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*Over the past decade, Ludwig Minelli has helped more than 1,000 people kill themselves and has turned Zurich into the undisputed world capital of assisted suicide. Minelli sees himself as a crusader for what he calls “the last human right”—and he believes that helping more and more people to die advances his cause. Even if you believe in an absolute right to die on your own terms, how far is too far in the quest to secure that right?*

by **Bruce Falconer**

# Death Becomes Him

IMAGE CREDIT: DAVID LEVENE/GUARDIAN NEWS AND MEDIA LTD 2009

Ludwig Minelli, a lawyer and self-described humanitarian, helps people kill themselves. Last summer, he invited me to a party inaugurating the Blue Oasis, the latest in a series of properties he has converted into makeshift death houses for the purposes of Dignitas, an organization he founded in 1998.

The Blue Oasis is a two-story blue house with a flat roof, situated next to a machine factory and across from a soccer field in an industrial area a half hour’s drive east of Zurich. In the yard, flowering trees and tall grass frame a clear, round pond flecked with lily pads and stocked with goldfish. A gravel path winds from the front door across the yard to a small take-out restaurant offering soft drinks and sandwiches. On the hot afternoon I arrived, the restaurant’s proprietor, a middle-aged Croatian woman, was standing behind the counter slicing tomatoes. I asked how business was. Not great, she said, and explained that things had been fine until two months earlier, when Minelli purchased the Blue Oasis. “Minelli is a nice man,” she said, “but his presence here has been a disaster for me.” She had lost almost half her business, and most of what remained came from visitors to the house. Even the tomatoes on her cutting board were for a meal of Croatian specialties Minelli had ordered for that evening’s celebration.

A few hours later, with the party under way, Minelli led a tour of the Blue Oasis for his employees—five men and nine women, a mix of college students, professionals, and retirees, all of whom work for Dignitas part-time. Minelli himself is 77 and has thinning white hair, thick glasses, and a hearing aid in his right ear, but he displayed a youthful enthusiasm as he walked us through the house. It was clean and new, with hardwood floors and white walls decorated with watercolors of rural Swiss landscapes. In the front hallway hung a framed cartoon of a man concealing a vial of poison behind his back and waving off people approaching him with a wheelchair and a box of diapers. A cooler full of chilled champagne sat beside a

hospital bed in one of two rooms specially outfitted for people who want to kill themselves.

Dignitas's slogan is "To live with dignity, to die with dignity," and for 12 years the group has been serving cocktails of sodium pentobarbital, a highly lethal barbiturate, to clients from around the world. During that time, Ludwig Minelli has helped more than a thousand people kill themselves, and he has cornered the market in what has come to be called "suicide tourism," transforming his native Zurich into the undisputed world capital of assisted suicide.

Assisted suicide is also legal in the Netherlands, Belgium, and Luxembourg, as well as in the American states of Oregon, Washington, and Montana. But in all those places, the practice is restricted to people with incurable diseases, involves extensive medical testing and consultation with physicians, and requires that applicants be permanent residents. By contrast, Switzerland's penal code was designed such that, without fear of prosecution, you can hand someone a loaded pistol and watch as he blows his brains out in your living room. And there is no residency requirement. **There are only two conditions: that you have no self-interest in the victim's death, and that he be of sound mind when he pulls the trigger.**

Switzerland's permissive legal environment is unique, and has given rise to at least four assisted-suicide organizations. The two largest, both called Exit, one based in German-speaking Zurich, the other in French-speaking Geneva, limit their services to Swiss citizens. Another group, called Exit International and located in the Swiss capital of Bern, does occasionally take foreigners, but only in extraordinary cases. This leaves Dignitas as the one organization in Switzerland—and, therefore, the only one in the world—that will expedite the death of almost anyone who asks. Minelli calls suicide "the last human right," and he has dedicated his life to securing it.

As members of Minelli's staff mingled by the goldfish pond outside the Blue Oasis, clinking glasses of champagne and Bordeaux, I struck up a conversation with a 39-year-old law student named Silvan Luley. Why, I asked, had he decided to work for Dignitas? "Most of us came in through friends and family," he said, adding that his mother had been one of Minelli's first employees. In her work as a Dignitas "escort," she had dispensed cups of sodium pentobarbital, obtained via prescription from sympathetic physicians, and sat by the drinkers' bedsides in the death house as they died. Other Dignitas volunteers had first contacted Minelli for help with killing themselves, but wound up working for him instead. "There are several people here who were going in that direction," Luley said, pointing out two of his colleagues. **"Minelli always tries to motivate people to make more of their lives," he continued.** "That's why I work for him, his human approach."

