

# The Medical Realities of Breath Control Play, Jay Wiseman (1997)

For some time now, I have felt that the practices of suffocation and/or strangulation done in an erotic context (generically known as breath control play; more properly known as asphyxiophilia) were in fact far more dangerous than they are generally perceived to be.

As a person with years of medical education and experience, I know of no way whatsoever that either suffocation or strangulation can be done in a way that does not intrinsically put the recipient at risk of cardiac arrest. (There are also numerous additional risks; more on them later.)

Furthermore, and my biggest concern, I know of no reliable way to determine when such a cardiac arrest has become imminent.

Often the first detectable sign that an arrest is approaching is the arrest itself. Furthermore, if the recipient does arrest, the probability of resuscitating them, even with optimal CPR, is distinctly small. Thus the recipient is dead and their partner, if any, is in a very perilous legal situation. (The authorities could consider such deaths first-degree murders until proven otherwise, with the burden of such proof being on the defendant). There are also the real and major concerns of the surviving partner's own life-long remorse to having caused such a death, and the trauma to the friends and family members of both parties.

Some breath control fans say that what they do is acceptably safe because they do not take what they do up to the point of unconsciousness. I find this statement worrisome for two reasons:

(1) You can't really know when a person is about to go unconscious until they actually do so, thus it's extremely difficult to know where the actual point of unconsciousness is until you actually reach it.

(2) More importantly, unconsciousness is a symptom, not a condition in and of itself. It has numerous underlying causes ranging from simple fainting to cardiac arrest, and which of these will cause the unconsciousness cannot be known in advance.

I have discussed my concerns regarding breath control with well over a dozen SM-positive physicians, and with numerous other SM-positive health professionals, and all share my concerns. We have discussed how breath control might be done in a way that is not life-threatening, and come up blank. We have discussed how the risk might be significantly reduced, and come up blank. We have discussed how it might be determined that an arrest is imminent, and come up blank. Indeed, so far not one (repeat, not one) single physician, nurse, paramedic, chiropractor, physiologist, or other person with substantial training in how a human body works has been willing to step forth and teach a form of breath control play that they are willing to assert is acceptably safe -- i.e., does not put the recipient at imminent, unpredictable risk of dying. I believe this fact makes a major statement.

Other "edge play" topics such as suspension bondage, electricity play, cutting, piercing, branding, enemas, water sports, and scat play can and have been taught with reasonable safety, but not breath control play. Indeed, it seems that the more somebody knows about how a human body works, the more likely they are to caution people about how dangerous breath control is, and about how little can be done to reduce the degree of risk.

In many ways, oxygen is to the human body, and particularly to the heart and brain, what oil is to a car's engine. Indeed, there's a medical adage that goes "hypoxia (becoming dangerously low on oxygen) not only stops the motor, but also wrecks the engine." Therefore, asking how one can play safely with breath control is very similar to asking how one can drive a car safely while draining it of oil.