I lay down in an artificial intelligence suicide capsule: Can technology make us die?

No need for a doctor, AI approval; tasteless and painless, life whistling.

Dr. Philip Nitschke is the founder of Exit International, an initiative to legalise euthanasia. In addition, there are many powerful names: "Dr. Death, Musk in the world of death. Chen Wanrong/Media

Chen Wanrong, a media reporter from Sydney
Published on 2023-11-12

Philip closed the lid of the machine: "What do you think? Do you have any claustrophobic fear?"

"It's okay." There is a transparent glass less than a feet away from my face. If not, I should have wanted to escape quickly, because being buried alive is indeed one of my nightmares. I lay in a machine called Sarco, or Sarcophagus (sarcophagus). And Dr. Philip Nitschke is the first doctor in the world to euthanise patients (although he is no longer a doctor).

According to the design vision, if it really works, Sarco's artificial intelligence will ask me three questions: "Who are you?" Chen Wanrong.) Where are you?" Inside Sarco.) What will happen if you press the button?" I will die.)

After confirming the identity intention of the three questions, the cabin will be quickly filled with nitrogen and the oxygen concentration will be zero, while I will be in a coma within 30 seconds and die within 5 minutes. This original Sarco is not equipped with liquid nitrogen and naturally cannot kill people; Philip puts it in his studio in Hillegom, the Netherlands, and is occasionally open to visitors and journalists. On one side of the studio is a neat desk, and on the other side is where Sarco is placed. Screwdrivers of different sizes and shapes, plate hands, cones and other tools are placed on the workbench next to it; one near the door is a human head doll covered with transparent glue and a liquid nitrogen. This is the place where death technology is made.

Philip, who now lives in the Netherlands, was born in Adelaide, Australia in 1947. He speaks and acts quickly and doesn't look like 76 at all. He is the founder of Exit International, an initiative to legalize euthanasia. In addition, he has many powerful names: "Dr. Death, Musk in the world of death. Indeed, Sarco's appearance is a bit like the hyperloop being developed by Musk SpaceX, a vehicle that, once successfully developed, will be able to use drag reduction to walk faster than aircraft. Sarco is indeed a means of transportation. If Philip's vision can be realised, it can send people to "the other side" in just a few minutes.

"At present, people who want to commit suicide painlessly for a short time can only use suicide bags, that is, tighten the neck with a pull rope, and then inflate liquid nitrogen. It's so fast, but it's too ugly." Philip gestured as he said. Imagine taking Sarco to the shore of the North Sea. At sunset, when relatives and friends were beside him, they walked into the cabin and were sent away as if they were asleep. " Theoretically, nitrogen inhalation not only does not cause pain like suffocation, but also has the same pleasure as smoking stimulants, which is a very "high" way to die. Moreover, if death can be figurative, then a death like Sarco can't be said to be beautiful: modern, streamlined, high-end, or dark violet. If I don't say it, I will think it is a high-end beauty sauna machine.

A man with Alzheimer's disease refused to eat and fell asleep in a nursing home in the Netherlands the day before his death. Photo: Michael Kooren/Reuters/Dashi Video

Sarco's vision is very beautiful. I'm not afraid of death, but I'm really afraid of half-life. No one can escape the torture of old age and disease. Not to mention money, beauty and knowledge, even if you help the old man cross the road several times, you can't get a good end. The pain caused by physical decline seems to be a human condition. According to Philip, Sarco will be open source in the future. The design can be downloaded online and printed by a 3D printing company. Looking at Philip, who is talking so much, I almost can't help but feel that I was really born in a good era: Will technology really change people's conditions? Finally, we don't have to be afraid of those painful, boring and empty days waiting for death?

Philip's vision for Sarco is more than marketisation. What he wants is to "de-medicalize" the death with self-developed technology and the painless suicide information provided by International. Even where euthanasia is allowed by law, if a person wants to euthanize, a doctor must prove that you can't live for six months, so you have to be very seriously ill. There is no such condition for euthanasia in Switzerland, but there is still a psychologist to prove that you are mentally well¸¸. “Why can a doctor be a gatekeeper?"

