

Final Exit: What Type of Suicide Victim Seeks Guidance? Evidence from the Virginia Violent Death Reporting System, 2003-2007.^{1,2}

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Overview

The book *Final Exit: The Practicalities of Self-Deliverance and Assisted Suicide for the Dying*³ has sold over a million copies since its initial publication in 1991. The author, Derek Humphry, advocates the civil right of suicide for “adults who desire relief from suffering in the last stages of a terminal illness, or those with an irreversible illness causing protracted and unrelieved suffering.”⁴ The book states that, before making the final decision to commit suicide, individuals should be sure that they are in a “hopeless medical condition” and are not “just depressed.” Steps should be taken to ensure that the urge to die is due to a physical condition, and that “medical options still open... that might alleviate, or postpone, death” are not acceptable.⁵

Although he makes it clear that the target audience of the book is persons with a severe or fatal physical illness, Humphry refers to suicide as an individual choice, and states that he can “live with” his advice helping people “bent on suicide for psychological reasons [die] in a less violent and shocking way.”⁶

The first publication of the book was supported financially by the Hemlock Society, a now-defunct advocacy group concerned with legalizing physician-assisted suicide for the terminally ill. The information in the book is also available as a VHS tape and on the internet.

Final Exit provides precise instructions for self-inflicting fatal injuries. While many methods are described, four methods are recommended:

1. Poisoning with certain prescription medications.
2. Poisoning with certain prescription medications, combined with suffocation by using a plastic bag tied with a ligature.
3. Suffocation with a plastic bag tied with a ligature, combined with sleep-aids or tranquilizers to reduce discomfort and facilitate suffocation.
4. Asphyxiation by piping inert gas (preferably helium) into a plastic bag that is tied with a ligature.

The endorsed methods are intended to minimize physical pain, increase the odds of dying, reduce risk of accidental injury to others, and lessen the traumatic impact of suicide on loved ones who

¹ An earlier version of this research was presented as a poster at the 2009 Joint Annual Meeting of STIPDA and CDC Core State Injury Grantees in National Harbor, Maryland, February 23-25, 2009.

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³ Humphry, Derek. (1991). *Final Exit: The Practicalities of Self-Deliverance and Assisted Suicide for the Dying* (3rd ed.). New York, NY: Dell Publishing.

⁴ *Ibid.*, (pp. XV-XVI).

⁵ *Ibid.*, (pp. 141-142).

⁶ *Ibid.*, (pg. XV).

find the body. The book provides step-by-step instructions, including helpful hints on how to obtain the necessary prescription drugs from a physician without arousing suspicion.

Humphry also advocates telling family members and other loved ones about the decision to die, and to have them be present during the suicide. He states that “it is imperative that your loved ones and close friends know in advance what you are contemplating”⁷ so they are not shocked by the death and have the opportunity to say good-bye.

Research Questions

- What are the demographic characteristics of suicide victims who owned or consulted *Final Exit*?
- What are the circumstances surrounding these deaths?
- Do *Final Exit* suicide victims correctly use the guidance on inflicting fatal injury?
- Do *Final Exit* suicide victims match the intended audience of the book?
- How do *Final Exit* suicide victims compare to other suicide victims?

Methods

Virginia Violent Death Reporting System (VVDRS)

All data reported here were collected using the framework of the National Violent Death Reporting System (NVDRS), which is funded by the Centers for Disease Control and Prevention. Implemented in 2003, the NVDRS collects information about deaths due to certain types of violence (suicide, homicide, legal intervention, accidental firearm discharge, deaths of an undetermined manner, and deaths due to terrorism) and correlates victim information with the circumstances surrounding the death. Data from several sources including forensic pathology, law enforcement, and vital records, are linked to provide a comprehensive picture of violent death.

The Virginia Violent Death Reporting System (VVDRS) is the operation and reporting system of the NVDRS in Virginia, and uses the methodology, definitions, coding schema, and software application of the NVDRS. Data abstractors use the NVDRS framework and coding schema to enter death investigation records into a software program.

