ARTICLE

Peer Reviewed

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Did the Voluntary Assisted Dying Act 2017 Prevent "at least one suicide every week"?

Abstract

This paper considers an argument that was pivotal in the legalization of "voluntary assisted dying" (VAD), in Victoria, Australia. It was argued that VAD would provide an alternative to terrible deaths by unassisted suicide that were being endured by people with terminal illnesses at a rate of "one a week" in Victoria. This article demonstrates that the argument played a central role in the debate over VAD in Victoria. It then assesses whether there is any prima facie evidence that legalization of VAD has resulted in a reduction in unassisted suicides. Analysis of data from the National Mortality Database, and from State Suicide Registers does not provide evidence of the effectiveness of VAD as an alternative to, and hence as a means of preventing, unassisted suicide among terminally ill people. Given the instrumental role that this argument had in the legalization of VAD, the lack of confirmatory evidence is concerning.

Key words: Voluntary assisted dying, suicide rates, suicide prevention, Australia

Voluntary assisted dying in Victoria

This paper concerns an argument that was prominent in the legalization of "voluntary assisted dying" (henceforth VAD), in Victoria, Australia. In an Australian context, the term VAD is used to cover both self-administration of a lethal dose to people with a terminal illness (also known as "physician-assisted suicide" in some jurisdictions) and practitioner administration (also known as "euthanasia" in some jurisdictions).

In the debate that led to legalization, it was argued that VAD would provide an alternative to terrible deaths by unassisted suicide that were being endured by people with terminal illnesses. This was alleged to be happening at a rate of "one a week" in Victoria (see below), with the clear implication that a change in the law could help prevent up to 50 unassisted suicides a year.

This article will first demonstrate the central role that this argument played in the debate in Victoria. It will then consider whether there is any prima facie evidence, since legalization, of a reduction in unassisted suicides among elderly Victorians. There has been previous discussion of the relationship between PAS or euthanasia and unassisted suicide in the United States (Jones & Paton, 2015; Canetto & McIntosh, 2021; Girma & Paton, 2022) and in Europe (Steck, Zwahlen & Egger, 2015; Boer, 2017; Jones, 2022; Güth et al., 2023) and in both (Doherty, Caitlyn & Jones, 2022), but this article is the first to examine the relationship in the context of Australia.

The prominence of the argument in the Victorian debate

On 5 December 2017, Victoria became the first Australian State to legalize VAD. In the debates that preceded the passing of the law, a key event was the submission of evidence by the Coroners Court of Victoria in August 2015 to the Legal and Social Issues Committee of the Parliament of Victoria (henceforth "the Committee"). The Coroner's submission included distressing case studies of people who had died by unassisted suicide as well as statistical analysis showing that, "nearly 50 people per year in the four years studied took their own life in the context of an irreversible deterioration in physical health" (Coroners Court of Victoria, 2015).

Later, in oral evidence to the Committee, Victoria Coroner John Olle repeated the statistic of "50 cases per year" (LSIC., 2015, p. 3) and gave even more disturbing examples of unassisted suicide in the context of serious illness. The most vivid of these was the death of a man of 90 with end-stage metastatic cancer who had attempted to take his life with a nail gun and who had died subsequently of his wounds. This oral evidence was widely reported in Victoria and in the Australian National Press (Tomazin, 2016; Syme, 2016; Brown & Morton, 2016). The testimony was given further prominence when highlighted later the same month by the television journalist Andrew Denton in a high profile public lecture:

> You may know that the Victorian Parliament is currently holding an inquiry into end of life choices. But what you may not know is that, when he appeared before it a few weeks ago,

> Coroner John Olle choked up three times as he gave evidence of a distinct group within our society who are taking their own lives in a premeditated way…
>
> Speaking of those left behind, he said: "They know this person is screaming for help, but no-one is going to answer the call, not in this society. So they have to die alone."
>
> Coroner Olle estimates the number of elderly Victorians dying in this way at one a week. (Denton, 2015)

Denton went on to advocate vigorously for the legalization of VAD across Australia and in 2016 founded the campaign organisation *Go Gentle Australia*. In speeches, articles, pamphlets and interviews he repeatedly cited the testimony of John Olle (Denton 2016a, 2016b, 2017). For example, in a list of "8 reasons why all states must pass assisted dying laws" on his organisation's website, the first reason cited is that:

> Too many Australians are dying "bad" deaths… [as evidenced by]… the testimony of state coroners detailing horrific suicides in the absence of VAD laws. The Victorian Coroner revealed these suicides were happening at the rate of one a week in Victoria. (*Go Gentle Australia*, 2020)

The impact of the Coroner's evidence on the Committee is demonstrated by the fact that, while the Committee received over one thousand written submissions, only one individual or organisation was invited to provide further written evidence. This was the Coroners Court of Victoria and the submission, number 1037 (Coroners Court of Victoria, 2016) was the last piece of written evidence accepted by the Committee. This provided more detailed analysis than the first submission. It examined 240 cases of unassisted suicides in the context of an irreversible decline in physical health over a five-year period, constituting 8.3% of unassisted suicides during that time.

The evidence of the Victoria Coroner was pivotal for the conclusions of the Committee. The recommendation for a change in law was framed by reference to the problem the Committee was seeking to address, which was the way some people were dying in Victoria under the current legal system. The very first piece of evidence cited by the Committee to elucidate the nature of this problem was that of the Coroner's Court:

> The evidence presented by the Coroner's Court of Victoria was highly persuasive, and revealed

> some disturbing examples of the hidden damage that occurs. The evidence highlighted some of the horrific ways people are currently dying under our current law, particularly frail, elderly and vulnerable Victorians. (LSIC., 2016, p. 206)

The Parliamentary debate

When introducing the Voluntary Assisted Bill for its second reading, Jill Hennessy, the Minister for Health, argued that,

> Evidence from the coroner indicated that one terminally ill Victorian was taking their life each week. This evidence *resulted in* one of the key recommendations of the parliamentary committee report, which was that Victoria should legalise voluntary assisted dying. (Hansard, 2017a, p. 2949, emphasis added)

The argument from suicide prevention was equally prominent in the second reading of the bill (Hansard, 2017b). A total of 45 parliamentarians spoke during the debate, which lasted more than 8 hours. A large number of those who spoke (23 out of 45) made some reference to the issue of suicide among severely ill people. This included all of the first 6 speeches. Of those who supported the bill, a substantial majority cited the issue (18 out of 25). Furthermore, this issue was not only mentioned in passing but was central to several contributions and was illustrated by reference to many individual stories of harrowing deaths.

There were also fifteen overt references to the statistic “one a week” or “50 a year”, beginning with three by the Premier, Daniel Andrews, in the second speech of the debate:

> Every year 50 people experiencing an irreversible deterioration in physical health are resorting to what Debbie calls the “final cry of human desperation”. Fifty people a year are vanishing in lonely, desperate and unspeakable ways — 50 people who the coroner says have made an “absolute clear decision” that no reasonable offer of support or relief could possibly temper.(Hansard, 2017b, p. 3056)

Such suicides were said to be occurring “at a rate of one a week” (p. 3060); “around 50 Victorians a year” (p. 3062); “one terminally ill person a week” (p. 3069); “one person a week” (p. 3070); “one terminally ill Victorian… weekly” (p. 3078); “one terminally ill Victorian… each week” (p. 3086); “one terminally ill Victorian… each week” (p. 3087); “at a rate of one a week” (p. 3097); “one each week”

(p. 3115); “one terminally ill Victorian… every week” (p. 3125); “one violent suicide per week because of illness” (p. 3133); “one person every week in Victoria” (p. 3134).

For contrast, in the second reading of the Assisted Dying Bill in the United Kingdom in the House of Lords on 22 October 2021 (Hansard, 2021), which also lasted for approximately 8 hours, and in which 133 peers spoke, there was only one solitary mention of the issue of suicide among severely ill people (Hansard, 2021, col. 495). This was a passing reference and did not include any statistic or any accounts of unassisted suicides. The issue was not significant enough to be included in a later peer-reviewed thematic analysis of that debate (Wojtulewicz, 2022).

Subsequent influence

The argument that legalization of PAS or euthanasia might help prevent suicide was not new (Posner, 1995; Jones & Paton, 2015) but what was unprecedented was the way the Coroner’s evidence was “instrumental in the debate in Victoria” (Owler, 2023, see also Keown, 2018; Del Villar, Willmott, & White, 2020). It combined the emotional power of traumatic narratives with the rational presentation of statistics, the authority of an expert witness, and the highly memorable figure of “50 cases a year”. This soundbite, frequently rephrased as “one a week”, became totemic of the argument.

