Holistic Interrogations
concerning

The Realities Of Our Natures
And
The Nature Of Our Realities

With specific regard to EUTHANASIA

Being an updated extract from TROONATNOOR vol. I

Which introduces the new ‘Optimal’
Carotid compression technique
and improvised device

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Before I worked out my ‘carotid compression’ technique, I felt hanging was the next best alternative to Euthanasia. So first read this, and we will finish with my OPTIMAL guide to carotid compression as the optimal method, in the absence of access to, and freedom to use, Nitrogen gas, or Nembutal.............................................60
Don’t get the wrong idea, this is NOT a suicide note, nor a call to ‘revolutionary’ suicide

Please note I have no plans to kill myself. I have too much work to do. Suicide is a temporary solution, to avoid fates worse than death, and not the usual trouble of existence. I want to leave a legacy behind that will make my next lives here easier, wiser... hence all my books and research...if I am unfortunate enough to return here BEFORE something like my Eden Protocols have been implemented...and also to help you and all to come, as best I can, optimalise YOUR experience of ‘life’ here, as this form of experience engine, and to prevent you making the lives of other humans, and other sentient beings, the miserable, wretched, horrific, cruel experience it currently is, for MOST of them...So don’t consider anything I have written a ‘suicide note’. I would NEVER warn ANYONE, for fear of being prevented from carrying out my wishes, and exercising my rights as a FREE sentient being. Many may THINK they own me, and many act as if they BELIEVE they own me, but as long as I can ‘escape’ their control, by ‘revolutionary suicide’, I am still FREE!

Which is why I wrote this guide. And gave it away for FREE. Because ALL sentient beings deserve to be free. So what about you? Will you go vegan, and thus DESERVE freedom, or will you be a hypocrite, and do unto others OTHER than you want to be done unto? How has THAT been working for us lately?

After much research I have concluded that the following offers the OPTIMAL means of escaping fates worse than death a.k.a suicide / euthanasia.

WARNING: DO NOT EXPERIMENT WITH THIS. IT IS THE SIMPLEST FORM OF ‘CAROTID COMPRESSION’ ‘RATCHET-STRAP’ / ‘LIGATURE' POSSIBLE. ONE YOU CAN MAKE FROM ANY PIECE OF SHOELACE OR SIMILAR MATERIAL TEST YOUR DEVICE ON YOUR LEG / THIGH, TO MAKE SURE IT IS THE RIGHT LENGTH, AND THERE ARE ENOUGH KNOTS TO ENABLE YOU TO ‘RATCHET’ IT TO ACHIEVE ADEQUATE COMPRESSION. DO NOT PRACTISE ON YOUR NECK AS YOU COULD EASILY KILL YOURSELF ACCIDENTALLY. ALSO MAKE SURE YOU FIRST PRACTISE CUTTING THE SHOELACE WITH THE SCISSORS OR KNIFE YOU HAVE FOR THIS PURPOSE. YOU WANT TO MAKE SURE THEY WILL WORK QUICKLY. THEN MAKE SURE THERE IS SOMEONE ELSE THERE TO CUT THE SHOELACE, IF YOU EVEN WANT TO ‘CHECK’ THE DEVICE WILL WORK AS DESIGNED. HAVE THEM
PRACTISE ON THE SHOELACE FIRST, TO MAKE SURE THEY CAN CUT IT QUICKLY. AND DO NOT PULL THE STRING FULLY...PULL IT TIGHT ENOUGH TO SEE THAT IT 'HOLDS', AS IN MY PHOTO...BUT NOT TIGHT ENOUGH TO CUT OFF CIRCULATION. MAKE SURE YOU HAVE A FEW MORE 'KNOTS' TO GO, SO THAT WHEN THE TIME COMES, YOU WILL BE ABLE TO 'RATCHET' THE SHOELACE TIGHT ENOUGH TO DO THE JOB.

Never wear anything around your neck in a way that would allow it to accidentally tighten around your neck when operating machinery, riding a bike, or driving in an open topped car. Even simple rings can get stuck in fixed objects, and if you are moving, you will lose that finger, or worse. Never forget that famous Hollywood movie actress who choked herself to death when her 'signature' long flowing scarf got caught in the wheel of her own car.

Also note that after you have become unconscious, involuntary movements your body makes can disturb things around you, making a lot of noise, and thus attracting unwanted attention.

If you are silly enough to engage in any of the auto-erotic or recreational uses of neck compression, at least make sure you are not standing up at the time. If you pass out you can fall hard, and suffer terrible injuries, especially to your head, and even death.

All these movements, and the associated noises, may alarm bypassers, or people nearby, and alert them to your attempts. In the worst case they might resuscitate you after you suffered irreversible brain injury, leaving you with the sort of ‘fates worse than death’ you were seeking relief from. So plan and think ahead, if you can. Or lock yourself in a room, so you have the time to escape, and avoid ‘recapture’.
PHOTOS of device and positioning and testing
NOTE THAT YOU WANT TO TIE THE KNOTS AS CLOSE TOGETHER AS POSSIBLE, TO GIVE YOU MAXIMUM ‘RATCHETING’ POTENTIAL. The closer the knots are to each other, the tighter you will be able to ‘ratchet’ the device closed. Just experiment. Remember all you are doing is tying the simplest of knots in the looped shoe-lace. Nothing fancy. So tie and untie these knots until you get as many knots as you can, while still being able to pull the knots through the small loop. Place the device around your thigh to see if it tightens and holds well. Then place it around your neck, without tightening, just to make sure the device is long enough to place around your neck, and the knots are in the right positions to be able to ‘ratchet’ it tight, once you decide to use the device.

The earlier photos, as shown in the wrist photos below, had too few knots to ensure I would get the tightest fit possible. There is too great a distance between each knot, to allow the maximum ‘ratcheting’ effect possible. But the photos below do show how the ‘ratchet’ effect works, and how to finally use the device.
My design and selection criteria

I considered many factors. Can anyone make this device, and use it, anywhere, in a short amount of time, without special skills / equipment, or anyone’s help / complicity, with minimal risk of being discovered and stopped, without risk of 'failure' (and thus fates WORSE than the fates suicide was a rational escape from), at zero cost (not everyone can afford nitrogen or Nembutal), without any pain, with minimal discomfort (get drunk or take painkillers to guarantee it will be a pleasant experience), quickly, and without any preparation or time-delay (imagine the terror-police are at your door to bring you in for torture, during which you will expose your friends to the same torture by 'naming' them and unlike Goering you don't have a cyanide pill), and of course, given that the best laid plans are oft to go astray, can you improvise such a device from the sort of materials you are likely to find anywhere.

Many people had great plans in place for using Nitrogen or Nembutal, only to find themselves in a situation where they cannot access their carefully prepared materials. They awake in hospital after an accident or illness hits them unexpectedly. This is when you need to be sure of a ‘Plan B’. This device will be your plan B, in the event that your other plans fail you, if you are lucky enough to have access to Nitrogen gas or Nembutal methods. So be prepared. Be ready for the worst, and if it never comes, at least you have 100% peace of mind, and total CONTROL of your end of life decisions. You will never have to endure involuntary life, and fates WORSE than death.

One distinct advantage that my ‘Optimal’ method has over every other form of euthanasia I know of, is that it can be done in any position, and in any location. You might like to leave your current experience engine in a cool green forest, for wild animals to eat, or while floating on the lake, or on the ocean, or at your favorite spot, sitting in your car or under a tree, or even laying on the beach, or even sitting in the water. The options are endless. You may chose NEVER to be found, and thus become a mystery, and never have to worry about ‘how my dead body being found might affect others’, or you could time it and locate it so your body would be found relatively quickly, and not be left to deteriorate into something it would be traumatic for anyone to find. Or for loved ones to have to identify. You can do it with loved ones around you, or in the next room, or overseas, where nobody who knows you will ever have to know you died, let alone discover your body. The more you think about this freedom of action, the more benefits you will discover.

I consider this my greatest legacy, and have interrupted work on my current project to publish this quickly. With this device and information you are FREE. You have the basic freedom to choose ‘Do I want to continue as this current experience engine, or do I want to discard it and move on to my next lives earlier than ‘nature’ may have intended?’
To ensure you have this device with you when you need it, you can literally 'wear' it around your neck, or around your wrist, or attached to your mobile phone, in your handbag or pocket. You could even wear it around your neck, hanging something from it, so it looks like Jewelry. But remember never to attach it as you will use it, to avoid accidental compression.

When it comes time to use the device, you just loop it around your neck, just below your jaw. Above your Adams Apple, or where it would be if you were male. Right up under your jaw bone.

One end has one knot, which forms a small loop just large enough to pull the other end of the device through. That is the end you will pull the other, larger loop through, and continue pulling the other knots through. Pull it firmly, until you can feel it compressing your carotid arteries. This will occur long before the device has ANY effect on your breathing. You will be able to continue breathing comfortably and easily the whole time.

The knots act like a ratchet strap, or 'ligature', and the actual resistance of your neck muscles will hold the knot in place by pulling on the string at angles, locking the knot in position. Each successive knot you pull through the loop will tighten the pressure of the shoelace against your carotid. If you lose consciousness while pulling, and release your grip, the device will remain in place, at the position of the last knot, and you will have achieved your intended goal.

It is important that the device be tight enough to compress not only your Jugular veins, but also, and immediately, your Carotid arteries.

But don’t worry, the pressure / compression required to achieve this is much less than the pressure required to compress your windpipe, and disrupt your breathing. And much less than that which would cause you any real discomfort, let alone pain.

Once you have pulled the last knot through, lean your neck forward. This has the effect of increasing the diameter of your neck, and thus increasing the compression, to ensure a quick and full compression of the Carotid arteries.

I will clarify some medical details so you have 100% peace of mind and comprehension about what you are doing, and why it is guaranteed to offer you a painless, quick, death.

The relatively small amount of pressure required to compress the jugular veins, and carotid arteries, as compared to the amount of pressure required to compress the trachea and air pipe, and thus restrict breathing in any way, means that you can continue to breathe normally for the few moments it takes for you to become unconscious. You need not fear any breathing problems, nor any other pain or discomfort.

The carotid artery is appreciably obstructed by a ligature under low tension. A pull of as little as 7 lb (3.2 kg) was sufficient to reduce free flow through the
artery to a mere trickle, on an operating table...but in real life, (a) the carotids are located deeper in the neck than jugular veins and are shielded by a living sternomastoid muscle; (b) blood pressure might open the compressed artery on each heartbeat.

Veins operate at lower pressures than do arteries (if you cut an artery, blood spurts out; blood only flows from a severed vein)

In experimental studies (on dead bodies) it has been shown that the carotid arteries can be compressed with as little as 3.2 kg / seven pounds of pressure. Applying this force also ensures that the jugular veins are also fully compressed, as they require around 2kg / four and a half pounds of pressure. In real life, of course, the pressure required can be a little more, depending on the individual. At least one published study indicated that pressure of 5kg was required to compress the Carotid arteries in a living person.

Compare these figures to the relatively huge 15kg / 33 pounds of pressure required to compress the airways, and you can see that breathing normally during the process will be no problem at all.

The two carotid arteries lie in the front of the neck on either side of the trachea (windpipe) and carry blood from the heart INTO the brain. They supply 90% or so of the brain’s blood. In a normal individual compressing a single carotid artery will have little effect. Compressing both can cause a loss of consciousness in 15 to 20 seconds and death in 2 to 4 minutes.

The person will lose consciousness in about 4 seconds if standing, 8 if sitting, and 12 if lying down. The difference is due to the effects of gravity on blood flow.

A relatively tight, quickly-applied compression of the carotid arteries and jugular veins would mean no blood would be able to enter or leave the head. The face will appear pale, with a blue tinge. There would be nothing frightening or horrific or undignified in this appearance.

You may have heard reports of people being found with a swollen, red-purple head, their eyes and tongue sticking out, with blood leaking from their nose, eyes, ears, and skin pores. This is not something you want your loved ones, or even a random stranger, to have to deal with. It would be a traumatic experience for them. And not how you would wish to be remembered.

The reason for the above is as follows. The carotid arteries require greater pressure to fully compress than do the jugular veins through which blood flows OUT of the head.

If you merely apply enough pressure to compress just the jugular veins, you will only be stopping blood from EXITING the head. Blood will still flow into your
head, as long as you heart was pumping. And so in this case, before you died, your head would become swollen with excess blood, which would accumulate in the head before bursting blood vessels. Blood accumulating in the head and neck in this way can even compress the airway, leading to asphyxia.

You will still die quickly, but may experience some brief pain before falling unconscious, and dying. Leaving a ‘gruesome’ corpse.

So by ensuring you tighten the device quickly, you instantaneously block both the jugular veins allowing blood out of the head, and the carotid arteries, which allow blood into the head. Compressing both can cause a loss of consciousness in 15 to 20 seconds and death in 2 to 4 minutes.

Some people will take the extra precaution of placing a plastic bag over their head and tying it close around the neck. Why? Because in theory there is still the possibility of the brain gaining enough blood and oxygen from two small vertebral arteries that travel along the spine and over the back-most portion of the brain.

It has been argued that the brain stem (that part that controls automatic functions that continue even into permanent vegetative state when the brain has died) has its own blood supply which, in theory, could mean that a person using the compression method could be left in a vegetative state, but still alive. However this concern is merely theoretical, and no case has ever been documented where compressed carotid arteries, left compressed for a few minutes, did NOT kill the person.

Note that large cat predators kill their prey in this same 'humane' way. They clamp their powerful jaws around the carotid arteries, compressing them, sending their prey into quick unconsciousness, and then death, in a matter of seconds. This makes supposed 'vicious predators' much more humane than people who use any animal products.

You can expect to lose consciousness within 10 to 15 seconds. After that, as the pressure on your carotid arteries is maintained, insufficient blood will reach the brain, depriving it of oxygen and glycogen. Death will ensue in the next few minutes.

The reason for this is that the autonomic actions which maintain life, such as the beating of your heart, and the expansion and contraction of your lungs, are controlled by the lower brain centers of ganglia. As soon as these brain areas are deprived of sufficient oxygen and fuel to function, they cease, resulting in death.

The brain, like all organs, requires glycogen fuel, and oxygen to facilitate the 'combustion' of that fuel.

Depriving the brain of oxygen (Cerebral Hypoxia), also increases the relative carbon dioxide content of the blood. Vasodilatation (dilation (widening) of the
blood vessels) in the brain actually speeds up the process, leaving insufficient blood to perfuse the brain with oxygen and maintain consciousness.

Also note parallel to the arteries, we find the Vagus nerve. Pressing on the carotid arteries also applies pressure to the Vagus nerve, which sends messages to the main pacemaker of the heart to decrease the rate and volume of the heartbeat, typically by a third. In some cases there is evidence that this may escalate into asystole, a form of cardiac arrest that is difficult to treat.