Case Identification

Many cases were identified through the routine data-entry activities of the VVDRS. To find other cases, the 2003-2007 VVDRS database was searched. Suicides by suffocation, poisoning with substances recommended in *Final Exit*, inhalation of helium, or other methods described in the book (such as Cyanide poisoning or self-starvation) were re-reviewed. Toxicology results were searched for substances recommended for non-fatal uses (as a sedative or antiemetic). Narratives describing the incident were searched for relevant words (such as *Final Exit*).

Deaths were noted as being related to *Final Exit* if:

- the book or VHS tape was found on the death scene
- the victim was known to have owned *Final Exit* (in any format)
- the victim had visited an official *Final Exit* website

⁷ Ibid., (pg. 69).

- suicide notes or other writings were found that mentioned the book or quoted directions from the text

Of the 83 possible cases identified:

- Fifty had no evidence of consulting *Final Exit* or any other source for guidance.
- Thirteen had methods similar to those described in *Final Exit*, were noted for consulting unspecified sources, or were noted as using some other specified source of guidance. Five of these victims received advice from an unknown source or source other than *Final Exit*; seven used the inert gas method. It is likely that these seven victims sought advice.
- Twenty had direct evidence that the victim used, consulted, or owned a copy of *Final Exit*. These deaths form the basis of the *Final Exit* analyses in this essay.

Final Exit suicides

Who used *Final Exit*?

- females (60%), Whites (95%), and non-Hispanics (100%)
- older adults (median age of 53 years old)
- those with an education beyond high school (63%)
- persons who are not currently married (65%)

How did *Final Exit* victims inflict the fatal injury?

- asphyxiation with an inert gas (60%)
- suffocation *without* a lethal poison or inert gas (20%)
- suffocation *with* lethal poisoning (5%)
- poisoning using prescription and over-the-counter drugs (5%)
- hanging (5%)
- firearm (5%)

What were the circumstances of these deaths?

Circumstances were described for 19 victims (95%). Common circumstances included:

- mental health problems (74%)
- physical health problems (74%)
- disclosing intent to commit suicide with time for intervention (47%)
- a history of prior suicide attempt (42%)
- disclosing intent and/or a history of prior suicide attempt (68%)
- using prescribed pain medication in the past month (37%)
- tired of living due to physical health and/or other life stressors (37%)
- mourning a loved one who had died in the past five years (26%)
- problems sleeping (26%)
- intimate partner conflict (21%)
- financial problems (21%)
- job problems (11%)

What were the indications of mental health problems?

- diagnosis of depression (79%)
- received mental health treatment in past two months (64%)

- received mental health treatment in the past, but not in past two months (7%)
- took psychotropic medication in the past 31 days (36%)
- took psychotropic medication previously, but not in the past 31 days (21%)
- hospitalized, voluntarily or involuntarily, for mental health in the past (21%)

What were the indications of physical health problems?

- chronic and/or severe pain (36%)
- cancer (21%)
- other health problem not related to cancer (e.g., stroke, vision problems) (36%)
- terminal illness (21%)
- limited independence (21%)
- degenerative health problem (10%)
- hopeless about resolving or managing the problem (71%)

Was there evidence of planning for the suicide?

- started planning the suicide 24 hours prior or longer (60%)
- three of these victims had planned for over one month

Did families and friends know of the decision to die?

- loved ones were informed of the intent to commit suicide (25%)
- loved ones were not informed of intent, but knew the victim wanted to die (10%)

Did *Final Exit* victims match the intended audience of the book?

- Thirteen victims did. Their suicides were motivated largely by a physical health problem they felt they could not live with. However, none of these victims were known to have been given a timeframe for when natural death would occur or had been told that no further medical interventions were possible. In all cases, the victim appears to have chosen to end their life *prior to* the point of the last stages of an illness or extensive physical pain. These victims may have had other motivating factors for the suicide.
- Four victims did not. Their suicides were motivated by issues other than physical health problems (e.g., intimate partner problems, mental health problems).
- The fit of three victims could not be determined due to a lack of information in the death investigation record.

