



Suicide and Attempted Suicide: Methods and Consequences

By Geo Stone

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Razors pain you;
Rivers are damp;
Acids stain you;
And drugs cause cramp;
Guns aren't lawful;
Nooses give;
Gas smells awful;
You might as well live.

---Dorothy Parker, *Resume*, 1926

The book is divided into two parts. The first half outlines a wide range of suicide-related topics: history of suicide; sociological, biological, and psychiatric views; why people kill themselves; intervention in suicide; assisted suicide in terminal illness; "living wills" and other advance directives; the practice of euthanasia in the Netherlands and in the US.

The second half is an examination of how people kill themselves: This section describes, in sometimes-gory detail: (1) methods people use to commit suicide; (2) the medical consequences of suicide attempts; (3) how to carry out a safe suicidal gesture; (4) how to commit suicide as non-traumatically as possible.

You may find parts of it disturbing. But the consequences of ignorance are more disturbing: botched suicides, accidental deaths and maimed survivors, slow and painful deaths.

Every 18 minutes someone in the United States kills himself. A few are younger than ten years old; others over ninety. Between seven-and-a-half and sixteen percent take more than a day to die.

An estimated 300,000 to 600,000 survive suicide attempts, but suffer varying degrees of injury. Nineteen thousand are permanently disabled each year.

Estimates vary, but only about one in ten or twenty suicide attempts is fatal. Given the easy availability of highly lethal methods, it seems that most suicide

attempters don't want to die.

Yet some people who didn't intend to die do kill themselves. Many lack knowledge of drugs and may unknowingly take a lethal overdose. Some expect rescuers to save them. Others, who are genuinely trying to die, live through their attempts. Many survive five-story jumps or head-in-the-oven gassing. Few have an accurate idea of how dangerous their chosen method is, or the consequences of its failure. Throughout the book, the author provides evidence of the medical effects of each suicide method so that you can make more realistic decisions, whether you're thinking about killing yourself or hoping to get help and attention. The author also cites his information sources in 40 pages of endnotes, so that you can readily look at the original data.

The material here is intended both for those who want a quick and relatively painless death, and for those who want to carry out a suicidal gesture as safely and non-injuriously as possible. If it convinces some potential suicides to seek other solutions---suicide should be an absolutely last resort and mistakes may leave you crippled---so much the better. But the fact remains: there is no way to limit this knowledge to those whose motives one agrees with.

To make the author's premises explicit: (1) Decisions concerning your death should be, ultimately, yours to make; (2) Most--but not all--decisions to commit suicide are due to temporary problems, and are tragic mistakes.

For those who are religiously, philosophically, or ethically opposed to suicide under any circumstance, this publication will be of little comfort; those who believe that it is each person's right to decide, insofar as possible, when and how to die may find some answers to their questions and fears.

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Editorial Review

From Kirkus Reviews

This is essentially a guide on how to commit suicide, or alternatively, stage a ``safe'' suicidal gesture. Stone (who has studied pharmacology at George Washington University Medical School and the National Institutes of Health) offers little backgroundpersonal, occupational, educational, familial, religious, or otherwisewhich might help readers absorb this work into some kind of useful discussion. Stone does set out his basic premises: first, that it is each person's right to make decisions concerning his own death, and second, that most decisions to commit suicide are due to temporary problems and are therefore tragic mistakes." Stone goes on, in a pragmatic, almost cold-blooded, tone to set out an immense amount of information on suicide and attempted suicide. He delineates four groups of people who attempt to kill themselves: rational people facing an insoluble problem, usually fatal illness; those acting on impulse, temporarily miserableand often drunk; those who are irrational due to depression, schizophrenia, or alcoholism; and those who are making a desperate bid for attention or help. Stone also looks at issues around terminal illness and euthanasia. In Part II, he explains the following methods of killing oneself: asphyxia, cutting and stabbing, drowning, drugs, chemicals, poisons, electrocution, gunshot, strangulation, hypothermia, and jumping. He includes explicit instructions on how to go about each method, and what the likely physiological damage will be if the attempt fails. Difficult as all this is to take in, there is moreinformation on how to make a relatively safe suicidal gesture will certainly confound readers, as will descriptions of autopsy results and asides on the strange and various ways people hurt themselves. The technical information here is accurate. But to approach such a stunningly painful, morally loaded, politically hot subject constructively, we need more than information. We need to know who our guide is, how he has come to this place, how and why his view was formed. --

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From the Author

I place suicide attempters in one of four groups: (1) Rational people facing an insoluble problem, generally a fatal or debilitating illness; (2) Impulsive people, frequently young, truly but temporarily miserable, sometimes drunk, who wouldn't even consider suicide six months later; (3) Irrational people, often chronically alcoholic, schizophrenic, or depressed; (4) People trying to make a safe gesture as a "cry for help" or to get someone's attention.

