



SUBMISSION

A Strategy to Prevent Suicide in New Zealand: Draft for public consultation.

Suicide Prevent Strategy Consultation
Ministry of Health
P.O.Box 5013
Wellington 6140
suicideprevention@moh.govt.nz

YOU DON'T DISCOURAGE SUICIDE BY ASSISTING SUICIDE.

1. This submission is being made by **Family First NZ**, a charitable organisation that researches and advocates on family issues in the public domain.
2. *'Suicide is a fundamental human right - one that society has no moral right to interfere with'*
3. This is what we would classify as an objectionable and dangerous idea – a tweet from euthanasia advocate Dr Philip Nitschke to Family First a few months ago.
4. In 2014 Nitschke came under fire from two Australian suicide prevention organisations, *Beyond Blue* and the *Black Dog Institute*, after his involvement in the suicide of a physically healthy 45-year-old Australian man, a 39-year-old mother suffering from post-natal depression who died an agonizing death from euthanasia drugs; a 26-year-old suffering from hidden depression; and a [Wellington woman](#) who ended her life with Nembutal, after receiving advice on how to obtain it from Dr Nitschke. She was a life-member of EXIT and was suffering from depression, but was physically fit and not suffering a terminal illness.
5. As a result, the Medical Board of Australia has imposed 25 strict conditions on Philip Nitschke, known as Doctor Death. The board [believes](#) he *"presents a serious risk to public health and safety."*
6. **The current media emphasis – and in our view, cheerleading - on assisted suicide / euthanasia presents a serious risk to public health and safety.**
7. Just recently, Chief Coroner Judge Deborah Marshall referred to NZ's unacceptable and stubbornly high suicide rate and said that there needs to be more discussion – but Judge Marshall said we needed more discussion about suicide **prevention**.
8. **But the push for assisted suicide / euthanasia is being driven by a desire to promote assisted suicide.**
9. **You don't discourage suicide by assisting suicide.**
10. Laws permitting physician-assisted suicide send a message that, under especially difficult circumstances, some lives are not worth living — and that suicide is a reasonable or appropriate way out.

11. **But Suicide is already a public health crisis.** Do we want to worsen this crisis?
12. Many of us are concerned with the impact on elder suicide and youth suicide as a result of ‘normalising’ the concept of so-called ‘rational suicide’.
13. There is a ‘social contagion’ aspect to suicide – assisted or non-assisted.
14. The World Health Organisation notes the scholarly research on the imitative nature of suicide:

“Over 50 investigations into imitative suicides have been conducted. Systematic reviews of these studies have consistently drawn the same conclusion: media reporting of suicide can lead to imitative suicidal behaviours.... Particular subgroups in the population (e.g., young people, people suffering from depression) may be especially vulnerable to engaging in imitative suicidal behaviours. Finally, and probably most importantly, overt description of suicide by a particular method may lead to increases in suicidal behaviour employing that method.”¹

15. Commenting on Brittany Maynard’s suicide which has been a *cause de celebre* for euthanasia advocates, social scientist Dr. Aaron Kheriaty from the University of California argues that “*given what we know about suicide’s social effects, and given the media portrayal around her death, we can anticipate that her decision will influence other vulnerable individuals.*”²
16. In his article published in the *Southern Medical Journal* last year, he goes on to say:

“(The Werther Effect) has been replicated many times since in rigorous epidemiological studies, including research demonstrating this effect following cases of doctor-assisted suicide.

“Because this phenomenon is well-validated, the U.S. Centers for Disease Control and Prevention, the World Health Organization and the U.S. surgeon general have published strict journalistic guidelines for reporting on suicides to minimize this effect. It is demoralizing to note that these guidelines were widely ignored in the reporting of recent instances of assisted suicide, with the subject’s decision to end his or her life frequently presented in the media as inspiring and even heroic.

A related phenomenon influences suicide trends in the opposite direction, however; the so-called Papageno effect suggests that coverage of people with suicidal ideation who do not attempt suicide but instead find strategies that help them to cope with adversity is associated with decreased suicide rates.

17. We know this to be the case. For example, the Chilean 14-year-old Valentina Maureira.
18. She made a YouTube video³ begging her government for assisted suicide, and her case illustrates the Werther and Papageno effects. Maureira admitted that the idea to end her life began after she heard about the case of Brittany Maynard⁴. But Maureira changed her mind after meeting another young person also suffering from the same disease, cystic fibrosis, who conveyed a message of hope and encouraged her to persevere in the face of adversity.
19. **With our laws, we can encourage vulnerable individuals in one of these two directions:** the path of Werther or the path of Papageno.