Did *Final Exit* victims correctly use the methods described in the book?

- Most victims (90%) used some variation of the methods recommended in the book.
- Two victims (10%) used methods the book suggests *not* using.
- Victims did not always follow the methods exactly as described. Several victims did not use recommended options to reduce discomfort or to ensure a quicker death.

How do *Final Exit* victims compare to other victims?

Final Exit victims (N=20) were compared to all other suicide victims (N=4,294).

Demographic Characteristics

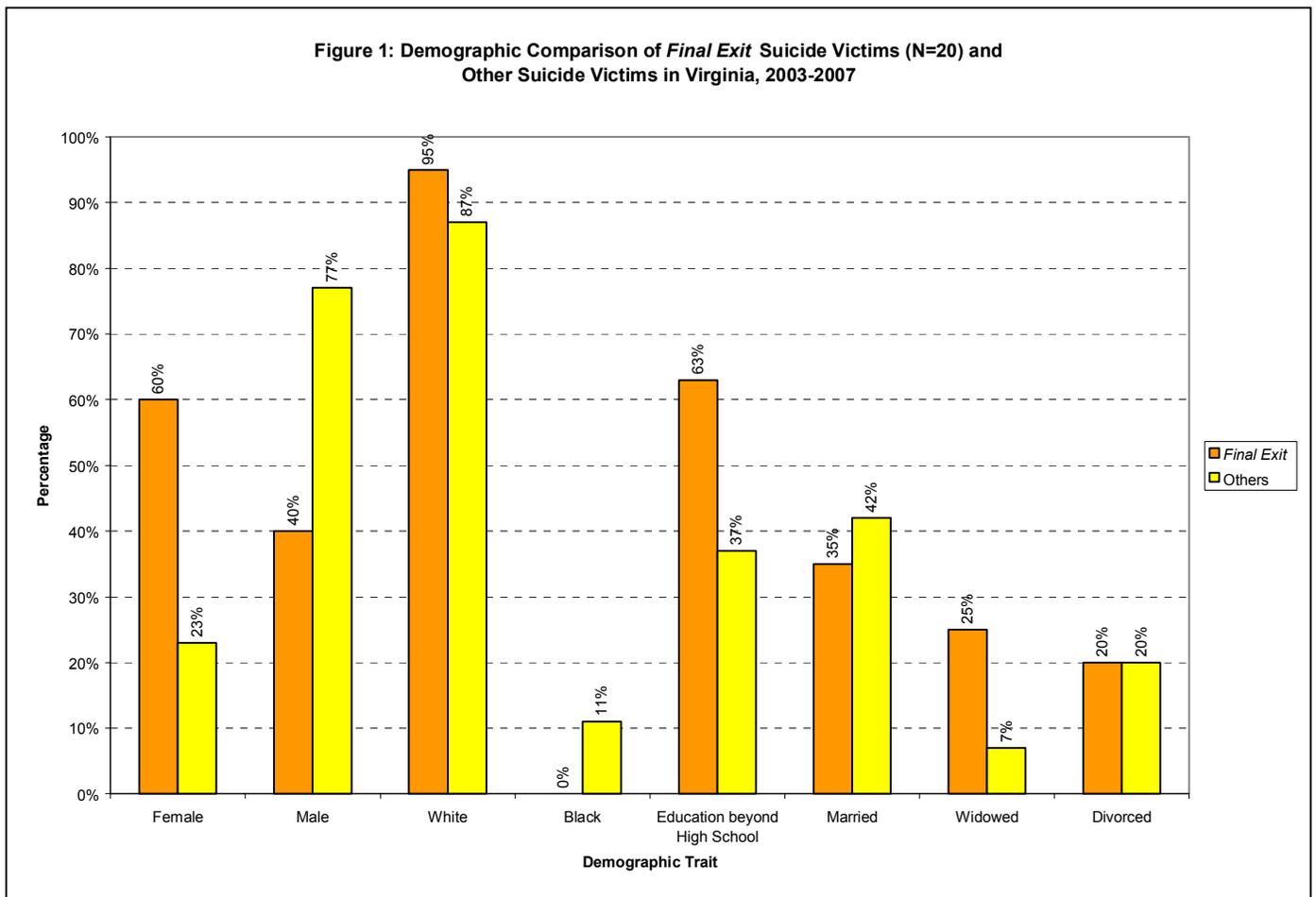
Final Exit suicide victims were more frequently:

