
Hypoxic Death and the Exit Bag

INTRODUCTION

The plastic Exit Bag provides people with the means to obtain a simple, effective and peaceful death. While Exit research has found that very few of our supporters would prefer to use a plastic bag over a pill, it remains one of the most accessible methods available.

There is much misinformation however about how a plastic Exit Bag works and why it is so effective. The common assumption is that the bag causes death by “suffocation”. Suffocation occurs when a person cannot easily take a breath. Examples of this include tying a rope around the neck, or pushing a pillow into one’s face. Mechanically blocking one’s breathing is terrifying, and people will struggle with the last of their strength to clear the obstruction.

When used properly, the plastic Exit Bag causes a peaceful death; one that comes from (freely) breathing low oxygen air (hypoxia). With an Exit Bag, a person breathes easily and peacefully. The bag expands and contracts with each breath and the oxygen level inside the bag falls. This is in stark contrast to the terror of suffocation.

This is why it is important not to confuse the peaceful hypoxic death that is possible when an Exit Bag is used properly, and the grim death that results from an obstruction to the airways. And this is why the media are so remiss when they reinforce this

confusion. For example, when referring in 2001 to the importation of Canadian Exit Bags *The Australian* newspaper reported these bags a 'reminiscent of the Khmer Rouge's shopping bag executions in Cambodia's killing fields.' Such misinformation shows a significant lack of understanding of the process, and such reports have damaged the image of the Exit Bag.

THE HYPOXIC DEATH

Hypoxia is the term meaning 'low oxygen', and a death that results from inhaling insufficient oxygen is a hypoxic death. While there are several ways this might occur, the common method used by those seeking a peaceful death is to place a plastic bag over one's head. To understand why a plastic bag, low oxygen death is an easy and reliable way to die, a basic understanding of human physiology is helpful.

In normal everyday life, we live in an atmosphere that is 21% oxygen. Interestingly, when there is a decline in the level of oxygen in the air we are breathing, we do not experience any particular alarm or concern. As long as one can breathe easily, the sensation one experiences as the oxygen levels drop is one of disorientation, confusion, lack of coordination and eventual loss of consciousness. This experience is sometimes likened to being drunk (alcohol intoxication). If the oxygen level falls too far death will result.

Accidental hypoxic deaths are not uncommon and there are a number of scenarios that can bring them about. One example is the sudden drop in oxygen level that occurs when an airplane depressurizes at high altitude. This can lead to a rapid loss of consciousness and the death of all those in the plane. When the

plane depressurizes, one can still breathe easily but there will be little oxygen in the inhaled air. This will cause a sudden drop in the oxygen level in the blood reaching the brain, leading to loss of consciousness and death. It is not uncommon for planes that have suddenly depressurized to travel on autopilot until they run out of fuel while everyone aboard has died. Witnesses (from planes sent to investigate) say that it often appears as though everyone on board has just gone to sleep.

Pneumonia is a more common cause of hypoxic death. Its peaceful reputation led to its common description as the ‘old person’s friend’. While the air inhaled may contain the full 21% of oxygen, the inflammation of the lungs (caused by the pneumonic infection) makes it impossible for the necessary oxygen to be extracted. The blood reaching the brain will have less oxygen than that required for life, and a peaceful death often results.

THE ROLE OF CARBON DIOXIDE (CO₂)

In normal respiration, the body makes use of oxygen and produces – as waste – the gas carbon dioxide. Carbon dioxide is removed from the body as we breathe out. While the human body is relatively insensitive to falling levels of oxygen, it is very sensitive to any rise in the level of carbon dioxide in inhaled air.

When the body detects a slight increase of carbon dioxide in the air that we breathe, a warning message from the brain alerts the person. They will be roused and may react by gasping. If a person is using a plastic Exit Bag, the rise in the level of carbon dioxide within the bag may result in the person struggling to pull the bag from their head. This reaction is known as a Hypercapnic (hi carbon dioxide) Alarm Response.

Sleep apnea provides an example of hypercapnic alarm. Here the person with sleep apnea snores so heavily that they deny themselves the oxygen they need. However, it is not the lowering of the oxygen level that alarms and wakes the person, but the accompanying rise in the level of carbon dioxide. If the fall in oxygen were not accompanied by this rise in carbon dioxide, the Sleep Apnoeic would be far more likely to die. In the depressurized aircraft, the oxygen level drops but there is no accompanying rise in carbon dioxide, hence a peaceful death is the common outcome.

