although the danger is small, a single incident harming a worker could seriously discredit the movement.

Kevorkian can be likened to an environmentalist who takes risks. Although most of the people he helped to die were grateful, it required only a single case of inadequate informed consent for his activities to be judged as murder.

There is much commentary about Kevorkian, including both praise and condemnation. My aim here is not to pass judgement on his actions, but to draw an analogy with nonviolent action. His case shows the risk of going too far — too far in the direction of a different injustice. This is an important point, so it is worth making additional comparisons. In a rally, protesters can harm their case by using even a little violence, such as throwing stones at police. This often legitimises police violence, which is typically much greater. A nonviolent protest in which police use violence is one-sided: the police are causing harm, but no physical harm is being done to them, so witnesses commonly see this as unjust, generating greater sympathy and support for the protesters. As soon as the protesters use violence, no matter how slight, there is a perception of a double injustice: violence against protesters and violence against police. The asymmetry is broken and some of the sympathy for the protesters may be lost.

Kevorkian, by assisting suffering patients to die, was seen by many as serving their interests. Actions taken against him — criminal charges — seemed to many as

unfair: he was charged with murder for helping doing what people wanted, namely end their suffering. Of course many opposed Kevorkian because they opposed any intervention to shorten a person's life, no matter what the circumstances. Kevorkian, no matter how careful, was never going to win them over. Similarly, protesters are unlikely to win over members of the public who oppose their cause, or oppose any sort of public protest.

Kevorkian went too far when he was not sufficiently careful in obtaining informed consent. Even if he obtained informed consent in nearly every case, but failed in a single case, the single case would be used against him. This is analogous to protesters who remain resolutely peaceful except for one departure, when a single protester throws a stone. The single departure can be the basis for condemnation. Kevorkian pushed the boundary and paid the penalty. The difference between his action and the protesters is the nature of the boundary. In the case of the protesters, the boundary is between the absence and presence of physical violence. In the case of Kevorkian, the boundary was between voluntary and involuntary euthanasia or, more bluntly, between helping people and harming them.

Kevorkian's story provides a valuable lesson for advocates of voluntary euthanasia. It is exceedingly important to avoid any harm, even though the harm might be small compared to the good. Some might argue that an occasional case in which full consent is not obtained is a minor concern compared to the suffering that is ended in numerous cases. This would be like arguing that a bit of protester violence is not significant compared to the much

greater police violence. The trouble is that this moral calculus is not the basis for people's reactions. Just as opponents of the protesters will use a slight bit of violence to condemn the protesters and their cause, so will opponents of euthanasia use any case where consent has not been fully obtained to condemn euthanasia generally.

Self-deliverance

In 1996, voluntary euthanasia became legal in Australia's Northern Territory. Australia is a federation of six states and two territories, one of which, the Northern Territory, covers a huge area with a relatively small population of 200,000. This was the unexpected context for the world's first voluntary euthanasia law, made possible by the commitment of a few individuals, especially the territory's chief minister Marshall Perron.

There was a hitch. Any person seeking to end their lives peacefully had to find three doctors who would vouch that the conditions of the new law were satisfied — including one doctor to certify the person was dying and a psychiatrist to say that the person did not have treatable depression. Because no doctors volunteered, Philip Nitschke decided to become involved. He had had no prior involvement with euthanasia issues, but if no one else would help individuals in need, he would. Nitschke had a prior record as an outspoken doctor, for example speaking out about radiation risks from visiting nuclear warships.[12]

12 Philip Nitschke and Fiona Stewart, *Killing Me Softly: Voluntary Euthanasia and the Road to the Peaceful Pill* (Melbourne: Penguin, 2005); Philip Nitschke with Peter Corris,

Taking the initiative, Nitschke found 22 doctors willing to publicly support the new law. Nitschke then designed a computer system to allow the patient to make all the decisions. Nitschke would insert a line into the patient's arm to deliver life-ending drugs. Then, on the computer screen, a series of questions would appear. If the patient provided their consent at this point, giving the go-ahead, the drugs would automatically be administered. Nitschke did not even need to be present.

The first person seeking to take advantage of the law was Max Bell, a taxi driver with stomach cancer. Nitschke needed to find three other doctors — a surgeon, a palliative care specialist and a psychiatrist — willing to say that Max was dying, had had palliative care options explained, and was sane. But no doctors were willing to step forward. Max died the death he had feared, but not in vain: his ordeal travelling to Darwin was filmed, and the resulting national television show was powerful, inducing some doctors to agree to sign the required forms the next time around.[13] Eventually four patients took advantage of the law.

Meanwhile, politicians in Canberra, the national capital, were disturbed by the law. Many of them opposed euthanasia. The Northern Territory, as a territory, was subject to federal control. Soon a bill was drafted to overrule the Northern Territory law, and federal politicians passed it. After only nine months, the Northern

Damned If I Do (Melbourne: Melbourne University Press, 2013).

13 Nitschke and Stewart, *Killing Me Softly,* 39–42; Nitschke, *Damned If I Do,* 85–88.

Territory's experiment with voluntary euthanasia was over.

This experience transformed Nitschke. He became committed to helping terminally ill people end their suffering and was convinced that the usual approach of voluntary euthanasia groups, namely to push for law reform, was too weak and too slow. Nitschke turned to a different approach: providing people with the tools to end their own lives peacefully, without requiring the approval of politicians or doctors.

This ideal he called the "peaceful pill." He imagined developing a pill that people could take that would end their lives in a process that would be uncomplicated, dignified, reliable, under the control of the individual, and involve no pain. The peaceful pill is a metaphor for a variety of methods that satisfy the conditions. The drug Nembutal is one option fitting the requirements: drinking just a glass of it reliably causes death, with no pain, in a matter of minutes. The drug tastes incredibly bitter, so it not likely to be taken by mistake.