But Dignitas is concerned with not life but death—a fact Luley not only accepts, but promotes with enthusiasm. "Suicide is not bad," he explained. "There's nothing wrong with wanting to end your life. Sometimes life is great, sometimes life is shit. I have the right to say that I'm pissed off with my life, and I want to end it." Fine, I said, but why involve others in your self-destruction? Why not just sit in the garage with the engine running?

Luley smiled. Late-model cars won't do the trick, he said. In the early 1970s, auto manufacturers began installing catalytic convertors that filter out as much as 99 percent of the carbon monoxide from exhaust fumes. You might cough, but you're not likely to die. Other do-it-yourself methods can be even more problematic. Luley described some of the people who, having failed in their own suicide attempts, had contacted Dignitas to finish the job. **"One lady jumped eight stories down to a paved parking lot. Now she is in a wheelchair. Then there was a man who shot himself in the face, but survived. Another leapt in front of a train and lost both his legs."** Dignitas exists to prevent these outcomes, to see to it that those wishing to

kill themselves may do so without fear of pain or failure. The fact that most people lack legal access to a death like this is the group's organizing principle. "Our goal is to make ourselves obsolete," Luley said. "It should no longer be that one has to travel from his home country to Switzerland to end his life."

If you do go to Switzerland to end your life, you might meet a man I will call Arnold, who asked that I not use his real name. I found him chain-smoking at a picnic table by the goldfish pond. He was short, with gray stubble and greasy hair swept back from his forehead, and he looked disheveled in a blue polyester shirt and dirty shorts. Since starting with Dignitas in 2004, Arnold guessed he had helped perhaps 200 people kill themselves. Maybe more. He could not be sure of the number. The first was a former British military officer suffering the pains of old age. "He was quite a humorous old man," Arnold remembered. "He told us about his life, that he was in Palestine, that he was in Burma." Arnold and the officer had passed the day together smoking cigarettes and talking until, late that night, the man drank the poison. Afterward, Arnold went dancing. "I could not go to sleep," he said. "I could only go out and dance." He did so again after his next several "accompaniments"—Dignitas's term for the assisted suicides it conducts. He told me it was his way of giving expression to a feeling he had experienced through his proximity to death. "There's a connection between human beings. Maybe you're not usually conscious of it, but there's something that connects us. You're not alone, even if you feel alone." Any remaining doubts Arnold may have had about Dignitas quickly evaporated. "I think it's good that people are going in a safe way," he said, "and that's why I do this work."

The owners of Arnold's apartment building think otherwise. In October 2008, Swiss television aired a documentary about Dignitas in which Arnold was shown handing a cup of sodium pentobarbital to an American man suffering from a motor neuron disease. His landlords responded by changing the locks on his apartment. Arnold was not surprised by their reaction. "There are forces that want to stop us, mostly from the religious corner," he told me. "It's very difficult to discuss this with them."

Discussing this practice with anyone can be difficult, not just because of differences in religious or moral values but for the sheer range of terms used to describe it. The variations include assisted suicide; physician-assisted suicide; euthanasia by action; euthanasia by omission; passive euthanasia; active euthanasia; voluntary euthanasia; involuntary euthanasia; voluntary passive euthanasia; involuntary passive euthanasia; voluntary active euthanasia; and involuntary active euthanasia. To these, add ideological slogans like "the right to die," "dying with dignity," and "end-of-life decision-making." This multiplicity of terms is the fruit of more than 2,000 years of argument, during which opinions have shifted dramatically.

Assisted suicide did not always carry the stigma it does today. It was an accepted practice in the ancient world. Athenian magistrates stockpiled poisons for their citizens, with the admonition "If your life is hateful to you, die; if you are overwhelmed by fate, drink the hemlock." The Hippocratic Oath, written sometime between the fifth and third centuries B.C., pledged doctors to refrain from hastening the deaths of their patients and specifically prohibited the prescription of fatal drugs. The oath was a seminal development in the ethics of medicine, but was ignored by most ancient physicians. Only hundreds of years later, with the rise of Christianity and its belief in the sanctity of human life, did attitudes toward euthanasia swing decisively in the other direction. By the 12th century, mercy killing was opposed throughout the Western world. Thomas More's *Utopia*, published in 1516, reinvigorated debate with its vision of a society in which "the magistrates

and priests do not hesitate to prescribe euthanasia,” and where the sick “end their lives willingly, either by starvation or drugs.” Later, during the Enlightenment, thinkers like Francis Bacon, David Hume, and Montesquieu, among others, also defended the practice, though their writings did little to alter the prevailing wisdom.

