Legalising 'Assisted Dying' Failed to Prevent "One Suicide a Week"

New research published in the *Journal of Ethics in Mental Health* has found that the introduction of Voluntary Assisted Dying (VAD) has failed to reduce the rate of 'unassisted' suicide in the State of Victoria.

In fact, since the law came into force, suicide among older people in Victoria has increased by more than 50%.

On 5 December 2017, Victoria was the first State to legalise VAD in Australia. A key argument that helped swing the debate in favour of a change in the law was made by the Coroners' Court to a committee of the Victorian Parliament. The Victorian Coroner John Olle described harrowing cases of people with terminal illnesses who had taken their own lives. The clear implication was that many of these suicides would not have happened if VAD had been available. He said this was happening at the rate of "50 cases per year".

Olle's evidence was picked up by the Australian media at the time and was highlighted by Andrew Denton, founder of Go Gentle Australia in his campaign for the legalisation of VAD. In numerous articles, Denton popularised the Coroner's statistic of "50 cases of suicide every year", sometimes rephrased as "one suicide a week". This argument was pivotal to the recommendations of the Parliamentary Committee and was invoked by most of those who spoke in favour of the bill in the Parliamentary debate including Jill Hennessy, the Minister for Health, and the Premier, Daniel Andrews.

What then has happened to suicide rates in Victoria since the law came into force in June 2019? Rather than seeing a reduction, there has been an increase in unassisted suicides, and especially among those aged 65 or over. These have increased from 102 in 2018 to 156 in 2022, according to figures from the Victoria Suicide Register.

In fact, while suicides increased among the elderly, who are more directly affected by VAD, suicides did not increase among those below the age of 65. The increase in elderly suicide was also much larger than the increase in elderly suicide in neighbouring New South Wales, which only implemented VAD in November 2023. These findings were published in the peer-reviewed *Journal of Ethics in Mental Health*.

There was no evidence of a reduction in suicide after implementing VAD. The study found that, rather than 50 fewer suicides a year among elderly people in Victoria, there was an increase of 54 a year, i.e. one *more* suicide per week.

The idea that VAD would help prevent "one suicide a week" in Victoria was repeated in other States as each followed the example of Victoria in legalisation of VAD.

As Victoria reviews the implementation of the Voluntary Assisted Dying Act 2017, and as the Australian Capital Territory and Northern Territory consider whether to follow the example of the Australian States, it is important to acknowledge that a key argument made in favour of legalisation is not supported by the evidence. The introduction of VAD has not resulted in any reduction in conventional unassisted suicide.

Australia must do more to address the suffering and desperation of those over 65 who are dying by suicide in Australia. Offering them the chance to die by VAD has not helped. What is needed is to offer older people better support to live well whether in sickness or in health.

END

Notes to Editors:
• Any part of the above can be quoted as coming from our Director, Professor David Albert Jones.
• If the issues discussed here affect you or someone close to you, you can call Lifelife Australia on 13 11 14 (Aus), or visit their website: www.lifeline.org.au
• If you are reporting or writing about a case of death by suicide, whether assisted or non-assisted, please consult the Samaritans' media guidelines on how to do so responsibly.
• For more background information on this issue, see the Anscombe Centre briefing paper on assisted suicide and suicide prevention.
• For more information on the Anscombe Bioethics Centre, see our website: www.bioethics.org.uk
• For interviews or comment, contact: media@bioethics.org.uk