**Assisted suicide and suicide prevention: An inherent conflict in public policy?**

The Draft Bill soon to be introduced into the NSW Parliament is to legalise assisted suicide for persons whose are ‘experiencing severe pain, suffering or physical incapacity to the extent unacceptable to the patient’.

The question arises as to how publicly and openly offering assistance to commit suicide to one group of NSW citizens and affirming suicide in such cases as a legitimate, understandable and rational choice fits with the public policy goal, widely shared across the whole community, to reduce the incidence of suicide?

**DOES LEGALISING ASSISTED SUICIDE REDUCE THE SUICIDE RATE AS CLAIMED?**

Proponents of assisted suicide have claimed that providing the elderly, terminally ill with a legal lethal dose of drugs to facilitate assisted suicide will reduce the incidence of other forms of suicide among this group and, because, it is claimed, many of those for whom the lethal dose is prescribed may never take it, actually decrease the overall suicide rate.

This hypothesis has been subjected to careful scrutiny in an important study\(^2\) by David Albert Jones and David Paton comparing trends in suicide rates in those states of the United States which have legalised assisted suicide compared to those which have not.

The study, which controlled for various socio-economic factors, unobservable state- and year effects, and state-specific linear trends, found that legalizing assisted suicide was associated with a 6.3% increase in total suicides (i.e. including assisted suicides). This effect was larger (14.5%) in the over 65s (14.5%, CI = 6.4%, 22.7%).

Introduction of legalised assisted suicide was not associated with a reduction in non-assisted suicide rates, nor with an increase in the mean age of non-assisted suicide.

The conclusion is that assisted suicide either does not inhibit (nor acts as an alternative to) non-assisted suicide, or that it acts in this way in some individuals but is associated with an increased inclination to suicide in other individuals. The latter suggestion would be consistent with the well-known Werther effect of suicide contagion.\(^3\)

**EFFECT ON FAMILIES**

The NSW Suicide Prevention Strategy 2010–2015 observes that: Suicide and attempted suicide are human tragedies with many contributing factors. These acts often occur in circumstances of hopelessness and despair, with there frequently being no single cause and no simple solution. There would be few families in NSW that haven’t been touched in some way.\(^4\)

Like any other suicide, assisted suicide can profoundly affect surviving family members and friends. A recent study found that about 20% of family members or friends who witnessed an assisted suicide in Switzerland, where assisted suicide is legal, subsequently suffered from full (13%) post-traumatic stress disorder or subthreshold (6.5%) post-traumatic stress disorder.\(^5\)

**CONCLUSION**

The proposal to promote assisted suicide for some runs an unacceptable risk of undermining efforts to prevent suicide for all other Victorians and of increasing the trauma suffered by Victorian families due to the suicide of loved ones.

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For more FACT SHEETS on Assisted Suicide go to the HOPE website