To Die, to Sleep—To Sleep, Perchance to Dream

Suicide, Assisted Suicide and the Depression Connection

William and Mary Students for Life Fall 2009
Suicide—More Common Than you May Think

- The 11th leading cause of death in the US.
- Over 33,000 people in the US commit suicide each year. Average=one/minute.
- The 3rd leading cause of death among 15-24 year olds.
- In older people, the suicide rate in men rises with age, especially after 65.
Suicide, Euthanasia and Assisted Suicide. A ‘Rose’ By Any Other Name?

- Little Consensus On Definitions. Do They Matter?
- Suicide=Voluntary taking of one’s own life.
- Euthanasia (Greek)=“a good/easy death”.
  - Active=Act of Ending Life of Individual With Terminal Illness.
  - Passive=Withholding or withdrawing essential medical interventions without patient’s consent.
- Physician Assisted Suicide=Helping a person kill himself.
Killing Time: A Chronology of Assisted Suicide

- 1941-Switzerland-physician and non-physician assisted suicide.
- 1990-Michigan doctor Jack Kevorkian devises a suicide machine and begins to assist in the death of nearly 100 people.
- 1995-Australia-assisted suicide.
- 1997-Australia-rescinds law.
- 1997-Oregon voter initiative, the Death With Dignity Act, enacted into law after many court battles.
Killing Time: Continued

- 1999-Kevorkian begins his 10-25 year prison sentence for a count of second degree murder.
- 2002-Belgium and the Netherlands pass Euthanasia laws.
- 2005-Terri Shiavo case.
- 2006-US Supreme Court-physician assisted suicide cases left to the States.
- 2007-Kevorkian released from prison for good behavior and embarks on a political activist career, including a 2008 run for a Michigan congressional office.
The Suicide and Depression Connection: Suicide in General

- Over 60% of people who die by suicide suffer from major depression. Including alcoholics who are depressed, the figure rises to over 75%.
- Nearly 10% of Americans aged 18 and over, or 24 million people, suffer from depression in a given year.
- About 15% of the population will suffer from clinical depression at some time during their lifetime. 30% of all clinically depressed patients attempt suicide; half of them ultimately die by suicide.
Here Comes the Pain? Assisted Suicide, Pain and Depression.

- Many people assume/hypothesize that terminally ill patients request a form of suicide because they are in severe pain.
- The evidence does not support this.
- Marije L. van der Lee et. al. 2005 clinical study-terminally ill cancer patients in Netherlands. Patients with clinical depression were 4.1 times more likely to make an explicit request for euthanasia.
What About Oregon?

- DWDA Yearly Assessments.
  - From 1997-2008, the most frequent end-of-life concerns for those who utilized the law were:
    - Loss of Autonomy (95%), Decreased Ability to Participate in Activities that Made Life Enjoyable (92%) and Loss of Dignity (92%)
    - In 2008, only 5% cited pain as a major concern.
DWDA And Depression

- Professor Linda Ganzini at the Columbia Center for the Study of Chronic, Comorbid Mental and Physical Disorders in Portland, Oregon conducted a study on depression and anxiety in 2008 in relation to DWDA.
  - Of 58 participants with terminal illnesses that requested aid in dying from a physician or contacted an aid in dying advocacy organizations, 15 patients met the case’s criteria for depression.
  - 13 met it for anxiety.
  - Of 18 patients who received a prescription for a lethal drug, 3 met the criteria for depression.
Why Does It Matter?

- DWDA specifies that those with depression or psychological conditions such as depression or bi-polar disease should be referred to for treatment.
- According to data taken from the assessment of DWDA, from 1998-2008, only 10.7% of patients were referred for psychiatric evaluation.
- In 2007, none of the 46 patients who used physician-assisted suicide were referred for psychiatric care, while in 2008 on 3.3% were.
- Are patients getting the care they need?
What Should Be Done?

- 90% of those who die by suicide have a diagnosable psychiatric disorder at the time of their death. Not all of these people get care.
- Depression is among the most treatable of psychiatric illnesses. Between 80% and 90% of people with depression respond positively to treatment, and almost all patients gain some relief from their symptoms.
- Depression has to be recognized and treatment encouraged to enact change.
What can we Do today?

- Recognize Symptoms of Depression.
  - Changes in sleep patterns, appetite or weight.
  - Increased anxiety, fatigue or loss of energy.
  - Decreased concentration, indecisiveness, poorer memory.
  - Feelings of hopelessness, worthlessness, guilt.
  - Reoccurring thoughts of death or suicide.
Take Threats Seriously
- 50-75% of all people who commit suicide warn a family member or friend of their intentions.

Be Willing to Listen
- Tell the person you are concerned.
- Ask if the person is receiving care.
- Do not attempt to argue someone out of suicide. Let them know you care and are there. Let them know depression can be treated.

Seek Professional Help
- Be considerate to all you meet. You never know who may be suffering from depression and/or suicidal thoughts.
- Participate in activities which encourage or help people enjoy their lives.
And Assisted Suicide?

Spread correct knowledge of assisted suicide and why people often resort to it.

Encourage people to seek psychological evaluation and treatment at the end of life, especially if they are considering suicide.

Contact your representatives to let them know where you stand on the issue. Be an activist for the Right to Life.
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