In fact pressure on the Vagus nerve can result in lethal changes to pulse rate and blood pressure which can set in long after the pressure was applied. Someone can put someone in a choke hold, with no apparent damage. Then hours later that person is found dead of heart failure. For this reason many 'choke holds' have been banned by law enforcement and security use.

So do not ‘play around’ with any form of neck compression. Take advantage of your anatomy and physiology as a ‘sure escape’ from fates worse than death, but don’t risk accidental death. Of course many people are either unaware of the risks, or find them acceptable, and continue to exploit compression techniques for various benefits other than as a form of swift, painless, convenient, dignified, cheap, euthanasia.

Some people experience a heightening of sexual pleasure which can become addictive. Other people report feeling a sense of euphoria.

Anthropologists have recorded that many cultures past and present, near and far, have exploited the phenomena associated with carotid and jugular compression for ‘pleasure’ and ‘entertainment’.

There may be slight discomfort from the pressure on the neck, but this is not enough to interfere with breathing. You will be able to continue breathing freely the entire time you are conscious.

Then, as the blood supply to the brain is interrupted, there is a sense of dizziness or fainting. Judo practitioners have described this experience as ‘quite pleasant’.

Such ‘sleeper’ holds are forbidden in professional sports. Like all World Wrestling Federation ‘fighting, however,’ it is faked for television. Just like Putin and Trump fake their ‘opposition’ to the Jew world order. Sadly, some police and other ‘security’ personnel continue to use this hold, and people die as a result.
Eskimo adults and children engage it this as a form of play. The parents routinely ‘choke’ each other to intensify sexual pleasure. The children hang by their ‘hoods’ until they experience the mild hypoxia (not enough oxygen) that produces sensations similar to drunkenness. When their faces turn purple, their playmates pull them down.

At least one person has described the sensations induced by cerebral hypoxia (when the brain is deprived of oxygen) as a lucid, semi-hallucinogenic state which, when combined with masturbation or during sex, produces a highly addictive ‘rush’ similar to cocaine.

Many people have their partner 'strangle' or 'choke' them with scarves (scarfing), or hang themselves, to experience this pleasure. Some die as a result. U.S statisticians estimate that between 250 and 1000 deaths result from erotic auto-asphyxiation in the U.S each year. Many of these are teenagers. It has become a leading cause of death for teenagers in the U.S.

Many people have remained in comas for days, before reviving, often with permanent brain damage, after playing ‘choking games’ with school friends or lovers. After about four to five minutes of anoxia, permanent brain damage becomes increasingly likely. You may get lucky if you are particularly cold. But why take such risks?

Autoerotic asphyxiation has been documented since at least the early 17th century. Many people sought relief from erectile dysfunction, or merely sought to increase their sexual satisfaction, in this way. Hanged men experience erections and often ejaculate (though some claim with NO orgasm), and since hanging has been a common form of execution and suicide since time immemorial, sooner or later it was bound to come to the attention of the general public. Practitioners of 'scarfing' and 'hanging' and auto-asphyxiation using diving masks and other devices, do it to achieve, and intensify, their orgasms. So I will leave it to you too decide whether being hanged is the ultimate in euthanasia. Not just a 'good' death, but an orgasmic one!
If you want YOUR suicide to appear 'accidental', remove your pants and underwear, as if you were either masturbating or engaged in some sexual activity, and leave some sex toys and/or magazines laying around beside you, or videos playing on your laptop or DVD player. For anyone who didn't know better, it will look like you were seeking a sexual thrill, rather than trying to kill yourself. Check with your life insurance or medical insurance to see if it would payout under such 'accidental' death. Rather than making your death a financial burden on others, it would become a financial windfall. At the very least the 'death benefits' would pay for a nice funeral. At best, you'd leave your loved ones millionaires!

Of course when the CIA or MOSSAD kill people in this way, they do exactly this, to make it look like accidental death.

During the Spanish Inquisition, victims who admitted their alleged sins and recanted were killed via ligature strangulation (i.e. the garrote), and thus saved from being burned alive.

Experts believe that many people, on finding their loved ones in such an 'embarrassing' situation, remove any evidence of 'sexual' conduct from the 'crime scene'. For some people as suicide in the family is more tolerable than a sexual 'deviant'.

Note that it is possible to produce coma, insensibility, and death, simply by applying pressure with your thumbs on the carotid arteries on both sides of the neck. Many lethal 'chokes' use pressure from an arm placed around the neck, just under the jaw, so that the bicep compresses one side, and the forearm compresses the other side, of the neck.

To locate the carotid arteries, just take either hand and grab the front of your neck, just under your jaw, pushing up just a little so your fingers slide up behind your jaw bone, moving back towards your spine, until you find a hollow, and a deeply throbbing pulse. You could apply pressure using one hand, but when you lose consciousness, you would release your grip, and remove the pressure. Do NOT experiment with this, as the same action can easily place the Vagus nerve under pressure, resulting in death from heart failure, even long after you apply the pressure.

The World Health Organization mortality data found that hanging was the most common method used for committing suicide in most countries, however as more people are learning about 'ratchet straps' and 'ligatures', deaths from these 'new' methods are on the rise. So this article will be banned, sooner or later. So please 'seed' it as a torrent. I do NOT have internet at home, so I can NOT do this myself.
How to make the ‘device’ shown in the photos

To make the device in the photo, simply take a length of cord or shoe lace about as long as your leg from hip to foot. Then tie the ends together to form a loop. Then tie a knot into one end, leaving a loop just a bit bigger than the knot. Then wrap the cord / shoe-lace loop around your neck, and pull one end through the loop, until it is firm against your neck. This will provide a guide as to where to tie the knots in the other, non-loop end. You don't have to be precise. You can always add more knots.

NOTE that when you go to 'test' the device, only pull it tight enough to remain in place, do NOT pull it as tight as you will need to, just in case you can't release the knot in time before you pass out.

Please note that while it may appear counter-intuitive, the LEAST pressure is applied where any knot occurs in the device. So you will want to place any knots directly in front of, on, your windpipe. It is for this reason that when people hang themselves, if they want to avoid the potential pain of pressure on their windpipe, and difficulty with breathing, they should place the hangman’s noose knot directly over the windpipe, aligned with the center of their face.

REMEMBER THAT SUICIDE IS A TEMPORARY SOLUTION TO A PERMANENT PROBLEM, CALLED ‘EXISTENCE’. READ MY TROONATNOOR BOOKS TO FIND TRUE SALVATION FROM FATES WORSE THAN DEATH. OF COURSE YOU MAY NOT BE IN A CONDITION, THIS LIFE, TO BENEFIT FROM THE WISDOM I HAVE GATHERED AND PRESENTED. YOU MAY FACE LIFELONG PRISON AND TORTURE SIMPLY FOR BEING AN ETHICAL, ENLIGHTENED PERSON. AND MANY OF YOU HAVE MADE YOUR PEACE WITH THIS WORLD, AND SIMPLY SEE NO REASON ENDURING A DRAWN OUT, PAINFUL, UNDIGNIFIED DEATH. OTHERS ARE SIMPLY COMMITTING REVOLUTIONARY SUICIDE, TO DENY THEIR SLAVE MASTERS THE POWER THEY HAVE OVER YOU, THIS LIFE.

IN ANY CASE, PLEASE DO YOUR OWN RESEARCH. DO NOT TAKE MY OPINIONS, AS EXPRESSED HERE, AS GOSPEL.

AND I WISH YOU ALL HAPPY NEXT LIVES
LIVES IN WHICH I HOPE YOU INHERIT A WORLD DEFINED BY MY OWN EDEN PROTOCOLS, AND OPTIMAL ETHICS GENERATOR
Improvising something similar to my ‘device’, on the spur of the moment, from things you have ready at hand

In an emergency you could simply take any material, ideally that has a bit of 'grip' to it, including any sort of 'rubberized' material like a USB cable. Literally anything, that could be quickly wrapped around your neck, under your jaw, relatively tightly, and knotted, or interwound, so that it would remain in place.

But you want to be sure you finish before you pass out, and that when you pass out, the material will remain in place, under tension, applying the required tension to compress not just the jugular veins, but the carotid arteries.

If you are in hospital you may find a rubber glove or some rubber tubing laying around. If you wrap the tubing, or the thumb and index finger of the glove, around your neck, stretching it tight, you can then wrap the rubberized material around itself. It will have enough ‘traction’ to ‘stick’ in place. Combat medics in the military use such rubber gloves as tourniquets in emergencies where they do not have any alternative, to stem the flow of blood in limbs.

You could also place a loop of material around your neck, just under your jaw, and place a spoon or similar object between the loop and your neck, then turn the spoon so that each time it tightens the loop, like a tourniquet or garrote, and then tuck the spoon under the tight loops to hold it in place...remembering you have to work fast, to make sure you tuck the spoon in place before you pass out. So practice this on your leg, and in your imagination, so that when the time comes you are skilled and competent. You may be doing it for real under pressure. You can never know when you will have some accident, and wake up in a hospital bed facing a life worse than death, in your own opinion. It does not matter what I think, or what any ‘expert’ authority believes. THEY and I do not have to live your life, YOU do!

Use your imagination. You cannot predict in advance what materials you will have at hand. So be constantly improvising ‘devices’ in your mind, from the materials you see around you, in the various situations you find yourself.

This method can be used using so many different materials that you are sure to find something at hand. You only need to be creative, and patient. Then wait until you are left alone for a few minutes to carry out your intentions.

That is all you will need for a 'dignified, painless, swift, humane 'exit' from your current experience engine, and if you have raised your tonal /ethical resonances to higher levels, hopefully also from this sort of low tonal level world that we live in, as long as we are stuck in THESE experience engines we call ‘selves’.
Suspension is another gentle method that has been recorded frequently in the medical literature. This method does not require suspension of the whole body (as in hanging), but simply uses the weight of the upper body to apply pressure via a large loop or strap placed around the neck, and tied to a fixed object that will be able to take the weight of your upper body leaning forward. Leaning forward expands the neck, and places pressure on the carotid arteries, as in the previous examples, with the same outcomes. You can use this in a seated or standing position.

It may even be possible to simply hold your breath

Here is an interesting note which suggests further investigation. It is the relative increase in Carbon Dioxide in the blood that occurs when you cease breathing that produces the 'breathing reflex', and produces the terrifying sensations of 'oxygen hunger' and 'asphyxiation', rather than the lack of oxygen, per se. So if you hyperventilate, and deliberately expel as much air out of your lungs as possible, you will also expel Carbon Dioxide, reducing the levels of Carbon Dioxide in your bloodstream by at least as much as the levels of Oxygen. In this case you will not feel 'air starved' at all, and the 'breathing reflex' may not 'kick in' even after you have passed out from deliberately holding your breath. In which case, at least in theory, as far as I understand it, you CAN literally kill yourself by holding your breath. As long as you deliberately hyperventilate before you begin holding your breath. Then you will find it easy to hold your breath. You won't feel the oxygen hunger, or suffer from the discomfort we imagine must always accompany a lack of breathing / oxygen.

This is why it is so important to prevent people hyperventilating in response to extreme shock or pain, such as a blue-bottle sting.

But in our context, this may make it possible for even someone in a strait jacket, in a totally empty room, to end their own life, on their own terms.

Design and make your own ‘deliverance’ device

A ratchet strap or ‘tie-down’ a.k.a ‘cargo strap’, should cost a few dollars, and be available from auto, camping, and hardware stores. No-one has any reason to be suspicious of you wanting to buy one of these, or having they laying around. Say you want it to keep your suitcase shut next time you travel. Or to pack away clothes for storage. Once tight, a spring-loaded cam release (or equivalent) must be pressed to remove tension. The main caveat is that, if you're not familiar with them, it may take a few minutes to figure out how the ratcheting
mechanism works. A friction-actuated version is easier to use and is also easier to release, but can't be tightened as much, which doesn't matter for this use.

I am of course going to keep a look out for the perfect ‘ratchet strap’ whenever I am out shopping. The ideal one would be made of a material that felt ‘comfortable’ on the skin, and had no sharpish edges. You can apparently buy a foam cervical collar that is perfect to ‘pad’ your larynx / windpipe / trachea. But my device felt comfortable enough as it was.

If I find a ‘perfect’ ratchet strap for our needs, I will add details to the comments of my WordPress page and anywhere else I have posted this.

But the reality is that many people find they have suddenly, without warning, lost control of their own destiny. They find themselves hospitalized, or imprisoned, or incapacitated, without access to their carefully designed ratchet strap. Let alone access to a tank of Nitrogen, a regulator, mask, and a place to use them, without fear of being ‘disturbed’ and ‘prevented’. I don’t think I’d trust a Chinese delivery of ‘Nembutal’. I doubt most people will be able to get access to the chemicals needed to use the recipe for ‘home-made Nembutal’ I have posted around the place. Those chemicals are highly restricted, as they can be used to make ‘recreational’ narcotics.

So make a habit of looking around you to see what materials are at hand, that you could use, and how you would use them. Make this a habit, at work, at home, driving your car, you never know the situation you will ultimately be in when you may need to quickly ‘jerry rig’ an improvised device.

My device will work for anyone who wears shoes with laces. But not everyone does wear shoes with laces. And in prison, or hospital, they will take these away from you.

In any case, be sure to keep a device in your handbag or backpack, so in hospital you could access them without raising suspicion. Then wait until you are left alone, or can go to the bathroom alone, to make your ‘great escape’.

Consider leaving a note and ‘tip’ for the person/s who find you, apologizing for any inconvenience, and suggesting they ‘drink to your good fortune in your next lives’.

All human death is due to ‘anoxia’, a lack of oxygen in the blood, or vital organs
We are all going to die. It is only a matter of when and how. And what we suffer or enjoy before that time comes. Euthanasia / suicide is simply about determining, yourself, how and when you will die. Often it is a choice between enduring ‘fates worse than death’, and a death earlier than ‘nature’ perhaps would have ‘chosen’, that ‘decides’ the matter for people.

There are many ways you can arrive at anoxia. It can result from a blockage of your windpipe by an obstruction, from drowning, from breathing inert gasses like Nitrogen, or Helium that has zero oxygen content, or a gas like Carbon Monoxide. The gas might Carbon Dioxide, as in the case where a person places a bag over their head, and breathes in the same air they exhaled, which becomes toxic as its levels of CO2 increase with each breath.

Anything that prevents blood, which carries oxygen, from flowing to an organ, or away from that organ, can lead to anoxia.

Interestingly it is the brain that is most sensitive to lack of oxygen.

This is a fact we have come to treasure. Those of us who wish to offer others, and ourselves, a good death. A death requiring no-one else’s assistance, let alone permission.

Just keep in mind that you will want to allow yourself or the person you are assisting, ideally, 20 minutes free from interference by third parties who may decide to forcibly intervene and try to resuscitate you or them, and bring you back from continuing your journey.

