

DOUBLE EXIT: IS IT FOR YOU?

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In 2002 Rear Admiral Chester Nimitz Jr., age 86, and his wife Jean, age 89, after 65 years of marriage, were found dead in their apartment in a retirement community in Needham, Massachusetts. Referred to the Hemlock Society several years ago by his sister, Admiral Nimitz was a Life Member. They had read *Final Exit* and left a note that said “*We wish our relatives to know that we are leaving their company in a peaceful frame of mind.*” Interestingly, the media covered the event as a natural act of a devoted couple whose lives were coming to a close. Their family also appeared to be unsurprised by their decision, to respect it, and even to think it was romantic.

“It is hard to feel sad for them,” Betsy VanDorn, one of their daughters, said. *“They were so clearly in charge and in control. You have to respect their wishes...They wanted to be together, and they were, right up to the end. It is not a decision everyone would make, but I think they did what was best for them...and we were glad they’re at peace.”*

The importance of their deaths stems from several factors:

- Their prominence -- he was the son of the WWII Pacific Fleet admiral – and well-known in his own right
- Their careful planning -- “Nothing was left to chance. He made sure everything worked the way he wanted,” another daughter said
- The fact that they were not terminally ill but both in failing health and both over 85
- That their family were informed and accepting
- And, that their planned death occurred just two months after John Ashcroft decreed that physicians who provide this kind of help would lose their prescribing licenses

Some doctors wrote afterwards that the Nimitzes had other alternatives, that they were depressed, and that there should have been an intervention to stop them. Yet the Nimitzes death left many with the idea that dying together and choosing a planned death are acceptable solutions to a declining life’s end.

Let’s look at the factors in their situation:

- They were both at the age when life is ending for most people and had incurable illnesses that severely reduced their quality of life. Although receiving excellent medical care, Admiral Nimitz was suffering from congestive heart failure, had constant back pain, was no longer able to drive, and had lost 30 pounds because of chronic gastrointestinal problems. He worried that his heart would give out within months and that he would no longer be able to end his own life or help his wife end hers. Jean Nimitz, who had been trained in England as a dentist, suffered from severe osteoporosis to the point where her bones were breaking. She had lost her vision and thus one of her last remaining pleasures, reading, was not available to her. In addition, she had painful neuropathy in her feet. Her daughter reported that she repeatedly said that her mother was “fed up” and indicated she would not keep her January 13 doctor’s appointment.

- They both agreed on ending their lives together and were both able to carry it out. They had knowledge of the correct method, and apparently were able to obtain the correct amount of the appropriate medication from a cooperative doctor.

- They had discussed their plans with their family, had worked through the objections, and did not traumatize, shock or surprise them when the Nimitzes ultimately did the deed. They left a note explaining what they did so no one else would be implicated.

I would like to contrast this with other situations in which these circumstances were not present:

- Arthur Koestler, author of *Darkness at Noon* and his wife died together. He was 77 and suffering from Parkinson's disease and leukemia. Cynthia Koestler was 55 and in good health but wrote "*I cannot live without Arthur, despite certain inner resources.*" (Humphry & Wickett, *The Right to Die*, 1990)
- One of our members was caring for his cancer-stricken wife. Both in their 70s, they planned to die together although his health was good. She was too debilitated for a successful self-deliverance. Her attempt failed and she died "naturally" a few weeks later. He did not try to end his life after her lack of success. He was grief-stricken at her death and moved out of their house. A year later, he met a woman at his new apartment complex, and is now happily remarried.
- Another man, also healthy at age 78, was his wife's caregiver. She was 80 and suffering from cancer but he promised her he would not put her in a nursing home. When she became incontinent and heavily sedated, his capabilities were severely taxed. Although she wanted to die, she feared he would be prosecuted if he helped. She finally but reluctantly agreed to a double exit. He used large doses of valium and plastic bags—with extensive and careful suicide notes. She died, he was found the next day by the nurse who came in every morning. The police insisted on resuscitating him so that he could be charged with her murder despite the wishes to the contrary of their children. He was placed in a psychiatric hospital on suicide watch then released to the custody of his daughter. An intelligent, gentle man he, hopefully, went on to live out his life. Their savings were spent on an attorney who plea bargained and got three years probation and community service.
- The Nimitzes were secure in their plans; many are not. One couple who was planning to go together—she sick, he well—had a lot of medications available but none was the right one, according to *Final Exit*, nor in the right amount. They swallowed a large number or various pills, washed them down with vodka and were still alive. Desperate and now severely impaired with the drugs and alcohol, he got his gun and shot his wife and then himself. She died; he wound up shooting himself in the face, leaving him disfigured, losing vision in one eye, and requiring more than 30 surgeries on his face -- and charged with her murder. He plea bargained and got three years probation and community service.