The modern argument over euthanasia began only in the 19th century with the advent of medical anesthetics like ether and morphine. In 1870, a schoolteacher named Samuel D. Williams delivered a speech to the Birmingham Speculative Club in England. He argued that, for patients suffering from terminal illness, physicians should use chloroform not only to relieve pain, but to “destroy consciousness at once, and put the sufferer to a quick and painless death.” His comments were later collected into a book that received favorable attention from prestigious political and scientific journals and inaugurated a period of spirited discussion, in both Europe and the United States, over euthanasia’s potential to cure certain social ills. Scientific rationality was the byword of the age. Darwin’s theory of evolution had itself evolved into the sociological notion of “survival of the fittest.” Euthanasia promised the possibility of a healthier and more productive society, free from the burden of caring for its weakest members—the sick, the old, and the mentally ill. In 1906, two bills introduced in the Ohio legislature called for the legalization of euthanasia for terminally ill adults and for “hideously deformed and idiotic children.” They were voted down.

More failed legalization bids followed on both sides of the Atlantic. Beginning in the 1920s, German scientists led the way in Europe with the establishment of numerous academic centers devoted to eugenics, a burgeoning field of study that, among other things, promoted euthanasia as a means of eliminating physical and mental imperfections from the gene pool. The Nazis were close students of the latest theories. In euthanasia they found the ideal tool to put their policy of “racial hygiene” into action—not only to relieve human suffering, but to bring death to those they deemed “unworthy of life.” The category was broadly defined. By 1945, images from the death camps silenced further discussion of euthanasia, if only for a while.

The Holocaust was under way when, in 1942, Switzerland legalized assisted suicide. (The Swiss have always differentiated between “voluntary euthanasia” and “involuntary euthanasia”; the latter—what the Nazis did—is illegal.) Ludwig Minelli was 9 years old. The son of a house painter, he was the eldest of two boys and two girls. The family lived in Küsnacht, a village of white stucco and terra-cotta on the shores of Lake Zurich. Minelli today is a committed atheist, but as a child he dreamt of becoming a priest, not so much to honor God as to place himself in a position to, as he later put it, “teach people how to think.” As a college student, he flirted with the idea of becoming an actor, but soon abandoned it in favor of journalism. He freelanced for several years, writing about politics for Swiss newspapers, German radio, and international wire services, before being hired on, in 1964, as the first Swiss correspondent for the prestigious German newsweekly *Der Spiegel*.

Minelli might happily have remained a journalist for the rest of his career but for two life-altering events. Early in his tenure with *Der Spiegel*, his grandmother died of renal failure. He recalls being at her bedside in the hospital when a doctor came to check on her. “She had accepted that she was dying and asked the physician, ‘Listen, is there anything you can do to make this go quicker?’ The doctor said he was not allowed to, and promised only that he would do nothing to prolong her life. I was very impressed by my grandmother and disappointed that it was not possible to help her to die.”

Several years later, Minelli was reporting on a lecture about Switzerland’s impending ratification of the European

Convention on Human Rights. For most people, this would have been a snooze. For Minelli, it was “an electrifying moment,” in which it came to him that the fight for human rights, including the right to a painless death, must be his life’s work. Shortly thereafter, in 1977, he started law school. Four years later, at age 49, he began his new career as a human-rights lawyer.

Minelli’s timing could scarcely have been better. Switzerland’s two Exit organizations were in their infancy, primarily occupied with drafting living wills and distributing do-it-yourself suicide booklets to members in exchange for annual fees. The Zurich chapter began openly assisting suicides in the early 1990s. Minelli signed on as the group’s legal adviser in 1992, but soon grew disillusioned with what he viewed as its overly diffuse power structure. The squabbling of its board of directors convinced him that he would be better off on his own. In May 1998, after a particularly contentious board meeting, he resigned. That night, he drew up the bylaws for Dignitas, installing himself as its “secretary general.” Joined by two other defectors from Exit, he went straight to work and, by year’s end, had helped six people commit suicide, all of them Swiss nationals.

