SUICIDE

The hard way out

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SUMMARY. Much recent discussion and publicity has been directed towards the problem of intentional self-poisoning as a cry for help, or as a manipulative procedure where patients have ensured that the suicide attempt is discovered in time for counter measures. I describe the successful and carefully planned suicide of a 72-year-old patient with a particular attitude to euthanasia and with no evidence of a depressive illness.

The patient

AFTER the death of his first wife from carcinomatosis, the patient married again when he was in his fifties. He had a happy second marriage to an intelligent wife with a pleasant personality, but in the early 1970s, when she was 60, she began showing early signs of brain failure. This became increasingly worse during the next four years and was already a considerable problem when in 1974 the patient himself developed dysphagia, which at operation proved to be due to a carcinoma of the oesophago-gastric junction. This was excised and it was hoped that all the tumour had been removed. He made an excellent recovery and returned home to resume care of his wife for several months more until her brain failure caused her to become completely irresponsible and forgetful with associated nocturnal wandering. She was admitted to a nursing home for the demented and was visited by her husband several times each week, going out in the car and striving to keep herself as active as possible.

She continued to deteriorate during the next three years, until by the end of 1977 she was completely demented and unable even to remember who her husband was, or where she was in time and space. It was at this stage that he began to ask why the profession was so against euthanasia, although he accepted that the doctor's duty was to preserve life and health so far as possible, albeit not officiously to keep alive.

In the autumn of 1977, he developed his first recurrent symptoms of dysphagia which, although they seemed to be more of a psychological than physical nature, eventually proved to be due to recurrence of carcinoma. The surgeon confirmed that there was no possibility of fundamental treatment and the patient was encouraged to swallow what he could, with liquid and powdered food supplements. He never asked, nor was told, of the actual diagnosis, but he did have frank discussions both with me and the specialist about his symptoms and how best to cope with them.

Two months before his death, he began to develop periods of mild confusion at night, but was still able to order his own affairs with the help of a resident housekeeper and daily help. The specialist agreed with me that he was probably developing early symptoms of cerebral metastases, although he never showed any signs as such. His general state continued to deteriorate as did that of his wife. In March 1978, she had the added physical difficulties of coronary thrombosis and congestive cardiac failure, although she recovered.

From January to April, I continued to watch and encourage her husband with the help of my trainee, with whom the patient had developed a very good rapport, and the health visitor.

In April, I saw him by chance when he had called at the surgery for a repeat prescription for antacid and metoclopramide ('Maxolon') which he had found helpful, and he appeared quite cheerful, not apparently tense or depressed, asking as he did for reasonable supplies of his medicines.

Only three days later, when I was on holiday, the police called the trainee to inform him of the patient's suicide, which had been thoroughly planned and executed. He had written a note and placed it in an envelope for his housekeeper to be opened only when the daily help arrived. This she duly did, and the note asked them to notify the police to find him in his garage but under no circumstances to go there themselves. On

investigation, the police found him dead, having shot himself.

Discussion

Here was an instance of someone who was not overtly depressed, whom, on the day before his death, the housekeeper thought to be rather more cheerful, although she had seen that he was finding it more difficult to care for himself physically and was needing increasing support from those around him. Thoughtfulness for others was always a feature of his personality and he made certain by his note that his housekeeper and daily help would have each other's support and that the police, and not they, would find his body. Once he had made the decision, it must have taken him a little time to carry out his plan as the garage was about 300 yards away from his home.

This was far from being an easy way out: here was a man without depressive signs or symptoms but with a terminal illness which he saw was progressive, a wife who no longer needed his presence, and a housekeeper to whom he was becoming an increasing burden, taking his own life. Rather than risk failure by taking pills which might have been washed out of his stomach, he chose the very positive and difficult method of ending his life, with a gun.

Conclusion

Figures are repeatedly produced to demonstrate the increasing incidence of self-poisoning in our troubled society, but many of these are treated successfully and are in fact para-suicide. No matter how carefully doctors prescribe (although such care is vitally important), such actions by manipulative or help-seeking depressives will continue.

This particular case, however, demonstrates the actions of one who firmly believed in euthanasia and was apparently emotionally stable. His decision and action to take the hard way out can only make one admire his courage no matter what one's moral and religious philosophy might be.