Resuscitation may produce a survivor with brain damage, which is often long-lasting and sometimes permanent. Four to five minutes of circulatory arrest causes brain damage in around half of patients. But a mere 5-10 minutes of complete oxygen cutoff is generally fatal for most people, unless the person’s body temperature is abnormally low.

And don’t be disturbed if their heart is still beating after 10 minutes. They have already begun the next part of their eternal life’s journey. The heart may go on beating for up to 20 minutes before ceasing. Perhaps their heart was not really in it. But their head made the final, logical, reasonable, rational, decision.

Happy Next Lives 😊

What follows are the chapters from my TROONATNOOR vol. I. I had always anticipated some form or ‘carotid compression’ as the ideal device for Euthanasia. It is only recently that I decided to research the subject more thoroughly, to see if it really was the ‘Optimal’ solution, after being sent a ‘recipe for home-made Nembutal’ via my TROONATNOOR WordPress webpages.
Introduction

The book these chapters were taken from offers everything you can expect from Philosophy. It answers many questions you already have, and many that you might never have thought of asking. Yes, it is about the meaning of life, the universe, and everything. This book interrogates The Realities Of Our Natures, And The Nature Of Our Realities, TROONATNOOR, providing the basis for a truly holistically informed consent.

I was surprised to find many convergences between my own ideas, which I feared were too revolutionary and new to be taken seriously by anyone, and those spanning the entire history of philosophy. My writing may appear derivative to those of you who have studied philosophy in depth. I have been constantly surprised whenever I came across one of my 'own' arguments in the works of earlier philosophers. Read more in 'Convergences'. It provides a fairly exhaustive description of the most compelling philosophical arguments and the most fascinating philosophers who ever dared record their thoughts. In the process we de-construct a lot of 'junk' philosophy. 'Religion' should disabuse any open-minded person of religious dogma.

The holistic philosopher

The authentic philosopher is a seeker of truth. They are engaged in the pursuit of wisdom. They do not seek to prove any particular argument to be right or wrong. Their hearts, minds, ears, and eyes are open. They let the world speak to them. They accept the 'hit and miss' nature of all inquiry and creativity. They are quick to enlighten themselves of 'misses'. They are patient in accumulating 'hits'. They accept that they are likely to be wrong more often than right. Thus they make no emotional commitment to ideas. They are free to emulate the 'binge and purge' nature of evolution. They recognize that meaning is reflexive. The meaning of any particular thing is its relationship to everything else. Hence the meaning of a thing can only be found by locating it within its holistic context. Sagacity refers to intelligence, insight, and perception. The holistic philosopher seeks to become a true 'sage'.
Anti-Euthanasia laws a continuance of slavery laws, in the interests of the beneficiary classes

If you see no chance of getting what you want from life, then there is little value in merely getting what you need, merely to survive, to endure. Psychiatry mostly exists to reinforce the dominant hegemonic definitions and systems of relations, to serve the dominant hegemonic interests, those of the beneficiary classes. This is why it must, reflexively, define depression as a symptom of some biological dysfunction producing a loss of connection with reality, rather than as a reasonable response to a greater connection with reality, a heightened awareness of reality. It is only dysfunctional in terms of the dominant hegemonic interests. The death of the slave only represents a loss for the master. For the slave death represents freedom from their life of suffering and exploitation. This is the context in which 'noble lies' of hell and other 'fates worse than death', heaven, and Karma, and taboos and laws against suicide originally emerged. It is still the driving motive for their reproduction. The beneficiary classes are loathe to see those who produce the value that they consume, the luxuries, powers, and privileges they enjoy, from destroying what for them is merely one more form of capital. Thus laws against euthanasia are effectively a continuation of slavery laws.

Ethics technology: my optimal ethics generator

Imagine you knew for certain that after each life you would be re-incarnated randomly as any creature on this planet. How would you define justice? Who and what would you include as deserving of it? If this belief was adopted as the hegemonic dogma on this planet, what changes do you imagine would take place in our relations with each other, with animals, and with the not-yet-conceived? Random new-births would mean that we would lose our private goods in death, but would re-inherit all the public goods we owned in common. Would we reproduce a society where a minority owned and passed onto their own children, the majority of the world’s wealth, privilege, and opportunity?

Imagine if you or your beloved might return to the world as a lab research ‘specimen’, or battery hen. This would all be consistent with the demonstrable amorality of this world, while at the same time this belief system would institutionalize ethical behavior. You may benefit now from your inherited privileges, but you would statistically most likely suffer in the long run as you inherit the statistically more prevalent underprivileged inheritances next time around.
You are in the long run more likely to suffer than to benefit from the reproduction and opportunistic exploitation of inequality. You would be more likely to bear the costs of the dominant hegemonic system, than to benefit from it. Holistically enlightened self-interest would naturally and unobtrusively guide everyone towards seeking social justice, solidarity, and eugenics. It would be self-evidently in everyone's interests to do so.

We would ideally be able to prove or assert that awareness is a universal potential that re-emerges after death, randomly, in another life form. If you and your loved ones could come back into any position in society, then you would have a motivation to improve social justice and solidarity for everyone. If we could include animals, this would lead to the elimination of all unnecessary animal cruelty and suffering.

I expect that Republicans and Tories would suddenly find themselves motivated by what they would call 'altruism', but which was merely a recognition of their own interests projected into the future, onto their 'future-selves'. Presently they are the beneficiaries of inequality. However they claim that the current system is best system everyone. It would be revealing to see how much of their rhetoric is conviction and how much is disingenuous specious sophistry.

Of course everyone would need to have some experience of the full range of outcomes of the current system. Many people live in ignorance of the true costs of the current system, as they have never personally experienced them. They have only experienced the benefits. It is satisfying for them to imagine that they have free will, and would manage to fight their way to the top no matter what their inheritance. Therefore they need to be holistically enlightened, and thus able to give holistically informed consent to the status quo, or otherwise.

My Optimal Ethic Generator is similar to Rawls' (1921-2002) 'veil of ignorance'. Rawls noted that people would only be motivated to produce a fair, and therefore just, set of social relations if they were ignorant of their own position within that set of social relations. We tend to promote systems of relations we think will benefit us. The only time our intrinsic motivation to serve our own narrow self-interest promotes justice, is when the only way to serve our interests is to promote justice for all. Perhaps one day my Optimal Ethic Generator will become the hegemonic dogma, or we will employ hypnosis or drugs to induce a 'veil of ignorance' in legislators and voters.

As in the case of Freud's siblings, if we cannot secure greater benefits for ourselves, our next best bet will be to ensure no-one can have more than us, to seek an equal distribution of benefits. Where we are ignorant of our own holistic inheritance, we will not be able to promote the interests of people with our particular holistic inheritance. We will be motivated to act as if we cared about others, as without knowledge of who we are, we are the others, for all planning purposes.

Empathy may motivate us occasionally to relieve our empathic suffering by relieving other's suffering, but more often we just turn away, numb ourselves to
their condition, and do nothing. Empathy is not a reliable motive, especially when it conflicts with our self-interest. We like to keep what we have. We are not happy sharers by nature. Self-interest is the most reliable motive for action. The ‘tobacco-debate’ is a clear example of human nature. Ultimately appeals to goodwill and empathy do not work. Enforced laws and ‘speed-humps’ are needed. We have to make expensive or physically impossible not to act as if we were rational and considerate. Once people are compelled to do the right thing they usually do. And once they do something, they tend to rationalize their motives for doing so, finding justifications and reason(s). This is human nature. Read more in ‘Convergences’.

I anticipate that a more social democratic model, similar perhaps to the Scandinavian model, would appeal to most people under a 'veil of ignorance' or my 'optimal ethics generator'. People desire to have the opportunity of benefiting from inequality, but few would risk abject poverty and exclusion from opportunity merely for the chance of obscene wealth. The odds would be against being a beneficiary, seeing how there are billions of people on this planet living in abject poverty, hundreds of millions living as 'wage-slaves' from day to day, and only relatively few middle, upper-middle-class, and wealthy people.

Anyone who would not submit to a hypnotic or pharmaceutical 'veil of ignorance' would demonstrate that their intentions were opportunistic. They would define themselves as unfit to be participating in the decision making process. I await with baited breath what disingenuous specious arguments opponents of this veil of ignorance would have. How would they justify not submitting to the veil? What sort of 'spin doctoring' would they come up with?

**Inequality, Rawls 'veil of ignorance' and my own 'Optimal ethics generator'**

It is true that the film-star could not dedicate themselves to acting if others did not produce all the value they consumed, all the goods and services they needed to live. If the actor had to provide all their own services, and produce all their own products, they could not dedicate themselves to acting. So why does the actor get paid tens of millions of dollars for a few months’ work?

The reflex of this is that there are relatively few people with acting talent and the appearance and personality we find appealing and sympathetic. If these people had to produce all the value they consumed, all the average people would miss out on enjoying their talents. We would, more importantly, miss out on most of the technological goods and services we enjoy, if engineers, designers, and programmers had to devote all their talents and energies to providing for themselves. Most of us have a holistic inheritance that makes it impossible for us to be actors, inventors, engineers, and designers. So we benefit from the
existence of our 'betters'. Without them we would have very little value to consume.

Some people, out of envy and jealousy, would rather live in a world where no one was more talented, attractive, intelligent, or fortunate than themselves. They would be willing to reduce us all down to the lowest common denominator, to achieve equality.

Kurt Vonnegut wrote a satirical novel which described such a society. In this society the beautiful were made ugly, the intelligent made dumb, the talented deprived of their talents, all in the name of equality and justice. This was how this society dealt with the issues of inequality and justice. This sort of dystopia only appeals to those people with the worst holistic inheritances. They have no chance of benefiting from inequality, and hence they 'spin' their jealousy and 'ressentiment' into pseudo-principles of justice and equality.

Beauty, intelligence, talent, and good fortune can prove negative qualities for their possessor due to the envy, jealousy, and Schadenfreude (malicious glee), victimization and mobbing of their fellow humans. This is a very Dao-istic observation! See 'Religion' for details.

However my aim is to improve everyone's holistic inheritance, to achieve more equality, by attempting to lift everyone up to the highest levels. This will merely require that those without positive holistic inheritances will be denied the right to reproduce themselves.

If actors really do, as they claim, love to entertain us, then would they still do so if we paid them no more than twice the average income? Surely if they love their work, they would prefer to act in films than clean public toilets. Surely it is not necessary to reward people with hundreds of millions of dollars? And if they were not paid exorbitantly, they would have to work for a living like everyone else.

Given the choice between acting and most other jobs, surely they would still act. They would enjoy more non-fiduciary benefits, more 'perks', than in most other jobs. My point is that we could have a fairer distribution of windfalls, without having to miss out on most of the value we today enjoy. Inequality is necessary to motivate people, the question is merely how much inequality is necessary, and how much is optimal.

Would, under a 'veil of ignorance', most actors vote for such 'moderation', unaware of their own personal holistic inheritance? And taking a longer-term perspective, would they vote for such moderation if they anticipated being randomly new-born as any social-actor in their next lives, for an eternity?
Take all of your motives and desires and mentally place them at a distance.

They are the self. The absence of the self, the sum total of our desires, is ‘nirvana’. Without them you have no motive, no desire, no self, no dissatisfaction or suffering. You also have no access to pleasure. For most people the costs of life far outweigh the benefits. For most people the only way to affirm life is to positively focus on the glass being 5% full. Plato's Socrates and Lao Tzu's 'Dao Te Ching', and Buddha, were among the first to define death as the philosopher’s ultimate goal. Only when we are free from the limits of our perception can we hope to see the ultimate reality. Chasing after satisfaction always leads to dis-satisfaction.

'Life’s but a walking shadow, a poor player, that struts and frets his hour upon the stage, and then is heard no more. It is a tale told by an idiot, full of sound and fury, signifying nothing. 'Macbeth (Act 5, Scene 5) William Shakespeare (1564 – 1616).

Buddha, Socrates, Schopenhauer, and many of the philosophers we respect today, found no compelling arguments for affirming life. And those others who never chimed in, born to lives of at least relative privilege and satisfaction, paid for by the sweat, toil, suffering and exploitation of others, had every reason to avoid the issue entirely. For them the glass was always more than half full. Read more in 'Convergences'.

My Protocols seek to produce a world and lives worthy of being affirmed by everyone. Remember the world we have inherited is the product of interactions, and only persists as long as it is constantly re-produced. This defines our response-ability.

TROONATNOOR: EUTHANASIA

Euthanasia (from Greek: eu = 'good'; Thanatos = 'death') is the practice of allowing or helping a person end their own life in as dignified and painless a manner as socially and technically possible. Euthanasia occurs at the fully-informed bequest of a decisionally-competent patient. An individual can give their prior informed consent via a euthanasia directive that can be acted upon by a surrogate or proxy, in the event that they cannot voice their own wishes due to incapacitation or a coma. This should not be confused with death after treatment is stopped on the instructions of the patient himself, either directly or through a 'do not resuscitate (DNR) order'. Enforcing a DNR order has never been considered, legally speaking, as euthanasia. Terminal sedation is a combination of medically inducing a deep sleep and stopping all medical treatment other than
pain relief. Under current law and medical practice it is considered a form of palliative care.

Patients of sound mind have always had a right to refuse treatment. However patients have been denied the right to refuse psychiatric treatment. This is a question of informed consent and of problematic cultural definitions of rationality. Thus if you want to force someone to endure their lives, you simply define them as mentally ill. Thus you deprive them of their legal rights to informed consent. Our society has trouble accepting that a person of sound mind would desire to kill themselves. However modern psychological studies reveal that most people who commit suicide have a better grip on reality than the average person. It is in fact their lack of numbing, denial, and other forms of repression, that contributes to their rational decision to end their own lives. Most people who commit suicide are not even depressed. Read more in 'Convergences'.

In cases of animal euthanasia we often use the euphemism, ‘to put the animal to sleep’.

Vets use Nembutal for this purpose. Many people suffering chronic conditions have complained that our society shows more mercy towards animals than to humans in this regard. Many people desire the option of euthanasia but are denied access by the governments claiming to be protecting them from themselves. These people are forced to break into veterinary surgeries to steal the Nembutal intended for animals, or to illegally buy Nembutal from others who have obtained it in this way. It is quite inexpensive when bought through legal channels.

The 'straw man' argument is a propagandist or rhetorical technique based on the misrepresentation of an opponent's position, often ascribing a position to that opponent which they do not actually hold. To set up a 'straw man', simply create a position that is easy to refute, attribute this position to your opponent, and then refute it. It then appears, to an audience unfamiliar with the real position of your opponent, that you have refuted that opponent's argument. Its name is derived from the use of straw men in combat training where a scarecrow is made in the image of the enemy with the single intent of attacking it.

