

Assisted suicide and contagion

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How assisted suicide advocacy and legalization threaten the lives of vulnerable people

By Paul Stark

Physician-assisted suicide—when a doctor prescribes a lethal dose of medication for a patient to intentionally take his or her own life—has been formally legalized in Oregon (1997), Washington (2009), and Vermont (2013). Proponents are now using the widely publicized story of Brittany Maynard, who died by assisted suicide in the fall of 2014, to advocate legalization in many more states across the country.

This campaign is cause for serious concern. Research shows that suicide can have a contagion effect, influencing vulnerable people and leading to additional suicides. And new evidence suggests that the current campaign may have already produced significant harm. The evidence for suicide contagion, including the detrimental impact of assisted suicide and of the latest advocacy efforts in particular, is explored below.

Suicide's contagion effect

Suicide contagion—when one or more suicides contribute to additional suicides—is a well-established phenomenon. In 1774, Johann Wolfgang von Goethe's novel *The Sorrows of Young Werther*, in which the main character dies by suicide, led to numerous copycat suicides across Europe. The book was banned in some countries as a result.¹

Two centuries later, in 1974, a landmark study by sociologist David Phillips showed that the incidence of suicide increases after stories about suicide in the media. During the month following Marilyn Monroe's suicide, for example, the number of suicides in the United States spiked 12 percent. Phillips dubbed imitative suicide "the Werther effect," named for Goethe's novel.² "Hearing about a suicide seems to make those who are vulnerable feel they have permission to do it," he says.³

¹ David P. Phillips, "The Influence of Suggestion on Suicide: Substantive and Theoretical Implications of the Werther Effect," *American Sociological Review*, Vol. 39, No. 3 (1974), p. 340.

² Ibid., pp. 340-54.

³ Daniel Goleman, "Pattern of Death: Copycat Suicides among Youths," *New York Times*, March 18, 1987, <http://www.nytimes.com/1987/03/18/nyregion/pattern-of-death-copycat-suicides-among-youths.html>.

A large body of international research has since confirmed the existence of suicide contagion.⁴ As the National Institute of Mental Health summarizes, “More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals.”⁵ The World Health Organization further explains:

Systematic reviews of these studies have consistently drawn the same conclusion: media reporting of suicide can lead to imitative suicidal behaviors. These reviews have also observed that imitation is more evident under some circumstances than others. ... It is related to the amount and prominence of coverage, with repeated coverage and ‘high impact’ stories being most strongly associated with imitative behaviours. It is accentuated when the person described in the story and the reader or viewer are similar in some way, or when the person described in the story is a celebrity and is held in high regard by the reader or viewer. Particular subgroups in the population (e.g., young people, people suffering from depression) may be especially vulnerable to engaging in imitative suicidal behaviours. Finally, and probably most importantly, overt description of suicide by a particular method may lead to increases in actual suicidal behaviour employing that method.⁶

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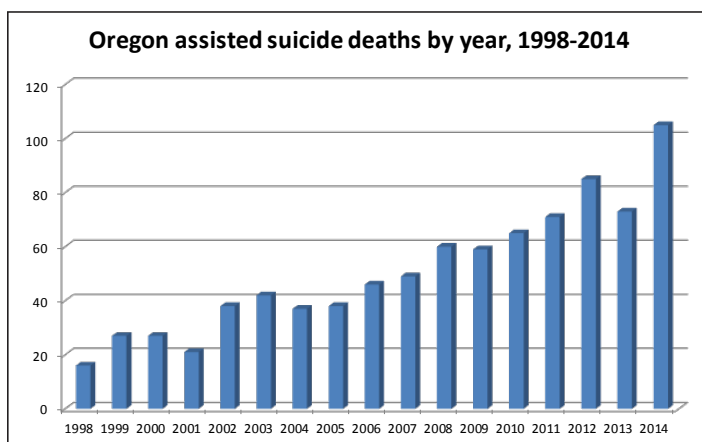


Fig. 1

among the key findings of the Oregon Health Authority’s 2012 report on suicide:

In 2010, the age-adjusted suicide rate among Oregonians of 17.1 per 100,000 was 41 percent higher than the national average.

The rate of suicide among Oregonians has been increasing since 2000.