However, in Australia, Nembutal cannot be obtained legally by members of the public. So Nitschke and his colleague Fiona Stewart investigated ways of obtaining it, for example travelling to Mexico and buying it at veterinary supply shops. This is quite legal, but bringing Nembutal back into Australia is against the law, though penalties are minor for the amount needed by an individual.

Another option is the exit bag. A plastic bag that fits over your head is prepared with a drawstring. A canister of nitrogen or helium is fitted with a valve to set an appropri-

ate flow rate. With the gas continuously filling the bag, you fully exhale, pull the bag down over your head, pull the draw strap and breathe deeply. Now you're breathing only helium or nitrogen — no oxygen. Within seconds you pass out and within minutes you die. This is completely painless.

However, the helium or nitrogen needs to keep flowing to flush carbon dioxide from your exhaled breath out of the bag. If you breathe in carbon-dioxide-rich air, you will desperately gasp for breath, which is not pleasant. The exit bag, if prepared properly, fits all the criteria for a peaceful death: it is painless, reliable, and fully under the control of the individual. Although it is straightforward to obtain the necessary components and prepare an exit bag, it is a bit complicated. It is not something you would do on the spur of the moment, as you might with a gun.

One disadvantage of the exit bag is that, to many people, it seems undignified. Some people don't want a bag over their head. Furthermore, anyone who finds your body will know what you've done. However, if a friend or relative removes the bag and apparatus afterwards, no one else will know you ended your own life. If you used nitrogen, there is no test that can detect how you died. (Removing the apparatus after death could be considered interfering with a corpse, illegal in some jurisdictions.)

One advantage of the exit bag is that it is legal to buy all the components, whereas obtaining Nembutal means breaking the law, at least in a country like Australia. Even so, many people seeking a peaceful death prefer to take the financial and legal risks in obtaining Nembutal, because they prefer this method over an exit bag.

There are various other ways to end your life peacefully. Nitschke and his co-author Fiona Stewart document them in their book *The Peaceful Pill Handbook*.[14] For example, some prescription drugs can be used, but convincing a doctor to prescribe them can be a challenge. If you ask for a drug saying you want to take an overdose and die, the doctor almost certainly will refuse, and then your subsequent request will likely be treated with suspicion. Therefore, you need to be cagey, saying something like, "a friend of mine told me about a green pill that can help my severe arthritic pain." This suggests you don't know much about it. Nitschke and Stewart provide the pros and cons of various options. Nembutal and the exit bag are currently the most reliable methods.

However, circumstances keep changing. For example, whereas it used to be necessary to travel to a place like Mexico to buy Nembutal in liquid form, around 2010 supplies of powdered Nembutal from China became available via mail order. In powered form, Nembutal can be sent in an ordinary letter. However, Australian customs gradually became more alert to this possibility, so some shipments were confiscated. So there's a risk of losing your payment. However, for anyone who is suffering or who wants to be prepared for the end, the loss of a few hundred dollars is unlikely to be a serious deterrent. With the success of online ordering of Nembutal, scammers

14 Philip Nitschke and Fiona Stewart, *The Peaceful Pill Handbook* (Bellingham, WA: Exit International US, 2008). For the e-version, see http://www.peacefulpillhandbook.com/.

have entered the scene, collecting money from purchasers but not delivering the product.

Because options keep changing, *The Peaceful Pill Handbook* is available both in print and as an e-book, updated regularly. The book, as well as giving accounts and assessments of various end-of-life options, provides video clips showing how to construct and use an exit bag and photos of bottles of Nembutal for sale in foreign veterinary supply shops, among other information.

The Peaceful Pill Handbook is just one of several manuals of its type.[15] Others are available, usually oriented to circumstances in particular countries, such as Japan or France. These manuals are, in many cases, linked to organisations and activities to inform and campaign. For example, Nitschke set up the organisation Exit International to promote self-deliverance options. He runs workshops in Australia, England, Ireland, US and Canada, covering some of the information in *The Peaceful Pill Handbook* and responding to questions from participants. There are Exit chapters in several parts of Australia, holding meetings and providing support to members. Nitschke has also held seminars over the Internet.

One of the original aims of Exit International was to develop a "peaceful pill" that could be easily synthesised from legal substances. Nembutal is the ideal drug but it is not simple to produce from easily available chemicals, so it does not satisfy Exit's goal. However, despite the

15 One of the classics is Derek Humphry, *Final Exit: The Practicalities of Self-deliverance and Assisted Suicide for the Dying,* 3rd edition (New York: Dell, 2002).

participation of some chemists, Exit has not been able to develop its ideal peaceful pill — at least not yet. Whether such a pill would be beneficial for the cause of peaceful death is another question.

One of the prime objections to legalising euthanasia is that this will lead down a slippery slope to abuses. One danger is an increase in involuntary euthanasia, namely killing of people who might prefer to remain alive, especially those most vulnerable, such as people with disabilities. Experiences in places where euthanasia is legal, such as the Netherlands and Oregon, provide little support for this possibility, though the matter is contested.[16] Nevertheless, the possibility of involuntary euthanasia is an important risk that proponents of voluntary euthanasia need to address.