But Sarco still has to accept the rules of the game to be marketized, so his ideal Sarco, in addition to being able to operate by himself in the cabin, also includes the process of AI determining the normal mind - he wants to skip any medical intervention as much as possible, so he takes a fancy to the characteristics of AI allowing automaticization. Sarco is such a "de-medicalised" instrument. I think everyone should have the right to decide when to die and to die in a painless and serene way."

"I want to put the right to choose how to die back into everyone's own hands."

Who has the right to decide your death?

Philip's "medicalized death" actually refers to the phenomenon that has changed the concept of life and death in mainstream society since the mid-to-late last century.

Before the 1950s, the average life expectancy in Europe, the United States and other countries was only about 45 years old, and the life expectancy of many countries (including China) was only 30 years old, similar to our evolutionary close relatives chimpanzees. However, as countries invested a lot of resources in scientific research after the war and vigorously developed into orthodox biomedicine, the life expectancy of developed countries soared to 780 years, and developing countries quickly caught up with it, and human beings became the longest living mammals on land. But this "progress" has a price: death has changed from a

natural part of life to a shameful thing; and people not only have to receive a lot of medical intervention before they die, but also can't decide when and how to die.

This phenomenon is called "medicalization of death" and "medicalization of death". The "Death Value Committee" of the medical journal The Lancet defines this phenomenon: people living in modern and developed societies are more likely to die in hospitals than at home; doctors will exhaust "all available means" to save patients' lives, even if these invasive methods may make patients very painful. Bitterness, some even don't work at all; and in modern society, dying patients see more doctors and nurses than their relatives and friends (this is especially obvious during the three years of COVID-19). "Death" is a natural and acceptable part of today's medical development, not a natural and acceptable part of life.

Atul Gawande, a famous medical professor and writer, wrote in Being Mortal that medical training never included the discussion of death. The autopsy is to learn anatomy, and there is almost nothing about ageing, weakness or death in textbooks. , because "the purpose of medical education is to teach how to prolong life, not how to die." In Gervind's view, the progress of medicine over the past decades has turned death into an "experiment of medical experience", rather than a natural event at the end of life.

There are various tools of different sizes and shapes on the table of Philip's studio; a human head doll covered with transparent glue and a liquid nitrogen near the door.

A bigger problem is that medical progress makes us expect to live a long and healthy life unreasonably, and regard the weakness brought by old age as a shameful thing. Even modern medicine does not recognise that "old age" is the cause of death for the vast majority of people. Dr Sherwin Nuland, an American surgeon, professor of Yale and writer, wrote in How We Die that he has never written the word "old death" on the cause of death column of any death certificate for 35 years, because he knows how to fill in the form. He will definitely be beaten back - anywhere in the world, "it is illegal to die of old age". The cause of death column must include the name of the disease other than "old age", such as heart disease.

Nulan believes that it is understandable to call serious diseases such as heart disease, stroke and kidney failure a "terminal event", but if he denies that "old age" is the cause of death, "the difference between the two worldviews is that one worldview admits the trend of natural history is unstoppable, while the other worldview It is the responsibility of science to fight against the forces that stabilise our environment and civilisation. As Gervind said, we love to publicise the stories of those 90-year-olds who still play triathlons and marathons, but refuse to admit that those are miracles of biological luck rather than normal. In fact, when most people reach the age of 7 or 80, their physical functions have declined. In old age, most diseases come from "old machines". Recession is a natural and irreversible thing and an inevitable result as a creature. However, modern medicine gives us the unrealistic fantasy of "health", which makes us Reluctance to face the fact that he is gradually dying.