But Minelli’s vision was never confined by lines on a map. “I have always been convinced that the right to die is, in fact, the very last human right,” he says. “Why should I be able to tell a Swiss lady suffering from breast cancer with metastases that Dignitas will help her, but tell a French lady with the same condition just on the other side of the border that we will not?” So it was that, among the five suicides he assisted in the following year, one was an elderly German woman named Maria Ohmsberger, the first foreigner to die at Dignitas. Minelli had crossed the Rubicon. Still, his organization remained little known until November 2000, when *Der Spiegel* ran a feature-length piece on Ohmsberger’s death. It included her last words: “Oh, what a wonderful way to go.” Soon hundreds of people from around the world were lining up to commit suicide at Dignitas. Today, the group has about 6,000 dues-paying members, some number of whom presumably hope to die in Switzerland when their illnesses become too painful.

On a sunny afternoon last August, I shared a drink with one of them on a hotel terrace in Basel, a medieval Swiss city on the banks of the Rhine. Her name was Jenny Geary. At 61, she had blue eyes and shoulder-length blond hair and sat quietly across the table from me, smiling and sipping a spritzer. Her suicide at the Blue Oasis was scheduled for the following morning. “I want to go,” she told me. “I’m happy. It’s a relief that I’m dying.” Jenny and her husband, Richard, had arrived several days before, having driven from their home in the South of England. They had been married almost 42 years, raised two children, become grandparents, and, in their later years, had hoped to travel the world together. But the day before Richard retired from his job as a maritime logistics expert in 2007, a doctor diagnosed Jenny with multiple system atrophy, an incurable neurological condition, similar to Parkinson’s, that impairs movement and the function of involuntary muscles. Patients can linger for months, sometimes years, before dying. The weakened muscles in Jenny’s throat made it difficult for her to speak, and she could walk only with Richard’s help. Still, as I watched her drink her spritzer, it occurred to me that she could still swallow and would therefore have no problem drinking sodium pentobarbital.

Given Jenny’s weakened condition, Richard had made the arrangements with Dignitas, including a series of payments totaling more than \$10,000 to Minelli’s organization. Local law requires that foreigners see a physician twice, leaving at least one day between appointments, before a doctor may write a lethal prescription to be administered by a Dignitas escort. The delay is meant to give patients time to reconsider, but in this case had done nothing to change the Gearys’ minds.

Richard explained: “You wouldn’t leave your dog on the kitchen floor when it can’t walk, can’t eat, and can’t go outside to the toilet. Transform one life form to another, and you’ve got Jenny in six months.” He likened their marriage to a long boat ride on a great river. Gradually its banks had narrowed, and now a waterfall loomed ahead. He had a life jacket, she did not. Indeed, before coming to Switzerland, Jenny had considered leaping into the sea from the cliffs near their house in England. She had also thought about the possibility of jumping in front of a train. The latter, she decided, would be unfair to the train conductor, and neither would be good for the family. Instead, having talked it over with their two children, who grudgingly agreed, they settled on Dignitas as the best option. I asked why Jenny had not simply decided to ride out her illness and make the most of the time she had left. Richard suggested it would only cause her more suffering. “The weakest of any herd gets killed by a lion or a tiger. Some animals will kill the weakest of their young. But somehow, because of our intelligence, we go against that, and we perpetuate suffering by keeping people artificially alive ... I just feel that, with all our scientific advancements, there has to be a better way of controlling death.” Jenny nodded in agreement. She seemed at peace with how things had worked out. I asked if she felt afraid. “I’m apprehensive,” she admitted. “I’m scared the drink won’t be strong enough.”

**A** BELIEF IN ASSISTED suicide is by no means a fringe view in western Europe. There is broad agreement, associated with notions of modernity and evolved thinking, that suicide is an appropriate action to take in certain cases and should be allowed by law. Nowhere is this more true than in Switzerland. Together, the country’s two Exit organizations lay claim to some 70,000 members, approximating the size of a national political party, and opinion polls routinely indicate that about 80 percent of the population supports the practice. It may seem strange, then, that Ludwig Minelli, operating as he does within such a permissive environment, is almost universally reviled. Everywhere I went in Switzerland, mention of his name evoked smirks of disgust followed by insults. The question was why.