¹ http://www.who.int/mental_health/prevention/suicide/resource_media.pdf

² https://www.washingtonpost.com/opinions/the-dangerously-contagious-effect-of-assisted-suicide-laws/2015/11/20/6e53b7c0-83fb-11e5-a7ca-6ab6ec20f839_story.html?utm_term=.c4e9a71afe38

³ <https://www.youtube.com/watch?v=HGlzsTzshVU>

⁴ <http://thebrittanyfund.org/>

20. Promotion of assisted suicide is a message that will be heard not just by those with a terminal illness but also by anyone tempted to think he or she cannot go on any longer.
21. As you may be aware, the Stuff website recently did a feature on the issue entitled “*Public reports of suicides linked to copycat deaths*”⁵ and said that a contagion effect can occur when an already vulnerable person emulates the suicide of another person following reports or public discussion of the suicide. This is sometimes referred to as a “copycat suicide”.
22. The Mental Health Foundation’s Moira Clunie said that restrictions on reporting are in place to protect those who are already vulnerable. She says that reports of suicide can give vulnerable people “*triggers or pictures*” around potential methods.
23. The Human Rights Commission has just released a paper on “*prioritisation of vulnerable customers*”⁶ to help insurers, and potentially other businesses and social sector agencies, to prioritise vulnerable customers. Under the definition of vulnerability, they say that “*It changes over time and depending on people’s circumstances, meaning that people can move in and out of vulnerability and between different kinds of vulnerability.*”
24. Examples include
- *Customer has been diagnosed with a chronic illness or terminal illness*
 - *Customer has a serious physical health condition or serious mental health condition which requires continuous monitoring*
25. They say that Vulnerability is about “*valuing customers (patients) and better managing risk.*”
26. A New Zealand Medical Journal report by New Zealand suicide researchers Annette Beautrais and David Fergusson says reporting on suicide in any way puts vulnerable people at risk.⁷
27. The joint World Health Organisation (WHO) and International Association for Suicide Prevention (IASP) guidelines on suicide and media reporting (2000) conclude:
- “Overall, there is enough evidence to suggest that some forms of non-fictional newspaper and television coverage of suicide are associated with a statistically significant excess of suicide; the impact appears to be strongest among young people.”*⁸
28. A 2010 study examined both the positive and negative effects of media reporting using Austrian data.⁹ This study found that the **repetitive** reporting of completed suicide or suicide attempts, had harmful effects and led to increases in suicidal behaviour.
29. **This is exactly the risk to young and to vulnerable people and elderly people as a result of the current obsession in New Zealand with promoting assisted suicide / euthanasia.**
30. Riaz Hassan (1995), “*Social Factors in Suicide in Australia*” published in the *Australian Institute of Criminology* says in his discussion that:
- “The average daily rate of suicide in Australia increases significantly after the publication of suicide stories in the Australian media. The increase tends to be primarily due to the increase in male suicide. The most plausible explanation of the noneffect of media stories on female suicide is that most of the stories are likely to report male suicides, with which females may*

⁵ <http://www.stuff.co.nz/national/80198760/Public-reports-of-suicides-linked-to-copycat-deaths>

⁶ https://www.hrc.co.nz/files/5114/7426/1153/HRC_Vulnerability_Guidelines.pdf

⁷ <https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2012/vol-125-no-1362/editorial-beautrais>

⁸ http://www.who.int/mental_health/media/en/426.pdf

⁹ *Role of media reports in completed and prevented suicide: Werther v. Papageno effects*, Thomas Niederkrotenthaler et al; *The British Journal of Psychiatry* Sep 2010, 197 (3) 234-243;

*be less inclined to identify. This effect may also be produced by the differential exposure to media of males and females and the lethality of methods of suicide used by them.”*¹⁰

31. In a paper for the Ministry of Health in 2004 entitled “*Suicide and the Media: A study of the media response*”¹¹ by Jim Tulley and Nadia Elsaka, they note that the;

“weight of evidence indicates an association between non-fictional reporting and actual suicidal behaviour, a view supported by Pirkis and Blood (2001) after an extensive literature review.”

