

Perry's story  
By Judith Gordon

Perry called to say goodbye about 10 days before his death. We hadn't seen each other for about 25 years, but I recognized his voice immediately even though his voice was weak and strained. He'd been diagnosed with aggressive, inoperable, stage 4 lung cancer about 6 weeks previously. He was in great pain, he didn't like the effects of morphine, he felt tethered to oxygen, and he had decided to use the DWD law. He was fortunate to have an oncologist, a consulting doc, and even a hospice nurse who supported his choice, and the day he called me he had picked up his prescription from a cooperative pharmacist.

Perry was referred to me for psychotherapy for chronic anxiety and depression in the 1990s. A highly intelligent, articulate man in his 30s, he was on psychiatric disability because of his inability to perform at work due to his psychiatric symptoms. We worked together for about a year, including trying medications for depression and anxiety and a brief voluntary stay in a psychiatric facility, but his symptoms and emotional suffering continued. He was an isolated individual with few friends, though I found him to be warm, responsive, thoughtful, and likeable. Finally, he decided to commit suicide. He arranged a diving trip in the Caribbean and planned to never come back up. He gave away most of his few possessions. We had a tearful goodbye. Two weeks later he was back from his trip. While there he'd become friendly with the dive resort staff, enjoyed being with them, and decided he wasn't ready to die. After several additional months of therapy, trying to extend the good experiences he'd had to life back home, he decided once again he didn't want to live and made plans to return to the same dive area, this time determined not to come back. I went into grieving and soul searching once again. Two weeks later Perry returned. He'd been put on a dive boat with only two other people, a honeymoon couple, and couldn't bear to leave them with an anniversary that would always be associated with a suicide. What a thoughtful compassionate human being he was!

Shortly afterwards Perry visited an old friend who lived in the country. He got in touch after that saying he was enjoying being out of the city and hanging out with his friend's two dogs. He finally moved out of the city himself and became a dog walker and dog sitter. He lived for another 25 years doing that until his cancer diagnosis.

We reminisced over several phone calls about our long relationship and I commented on how much joy he had brought to the dogs and their owners he had worked with over the years, as well as to himself, and how none of that would have happened had his suicide attempts succeeded. He felt ready to die now, at age 69, and was happy that he could use the DWD law so that he could die retaining his dignity and his autonomy, core values throughout his life. He died in the loving presence of his brother and the close friend he had stayed connected with through the years, both of whom actively supported his choice.

I used to tell Perry's story as an example of how clients who are suicidal are sometimes helped not by a psychotherapy intervention but by the intervention of life itself, such as making new friends and experiencing joy, or spending time with a special friend, or connecting with animals and nature. Although I know Perry found our relationship warm and supportive, it couldn't provide him with the life experiences he needed to have a sense of enduring meaning and connection.

As it turns out, Perry was suicidal once again in his life – when his suffering from cancer seemed unbearable and before he realized he might qualify for DWD. In desperation he researched how to make sure that if he jumped off the Deception Pass Bridge he would die by landing on the rocks, not in the water. He was weak, tired, and distrustful of the medical profession and only pursued DWD at the entreaties of his family and friends, who were horrified by the suffering his suicide would cause not only him but them. With their help, encouragement, and advocacy, and with courage, caring, and integrity, Perry was able to use the law. Thoughtful and responsible to the end, Perry chose to die one day after his social security check arrived, so that he could cover the cost of his cremation.

After Perry died, his friend told me, “[DWD] is so wonderful because it gives someone control of their destiny and gives them so much comfort once they are approved that they will not have to bear unbelievable pain and suffering. The knowledge that the individual can act when they are ready, when they know it is the right time, finally provides them something so positive in the midst of so much negative news about their health. It does provide the ultimate dignity and control over their destiny... Perry died thankful, not angry and bitter. He died knowing he was loved and believing in the good of humanity.”

Perry asked me to tell his story to illustrate the critical distinction between physically well people who are suicidal because they are emotionally distraught and individuals whose terminal illness will certainly cause death and who choose to use the DWD law to die on their own terms. Death by suicide is lonely, violent, and causes grief to the survivors. The personal timing of a death that is inevitable due to terminal illness can help the survivors feel great relief knowing they supported the dignified death of a loved one, and the dying person can experience the love and support of loved ones, as well as compassionate care of the medical team. Perry died surrounded by love 2 days after our final goodbye during which he told me he was happy and at peace.

This was truly a death with dignity, not a suicide. It was a privilege and an honor to know this courageous and compassionate man. I will never forget him.