

# A Living Wake

or When and how to (temporarily?) check out?

*by Robert Ettinger*

Many if not most cryonics members would like to be able to choose the time and manner of deanimation, the obvious reasons being (a) If you are definitely terminal, you would like to avoid the unpleasantness (for yourself and family) of a slow and miserable and probably very expensive death; and (b) If your time of deanimation is known in advance, you have the best chance of a good cryopreservation, and (c) you can have a nice wake with your own participation, a rousing chorus of *Who Threw The Overalls In Mrs. Murphy's Chowder*, and a good time had by all. What a way to go!

Against these positives there are possible negatives. (I'll confine my remarks to the case of old people, dying essentially of senescence, whatever the proximate symptoms may be.)

(a) Most hospital personnel and medical examiners will want no part of encouraging or even allowing a patient's decision to choose death by any active means, although it's O.K. to starve yourself or refuse medication if you are conscious and can communicate. (I am told there are exceptions e.g. in Oregon, Switzerland, and Holland.) (b) Many states, including Michigan, have laws against assisted suicide, although in Michigan, and as far as I know in all states, there is no law against suicide per se. (Pre-cryonics, how would you punish it?) (c) There is the threat of autopsy if someone in authority is either suspicious or hostile.

In my own case I have several tactics to minimize the chance of unwanted delay after clinical death, or of unwanted life support to delay death while allowing more deterioration and expense and stress for those concerned.

First, ideally, I will be under hospice care, which in itself goes a long way toward avoiding red tape. (That has worked well in several CI cases, including my wife Mae's.) I will be at home, avoiding hospital delays or interferences and expense for the taxpayers.

Second, if I can assure myself ahead of time that the medical examiner or other authorities will keep hands off, the actual method might be to take some legal over-the-counter pills to induce torpor, then sit in the tub (in my underwear, to avoid

bystander embarrassment) and introduce first tepid and then cold water and finally ice water. The cold will reduce body temperature and finally cause death by hypothermia, reducing ischemic damage. I would also give myself a dose of heparin IV (using legally obtained heparin as a chemical, not as a drug) plus any other legal medications deemed useful in retarding ischemic damage. Preferably, a physician, possibly from the ME's office, would be standing by to pronounce death, or if necessary EMS personnel would be there to take vitals and have death pronounced by telephone by a doc in a local emergency room.

Other possible methods of unassisted suicide include the Roman style, sitting in a tub of warm water and slitting your wrists. Some people couldn't do that, but I could do it easily. If advance soundings were discouraging enough, I might have to settle for starving myself (ultimate calorie restriction).

Why don't I immediately sound out the ME? It's too soon, for several reasons, which I won't bother to enumerate here. A little thought should convince anyone that this isn't the right time.

The "right" time will be determined in part by my quality of life. If I can no longer take care of myself and my dog, that's enough for now. No wheelchair for me, let alone being bedbound, unless it is clear that a little more time could make a material difference in quality of cryopreservation.

l'Chayim.

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