Even in July 2022, Julian Gardner, chair of the Voluntary Assisted Dying Implementation Taskforce, could argue that the law had clearly had benefits for families and loved ones as,

> Prior to this legislation, the coroner estimated that there was at least one suicide every week in circumstances where the person would otherwise have qualified for voluntary assisted dying. So not only are [relatives] spared the terrible consequences of somebody’s suicide, but also they received the benefit of knowing that their loved one made a choice, curtailed their degree of suffering and was able to choose their time while they still had capacity, and to say their farewells. (ANMF., 2022)

The political effectiveness of the Coroner’s evidence in the debate in Victoria caused it to be repeated in Western Australia in 2017, where the Coroner reported 199 unassisted suicides in a five year period of people with terminal or debilitating illness, amounting to 11.5% of all unassisted suicides (JSC., 2018, p. 140, n. 415). Also in Queensland, in 2019, the Coroner responded to a similar inquiry, reporting 168 such deaths in a two year period (NCIS., 2019, p. 5). This argument, together with the momentum generated by the passing of the law in Victoria, led to the rapid introduction of Voluntary

Assisted Dying Acts in all Australian States. The argument continues to have an influence in the debates over the introduction of VAD in the Australian Capital Territory and in the Northern Territory. A table of dates for royal assent and commencement of Australian State legislation is given bellow.

Table 1: Dates of legalization of 'voluntary assisted dying' in Australia by State

State	Law	Royal Assent	Commencement date
Victoria	Voluntary Assisted Dying Act 2017	05-Dec-17	19-Jun-19
Western Australia	Voluntary Assisted Dying Act 2019	19-Dec-19	01-Jul-21
Tasmania	End-of-life Choices (Voluntary Assisted Dying) Act 2021	22-Apr-21	23-Oct-22
South Australia	Voluntary Assisted Dying Act 2021	24-Aug-21	31-Jan-23
Queensland	Voluntary Assisted Dying Act 2021	23-Sept-21	01-Jan-23
New South Wales	Voluntary Assisted Dying Act 2022	27-May-22	28-Nov-23

The argument has also had an influence outside Australia. In July 2020, Jill Hennessy addressed the All Party Parliamentary Group for Choice at the End of Life in the United Kingdom (APPG., 2020). She urged them to make use of the resources of government to establish analogous data on unassisted suicide by terminally ill people. The All Party Group therefore asked Matt Hancock, then Secretary of State for Health, to request such data from the Office of National Statistics (ONS), (Iacobucci, 2021). Data from the ONS subsequently showed that unassisted suicide rates among people in England with low survival cancers, and among people with chronic obstructive pulmonary disease (COPD) were 2.4 times higher than that of socio-demographic controls. Similarly, those with a diagnosis of chronic ischemic heart conditions had an unassisted suicide rate nearly twice that of matched controls (Nafilyan et al., 2022).

Did availability of VAD lead to a reduction in unassisted suicide?

VAD was made available in Victoria on 19 June 2019. Given the extraordinary prominence of the argument from suicide prevention in the passing of this legislation, it is reasonable to ask whether there is evidence that, in the subsequent four years, one family a week has indeed been, "spared the terrible consequences of somebody's suicide" (ANMF., 2022). There was good evidence before the introduction of VAD that terrible deaths were occurring (Coroners Court of Victoria, 2016). The key question is whether the introduction of VAD has in fact helped prevent unassisted suicide among people with serious chronic or terminal illness. To assess this, it is necessary to examine unassisted suicide rates in Victoria before and after the law came into force.

Numbers of unassisted suicides in Victoria are openly available from two sources: from the National Mortality Database (NMD, see AIHW., 2022) and from the Victorian Suicide Register (VSR, see Coroners Court of Victoria, 2021, 2023). These suicide statistics do not include deaths by VAD, as such deaths are not categorised as "suicide" in Australian law. For convenience, suicides exclusive of self-administered VAD are here termed "unassisted suicide", though they would in fact include assisted suicide outside VAD laws, for example, suicide by means supplied by the Australian assisted-suicide organisation *Exit International* (Coroners Court of Victoria, 2016, p. 5; Del Villar, Willmott & White, 2020).