We must constantly remind mystifiers and obstrucifiers in this debate that Euthanasia and mercy killing must be done at the request of the patient, either in real-time, or with the patients prior informed consent expressed in a 'Euthanasia directive', to be acted on in conditions the person has defined in advance. Anything else is murder.

The term involuntary Euthanasia is a 'straw man', and an oxymoron. It is a deliberate attempt to mislead, mystify, and propagandize. Those opposed to Euthanasia constantly try to confuse the debate, for their own purposes, rather than to produce clarity, transparency and promote informed, reasonable discussion. They set up the proto-typical Nazi murderer as the 'straw man' they
claim represents the euthanasia lobby. In reality there is no connection between Nazis, and people seeking to ensure we all gain the right to have personal control over our end of life decisions.

As Goebbels, head of the Nazi propaganda ministry has often been quoted as saying, if you repeat something often enough people will believe it. If you attribute some argument to an opponent often enough in the media, then people will automatically associate those misrepresentations with your opponent's argument, and attribute those arguments or positions to them. Without ever having considered the true position or arguments of the group misrepresented, people will simply assume their arguments have been refuted, and dismiss them out of hand.

In Nazi Germany the term euthanasia was mis-used to describe state sanctioned murder. For this reason, in German speaking countries, the currently accepted term for euthanasia is the older 'Sterbehilfe', which translates as 'helping to die'.

Universal access to euthanasia the first 'Protocol'

My first priority Vis a Vis justice for humans, is to make euthanasia available for everyone. Part of this process will be to eliminate the violence known as 'religion', which threatens people with 'fates worse than death' for exercising their autonomy. We must provide the opportunity for holistically informed consent regarding 'end of life' options, and facilitate the actor's decisions.

All those who do not want to live in this world should be able to find an easy, painless, and dignified death. At the moment the best available means of death is hanging yourself. The rope places pressure on the Vargas nerve, resulting in swift unconsciousness, and death. Many people experience a full body orgasm before passing out. The most popular euthanasia drug is Nembutal. It is the same drug used by vets to put animals to sleep that doctors use in 'Sterbe-Hilfe' in Swiss euthanasia clinics.

Freely available euthanasia on demand is the first step in my Eden Protocols. Death must be validated and affirmed as a reasonable response to lives not worth living. We must learn to think of life as a means to the ends of positive life experiences. We should dispose of our current sub-optimal lives as soon as it becomes clear they are incapable of delivering lives we can affirm, lives worth living. Either we will inherit new ones in this or better worlds, or we will cease to exist. Either is preferable to most of the lives that people are forced to endure by 'noble' lies of 'fates worse than death', psychological manipulation, and force, in the interests of others, the beneficiary classes. Anti-euthanasia laws are a form of slavery and violence which would not be tolerated in any just society.

Life has no ulterior purpose. Life is an end in itself. The 'meaning' of life is pleasure. All our motives reduce to the desire to experience pleasure, and avoid displeasure. In a deterministic universe the only 'meaning' is pleasure and pain. Lives that are not pleasurable should be abandoned. Plato clearly stated the motives of those who spread 'noble lies' that suffering serves some purpose
which will become clear to us one day. Thus everything is for the best, in this, the best of all possible worlds.

In reality pain is merely feedback that something is wrong. Where we cannot correct this fault, and eliminate the pain, whether emotional or otherwise, we have no reason to endure the pain. Religion is perverse in defining suffering as noble, encouraging us to 'bear our cross'. Worse, it threatens us with 'fates worse than death', worse than anything we could suffer in life, in the form of an eternal torment. For this reason threatening someone with hell is the worst form of violence that exists. We must treat it as such. Such threats are the worst threats you can make. It is obscenely unjust that those who make such threats face no prosecution whatsoever?

Keep questioning the opponents of euthanasia to find out at what point they would define their own lives as not worth living. Gradually take away their rights, their satisfactions, their freedoms to and from, the things that make their lives worth living, until you arrive at the point where they admit that yes, at that point my life would no longer be worth living.

Then ask why they might still endure their lives. A sense of duty? Would they want their children or partners to endure lives not worth living out of a sense of duty to themselves? Then finally ask if they would find it appropriate for others to impose their own religious views, and the consequences of them, upon them and theirs. This is what it means when a religious person denies another the legal right to euthanasia. What happened to the notion of secular government?

So what if you get what you need, if you don't get what you want (Why survive if life is not actually worth living?)

What could it matter what you do get, if it is not what you want? You get what you need? Need for what? To survive and be dissatisfied with what you get? Getting what you need simply to survive and reproduce the misery is hardly a consolation. The very concept is absurd. If some force had produced this life with some object in mind, it was certainly not for our benefit. Life appears to trick us into serving its ends, with false hopes, unwarranted optimism, and last but not least the 'affirmation reflex'.

We are means and not ends. In the past we just accepted that we were slaves to the wills of our owners and 'the gods'. We feared the 'fates worse than death' which were inflicted on those who dared seek to escape this world, and their families. Today the State still denies us access to euthanasia, with the same motivations. Surely if life is so good, it has no need to coerce our participation. If those who claimed to have our interests at heart when denying us access to a dignified, swift, pain-free death were genuine, they would use the resources they
had to ensure that our lives were worth living. Instead they threaten us with fates worse than death, misinform us about the process of dying, and deny us euthanasia.

The Affirmation reflex

When we survive despite all the hardships, misery, blood, sweat, and tears we are faced with, we imagine we have won some victory over life. Yay! What sublime absurdity. It is like slaves congratulating themselves that they have survived the worst their slave masters could do to them. They have lived their lives sweating and toiling in hardship and misery, producing value for their masters to consume, but they have survived. Yay! We define the endurance of suffering as some sort of defiance, a 'triumph of the human spirit'.

This is predicated on the illusion that 'things can only get better'. We imagine that the worst is over, and the future is bright. However the light at the end of the tunnel brings us out into the daylight for a while, until we find the tracks lead on into further tunnels. Each time we imagine that each time we emerge from the darkness, that this time it is for good. However after the war is before the war. There are always more conflicts and problems awaiting us.

Our wills are not free. We serve a will that is not our own. It is clear that we are at best slaves to our own desires. What is in reality worse is that most of us are in fact slaves to other's desires. Our efforts satisfy other's desires more than our own. We produce the value that the beneficiary classes consume. We provide the services that make the beneficiary classes lives comfortable, rewarding, and satisfying. We fulfill our roles as 'evolutionary fodder', reproducing ourselves, and working hard at surviving, and ensuring our children survive to go on to do the same.

The massive irony is that it is death that provides us with the greatest motivation to go on living, and even to reproduce ourselves. When faced with our own mortality, our own imminent death, the 'affirmation reflex' kicks in, and despite how depressed we are, how much suffering we endure, we tend to 'fight' to survive. We fight even though we hate our lives. We fight even though our lives have no meaning. We fight even though we are slaves. We fight simply as this is our reflex. Death provokes the affirmation of life. This is the ultimate irony. Death and destruction is a real aphrodisiac. Putting a positive spin on suffering

Be grateful for blisters, as you wouldn't have them if you couldn't walk. Be glad of telephone bills, as they mean you have people to talk to. Be glad of the high electricity bills, as they mean you have a fridge and air-conditioning. This is the sort of self-hypnosis that many religious leaders will hope you subscribe to. There is of course some truth in it all, but the danger is that we will endure things that we don't really have to, things that are easily avoidable. The danger is that
the privileged are allowed to live in their luxury, while we congratulate ourselves on our suffering, cos you can't suffer if you are dead. Of course the dominant hegemonic interests do everything to make us fear death, and perhaps even more so, dying.

My Prisoner analogy

Life is like a prison in which the prison warden lies to all the prisoners that if they work hard enough they can earn their release. 'Arbeit macht frei'. They grant a few prisoners their 'freedom' to mislead the rest that it is possible for all of them. This is their motivation to put up with the terrible conditions they live in, and to keep working hard. For most the only 'liberation' will be death.

However they are told that those who die working hard will be rewarded, if not in this life, then in the next life. Otherwise what motivation would the prisoners have to live? In fact most were conceived in the prison, and don't ever comprehend that they are in a prison. In reality only the warders, and those who built the prison, as a factory to produce the benefits they consume, are aware of the true nature of the prison.

And the prison? It is at one level our society in which the beneficiary classes exploit and reproduce inherited inequality to serve their own narrow self-interests. However at a deeper level it is our will, our desire. We are all slaves to our wills, to our inherited desires. Some people do get to satisfy their desires, and do live lives worth living.

However their happiness is a form of propaganda. It is not possible for everyone to live like them. They can only enjoy such privileges because others are paying for these rewarding lifestyles. Others are producing the benefits they enjoy. So they motivate us all to put up with our misery, in the false hope that one day our endurance of lives not worth living will 'pay off'. The worst thing about all this is that the illusion lasts at least long enough for us to reproduce ourselves, and our situation. This is the point at which our own response-ability becomes clear. Things can only persist if we reproduce them.

Well Jeez, gosh, thanks god

'God only lets bad things happen to those who can handle it'? Well Jeez, gosh, thanks for the vote of confidence. But in reality most people do not 'handle' it. They suffer, go mad, and they die.

Intellectual support for the 'right to die'
The Chinese philosopher Zhuangzi (circa 370 to 301 BCE) in the fourth section of his 'The Great Happiness' expresses pity to a skull he sees lying at the side of the road. Zhuangzi laments that the skull is now dead, but the skull retorts, 'How do you know it's bad to be dead?' There is of course no way to know. In fact the 'Dao Te Ching' defines death as the ultimate objective of the Daoist sage, in the same way that Plato's Socrates does.

Chuang Tzu (ca.300 BCE) like the Dao, Socrates, Plato, Schopenhauer, and other Chinese philosophers, concluded that there exists no valid reason to prefer life to death. The living prefer life, and the dead prefer death. In Chapter 8 of the Dao we read 'The reason I have great trouble is that I have a body. When I no longer have a body, what trouble have I?'. Later we read that 'It is just because one has no use for life that one is wiser than the man who values life'. (Ch. 75)

Goethe and Schopenhauer view suicide as the greatest comfort in life. Herodotus writes: 'When life is so burdensome, death has become for man a sought after refuge'. Schopenhauer in 'The World as Will and Representation' writes 'They tell us that suicide is the greatest piece of cowardice... that suicide is wrong; when it is quite obvious that there is nothing in the world to which every man has a more unassailable title than to his own life and person'.

In the late 18th century, Goethe's 'Die Leiden des jungen Werthers', ('The Sorrows of Young Werther'), the romantic story of a young man who kills himself because his love proves unattainable, was reputed to have caused a wave of suicides in Germany.

Friedrich Nietzsche, in 'The Twilight of the Idols', writes, 'To die proudly when it is no longer possible to live proudly. . . From love of life, one should desire a different death: free, conscious, without accident, without ambush.'

Philosopher and psychiatrist Thomas Szasz affirms that suicide is the most basic right of all. If freedom is self-ownership, ownership over one's own life and body, then the right to end that life is the most basic of all. If others can force you to live, you do not own yourself. You belong to them.

Jean Amry, in 'A Discourse on Voluntary Death', provides a moving insight into the suicidal mind. He argues forcefully and almost romantically that suicide represents the ultimate freedom of humanity. 'We only arrive at ourselves in a freely chosen death'. He killed himself in 1978.

Existentialists of the 19th and 20th century went from thinking of suicide as a last resort, or something that one must justify, to considering it something that one must justify not doing.
Euthanasia threatens the wealth and privileges of the beneficiary classes

We must consider the ridiculous current state of affairs in which it is completely legal for a doctor to kill an unborn baby, but not to help a fully responsible adult realize their own informed decision to have a good death. Perhaps one factor promoting this state of affairs is that rationally we do not anticipate running the risk of being in the situation of the unborn baby. However people do appear to fear being killed as a result of euthanasia laws. For some ineffable reason people fear that euthanasia laws will somehow promote an increase in murder.

Laws against euthanasia are slavery laws, for they force persons that have no interest in living to endure their suffering in the interests of others.

A historical example which directs our interrogation towards the vested interests lying behind anti-euthanasia laws is that of Norway in the middle-ages. The Black Death, the Bubonic plague, had decimated a large proportion of the population. So many serfs died during the plague that the aristocracy were forced to work their own lands. As a result of this lost labor supply, lower production, and lower taxes, much of the Aristocracy were reduced to relative poverty. This is a clear example of how labor is the source of all value. This is the reflexive basis for anti-suicide laws.

In the absence of labor, land has little or no value. No Aristocrat would willingly consent to their beasts of burden exiting from a cruel and harsh existence. This would threaten the very basis of their power and wealth. For the same reasons, the powerful would seek to encourage reproduction, a means of increasing their labor supply and wealth. Those that didn’t oblige, would, ironically, be defined as selfish, as bad citizens, or as heretics. This, reflexively, would encourage them to define homosexuality, anal sex even between heterosexual couples, contraception, oral sex, and masturbation, all as sin. Such behaviors threaten to reduce the supply of labor, the source of value. Value cannot be appropriated by the privileged, if it is not first produced by labor.

The biblical imperative to multiply, and the State’s encouragement of the institutionalized relationship of the family, are designed to increase the supply of labor, which is more or less the only source of value. Capital is the product of labor. Machinery is produced by labor. Automated production lines are produced by labor. All value is produced by labor. Wild animals must be hunted, slaughtered, and prepared. Wild nuts, berries, fruits, grains, seeds and vegetables must be collected and prepared.

All forms of production only have a market value if there is a market for it. Land has no value if there is no demand for it, or labor to 'work' it.

New forms of production and services such as automation and robotic service provision could reduce the need for labor. Value could be produced by non-human self-replicating automatons of one form or another. Machines could build
machines, thereby reproducing themselves. Alternatively mass production might produce such a level of pollution, deplete resources so thoroughly, and destroy the environment so irreversibly and ubiquitously, that it comes to represent a threat to the wellbeing of the privileged and powerful. Overpopulation and environmental stresses could threaten global security. At some point in the future labor could come to present more threats than opportunities for the privileged and powerful. They would then have vested interests in encouraging contraception and non-reproductive forms of sexual expression, and sanctioning, legitimating, normalizing and naturalizing, Euthanasia.

Only when continued population growth comes to be defined as a liability rather than an asset, will the hegemonic, popular culture define euthanasia and contraception positively. Of course public opinion will be constructed and consumed. The masses will believe that it is they themselves that influenced the government.

The anticipation that this state of affairs will actually be realized is reasonable. The widespread availability of contraception, tolerance of non-male-with-female-vaginal sexual expression, and the introduction of liberal abortion laws in most of the Western Developed world, can be seen to reflect an increase in automation and mechanization, and the irreversible environmental destruction resulting from mass production and consumption.