- female (60% compared to 23%)
- White (95% compared to 87%)
- older (median age of 53 compared to 45)⁸
- better educated (median of 16 years of education compared to 12)
- widowed (25% compared to 7%)

Other suicide victims were more frequently:

- younger (8% under the age of 22 compared to 0%)
- Hispanic (3% compared to 0%)
- married (42% compared to 35%)

Figure 1⁹ highlights some of these differences in demographics:



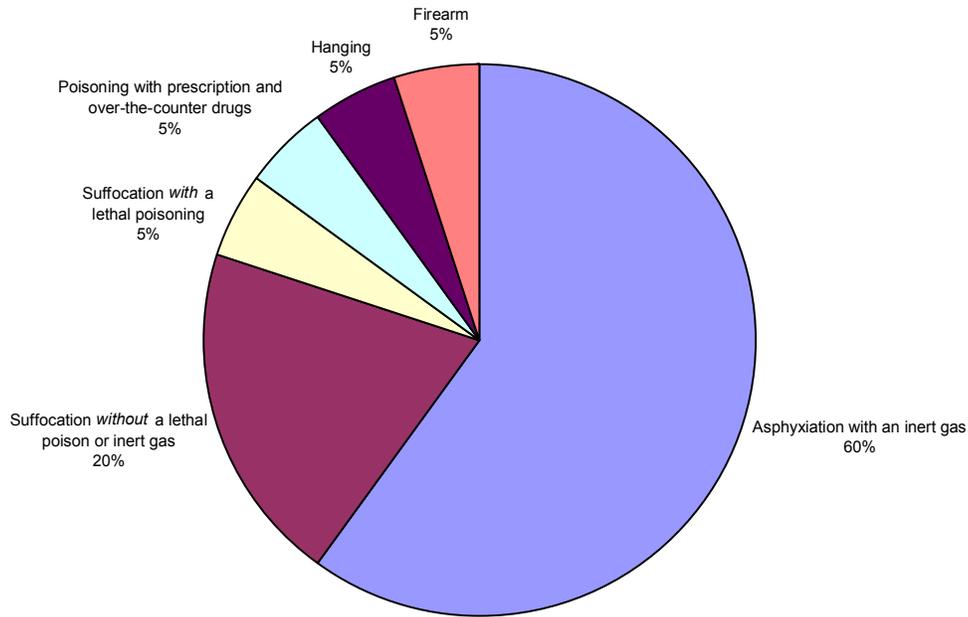
⁸ *Final Exit* males have a median age of 49, while females have a median age of 56. Other suicide victims, both males and females, have a median age of 45.

⁹ In Figure 1, the number of Other Suicide Victims represented varies by the demographic trait.

Methods of Fatal Injury

- Most (95%) *Final Exit* victims used some form or combination of suffocation, asphyxiation, and/or poisoning (see Figure 2), compared to 37% of other victims.
- The most common method for other victims was a firearm (57%).