The road of self-deliverance has another danger: if means for peaceful death are readily available, this might lead to more people committing suicide, including people whose mental and physical suffering is only temporary or can be ameliorated. So far, this risk seems small: very few of those attending Nitschke's workshops are young. The initial part of his workshop, where he tells about the issues generally, is open to the public. Attendance at the second

16 See for example Margaret P. Battin et al., "Legal physician-assisted dying in Oregon and the Netherlands: evidence concerning the impact on patients in 'vulnerable' groups," *Journal of Medical Ethics,* vol. 33, 2007, pp. 591–597; Penney Lewis, "The empirical slippery slope from voluntary to non-voluntary euthanasia," *Journal of Law, Medicine & Ethics,* vol. 35, 2007, pp. 197–210.

part requires joining Exit and signing a statement. Participants must be over 50 years of age. In the second part, Nitschke covers material available in *The Peaceful Pill Handbook* and answers questions about it, with the aim of providing accurate information that participants can use to make their own decisions. The workshops neither encourage nor discourage ending one's life.

The precautions are necessary for two reasons. The immediate one is that the Australian government has strict laws against providing information about ending one's life peacefully. Regardless of the law, it might seem inappropriate to be providing this information to young, healthy individuals who are at risk of suicide. Participants in Exit workshops are expected to disclose psychiatric illnesses and, when they do, may be excluded from participation to prevent information being used inappropriately.

However, few young, healthy individuals seem to have any interest in end-of-life options. Even for the first, open part of Exit workshops, very few attendees are under 50 and the average age is probably close to 75.

For people who want to know how to end their lives peacefully, the most common motivation is to prevent unnecessary suffering. Some of those attending are ill, most commonly with cancer, and fear the pain, discomfort and indignity of the final days or weeks. They would like to have the option of going when they are ready. A number of observers suggest that when terminally ill individuals have access to means to end their lives peacefully, they actually live longer, because they know

they can end their suffering at any time, if needed.[17] Those without this option may resort to harsher means, such as hanging or drug overdoses, at an earlier time.

Some attendees are healthy but at an age with a limited life expectancy. At age 90, life expectancy is less than 10 years. For those with chronic conditions, such as diabetes or heart arrhythmia, the precariousness of life is apparent daily. They want to be prepared.

Even in places where euthanasia is legal, some individuals may seek their own independent access to means to end their lives. The reason is that the legal requirements to access physician aid in dying may be too onerous for some. A typical requirement is that the requester needs to have a terminal illness with less than six months to live. However, there are some individuals with chronic conditions that cause them extreme suffering but are not life threatening. One case is intractable pain.

Nitschke gradually became sensitised to cases that pushed the boundaries of peaceful death. A key case was Lisette Nigot, a woman in her 70s who was in good health but had decided she had had enough of life. She had done everything she wanted to do and didn't want to live past 80. Nitschke initially refused to help her, thinking this was beyond the bounds of acceptability. Nigot chastised him for his intransigence and inconsistency. If he was seeking to enable people to make decisions to end their suffering, why did he restrict himself to suffering caused by physical conditions and not consider existential suffering?

17 Côte, *In Search of Gentle Death,* 210.

Another way to look at this situation to consider the situation of a person who is rationally planning to end their life, not due to depression or a sudden rush of emotion. If a person's desire to die is carefully considered and planned over a lengthy period, there are seldom any obstacles to ending life, assuming some degree of agency. For example, it would be possible to go to the top of a tall building and jump off. Guns and rope provide other means. However, a considerate plan to end one's life takes into account the effect on others, and violent means are usually distressing to others, for example the person who discovers the body. In such circumstances, a request to access means for peaceful dying can seem entirely rational.

If it is considered reasonable, indeed compassionate, to enable Lisette Nigot to end her life peacefully, what is to stop extending the opportunities? Perhaps younger people who are tired of life should have access to assistance in dying. There can be convincing examples, but addressing them involves entering a boundary area where the risks are higher of enabling someone to die who might, on reflection, have preferred not to. This of course is a long-standing rationale for suicide-prevention programmes. Many people who attempt to end their lives are in the midst of depression. With suitable social support, and the passing of time, they may think life is worth living. The point is that these suicide attempts are driven by emotion, usually by extreme psychological distress, rather than a calm, rational consideration of options. Furthermore, these attempts are commonly by people who have — from the perspective of others — prospects for a productive, satisfying life. As such, their circumstances

are quite different from those with serious illnesses with little or no prospect of improvement.

This line of thought can lead to several possible conclusions concerning the availability of means for peaceful death. One conclusion is that these means should be illegal or unavailable: by banning these means, fewer people will end their lives prematurely. Another possible conclusion is that extra care is needed to ensure that the means for peaceful death are only available to those who qualify, by some criteria, for this option. This conclusion usually takes the form of arguing for legalisation of assistance in dying, with strict controls, such as having a terminal disease, approval by doctors, and a waiting period. However, this approach, which is standard in places where voluntary euthanasia is not illegal, rules out access by people such as Nigot.

Another conclusion is that anyone should have access to the means for peaceful death, but in a context in which there is considerable social support for people in distress, and where suicide-prevention measures are well supported. In this model, self-deliverance is an option that is only likely to be taken up by those who rationally want to end their lives. It is analogous to the present situation concerning violent suicide. The means for violent suicide are readily available: guns, rope, tall buildings, trains and buses. Making available self-deliverance options would not, according to this line of thinking, do much to encourage suicide among those whose life has potential, because they have plenty of options already.

Another line of thought is that the strictures against peaceful dying are excessive given the ready availability

of means for violent death. A society that wanted to be effective in reducing suicide would have the strictest possible gun laws and have barriers to prevent people jumping off cliffs and high buildings. However, there is a limit to this sort of protection. To reduce suicide by drivers purposely crashing their vehicles would require improving public transport and making car ownership more restrictive and expensive. But how could suicide by hanging be reduced? It is hardly feasible to make rope expensive or restricted or to limit the number of things rope could be tied to. The implication is that it is possible to imagine a wide range of protective and preventive measures to reduce the opportunities for people to end their lives violently, but they will never be completely effective. Therefore, the argument that the availability of means for peaceful death will lead to a major increase in suicide by the young does not seem all that plausible. The major problem would arise if it became too easy to end one's life peacefully.