32. In the study referred to “*Suicide and the media. Part I: Reportage in nonfictional media*”¹² published in 2001, they say that:

“Numerous studies have considered the association between media reporting and portrayal of suicide and actual suicidal behavior or ideation. This review considered 42 studies ... The review demonstrated that there is an association between nonfictional media portrayal of suicide and actual suicide. The association satisfies sufficient of the criteria of consistency, strength, temporality, specificity and coherence for it to be deemed causal.”

33. A 1997 paper published in the *British Journal of Psychiatry* found a statistical association between reports of suicide inquests in a local paper and the subsequent suicide of men under 45 years.¹³

34. Studies in England and Wales in 1978-9, the UK in 1999, Austria in 2004 and Taiwan in 2012 found that there was a rise in the number of similar suicides, following high-profile media reports that included the method.

35. The *New Zealand Suicide Prevention Action Plan 2013–2016*¹⁴ released in May 2013 has a number of action areas in order to achieve the objectives of reducing our suicide rates.

36. One action area (#5) is to “*Support communities to respond following suicides, especially where there are concerns of suicide clusters and suicide contagion.*”

37. **But protracted discussion and the promotion of assisted suicide / euthanasia and related cases will undermine the suicide prevention message and goals** in the following ways:

- legalised assisted suicide can imply that the promotion of mental health and wellbeing for people in pain is futile or counter productive
- it can imply that people in pain do not need care when they feel suicidal and instead asserts that suicide is their best outcome
- it can increase the means to suicide especially for those who are vulnerable because of pain or illness
- it would normalise positive portrayals of suicide in the public domain. People contemplating suicide may justify doing it based on positive stories and arguments they have heard about assisted suicide
- it would ignore the possible harmful effects on families / whanau

38. In 2014, the Law Commission released a Report entitled “*Suicide Reporting*”¹⁵. It said that the aspects of normalising suicide, glorifying the suicide, sensational coverage and/or the prominence of the coverage were significant. The Law Commission said:

¹⁰ http://www.aic.gov.au/media_library/publications/tandi_pdf/tandi052.pdf

¹¹ <http://www.health.govt.nz/system/files/documents/publications/suicideandthemediastudyofthemediarresponse.pdf>

¹² <https://www.ncbi.nlm.nih.gov/pubmed/11848658>

¹³ <http://bjp.rcpsych.org/content/131/5/528.full-text.pdf+html>

¹⁴ <http://www.health.govt.nz/system/files/documents/publications/new-zealand-suicide-prevention-action-plan-2013-2016-v2.pdf>

“While most readers will not be affected, a minority of already vulnerable people may be affected. The research shows young people and those with mental health problems may be particularly vulnerable to suicide reports.”¹⁶

And:

“Reports of suicides contribute to other suicidal behaviour if they create more positive definitions of suicide (advertising the method of suicide, glorifying the suicide, providing sensational coverage, normalising the suicide) than negative definitions (focusing on the pain of suicide, promoting alternatives to suicide).”¹⁷

And:

“A normalising effect may occur when suicide is represented (often inadvertently) as a reasonable or common response to problems or a crisis. By being presented as relatively common, a person may feel that it is more acceptable.”

39. Last October, an important study was published by British scholars David Jones and David Paton demonstrating that legalizing assisted suicide in other states has led to a rise in overall suicide rates — assisted and unassisted — in those states.¹⁸

40. The paper says: *“It may be that legalising PAS also provides positive role models who help normalise suicide more generally.”*

41. You don’t discourage suicide by assisting suicide.

42. It noted that Oregon’s rate of ‘*unassisted*’ suicide in the general population is 41% higher than the national average,¹⁹ the Netherland’s official statistics agency reported in 2013 that the suicide rate in the general population has “grown dramatically” over the past five years, with a 30% increase from 2008 to 2012.²⁰

43. The public debate around euthanasia / assisted suicide has happened a number of times before – 1995 (Michael Laws’ bill), 2003 (Peter Brown’s bill) and 2012 (Maryan Street’s bill introduced).

44. It is significant to note the suicide and attempted suicide rates during those years,²¹ and that for each occasion, there is a slight rise going against the overall trend. We agree that there may be other factors to consider here, but there is a potential and real risk which must be considered. *(see graphs)*

¹⁵ <http://www.lawcom.govt.nz/sites/default/files/projectAvailableFormats/NZLC%20R131.pdf>

¹⁶ DP Phillips and LL Carstensen “Clustering of teenage suicides after television news stories about suicide” (1986) 315 N Engl J Med 685.