“In summary,” concludes Columbia University psychiatry professor Madelyn Gould (in a review of the research literature), “the existence of suicide contagion no longer needs to be questioned.”⁷

The impact of assisted suicide

Like suicide in general, assisted suicide—its promotion, publicity, and legalization—is likely to encourage additional suicides. There is some evidence of this. Since Oregon’s legalization of assisted suicide in late 1997, for example, regular (non-assisted) suicides in that state have increased significantly at a rate well above the national average. The following are

⁴ See, for example, Jane Pirkis and Warwick Blood, “Suicide and the Media: Part 1. Reportage in Nonfictional Media,” *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, Vol. 22, No. 4 (2001), pp. 146-154. See also, more recently, Merike Sisask and Airi Värnik, “Media Roles in Suicide Prevention: A Systematic Review,” *International Journal of Environmental Research and Public Health*, Vol. 9, No. 1 (2012), pp. 123-38.

⁵ National Institute of Mental Health, “Recommendations for Reporting on Suicide,” <http://www.nimh.nih.gov/health/topics/suicide-prevention/recommendations-for-reporting-on-suicide.shtml> (accessed April 22, 2015).

⁶ World Health Organization, *Preventing Suicide: A Resource for Media Professionals*, 2008, p. 14, http://www.who.int/mental_health/prevention/suicide/resource_media.pdf.

⁷ Madelyn Gould, “Suicide and the Media,” *Annals of the New York Academy of Sciences*, Vol. 931 (April 2001), pp. 200-21.

Suicide rates among adults ages 45-64 rose approximately 50 percent from 18.1 per 100,000 in 2000 to 27.1 per 100,000 in 2010.⁸

Correlation, of course, does not prove causation. Given suicide's established contagion effect, however, the high incidence of suicide in Oregon may partially reflect the influence of assisted suicide advocacy and legalization.

Moreover, in addition to the increase in regular suicides, assisted suicide deaths in Oregon have increased dramatically, jumping 556 percent between 1998 and 2014 (see Fig. 1). The number of lethal prescriptions grew 546 percent during the same period.⁹ In Washington, which legalized assisted suicide in 2009, the number of deaths and number of lethal prescriptions have both increased every year—a 148 percent rise in deaths and 166 percent rise in prescriptions between 2009 and 2013.¹⁰

Similarly, euthanasia deaths in the Netherlands¹¹ and Belgium,¹² where both assisted suicide and active euthanasia are legal, have consistently and significantly increased. Assisted suicide, in practice, does not remain limited to a small number of exceptional cases—it impacts more and more people over time as suicide becomes more and more accepted.

The contagion effect of assisted suicide may be greater than that of regular suicide. That's because the advocacy, legalization, and social acceptance of assisted suicide *necessarily entail* the idea that suicide can be a legitimate option, that it can be a solution to someone's problems, and that some lives are not worth living. Mere exposure to suicide (as in most cases of suicide contagion) does not explicitly involve these harmful messages.

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The effect of suicide advocacy (as opposed to mere publicity) was seen in 1991, when Hemlock Society founder Derek Humphry published his book *Final Exit: The Practicalities of Self-Deliverance and Assisted Suicide for the Dying*, an instruction manual for committing suicide by asphyxiation. It became a number-one *New York Times* bestseller. A 1993 study found that suicide by asphyxiation increased 313 percent in New York City in the year after the book's release. A copy of Humphry's book was found at the death scene in 27.3 percent of cases.¹³

The impact of the campaign surrounding Brittany Maynard

Brittany Maynard was diagnosed with brain cancer on January 1, 2014. In April, the 29-year-old California woman received a prognosis of six months to live. She decided to move to Oregon, where assisted suicide is legal, in order to take her own life.¹⁴ In the process, she became involved with Compassion & Choices (the successor

⁸ Oregon Public Health Division, *Suicides in Oregon: Trends and Risk Factors—2012 Report*, November 2012, p. 1, <http://www.oregon.gov/oha/amh/CSAC%20Meeting%20Shedule/Suicide-in-Oregon-report.pdf>.

⁹ Oregon Public Health Division, *Oregon's Death with Dignity Act—2014*, <http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year17.pdf>.

¹⁰ Washington State Department of Health, *2013 Death with Dignity Act Report*, <http://www.doh.wa.gov/portals/1/Documents/Pubs/422-109-DeathWithDignityAct2013.pdf>.

¹¹ Netherlands Regional Euthanasia Review Committees, *Annual Report 2013*, http://www.euthanasiecommissie.nl/Images/Annual%20report%202013_tcm52-41743.pdf.

¹² European Institute for Bioethics, "Belgian Euthanasia Increases by 89% in Four Years," September 15, 2014, <http://www.ieb-eib.org/en/document/belgian-euthanasia-increases-by-89-in-four-years-382.html>.