With this background, let me now consider how self-deliverance, as a method of achieving a desired goal, measures up according to the factors involved in effective nonviolent action.

Participation

Nonviolent action is often more effective when many people can be involved. Rallies, boycotts, vigils and many other methods of nonviolent action allow just about anyone to participate, including women, children, the

elderly and people with disabilities. In contrast, young fit men are the largest group involved in armed struggle.

People can participate in promoting and enabling self-deliverance in various ways. The most central form of participation is to use this approach to end one's own life. However, this is a very restricted group of people. Even those who advocate and prepare for self-deliverance may not actually use it. Self-deliverance is the antithesis of a participatory direct action. It is more akin to some energetic forms of protest, such as putting banners on tall buildings or sitting atop a tripod to prevent logging. Only a few individuals are capable of or willing to undertake such actions.

Another possibility is to help others prepare for self-deliverance, for example by obtaining Nembutal or constructing an exit bag. However, assisting suicide is a crime in most countries, so this is a highly risky action and unlikely to be the basis for larger participation.

In 2014, an Australian named Laurie Strike recorded a one-minute video in which he requested assistance. He was 84 and was dying of cancer, given only a few weeks to live. In the video, posted online, he asked for means to end his life. An anonymous person supplied him some Nembutal, and Strike used it to die. Strike's appeal served as powerful advocacy for voluntary euthanasia, but did not do much to increase participation in campaigning. Similarly, secret networks in which terminally ill people obtain and share Nembutal can benefit those involved but do little to enable wider participation.

More promising is participating by witnessing someone else's self-deliverance. In Australia in 2002, 69-year-

old Nancy Crick ended her life by drinking Nembutal. Having publicised her plight beforehand, at her death she was surrounded by 21 relatives and Exit members who potentially risked being charged with assisting a suicide — though none were. Such support groups have since been called "Nancy's friends."

A group of Nancy's friends can help protect family members or close friends who might be accused of assisting in a death. If anyone is to be criminally charged, then logically all those present should be charged too. Most "Nancy's friends" have themselves been elderly, making them unlikely candidates for criminal proceedings: it would look bad for police and courts to be seen prosecuting elderly members of the community who otherwise have no criminal records or associations. In the US, there was an equivalent support system called Caring Friends.[18]

Being among a group of Nancy's friends at someone's death is a type of civil disobedience. It expands participation beyond the person ending their own life, but so far there have been limits to participation, because suitable events are not that common: only a few people choosing self-deliverance are comfortable having a group of strangers around at the final moment. To increase participation further, some creative thinking is required.

In Australia, one possibility is to challenge censorship of information about self-deliverance. Unlike most other countries, it is illegal to use electronic communication — such as telephone or Internet — to provide any

18 Côte, *In Search of Gentle Death,* 201–217.

information about ending one's life. This legislation was targeted at Nitschke and Exit International. In response, Exit hosted its website outside Australia. The Australian government banned *The Peaceful Pill Handbook* — one of the very few books banned in Australia in recent decades. However, because it is possible to obtain the book via mail order and to buy the e-version through the Exit website, banning the book may have been primarily a symbolic action to placate opponents of euthanasia.

The illegality of communicating information about peaceful dying provides an opportunity for civil disobedience actions. For example, hundreds of Exit members — or sympathetic members of the public — might announce together that they have obtained copies of *The Peaceful Pill Handbook,* daring authorities to charge them. If authorities took action, this would provide a platform for publicising the book and the issue; if they declined to act, this would undermine the book ban. The best people to join such an action would be those with the least to lose. If Nitschke joined, he might likely be targeted for reprisals as a means of curtailing his activities, whereas others are unlikely to be.

It is also possible to imagine an expansion of Nancy's friends events by inviting others to participate via online video. If being a member of Nancy's friends is a form of civil disobedience, then the idea is to expand the numbers of those involved. However, this would need careful planning, for example to reveal the location of the event only at the last moment. One person's personal experience of self-deliverance might turn into a spectacle, so only someone who understood exactly what would be involved

should even consider this. Furthermore, much prior preparation for participants and observers would be required, so the rationale for self-deliverance — the person's suffering and lack of other options — is fully appreciated. A spectacle is not a problem. The challenge is to make it a spectacle that is educational and motivating.

If actions can be designed to enable large-scale participation in actions in support of self-deliverance, they will achieve several things. First, they will increase the understanding and commitment of those involved. Second, they will provide dramatic endorsement for self-deliverance, much beyond opinion polls. Third, they will make more people willing to consider self-deliverance for themselves, via both publicity and the implied endorsement of mass action.

Direct action in support of the option of self-deliverance can be considered part of the Gandhian constructive programme, which involves acting out the desired goal, and supporting others to do so, rather than trying to put pressure on powerholders to give official permission. In other words, the constructive programme does not rely on convincing or pressuring powerholders. However, ironically, mass action in support of self-deliverance might be the stimulus for governments to legalise voluntary euthanasia — but with the usual tight requirements, such as certification by doctors about a terminal illness, that limit access to it. Self-deliverance, in contrast, does not require the approval of doctors, so for some it will remain an important option even in places where voluntary euthanasia is legal.