I visited Minelli at his home, a few blocks from Dignitas’s administrative office in Forch, a quiet Zurich suburb about 10 miles west of the new death house. We sat on a plaid couch drinking tea and eating sugar cookies. Built-in bookshelves holding the great works of Western humanism lined the walls. More’s *Utopia* was displayed prominently, its front cover turned outward among the spines of other books. I asked Minelli why, despite strong public support for assisted suicide, he is so widely despised. He said, “It’s well known in sociology: not in my backyard.” There’s something to this. The two Exit organizations, by catering only to Swiss residents, are able to make house calls and help people die in the privacy of their homes. But Dignitas, with its international clientele, requires a facility in which to conduct its business. The continuous parade of people who arrive living and leave dead lends Minelli’s operation a faintly industrial aspect.

For several years, Dignitas used an apartment in a small residential building in Zurich for its accompaniments. The group was forced out by a local politician in September 2007, and since then has behaved like a guerrilla organization, constantly on the move. Dignitas briefly relocated its death house to another apartment block, but lost its lease after neighbors objected to the sight of paramedics carrying corpses out to the street. So Minelli offered up his own living room. “Here there was a bed,” he told me, pointing to the coffee table. “We had two accompaniments right here.” Once again, though, Dignitas had to relocate when the city council forbade the group from playing host to more suicides.

Minelli provoked still more outrage when he responded by ordering his staff to begin administering sodium pentobarbital in

hotels. Perhaps 20 people killed themselves in their rooms, drawing ineffectual protests from the local hoteliers association. Swiss sensibilities were further offended when it became known that Dignitas had arranged for two Germans to commit suicide in their cars by the side of the road. Minelli chafed at the widespread criticism the deaths inspired. When I asked about it one morning, he insisted on driving me to the spot where the two Germans had died, to prove it was not near a busy highway, as newspapers had reported. Pulling up to an abandoned restaurant in the countryside near his house, where several people were out jogging and walking dogs, he gestured to the surrounding woods and meadows and said, “No highways.” A few years earlier, when the restaurant folded, the property title had passed to a Zurich bank. After learning of the suicides, the bank’s lawyers had warned Minelli to stay away. He flashed a smile as we drove on, noting that they had yet to erect any fences to keep him out.

Minelli’s purchase of the Blue Oasis has at least temporarily ended his need for hotel rooms and isolated parking lots, but the public anger he arouses has fueled numerous other tales of scandal. People say he takes wallets from the dead and removes their watches, jewelry, cell phones, and even cancer wigs for resale at local thrift shops. Though Minelli shows no sign of ostentation, many Swiss believe, without evidence, that he has amassed a fortune in fees from those he has helped to die. Even more-outlandish rumors suggest he keeps a private stash of sodium pentobarbital for use in a pinch, and that Dignitas escorts administer less than the recommended dose in order to sell the remainder on the black market. (Sodium pentobarbital has a narcotic effect in smaller doses.) Such accounts, many of which have found their way into European newspapers, are almost certainly the product of a personal vendetta against Minelli by a disgruntled former Dignitas employee, whom even Swiss prosecutors investigating the organization’s activities have disavowed as a fantasist.

But at least one rumor appears to be true. **People committing suicide at Dignitas typically request to be cremated.** Minelli told me he stores the urns until he has enough to fill his car. Then he drives, usually at night, to a quiet spot nestled among the multimillion-dollar houses **on Lake Zurich, and tosses the remains into the water, urns and all.** He insists these burials are harmless, but last year he received a threatening letter from Zurich’s water authority after wealthy homeowners complained of ashes and what they believed to be human bone fragments washing up on shore.

Is a story like this, widely reported in the Swiss press, enough to account for Minelli’s toxic reputation? Possibly so. But there is also something intrinsically discomfiting about where this man’s idealism has taken him. He views his work with Dignitas as a struggle for a basic human right. But even if you grant the justice of his cause, it’s hard not to conclude that his pursuit of it—expressed by helping more and more people to kill themselves—has led him deep into an ethical wilderness.

Minelli is outspoken in his desire to do away with anything that might restrict the practice of assisted suicide. Last April, in an interview with the BBC, he went so far as to call it “a marvelous possibility given to a human being” to escape suffering. In Switzerland, such situations are not limited to terminal illness. The country’s assisted-suicide groups accept patients who have incurable diseases but might, with proper care, live on for many years. They will also occasionally assist in the deaths of people suffering from debilitating mental illnesses like schizophrenia and bipolar disorder. This is perfectly legal, provided a psychiatrist will attest that the patient’s wish to die is not merely a symptom of his disease. But only **Minelli believes that sodium pentobarbital should be made available without limitation to people with no illness at all.**

Take the case of an elderly Canadian woman named Betty Coumbias. Though her husband was suffering from heart disease,

she was in fine health when they traveled to Switzerland in 2007. A documentary film chronicling their journey shows the couple sitting in Minelli's living room, asking him to arrange for their double suicide. "From the day we got married, [my husband] was all my life," Coumbias explains. "I love my two daughters, but I love him more, and I don't think I can face life without him, and since we read about Dignitas, we felt, what would be better than to die together, you know, to die in each other's arms?" The couple ultimately returned to their home in Vancouver after a Swiss doctor refused to prescribe the required amount of sodium pentobarbital on grounds that the couple was too healthy. But Minelli is now using their case to pressure Zurich's medical authorities into granting doctors permission to prescribe lethal drugs for virtually anyone who might want them.

