Legalisation of assisted suicide: a safeguard to euthanasia?

Several countries are debating whether or not to legalise assisted suicide, euthanasia, or both. In assisted suicide, patients take the lethal drug themselves, whereas in euthanasia physicians administer it. In 2012, more than 5000 patients died after assisted suicide or euthanasia in states where these practices are permitted.1–3 Euthanasia and assisted suicide have been legal in the Netherlands and Belgium since 2002, whereas assisted suicide is permitted in Switzerland since 1918, Oregon since 1997, Montana and Washington since 2009, and Vermont since 2013.

Data from countries that allow both practices show that euthanasia occurs more frequently: assisted suicide represents 7.8% of hastened death cases in the Netherlands and 2% in Belgium.4 Although euthanasia rates have risen substantially in the past years, assisted suicide remains a rare choice for Belgian and Dutch patients (figure).5–7 In Oregon, the trend shows a limited growth. In Switzerland, where assisted suicide is tolerated but no specific federal legislation exists, the increase is similar to that of euthanasia in Belgium and the Netherlands, albeit at a lower incidence.

The overwhelming preponderance of euthanasia over assisted suicide cases in the Netherlands and Belgium suggests that if patients are given the choice, they prefer to have their doctors do the procedure. Since overall incidence rates of hastened death are much higher in these two countries than in regions where only assisted suicide is allowed, the availability of euthanasia done by a physician could lower the psychological threshold for requesting hastened death. Comparing the regions that only allow assisted suicide, the absence of legislation specifying procedural aspects in Switzerland might be one of the reasons for the increasing incidence of assisted suicide in this country, especially since a substantial number of patients without terminal illness are requesting and obtaining assisted suicide in Switzerland.5

Thus, to legalise only assisted suicide (with clear procedural rules) but not euthanasia seems to limit the number of hastened deaths and their increase over time. This might be partly due to a higher psychological threshold towards assisted suicide and, with the exception of Switzerland, more stringent procedural rules excluding non-terminally ill patients. The reasons for this discrepancy need further investigation, and will be important to inform the ongoing political discussions.

We declare no competing interests.

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The right to participate in high-risk research

David Shaw’s Viewpoint (March 15, p 1009) is an interesting and provocative paper, but the central argument remains somewhat unclear. The author argues against paternalism in regards to risk but doesn’t recognise that this isn’t the only form of paternalism—for example, he states that informed consent ought to be enforced by research ethics committees without recognising that this is also paternalistic.” His central

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