Recent Studies Show Assisted Suicide on the Rise

The assisted suicide fever is sweeping the globe. Country after country has been considering AS legislation, and a number of nations have already passed such legislation into law. The Netherlands, Belgium, Switzerland and Luxembourg all have AS laws on the books, and in the last twenty years, over 100 AS campaigns have been launched in the United States alone.

Nearly all of them have failed. However, Oregon, Washington and Vermont have passed AS legislation and a Montana court has rendered a judicial decision providing a defense for a doctor assisting in a suicide. Just in the past week, a court of appeals in New Mexico struck down a right to die ruling. California SB 128, entitled “End of Life,” passed in the California Senate but appears to have died in the Assembly.

The proponents of assisted suicide are persistent and, if George Soros’s support for the California bill is any indication, they are heavily funded. Make no mistake, this is business. Dignitas in Switzerland charges over $5,000 US to assist someone into the hereafter. Should you wish Dignitas to also take charge of what is generally considered to be "family duties," such as funeral expenses, the fee rises to $9,210.53.

Two new studies report that assisted suicide is on the rise in Belgium and also in the state of Washington, which passed AS legislation into law in 2008. According to the Belgium study, published in August in the Journal of the American Medical Association, assisted suicide is becoming more popular. In Flanders—the Dutch-speaking, northern part of Belgium—a sample study indicated that euthanasia increased to 4.6% of reported deaths in the first half of 2013. This is up from 1.9% reported in a similar sample during the first half of 2007. In addition, the study found that the percentage of requests for AS that were granted also rose—up from 55% in 2007 to over 75% in 2013.

The state of Washington has also just released its annual report on its assisted suicide program. According to the report, in 2014 176 people received prescriptions for the lethal drugs. This is double the numbers from the first full calendar year of operation, in which 87 people received the prescription.

However, a close analysis of the Washington report has raised some significant questions. One issue surrounds compliance with the law, which mandates that only those on the verge of death may qualify for AS. According to Richard Egan, who is with the Coalition for the Defence of Human Life, “Although the Act specifies that only persons with “six months or less to live” may request lethal doses of medication from a physician, the data shows that in each year between 5% and 17% of those who die after requesting a lethal dose do so more than 25 weeks later with one person in 2012 dying nearly 3 years (150 weeks) later.

In addition, it appears that all those requesting and receiving the lethal drugs are not actually ingesting them. While the study states that 176 people got the drugs, the report states that only 126 ingested them and that 17 died of other causes.

Alex Schadenberg, of Euthanasia Prevention Coalition, has also found the Washington report less than adequate. He has stated,“When you comb through the data there is actually a lot of missing information. We often focus on the number of unreported euthanasia deaths in Belgium, but it appears that there may be a number of unreported
assisted suicide deaths in Washington State.

The case for assisted suicide has rested heavily on the perception that people may be suffering unbearably in the end stages of life and that it is therefore compassionate to give them the option to opt out. However, the new studies reveal that AS is not only being given to people clearly not in the last six months of life, but also being given to those in psychological distress, and not terminally ill.

The Washington study cites the reasons given by individuals requesting the end of life prescription. Egan reports, some 59% of those for whom a prescription for lethal drugs was provided did not cite concerns about pain control as a reason for asking for the prescription.

However, 89% cited concerns about loss of autonomy and 59% cited concerns about being a burden on family, friends or caregivers.

Significantly, 8% cited concerns about the financial implications of treatment.

The JAMA article cites that about 3% of the assisted suicides in Belgium granted between 2009 and 2013 were for those in psychological distress, not for the terminally ill. A study conducted in the Netherlands, which also has assisted suicide laws on the books, showed that roughly 5% of the AS requests granted were for psychological conditions. However, the report delineates a separate category for those requesting AS because they are “tired of living,” which is not included in the “psychological conditions” category. According to the study, 28% of the AS requests for this stated reason were granted in the Netherlands during the relevant time period.

The Belgium study covered 3,751 deaths reported in the first half of 2013, comparing these figures to a similar study in 2007. The Netherlands data was culled from a specialized clinic, for the time period between March 2012- March 2013.

Bioethicists have cited concerns that AS laws may be misused to allow those with reasons other than terminal illness to choose death. In particular, disability rights groups have voiced concern that assisted suicide will eventually be extended to those suffering from psychological problems, as well as to those who feel their disability may be a burden for loved ones. The recent reports from Belgium, the Netherlands and the state of Washington indicate that these concerns are already a reality.

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