The need for sodium pentobarbital has been a recurring problem for Dignitas and a vulnerability that has periodically threatened its operation. Swiss physicians act as gatekeepers on the drug's distribution, and nearly all of them refuse to work with Minelli. Today, there are only four doctors in the entire country who will do so; one of them told me that for a short time last year, there were none.

Minelli's reputation has much to do with this, but it is also a reflection of broad concern over the ethics of suicide tourism. Switzerland's domestic-suicide groups often obtain lethal prescriptions from doctors who have known their patients for years and are intimately familiar with the details of their medical histories. Dignitas, because its clients are largely foreign, is unable to do so, and so its physicians are compelled to make hurried decisions regarding life and death. For most of its history, the group has facilitated suicides on the basis of a single appointment. Patients would go directly from the airport to the doctor's office to the death house, all in the same day. The practice drew harsh criticism in the international press, so, in December 2007, Zurich's chief physician upped the requirement to two doctor's appointments. In regulatory terms, the difference was almost absurdly trivial, but it proved sufficient to invite Minelli's fury. He viewed it as a personal attack, and his response was as swift as it was extreme: a series of four "demonstration" deaths using helium gas. The suicides gave Minelli the opportunity to experiment with new methods and served as a not-so-subtle reminder that, if necessary, he could continue on even without doctors and their sodium pentobarbital.

Minelli himself is never present at the death house, preferring to leave such hands-on work to his staff. He insists this is not because he is squeamish. "I know that I would not be uncomfortable with seeing people die," he told me. Rather, it's that "good management does not mix supervision with action on a 'lower level' of an organization." Minelli denied that the arrangement is meant to provide legal cover, but acknowledged, "In case something happens on the lower level which is not in accordance with the law, it would not be easy for the authorities to open an action against [me]." He was absent even for the two accompaniments held in his own living room. But during the helium demonstrations, Minelli broke with convention and witnessed a suicide for the first time, though, he was careful to point out, he left before the patient was officially pronounced dead. He was pleased with the results. "I think it is the best method," he told me. "But it is not nice to see ... Muscles are agitated. Eyes open wide and close. Arms and legs twitch without coordination. And if you are not well informed, you might mistake this for a terrible struggle against death, which it is not. It's just the same as when you cut the head off a chicken."

Death by poison gas carries certain historical associations in this part of the world, and the public responded with predictable disgust. In Zurich, I asked a Swiss physician who has done extensive research on assisted suicide what he

thought of Minelli's demonstrations. "The helium cases are the worst thing he has done," he said. "It's completely weird, because gas, of course, is associated with the Nazi death camps. Minelli knew that, but didn't care."

Later I wondered if that same carelessness led Minelli to put me in touch with a 97-year-old German physicist named Herbert Mataré. I met Mataré last August in the northern German village of Hückelhoven, near the Dutch border. He lives there in a red brick house shaded by tall trees and overgrown with ivy. He greeted me at the front door wearing a neatly pressed gray suit and a white shirt with an open collar. He walked briskly and without a cane, possessed a natural charm, and, for his age, seemed surprisingly energetic. A nephew of the famous German sculptor Ewald Mataré, whose works the Nazis dismissed as "degenerate," he had inherited his uncle's enthusiasm for art, shown in the impressive collection of paintings and statuary on display in his living room. Mataré led me into his study, where he took a seat on an old couch covered with thick blankets. Rows of technical and academic titles competed for shelf space with disordered piles of paper and back issues of *Science* and *Scientific American*.

