Sawbones 596: Lethal Injection

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["Medicines" by The Taxpayers plays]

Justin: Hello, everybody! And welcome to Sawbones, a marital tour of misguided medicine. I'm your co-host, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: Howdy.

Sydnee: Hey, Justin. Bit of a serious—bit of a serious tone this week. I wanted to—I wanted to say that before you made a joke and then had to feel bad about it. Sometimes I don't give you that… like sort of heads up.

Justin: Yes. That's absolutely tip top of you, Sydnee. Absolutely capital of you, I should say. Very kind.

Sydnee: No. Oh, no.

Justin: What are we talking about?

Sydnee: Capital punishment.

Justin: Dang nabbit—

Sydnee: Yeah, see… you did it.

Justin: Yeah, I still did it, and you tried to… Dang it! Dang it.

Sydnee: Well, I got thinking about… So, probably everyone is aware at this point—and when you're listening to this episode, I will say this just happened in the news. And the situation may have changed by the time you're listening to this episode. So, I'm giving you this update as of Friday, October 2nd. When you listen to it, it might be different. But the state of Tennessee attempted to execute a woman named Christa Pike on Wednesday evening, and failed in that attempt. And I was hearing these reports the next morning, and it… I became interested in the idea of this is—this was a medical procedure, in a sense, that was—

Justin: Sure.

Sydnee: Done. And it went… poorly, in the way that we don't usually consider our procedures going poorly. I mean, when we do procedures, doctors in medicine, we… the patient surviving is… good. But from the state's perspective…

Justin: It's actually bad.

Sydnee: Yes, they considered this the, yes, the unwanted outcome. And I started to think, you know, I actually, I put my heh—I put my mind in the place of the physician who received her as their patient to care for in the hospital, because I believe that she was transported to a hospital after the botched execution attempt. And I started thinking about the, just the ethical, what must that feel like to have the state deliver to you a human that they attempted to kill and failed and say, now fix them, we think. I don't know. It just—

Justin: It's all very—you know, it is the—it reminds me kind of of like Catch-22 or Dr. Strangelove, one of those other like—it is obviously so dark and so grim, but also sort of like… so bizarre. You know what I mean? It's really strange. So we—I hope it doesn't feel like we're make—[titters] making light of the topic, obviously. It's just such a strange… It's almost hard to kind of wrap your mind around, especially a doctor participating.

Sydnee: Yes. And a doctor's involvement in how we execute humans has been a consistent theme throughout history. So, I wanted to talk about that. Obviously, we are talking about death. We're talking about the intentional

killing of humans by the state throughout history. So, I just want to say that immediately. If this is not something you're in a headspace to hear right now… I'm going to be talking about the different methods we have used, how have we arrived at this today, and why does it seem like we can't do this… when I say right, I mean why are we not accomplishing the goal that, in theory, they're setting out to accomplish.

Justin: Right.

Sydnee: Okay?

Justin: We—we—we—I pra—we probably don't need to kibitz quite as much, I think everybody thinks we're the kind of people that wouldn't want to just randomly kill people. I think everybody's on our—on our team.

Sydnee: Yeah, I mean, I don't know if that's… I will preface with that, I come from the viewpoint that we should not… we should not execute people. The state should not execute people—

Justin: We've—we—and I'm sure we've—we've—

Sydnee: That is—that is my viewpoint, my opinion. That is where I stand. We live in a state that does not. Amazingly—

Justin: Yeah, somehow.

Sydnee: The state of West Virginia does not have capital punishment. Thank you, West Virginia. Let's hold on to that one!

Justin: Yeah.

Sydnee: So, execution by the state has been a feature of all of human history, right? This is not a new idea.

Justin: Sure.

Sydnee: And certainly we did so in much more colorful ways in the past.

Justin: Yes. You might remember the—Jesus and some of his… That situation.

Sydnee: Wow. That was not where my mind went, but…

Justin: Why?

Sydnee: Right there.

Justin: That's the most famous one. They did a whole religion about the way we did that execution.

Sydnee: [chuckles] I know, but I—

Justin: They put it on T-shirts and stuff.

Sydnee: Yeah, but I said colorful, and then you said Jesus. And now I look like the bad guy because I said it was colorful.

Justin: I've seen a—I mean, colorful is accurate. There's like… I mean, it's very dramatic, for sure.