¹³ Peter M. Marzuk et al., "Increase in Suicide by Asphyxiation in New York City after the Publication of *Final Exit*," *New England Journal of Medicine*, Vol. 329, No. 20 (November 11, 1993), pp. 1508-10.

¹⁴ Brittany Maynard, "My Right to Death with Dignity at 29," *CNN.com*, November 2, 2014, <http://www.cnn.com/2014/10/07/opinion/maynard-assisted-suicide-cancer-dignity>.

organization to the Hemlock Society), the nation's leading advocate and facilitator of assisted suicide.¹⁵

Compassion & Choices used Maynard's appeal and sympathetic story to launch a massive assisted suicide promotional campaign, including viral videos, photographs, news articles, television coverage, and even a story on the cover of *People* magazine featuring Maynard's picture with the headline "My Decision to Die."¹⁶ Maynard died by ingesting doctor-prescribed drugs on November 1. Compassion & Choices has since used her example to press for bills legalizing assisted suicide in numerous states across the country.

Media coverage of Brittany Maynard violated the World Health Organization guidelines for responsible suicide reporting.

This widespread publicity surrounding Maynard's decision has almost certainly caused harm. Consider the World Health Organization's guidelines for responsible media reporting on suicide, which include the following:

- Avoid language which sensationalizes or normalizes suicide, or presents it as a solution to problems
- Avoid prominent placement and undue repetition of stories about suicide
- Avoid explicit description of the method used in a completed or attempted suicide
- Avoid providing detailed information about the site of a completed or attempted suicide
- Word headlines carefully
- Exercise caution in using photographs or video footage
- Take particular care in reporting celebrity suicides¹⁷

Research indicates that these rules can help prevent imitative suicide.¹⁸ Yet media coverage of Brittany Maynard violated every one of the guidelines listed above. "[G]iven what we know about suicide's social effects, and given the media portrayal around her death, we can anticipate that her decision will influence other vulnerable individuals," writes Dr. Aaron Kheriaty, psychiatry professor at U.C. Irvine School of Medicine.¹⁹

While general suicide statistics for 2014 are not yet available, assisted suicide figures in Oregon suggest a possible contagion effect (see Fig. 3). In October 2014, during the height of the attention and advocacy surrounding Maynard, the number of lethal prescriptions written in Oregon rose 39.4 percent higher than the 2014 monthly average. The October total was the second highest of any month in the past five years.

Moreover, the number of actual deaths from assisted suicide in Oregon was 37.1 percent higher in October than the 2014 average. The death total then spiked in November, following Maynard's own death, rising 71.4 percent above the 2014 average (Fig. 2). The number of assisted suicide deaths in November 2014 was higher than that of any other month in at least the last five years.²⁰

¹⁵ Compassion & Choices, "About Brittany Maynard," <http://www.thebrittanyfund.org/about/> (accessed April 22, 2015).

¹⁶ Nicole Weisensee Egan, "Inside Terminally Ill Brittany Maynard's Decision to Die," *People.com*, October 17, 2014, <http://www.people.com/article/terminally-ill-brittany-maynard-decision-to-die>.

¹⁷ World Health Organization, *Preventing Suicide: A Resource for Media Professionals*. See also *Recommendations for Reporting on Suicide*, <http://reportingonsuicide.org> (accessed April 22, 2015).

¹⁸ India Bohanna and Xiangdong Wang, "Media Guidelines for the Responsible Reporting of Suicide: A Review of Effectiveness," *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, Vol. 33, No. 4 (2012), pp. 190-8.

¹⁹ Aaron Kheriaty, "Apostolate of Death," *First Things*, April 2015, p. 20.

²⁰ Monthly data for 2010-2014 was provided by the Oregon Health Authority.

A story published in *Forbes* provides anecdotal evidence of suicide contagion. Dr. Will Johnston of Vancouver explains, “I hospitalized a young suicidal patient 10 days ago who told me how he had done an Internet search for suicide drugs after watching the slick video glamorizing Brittany which was produced by the Hemlock Society (now Compassion & Choices).” The article quotes him further:

“The social threshold of inhibition against suicide has been steadily eroded by the rhetorical strategy of calling for an endorsement of suicide in hard cases through labeling such endorsement [as] compassionate,” he said. “The Brittany Maynard tragedy is a prime example of this.” ...

