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Statement by the Voluntary Euthanasia Society NZ August 2015

WOULD THE LEGALISATION OF PHYSICIAN ASSISTED DYING (PAD) ENCOURAGE SUICIDE IN THE NZ POPULATION?

Opponents of Physician Assisted Dying (PAD) are vocal in saying that the introduction of PAD into NZ would increase suicide. The Voluntary Euthanasia Society NZ says that there is no evidence that this would happen or has happened. In fact there is some evidence that the absence of PAD leads some individuals with relentless disease to take their lives prematurely while they are still physically able to do that.

Suicide rates in legalised jurisdictions

If what opponents of PAD say about 'encouragement of suicide' is true, one might expect that in countries where legalisation of PAD has occurred, the suicide figures would confirm a link. However, from data available, there is no evidence of a causative link in countries where PAD is legalised.

1. Suicide rates in both Luxembourg (9/100,000) and Switzerland (12/100,000) are decreasing (2010 figures are significantly lower than in 2007).

2. Oregon: the 'Death with Dignity Act' in Oregon was passed in late 1997. They have always had a high suicide rate compared with the average for the USA (although they are lower than some States). In 1986 there was a peak at 17/ 100,000, and while lower in the intervening years (14-15), they have returned to 17/100,000, with sharp upward spikes in 2009 and 2010. This increase mirrors an increase in the average for the rest of the USA.

3. Netherlands: the Netherlands legalised PAD in 2002. At 10/100,000 of the population (after rises over the previous 6 years), the rate of suicide in 2011 is back to the level which was present in the early 1990s. However, the suicide rate is still less than NZ figures, which have hovered between 10 and 15/100,000 between 1985 and 2011. It is noteworthy that the average European Country rate is 12/100,000, and out of 25 countries, 17 are higher than the Netherlands.

4. Belgium has traditionally had high rates of suicide e.g. 15/100,000 (1965), 22.1 (1980), 23.1 (1985) and 19.4 (1995). In 2013 the rate was 15.7/100,000 which is lower than all previous rates since 1970. Legalisation of PAD in Belgium occurred in 2002.

Summary of Suicide Statistics above:
The above figures show there is no correlation between the legalisation of PAD and increased suicide rates. Luxembourg, Switzerland and Belgium have decreased rates. Oregon is the same as more than 10 years prior to legalisation. The Netherlands rate is the same as 10 years prior to legalisation, and is lower than most of the other European countries and NZ.

Power of Words

Even though there is no statistical correlation between suicide rates and legalisation of PAD, the possibility that change in the concepts around the word 'suicide' still exists. All we have shown above is that those who claim that legalising PAD encourages suicide, have not demonstrated a correlation between PAD and increased suicide rates. It is possible that among the many factors affecting suicide, some may be drowned out by others e.g. cultural and environmental effects.
However since spontaneous irrational suicide is completely different to PAD, we consider it best not to use the term 'suicide' in the context of PAD, because there is no need. There are various alternatives including 'physician assisted dying' and 'aid in dying'.

See below:

'SUICIDE' - irrational suicide is impulsive, often violent, and causes extreme distress to family and friends. Almost always the mental condition which leads to the act is treatable and hence reversible. It usually makes grieving difficult.

'PAD' – there is a type of PAD where at the request of the patient, the physician prescribes the drug, and the patient takes it to end their life. This is often called 'physician assisted suicide'. This type of PAD is beneficial to the patient, prevents suffering, is a compassionate act from the doctor, can be regarded as an extension of treatment at End-of-Life, is respectful of the patient's autonomy, and allows the relatives and friends to say goodbye before the ravages of disease and intense sedation make this impossible. It also allows some ceremony and spiritual and religious involvement.

Premature Death by Suicide because PAD is not available

There is abundant evidence now that individuals will often commit suicide rather than endure the ravages of their disease, because PAD is not available to them.

a) Professor John Weaver did a major study on suicide deaths in NZ between 1900 and 2000. In the last 50 years of that period, he found that 5-8% of all suicides were what he termed 'euthanasia deaths' to prevent them having to die slowly from their disease. They were well characterised, often had letters explaining the situation, and were frequently very violent and undignified deaths.

b) The Voluntary Euthanasia Society NZ regularly sees and hears of such cases, some known to members personally, some accounts of which reach the media, and some of whom are already under hospice care. We also receive requests for help to die, but under the present law we cannot help. We have to advise that they have legal options of suicide, such as starving themselves to death, but cannot receive help to die from their doctor. There is an alternative organisation in NZ called 'Exit' which discusses ways a person might end their own life in a less violent way than the usual methods of slashed wrists, hanging, and gunshot etc. The Voluntary Euthanasia Society NZ does not give such advice.

c) Knowing that the option of PAD is available to a patient should they need it, clearly allows peace of mind to individuals, and in some cases prolongs life. The issue was acknowledged by the Canadian Supreme Court February 2015 and they agreed with this.

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