Limited harm

Nonviolent action, to be effective, needs to limit any potential or actual harm to the opponent — or to anyone else. In a common form of confrontation, peaceful protesters are met by police, who may use force against the protesters, such as beatings with batons or firing of tear gas. This, to many observers, seems an obvious injustice: it is widely seen as unfair to use violence against peaceful protesters. However, if even a few protesters use violence themselves — for example by hitting police with sticks — this transforms the interaction from violence-versus-nonviolence to violence-versus-violence, and suddenly the police violence seems less objectionable. Even when the protester violence is far less, it can change perceptions about the injustice involved.

In the case of euthanasia, there is no direct harm to the principal opponents of euthanasia, whether religious leaders, politicians or citizen campaigners. Instead, and importantly, there is potential harm to individuals whose lives might be ended prematurely, especially when consent has not been given, as a result of the availability of peaceful means to do so. Furthermore, a person's death, especially if it is seen as premature, can cause psychological pain to some relatives and friends.

Some opponents of euthanasia believe that it is wrong for people to take any steps to end their lives, even when they are in extreme suffering and desperately want their lives to end. For these opponents, euthanasia even under the strictest safeguards is anathema. They see it as causing serious harm, for example as cutting short life

without divine authorisation. For these opponents, the goal of limited harm provides no guidance for what to avoid. Drawing an analogy to nonviolent action, this would be parallel to employers who believe any type of workers' strike is a form of violence, or politicians or police who believe that any form of public protest is a threat to public order.

The criterion of limited harm, to make sense, needs to be assessed in relation to a wider, less censorious public. Two prime audiences are those who are sympathetic to the goals of the movement and those who are undecided.

For these groups, concerns may arise if there are cases of *involuntary* euthanasia that are due to or attributed to supporters of *voluntary* euthanasia. For example, in places where euthanasia is legal, if convincing evidence emerged that people were being given lethal injections without consent or being prescribed lethal drugs when they were incapable of understanding their actions, this would discredit the case for voluntary euthanasia. It is telling that opponents of euthanasia make allegations along these lines.

This is precisely where Jack Kevorkian got into trouble. He apparently did not take sufficient care to obtain informed consent. This allowed the police to charge him with murder and discredit him and the case for euthanasia. (Even so, many see him as a hero.)

Self-deliverance involves a somewhat different set of issues connected to harming others. Ending your own life using materials you have personally collected or constructed, such as Nembutal or an exit bag, does not seem likely to physically harm anyone else. In this scenario, the

bigger risk is enabling people to end their lives when this is not a carefully considered plan with adequate rationale. For people with terminal illnesses who are experiencing great suffering, the risk is small. However, if young, fit individuals were to use self-deliverance techniques to end their lives, intentionally or inadvertently, this would be a serious problem for the approach, and in many eyes would discredit it. So far, there have been few publicised cases in which this has happened, but it is still useful to consider the possibilities.

Currently, the primary recommended self-deliverance options are Nembutal and the exit bag. These are unlikely to be used accidentally. It would be foolish to leave a bottle of Nembutal sitting in a cupboard where children might decide to drink it, but even if they did, the risk is small because Nembutal is incredibly bitter: most likely they would take a sip and immediately spit it out. However, an adult who knows about how Nembutal can end life and who suffered severe depression might find it an attractive option. Therefore, anyone who obtains Nembutal for their own potential use would be wise to ensure it is as well hidden or securely restricted as other means for suicide such as guns or pesticides.

An exit bag requires special equipment: a canister of helium or nitrogen, a special valve and tubing, and a specially prepared bag. Obtaining this equipment requires forethought: it is not the sort of technique likely to be considered by someone with a sudden suicidal urge, at least compared to options such as shooting or driving a car into a tree at high speed. Nor is the exit bag a likely means for accidental death. Even if the equipment components

were foolishly left lying in the open where children could play with them, the technique of using the exit bag is sufficiently complicated that the risk of accidentally dying using it is remote. Only if children repeatedly witnessed practice sessions would this risk become plausible. The implication is to keep children away when practising the steps for using an exit bag.

But what about information on how to use an exit bag? In Nitschke and Stewart's *The Peaceful Pill Handbook,* there is information on constructing an exit bag. The e-version of the book contains a video with an elderly woman, Betty, demonstrating how to use the bag. It might be argued that this information should be kept away from children. Parents who obtain the book might well do so. However, if they were seriously concerned with preventing children from learning how they might end their lives, they would also stop them watching any television or movies showing murder or suicide using guns or other violent methods. The reality is that only a tiny minority of people do not know about violent suicide options. In the movie *The Shawshank Redemption,* rated by audiences as one of the best ever, there is a graphic scene showing preparation for suicide by hanging. Given the glamour or stylishness of many movies involving graphic killing — *Pulp Fiction* is an example — violent suicide is likely to be a far more salient option than the drab scenario of the exit bag as demonstrated by Betty.

One of the goals of Exit International has been to pursue new options for the goal of access to a "peaceful pill," namely a cheap, convenient and reliable means of ending one's life peacefully. In this, Exit has been part of

a wider network of self-deliverance advocates called the NuTech group, who started meeting in the 1990s.[19] These pioneers of technological innovation for the purpose of ending life peacefully have investigated various options — but so far have not come up with anything more effective than the exit bag.

Suppose, for the sake of argument, that by purchasing some ordinary chemicals, a Bunsen burner and some test tubes, it was possible to produce an actual pill that, if swallowed, would end life within minutes with no side effects, and with no detectable trace in the body. This would satisfy the ostensible goal of Exit for a peaceful pill, but almost certainly it would create huge new problems. It would become too easy for all sorts of people to use the pill for other purposes.