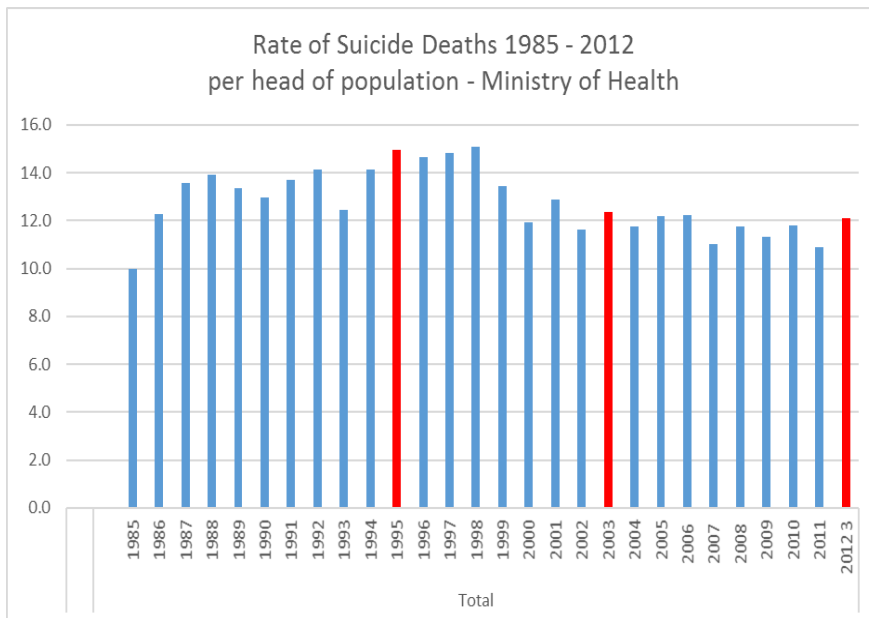
¹⁷ Steven Stack “Suicide in the Media: A Quantitative Review of Studies Based on Nonfictional Stories” (2005) 35 Suicide and Life Threatening Behavior 121.

¹⁸ <http://www.medscape.com/viewarticle/852658>

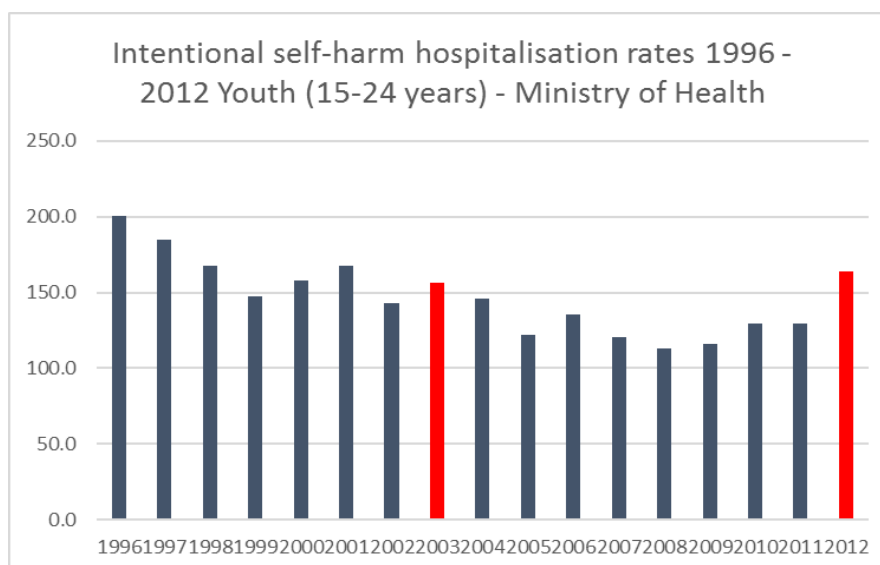
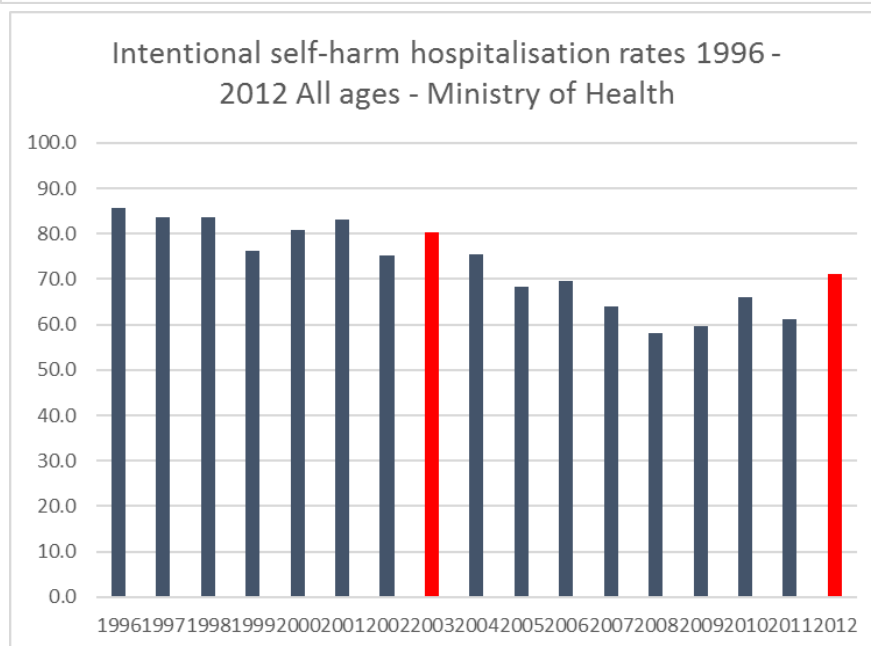
¹⁹ Oregon Public Health Division “*Suicides in Oregon: Trends and risk factors – 2012 report*” <http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/NVDRS/Suicide-in-Oregonreport.pdf>.