There are fundamental questions which need to be asked in relation to Euthanasia. The most fundamental question is that of whether all lives are worth living, and who should decide when a life is not worth living. This raises the associated question of whether anyone has the right to deny, to someone who themselves has decided their life is not worth living, the right to a good death. Further, the question needs to be asked as to whether the interests of anyone other than the suicider should be considered. The argument that the denial of euthanasia arises out of interests external to the individual is a compelling one.

Thin-edge-of-the-wedge and slippery-slide arguments, as applied to arguments concerning Euthanasia, are scientifically arbitrary. They have no inductive, or deductive, scientific basis. They are not compelling. The claims that voluntary suicide would legally or morally justify and hence promote murder are specious, mystifying, obscurantist, and most probably, disingenuous. Any such claims must be seen as insincere, specious sophistry.

We must recognize the many vested interest groups whose interests are threatened by the acceptance of euthanasia. Representatives and members of the medical and pharmaceutical industries risk losing their greatest market. Most of any individual's expenditure on medical services and pharmaceuticals will occur in the last years, months, weeks, and days, of their lives.

The state and the capitalists lose markets for their products, soldiers for their armies, tax payers, and a surplus labor supply to force down wages and working conditions, every time a value producing or consuming human 'exits the stage'.
Humans often find the knowledge that others are worse off than themselves makes them feel better about their own lot. The threat of finding oneself even worse off is defined by the existence of those who are worse off. In other words, the presence of poverty, homelessness, social rejection, powerlessness, and under-privilege, is a threat to 'not rock the boat', lest one find oneself in that situation or condition. Go along to get along, or you'll end up like the homeless. This is the threat implicit in the existence of people worse off than yourself. Behave, conform, comply, lest you end up like them.

The powers that be realize that there are fates worse than death. If the worst that could befall you was that you could fall asleep and never wake up, then those powers could never coerce, compel, and manipulate you into serving their interests, when you in fact had no interests in living yourself.

A society that denies you the option of a good, painless, dignified, swift, and convenient death, cannot be called a just one. They will happily send you to your death when it serves their interests. They will force you to kill and be killed. They will force you to engage in forms of value production that will maim, sicken, and ultimately destroy you. They will force you to consume their pharmaceuticals and medical services as you slowly and painfully die. They will not let you escape their hegemony, their power. They will not give you the right to die.

Every doctor has access to a good death. It is a fact that Doctors have the highest rate of suicide of any profession. Are doctors more likely to suffer mental illness than any other profession, or the general population? Of course not. Completely rational people make the perfectly sound and informed decision to end their lives. Not all lives are worth living. Doctors wish to have the right to end their lives as and when they feel fit. They commit suicide more often because they have the pain-free and dignified means at their disposal to do so. They are also more informed about the processes of death, and have no fear of them. They feel they have a right to monopolize this right. Who gave them this right?

At least one Doctor, Dr Nitschke appears to support, in principle, universal access to euthanasia He says ...'all people qualify, not just those with the training, knowledge or resources to find out how to 'give away' their life. This includes the depressed, the elderly bereaved, [and] the troubled teen. If we are to remain consistent and we believe that the individual has the right to dispose of their life, we should not erect artificial barriers in the way of sub-groups who don't meet our criteria'. ...'However, I choose to restrict myself to ... terminally ill adults who are articulate, lucid and not suffering from clinically treatable depression'. The notion of a 'clinically treatable depression', however, is extremely problematic, as we shall consider later. Dr Nitschke appears to have adopted this position after I sent several comments to him regarding his previous position which defined the right to die as the exclusive property of the terminally ill.
Nitschke has been active in developing the 'peaceful-pill', sometimes known as 'Drion's Pill' after the Dutch judge who first proposed it, with the assistance of retired scientists, laboratory technicians, and academics. Their aim is to empower people to manufacture their own 'Nembutal-like' barbiturate in their own homes, using readily available ingredients that the government would never likely be able to 'control', such as nicotine, chlorinated alcohol, and paracetamol. Note that as soon as it became common knowledge that Nembutal was the 'choice' 'end of life' drug, it was, effectively, taken off the market by authorities. Dr Nitschke used Nembutal in the 'Deliverance Machine' in Darwin during the short life of the Rights of the Terminally Ill Act. In countries where voluntary euthanasia is legal and any drug can be used, Nembutal remains the drug of choice.

The capacity to produce a 'peaceful pill' at home would provide us all with 'self-determination' with regards to 'end of life' decisions. It would free us all from the dependent, often fearful relationship we have with the medical profession. It would eliminate some of the trauma that we and our loved ones will have to endure in the face of death and dying. It would allow death with dignity. It would minimize avoidable and pointless suffering. Such a pill would put us in control and free us to make more rational, calm 'end of life' decisions. We would not feel compelled into taking desperate measures which often produce still greater suffering and costs, without ultimately achieving an end to our suffering.

The 'peaceful pill' stands to have as great a positive impact on our lives as the contraceptive pill. We would become empowered with self-determination at both ends of the life-cycle, from conception to death.

We must reflect on the current situation in which the general public appear to be unwilling to accept that anyone might rationally wish to die, or to endorse and facilitate their decisions, while at the same time being unwilling to provide the resources that would make these persons lives worth living. Most people will not accept real responsibility for the situation. They are prepared to 'pass the buck' onto homes for the aged, hospitals, clinics, and social services, where clients and staff alike must endure inadequate resourcing, chronic stress, and often horrific working and 'dying' conditions.

The general public lives in convenient denial of the realities of life for the underprivileged, the aged, and the chronically ill. There is a general current fiction circulating amongst the general public that all pain can be eliminated or managed. The fact is that all pain cannot be managed. As a result of this reality, many people are forced to live in constant pain. Their doctors are unwilling to give them the strong doses of painkillers which would be required to eliminate their suffering, for fear that their patients may die as a result. Many would define giving the patient such a dosage as a breach of the Hippocratic Oath. More cynical observers would define such an act as 'killing a cash cow'.

The general public like to feel good about 'knowing' that the sick and old will be 'taken care of', by someone else, and don't wish to be informed that this is in fact not true. They are not willing to adequately fund the care of persons who need it
to a level that would provide them with any real quality of life, that is, a life worth living.

We have an obligation as a society to attempt to make all lives worth living. Where this is not possible, then only the individual themselves should decide if they will endure their lives, or seek a 'good' death. No one asked anyone if they wanted to be conceived, especially into a life not worth living. The very least a just society can offer is the right to exit from the stage in a dignified and painless manner. As a society, where we cannot offer someone a good life, the minimum we have an obligation to do is to provide them with the option of a good, a quick, painless, and dignified, death. Therefore universal access to Euthanasia must be defined as the fundamental universal right of every person.

Depression, suicide, and euthanasia Vis a Vis the beneficiary classes

Despite all the 'innovations' in treatments and the massive use of pharmaceuticals over the last 40 years, the overall suicide rate has remained stable at around 12 in 100,000. Although there are 30,000 official suicides in the U.S each year, unofficial estimates place this figure at around 100,000, as many suicides are recorded as accidental deaths.

The best biological indicator, based on brain autopsies of suicides, is a significant decrease in serotonin levels, which fluctuate during year, falling to their lowest levels in spring. Hence more suicides occur in spring, rather than during the gloomy months as most people assume.

Studies indicate that only 50% of suicides were actually suffering from depression at all. This challenges the conventional notion that suicide is the irrational act of a mentally disturbed individual. This convention is one of many means the hegemonic beneficiary classes employ to protect their own assets, their own means of production. This is the point. They own you. You are a source of value for them. You produce all the value that they consume. You protect their wealth and power as soldiers and police. They do not want their assets to self-destruct. They also need 'fates worse than death' to motivate people to endure their lives, as value producers for the hegemonic beneficiary classes.

Remember that even those who cannot or will not work as such, still produce value for the beneficiary classes. They are bound to end up in abject poverty. Their suffering will represent an implicit threat to anyone considering 'dropping out' of the system, of 'rocking the boat', of 'dissenting', of challenging the hegemonic definitions and 'blowing the whistle' on corruption, and interrogating the injustice implicit in the hegemonic definitions and systems of relations. See, hear, and speak no evil against the interests of the beneficiary classes, or you will end up like 'them'.

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Measures to deter suicide, and deny people the right to euthanasia, are not motivated by a consideration of the interests of the potential suicider. They are motivated by the interests of others who benefit from, or stand to benefit from, their endurance of their lives. Suicide represents a decline in the beneficiary classes' asset inventories, their 'human capital'. Remember that all potential value is realized by labor. All value is ultimately produced by human capital. Labor is the source of all value. Without labor to consume production, capital has virtually zero value. Supply and demand determine the artificial value of assets, of capital, of goods.

When demand is limited to personal consumption, the value of any good you own is limited to the quantity you can yourself consume. Capital such as land is only valuable when demand exists for it. Hence real estate prices in Australia and England continue to grow due to constant, high levels of immigration, whereas in Germany real estate values are constant, due to a falling population. An entire mountain of fruit trees would only be worth as much to you as you yours could consume. It is only through trade that the excess above your own needs receives its value.

And this value is determined by the demand for it. The more people there are, the greater the potential demand for your capital, and the higher its potential value. This is why the beneficiary classes are in reality against birth control, controls of immigration, population control, reproductive responsibility, suicide, and euthanasia. These beneficiary classes are the hegemonic classes. They own and control the media, the political process, the politicians, the movie industry, the music industry, the publishing industry, and are the core of the Church and legal systems.

Fruit trees are only valuable if you have someone to pick the fruit, and a market for the fruit, consumers. The value of any resource would be limited to what the individual owner themselves could realize from it, with the power of their own labor. There would be little value in owning capital, resources, that you could not employ or realize the potential value of. All value is merely potential in the absence of labor to realize it. The value of capital can only be realized by coupling it to human capital, and then its market value can only be realized by the 'creation' of markets.

The artificial 'market value' is only increased by increasing demand for the products of this coupling of human capital to land and other emergent forms of stored value such as machinery, and financial capital. The artificial, realized value that is produced in this way can only be protected from being stolen by others by employing human capital to protect it by force.

This force takes the form of legal conventions of 'private property' which are enforced by the threat and use of violence by the state, which is merely a tool of the beneficiaries of this situation to protect their assets and power. This group, the beneficiary classes, naturally form an informal class unto themselves, existing to promote the interests of their members.
Hence the main beneficiaries of 'society' and its laws protecting 'private property', are these beneficiary classes. Hobbes was one of the first to raise the fundamental sociological question, the one that all modern criminal investigators ask when seeking to identify the perpetrator of a crime. 'Cui bono?', 'who benefits'. All deliberate, and even unconscious behaviors are opportunistic acts intended to satisfy some desire. They are determined by the convergence of desire or motive, together with the presentation of an opportunity to satisfy it. Both motive and opportunity converge in the beneficiary classes. See 'Convergences' for details.

And of course when it comes to any seduction, we should be careful to seek the opportunity and motive in both the seducer and their 'victim'. I am not in search of any noble savages. What I seek is authentic 'informed consent'. Those who voluntarily participate in any consensual, mutual, reciprocal social reality, after enjoying a transparent, holistically enlightened informed consent, are welcome to. However few people in the history of humanity have enjoyed such a holistically informed consent.

My intention is not to kill Santa, the Easter bunny, any gods, or other illusions that people wish to subscribe to. My intention is to allow people to form their own responses to their own personal experiences. I desire and seek to empower people to construct their own meanings for their own lives. I seek to holistically inform people, so that they can exercise a genuine holistically informed consent. I loathe the arrogance of a Plato or More, or the Pope's who are their ideological offspring.

As the character in Terry Pratchett's Disc-world novels says, the problem begins when we begin treating other people as means to our ends. This is what the beneficiary classes and their agents do when they deny people accurate information about death and dying, and deny them access to painless and dignified ways to 'shuffle off this mortal coil' when the play, the part, script, costume, stage, props, and director they have inherited fail to produce a life that is worth living. It may be inconvenient for some of the other players, and worse, for the director, but it must be their right.

Otherwise they are not 'free' agents. No-one has a binding contract to continue to perform the role they inherited as part of their holistic inheritance. Any contract they were coerced or tricked into is not morally binding. Only when all actors are free agents, will the 'directors' and the 'financial backers' of the play have a motive to make the play as satisfying and fair for all players as they can. Otherwise they will tend be lazy when it comes to the welfare of most of their 'company', their 'troupe of players'. They will take all the players, especially the 'bit players', the carpenters, caterers, and stage-hands, for granted.

They will focus on satisfying their audience, the ones paying for the production, the beneficiaries of the play. Of course they will pander to the most talented actors and playwrights, rewarding them well for their participation. These talented, favored, lucky few will have some 'leverage'. The directors know it is in
their interests to keep them happy, as the success of the play, and the satisfaction of the audience, depends on them.

The more talented and unique participants will be rewarded, and happy with their roles. They will want the rest of the company to perform their supporting roles, to keep the benefits for themselves, the 'stars', coming. So they will have their own vested interests in the status quo, and put pressure on the rest of the company to acquiesce to their less rewarding roles and fortunes.

It is the beneficiary classes that introduced the taboos against suicide, the threats of eternal torture for suicides, the victimization of the family and relatives of suicides, and it is they who have opposed every attempt to legalize euthanasia. It is they who invented 'fates worse than death', as a deterrent against suicide. It is they who prevent information about the realities and possibilities of euthanasia and suicide from being readily available to the public. It is they who victimize those who seek to inform the public of the reality of easy and pain-free, even pleasurable, death.

It is they who criminalize the actions of people like me, who want to facilitate authentic 'informed consent' for everyone. Their motives are only now transparent. Most people will construct their own false-hopes and unwarranted optimism. That is their right. But they must also be granted their freedom to choose, the right to informed consent. They have a right to know the truth, and then if they wish, to ignore it. However no-one has a 'moral' right to deny others the right to informed consent. So we must first inform people, and then together reclaim our rights to self-determination. No-one has the moral right to force someone to endure their lives as means to the ends of others. That is the definition of slavery.

The most reliable indicators of who will commit suicide are: homelessness, hopelessness, a lack of social ties and relationships, reversals in economic or health status, the loss of a partner, excessive worrying, severe insomnia, lack of concentration, a tendency to recall bad experiences rather than positive ones, a failure to find love and approval, the feeling that nothing they can do will get them what they want, withdrawal from others, a lack of a rewarding life, feelings of rejection and abandonment, the anticipation of negative experiences in the future, and seeing 'no way out' of this situation or condition.

Around 70% of suicides told others of their plans, usually after an acute depressive episode has subsided and their mood has improved enough for them to have the energy to carry out their plans. One sign of danger is therefore a sudden improvement in spirits in people who had been suffering from severe depression. Another is when the same person starts putting their affairs in order, and gives away prized possessions.