Sydnee: It is very dramatic. And many methods of execution were very dramatic, because the thought was this will be a way to dissuade you from committing crimes. If we publicly execute people who do them in horrific ways, then you might think twice before you steal something.

Justin: Yeah. This doesn't work.

Sydnee: No, it doesn't work, but—

Justin: [chuckles] Interestingly.

Sydnee: Yes.

Justin: It hasn't stopped us from just giving it another ger—it feels like it should work, so we just keep kind of taking swings at it.

Sydnee: Again, specifically when it comes to doctors, we have been involved in this since the early days. Who is the guillotine named for, Justin?

Justin: Marie Antoinette.

Sydnee: Dr. Guillotine—

Justin: Oh yes.

Sydnee: Who invented the guillotine.

Justin: Well, there you go!

Sydnee: But it was—he—I—my understanding is Dr. Guillotine was very upset that it was being used for political purposes. It was just supposed to kill people who did crimes.

Justin: Yeah, it was just I—I thought that is bet a—I thought it was like just supposed to be for sausage making purposes. This is—

Sydnee: No.

Justin: A culinary instrument. [chuckles] You've ruined it.

Sydnee: No, no. No.

Justin: It's supposed to cut giant sausages!

Sydnee: No, he invented it as a beheading device.

Justin: Sure.

Sydnee: And there's this recurring theme—

Justin: Or probably a befooting device, or a behanding device. I don't know. But like it probably works.

Sydnee: Whatever you—whatever you stick in there. I will say this is a theme where doctors invent new ways to perform executions, in an effort to make them more humane.

Justin: So, I mean, this is the thing that kind of cooks my noodle is like we want to kill—the state wants to kill you, but they want to do it in the nicest way possible. [chuckles]

Russ: I'm going to focus—

Justin: I get it! Obviously, these distinctions exist, right? You need to be able to be nuanced enough to wrap your head around it. But still, it does feel kind of like… Yeah, sure. Okay. Yeah.

Sydnee: I'm going to focus on the US history specifically of execution, how we have performed them throughout our time as a country, and where we kind of stand now. So I—this was very different, obviously, you may imagine across the world. Here in the US, in the early days in the colonies, you could be executed for crimes ranging from murder to theft to treason, and usually either by a firing squad or by hanging. Hanging was by far the most common method of execution for quite a while, right? There are interesting periods where you see like public opinion in the US—and if you live outside the US, this may be interesting, has really waxed and waned. It comes and goes as to whether or not we as a country want capital punishment. And so much so that now we're at a point where it's a state-by-state situation, because we as a country cannot decide whether or not we want capital punishment.

Justin: Now, I know some of you older countries, you're probably a little bit more settled, because you've been doing lots of executions for such a long time that it doesn't bother you so much anymore. But us over here in America, we're a little more tenderhearted, as a nation. So, you just gotta give us time to harden our hearts to it, okay? We're still—we're still a young nation.

Sydnee: Or maybe you decided we're not going to do this anymore.

Justin: I don't know what country you're in. I don't know.

Sydnee: There are interesting—you see this sort of like the—from the early colonial days, where it was just, that was what you did when somebody did something bad. That might be—that might be what you have to do, is kill them. To, you see this pushback in the late 1700s. This like, we need to abolish this state murder. And in the 1800s, we start to see more like incarceration as opposed to execution. And then there's a rebound, like… like the early 1900s, there's this brief moment where we're all like, maybe we shouldn't execute people? And there's a lot of interest, a lot of, it's very popular to say we shouldn't execute people.

Justin: What time?

Sydnee: Like right at the turn of the century, the very beginning of the 1900s. But this quickly changes, and you see this reinvigorated fervor for capital punishment, culminating in the 1930s. So I mean, if you think on a worldwide trajectory, mirroring the rise of fascism, mirroring the rise of eugenics, you also see in the US a rise in capital punishment. And by the 1930s, we're averaging like 167 executions a year, so it was like our peak. So, the US is killing a lot of people. I think as a response to World War II and the Holocaust, you start to see, and this is true for a lot of outside of capital punishment, this sort of re-examination of human rights, of what—what is—what is right and wrong. Is it okay to do this? And so you—we see a decline in popularity after that.