- Recently a couple in their 80s, both health care professionals, and in poor health followed the formula in *Final Exit* but without the right amount of medication. Unlike the Nimitzes, he died and she did not. She writes, “*I wish so much I had been able to go with him. I loved him and miss him very much. I am happy for him even though my own effort failed.*”

Many of our members are caring for loved ones who have serious illnesses or dementia. Their lives are exhausting, lonely, and desperate. The companionship of the person they loved is gone. In their place – if they have dementia -- is a childish, confused, dependent, sometimes hostile and ungrateful person. Even when the ill partner is mentally competent, the physical burden of caregiving is often overwhelming. It is difficult enough to do the caregiving but the caregiver often cannot talk about their embarrassing feelings of resentment and despair to their children or their friends. They hesitate to put their loved one in a nursing home because it will be expensive, or because the ailing person will not get good enough care and/or because they made a promise not to. Often they worry that people, including their children, will judge them harshly. Sometimes they do not even have respite care so that they can maintain a semblance of their lives. This is especially true of dementia but it is also the case for care-giving with any chronic illness—AIDS, cancer, Parkinson’s, M.S., and ALS. Their situation would be relieved with more care-giver support from our health care system and is an increasing problem because families are not close and have responsibilities of their own.

Often the caregivers, in desperation, think about ending their own life and that of the sick person reasoning that they cannot go on, that it would be better if the ill person were dead but fear they would be prosecuted if they stayed alive, and that their lives are over anyway.

This was discussed by Sylvia Schwartz in *Two Victims* (see the Hemlock Shop on page XX). Fortunately, her desperate thought of murder-suicide was not carried out and she lived a fulfilling life for 20 years after her husband died. Her advice to caregivers is to ask for help and to lower their expectations.

What about love and interdependence? The Nimitzes were married 63 years—all of their adult lives! What would life have been for one if the other died? Doesn’t it make emotional sense to die together with the person you love and with whom you have so long been involved? Many people, it is true, never do recover from the death of a spouse and live a life of loneliness and grief until they can join their loved one in heaven (though they may not even believe in heaven!).

More likely, they go through what seems like endless and unbearably painful grief from which they finally recover and go on to enjoy the rest of their lives. If one partner still has a life to live, ending it in desperation or grief can be an unfortunate waste of life. It is easy to give this advice but couples often make other decisions based on a deep emotional attachment.

The lessons to be learned may be:

1. Don't end your life for emotional reasons no matter how desperate. Try to get help to care for the ill person and/or with the grief of their loss. Chances are that you will recover and be able to enjoy your life.
2. Don't consider ending your life unless you have an irreversible physical condition which severely impairs your quality of life and with which you have lived for a while. Unless you are very old, even living with a chronic illness can be satisfying. The Queen Mother and George Burns both lived to be more than 100. Life is precious and often satisfying even after a severe loss of a person or a capability.
3. Don't try to end your life unless you have a method which you are sure will work and will not traumatize others. Do not act impulsively. Plan carefully.
4. Try to share your decision with those you love to avoid shock to them.
5. Talk to someone at the Final Exit Network (866-654-9156) if you are considering ending your life. Clearly, if we had legally assisted dying and more access to affordable home health care, tragic double exit situations would not have to occur. As our population ages, the Nimitz example will be used by more couples but should be carefully evaluated.

To quote Anna Quindlan said this about their decision: "...those who can't bear those conditions ['pain, immobility, incontinence, the fear, or the loss of literacy'] should be able to use any means to avoid spending their last days or months or even years in a situation they find humiliating and degrading. Some doctors have determined that life ends with something called brain death; perhaps it ought to end with life death, the depletion and disappearance of those things that have defined them...then, as Chester and Joan Nimitz wrote 'consciously, rationally, deliberately,' lights out." (*Newsweek* 2/16/02),