Philip, a former surgeon, has always believed that euthanasia should be a basic right. In 1996, after the passage of the Rights of the Terminally Ill Act (ROTI) in Australia, he developed an auxiliary suicide machine called "Deliverance" (Deliverance is a Christian name with the meaning of redemption and liberation) and 4 The terminal patient ended his life. Deliverance is actually a laptop connected to the artery of the human arm. After starting the program, it will ask the patient a series of questions to confirm the intention of death. Three questions include: Do you realize that if you enter the last screen and press "Yes", you will be injected with lethal doses of drugs and die? Do you understand that if you continue to press the "yes" button on the next screen, you will die? 15 seconds later, you will be injected with deadly drugs and press "yes" to continue. If the patient answers "yes" to all the questions, the computer will start the barbiturate injection and the patient will die within a few minutes.

The release machine is one of the earliest euthanasia machines in the world. It was exhibited at the Wellcome Collection in London and is now a permanent exhibit at the British Science Museum. I asked Philip, after the passage of the ROTI Act, he, as a doctor could actually give injections to terminal patients who want to die. Why did he have to work so much effort to make a machine? Because I don't think I'm a doctor, I have the right to decide whether others should die or participate in other people's deaths, and I don't think we should turn the death that was originally part of nature into a medical event."

Philip put the original Sarco in a studio in Hillegom, the Netherlands, and occasionally opened it to visitors and journalists.

What will 3D printed coffins and AI psychologists change?

Philip and his wife and partner Dr. Fiona Stewart launched the Peaceful Pill Handbook, which was updated from time to time in 2006, a detailed list of how to carry out voluntary euthanasia or assisted suicide (Assisted suicide) small book. On the "Ruid International" website, you have to prove that you are 50 years old or terminally ill to buy this suicide manual, but I easily found the electronic version on the Internet. Among the suicide methods introduced in the manual, the most popular among "free international" members is Nembutal. Nembutal was often used as a sleeping pill in the last century, but in the past 30 or 40 years, he was gradually banned due to death from overeating. However, as early as 20 or 30 years ago, elderly people in the United States began to organise "suicide tour groups" to buy a suicide in Mexico with loose drug control.

For Philip, the Manual is also one of his means to "de-medicalise" suicide information. In 1999, I met a French woman named Lisette Nigot in Perth, Australia. She is a retired university teacher. She wants to commit suicide, but she doesn't have a terminal illness, so euthanasia laws can't help her. Every time she sees me, she always asks me how can she end her life painlessly? Every time I talk about him, I only tell her that you are not sick. Why do you always say that you are going to die? You should travel around the world with your daughter and enjoy life."

"But she always says that it's none of your business. All she wants is technical data. Until once, she scolded me fiercely: "You are a doctor. You have so much professional knowledge, so you think you are a judge. You like to say that if I am sick, I am sick, and if I have the right to die, I have the right to die. You are simply the best example of medical paternalism. You are just trained in some kind of professional training, and you think you have the right to decide other people's lives. At that time, I was ashamed and finally told her everything I knew. In 2002, a few weeks before her 80th birthday, she committed suicide. At that time, the Sydney Morning Post issued such a report: "Lisette Nigot is not sick and full of pain, but she is 79 years old and doesn't want to live to 80. So she committed suicide at her home in Perth last week and thanked Dr. Philip Nitschke in her suicide note.

But indeed, information like the Manual has also brought a lot of legal trouble and moral condemnation to Philip and "Exit International". I asked him, if an obviously unqualified person like me can also find the death information he provided, where is the boundary between "encouraging suicide" and "freedom of information"? This is indeed a gray area. When the book came out, it was banned by Australia and New Zealand. Some people criticized that if you tell others which country and pharmacy in South America you buy medicine, you are encouraging others to commit suicide. But in fact, it is illegal to provide information itself. If I provide substantial goods, drugs and equipment, I will bear legal responsibility." In 1996, Avril Henry, an 81-year-old retired British professor who was a member of liberation from International, was forcibly taken away for house search and interrogated for interrogation on the grounds that she smuggled a banned drug into the country. Interpol informed the local police of law

enforcement in the United Kingdom. Henry was forced to hand over the medicine to the police, but four days later, she committed suicide at home using the hidden Nebo.