Studies by Alloy and Abraham (1979) show depressed people actually have a better 'grip on reality' than the average person. The views of depressed people are
therefore not distorted as convention wisdom would have it. It is not they that are
deluded. This supports my own contention that depression, rather than indicating
a distorted view of reality, in fact reflects a greater level of awareness and
honesty. It is others that have adopted deliberate and unconscious numbing, self-
deception, false hope, and unjustified optimism to delude themselves. This is
what is meant by being 'well-adjusted'. Thus the repressed 'well-adjusted' tend to
be hostile towards the more realistic, aware, depressed person.

Remember that mental wellness is defined in terms of 'social functioning'. Over
40% of males and 70% of females will suffer periods of depression at some time
during their lives. All drugs and treatments focus on returning the mentally 'ill' to
their role as human capital, means to the ends of the beneficiary classes. Many
'treatments' produce more harm than good for the patient, however this is of little
interest to the doctors, whose job is to get them 'back to work'. Read more in
'Convergences'.

**Hippocratic or hypocritical?**

Just a really obvious note. The Hippocratic Oath is supposed to be defined by the
phrase ...' above all, do no harm '... Doctors often refer to this when discussing
why we, the patient, shouldn't have control over our own deaths, and shouldn't
have access to euthanasia. Of course Doctors are the ones who kill unborn
babies. It's amazing how meaningless 'principles' are to humans. They twist and
distort them to suit their purposes, as convenience dictates. Perhaps the problem
is that doctors make too much money from the last years of our 'end of life'. It is
a fact that most of our medical budgets are consumed in the last few years of our
lives. Extending our end-of-life is big business.

**Maslow's needs hierarchy, Expectations Theory, heaven and hell, and motivation to not suicide**

Wealth is good, as long as it can be enjoyed by everyone, rather than just a few.
Wealth motivates, as long as everyone can be confident of achieving it. Once
people lose faith in their opportunity to gain wealth, they lose motivation, and
stop investing real effort and energy. They produce less value than they could
have, and would have, in a more just society. When people gain the full benefit
of their efforts, when most of it is not appropriated by the managers and owners
of capital, then they have a greater incentive to produce value. When everyone
knows that they benefit from everyone's work, as much as everyone benefits
from theirs, they will feel good about working hard, rather than feeling, rightly
so, exploited.
And it isn't just a question of the distribution of value produced. In our current system of exclusive wealth and opportunity, the people and groups who have wealth also exclude the others from real opportunities to produce value.

When the producers of value get to keep their fair share of it, they have a real incentive to increase their productivity. Small business owners who sell of their businesses to their employees as franchises often experience the phenomena of huge sudden gains in turnover and profits. When people stand to gain from their own efforts they are of course motivated to work harder than when their employer gets most of the profits. Remember this is one of the real reasons why slavery went out of fashion. Nominally 'free' workers are more highly motivated. This also accounts for 'racist' suggestions that slaves, and 'colored peoples' in general are lazy. Of course when you are a slave or being exploited, you have no incentive to work hard. What sort of fool works hard only to enrich others?

When you give people real opportunities to work, and then to benefit from their own labors, they will have the incentive to work hard and make sacrifices. They will be motivated, if they at least expect that by doing so they will get the things they desire. It is fair to extrapolate from Maslow's needs hierarchy, that once you have met your basic needs for food, shelter, and clothing, you will only be motivated to invest greater effort and sacrifice if you expect it will yield the 'higher' needs, including approval, acceptance, status, security, and ultimately love and affection. This means that if all you expect to achieve from your work is merely survival, your motivation will cease once you have met your basic needs. This is why a slave will only do as little as possible. No matter how hard they work the most they can expect in return is that their basic needs will be met.

The same applies to all other 'instrumental' relationships. People must expect that whatever 'marginal' effort they put in will yield desirable marginal returns. And if you don't expect that you have any chance of getting what you want, then you won't be motivated to do any more than the minimum necessary to avoid discomfort, hunger, cold, homelessness, and so on.

Most of our behaviors are instrumental, that is, are means to ends. We don't do most things because they are intrinsically rewarding, but because we expect them to produce access to things which we do desire as ends in themselves. Few people discipline their calorific intake because it is intrinsically rewarding to do so. It is a form of discipline, effort, and sacrifice. We do it for the most part to be more attractive. In other words our 'motivation' for dieting is a desirable figure and appearance. And we desire to be attractive as a means to an ends. If we could find gorgeous, sexy, affectionate, charming, wealthy, intelligent, attractive partners without making any sacrifice or effort, than most of us wouldn't care about our appearance that much.

Most material rewards are desired more as instrumental means to other ends, than as ends in themselves. Most status goods are more valued as means to 'social' security, acceptance, approval, and desirability, than as ends in themselves.
And this of course brings us back to the 'rationality' or otherwise of 'suicide'. Of course all our behaviors are ultimately motivated by our desires. Reason is merely the rationalization of the actions required to satisfy our desires. Merely surviving is not motivating per se. We are intrinsically motivated to avoid discomfort and pain, except where it is, paradoxically, rewarding or pleasurable, in which case it is a means to an ends, and endured or desired on that basis, and not as an end in itself), and have a reflex aversion to death, however once we feel secure in our survival, we do require more to justify enduring the stress, demands, sacrifices, pain, sweat, tears, disappointments, and general suffering of daily life.

We require hope for a better future. We need approval and acceptance. We need to meet our craving for physical affection and sensuality. We need to have faith in romantic 'love'. We need to have a life that justifies itself. Once we lose faith, once we lose the 'expectation' that our endurance and effort will be rewarded by these things, then we begin losing our motivation for striving. We can even lose our motivation to get out of bed. We will not be motivated if we have no expectation that our efforts will be worth it.

For most people this is the situation they find themselves in. The dominant hegemonic orders, whether Catholic, protestant, Buddhist, Hindu, or otherwise, needed to offer positive and negative expectations in order to counter the reality of most people's life and lack of motivation. They were promised some form of reward in an afterlife or the next life, for enduring the current one. They were threatened with hell or other forms of punishment or cost in the next or after life. These threats and promises were meant to provide the motivation that was missing from most people's lives. They had to 'internalize' the expectations that enduring their lives, even working hard and making sacrifices in the absence of any 'present-life' motivation, would yield desirable outcomes, and avoid undesirable ones, in the next or after life. After legitimating the dominant hegemonic order, this was the second most important 'function' of religion.

I was surprised to find that even Buddha-ism has many hells, where you can enjoy extreme fear and helpless anguish, whilst savoring of the many torments on offer. The menu is quite diverse, offering at least 8 hot and 8 cold 'Narakas', with their own unique 'worlds of pain'. Basically you behave or you end up in one of these hells for as long as it takes to work off your bad karma, and ascend into a 'higher' realm. We are talking hundreds of thousands of years my friend! The detailed descriptions rival those of Dante. They are pure dogma, so I won't waste time with details. However rest assured, if I had to choose which hell to end up in, I wouldn't become a Buddhist!

I doubt these 'hells' had any place in the teachings of Buddha. They are just another 'Myth of Er' which 'religions' employ to manipulate people. Fates worse than death Buddhist style! However descriptions of the Narakas are common in Buddhist commentary and popular literature, to keep 'believers' in line, and keep the slaves from attacking their masters, or worse, killing themselves.
For value to be 'appropriated' it must first be produced by labor. Then that labor must accept having the value it has produced appropriated. It will do so if it has Internalized the definitions of such systems of relations as 'legitimate', natural, normal, even 'God-given'. This is the true basis of hegemony. Once such definitions have been Internalized and naturalized they become hegemonic. Then the systems of relations they iteratively and reflexively justify, legitimate, and naturalize, become truly hegemonic. We then have a hegemonic set of mutually reinforcing, re-iterating, reproducing, and naturalizing definitions and systems of relations.

Labor will then take its 'position' within the systems of relations for granted, as natural and normal. It will accept that life is a 'vale of tears' that must be endured to avoid an eternity in hell, or even worse lives next time around. It will console itself with the promises of heaven, or a better life next time around. It will therefore be motivated not so much to live, as to not commit suicide.

In more secular societies, the motivation to not commit suicide came in the form of appeals to 'the family' (when you are dead who is going to care for your loved ones?), the criminalization of 'attempted suicide', mis-information regarding dying itself (for example, that hanging is painful), the denial of access to euthanasia, and the denial of the right to accurate information regarding 'end of life' decisions.

You must never lose sight of the fact that the only way the dominant hegemonic interests can enjoy privileges is if they have labor who produce value, and accept having most the value they produce 'appropriated' from them. It is for this reason that people are denied access to euthanasia.

The dominant hegemonic interests could redistribute the privileges and opportunities for positive life experience that they have, to provide a positive motivation for people to live. However they won't do so unless they need to, and they won't need to as long as labor re-produces itself, and the hegemonic sets of reflexive definitions and systems of relations it is embedded in.

Anti-euthanasia-suicide laws and proscriptions force the producers of value and privilege into collusion and complicity with their exploiters. They are denied the right to 'withdraw' their labor, and coerced into effectively giving their mis-informed consent for the systems of relations they are victimized by.

This is perhaps the penultimate act of violence that is perpetrated upon the victims of the dominant hegemonic order.

**Legislation and national political movements**

Euthanasia was legalized in Australia's Northern Territory by the Rights of the Terminally ill Act 1995. However the law was 'voided' by an amendment to the Commonwealth to the Northern Territory (Self-Government) Act 1978. Only three people were legally euthanized under the Act. Although it is a crime in
most Australian states to assist in euthanasia, prosecutions have been rare. In 2002, relatives and friends who provided moral support to an elderly woman who committed suicide were extensively investigated by police, but no charges were laid.

The Commonwealth government subsequently tried to hinder euthanasia with the passage of the Criminal Code Amendment (Suicide Related Materials Offences) Bill 2004. In Tasmania in 2005 a nurse was convicted of assisting in the death of her elderly mother and father who were both suffering from illnesses. She was sentenced to two and a half years in jail but the judge later suspended the conviction because he believed the community did not want the woman put behind bars. This re-sparked debate about de-criminalizing euthanasia.

The Belgian parliament legalized euthanasia in late September 2002. Proponents of euthanasia state that prior to the law, several thousand illegal acts of euthanasia were carried out in Belgium each year. According to proponents, the legislation incorporated a complicated process, which has been criticized as an attempt to establish a 'bureaucracy of death'.

In 1992 a proposal was made known as Drion's Pill. This fictional drug would be a set of 2 pills. The first pill could be taken without any harm, the second pill would have to be taken a couple of days later. This would give the patient the time to think things over. The drug was never developed, the proposal however indirectly started up the discussion of euthanasia in The Netherlands. The Termination of Life on Request and Assisted Suicide (Review Procedures) Act took effect on April 1, 2002. It legalizes euthanasia and physician assistance in dying in certain circumstances. The law essentially codified what had already become tolerated practice and unofficial law by judgments in the courts. The law permits euthanasia and physician assisted dying when each of the following conditions is fulfilled:

- the patient's suffering is unbearable with no prospect of improvement
- the patient's request for euthanasia must be voluntary and persist over time (the request can not be granted when under the influence of others, psychological illness or drugs) -the patient must be fully aware of his/her condition, prospects and options
- there must be consultation with at least one other independent doctor who needs to confirm the conditions mentioned above
- the death must be carried out in a medically appropriate fashion by the doctor or patient, in which case the doctor must be present.
- the patient is at least 12 years old (patients between 12 and 16 years of age require the consent of their parents)

The legislation provides for the legal recognition of a 'euthanasia directive'. Such declarations stating the patient's desires in advance, can be used when a patient is in a coma or otherwise unable to state their wishes.
The legislation has wide support among the socially libertarian Dutch, who have one of the world’s highest life expectancies. There is however persistent opposition, mainly organized by the churches. Euthanasia remains a criminal offense in cases not meeting the law’s specific conditions, with the exception of several situations that are not subject to the restrictions of the law at all, because they are considered normal medical practice.

These include:

- stopping or not starting a medically useless (futile) treatment
- stopping or not starting a treatment at the patient’s request
- speeding up death as a side-effect of treatment necessary for alleviating serious suffering

Euthanasia of children under the age of 12 remains technically illegal, however Dr. Eduard Verhagen has documented several cases and, together with colleagues and prosecutors, has developed a protocol to be followed in those cases. Prosecutors have agreed to refrain from pressing charges if this ‘Groeningen protocol’ is followed.

In 2003, in The Netherlands, 1626 cases of Euthanasia were officially reported, meaning that physicians assisted in 1.2% of all deaths. Usually the sedative Sodium Thiopental is intravenously administered to induce a coma. Once it is certain that the patient is in a deep coma, typically after some minutes, a muscle relaxant is administered to stop the breathing and cause death.

148 cases or 0.14% of all deaths, were the result of physician assisted dying. Patients were usually given a strong (10g) barbiturate potion to drink. The doctor is required to be present to make sure the potion is not taken by a different person, by accident, or for an ‘unauthorized’ suicide, or murder, and to monitor the process and be available to administer a muscle relaxant to bring on death if the potion is regurgitated or otherwise ineffective. This was necessary in 41 of the 148 cases. Most reported cases concerned cancer patients. In most cases the procedure was applied at home. In two cases the doctor was reprimanded for not being present while the patient drank the potion. They said they had not realized that this was required.

In the U.S state of Oregon the 1997 ’Death with Dignity’ law requires that all individuals requesting euthanasia be:

- 18 years of age or older, unless consent is given by a parent for children under the age of 18
- a resident of Oregon
- the patient must give and be mentally capable of giving, informed consent
they must be diagnosed with a terminal illness that will lead to death within six months -they cannot be basing their decision to die on depression or another mental disorder -all this must be verified by two physicians, and two witnesses.

Patients are prescribed a concentrated barbiturate solution, which is typically 9 grams of Pento-barbital. The time from ingestion to unconsciousness ranged from 1 to 20 minutes with 4 minutes being the average. Death occurred between 5 minutes to 48 hours afterwards, with the average time being 20 minutes. There have been few complications (3 out of 171) where regurgitation did occur, but a sufficient dose of barbiturates was retained to be effective.

Since 1998, 171 Oregonians have used the 'Death with Dignity' law. The physician is not required by law to be present when the patient ingests the barbiturate but sometimes the physician opts to be present.

In the last 20 years, some states in the U.S have faced voter ballot initiatives and 'legislation bills' attempting to legalize euthanasia and assisted suicide. Some examples include: Washington Ballot Initiative 119 in 1991, California Proposition 161 in 1992, and Michigan included Proposal B in their ballot in 1998. Public opinion concerning this issue has become increasingly important because widespread support could very well facilitate the legalization of these policies in other states.

A recent Gallup Poll survey indicated that 75% of Americans supported euthanasia. Further research, however, has shown that there are significant differences in levels of support for euthanasia across distinct social groups. Results of large scale social surveys in the U.S indicated that respondents who did not affiliate with a religion were found to support euthanasia more than those who did.

