

## **National Suicide Research Foundation**

### **Opening statement, Joint Committee on Assisted Dying, 14<sup>th</sup> November**

The National Suicide Research Foundation is an independent research organisation and our mission is to provide a body of reliable knowledge, from a multi-disciplinary perspective, on the risk and protective factors associated with suicidal behaviour. As part of the invitation to participate in this session, we have prepared a discussion paper on considerations for suicide prevention, research and policy development in the context of exploring legislating for assisted dying in Ireland.

Based on our review of the international literature, we have identified the following key findings:

- Even though an increasing number of countries have introduced legislation to facilitate assisted dying for people with physical health conditions and, in more recent years for people with mental health conditions, there is limited information about the implementation of legislation and procedures involved.
- Based on the available research, there is no consistent evidence that rates of suicide change as a result, with no study reporting a decrease in suicide rates as a result of such provisions. However, research in this area is significantly hampered by the lack of reliable data on deaths both by assisted dying and by suicide, and involvement of a small number of countries.
- The profile of individuals who die via assisted dying seems to be distinct from those who die by suicide. Those who die by assisted dying are generally older in age and are more likely to be female. However, some potential risk factors are shared by both groups, including living alone, having no children, and not identifying as being religious. Furthermore, the prevalence of psychiatric co-morbidities in individuals who die by assisted dying is difficult to establish, with reported proportions ranging from 3-39%. It is likely that the prevalence of mental health conditions such as depression are under-reported and undiagnosed in people who request assisted dying.
- There is very little research on the relationship between suicide risk and terminal or chronic illness. International research shows that the risk of suicide in this group is highest in the first six months after receiving a diagnosis. Our research has found that 57% of people who died by suicide had been diagnosed with a physical illness. Furthermore, 72% of people deemed to have engaged in high-risk self-harm had experienced chronic physical pain in the past year. In addition, the motives related to suicidal acts are wide ranging.

- Systematic and independent research is also lacking on the safeguarding processes within frameworks for implementing assisted dying legislation, which may negatively impact on patients experiencing psychiatric conditions in particular.

Considering these key points, there are five important recommendations for research and policy.

- First and foremost, as a foundation focused on suicide prevention, we would strongly advocate for investment in the development and implementation of evidence-based psychotherapeutic interventions for people recently diagnosed with a chronic or terminal illness and for older adults.
- Second, there should be continued and increased targeted funding to reduce health inequalities and optimise standardised access to health and mental health services.
- Third, we would advocate for clarification regarding the role of mental health professionals in the assessment of patient competency and decision-making capacity.
- Fourth, given the lack of reliable data on deaths, if a change in Irish legislation was to occur around assisted dying, it should be accompanied by a comprehensive data recording system, in order to reliably monitor trends in both assisted dying and suicide at a national level.
- Fifth, there is a lack of evidence regarding the effectiveness and standardisation of safeguards in the process of assisted dying. It is difficult to identify what safeguards would be deemed sufficient based on the international experience and where responsibility lies in determining adherence to safeguards.

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