Written evidence submitted by Professor David Paton (ADY0144)

1. Introduction

1.1 This submission is based on recent research I have undertaken into the impact of assisted suicide laws in US state on rates of suicide.

1.2 The submission focuses on question 2 posed by the Committee: "What can be learnt from the evidence in countries where assisted dying/assisted suicide is legal?"

1.3 Specifically, the submission will examine the evidence for one argument commonly used in favour of legalising assisted suicide: that legalising the procedure, may lead to a reduction in unassisted suicide and, possibly, a reduction in total (i.e. assisted plus unassisted) suicides.

1.4 In the submission, the term "assisted suicide" will be used to describe the involvement of healthcare professionals in a process intended deliberately to end a patient's life at their request. The term "unassisted suicide" to describe suicides that occur outside of any legal framework and without the involvement of a medical professional.

2. Why might assisted suicide lead to a reduction in total or unassisted suicide?

2.1 The basic idea behind the hypothesis is that some people who would otherwise have committed unassisted suicide in the face of a serious long term illness, may choose instead to utilise assisted suicide. In this event, legalising assisted suicide would be likely to reduce unassisted suicides. ONS data commissioned by the then Secretary of State for Health, showed that people with severe illnesses are particularly vulnerable to suicide (ONS, 2022). It is important to note that these data do not provide evidence on the actual impact of assisted suicide laws on suicide rates.

2.2 In addition, people in the early stages of a degenerative disease may worry that they when their quality of life has deteriorated significantly, they will no longer be able to die by suicide without assistance. Given this, in the absence of legalised assisted suicide, they may be tempted to commit suicide at an earlier stage in the absence of assisted suicide laws.

2.3 If such people have the assurance that assisted suicide will be available should they end up wishing to die in the future, the suicide decision may be delayed. Further, some people who delay the suicide decision anticipating that they will access assisted suicide at a point in the future, may find that they no longer wish to do so when they are actually in that situation.

2.4 In this case, it is possible that legalisation of assisted suicide could actually reduce the total number of suicides (assisted and unassisted) combined.

2.5 The argument that assisted suicide laws may reduce suicides has frequently been used by proponents of legalising assisted suicide. Examples include Carter vs Canada (Attorney General), 2015; Dignitas, 2014; Iacobucci, 2021.

2.6 There are also mechanisms whereby legalising assisted suicide might, in contrast to the argument above, lead to an increase even in unassisted suicides. For example, legalisation may reduce societal taboos against suicide in a way that conflicts with campaigns aimed at suicide prevention.

2.7 Given these conflicting hypotheses, the net impact of assisted suicide laws on suicide rates is an open question that can only be resolved by reference to the empirical evidence.

3. What has been the impact of legalisation of assisted suicide in US States on suicide rates?

3.1 The empirical question cannot be answered by reference to cross-sectional data on different rates of suicide in areas with and without assisted suicide laws as demographic and cultural factors affecting both suicide rates and the likelihood of such laws being passed may give rise to a spurious association.

3.2 A more appropriate empirical approach is to examine trends in suicide rates before and after assisted suicide laws are implemented, compared to trends in other jurisdictions without such laws.

3.3 Girma and Paton (2022) undertake such an analysis using US state-level data including the 10 US states that had implemented an assisted suicide law up to the end of 2019. This work builds on an earlier preliminary study by Paton and Jones (2015) and considers the impact of assisted suicide laws on total suicide rates (i.e. including assisted suicides) and unassisted suicide rates.

3.4 The study uses several empirical techniques to establish any causal effect of assisted suicide laws. The first technique is to estimate a "panel data event study" model. This controls for factors which affect all states at one point in time (e.g. recessions) and factors which are specific to individual states (e.g. demographic or cultural effects)

3.5 The model controls for pre-existing trends in suicide rates which might drive any association and also for other factors such as availability of firearms and substance abuse that are known to affect suicide rates.

3.6 In addition, the study utilises an alternative approach to establishing causality: the Synthetic Control Method (SCM). This involves constructing an artificial set of non-legalising states which are otherwise similar (based on a range of demographic and economic variables) to states legalising assisted suicide before legalisation. Relative trends in suicide rates are then compared between the legalising and control states.

3.7 Both approaches yield similar results and provide very strong evidence that legalisation of assisted suicide is associated with a significant increase in total suicides. The increase is observed most strongly for women.

3.8 The size of the effect is considerable. For example, the event study estimates suggest assisted suicide laws increase total suicide rates by about 18% overall and by about 40% for women.

3.9 There is also evidence that assisted suicide is also associated with an increase in unassisted suicides. The effect is smaller (about 6% increase overall, 13% increase for women) but still statistically significant in most, though not all, estimates.

3.10 The study finds no evidence that assisted suicide laws are associated with a reduction in either total or unassisted suicide rates.

4. Evidence from other jurisdictions

4.1 The evidence in Girma and Paton (2022) is consistent with other recent research. For example, Jones (2022) examines trends in European countries that have introduced either assisted suicide or euthanasia and concludes that there is "no reduction in non-assisted suicide relative to the most similar [non-legalising] neighbour and, in some cases, there is a relative and/or an absolute increase in non-assisted suicide."

4.2 A recent systematic review by Doherty et al (2022) of the evidence regarding the impact of assisted suicide on suicide rates concludes:

> "The findings of this review do not support the hypothesis that introducing EAS reduces rates of non-assisted suicide. The disproportionate impact on older women indicates unmet suicide prevention needs in this population."

4.3 Research by Canetto and McIntosh (2022) supports the finding that assisted suicide laws have a relatively bigger effect on women. The authors suggest that higher take-up of assisted suicide by women may reflect disempowerment of those who are more vulnerable to social pressure to die by suicide, for example, through feeling a burden to relatives or society.

5. Summary

5.1 There is strong evidence that legalisation of assisted suicide leads to a significant increase in the total (assisted and unassisted suicides) suicide rate.

5.2 There is some evidence that legalisation of assisted suicide leads to an increase in the rate of unassisted suicides.

5.3 Increases in suicides associated with the legalisation of assisted suicide are observed more strongly amongst women than men.

5.4 To date, there is little if any good quality empirical evidence in support of the hypothesis that assisted suicide laws reduce unassisted suicide rates.

References

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