

The VE Bulletin Excerpts Vol 20: No 2 July 2003

Suicide and voluntary euthanasia

On 24th November 2002 Dr Christopher Ryan, Consultant Psychiatrist at Sydney's Westmead Hospital and lecturer at Sydney University, spoke to the NSW VES. A brief summary of the issues covered follows below, based on an article in the NSW VES Newsletter of March 2003

Dr Ryan advised the meeting that suicide is common with approximately 2% of Australians taking their own lives. It is the second most common form of death in young people and the seventh most common generally. Some people find themselves at a point in their lives where they weigh up the 'pros' and 'cons' and make a decision that death would be preferable. This may be referred to as 'rational suicide' and is strongly linked to voluntary euthanasia. This is very rare, with most suicides being impulsive due to a crisis, or attempts motivated by serious psychiatric illness.

Impulsive suicide attempts

Impulsive actions are very different from rational suicide in which people have a problem, but not a crisis. Those facing a crisis situation, often a relationship breakdown, are more likely to find a solution through having supportive friends, reasonable self esteem, a good social network, intelligence, being skilled at solving problems, not normally expressing impulsive behaviour and, accordingly, holding a moral prohibition against impulsively taking life. However not everyone has all of these personal qualities, and some have none.

Serious psychiatric illness

Major depression, which affects approximately 10% of the population at some time, is the most likely reason for people taking their own lives. There are two forms of depression, normal depression with which everyone is familiar; being a response to devastating life events such as loss of a family member. It is a normal part of being human and tends to resolve itself over time. However major, or medical, depression results in sufferers becoming worse over time with loss of appetite, loss of sleep and a depth of sadness not normally experienced by many. Suicidal responses are therefore very different from rational suicide and people often cannot comprehend reasons for such action. Major depression is an illness in its own right and often a result of a chemical imbalance in the brain. It is largely treatable by medication.

Suicide and voluntary euthanasia

An argument often put forward against voluntary euthanasia is that it would increase the suicide rate. However Dr Ryan disagrees. It is more likely to lower it slightly. The number of rational suicides is tiny and while it is likely that voluntary euthanasia legislation may increase the number of rational suicides, the overall numbers would remain small. If everyone knew they could seek voluntary euthanasia from doctors; and that discussions were not out of bounds, some of those people contemplating non-rational suicide, and those with major depression may speak to their own doctors and hopefully be diagnosed and successfully treated. Dr Ryan supports a brief psychiatric review as part of legalising voluntary euthanasia.

The Australian Suicide Prevention Information and Resource Exchange has a website at www.ichr.uwa.edu.au/sp It has a wide range of resources, but is not a crisis service