Opinion

Why are suicide rates climbing after years of decline?[†]

NANCY VALKO

National Association of Pro-Life Nurses, St. Louis, MO, USA

There is evidence that the increasing rates of suicide can be linked to the legalization of physician-assisted suicide. Factors such as suicide contagion and the increasing positive media reporting on such suicides are also relevant and have led to different standards of treatment for suicidal people who claim the right to have their suicides medically assisted.

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After years of declines, the US suicide rate rose 24 percent over fifteen years according to a new report from the US Centers for Disease Control on suicide rates in the US from 1999 through 2014 (Curtin et al. 2016). The suicide rate rose for everyone between the ages of 10 and 74 from 1999 to 2014 (Storrs 2016). National media like the *Wall Street Journal* (McKay 2016) and CNN speculated that the economic downturn, drugs, and lack of mental health resources could be factors in the 24-percent increase. However, one huge factor was totally ignored: the legalization and promotion of physician-assisted suicide.

THE LEGALIZATION OF PHYSICIAN-ASSISTED SUICIDE AND SUICIDE CONTAGION

It must not be dismissed as mere coincidence that the new rise in suicides

correlates to the implementation of the first physician-assisted suicide law in Oregon. A 2012 report on suicide trends and risk factors for the Oregon Health Authority found the state's overall suicide rate had risen 41 percent higher than the national rate (Associated Press 2013). This is the “regular” suicide rate. Physician-assisted suicides are not included.

Since Oregon, four more states (California, Vermont, and Washington) have legalized physician-assisted suicide via legislation with a Montana Supreme Court ruling in favor of assisted suicide but without a regulatory framework (Pro-Con.org 2015). But it is only now that the media is noticing a suicide rate that has been increasing for fifteen years.

There is a well-known and well-recognized suicide contagion effect after reported suicides. Both US media guidelines (Centers for Disease Control 1994) and World Health Organization guidelines (World Health Organization 2008) warn against media glamorization or

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normalization of suicide by the media that could lead to more suicides.

Yet, since the legalization in Oregon, the media has become increasingly positive in reporting on physician-assisted suicide. This reached a peak when *People* magazine devoted its cover story and some subsequent issues to Brittany Maynard (Egan 2014), her impending assisted suicide, and her Compassion and Choices-led foundation to raise money to promote the legalization of physician-assisted suicide throughout the United States.

This is not just glamorizing or normalizing physician-assisted suicide. This is advertising. And it is having an enormous effect. Now the media is bowing to the pro-assisted suicide movement's propaganda by changing even the terminology. Instead of physician-assisted suicide, news reports now use more soothing terms like "death with dignity," "aid in dying," or "physician-assisted death." Make no mistake. This is a calculated tactic to increase support of physician-assisted suicide by denying reality.

WHY DO NOT PHYSICIAN-ASSISTED SUICIDE LAWS REQUIRE PSYCHIATRIC OR PSYCHOLOGICAL EVALUATION?

I am the mother of a physically healthy, thirty-year-old daughter who killed herself in 2009 using a technique the medical examiner called "textbook *Final Exit*," the title of a book she read by assisted suicide supporter Derek Humphry. But I am also an RN with forty-six years of experience who has cared for terminally or seriously ill people considering even physician-assisted suicide who changed their minds after suicide prevention and treatment interventions.

I am appalled that no physician-assisted suicide law actually *requires* a psychiatric or psychological evaluation before a person is

given the lethal overdose prescription. For example in Oregon, the physician-assisted suicide law only states "*If in the opinion of the attending physician or the consulting physician a patient may be suffering from a psychiatric or psychological disorder or depression causing impaired judgment, either physician shall refer the patient for counseling*" (emphasis added) (Oregon Health Authority 2003). Not surprisingly, very few such evaluations are currently done according to Oregon's annual reports even though studies show that, of people who die by suicide, "more than 90 percent have a diagnosable mental disorder" (University of Washington School of Social Work, n.d.). That stands in stark contrast to the standard evaluations given to other suicidal patients (Norris and Clark 2012).

There be no medical discrimination based on a predicted prognosis when it comes to standard suicide prevention and treatment interventions. Suicide for any reason is always a tragedy to be prevented if possible. Every life is important.

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BIOGRAPHICAL NOTE

Nancy Valko, R.N., ALNC, is a legal nurse consultant and a spokesperson for the National Association of Pro-life Nurses. A registered nurse since 1969, she has worked mostly in critical care as well as hospice, oncology, and home health. She received the People of Life award from the US Conference of Catholic Bishops in 2015.