The first group---and most of us will eventually be in it---has, in my view, the right to decide the time, place, and manner of their death. It is clear that a competent person who really wants to kill him- or herself can almost always do so. However, seriously ill or physically impaired people often have both the greatest interest in, and least ability to carry out, suicide. I believe that they ought to have medical help to die peacefully and without pain if they so choose; but this, while sometimes surreptitiously done, cannot at present be relied on.

Many of us have known people who have suffered long, agonizing deaths because they became too ill to kill themselves and their physicians were unwilling to act on their request. I will not mince words by calling it "euthanasia" or "self-deliverance": if you're terminally ill, I hope to provide you with information that will help you determine the best way to kill yourself, if that's your well-considered decision.

What about the young and impulsive, particularly teenagers? At the moment, they seem to have the worst of all worlds, where: (1) lethal and not-so-lethal suicide methods are readily available; (2) neither they, their parents, nor their teachers are likely to know how dangerous particular methods are; (3) personal ("Are you

thinking about...?) or practical ("How would you go about...?) discussion of suicide is largely taboo.

While many schools now teach about AIDS and its transmission, many more teenagers will attempt or commit suicide next year than will become HIV-infected. The ignorance, stigma, and fear about suicide would decrease if that topic were added to the curriculum and treated honestly.

What of "irrational" people? They too face a lack of information on suicide methods. Will they sit down and read a book before acting and will they choose more (or less) lethal methods as a result? No one knows. The most relevant data show that in the year after the publication of an earlier suicide-methods book, "Final Exit" there was a small increase in the number of people using the book's recommended methods (from 3477 to 3751), but a small decrease in the overall number of suicides (from 30,906 to 30,810). This is consistent with the notion that "Final Exit" merely shifted the method used by about one percent of suicides; but it can't resolve the possibility that the overall number of suicides would have decreased without the "recommended methods" increase.

As for the fourth group, those trying to carry out a "safe" suicidal gesture, the information in this book can only be beneficial.

A case will be made that people shouldn't commit suicide and that, therefore, a manual telling them how to go about it is pernicious. This is like one of the arguments against sex education: "If they know how, they'll do it." Well, they do it anyway. Thirty thousand suicide deaths a year in the U.S. should make this clear. In the absence of knowledge about suicide methods---and the consequences of failed attempts---people will continue to act in desperation and ignorance, as they have throughout recorded history, with gun, rope, blade, poison, and anything else available. That is the reality. And the methods people use all too often leave them neither dead nor fully recovered, but maimed and permanently injured: paralyzed from jumps, brain-damaged from gunshots, comatose from drugs.

But for anyone considering suicide (or even "safe" suicidal gestures; nothing is 100 percent reliable), I urge you to try every alternative first---and then try them again. These include a variety of anti-depressant drug therapies, various flavors of psychotherapy, electroshock, and "reality therapy"---helping people worse off than you. Each of these will work for some; no single solution will work for everyone. That's why it's vital not to give up if one or two or three don't do much to decrease your pain. How do you know that suicide is the best solution if you haven't tried everything else first? You can always kill yourself later.

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From Part I: Background ...Ironically, this well-intentioned and humanitarian opposition to suicide eventually degenerated into "...legalized and sanctified atrocities, by which the body of the suicide was degraded, his memory defamed, his family persecuted." Suicides were buried at crossroads with a stake through their bodies, and their property confiscated by the State. Perhaps the ultimate irony was the execution of people for the crime of attempting to commit suicide...

...More recently, with the advent of "anti-psychosis" drugs, such as Thorazine, in the 1950s, the concept of a biochemical basis for behavior has become increasingly persuasive.

One of the effects of these changes has been to largely remove suicide from the category of "moral crime." Instead, the fault has been shifted onto society, mental illness, or biochemical imbalance, things for which an individual can hardly be blamed.

Thus, if suicide is involuntary and beyond an individual's control, rational or moral arguments against it will be useless. The only moral question, then, will be that of intervention, abstention, or assistance by individuals or society-at-large...

...One of the ironies of suicide is that a suicide attempt--if survived--is probably the most dramatic and convincing way to draw attention to a problem and get help. Often family, psychiatric, and social service resources become suddenly available. A survey of Swiss survivors found that a majority felt that their actions had positive consequences for them. In Erwin Stengel's words, "The suicidal attempt is a highly effective though hazardous way of influencing others and its effects are as a rule...lasting."