Justin: Do we want to be like—I wonder if part of it is like, do we want to be like those people that we just spent so much time fighting? Like how do we separate ourselves from, you know, if we're looking at ourselves and we're saying we're the good guys now, like how does one comport themselves like the good guys? [chuckles]

Sydnee: Exactly. Well, when you consider that one of the methods of execution that we no longer use was… putting someone in a room with cyanide gas, and then, you know, we witnessed the Holocaust, you can see where people start to question our own ethics as it comes to, you know, execution.

Justin: And I've never had to be in a war, so I don't know, you know, so many people, you know, were drafted and brought in, I wonder if like once you face that kind of like death and carnage, really, you know, up close, if you maybe start to lose your taste for it. Like the Boomers and that, you know, that generation that came back and the Boomers that came after that they're obviously shaped so much by World War II and what happened.

Sydnee: And it really, like if you see after that, there was a decline. We had this moment in the '70s where it looked like maybe we were going to ban it, maybe capital punishment would go away. And then there was a rise in popularity again in the '90s and the early 2000s. And where it stands now, and I'm going to get into the methods next, but where we stand now, in case you're curious, 27 states have the death penalty, although four of the ones that do technically have it on the books have an executive moratorium currently, so they're not performing executions. They haven't banned them, but there—

Justin: Sorry…

Sydnee: It's like they paused them.

Justin: In this case, an executive moratorium is confusing, because that does sound like a fancy way of the de—saying the death penalty.

Sydnee: No, no, as in like the governor said—

Justin: I know!

Sydnee: Oh, okay. The governor said we're going to pause this until we figure out—

Justin: Just kidding.

Sydnee: What we want to do about it. And then 23 do not have the death penalty. We are one of those states, thankfully. How do we feel about it? Support is at an all-time low right now. It's around 52%. So, we're almost perfectly divided as a country.

Justin: [laughs]

Sydnee: Which if you—

Justin: Great—good—great job, America! We found another one.

Sydnee: Which if you—

Justin: Exactly split down the middle.

Sydnee: If you—if you think about it, prior to the events of this week, how often have you heard the death penalty coming up in like political ads, it's an election season. I haven't? It's a—it's a terrible issue to talk about politically, because half the country's for it, half the country is against it. If you're interested how doctors feel about it, so the American Medical Association is kind of wishy-washy.

Justin: Okay.

Sydnee: So their position is—

Justin: So, first of all, imagine my surprise.

Sydnee: I know. The AMA is always wishy-washy. Sorry if you're a member, I'm not. Sorry, sorry. But the position is that you personally can decide whatever you want. Like we are not, as a physician, I am not called to be against the death penalty. The AMA says like they would not make that—they would not put that demand on me. [titters] However, they're very clear that doctors should not participate in any aspect of capital punishment, period, ever.

And they very clearly enumerate, this is going to become empore—important, that we cannot—and I mean like you can see how I have like the statement from the AMA. If you're interested, you can Google it. It's their—it's their position paper. But we can't be involved in determining if the patient is competent, we can't be involved in monitoring them, we can't be involved in picking a site to put an IV in. We cannot be involved in

anything. They are very clear on this, that from an ethical standpoint, doctors should not take part in—

Justin: So they're just like the—

Sydnee: Capital punishment.

Justin: So they're just like the animal experts that show up for the western movie filming to make sure the horses don't get hurt? I mean basically. [chuckles]

Sydnee: We're not supposed to, from the AMA's perspective, a doctor shouldn't be in the room. Now, you may be thinking, well, I know that sometimes the doctor's in the room, and you're right, and does the AMA punish doctors or sanction them? I mean, they don't have the ability, they're not going to come and revoke your license. But does anything happen if you do? No. The AMA is not going to do anything to you. But they are going to wag their finger at you and tell you not to.

So how do we do it? Because that's where I think like the medical, the part, really, that's where we get involved. So, there have been many methods used and proposed over the years. Some like hanging and cyanide gas are no longer in use, although nitrogen gas was just reintroduced. So there is a new… there's a new gas. Anyway, but due to a series of hangings gone wrong—so hanging was kind of the main modality for a while. And for a number of reasons, hanging someone is a terrible way to kill them. Can I preface with, I think all killing is terrible.

Justin: I thought we didn't actually—

Sydnee: Okay, well I'm just—

Justin: Have to do this—

Sydnee: But I'm—I'm—

Justin: I did think we established that—

Sydnee: Gonna get nitty-gritty—

Justin: We don't like killing people pretty early on. Just to circle back around that. Rachel, I don't know if you're able to edit in back again. We don't want to… we're just like not big killers.