AESTHETICS AND OTHER CONCERNS

The image of a bag tied tightly around one's neck causing a grim death by obstructing the airway has turned many away from the plastic Exit Bag. Even at Exit International workshops, it is common for participants to voice their disgust at the Exit Bag, saying 'I don't like the thought of being found like that.' Lisette Nigot (of the documentary *Mademoiselle and the Doctor*) rejected this method. Lisette likened the plastic Exit Bag to being 'wrapped like a piece of ham.' For Lisette and others, the main concern was one of aesthetics. Despite such concerns, if used correctly, the Exit Bag provides a simple, reliable and peaceful way of ending one's life.

A PEACEFUL DEATH

There are two common methods employed to deal with the problem of the rising level of carbon dioxide inside the plastic Exit Bag. In the following section, we will describe the experiences of two different people, based on eye witness accounts. These accounts illustrate the different strategies.

The first case involved a 75 year old man called Brian. Brian was diagnosed with bladder cancer in 1999. In 2001, he used a plastic Exit Bag and an overdose of common, non-lethal sleeping pills to die peacefully.

The second case involved a 69 year old woman called Joanna. In 2003, Joanna had a heart attack. She survived, but her heart was irreparably damaged and she found herself suffering from congestive cardiac failure. Joanna chose to die peacefully and unassisted, while she still had the means to do so, and used a plastic Exit Bag together with a canister of helium gas. Here are their stories as told by their neighbour and husband respectively.

BRIAN'S STORY

Brian Appleyard (not his real name) made contact with Exit shortly after being diagnosed with bladder cancer. He lived in a retirement village on the Gold Coast and was a well educated man who had served in the air force during WWII. When Brian made contact with us, he had already done much reading about the use of Exit Bags to achieve a peaceful death. Brian's wife had died some years before and his children had long since left home. He was relieved about this because he said he would never want anyone he cared for finding him with a plastic bag over his head.

Several weeks before he died, Brian talked to his close friend and neighbour Kevin. The plan was that Kevin would not sit with Brian when he used the bag, but would visit later and remove and dispose of the bag after 'the event'.

Kevin writes:

Following information he had learned at an Exit workshop, Brian began his preparation by crushing up a full prescription of temazepam.

Authors' note – while Brian used Temaze – Temazepam, he could successfully have used many others, such as oxazepam – Serapax or Nitrazepam – Mogadon. These common sleeping pills from the benzodiazepine family of drug are not considered to be lethal even in overdose and are easily obtained.

Brian told me that he had learned that while the sleeping tablets were not in themselves lethal, they were necessary to keep him asleep and to suppress his body's inevitable reaction to the rising level of carbon dioxide inside the bag. He prepared the drugs by crushing the full packet of 25 tablets and stirring the powder into a small glass of water. He then prepared a second small glass of a strong alcohol. Brian chose whiskey and said the alcohol would remove the bitter after-taste of the mixture. The alcohol was also supposed to increase the potency of the sleeping pills, making them act faster and the whole process more efficient.

Once these two drinks were prepared, Brian sat in his favourite recliner chair, the drinks on a table by his side. He was well aware that with the Exit Bag, technique was important.

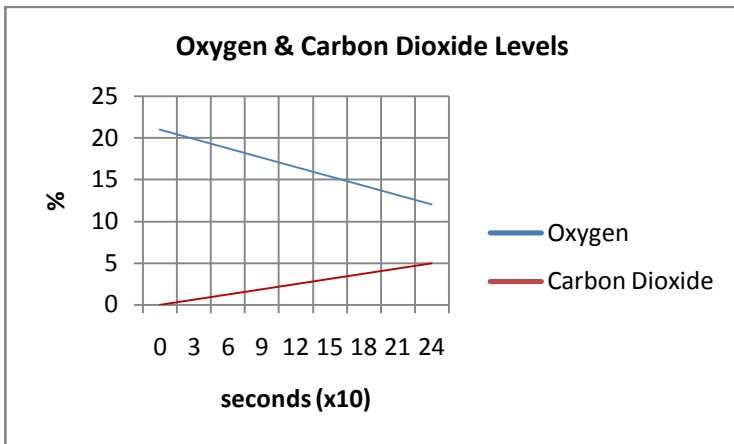
He also knew that he did not want to involve me actively in his plan and so would need to carry out his actions without my assistance. The idea was that Brian would take the pills, place the bag over his head and fall asleep. While asleep his body would use up the oxygen in the bag. Sleep would give way to unconsciousness, and death would follow. The process was expected to take some time (up to 1 or 2 hours).