Because it would be easy to produce, such a pill would have an obvious attraction for anyone who wanted to die, including those in the midst of depression. Many depressed people attempt suicide by swallowing prescription or other drugs; many survive because most available drugs are not lethal, even in large quantities. Many attempted suicides are interpreted as cries for help. If a peaceful pill were available, many more of these attempted suicides would be successful.

Another problem is that such a pill could be used to commit murder. The possibilities would be enormous and horrendous. Hiding a peaceful pill in someone's food would be one possibility. Disguising a peaceful pill as some other pill, for example a vitamin tablet, would be

19 Côte, *In Search of Gentle Death,* 109–133.

another. To prevent misuse of such a pill, police might monitor sales of the components or even of Bunsen burners, or might institute a comprehensive surveillance system.

The dangers of such a peaceful pill, leading to government controls and surveillance, then would make it less attractive for the current target group for Exit and other self-deliverance groups: people who rationally want to end their lives because of serious and inescapable suffering.

This line of thought suggests that the NuTech goal of enabling access to a cheap, accessible, simple and reliable means to end one's life peacefully needs to add another criterion: the means should not be too easy to obtain and use inadvertently or surreptitiously.

In places where Nembutal can be purchased legally, for example Mexico, it is not known for being responsible for murders or rash suicides. However, a tasteless or slightly sweet version of Nembutal might be a different story. Similarly, the needed planning and difficulty in constructing an exit bag seem sufficient to deter most spur-of-the-moment suicide attempts.

In summary, self-deliverance can be pursued using direct action, namely development and use of methods for ending one's life in a peaceful way. One of the criteria for this to be an effective approach is that harm be limited. The most likely harm is use of self-deliverance techniques by individuals outside the normal ambit. Therefore, the most appropriate technological options need to make such possibilities difficult.

Voluntary participation

In effective nonviolent action, such as petitions, marches, vigils, boycotts, strikes and sit-ins, participants need to be volunteers. If participants are conscripted or bribed, this undermines their commitment and undermines the credibility of the action. Rallies organised by dictators, in which members of the crowd are paid to attend, are shams and are not the basis for ongoing commitment.

As applied to actions supporting voluntary euthanasia, the implication is that no one should feel any obligation to participate, much less any compulsion. Imagine this scenario: a person arranges to end their life in the presence of a group of Nancy's friends, namely voluntary witnesses. With the preparations complete, 20 Nancy's friends arrive, some travelling a considerable distance. But then the person who is the centre of attention has second thoughts: perhaps it's not time to go just yet. However, all the effort put into making arrangements might seem to impose a sense of obligation to continue. At this point, therefore, it would be opportune to offer a caring, sincere option to cancel or postpone the action. This should always be a possibility; the more high-profile the preparations, the more important it becomes to ensure that proceedings are entirely voluntary.

Some individuals seeking a peaceful death speak out about their situation, becoming temporary stars in the campaign. According to the principle of voluntary participation, the decision to do this should be made entirely by the person concerned, without the slightest pressure. Indeed, it might be worthwhile to have someone play the

role of devil's advocate, to articulate the reasons why taking a public role is not a good idea. In this way, a person's commitment to becoming a public figure on the issue needs to be strong enough to overcome careful arguments to the contrary.

A single person who backs out of a planned end-of-life event and claims to have felt coerced would be highly damaging for the cause of voluntary euthanasia. Hence, ensuring consent will continue to be vitally important.

Where euthanasia is legal, protocols for ensuring consent are far more rigorous than the alternative, namely underground euthanasia, in which doctors covertly provide the means for ending life, or sometimes actively end a person's life. This is one of the arguments for legalisation: the necessity for surreptitious activities will be reduced.

Self-deliverance raises a different set of considerations, because it can be carried out whether or not euthanasia is legal. The risk of people being pressured to end their lives against their wishes or best interests exists with legal euthanasia, but is mitigated by the safeguards in the enabling legislation. With self-deliverance, there are no formal safeguards. Therefore, it would probably be useful for proponents of self-deliverance to develop a set of protocols to be recommended to anyone considering this option, to ensure that decisions are completely voluntary. The protocols — which could simply be a series of questions and considerations — might involve questions for friends and relatives as well as the person planning to end their life. For example, if inheritance is involved, the questions might raise concerns if anyone stands to benefit

financially from a person's death and has had an influence on the decision.

In one prominent case in Australia, a man, Graeme Wylie, had expressed his desire to die peacefully, because he had developed Alzheimer's disease. A friend, Caren Jennings, visited Mexico to buy Nembutal for herself, and picked up some for Graeme. Caren gave one bottle of Nembutal to another friend, Shirley Justins, who gave it to Graeme. He used it to end his life. Both Caren and Shirley were charged with murder for their assistance in Graeme's death and convicted of manslaughter.[20]

Philip Nitschke has used this example as a warning: "don't do a Graeme Wylie." In other words, don't rely on others to help you die, because in Australia this can be very harmful to them: they could end up with a lengthy prison sentence. Nitschke's message is that you need to make all the preparations yourself. Furthermore, if you suspect you are developing dementia, it might actually be unwise to obtain a diagnosis from a physician because if you do have signs of dementia, courts might deem that you are not competent to make decisions about your health and life.

These sorts of complications indicate that self-deliverance currently operates in a regulatory vacuum. In Australia, this is a direct consequence of the government's attempts to keep information about this option from the

20 Nitschke, *Damned If I Do,* 115–122; Australian Broadcasting Corporation, "Additional details about the death of Graeme Wylie," *Australian Story,* 23 March 2009, http://www.abc.net.au/austory/content/2007/s2524595.htm.

public and to make the option as difficult as possible. If, though, self-deliverance becomes more widely known and accepted, it will be all the more important that protocols are developed and applied to prevent abuses. One of the most significant potential abuses is involuntary euthanasia.