Sydnee: But hanging often can go wrong. Sometimes it is—it draws out the death in a way that is unpleasant for everyone, or it doesn't work. So they were looking for a more humane way to kill people. And in 1890, they found that, when Alfred Southwick, a dentist, conceived of the idea of the electric chair. Now he had this idea because he heard about—he heard a story about a man who got drunk and touched an electric generator, and died instantly. And he thought, now, that could be a better way of killing someone. And—

Justin: Can I—can I say something? I do believe, as far as I'm concerned, that drunk person should be credited with this discovery, rather than the doctor. Because this drunk person, you know, last week we talked about the incredible doctors that couldn't help but taste the different powders that they made, and they made an incredible discovery. I think this guy should at least get half credit for this incredible invention.

Sydnee: I don't know his name—

Justin: I think this guy just heard about the great invention—

Sydnee: I think—I think—

Justin: Personally.

Sydnee: I—who knows? I—it's a very—

Justin: [yells out] Me! I just said it!

Sydnee: It's a very weird story because… Southwick was also a Quaker, and he believed that hanging was inhumane. But he did want to help in the effort to find a better execution method. It's all very strange. Anyway, he initially used this as a way to euthanize dogs. And then he started promoting it as, you know what, we could also kill people.

Justin: A dentist?

Sydnee: Yes, he's a dentist.

Justin: What—why is—man, okay. If a dentist show—man, you're—you work at the Buffalo SPCA. "Hey, Darlene, there's a guy at the counter. He's volunteering."
"Oh, that's nice. We could always use an extra hand."
"No, he's re—he's being really specific about what he's volunteering to help us with. It's a le—little weird. He's a dentist."

Sydnee: He's a dentist.

Justin: "He's a dentist. And he says he'll just shock the dogs. All he wants to do is shock dogs."

Sydnee: He was… it's such a strange story. And I'm not throwing rocks at dentists because doctors are going to have their fair share of stuff here, so don't worry this, this doesn't go one way. So, he invents the chair because he's a dentist. He's used to his patients being in chairs, so—

Justin: He wants—he wants a worse chair. [chuckles]

Sydnee: So—

Justin: He's tired of the dentist chair having such a negative reputation! He wants a worse chair for people to obsess about.

Sydnee: I feel like that somebody—

Justin: Could be worse even.

Sydnee: Somebody read this story and then created the dentist in Little Shop of Horrors. Like this is how we—this is how we get to there. So anyway, the electric chair was used for the first time in 1890 in the US. There was a man named William Kimler who had murdered his common law wife, Tilly Ziegler, March of the previous year. The state of New York had just

approved electrocution as a way of executing somebody the previous year. So, William was going to be the first one. This story all gets tied up in the ACDC battle, the battle of the currents.

Justin: Sure, yes.

Sydnee: Should we use alternating current or direct current? This was all around that same time. And we knew that alternating current could be used to electrocute someone or something.

Justin: Mm-hm.

Sydnee: And that was being played up by Edison so that people would switch to his product, direct current. George Westinghouse, who made the AC systems, tried to stop the execution. Like his lawyers tried to stop this because they were going to use an AC system, of course, to electrocute the prisoner. And he didn't want them to use it because he knew it would be bad PR.

Justin: Mm-hm.

Sydnee: But they tried it out the day before and—

Justin: Sorry?

Sydnee: On a horse.

Justin: Ah, okay. That makes more sense.

Sydnee: Yeah. They tried it out the day before on a horse.

Justin: Not nice, but still…

Sydnee: And it worked. So they thought, good, we—it works, we're ready to go. So on August 6th, they—William Kimler is put in the electric chair. They tried 1000 volts over 17 seconds initially. And the physician president, Dr. Spitzka, said he's dead. And then the other witnesses said he does appear to still be breathing. And Dr. Spitzka then went and confirmed, "Yes, I was

wrong, he is not dead." So then they had to use 2000 volts. And the point of all this, I'm not going to get graphic, it was a horrific experience for everyone involved. The media covered it and said this was way worse than—the headline was something like that, way worse than hanging. Much more terrible. So much worse. I don't remember—

Justin: [yells out] Chair also sucks!