Figure 2: Methods of Fatal Injury for *Final Exit* Victims (N=20) in Virginia, 2003-2007



Tables 1, 2, and 3 provide information on demographics, method of fatal injury, education, and marital status:

Table 1: Demographics and Methods of Fatal Injury for *Final Exit* Suicide Victims and Other Suicide Victims in Virginia, 2003-2007

	<i>Final Exit</i>		Other	
	No.	%	No.	%
Sex				
Female	12	60.0	987	23.0
Male	8	40.0	3,307	77.0
Race				
White	19	95.0	3,717	86.6
Asian	1	5.0	96	2.2
Black	0	0.0	472	11.0
American Indian	0	0.0	4	0.1
Other Race	0	0.0	5	0.1
Ethnicity¹				
Hispanic	0	0.0	111	2.6
Age Group				
10-14	0	0.0	30	0.7
15-19	0	0.0	184	4.3
20-24	1	5.0	324	7.5
25-34	2	10.0	652	15.2
35-44	3	15.0	862	20.1
45-54	4	20.0	949	22.1
55-64	3	15.0	584	13.6
65-74	1	5.0	344	8.0
75-84	3	15.0	268	6.2
85 and older	3	15.0	97	2.3
<i>Median age</i>	53	-	45	-
Method of Fatal Injury²				
Hanging or Suffocation	18	90.0	804	18.7
Poison	2	10.0	779	18.1
Firearm	1	5.0	2,445	56.9
Other	0	0.0	291	6.8
TOTAL	20	100.0	4,294	100.0

¹ Hispanic persons may be members of any race.

² More than one method of fatal injury may be reported per suicide victim.

Methods of fatal injury will not sum to the total number of suicides, not sum to 100%.

Table 2: Level of Education Completed for *Final Exit* Suicide Victims and other Suicide Victims in Virginia, 2003-2007¹

	<i>Final Exit</i>		Other	
	No.	%	No.	%
No High School	0	0.0	276	7.3
High School, No Diploma	0	0.0	489	13.0
High School	6	31.6	1,511	40.2
More than High School	12	63.2	1,400	37.3
Unknown	1	5.3	80	2.1
TOTAL	19	100.0	3,756	100.0

¹ Calculated for persons ages 25 and over; High School includes persons earning a General Educational Development (GED).

Table 3: Marital Status for *Final Exit* Suicide Victims and Other Suicide Victims in Virginia, 2003-2007¹

	<i>Final Exit</i>		Other	
	No.	%	No.	%
Married	7	35.0	1,808	42.4
Not Married/Separated	13	65.0	2,444	57.3
<i>Widowed</i>	5	25.0	288	6.8
<i>Divorced</i>	4	20.0	832	19.5
<i>Never Married</i>	4	20.0	1,243	29.2
<i>Separated</i>	0	0.0	81	1.9
Unknown	0	0.0	12	0.3
TOTAL	20	100.0	4,264	100.0

¹ Calculated for persons ages 15 and over.

Circumstances

Final Exit suicide victims more frequently:

- had a physical health problem (74% compared to 21%)
- had a mental health problem (74% compared to 52%)
- had been treated for mental health problems (53% compared to 43%)
- disclosed intent to commit suicide with time for intervention (47% compared to 29%)
- had a prior suicide attempt (42% compared to 20%)
- had disclosed intent and/or had a prior attempt (68% compared to 42%)
- were grieving over the (non-suicide) death of a loved one within the past five years (26% compared to 6%)
- had a relationship problem with someone other than an intimate partner (e.g., sibling, friend) (21% compared to 8%)
- had a financial problem (21% compared to 10%)

Other suicide victims more frequently:

- were responding to a current life crisis (36% compared to 21%)
- had an intimate partner problem (33% compared to 21%)
- had a problem with alcohol and/or other substances (25% compared to 16%)
- were dealing with a recent criminal legal problem (12% compared to 0%)
- had been a perpetrator of interpersonal violence in the past month (6% compared to 0%)

Table 4 shows a complete listing of these characteristics:

Table 4: Selected Characteristics for *Final Exit* Suicide Victims and Other Suicide Victims in Virginia, 2003-2007^{1,2}