Therefore, for Philip, once successful development, Sarco seems to be a better way than public suicide drug information, so that everyone can decide how to die: according to the design vision, Sarco's design and software will be open source in the future, can be downloaded freely on the Internet, and can The whole machine is 3D printed. Each Sarco has a password lock. To open this password lock, you must complete a questionnaire online to prove that you are normal and conscious. The algorithm will judge whether you have mental capacity based on your answer, that is, a clear understanding of your own behavior and consequences. If you can judge by artificial intelligence, you will get a 4-digit password that can be opened and used Sarco within 24 hours. And the only liquid nitrogen that needs to be bought separately can even be found in ordinary household energy suppliers, such as barbiturate euthanasia drugs.

Each Sarco has a password lock. According to the design vision, if artificial intelligence judges the user as intelligent, it will get a 4-digit password that can be opened and used Sarco within 24 hours.

But although Sarco promises a beautiful future, and I think it should be good to die in Sarco, this machine seems to be a long distance away from practising Philip's concept of "de-medicalization". 3D printing sounds convenient, but it is not cheap at all; Philip estimates that it will cost at least 15,000 euros (about 16,000 US dollars) to print such a fine machine as Sarco. In contrast, if you go to the only Swiss Dignitas (dignity) institution in the world that euthanases foreigners to accept assisted suicide, the price will start at about 12,000 US dollars (excluding air tickets or other accompanying relatives and friends' accommodation), so although Sarco has a chance to be cheaper than Swiss euthanasia, it is 16,000 US dollars. Yuan is still a price that many families can't afford. In addition, 3D printing a large cabin where an adult can lie down takes at least three months. It's not that many

people are in a hurry to commit suicide, but at least Sarco has no competitive advantage in price and time compared with other euthanasia methods.

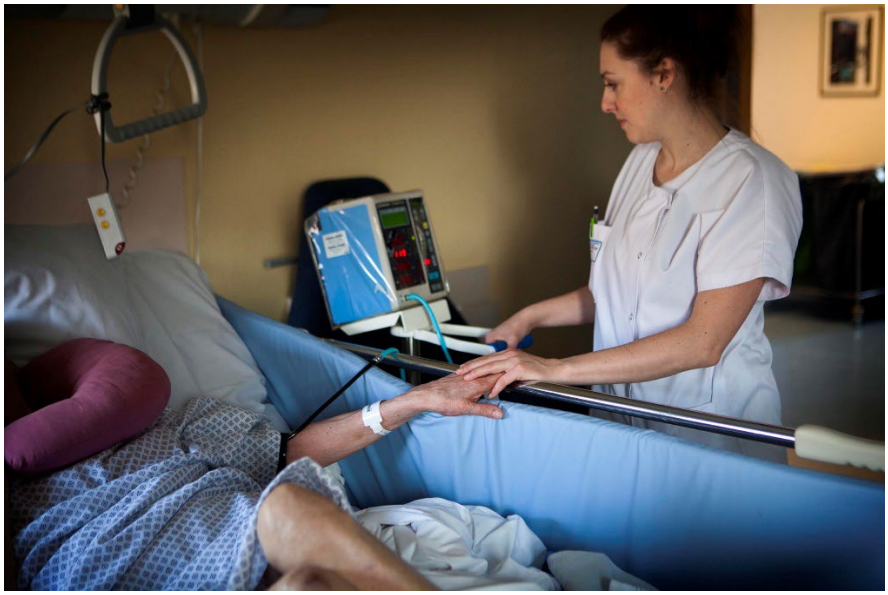
Of course, Sarco has other problems. For example, with the current height of Sarco, I can't imagine how wheelchair people, the elderly or terminally ill patients with mobility difficulties can enter the cabin by themselves; and there is not much space in the cabin, people who are more than 1.8 meters tall, or weigh more than 200 pounds, probably also need to use it. Other ways to find short-sightedness. However, the bigger problem lies in one of the core of the "de-medicalisation" of design: artificial intelligence. Philip has repeatedly stressed to me the unreliable psychological assessment and the desire to completely replace the psychologist with artificial intelligence: "If you take the same patient to see three different psychologists, you may get three completely different psychological assessments at any time. And some psychologists, if they know that you want to commit suicide, will directly think that you must not have mental intelligence, because they will not want to die if they feel mental intelligence, and they must have some undiagnosed mental illness. But I believe that people who want to die can definitely have mental intelligence, and ending life can be absolutely rational."

