

A HIDDEN PROBLEM: SUICIDE BY TERMINALLY ILL PEOPLE.

CAMPAIGN FOR
DIGNITY
IN DYING.

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The issue of Britons travelling abroad to die to exercise choice and control over their death receives regular media coverage. On average one Briton is assisted to end their life in Switzerland every two weeks.

Less well documented is the greater number of terminally ill people who end their lives here, at home in the UK. In order to get an accurate picture of the frequency of these cases, we updated previous research by the think tank Demos from 2011 which indicated that in around 2% of suicides in England the person ending their own life had a terminal illness (a potentially conservative estimate according to the authors).¹

METHODOLOGY.

In April 2014 Dignity in Dying sent a Freedom of Information (FOI) request to the Director of Public Health of every local authority in England.² The request was for the number of adult suicides³ that they had on record and specifically the number of these suicides where it had been noted that the person had a terminal illness.

KEY FINDINGS

- The circumstances of 760 suicides were examined in detail.
- Based on the data, in 7% of suicides the person had a terminal illness.
- When applied to national figures, 7% equates to approximately 300 suicides by terminally ill people in England every year.

DATA.

72 out of 139 local authorities in England responded to the request. 49 provided data, but the vast majority did not record the presence of a terminal illness as part of the audit process. However, 6 authorities had done this and provided data:

- Total suicides recorded by the 6 local authorities between the years 2005 and 2013:
760

- Number of those suicides where the individual had a terminal illness: **56**
- % of suicides where the individual had a terminal illness: **7.36%**⁴

One local authority informed us that they provided a template for their coroners to use when dealing with a suicide or potential suicide case. This template includes a section for any further information that the coroner may want to include. When responding to the FOI request, the local authority examined every template that they had on record for suicide cases, making note of the ones where the coroner had stated the person had a terminal illness.

A number of local authorities who could not provide data said they would now routinely record the presence of a terminal illness with suicide cases in recognition of the importance of these issues.

ESTIMATES OF ANNUAL FIGURES.

In 2012 there were 4,513 adult suicides in England.⁵ Applying the FOI finding of 7.36% suggests that 332 of these individuals had a terminal illness.



Duncan McArthur ended his own life, in October 2009, with medication he had stockpiled having been diagnosed with Motor Neurone Disease in 2006. His wife Susan describes his death:

“ I knew that the progress of the disease had accelerated significantly and he was beginning to have breathing difficulties. His left hand was very weak and he was getting very little sleep. Then came the day when he told me he had made the decision and that it was time to go. ”

Susan was the subject of a police inquiry immediately following Duncan's death. There was no prosecution but the inquiry meant a funeral could not take place until December 2009 and an inquest was not held until almost a year later.

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Michelle was suffering from Motor Neurone Disease when she took her own life. Michelle wrote letters to her friends and family and took an overdose of painkillers in her home. She did this without her husband Chris so that he would not be accused of assisting her.

When he entered her room the next morning she was laying on the bed unconscious but still breathing. Chris called an ambulance and gave them a note she had written stating she did not want to be resuscitated. She died a few hours later.

CONCLUSIONS.

The FOI findings indicate that of the 4,500 adult suicides per year around 300 involve a person who has a terminal illness. However, as indicated by the Demos research, and the relatively low incidence of recording terminal illness, this may be a conservative estimate. We would welcome further scrutiny of coroners' data. Knowing the number of dying people who end their own lives provides an insight into the problems that the current law creates.

The results of the FOI request highlight that the current law does not provide transparent, safeguarded choices for a significant minority of dying people who want to control the manner and timing of their death. This causes some to take matters into their own hands – with many dying alone, often in distressing circumstances. If the person

ending their life by suicide requests assistance from a friend or family member this would implicate the friend or family member in the suicide, which is illegal and carries a risk of prosecution and potentially imprisonment.

Assisted dying legislation would allow terminally ill patients to request assistance to die without fearing the legal implications for those that care for them. Crucially, a change in the law would mandate safeguards before a person could be assisted to die, and therefore offer better protection for terminally ill people than the current law can offer.

One area of concern is that terminally ill patients requesting assisted dying may have depression. Under a change in the law a patient request would prompt a mental capacity assessment by two independent doctors alongside

detailed discussions about supportive care and treatment. Whilst studies indicate that symptoms of depression amongst terminally ill patients are more prevalent than amongst the general population,⁶ it must be acknowledged that a level of rational depression or 'appropriate sadness' is considered normal in terminally ill patients approaching the end of their life.⁷ Nevertheless, if a patient was found to have depression, this could be treated. This is in marked contrast to the current law under which many terminally ill people are taking decisions to end their lives without medical support or assessment.

An assisted dying law would allow dying people choice and control over the timing of their imminent death, allowing them to die safely and at home with their loved ones. It would provide both greater choice and better protection than the current law.

REFERENCES

- 1 DEMOS stated that when they collected data "some PCTs were unable to provide full information, or were explicitly conservative in the numbers that they provided." <http://www.demos.co.uk/publications/thetruthaboutsuicide>
- 2 Local authorities were approached because prior to the introduction of the Health and Social Care Act 2012, the government recommended that all Primary Care Trusts (PCTs) conduct annual audits of suicide trends in their districts. When the PCTs were abolished the data from these audits would have fallen under the jurisdiction of local authorities.
- 3 The Office for National Statistics (ONS) uses 15 and over to classify an "adult" in its suicide figures.
- 4 This is the total number of suicides that the participating local authorities provided. Two local authorities could not provide a breakdown of their results in terms of years. Consequently, the figures were amalgamated to provide total number of suicides between 2005 and 2013. The same methodology was applied to the number of suicides where the individual has a terminal illness and this provided the figure of 7.36% for the average number of suicides per year where the individual had a terminal illness.
- 5 HM Government (2014) Preventing suicide in England: One year on. First annual report on the cross-government outcomes strategy to save lives.
- 6 Lloyd-Williams M, Friedman T (2001) Depression in palliative care patients – a prospective study *European Journal of Cancer Care* 10(4) 270-274
- 7 Ganzini L, Dobscha S (2003) If it isn't depression...*Journal of Palliative Medicine* 6(6): 927-931

DIGNITY IN DYING

Dignity in Dying campaigns to change the law to allow the choice of an assisted death for terminally ill, mentally competent adults, within upfront safeguards.

The Samaritans' 24-hour helpline is 08457 909090.

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