Sydnee: Yes. Everybody thought it was worse. And a lot of people at the time said like, well, we'll never do this again. They were wrong. They were wrong. The electric chair would become kind of a mainstay in execution methods for quite a while. And we did continue to use it, despite things happening. Like there was a case in Georgia at one point, and a case in Florida also, where the person being electrocuted actually caught fire during the execution. So, it had led to a search for a more—what's more humane than this? The dentist didn't get it right. Can we find a more humane way? And I want to talk about how we got to lethal injection. But first, we got to go to the Billing Department.

Justin: Let's go.

[theme music plays]

[ad break]

Justin: Okay, Syd, what's next?

Sydnee: I wanted to—I wanted to do lethal injection, but just as an aside, the only other thing—we're talking about electrocution and lethal injection are the primary things we still use in this country. However, firing squads are still used, I think, in two states.

Justin: Okay, wow.

Sydnee: Or could be used. I don't think there has been any recent execution by firing squad, but it is an option. You can choose it, I believe.

Justin: *Yikes*.

Sydnee: Doctors are involved in this too.

Justin: How so?

Sydnee: Because, and I did not know this, I found this description and I thought this was interesting. The prisoner's put in a chair and strapped to the chair, and a doctor will come over and… like basically put a little white cloth over where the heart is, so that they know right where to aim.

Justin: Woof, I mean—

Sydnee: Right?

Justin: It's very—it's very My Chem, isn't it?

Sydnee: It's—

Justin: It's all—it's all very—

Sydnee: Yes. Yeah.

Justin: Very Black Parade.

Sydnee: In a firing squad method, one shooter is actually being given blanks, and they know that. That you—like they don't know who.

Justin: Is that true?

Sydnee: Yes. So then you could convince yourself you're the one who fired blanks. Like you—no one has to… It's to try to relieve everybody of the moral—

Justin: That's wild.

Sydnee: Burden of—

Justin: That's wild.

Sydnee: Yeah. So you can walk out of there and think like, well, I was probably the one given blanks. Probably.

Justin: Hm. Wow. That's—that—I don't have a joke. That's wild. It does sound like a setup for a murder mystery, though.

Sydnee: Yes.

Justin: Doesn't that seem like the hook of like one like–

Sydnee: There's a lot, and I'm going to get into the lethal injection chapter, and this is kind of where we are today. There is a lot about the process itself that is not transparent, which is probably why we're going to get into how often it's been botched. Because I think no one involved with this feels good about doing it.

Justin: I mean, that's a wild—yeah, I mean, 100%.

Sydnee: Yeah.

Justin: It's like it rim—there's just not a right way to do it. So we're not going to find a right way to do it, because it's like there's just not like a right way that we're going to feel good about. That's what everybody's looking for, right? They want the clee—the conscience like, why don't we feel good after the state murders people? It's like—

Sydnee: Yes.

Justin: I wish we felt better. It's called like… the human experience, it's called vengeance, you know?! Go—it's like, it doesn't work! It doesn't! That's why it feels bad!

Sydnee: It never makes us—it never makes us feel good.

Justin: All right, I'm going to get off on a grandstand here. Go ahead, sorry.

Sydnee: So—

Justin: Sorry.

Sydnee: The first person to think about lethal injection, as far as we know, or at least write about it and publish it—I'm sure lots of people thought about it, but the first person to write it down and get credit for it was Dr. Dr. Julius Mount Bleyer in 1888, who published an article with all of the different methods of execution. It was for a medical legal journal. And sort of the pros and cons. And then had some proposals for basically… I believe he was in noo—he was in New York as well. New York or New Jersey.

He was—the governor was looking for… a more efficient way to execute people. This would be right around the time that the electric chair is being invented, so at the time, hanging was still probably the most popular method. And building the gallows was expensive, and it didn't always work. And so anyway, he proposed all the different things that he could think of. And there's other things beyond hanging and the electric chair and some other stuff in this article. But one of the things that he proposed was the idea of a morphine injection. It was quick, it was cheap, it was dependable.

Justin: Painless by definition, right?

Sydnee: Painless. And so he thought this is a more humane, more efficient. And at the time, it's interesting, I read—I read his article. He proposes that it does not need to be done by anybody with any medical expertise.

Justin: Hm?