In Australia 'The Suicide Related Materials Act' came into effect on 6 January 2006. The Act makes it a crime for adults to discuss end of life issues on the telephone, fax, email or Internet. This comes after earlier actions by the the Australian federal government which overturned the legislation under which Dr Nitschke performed the first legal assisted Euthanasia in Australia. For this reason Dr Nitschke has moved his web-page and other activities to New Zealand.

Euthanasia tourism in Switzerland

'Dignitas', a chain of Euthanasia clinics in Switzerland, which used a cocktail of drugs to provide a dignified 'final exit' at their clients request, is facing Government 'crackdowns' against what they are calling 'Euthanasia tourism'. My recommendation is that third world countries develop this industry. Of course the television series 'Futurama' has 'Euthanasia booths' on street corners.
Some case studies highlighting inconsistencies in people's reason(s)ing against Euthanasia

The case of Sandy, who was diagnosed with high-grade prostate cancer in February of 2005, illustrates the true value of universal access to Euthanasia. He said that 'having access to Nembutal gave me a second chance, I simply needed to know that I could have some control over my own life. That was the start of my new life.' Sandy, being in Australia, was forced to procure Nembutal illegally from a Vet. Vets in Australia have reportedly charged up to AUD 5000 for bottles of Nembutal which retail for AUD 100.

Nembutal is apparently freely available from Vets in Mexico and Indonesia, and this has resulted in 'Euthanasia'-tourism. As with all other 'controlled substances' where there is a market it will be supplied, with the unfortunate consequences which arise from all forms of criminal activity. 50ml packaged sterile veterinary Nembutal (pentobarbital sodium) has apparently been 'arriving' into Australia from Mexico since November of 2006.

Sandy's example sends a clear message. Having control eliminates the fear of death, facilitates a higher quality of life, makes suffering more easily endured, and makes life more valuable. Persons with control over their end of life decisions are never compelled to take desperate preemptive measures while they are still physically able to. They are able to live longer and more rewarding lives. In other words they are less likely to commit suicide.

A 69-year-old Gold Coast woman Nancy Crick is the only person known to have used Nembutal obtained over the internet in Australia to end her own life, in May 2002.

It is noteworthy that the Oregon Department of Human Services states that, in future, actions taken in accordance with (Oregon's Death with Dignity Act) shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide, under the law. The Oregon Department of Human Services will in future only use the term 'persons who use the Oregon Death with Dignity Act.' We should ask ourselves why the term 'suicide' if not appropriate for elderly or chronically ill patients, should be considered appropriate to describe any end of life decision made by anyone. Ageism and 'pathology-ism' is rampant in the 'end of life' debate. Why is it more rational for an old person to want to die than a young one? Why should the old, who have all the political and economic power, be allowed exclusive control of a valuable resource, ensuring access to it for themselves, while denying it from the younger generations? Why should the old withhold the most basic human right from the young, and maintain it as their exclusive property?

'I know they can keep me alive a long time, but what's the point If the pleasure is gone and the direction is steadily down, why should I have to draw it out until I'm 'rescued' by cancer, a heart attack, or a stroke. That could take years. My own
philosophy is that choosing the best way to end your life should be the ultimate individual right, a right to be exercised between oneself and one's beliefs, without intrusions from governments or the beliefs of others'. This is a quote from an 80 year old woman. But why doesn't the same argument apply to anyone who has decided that their life isn't worth living anymore?

People seem more able to empathize with, and sometimes support, the desire of those with incurable disease, and who face terrible pain, to end their own lives. It is even easier if those people are old, and in our minds, close to death anyway. What we have is ageism and 'health-ism'. We assume that anyone young and physically healthy should want to live, and that any desire they have to die must be temporary and the result of some mental illness. Further, we assume that this mental illness is a correctable depression.

Each of these assumptions is problematic. It is questionable whether the assumed mental illness is 'correctable', and that the 'correction' as such, even if it manages to eliminate the 'death wish', leaves the person with a life that they themselves consider worth living. The 'side-effects' of many drugs can be just as bad, if not worse, than the conditions they are supposed to treat. Read more in 'Convergences'. Just because we think young healthy people should want to live, doesn't make the assumption valid.

Huib Drion, a former Dutch Supreme Court judge and professor of civil law, argued that people aged 75 or over, living alone, should have access to a Euthanasia pill. He described this as 'universal access'. How he or the Euthanasia activists can call this a 'universal access' model is beyond me. It is clearly an exclusive 'ageist' model.

Why should mentally ill patients be the only category of patients to be excluded from a right to control over their end of life decisions? If the desire to end your life is a symptom of mental illness, then surely that mental illness must be defined as 'terminal'. If other patients can legally refuse treatment for other terminal illnesses, then what justification is there to refuse mentally ill patients the right to refuse treatment, and take control over their own 'end of life' decisions? Where is the consistency in the anti-Euthanasia lobby's arguments? The death wish is equally a product of terminal cancer as of 'mental' illness. If neither can be cured, then why make a qualitative distinction between the two illnesses?

Consider the following statement made by an 80 plus year old woman, who admits that she can thank tranquilizers for her evasion of depression. Imagine how you might respond if it came from a 30 year old who didn't want to live. She says: 'I know there is nothing fatally wrong with me and that I could live on for many more years. With some luck I might even be able to recover a bit of my former lifestyle, for a while. But do we have to do that just because it's possible? Is the meaning of life defined by its duration? Or does life have a purpose so large that it doesn't have to be prolonged at any cost to preserve its meaning? Life has to end sometime and this is the right time for me. My decision is not
about whether I’m going to die—we will all die sooner or later. My decision is about when and how’.

The way she really wanted to die was to be given a morphine drip that she could control, but that was illegal. She did not have a terminal condition or agonizing pain that might justify a morphine drip. Far from it. Her heart was strong enough to keep her alive for 10 more years, albeit as a frail, bedridden, partially blind, partially deaf, incontinent, and possibly stroke-out woman. Her Doctor agreed that her quality of life had sunk below what she herself was willing to bear. She ultimately, with the full consent and knowledge of her doctor and son, simply stopped drinking with the intent of dying of dehydration, and was given medications to deal with any discomfort during the process. She wanted her son to tell the whole world that this type of death was a comfortable, quick, and more or less 'legal' alternative form of euthanasia. She was lucky to have had the support of her doctor and son. Were she a ward of the state, her refusal to drink would have been defined as a mental illness, and she would have been forcibly hydrated with a drip and force-fed with a tube.

I can’t imagine a doctor being so receptive to virtually the same arguments from a 'lebensmuedig' (tired of living) 40 year old. Our ageism, and our denial that anyone who doesn't want to live could be 'sane', let alone 'rational', is quite stubborn. And anyway, if we assume that person is 'mentally ill' then surely that person has the same right to escape their own form of chronic suffering as an aged person with some other form of debilitating and painful illness. Life is terminal and incurable. It is only a question of time. What meaning can 50 years have in the scope of eternity? What is the difference between the 80 year old lady's 10 years and the 30 year old's 40 years, after the fact? Once we are dead, does it matter how old we were when we died?

For many people who have completed whatever education is available to them, and achieved whatever achievements their mediocre inheritances have allowed, the second half of their lives will be a mere routine of repetitions that bring little satisfaction, and which merely serve to bridge their present with an unavoidable, and in many cases predictably painful, death. For most people death at 40 is no more a waste of a life, than an 80 year old woman dispensing with the last 10 years of her life.

It seems likely that the real reason a retired 80 year-old is allowed to die with dignity is that they no longer represent human capital for the beneficiary classes. They are unlikely to be an active source of value. The only interest they might have in them is as 'cash cows' for the medical industry.

Perhaps, at its deepest core, our denial that a young person might rationally consider Euthanasia might come down to this: their rejection of their life would be a resounding rejection of us, a resounding rejection of life in general. The rejection of this world as it is would be a terrible public relations disaster for the privileged, hegemonic elites. I once wrote 'bitter tragedy for the playwright, for as we fall, the plot loses credibility'. If we let them exit this world, then how
could the rest of us justify enduring our lives? Once the fear of dying is eliminated (and for those unenlightened the fear of death itself), then what motive would most people have for enduring their lives of exploitation and dissatisfaction, of often chronic pain and lifelong 'angst'?

The hegemonic beneficiary classes need a large pool of young people to produce the value that they consume, to support the lifestyles that they enjoy. This pool would keep unemployment high, and hence the conditions that labor could insist on, low. How would the hegemonic elites respond if masses of young people decided to 'shuffle off this mortal coil'? They would have no response but the traditional one, to define suicide as mental illness, or criminal, and to punish those who attempted it themselves, or who assisted them. Does this 'ring a bell'?

Why did the Australian Federal government introduce legislation to criminalize even public debate over the issue of Euthanasia? What specious arguments did they bother conjuring up to justify their actions? What could justify such blatant 'censorship'? Surely the definition of a free society included freedom from censorship? George Bernard Shaw reminds us that 'All censorships exist to prevent anyone from challenging current conceptions and existing institutions. All progress is initiated by challenging current conceptions, and executed by supplanting existing institutions. Consequently the first condition of progress is the removal of censorships.'

If we consider the most liberal Euthanasia laws to date, the Dutch laws, we can see how inconsistent most people's reasoning is with regard to whose 'death-wish' should be validated and who should be 'protected from themselves'.

Re: the patient's suffering is unbearable with no prospect of improvement. For most people life is suffering, and there is no prospect of it improving, no matter what the hegemonic order's propaganda machine would like us to believe.

Re: the patient's request for euthanasia must be voluntary and persist over time (the request can not be granted when under the influence of others, psychological illness or drugs). This is reasonable and sound. However when some people's death-wish persists they are labeled as chronically mentally ill, and all their human rights are denied them, on the pretense of 'protecting them from themselves'.

Re: the patient must be fully aware of his/her condition, prospects and options. It is a fact that the definition of 'clinical depression' would cover such a situation. Clinically depressed patients are often those who are 'too' aware of the reality of their lives, and the prospects for happiness and a life worth living they could reasonably expect.

Re: there must be consultation with at least one other independent doctor who needs to confirm the conditions mentioned above. Double checks are good for pilots, surgeons, and those considering ending their own lives. However the only person who has a right to judge if a life is worth living is the one who has to live it. The only time the judgment of a third party should count is where that third
party guarantees to provide the person whose life they insist on 'protecting' a life worth living. In other words the rich and privileged would have to sacrifice their own wealth and privileges to afford the person the same quality of life that they enjoy. Don't let yourself be fooled. It is the rich and privileged who are behind the entire effort to deny us universal access to euthanasia. If they insist I live, then they have the obligation to give me what they have that makes their lives worth living.

When we further consider the following 'specific conditions, or 'situations' that are not subject to the restrictions of the law at all, because they are considered normal medical practice; stopping or not starting a medically useless (futile) treatment; stopping or not starting a treatment at the patient's request; and speeding up death as a side-effect of treatment necessary for alleviating serious suffering; we see that if mental illness were treated consistently as an illness (otherwise what exactly is it, and how do you justify 'treating' it at all, especially taking money from patients for claiming to be doing so?), then death-wishers would have the right to refuse paternalistic psychiatric treatments, and doctors would be allowed to 'speed up' the process leading to suicide. Unless the medical profession and pharmaceutical industry can claim to have 'cures' for mental illness, then they must define any treatments they sell patients as medically useless and futile treatment. Of course all treatments, with regard to death, are futile, as all they can do at best is delay death. Death is, at least statistically, inevitable.

Changing cultural attitudes to suicide

To the ancient Egyptians suicide was seen as an acceptable practice for anyone facing unendurable physical or emotional suffering. The early Stoics practiced suicide among the elderly, and in principle recognized everyone's right to die when and how they chose. Epicurus encouraged his followers to die by suicide when their lives no longer brought them happiness. In early Roman society, a recognized profession of trained technicians were available to perform 'assisted suicides' when their clients desired to die. Nobles, who 'owned' themselves, could 'dispose of their property' as they saw fit. Of course slaves, criminals, and soldiers were the property of their owners and the state.

Most early civilizations viewed suicide as a means of escaping an unbearable existence, or of releasing loved ones from the burden associated with caring for the sick or elderly. There was no 'stigma' attached to such a death.

However in medieval Europe, Secular and Church policy on suicide drew on Roman law, which institutionalized ancient Greek traditions, to justify 'criminalizing' the act of attempted and 'successful' suicide. The accused man who sought to escape the law, the soldier who refused to do their duty, or the
slave who was effectively destroying their master's lawful property, by killing themselves, were defined as criminals under Roman law.

The first church-led condemnation of suicide occurred when Jewish leaders refused to allow the bodies of Christian suicide victims to be buried in 'hallowed' ground, and forbid eulogies and public mourning for the deceased.

The first 'Christian' to publicly declare suicide to be a sin was St. Augustine. He was responding to the widespread, mass suicides committed by Christians in the 4th Century. Augustine's influence on church doctrine lead to the 305CE Council of Guadix purging from the list of martyrs all who had died by their own hand. Using the pretext of piety, the 348CE Council of Carthage condemned those who had chosen self-death for personal reasons and the 363CE Council of Braga condemned and denied proper burial rites for all known suicides.

The aim of all these measures was to curb the ever present high rate of Christian mass suicides in the face of religious persecutions, and early Christian writers who defined suicide as the most pious of aspirations. It seems the early Christians actually believed in heaven, and followed my advice. Why on earth would you endure this hell on earth when there was such a glorious paradise awaiting you in heaven?

Thomas Aquinas' 13th century 'Summa Theologiae' reinforced Plato's Socrates' and Aristotle's definition of suicide as a selfish act of subversion in which the actor put their own desires above the needs of their community. According to Plato, Socrates argued that we were the property of the gods, and had no right to destroy what didn't belong to us.

In 11th-century England, and Scotland, the property of the suicider, and therefore their dependents, was forfeited to the king. Suicides were therefore often 'covered up' by local authorities and relatives, to avoid the confiscation of property, and the resulting burden upon the local 'poor relief'.

Religious, civil, and criminal sanctions against suicide were enforced during the middle Ages in most of 'Christian' Europe. Suicides were denied proper burial, and often their body would be dragged through the streets; the head placed on a pole outside the city gates as a warning to others; the body thrown outside the city gates to be eaten by animals, or buried at a crossroads. The property and possessions of the deceased and their family were confiscated. These were meant to be 'fates worse than death'. Anyone who attempted suicide would be arrested, publicly shamed and, Monty Python couldn't beat this for irony, sentenced to death.

The Catholic Church didn't revoke its laws denying suicide's a Catholic burial and rites until 1983. Great Britain abolished criminal penalties for attempted suicide in 1861, but Ireland didn't do so until 1993. In France, suicide was decriminalized during the French Revolution. Influential intellectuals like Voltaire and Montesquieu saw suicide as a question of liberty. Therefore laws against suicide represented a denial of liberty. He argued that if you couldn't
enjoy life and contribute to the welfare of the community, you had a right to suicide. Schopenhauer and Hume also defended an individual's absolute right to suicide. They also considered that the involuntary institutionalization of people 'at risk' of suicide would violate this 'sacrosanct' right.