Mataré's own accomplishments in the field of applied physics are beyond dispute. The previous year, he had been the recipient of a lifetime-achievement award from the prestigious Eduard Rhein Foundation. It was given in recognition of Mataré's invention, in 1948, of the solid-state amplifier, or "French transistor," a breakthrough that paved the way for subsequent advances in the miniaturization of computing and information systems. The technology was based, in part, on earlier research he had conducted for the German firm Telefunken in Berlin during the Second World War. There he led a team of some 20 scientists working to strengthen the sensitivity of German radar in the hunt for Allied bombers. Yet he said he had never been a Nazi. "I can prove it," he said, and recounted the time he was interrogated by the SS for allegedly suggesting to a neighbor that Hitler should be killed to hasten the end of the war. He almost certainly would have wound up in a concentration camp, he claimed, were it not for his importance to the radar laboratory. After the war, Mataré emigrated to the United States, but returned to Germany some years ago when his wife won a teaching job in Hückelhoven. When I met him there, he was still keeping busy with high-tech consulting work. "Just yesterday," he said, "I had some chaps here who are building a new solar-concentrator power station and advised them what to do."

Lately, though, Mataré's scientific attention has wandered from physics to eugenics. He has written two books on the subject and become a frequent contributor to a pseudo-scientific journal called *Mankind Quarterly*. Among its founders was a Nazi doctor who conducted experimental genetic research on cadavers he obtained from Auschwitz. "They are very open to all the questions you can't mention these days, problems of intelligence and race," Mataré said of the journal. His own eugenic preoccupations seemed to reflect a deeply held fear that surging populations in the developing world will one day overwhelm and destroy the West. Compounding his concern, he said, is "the simple fact" that the people of Africa, the Middle East, and Asia are not as intelligent as people of European descent. "There's a gene you can check for brain development, and this gene is not there," he told me. The more such populations are allowed to multiply, the likelier it becomes that they will pollute the gene pool and, in doing so, impede human progress. Or so went his theory. Mataré, therefore, had begun arguing for something he called "conscientious evolution," defined as the effort to "hinder or eliminate the unnecessary multiplication of genetic stock that contributes to less qualified progeny."

Given his opposition to the Nazis, I asked how he reconciled his views with theirs and if he ever worried where they might lead. He brushed the question aside. "You can always do something in exaggeration," he said. "The Third Reich went

overboard, because they didn't have the guts to decide who was really useless and who was not ... People say what they did was eugenic. It was dysgenic! It was dysgenic, because the Jews were more intelligent than the Germans." There are only two approaches to solving the problem of overpopulation, he continued. One is to rein in birth rates in the developing world. The other, very simply, is for people to know when they should die. "Life is not sacred, not at all," he said. "When you're no longer useful, you have to go."

Mataré had come to believe he now belonged in that category himself. He was losing his eyesight, needed a hearing aid, complained of stiff knees, and was tired of getting up to urinate during the night. Over the years, he had contemplated suicide several times and, at one point, even bought a cord with which to hang himself and, in case that failed, a pistol. "I still have them in my cupboard," he said. Then he heard about Dignitas. He recognized Ludwig Minelli as a natural ally and became an enthusiastic supporter of his work. "It jibes with the solution to overpopulation," he said, "because it is the right of everyone, a human right, to say, 'Stop, I don't want to live anymore.'" Mataré explained that he was currently in the process of arranging his own trip to Dignitas. It would not be the first time. Already he had twice traveled to Zurich intending to kill himself, only to call it off at the last minute. Though Minelli's staff saw humor in Mataré's chronic indecision, Minelli himself did not. "He was furious," Mataré remembered. "He called and wrote and said that he'd had everything prepared, that people had been waiting for me with the drink, and then I hadn't come." Mataré said that Minelli asked to be compensated for the wasted effort.

Later I sent Minelli an e-mail asking about this. He denied demanding payment and claimed he had never pressured Mataré to go through with his plans. "We have told him all through the years he is a member that he will be totally free to take a decision to go back even if he has made an appointment for the assisted suicide," Minelli wrote. By the time we met, though, Mataré insisted he had finally made up his mind and was looking forward to dying at Dignitas. His wife, a healthy German woman 32 years his junior, repeatedly begged him to reconsider, but her pleas had so far failed to sway him. I asked if he had purchased a burial plot. He said, "I don't need a grave. I hate that kind of thing. My wife is still going to the cemetery, paying other people to put flowers on the graves of my sister, and her parents. It's ridiculous. If you are a modern man, and you know what humanity is up against ... it's absolutely stupid to do such a thing about the disappearance of one person." Mataré had determined cremation was the better way to go. "Minelli promised he would throw my ashes in Lake Zurich," he said.