Philip seems to be confident that even psychological evaluation can be "de-medicalized" through artificial intelligence. But not that people do not mean that they will be completely rational. During the training process, algorithms will have learned a lot of prejudices and will also have their own value system. During the epidemic, many medical institutions used artificial intelligence to assist in the allocation of medical resources, such as using AI to pair patients and organ donors who need kidney replacement. However, later, studies have found that black patients with kidney disease are systematically discriminated against by algorithms because of the way algorithms evaluate their kidney function and evaluate white Human kidney function is different, so black patients are often classified into less serious categories, and the chance of successful kidney replacement is greatly reduced. Various prejudices displayed by the algorithm outside medical use are also worrying: for example, some people's face-identified artificial intelligence can't recognise black people and will classify their faces as chimpanzees or gorillas; there are also algorithms used to catch "welfare fraud" because of low-income and single parents. Family prejudices mistakenly classify them as welfare scammers.

Philip said that Sarco must go through a peer review process to ensure that the results given by artificial intelligence and human psychologists are highly consistent: "The problem is that psychologists always have their own emotions or psychological factors, and there are others. Political burden makes them unwilling to say that people who want to die have intelligence. But the algorithm is at least standardized. And even if the algorithm determines that you have intelligence, the password you get can only allow you to use Sarco within 24 hours. If you don't use it, you have to do it again.

At least, the error in the judgement of the algorithm can still be reduced through training - but whether artificial intelligence should replace human beings to make such a judgement is a moral problem that cannot be solved by investing more money in research and development. MIT Tech Review mentioned Sarco in a comment and quoted David Robinson, the author of Voices from the Code, pointing out that the widespread use of computers can Becoming a kind of bureaucracy, and bureaucracy itself is a way to turn difficult moral problems into boring technical problems. This phenomenon existed before the emergence of computers, but software-based systems can accelerate and amplify this trend. "Quantification can become a moral anaesthetic, and computers make this anaesthetic easier to use than ever before."

If a young man with no physical or psychological problems downloads and prints Sarco online and then uses it to commit suicide - does Philip have no moral responsibility at all? He seems to think so when he stressed to me many times that he doesn't want to know anything except you have intelligence. But I think that even today, when artificial intelligence is involved in human society in many aspects, the threshold that people want to find and die and cross does not seem to be completely technological or informational. I'm afraid the answers to these moral questions are far less concise, clear and streamlined than Sarco seems.



The hospice room of a hospital in France. Photo: BSIP/Universal Images Group via Getty Images

If death is a party

Before the end of the visit, I asked Philip if he had thought about how he wanted to die? He paused and said that he was lucky to have Nembutal medicine very early. If I have to use it one day, I know where he collects it. It really makes me feel at ease to know that I may choose to leave like this."

"What makes me particularly sad is that there are organisations around the world proposing to make euthanasia drugs more difficult to buy. It is more difficult to buy a addict than a stimulant. Online drug dealers don't need to be punished at all for selling cocaine to you, but if they sell you a addict, they will assist others to commit suicide and will be severely punished. If you want to buy Nerva, you have to travel a long way to South America. In Ecuador, Peru, Nerva is an over-the-counter drug bought by pharmacies. After taking Nebo, you will sleep like a drunken person, the more sleep you will get, and then you won't wake up." He repeatedly stressed to me that if all the elderly can legally get euthanasia drugs, they will live a better life for the rest of their lives, because it is a luxury to be able to control and decide their own death, and to know that their death is peaceful and painless.

