

## Essay

# The Debate over Whether Physician-Assisted-Suicide Is the Same or Different from Suicide

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**Abstract:** The American Association of Suicidology argued that physician aid-in-dying is not the same as suicide. In this essay, it is noted that suicidal acts by each method chosen for suicide have unique properties and different psychological correlates. Therefore, physician aid-in-dying and physician assisted suicide can be viewed as suicide by a unique method and, therefore, viewed as suicide.

**Keywords:** physician aid-in-dying, assisted suicide, methods for suicide

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In 2017, the American Association of Suicidology (AAS, 2017) published a statement arguing that suicide is not the same as physician aid in dying, meaning physician-assisted suicide (PAS). They pointed to differences, such as legal approval for PAS required that the person was not psychiatrically disturbed, and the person must have a terminal illness. Since AAS has preventing suicide as one of its aims, but since AAS does not want to prevent PAS (which has been legally approved in several American states and countries), this semantic distinction is necessary for AAS.

Some commentators have argued that this distinction is not valid. The present commentary also argues that the distinction between suicide and PAS made by AAS is not valid because it is probable that suicides by each method for suicide (such as by solids and liquids or by firearms) are not the same. It can be argued on the basis of research that the causes, predictors and correlates of suicide by each method are quite different. For example, suicide by hanging may require a different sociological explanation than suicide by an overdose of medication. If this is valid, then PAS is merely suicide by a different and unique method. What is the evidence that suicide by each method may be a distinct behavior?

## Are Suicide Rates by Different Methods associated over Regions?

Lester (1990) explored the differences in the suicide rates by different methods by examining differences by state in the USA. First, he used factor analysis to see which methods of suicide clustered over the states. Cluster 1 contained suicide by hanging/strangulation, cutting/piercing, jumping and "other methods." Cluster 2 contained suicide by other gases/vapors and submersion/drowning. Cluster 3 contained suicide by solids/liquids and firearms/explosive. This means, for example, that states with higher rates of suicide by hanging also had higher rates of suicide by jumping but did not differ in suicide rates by drowning.

Lester (1987) found that, although overall suicide rates increased to the west across the states of the USA (with no north-south variation), suicide rates by hanging were high in the north, while suicide rates by poisons and firearms were indeed higher in the west.

## Do Regional Suicide Rates by Different Methods have Similar Predictors?

Lester (1990) examined 37 social and economic variables over the states of the USA and identified seven clusters of variables. The total suicide rate was associated positively with scores on the cluster

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measuring low social integration and negatively with scores on the cluster measuring the age of the population. The associations for the suicide rate by each method were:

- *Solids/liquids*: positively with urban/wealthy and low social integration;
- *Gases/vapors*: positively with urban/wealthy and participation in the labor force and negatively with southern;
- *Hanging*: positively with urban/wealthy and negatively with southern;
- *Drowning*: positively with the age of the population and Roman Catholicism;
- *Firearms/explosives*: positively with low social integration and negatively with urban/wealth and the age of the population;
- *Cutting/piercing*: positively with urban/wealth and Roman Catholicism;
- *Jumping*: positively with urban/wealth and the age of the population;
- *“Other methods”*: positively with urban/wealth.

Lester concluded that Durkheim’s (1897) theory of suicide, which included low social integration as a causal factor, was confirmed only by rates of suicide by solids/liquids and by firearms/explosives. A different sociological theory of suicide would be necessary to explain suicide rates by other methods.

### **Suicide Rates by Different Methods over Time**

Lester (1996) looked at the suicide rates by each method over time in England and Wales from 1950 to 1985. The total suicide rate was positively associated with the birth rate and negatively with the marriage rate. The suicide rates using poisons, cutting and firearms had no sociological correlates. The suicide rate using domestic gas was negatively associated with the marriage rate. The suicide rate using other gases (primarily car exhaust) was positively associated with the divorce and unemployment rates. The suicide rate by hanging was positively associated only with the divorce rate. The suicide rate by submersion was negatively associated with the unemployment rate. Thus, the sociological correlates of the suicide rates by each method over this time period differed.

Lester (2000) replicated this study using suicide rates from the USA over time from 1950 to 1985. The total suicide rate was significantly associated with marriage and birth rates positively and divorce rates negatively. This pattern was found also for suicide rates using firearms. For suicide rates using solids/liquids, all three regression coefficients were negative, and for suicide rates using hanging, all three regression coefficients were positive.

Lester (1988) found that, from 1946 to 1977 in the USA, the total suicide rate increased, as did the suicide rates by poisons and by firearms. In contrast, the suicide rates by hanging and by residual methods declined.

### **Personal Characteristics of Suicides by Different Methods**

There is a great deal of recent research on suicides who choose different methods, such as jumping in front of trains (e.g., Mishara & Bardon, 2017) and those jumping from bridges (e.g., Saeheim, et al. 2017). For example, suicides using firearms tend to be more impulsive than those using other methods and to less often have a history of non-lethal suicide attempts (Anestis, Khazem & Anestis, 2017). Preventing firearm suicides also calls for different prevention strategies than preventing suicide by other methods, such as national firearm control laws and safety lock on firearms (Houtsma, Butterworth & Anestis, 2018).

### **Discussion**

The idea that suicides by the various methods used may be distinct and different behaviors was suggested by Clarke and Lester (1989) in their book on the tactic of restricting access to lethal methods for suicide prevention. They noted that there was good evidence that many suicides would not have switched methods for suicide if their preferred method was unavailable. These acts may be method-specific. Suicide may not be a unitary behavior, but rather a collection of somewhat different behaviors distinguished in part by method. Suicide by each method may have unique psychological, psychosocial and sociological correlates and, therefore, causes.

The evidence presented in this comment is primarily sociological. However, suicides by different methods differ at the individual level too. For example, Stack (2015) has documented differences in the suicides choosing particular locations for their death, whether it be at home, in a hotel or in a natural area. For example, suicides at the Grand Canyon National Park were younger, more often Asian, less often divorced, less often reacting to health problems, or intimate partner problems, less often drug and alcohol abusers and less often depressed, less often left a suicide note, and more often used falls and jumps and died in a car as compared to all suicides in natural areas and all suicides in general in the USA. The conclusion is, therefore, that PAS is merely suicide using a different method. In the same way that suicides using each different method for suicides have unique sociological correlates, the rate

of suicide by PAS will also have unique sociological correlates and those choosing PAS will have unique psychological characteristics. Further research is needed to explore the differences between those who choose PAS, those who choose suicide without assistance, and those who choose to die of natural causes.

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