Jenny Geary became the 998th person to commit suicide at Dignitas. Within days, still more visitors to the Blue Oasis would push the number past 1,000. "There will be no celebration, of course," Minelli had assured me. Since meeting Jenny at her hotel in Basel, I had been puzzling at her eerie calm in the face of death, struggling to replace the image of the glass of spritzer she had been holding that day with a plastic cup of sodium pentobarbital. I wondered if she had hesitated before gulping it down, if it was as strong as she had hoped, whether she experienced any pain. Her husband, Richard, having returned to England, eventually e-mailed with this account of her death:

We arrived as planned at 11:00 am, and Jenny had some papers to sign. Then the process was explained again, and we were told it would be videoed for the police to see later. She was given a stomach-calming medicine to prevent her from vomiting the principal drug, which is very bitter. She took this at about 11:20, and had to wait thirty minutes, which we passed together in the

sunshine of the little garden by the pond ... We went indoors at 11:50, and she said it was time, so she took the drug, as prescribed, straight down, like drinking a glass of schnapps. She slipped into a sleep in two minutes, and died eight minutes later. It was so peaceful, and, for us anyway, a perfect way for her to die.

If the Gearys' experience is representative, Dignitas does have the ability to bring a merciful end to human suffering. But Minelli's appetite for confrontation and his penchant for pushing beyond what society will accept, if not what it will allow, has led to something significantly more threatening than just an odious reputation. By the time of my visit, politicians in the Swiss government had come to view Dignitas as a national embarrassment and were weighing the possibility of eliminating suicide tourism altogether.

Meanwhile, Zurich's chief public prosecutor, Andreas Brunner, had also zeroed in on Minelli's operation. Earlier that summer, he had inked a much-publicized bilateral agreement with Exit, codifying a series of "professional standards" to guide the practice of assisted suicide. Though Minelli had not participated in the negotiations, they yielded several new provisions that appeared to have been drawn up with him in mind, including longer wait times for people wanting to commit suicide and strict limits on the number of accompaniments any one staff member may conduct in a single year, a particularly problematic provision for a small organization like Dignitas. Indeed, the document made little difference to Exit, where the procedures it specified had long been standard practice. Minelli, who views any attempt at regulation, no matter how minor, as an attack on his ability to operate, instantly dismissed it as a ploy to pressure him into accepting similar terms. "They want to cut us down," he said. "If Dignitas didn't exist, this agreement would never even have been discussed." Still, though Minelli was offended by its implications, the agreement seemed to cause him no great concern and, more than anything, served to underscore Brunner's impotence. The law was on his side, Minelli insisted, and there was nothing anyone could do to stop him.

Others I spoke with were not so sure. In Basel, I met with the Dignitas physician who had written Jenny Geary's prescription for sodium pentobarbital. She was short, with the well-toned arms of an athlete and jet-black hair in a long braid. We had agreed to have coffee at her house, but were forced to change our plans after her teenage son, learning I was a reporter, demanded that I stay away. She apologized on his behalf, explaining that he was afraid of being teased at school if kids found out his mother worked for Dignitas. Instead, we met at the train station and drove to a public park. She, too, wished to avoid publicly revealing her association with Minelli and selected the location to minimize the possibility we might be overheard. Boys kicked around a soccer ball nearby as we sat together at a picnic table. The doctor, who started working for Dignitas after it facilitated the death of her own father, in 2005, said she supported Minelli in his mission but worried that his theatrics had put the organization at risk. Particularly damaging were the helium demonstrations Minelli had conducted and his public assertion that healthy people should have unlimited access to lethal drugs. "If Dignitas is not careful and tries to do crazy things, it might happen that foreigners can no longer come to Switzerland, which I think would be too bad," she said. "Minelli is narrow-minded. It's very difficult to talk to him about what is reasonable and what is not ... He is fighting against everything and everybody." She seemed unsure that Dignitas will survive him. "I can't imagine that he will give it over to anybody, unless he becomes ill or gets too old," she said. "But I hope he stops working soon."

So does Brunner, the public prosecutor. Several years ago, citing Minelli's age, he joked to friends that his problem with

Dignitas would ultimately be solved biologically. Minelli laughed when I mentioned the remark and noted that, for many years, Brunner had been a chain-smoker. “I’d say our chances are about even,” he told me. Still, there is no avoiding the inevitable. Soon enough, after years of sending others on their way, Minelli will find it is his turn to go. I wondered if he had given it any thought. “Of course,” he said. “I will ask Dignitas to accompany me.”

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