Buddhists are threatened with 'bad karma' for killing themselves. By avoiding problems now, they would be burdened with even greater ones in their next reincarnation. Being reincarnated as a human was considered a real privilege. Of course for the feudal lords such as the Dalai Lama, life, and religion, was all about their personal privilege.

The term 'revolutionary suicide', which Jim Jones and David Koresh borrowed from Huey P Newton, a founder of 'The Black Panthers', seems quite apt to describe the act which seeks to bring about greater social justice by eliminating the potential for the opportunistic exploitation of inherited inequality. If you kill yourself then you cannot be exploited, and you cannot therefore passively contribute to the process of exploitation. If there are no victims, then there can be no exploitation.

I was surprised to find that my 'suspicions' regarding the motivation for denying people access to euthanasia, and punishing them and their loved ones with 'fates worse than death', were clearly justified as far back as Plato's Socrates, who defined people as the property of either the gods, the state, or their slave master. The individual was defined as having no right to dispose of themselves as their own interests dictated. They were expected to 'slave-on' in the interests of the gods, state, and slave-master. If they didn't, not only were they 'punished', but their families would be punished as well.

Of course the opposite was also practiced in many cultures. The old and unproductive were encouraged to suicide, to stop being a burden upon society in Eskimo, Norse, Samoan, and Crow Indian societies. This is the reflexive inverse of Aristotle's arguments that we should do what serves 'the community' interests. Funny how that usually means whatever is good for the beneficiary classes, the dominant, hegemonic, privileged elites.

However, I think Socrates may have been disingenuous in claiming that the god's owned him. He may have been trying to provoke the reader into recognizing the absurdity of such a 'reductio ad absurdum', and as such recognizing the absurdity of belief in the gods per se. Or perhaps Plato added these 'dialogs' in order to 'rehabilitate' his revered teacher? Perhaps Plato feared being persecuted himself. Remember that Plato's student Aristotle abandoned Athens to avoid the same fate Socrates had suffered.

The Socrates in Plato's 'Phaedo' sees death as the ideal home of the soul.'(Phaedo, 63c). The philosopher, as a virtuous person having practiced detachment or 'disengagement' from bodily desire while alive, will be eternally free from the body once dead. Those who were attached to bodily pleasures in life will have cultivated a soul which is '...polluted... impure at the time of her
departure...the companion and servant of the body... in love with and bewitched by the body and by the desires and pleasures of the body... led to believe that the truth only exists in a bodily form, which a man may touch and see... do you suppose that such a soul will depart pure and unalloyed?' (Phaedo, 81b)

As detailed in 'The Myth of Er', those attached to the flesh will inevitably be drawn to the flesh, and reincarnation. Note the similarities with 'The Tibetan book of the dead'. Their craving for life will also make their time in Hades a punishment per se, whilst they will also be punished in particular for the bad deeds of their past life. The soul is immortal and the course of its passing into the underworld is determined by the way in which it last behaved while alive. The philosopher should not commit suicide, but should practice 'dis-engagement' from the material world, as a means to gaining 'virtue'. Note the similarities with Buddha's 'detachment' as a means of avoiding reincarnation, and its idealization of experience devoid of corporeal existence. Plato's Socrates and Buddhism's Buddha both promote the cultivation of detachment from the material, pleasure seeking, pain producing, world of bodily desires, whilst admonishing suicide as pointless, and even an offense against 'the good'.

'Death, then, the separation of body and soul, is the philosopher's ideal. He will have lived his entire life preparing for and hoping for death. However the body is the property of the gods, and man would be punished were he to destroy something that he does not truly own' (Phaedo).

In Plato's Phadeo Socrates talks of an existence after death. However in 'Apology', Socrates says that, even if, '...death is a state of nothininess and utter unconsciousness,' this would be 'an unspeakable gain.' (Apology, 40c) Socrates doesn't appear to rate earthly existence too highly. This helps explain why he seemed to provoke his peers into voting for his death, and why he didn't take advantage of offers to assist him in evading a trial by leaving Athens, and later offers to help him escape from prison, and thus to escape his ultimate death from drinking Hemlock.

In Hinduism, Jainism, Buddhism and Sikhism, Moksha (liberation or release) refers to liberation from the cycle of death and rebirth and all of the suffering and limitation of worldly existence.

There are 52 suicides in Shakespeare's plays. Of course the question of whether 'to be or not to be' is his most famous reflection on suicide.

To be, or not to be, that is the question:
Whether 'tis nobler in the mind to suffer
The slings and arrows of outrageous fortune
Or to take arms against a sea of troubles,
And by opposing end them? To die, to sleep,
No more; and by a sleep to say we end
The heartache, and the thousand natural shocks
That flesh is heir to,'tis a consummation
Devoutly to be wish'd. To die, to sleep;
To sleep! Perchance to dream:ay, there's the rub;
For in that sleep of death what dreams may come,
When we have shuffled off this mortal coil,
Must give us pause: there's the respect
That makes calamity of so long life;
For who would bear the whips and scorns of time,
The oppressor's wrong, the proud man's contumely,
The pangs of despis'd love, the law's delay,
The insolence of office, and the spurns
That patient merit of the unworthy takes,
When he himself might his quietus make
With a bare bodkin(knife)? Who would these fardels bear,
To grunt and sweat under a weary life,
But that the dread of something after death,
The undiscover'd country, from whose bourne
No traveller returns, puzzles the will, And makes us rather bear those ills we have Than fly to others that we know not of?
Thus conscience does make cowards of us all;
And thus the native hue of resolution
Is sicklied o'er with the pale cast of thought;
And enterprises of great pith and moment,
With this regard, their currents turn awry,
And lose the name of action.
The bible makes no comment on suicide, so there is no biblical basis for the laws against it. However the Church defined it as a sin for fear of losing their congregations to it

In the late 17th century widespread epidemics of mass suicides occurred at the prompting of Christian priests to escape the expected return of the anti-Christ from 1666 onwards. Farmers stopped tilling their fields and abandoned their farms. Workers of all kinds abandoned their work.
Fijian males suicided in keeping with the widespread belief across the ancient world that dead spirits keep the same form they left life with. Therefore it was a good idea to die in the prime of life, or at least as soon as you were unable of living with dignity. The forms of death chosen included burial alive, self-immolation, having a priest cut your throat, getting a relative to break your spine with an axe blow, being buried in clay pots, strangulation, and stabbing. Alternatively a man would gather their neighbors, relatives, and friends, and request that someone kill him as his strength is failing. He tells them all he is tired of life.

The Vikings were known to wound a dying comrade with a spear to make it appear he had died in battle, which was necessary to ensure his entrance to Valhalla. The old and the sick were regularly killed at their own request. Odin 'sacrificed himself unto himself' to obtain the secret of the Runes. Remember Jesus is finally killed when a Roman soldier spears him, and Jesus, in terms of the 'Trinity', represents god sacrificing himself.

Some suicide statistics

Around 6 people over the age of 65 suicide in Australia every day. Statistically suicide is the greatest cause of death for 15-35 year old males. International surveys indicate that as many as one in five high school students, and one in ten adults, have considered committing suicide at one time or other. While women are more likely to attempt suicide, men are more likely to succeed at it. Suicide is more common among successful and highly creative people. Only those who have attained the satisfaction of their desires can truly recognize how ultimately dis-satisfying life is a-la Buddha. In contradiction to expectations, over 60 studies indicate that most suicides occur in late spring and early summer, while the fewest occur during winter.

The number of suicides in the U.S, 31,000 in 1996, outnumbered the number of homicides. Suicide is the eighth leading cause of death overall, and the third leading cause of death among American teenagers. In Canada, suicide is second only to motor vehicle accidents as a cause of death among adolescents. In 1997, 17,566 official suicides were recorded compared with 13,522 official homicides, according to the 'National Vital Statistics Report'. Thirty thousand succeed at suicide every year in the United States. Half a million more make an attempt medically serious enough to require emergency room treatment.

The nature of Rationality and Intention

Rationality is concerned with means and not ends. If a person wants to die, and shoots themselves in the head, then the action is rational, as it can be expected to
have the intended outcome. The decision to employ particular means is rational if can reasonably be expected to attain the intended ends. Rationality can only validly be formulated in terms of means, rather than intentions.

A person who has the intention of killing themselves is defined as irrational by popular convention. Implicit in hegemonic defining practices is the assumption that no rational person would want to die. In fact there are many situations in which 'rational', 'reasonable' people desire death. We as a society must come to terms with this, and validate their end of life decisions.

Rationality is bounded by the amount and quality of relevant information available to the decision makers. It is further bounded by the actor’s ability to evaluate information critically, and form sound judgments. Ethics is, in a similar way, concerned with intentions and not outcomes. The information that influences decisions is not perfect. The outcomes of decisions are often other than intended. Actions motivated by the best of intentions can have unintended, negative, outcomes. The most we can offer is informed consent based on transparency and self-determination, and universal access to Euthanasia, a 'good death'.

The perversity of 'heroic interventions' to extending the lives of chronically ill

People imagine they can 'set their lives straight'. People will cling to their lives, imagining that salvation is just around the corner. They demand heroic medical interventions which redirect resources away from those who could make productive use of them. The massive costs of prolonging life a few years, or even months, would be considered criminal by members of a just society. It really represents a denial of the inevitability of death. It is clear proof of a lack of faith in the religious dogma people pretend to ascribe to. We devote billions of dollars of scarce resources to heart, liver, and other surgery to old, chronic drinkers, smokers, and obese over-eaters, simply to prolong their misery, to give them a few more days’ time to 'set everything straight'. At the same time we deny children access to health and dental care, to educational opportunities, even to basic nutrition and social services.
Before I worked out my ‘carotid compression’ technique, I felt hanging was the next best alternative to Euthanasia. So first read this, and we will finish with my OPTIMAL guide to carotid compression as the optimal method, in the absence of access to, and freedom to use, Nitrogen gas, or Nembutal.

In the absence of access to Nembutal or other forms of Euthanasia, I used to believe hanging to be the next best alternative for most people. The following information is provided for all of those with no access to legal Euthanasia, in an attempt to dispel myths about hanging being painful. Here is a web-posting on the theme 'suicide by hanging': It's possible to 'hang' with both your feet touching the ground. All that's necessary is pressure on the neck, cutting off the blood supply to the brain. You lose consciousness after about 10 seconds.

This is a blog entry I came across. I am quoting the writer. I myself have never attempted suicide. I have too much to get done this life while I have the holistic inheritance to do it. Who knows what resources I will have in my next lives?

“Last night I was home alone, I took an electrical cord and went to the basement. I tied one end of the cord around my neck, and pulled the other over a beam in the ceiling. I stood on the arm of a couch, and pulled the cord until I was on my tiptoes. Then I stepped off. I held the cord tightly. I felt it tighten around my neck (and I hadn't even tied any kind of slip knot). I remember just hanging there, feeling lightheaded, but not suffering. No pain, just a little discomfort. After a few seconds, I tried to breathe. I was able to inhale with difficulty, I could hear my rasping breath. Then nothing. I came-to on the floor. I was probably conscious for no more than ten seconds (before passing out), if that long. I had banged my mouth, and cut my lip, but other than that, I was fine, though a little dizzy. Knowing that I will pass out so soon, I will be conscious for no more than ten seconds, next time I will tie the cord to the beam”.

Death by hanging is not death is by asphyxiation. You don't suffocate as most people believe. You can continue breathing, the oxygen just doesn't get to your brain, as the pressure of the rope stops it. The rope puts pressure on the Vargas nerve that runs along your neck. It results in heart failure. You simply lose consciousness, and if you are not resuscitated, you die. This is why 'scarfing', the practice of strangulation to heighten pleasure during orgasm, can be deadly. The effects on the heart are unpredictable. You can easily kill your partner in this way. Of course for many people, dying in the throes of sexual ecstasy is hardly the worst death imaginable.

The dominant hegemonic powers do all they can to mislead you about hanging. They want you to believe that you will die a painful death. Children have hanged
themselves in the few minutes their parents have left them alone. They didn't struggle or suffer. Using a soft and thick enough rope will prevent any real discomfort.

Scarfing is a well-known (and often fatal) sexual practice in which people strangle each other to heighten their sexual response, their pleasure, their orgasms. It is well documented that hanged men often die with a 'priapism' or 'death erection', after having ejaculated some fluids (but not semen), whereas in women the labia become engorged and menstrual blood is released. Orgasm is ultimately the result of temporary hypoxia or asphyxiation. The French call it 'la petite mord' or 'the little death'. This is why people can experience full body orgasm during excessive physical training, such as running, horse-riding, or doing 'chin-ups'.

Until we all have the power over our own lives, we will remain slaves to the interests of the dominant hegemonic vested interest groups. We will live to increase their life satisfaction. Until the slaves can effectively 'remove their labor supply', the beneficiaries of exploitation will never be compelled to concede them the true value they produce. Euthanasia is the ultimate bargaining position for labor. If enough people did leave the playing field, then the dominant hegemonic powers would be forced to 'level the playing field' and to 'play fair'. Otherwise they'd have no-one to play with. They'd have to do all their own dirty work, and produce all their own value. Imagine some executive trying to negotiate with their cleaner if there were more executives than cleaners. The cleaner would refer to the age-old argument of the executive, supply and demand. The cleaner would become a scarce resource, and be able to demand respect, rewards, and privileges.

The minimum they could expect would be the same hourly wage as the executive. However as being an executive has many non-fiduciary rewards, and given that most executives would rather play in their board-rooms than clean, the cleaner would be in a position to demand a higher wage than the executive.

The terrifying precedent, or return to old practices, of community orders

'Community orders' which legally force people to take medication, or be forcibly institutionalized, are a disturbing development. Under Religious fundamentalism, Communism, and Nazism, people were either forced to take medication, or were institutionalized, if they behaved in ways that the dominant forces in society defined as inconvenient or disturbing. At present anyone expressing a desire to end their own lives without any terminal illness is defined as mentally ill. Under community orders such people would be forced to take chemical straight jacket pharmaceuticals or become institutionalized. The Euthanasia lobby must pay careful attention to the new 'community orders' and how they are employed.

In the case of most 'illness', the individual has the right to refuse any treatment if they can give informed consent, even if such a decision will likely result in their death. A cancer patient, for example, can refuse treatment. A patient with kidney
failure may disconnect their kidney dialysis machine. Of course there is the rub. Our culture defines the desire to a good death as irrational, and hence claims that the person with such a desire is implicitly demonstrating their inability to give informed consent. This is an example of how the hegemonic definitions ultimately deny individuals what freedoms they do nominally possess. We are slaves to the interests of the dominant hegemonic beneficiary classes’ interests.

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Happy Next Lives 😊