Fairness

When actions are seen as unfair, they can generate opposition. One way to assess whether people see a method as fair is the absence of backfire.

Suppose you have to deal with a boss who shouts abuse. If you say nothing, speak in a moderate tone of voice, or just leave, most observers will see your actions as reasonable. If you start shouting, you turn the interaction into a shouting match. However, if you put excrement into the boss's desk drawer, throw red dye on her clothes or let the air out of the tyres of her car, you've gone much further. Some of your co-workers might be sympathetic, if they too have experienced abuse from the boss. However, some observers might think you've gone much too far, and think that you are now the one causing the problem. They might think that the boss is justified in shouting at you, because you're doing much worse things.

If you shoved past the boss and caused her to fall and have a serious injury, you might well be seen as reckless or worse. The boss, whatever her shortcomings, might gain sympathy. Hurting the boss could be seriously counterproductive.

In the case of euthanasia, these considerations might at first seem irrelevant, because only one person is

affected: the person who wants to die. But inevitably others are affected too. Indeed, the "fairness" of a method to end one's life is a crucial consideration.

Consider first some violent methods. Suppose you are desperate to die, and you happen to be a commercial pilot. You purposely crash the plane you are flying. You die, but so do many others. This is the height of immorality: you have put your own desires above those of many others.

On a smaller scale, you can end your life by crashing your car, jumping off a building, throwing yourself in front of a train, or hanging yourself. In these and other methods of violent suicide, others can be affected. As well as those closest to you, who will be affected by your sudden death, others may be traumatised, such as train drivers or the person who finds you hanging from a rope.

One of the most important reasons for seeking the option of peaceful death is to reduce the potential trauma to others. So, the push for voluntary euthanasia can be considered to be a quest to enable the use of means to end life that are fair in the sense of reducing one person's suffering — the person wanting to die — while limiting the associated suffering by others affected.

There is one other group to be considered: doctors who are expected or who feel obligated to assist in dying. No doctor is required to help end a person's life, but some who agree to assist nevertheless find the process traumatic, even when they know it is a desired death aimed at

reducing suffering.[21] Many doctors feel their primary duty is to save lives, so helping to end lives clashes with the way they conceive their professional mission. For some of them, the goal might be worthy but the means are distasteful. For this group of doctors, self-deliverance should be less disturbing, because doctors do not have to be involved at all, at least not directly.

This discussion of the principle of fairness seems to be somewhat off track: most of the considerations here could just as easily be classified under the principle of limited harm. This is because peaceful dying is, by its nature, non-aggressive. However, there is one group for who it will nearly always be seen as unfair: those who believe human life is sacred and that humans should not take any action to shorten it. For them, euthanasia is inherently unfair. This will remain a fundamental obstacle to full acceptance of this option.

Prefiguration

The idea of incorporating the ends in the means is called prefiguration. A classic example is seeking peace. When using arms to preserve the peace, the means are incompatible with the end: the means or methods are violence and waging war whereas the end or goal is their absence.

21 Dr. C, "Narratives from the Netherlands: the euthanasia mountain gets higher and higher," *Cambridge Quarterly of Healthcare Ethics,* vol. 5, no. 1, 1996, pp. 87–92, reprinted in David C. Thomasma et al. (eds.), *Asking to Die: Inside the Dutch Debate about Euthanasia* (Dordrecht: Kluwer, 1998), 313–320; Nitschke, *Damned If I Do,* 96.

Using the principle of prefiguration involves pursuing peace by peaceful means.[22]

Campaigns to legalise voluntary euthanasia are not prefigurative. The goal is people being able to die with dignity. The means are something different: information, education, publicity and lobbying.

Self-deliverance, on the other hand, is an ideal example of prefigurative action. The goal is the option of self-deliverance. The principal method used is to enable more people to plan for self-deliverance themselves, should they so desire, and when the time comes, to end their lives in their desired way.

Non-standard

Nonviolent action, by definition, goes beyond conventional, accepted forms of action. Lots of political actions don't involve physical violence, for example lobbying, election campaigning and voting. However, these are routine activities in systems of representative government. They don't count as nonviolent action, which involves doing something that goes beyond the routine. Strikes, boycotts, sit-ins and vigils are examples. Some methods of nonviolent action are illegal — these sorts of actions are commonly called civil disobedience — but nonviolent actions can be legal too. They just aren't standard.

Nearly all campaigning to legalise voluntary euthanasia has used conventional forms of action, such as leaflets,

22 Johan Galtung, *Peace by Peaceful Means: Peace and Conflict, Development and Civilization* (London: Sage, 1996).

newsletters, public talks, films, lobbying and voting. In using conventional methods, the movement remains in the mainstream. It is not seen as extreme, at least not in terms of how it operates. There is nothing wrong with using conventional methods: every major movement for social change has used them. In some places, voluntary euthanasia has been decriminalised or legalised. However, given the overwhelming support for legalisation, the pace of change might seem too slow. If 70% of the population supports legalisation, why doesn't the political system respond?

One of the key roles of nonviolent action is to push for change when conventional methods are unavailable or blocked. Sometimes special-interest groups have a stranglehold on policy-making, so conventional forms of political action do not operate the way they are supposed to in theory. For example, politicians may be elected on the basis of promise to reform the system, but change their minds after being elected.

The movement for self-deliverance can be interpreted as a form of nonviolent action. Self-deliverance sidesteps the push for legalisation, and instead promotes methods for people to end their lives peacefully without legal or medical approval. To the extent that telling people about self-deliverance options and obtaining the means to carry it out is illegal, this option involves a form of civil disobedience, challenging restrictive laws.