Brian adopted the following technique.

1. Prior to placing the Exit Bag over his head, Brian prepared, but did not take, the sleeping pill mixture. He adjusted the elastic at the neck of the Exit Bag he had made so that it was a comfortable fit around the neck (not too tight or loose).
2. Brian then tested the bag by placing it over his head and observed it in a mirror. Breathing in and out he could see the bag expand and collapse with each breath.
3. When the time was right, Brian seated himself comfortably, reclining slightly with shoulders supported. He positioned the bag over his head and stretched the elastic neck band horizontally away from his face using the thumbs of both hands.
4. He placed his thumbs inside the neck opening of the bag, pulling the bag away from his face. By doing this, Brian allowed a large opening for fresh air.
5. While keeping the elastic stretched with one hand, with the other hand he drank his prepared drink of strong sedative mixed with water. He washed the bitter tasting substance down with his whiskey.
6. Brian remained seated with the elastic stretched by both of his thumbs until sleep came, approximately 15 minutes later. At this point his arms relaxed and lowered and the elastic neck band slipped from his thumbs. The bag positioned itself snugly – but not tightly – around his neck. As Brian fell into a deeper and deeper sleep the bag expanded and contracted in time with his breathing. Each breath lowered the oxygen concentration inside the bag from the original 21%, each breath raised the level of carbon dioxide.

Brian experienced a peaceful death once the oxygen level within the bag dropped to $< 5\%$. The large dose of sleeping tablets kept him asleep till that point was reached, and prevented him from being woken by the rising level of carbon dioxide in the bag. The bag was not dislodged.

Below is a graph showing the decrease of oxygen and associated increase in carbon dioxide inside a plastic Exit Bag during the first 4 minutes.



POINT TO NOTE

While death via an Exit Bag combined with sleeping tablets is peaceful and reliable, technique remains very important. A person needs a high degree of control and the ability to coordinate arm movements. For this reason, the method may not be suitable for people with specific medical conditions. Neurological conditions such as multiple sclerosis or Parkinson's disease are examples. If the technique is not followed closely there is the chance that the Exit Bag will not be correctly positioned around the neck when sleep ensues. Clearly a witness can ensure that this doesn't

happen – but that would be assisting a suicide, and the law would be broken.

Remember that the process that leads to the hypoxic death does not commence until the person's arms relax and the bag takes up its position around the neck. While the person is awake their fingers keep the neck elastic stretched allowing plenty of air to circulate. If one doesn't sleep, one will not die.

JOANNA'S STORY (AS TOLD BY HER HUSBAND STEPHEN)

Joanna Cataldi (not her real name) joined Exit in 2003 after the development of cardiac failure following a heart attack the previous year. Joanna's prognosis was not immediately apparent. The initial heart attack had left her with significant cardiac damage but her doctors were unsure of just how much this would affect her life. While pleased to have survived the initial attack, Joanna soon found that her condition was deteriorating. She said it was this uncertainty that led her to make contact, first with her local VE Society and then with Exit. At the time of joining, Joanna and Stephen were living in their home in outer Sydney.

Stephen writes: Joanna had heard about the possible use of a plastic Exit Bag with helium gas as a quick and reliable way of obtaining a peaceful death. Back then, disposable helium canisters were not available in Australia, although she had read about their availability in the US. In early 2005, these helium canisters started to be marketed in Australia and Joanna set about obtaining the equipment she would need.

Joanna knew that the presence of helium in an Exit Bag would dramatically speed the process. When the bag is pulled down over one's head and a deep breath is taken, she knew that there would

be almost no oxygen in that breath. This lack of oxygen in the inhaled gas would cause her blood-oxygen levels to plummet, and she would lose consciousness almost immediately. Joanna knew her death would be very similar to that which occurs when an aircraft rapidly depressurises.

The helium that fills the bag displaces any oxygen and flushes away the exhaled carbon dioxide. One does not need to wait for the oxygen level inside the bag to fall, and there is no associated build-up of carbon dioxide.

Authors' note – With helium in the bag instead of air, one doesn't have to 'breathe down' the oxygen in the bag from an initial 21% to < 5%. Helium in the Exit Bag displaces the air (and oxygen). It is important to note that the helium itself does not interact with the body. Helium has no taste or smell and quickly dissipates after death. There is no test that can reveal its use. Helium is not the only gas that could be used. There is nothing particularly special about helium, indeed any gas that does not react with the body, is odourless and available in a compressed form would do. Other inert gases that could be used include: argon, neon, even nitrogen – the gas that makes up 80% of the air we breathe.