...One of the ironic and presumably unintended results of making assisted suicide illegal is the pressure it puts on the old, infirm, and ill to kill themselves while they are still able to do so, and sooner than they would if they could count on help...

...This is a truly bizarre situation: EVERY study I've seen finds pain seriously undertreated; EVERY expert recommends more use of pain medications. Yet the problem persists.

Thus, Dr. Cundiff believes, with considerable justification, "We don't need a law to legalize assisted suicide, we need a law to teach doctors how to treat pain."

...There are two related practical problems with assisted suicide: (1) in most places it's illegal; (2) in many cases the job is bungled. As a result, end-of-life discussion between patient and doctor is often inhibited: physicians fear prosecution; patients fear involuntary commitment and deprivation of pain medication. The result is, all too often, badly-informed decisions badly carried out...

From Part II: Methods

Cutting/stabbing looks like one of the safer methods for a suicidal gesture because it has the lowest fatality rate, 4.1% - 5.8%...However, as mentioned earlier, all these data combine people intending to die with those wanting help or attention.

...Cuts on the wrist, and to a much lesser extent elbow or ankle, are often used to make a suicidal gesture. Such wrist cuts are generally shallow and perpendicular to the long bones of the forearm. They tend to sever the surface veins. Since these veins are neither particularly large nor carry as much pressure as the arteries, such cuts are not usually life-threatening because they can clot before a fatal quantity of blood is lost.

Wrist cuts become more dangerous:

(1) if the cuts are more-or-less parallel to the long bones. In such cases the blood vessels tend to be sliced lengthwise or diagonally, making clotting more difficult and thus allowing more and faster blood loss.

(2) if cuts are deeper and near the long bones of the forearm (the thumb-side long bone is the radius; the other long bone is the ulna), they may sever the radial artery or the ulnar artery. These pieces of plumbing ARE under high pressure, and cutting them can be fatal unless the bleeding is actively stanching.

There are claims that a single cut across a healthy wrist artery is not dangerous, because the cut artery (which, unlike veins, has built-in muscle) will contract and so limit blood loss. While this protective mechanism does exist, it's not always sufficient: four of the forty Stockholm deaths due to cuts on the limbs were from just such an injury;

You can find (or usually avoid) these arteries by checking various points around your wrist for a pulse. Without a stethoscope you will only detect one in a couple of spots, e.g., where your wrist and thumb come together. You can locate the radial artery fairly near the surface there. The other major wrist artery, the ulnar, runs parallel to the other forearm bone and can be felt near the heel of the hand.

Hyperextending the wrist is common, but hides the radial artery around the end of the radius (try feeling for the pulse), and one may end up with only severed flexor tendons.

...You may prefer to use an ankle vein in order to avoid wrist scars, and subsequent tedious cocktail-party conversation...

(3) if cuts are numerous. Multiple cuts of wrists, elbows, and ankles, none individually dangerous, may cause enough blood loss to be fatal.

(4) if clotting is inhibited. This may be deliberately done by keeping the cut under water. Another way to slow clotting is with drugs. Some drugs, like heparin and coumarin-like compounds [footnote], are prescribed specifically to decrease blood clotting in medical conditions like stroke. With other drugs, the anti-clotting ability is usually considered a "side effect" to its intended therapeutic use. Aspirin, when taken for pain relief, is the most common drug of this sort. Since many people are not aware of these effects, use of such drugs may occasionally turn a suicidal gesture into an accidental suicide...

...As methods of suicide, cutting and stabbing have little to recommend them: compared to lower-trauma asphyxias (see "Hanging" and "Asphyxia" chapters) they are, generally, more painful, and no faster or more reliable. Their major advantage is that (depending on site and method) you may, after the injury, have some time to change your mind.

Users Review

From reader reviews:

Sarah Ford:

Now a day those who Living in the era exactly where everything reachable by connect to the internet and the resources within it can be true or not need people to be aware of each details they get. How people have to be smart in obtaining any information nowadays? Of course the correct answer is reading a book. Reading a book can help folks out of this uncertainty Information specifically this Suicide and Attempted Suicide: Methods and Consequences book because book offers you rich data and knowledge. Of course the knowledge in this book hundred pct guarantees there is no doubt in it everybody knows.

Sharonda Adair:

Information is provisions for anyone to get better life, information currently can get by anyone from everywhere. The information can be a information or any news even a huge concern. What people must be consider whenever those information which is inside the former life are difficult to be find than now could be taking seriously which one is suitable to believe or which one typically the resource are convinced. If you obtain the unstable resource then you obtain it as your main information we will see huge disadvantage for you. All those possibilities will not happen throughout you if you take Suicide and Attempted Suicide: Methods and Consequences as the daily resource information.

Robin Harvey:

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