“We see how suicide contagion works when the media admire the suicidal person and speak of suicide as a form of heroism,” Johnston said.²¹

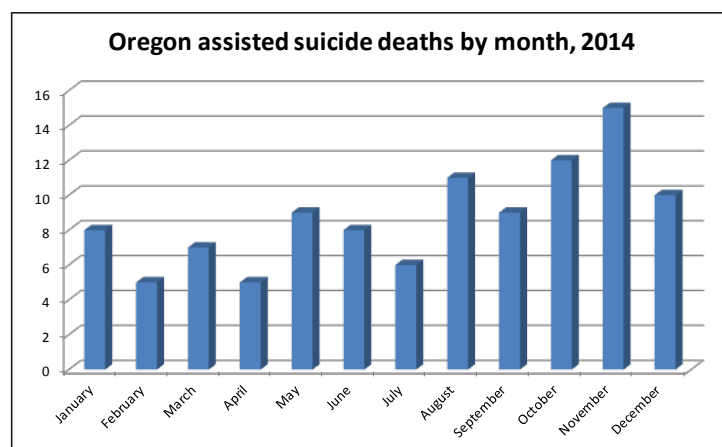


Fig. 2

Sympathetic suicide stories touted in the media send the message that suicide is a solution to difficult challenges such as disease and disability. These stories legitimize suicide and provide a model for vulnerable people (especially those who are in similar circumstances) to emulate.

The Compassion & Choices campaign may especially impact other young people, as Dr. Johnston’s account suggests. A 2013 study noted that “[a]dolescents may be particularly susceptible to [the] contagion effect” and found that “exposure to suicide predicts suicide ideation and attempts.”²² Many studies show that suicidal young people are influenced by stories in the media.²³

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The devastation of suicide

Suicide is a scourge and a tragedy. It is one of the leading causes of death in the United States—40,600 Americans killed themselves in 2012—and its frequency has only increased in recent years.²⁴ Suicide affects not only those whose lives are lost, but also families, schools, communities, and society as a whole.

Advocating or legalizing assisted suicide makes this devastating problem worse. It says that suicide isn’t always bad. It influences vulnerable people. And more lives are lost as a result.

²¹ C.J. Arlotta, “Report Says Physician-Assisted Suicide Is Gaining Support among U.S. Physicians,” *Forbes.com*, December 29, 2014, <http://www.forbes.com/sites/cjarlotta/2014/12/29/report-physician-assisted-suicide-gains-support-among-u-s-physicians/>.

²² Sonja A. Swanson and Ian Colman, “Association between Exposure to Suicide and Suicidality Outcomes in Youth,” *Canadian Medical Association Journal*, Vol. 185, No. 10 (July 9, 2013), p. 870.

²³ See, for example, Madelyn Gould et al., “Newspaper Coverage of Suicide and Initiation of Suicide Clusters in Teenagers in the USA, 1988-96: A Retrospective, Population-Based, Case-Control Study,” *The Lancet Psychiatry*, Vol. 1, No. 1 (June 2014), pp. 34-43; and Daniel Louis Zahl and Keith Hawton, “Media Influences on Suicidal Behaviour: An Interview Study of Young People,” *Behavioural and Cognitive Psychotherapy*, Vol. 32, No. 2 (April 2004), pp. 189-198.

²⁴ Jiaquan Xu et al., “Mortality in the United States, 2012,” *National Center for Health Statistics Data Brief*, No. 168 (October 2014), <http://www.cdc.gov/nchs/data/databriefs/db168.htm>.

Oregon Death with Dignity Act Prescriptions Written by Month and Year, 2010-2014

Year Prescription Was Written

▼	▼ Month Prescription Was Written												Total
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
2010	5	3	9	15	12	10	4	8	9	7	8	6	96
2011	9	8	7	7	9	11	8	14	8	9	12	12	114
2012	5	12	10	11	11	11	9	10	9	10	7	12	117
2013	7	12	13	12	8	14	9	9	9	10	14	4	121
2014	7	5	21	15	10	16	13	12	10	18	14	14	155
Total	33	40	60	60	50	62	43	53	45	54	55	48	603

Source: Oregon Health Authority

Oregon Death with Dignity Act Deaths by Month and Year, 2010-2014

Death Year

▼	▼ Death Month												Total
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
2010	5	3	5	6	5	8	7	7	6	2	7	4	65
2011	7	5	8	4	3	6	6	7	6	8	7	4	71
2012	7	6	11	2	5	12	5	8	5	7	7	10	85
2013	7	5	10	4	6	11	4	5	6	4	7	4	73
2014	8	5	7	5	9	8	6	11	9	12	15	10	105
Total	34	24	41	21	28	45	28	38	32	33	43	32	399

NOTE: DWDA death month and year may not correspond to prescription written month and year

Source: Oregon Health Authority

Fig. 3