Sydnee: Yeah, he describes a way of—

Justin: That way you can cut doctors out of the whole—

Sydnee: Mm-hm. Yeah. He says—he says that you could just—because one of the arguments he refutes, he's like, people are going to be like, oh, but the sheriff won't—he uses the sheriff, but the law enforcement person won't know how to do this. And he goes, "Oh, it's easy. A lot of people inject themselves with morphine all the time. It's really easy to teach somebody how to inject somebody with morphine."

Justin: Mm-hm.

Sydnee: So… so this idea was introduced back in the 1880s. Nobody really did anything with it until, another doctor came along in the 1970s.

Justin: Ah…

Sydnee: Yeah, see? I told you doctors are all over this. And introduced the idea of lethal injection as we know it now. So, there was an anesthesiologist, Dr. Stanley Deutsch, who worked in Oklahoma, who they, they actually, they went to him in the state and said, hey, we need to come up—with what would you do? What is a way to make this like a medical procedure, to make it quick, safe, painless? What would you do? So he was the one who introduced what would then be known as Chapman's Protocol. It was actually named for the medical examiner. I have to imagine the anesthesiologist did not want this named for him.

Justin: No, thank you.

Sydnee: I have to think. But Jay Chapman is who it was named for. And in this protocol, you would start with some saline, just to get the IV running. And then you would move on to a short-acting barbiturate, which is like… to put you to sleep, something to knock you out. And then you would move on to a paralytic. So then we're just going to paralyze your whole body. And we'll do it in s—and this is similar to what we do in surgery. So that's why an anesthesiologist came up with it, right?

Justin: Mm-hm.

Sydnee: Same idea, except we're just going to give you so much of it that you stop breathing.

Justin: Okay.

Sydnee: Okay. So, this was—this was cam—they came up with this idea in basically 1977, and then signed the bill into law pretty quickly that we could

use lethal injection as an alternative to electrocution. And then very quickly perform their first lethal injection soon after.

Justin: Mm-hm.

Sydnee: Actually, Texas was the first state to do it. They adopted it right after that, and Texas did it first.

Justin: Imagine my surprise.

Sydnee: And I will say quickly after this, a lot of states also adopted lethal injection as the primary method of ex—more and more. And I will say, again, prisoners get a choice now. And so that's kind of been a mainstay. You could choose electrocution or injection. I think many people chose injection thinking it would be the… more peaceful option.

Justin: Sure.

Sydnee: Right? So you see from then on this gradual rise in executions by lethal injection in this country, and then in other countries. A lot of other countries followed the US down this path and also adopted some way of lethal injection. The method can differ from place to place exactly what drugs are used, and what order and all that. But we have had a pretty high rate of botched executions since the introduction of lethal injection. And certainly, if we're looking back historically, I'm not suggesting that it's worse than hanging was.

Justin: Sure.

Sydnee: But we—it's what we're doing now, and we know it sometimes doesn't work.

Justin: But also we… we don't actually have to choose which one's worse, because we don't like any of them. As we've been very consistent about.

Sydnee: So, what happens? The person who is going to be executed is bound to a gurney. They are hooked up to a heart monitor, because we want

to know when… when we have achieved our goal. We usually put two IVs in. One is a backup in case the first one stops working.

Justin: So the IVs don't beat themselves up afterwards. They don't know which one did it.

Sydnee: You don't know which one did it, no. No, you just use one, the other one is just the backup. You start with saline solution. It's really interesting because if you read descriptions of this, they always highlight that they still use sterile procedure. Like they still swab the skin with alcohol and such.

Justin: So it's fas—I mean it's like… breaks my brain, but yes.

Sydnee: There's a whole argument as to why, I won't belabor it, but you do—sometimes it goes wrong. And then also sometimes they call after you've started the IV and say never mind, that we've gotten a stay. That's happened before. Literally after the IV had been inserted.

Justin: It's always so, so exciting.

Sydnee: Right. Obviously, there's another room where people can witness. Usually there's this three drug protocol that I just described, and I'll go into a little bit more. The anesthetic puts you to sleep, then you're paralyzed, and then now they add a third drug that—since the original Chapman's Protocol, we've added this third drug, potassium chloride. So they give you enough potassium that it stops your heart. So cardiac arrest. And then the person will pass away. Who does it? This is very state to state. In some states, they're volunteers. Did you know that?

Justin: Maybe that's what happened.

Sydnee: They find volunteers to come do the actual injection, start the IV and push the button.