The important thing is the introduction into the bag a flow of an odourless gas that will displace the oxygen and flush away exhaled carbon dioxide.

Many compressed gases are only available in high-pressure cylinders which are rented from gas supply companies (BOC Gases). For many years, helium has only been available in this form. These cylinders are available for lease, either short term or for an annual fee. The drawback with accessing helium this way is the paper trail that is generated. There is no anonymity.

A second issue of concern is the size of these commercial cylinders. Commercial helium cylinders are large, heavy and difficult to transport. High-pressure gas also needs to be controlled with a regulator in order for a usable stream of gas to be produced. Suspicion might arise if an elderly or very sick person is seen leasing a cylinder from their local BOC gas outlet. If someone else were to collect the cylinder for them, this other person may well become legally implicated in assisting in a suicide. These concerns turned many people away from using high-pressure compressed inert gas with an Exit Bag.

The introduction of low pressure disposable cylinders has meant that helium has become a viable gas for use with an Exit Bag and dramatically increased the popularity of the method. The compressed helium comes as part of a Balloon Kit manufactured in the US. These kits are designed to provide an instant system to fill party balloons with helium and contain a light-weight cylinder of helium, a packet of party balloons (30 or 50 depending upon the size of the cylinder) and tie ribbon. Joanna purchased the kit outright, paid cash and left no paper trail.

Stephen continues:

Of the two sizes of cylinder available, she purchased the larger cylinder which contains 420 litres (14.9 cubic feet) of compressed helium at a pressure of ~1500 kPa



A picture of a helium balloon party kit with low-pressure disposable helium tank

She knew this would produce a usable stream of gas which would run for approximately 20 minutes, more than enough time for a peaceful death to occur.

Joanna adopted the following technique.

1. She introduced a controlled stream of helium into the Exit Bag through a plastic tube. The tube was fed into the Exit Bag through the neck opening and secured to a tie held by adhesive tape inside the bag.
2. She adjusted the neck of the Exit Bag to obtain a snug (not too tight or loose) fit around her neck. The bag was positioned on her head like a hair net – at her forehead at the front and down towards her lower head, upper neck at the back and above the ears at the side. Joanna's face was fully exposed.
3. The tap on the cylinder was then turned fully on. With a regulating jet in place, the initial flow of gas at full cylinder pressure was around 15 litres/min. The average Exit Bag is around 15 litres in capacity so in about a minute, most of the air (and oxygen) in the bag was displaced. The bag remained over the hair and inflated and excess gas leaked from around the elastic.

4. When the bag was fully inflated, Joanna exhaled completely and pulled the bag down over her face until the neck band was positioned comfortably around the neck. She then took a full, deep breath of helium.
5. The single breath of helium caused a sudden and precipitous fall in the oxygen level of the blood to her brain. An automatic reaction was to take a further deep gasp for air, but consciousness was rapidly lost. A peaceful death followed a few minutes later. When Joanna had stopped breathing, I removed and disposed of the Exit Bag and threw away the empty helium cylinder.

We had previously discussed in detail how Joanna's death should be dealt with. She did not want to be known as the grandmother who committed suicide. To hide the true cause of her death, I removed all of the equipment used and concealed any evidence of her suicide. I hoped that the doctor would assume it was a consequence of her cardiac disease. I knew though that if the doctor was uncomfortable and the police became involved, I would have to lie and say that I had no idea how my beloved wife had died. I knew that a hypoxic death is undetectable, but luckily it never got to that point.

THE USE OF HELIUM

In planning the end of her life, Joanna had obtained a number of pieces of equipment. She made an Exit Bag and secured a means to control the gas flow. She also wanted to be sure that the cylinder was full before using it Joanna made the Exit Bag and the control kit herself. While I was willing to remove the

equipment, I did not want to be accused of helping her with her death.

Her other equipment included:

1. Plastic tubing (standard 2.1m oxygen tubing with soft connectors).
2. Quick release (Jamec) air-line fitting that attaches to helium cylinder.
3. Gas jet regulator – this is a small, custom-made jet that fits inside the air line fitting.
4. Pressure gauge for testing the cylinder.
5. Plastic Exit Bag.

Authors' note – It is important to check if the cylinder is full as some newly purchased cylinders have been found to be nearly empty – presumably because the cylinder tap was leaking.