	<i>Final Exit</i> (n=19)		Other (n=4,148)	
	No.	%	No.	%
Mental Health Characteristics				
Current Mental Health Problem	14	73.7	2,163	52.1
Mental Health Treatment ³	10	52.6	1,792	43.2
<i>Current Mental Health Treatment</i>	9	47.4	1,612	38.9
<i>Noncurrent Mental Health Treatment</i>	1	5.3	180	4.3
Substance Use Characteristics				
Problem with Alcohol and/or Other Substances ⁴	3	15.8	1,030	24.8
<i>Problem with Alcohol</i>	0	0.0	458	11.0
<i>Problem with Other Substances</i>	2	10.5	379	9.1
<i>Problem with both Alcohol and Other Substances</i>	1	5.3	193	4.7
Relationship Characteristics				
Death of a Loved One within Past Five Years	5	26.3	244	5.9
Suicide of a Loved One within Past Five Years	0	0.0	55	1.3
Intimate Partner Problem	4	21.1	1,357	32.7
Non-intimate Partner Relationship Problem	4	21.1	324	7.8
Perpetrator of Interpersonal Violence within Past Month	0	0.0	265	6.4
Victim of Interpersonal Violence within Past Month	0	0.0	32	0.8
Life Stressor Characteristics				
Physical Health Problem	14	73.7	869	20.9
Financial Problem	4	21.1	416	10.0
Job Problem	2	10.5	439	10.6
School Problem	1	5.3	35	0.8
Recent Criminal Legal Problem	0	0.0	508	12.2
Noncriminal Legal Problem	0	0.0	111	2.7
Event Characteristics				
Left a Suicide Note	17	89.5	1,344	32.4
Current Depressed Mood	9	47.4	1,558	37.6
Disclosed Intent to Commit Suicide ⁵	9	47.4	1,203	29.0
History of Suicide Attempt	8	42.1	816	19.7
Crisis within Two Weeks of the Suicide	4	21.1	1,484	35.8

¹ More than one characteristic may be noted for each victim. Characteristics will not sum to the total number of victims with known characteristics, nor sum to 100%. Percentages are based on the number of suicides with known characteristics.

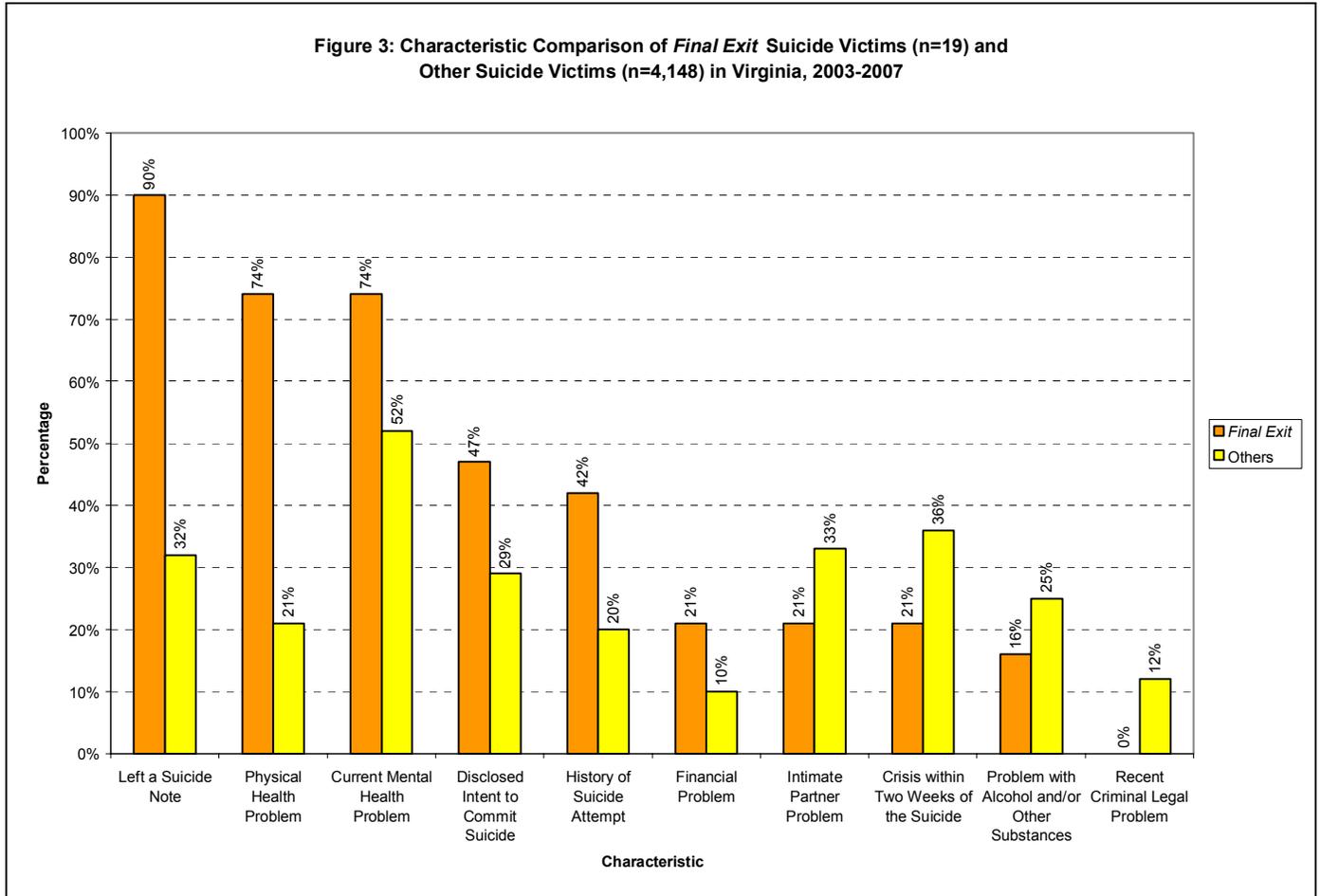
² For complete descriptions of these characteristics, see Section 7 of the NVDRS Coding Manual at: <http://www.cdc.gov/ncipc/pub-res/nvdrs-coding/VS2/default.htm>