²⁰ www.cbs.nl/en-GB/menu/themas/dossiers/alloctonen/publicaties/artikelen/archief/2013/2013-3995-wm.htm.

²¹ <http://www.health.govt.nz/publication/suicide-facts-deaths-and-intentional-self-harm-hospitalisations-2012>



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45. Robert Salamanca wanted to commit suicide after being diagnosed with Lou Gehrig's disease. This was when Jack Kevorkian was—to much media acclaim—helping people with disabilities and terminal conditions kill themselves.
46. Eventually, he admitted, “I came out of the fog,” so happy to be alive. Bob spent his final years watching his children grow, investing successfully online to help his family financially, and collecting art. Before he died peacefully in his sleep in 1997, Bob wrote an op/ed column for the *San Francisco Chronicle* titled “*I Don't Want a Choice to Die*”:

“[R]eporting in the media too often makes us feel like token presences, burdens who are better off dead . . . Many pro-euthanasia groups “showcase” people with ALS. They portray us as feeble, unintelligible and dying by slow suffocation. This is absolutely false, and I protest their efforts vehemently. By receiving proper medical care, a terminally ill person can pass away peacefully, pain-free and with dignity. We are not people just waiting for someone to help us end our misery, but to the contrary, we are people reaching out to love . . . to be loved . . . wanting to feel life at its best. Too many people have accepted the presumption that an extermination of some human lives can be just... Where has our sense of community gone? True, terminal illness is frightening, but the majority of us overpower the symptoms and are great contributors to life.

The hopelessly ill may be subtly pressured to get their dying over with — not only by cost-counting providers but by family members concerned about burdensome bills, impatient for an inheritance, exhausted by care-giving or just anxious to spare a loved one further suffering. In my view, the pro-euthanasia followers' posture is a great threat to the foundation upon which all life is based, and that is hope. I exhort everyone: Life is worth living, and life is worth receiving. I know. I live it every day.”

RECOMMENDATION:

48. Many of us are concerned with the impact on elder suicide and youth suicide as a result of ‘normalising’ the concept of so-called ‘rational suicide’. But this creates a problem. There is a ‘social contagion’ aspect to suicide – assisted or non-assisted.
49. **Family First is calling on the Ministry of Health to create and adopt guidelines around the media reporting of assisted suicide / euthanasia**, to ensure that restrictions on reporting are in place to protect those who are already vulnerable. Reports of any forms of suicide can give vulnerable people “triggers or pictures” around potential methods.
50. There is a risk to young and to vulnerable people and elderly people as a result of the current obsession in New Zealand with promoting assisted suicide / euthanasia. The reporting of cases related to this topic should be restrained and should come under the same restrictions as the reporting of any forms of suicide.



Bob McCoskrie
National Director – Family First NZ