Justin: Maybe they find… I mean that's what happened in Tennessee, they got volunteers.

Sydnee: I'm not sure. I found an article about an execution that was done in Idaho where they had some issues, and they looked into their process. And in this state, as an example, I'm not targeting Idaho, just as one example, they have three—you have to have a—someone who has three years or more experience in some kind of medical field. So some kind of medical training, so you would know how to do this. Then you attend like 10 training sessions a year. But it's anonymous, no one knows who these people are, all of it is anonymous. I mean I guess you could come forward if you wanted to, but we're never supposed to know who they are. There are 17—

Justin: If you want to do this, you shouldn't be allowed to! [chuckles]

Sydnee: It's—yes, well—

Justin: If you want to volunteer for this, they should turn you away at the door! It should be like the guy that wanted to shock the dogs!

Sydnee: [titters] I thought this was really interesting, 17 states require that a physician be present. Now that doesn't mean that the physician is actually participating, but they're the person who then declares death at the end. Two states—

Justin: That's what they should get a volunteer for!

Sydnee: Two states forbid it. Two states say, no, a doctor cannot be in the room.

Justin: Too weird.

Sydnee: Yes. The other ones are kind of like, well, they can be there or not, it doesn't really matter. They give you the option that the medical examiner can be the one to declare death in these situations, you don't have to have a physician to do it. And like I said, the original cocktail was either sodium thiopental or phenobarbital, those are the two anesthetic agents, one or the other is used. You're supposed to fall asleep within 30 seconds, or faster, like sometimes as fast as 10.

And then something called pancuronium bromide, which will just paralyze you. It doesn't put you to sleep, but it paralyzes your whole body. And then again, finally potassium chloride. They're in that order because if you just paralyze somebody first, you would be wide awake and unable to move, which would be horrific, and that would be cruel and unusual. If you just start with the potassium chloride, it can cause severe pain before it kills you.

Justin: Mm-hm.

Sydnee: So by putting you to sleep first, it's supposed to be more humane, that's where the order comes from. It is interesting, in Missouri, and then formerly in Delaware, although they don't do this in Delaware anymore, they use a machine that has the like delivery module in the room with the person who's being executed, and then a control panel in another room with two buttons that two people push simultaneously, and you don't know which one delivered… So again, it's sort of like the firing blanks thing, it's the same thing, like removing you from guilt. So, why is this not working?

This sounds like—we do this in operating rooms as anesthesia to put people to sleep all the time, we just are going to give a whole lot more of stuff. Why are we having so many problems with it? Well, first of all, you have to access veins. And for some of these prisoners, this can be extremely hard to do. If you have certain medical conditions, if you have a history of like using an injection drugs where maybe a lot of your veins are difficult to access, if you're older, which many of these people are, because they've sat on death row for a long time, it can be really hard to find one. And you have to have two veins to access to administer the medications.

Justin: Uh-huh.

Sydnee: We have had—there was a case in 2022 in Alabama, where they eventually had to do what was called a cut down, where they actually like cut into your arm to look at the vessel to deliver the drugs. Which many would argue is, now are we into the cruel and unusual? Because this has to be painless. That's the—that's what we're trying to achieve.

Justin: The whole idea.

Sydnee: There was another case in 2024, in Idaho, this is where I got that information earlier, where they were trying to insert an IV line into Thomas Creech. And they just continued to poke him all over for an hour before finally they had to stop and give up, because they couldn't access anything. In Tennessee, where the situation happened Wednesday, earlier this year in May, there was a Mr. Carruthers, who, again, they were poking needles all over his body for 90 minutes trying to find a vein.

They involved a doctor as well to try to do a cut down, try to do like a big line, a big… Anyway, the point is they had to stop. They called and said stop it, we can't keep—we can't keep doing this. So, clearly, this is a problem. Another piece of the problem are the drugs. Pharmaceutical manufacturers over the years have routinely stopped selling their drugs to corrections facilities, because they don't want them used in this way.

Justin: No, thank you.

Sydnee: They do not want to be part of this. So, it's made it harder to come up with the right cocktail, because you can't access the medications that were in that original protocol. So, we no longer use the sodium thiopental, that's not something that you can access. Just the phenobarbital is an option. It's harder to get the paralytics. And basically, we don't know if we can get the right kinds of drugs that would actually do this in the appropriate way. There was also a study that provoked a lot of alarm in 2005, in The Lancet, which looked at the levels of some of these drugs in the prisoners' systems after they died.