³ Treatment is current if received within the two months preceding the suicide and noncurrent if received at some point in the past, but not within the two months preceding the suicide.

⁴ Suicide victims who had a positive cocaine test, but did not die from cocaine poisoning, were included as having a Problem with Other Substances.

⁵ Beginning in 2006, cases where the victim was reported to have suicidal ideation were systematically noted as a dimension of disclosing intent.

Figure 3 presents some key differences in characteristics:



Conclusions

Consulting *Final Exit* appears to be a starting point for suicide victims. Some choose to follow most of the advice of the book; others used the directions in the book to ensure death but not to minimize pain or discomfort, while others did the exact opposite of what was recommended. Victims sought advice and then either chose the particulars they felt most comfortable about or made use of what was available to them.

Knowing that a loved one owns *Final Exit* or has consulted a similar source of advice should prompt conversation about suicide. Those who seek advice are likely trying to find a way to ensure death while simultaneously minimizing pain. Seeking advice means that the individual is actively contemplating or planning a suicide. In many cases, the victim was known to own a copy of *Final Exit* for an extended period of time, and while many attempts were made to intervene, many victims' families and loved ones did not take action. Sixty-eight percent of *Final Exit* victims and 42% of other suicide victims informed others of their desire to commit suicide either directly (by disclosing intent) or indirectly (by having a prior suicide attempt).

A small proportion of suicide victims in Virginia from 2003-2007 were known to have consulted *Final Exit* (0.5%). Combining these victims with others who likely sought advice or were

known to seek advice from other sources (such as *The Peaceful Pill Handbook*) comprises less than 1% of all suicide victims. *Final Exit* is one of many sources that provide advice on how to commit suicide. A simple internet search will find poison recipes, chat rooms with advice, and other assistance with committing suicide. Seeking advice on how to commit suicide should trigger interventions and be incorporated into suicide-risk screening tools.

Source

Virginia Violent Death Reporting System, Virginia Department of Health, Office of the Chief Medical Examiner: <http://www.vdh.virginia.gov/medExam/NVDRS.htm>

Further information

NVDRS: <http://www.cdc.gov/ncipc/profiles/nvdrs/default.htm>