Skilful use

Skills and good judgement are needed to use methods of nonviolent action effectively. Organising a rally, for example, can involve much planning and preparation, as well as understanding the issue and circumstances enough to know whether a rally is a suitable method, when and where to hold it, how to publicise it and how to make sure it runs smoothly and achieves its aims.

Similarly, campaigners on euthanasia need skills in advocating their cause. This involves developing and deploying arguments, organising groups, mounting campaigns and warding off attacks.

In the case of self-deliverance, another set of skills is important: knowing how to end one's life, for example by acquiring Nembutal or constructing an exit bag, and using them appropriately. A botched attempt to die can be personally devastating and physically harmful, and also discredit the entire approach.

Conclusion

Some opponents of euthanasia believe life is sacred. Others believe it is risky to legalise euthanasia because it might be used in inappropriate ways, and think improving palliative care is a better option. Most governments have backed the opponents of euthanasia, making it a crime to assist another person to die.

On the other side are those who believe a person who is suffering from a terminal illness should have the option of ending their life in a peaceful manner. They see it as cruel to refuse such a person a means to end their suffer-

ing. For supporters of voluntary euthanasia, the key injustice is this refusal. A few governments in the world permit voluntary euthanasia, usually under carefully defined circumstances.

My aim here is to examine this debate using ideas from nonviolent action. This might seem, initially, to be a curious endeavour, in that traditional methods associated with nonviolent action, such as rallies, strikes, boycotts and sit-ins, have seldom played a role in the debate. Furthermore, neither side uses violence in the way commonly encountered by nonviolent campaigners, such as police wielding batons, using torture or shooting protesters.

Overall, the euthanasia debate looks peaceful compared to, for example, struggles against repressive governments. It is possible, though, to draw parallels. Some opponents would say that euthanasia itself, for whatever motivation, is a form of violence, while some supporters would say that preventing access to the means for a peaceful death could be considered a form of torture. However, rather than develop these sorts of analogies, I have proceeded a different way, by extracting key features of successful nonviolent action and seeing their relevance to the euthanasia struggle.

In undertaking this task, I have looked at only one side of the struggle: the campaign for voluntary euthanasia. The main reason is that in most places the power of the state is used against this option. However, it would be quite possible to undertake a parallel examination of the relevance of nonviolence ideas for opposing euthanasia.

Seven features of successful nonviolent action were examined: participation in the campaign; limited harm; voluntary participation; fairness; prefiguration; non-standard action; and skilful use. This examination led to some ideas about action that are not normally contemplated, and also highlight some of the differences between the euthanasia struggle and conventional nonviolent action campaigns.

The movement to legalise voluntary euthanasia has largely proceeded using conventional means of political action, such as education, lobbying and voting. As such, it has seldom moved into the domain of nonviolent action, which involves using non-standard methods. The major exception is the movement for self-deliverance, which involves enabling people to acquire the skills and practical means to end their own lives peacefully, without the need for assistance from doctors or others.

Self-deliverance can be seen as an analogue to nonviolent action. It goes beyond conventional political action; it is, instead, a type of direct action. It has the significant feature of being prefigurative, namely incorporating the goal in the means.

This movement for self-deliverance sidesteps the struggle over legalisation. However, in some places, such as Australia, even to provide information about self-deliverance options is constrained by laws. This opens up a different arena for struggle: opposing or circumventing such laws. In places where providing information about ending one's life peacefully is illegal, there are opportunities to mobilise support by challenging these laws — especially given majority support for voluntary euthanasia.

For the success of nonviolent action, the scale of participation in campaigning is important. For euthanasia, though, creating opportunities for participation in direct action is not so easy. Choosing the self-deliverance option is only suitable for a few individuals. Supporting others, though, is a possibility. If someone is ready to end their life, having witnesses — Nancy's friends — is a form of solidarity and potentially of civil disobedience. Whether to scale this into a larger event is a delicate issue. Participation might be increased, but at the risk of creating a counterproductive spectacle.

In the most common sorts of nonviolent campaigns, remaining nonviolent in the face of violence by opponents, typically governments, can win allies. However, when some campaigners use violence, this can undermine the campaign. In the struggle over euthanasia, there is no potential for harming opponents of euthanasia. However, there is another injustice that can be a potent turning point: euthanasia that is seen to be involuntary. The case against Jack Kevorkian hinged on the claim that he had not obtained informed consent: he had gone beyond a boundary, and this made his actions counterproductive.

Actions by doctors to challenge laws against euthanasia are inherently limited in terms of participation: those who are not doctors cannot join in. As already noted, the option of self-deliverance provides opportunities for greater participation. But it also creates new risks of enabling people to end their lives: the techniques of self-deliverance might be adopted by individuals who do not fit the normal categories for access to peaceful death in places where it is legal. So far, this seems not to have been

a problem: there are few publicised cases of young fit individuals choosing suicide by Nembutal or an exit bag. Nevertheless, if self-deliverance techniques became more widely known and accepted, risks might increase. Therefore, developing strict protocols is a wise precaution.

In summary, looking at the euthanasia issue through the lens of nonviolent action offers some intriguing possibilities. So far, the voluntary euthanasia movement has mainly used conventional methods of political action, so there are few analogues to nonviolent action. The one exception is the option of self-deliverance, which can be interpreted as a form of direct action in the tradition of Gandhi's constructive programme. Given that participation is a key to the success of nonviolent action, a key challenge for proponents of self-deliverance is to work out ways of enabling more people to join in actions. The key risk is being seen to support involuntary euthanasia or contribute to suicide in inappropriate groups.