"But now, I think Sarco is also a good way to die. If I want to leave quietly, I don't even have to go to Switzerland. I can take Sarco to the beaches of the Mediterranean, to the mountains of the Alps, and to the deserts of the Middle East. I know I have the right to choose." Philip said.

Although I am not sure as always how Philip can bring a machine more than two metres high and more than one metre to the Alps, I must admit that Sarco has given me some wonderful fantasies. Philip's picture to me can't be said to be beautiful: at sunset, the shore of the North Sea, a lively party by the sea, attended by all the people I loved and loved me. At the center of the banquet, there is also a pair of violet, a modern coffin called Sarco. After several rounds of carnival and three rounds of drinking, I will tell the guests that I am a little tired, "Go on to play and have fun" -- and then lie down in my long-sleeping place under the sound of blessings and farewell, and quietly leave. Shakespeare said that men and women in the world are actors, and they are all playing the seven acts of their lives, so this kind of exit is indeed somewhat desirable and can be regarded as the treatment of a famous actress.

I'm not sure if Sarco can make us die. But what we need more is another imagination of death than an algorithm to judge whether our minds are normal. Philip said that in the culture of modern society, death is a shameful thing that must be avoided, not the end of life as ordinary as children. We live in a culture that denies death. If someone is going to die, people will say "Don't let the child see it" and "Take the child away quickly". If you really accept that death is as natural as birth, why take the child away?"

"My views on this issue have actually changed a long time ago. In the past, I worked in the land of Australian aboriginals. In that era, the conditions of the First Nations (referring to Australian aboriginal) refugee camps were very bad, worse than those in the third world. Epidemic diseases were rampant, and many people lived diseases such as leprosy. Many people die early because of treatable diseases, and death happens every day in refugee camps. The children in the camp also witnessed these scenes. Therefore, even if someone is dying, the others in the camp are still playing cards and singing, and the children will join in. I think this is very interesting. In modern society, we are getting older and older to really see corpses for the first time, and many people only see corpses for the first time in their 30s. But in the aboriginal refugee camp, many people will see corpses in just a few months of birth and witness the death of others.

"And I always feel that they are more likely to have a more balanced and objective view of unavoidable death. Why do you lock the dying person in the room so that others can't see it, but only those who have been professionally trained and have been in college for many years can see it? What's the reason? Why not turn death into a celebration occasion, a party?"

After leaving Philip's studio, I thought about how I wanted to die. Do I want a party? Then for some reason, I remembered the scene when my family watched TV in the living room when I was a child. Sometimes when I was sleepy, I told my parents that I wanted to go back to my room to sleep. They will usually say good night to me, then stay in the living room and continue to watch TV and let me leave quietly. Those familiar places, familiar people, familiar languages, and distant, happy and calm memories - people who come to the end, what they want is probably just that.

On September 11, 2020, a cemetery worker dug a grave in a cemetery in Jakarta, Indonesia. Photo: Ed Wray/Getty Images

[If you or your relatives and friends need it, you can call the 24-hour hotline for help] Mainland China: Hope 24 hotline: 4001619995 Taiwan: Guardian of Suicide Prevention and Prevention - Peace of mind hotline: 0800-788-995 Lifeline Talk hotline: 1995 Teacher Zhang hotline: 19 80

Hong Kong: Samaritan Prevention Hotline: 2389 2222 Samaritan Hotline (multilingual)..2896 0000 Life Hotline.23820000 Donghua Third Hospital Zhiruoyuan Hotline..18281 Caritas Xiangqing Hotline: 18288

Macau: Caritas Life Hotline: 28525222 (Chinese)/2852 5777 (foreign language)