Justin: Mm-hm.

Sydnee: And saw that they were like below the levels you would expect for like normal anesthesia, which called into question, did we actually put them to sleep or did we just paralyze them, and they were awake the whole time, and then we killed them in a very painful way? And we don't know, right? So, all of this has been called into question, because you don't necessarily have a medical professional doing it. You don't necessarily have anybody overseeing, putting the IV in place, delivering the medications who would know how to do these things. This is not me advocating that we should, but

this is… this is the problem, you're trying to do a medical procedure without any medical expertise.

Justin: Yeah.

Sydnee: And so, of course it's going to go wrong. This all led to a one drug protocol that was used this past Wednesday. So instead of the triple cocktail that they had previously used, the plan now, and this is in several states they can do this, they just give you enough phenobarbital to put you to sleep, and then you stop breathing. Large doses should lead to a painless death. However, we know that it's very variable.

There have been many studies over the years on barbiturates that show that the effect from person to person varies greatly, and that it can take days to completely suppress your respiratory drive, and for you to die from barbiturate overdose. So, it is not necessarily going to happen quickly, and you cannot predict it from person to person. So, that is the medication that was used for Christa Pike, and that's probably why they were not able, even after two injections, she still, as of this recording, has not passed away.

In terms of the legal—like what happens next? I'm not a lawyer. I called Riley and I asked her what happens next, and she said, well, honestly, I don't think there's a—there's not one answer. They're going to have to either try it again, or they could force her to choose electrocution at that point, because they do have that as the other option. But they're—my understanding is the state is not going to execute anybody else for the rest of the year while they re-examine their protocols, since clearly there's something wrong. As of 2026, seven condemned people have survived an execution because they couldn't get a vein.

Justin: Mm-hm.

Sydnee: And then an eighth now, Christa Pike, has survived even after they received the drugs. So, clearly there's something wrong with the protocol if you believe that it should—that it should work to kill someone. But it—

Justin: Which we—

Sydnee: Do not.

Justin: Don't! Which we've been really consistent about.

Sydnee: Yeah, but I think, I mean—and everybody, as I've read all the articles around this, and there's a lot of outrage in Tennessee on bo—from proponents of the death penalty and opponents of the death penalty, all saying like, well, if we're going to do this, let's do it in a humane way. And I think what they're all realizing is nobody wants to own this. Doctors, I would say, personally, as a physician, we should have never had anything to do with this, and should continue not to have anything to do with this.

Justin: If nobody wants to be the person who pushes the button, you have to admit to yourself that we know it's wrong.

Sydnee: Yes. I will say, I just want to be really clear before we close out the episode, I cu—capital punishment and someone choosing, because they have some sort of terminal illness—

Justin: Or whatever—

Sydnee: To, yeah, to… you know, with the help of a physician, end their life on their own terms, I—these are completely different subjects in my mind. I don't want anything I'm saying to be misconstrued as a rant against that. I think that that is a much more ethically nuanced conversation that we could sit down and have, and come to an understanding—

Justin: And we're going to right now. Let's go!

Sydnee: No, we're not gonna do that right now. I am saying that when it comes to capital punishment, to the state deciding you've committed a crime so terribly that we're going to kill you, I do not believe that should happen. And I certainly think that as physicians, we should stand united against it, and certainly not participate in it.

Justin: Thank you so much for listening to Sawbones. We hope you have learned something this week. And you know what? It seems, I will say this, it seems so strange that that lethal injection didn't work. But now that we've

talked through it, it does make si—I mean like, there's reasons why. You know like the—the—

Sydnee: There's—and they…

Justin: I—it makes se—I mean, how we got to this point, at least there's a reason for it.

Sydnee: There's outliers too. Like there were—there was one case where they used the wrong drug. There was one case where they didn't actually inject in a vein, they were just injecting into soft tissue and they missed the vein. So there have been all kinds of other reasons why it has gone terribly, beyond what I've mentioned.

Justin: Thank you for listening to this episode of Sawbones. And thanks to The Taxpayers for the use of their song "Medicines" as the intro and outro of our program. And thanks to you for listening. We really appreciate it. That's going to do it for us for this week. Until next time, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

["Medicines" by The Taxpayers plays]

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