The NMD data (AIHW., 2022) show a small fall in unassisted suicide in Victoria between 2018 and 2021 from 691 to 675, equivalent in age standardized rates to a fall of 10.6 to 10.1 per 100,000. However, numbers of deaths by unassisted suicide also fell in neighbouring New South Wales (NSW), which had not introduced VAD (where deaths fell from 940 to 880, which is from 11.6 to 10.6 per 100,000). Indeed, the rate of unassisted suicide fell across Australia as a whole during this period from 12.7 to 12.0 per 100,000.

Comparing 2018 and 2021, the fall in unassisted suicide was less in Victoria than in Australia as a whole, and less still than in NSW. However, better than looking at a point comparison for two dates is to look at the trend over time before and after the introduction of VAD. Figure 1 shows the rates of unassisted suicide in Victoria, in NSW and in Australia as a whole from 2014 to 2021.

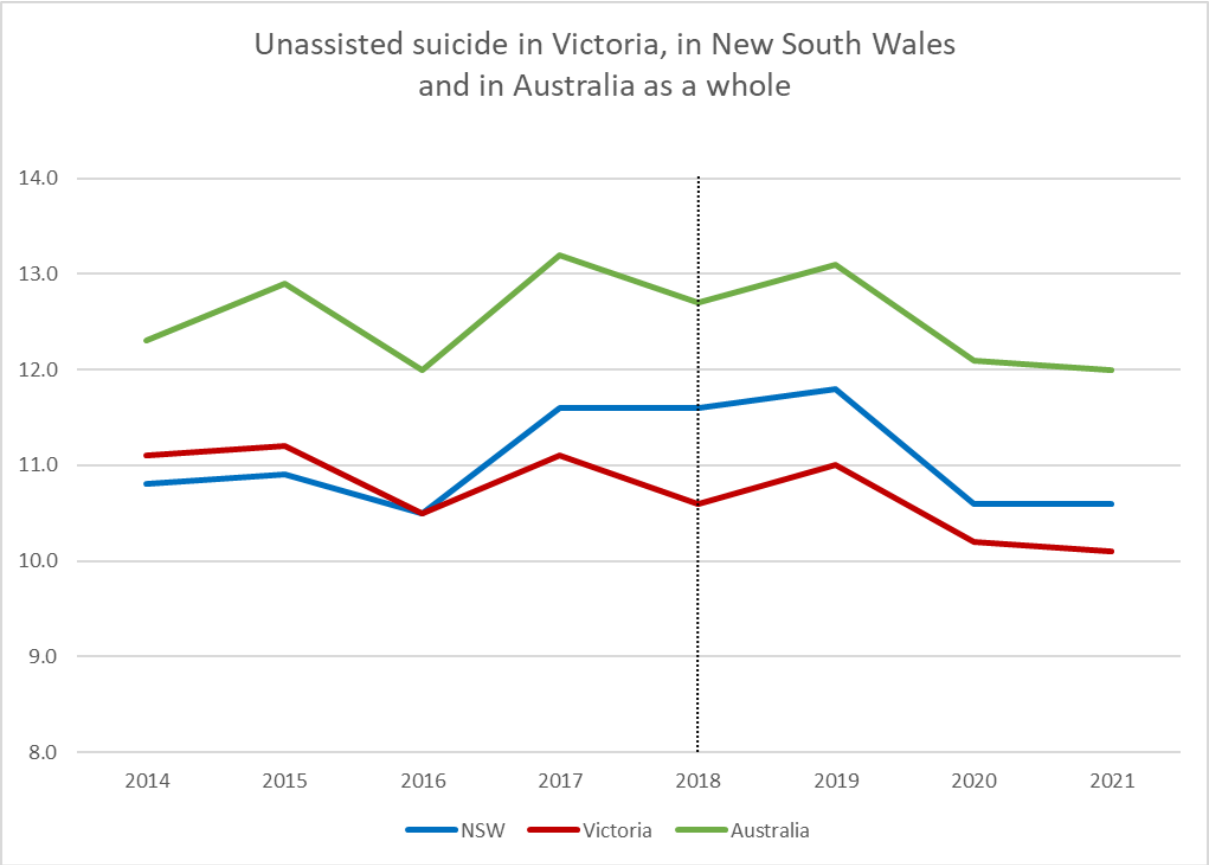

Figure 1.

This graph shows age standardised unassisted suicide rates per 100,000 population in Victoria, New South Wales and Australia as a whole. Data from AIHW. (2022).

It is noticeable that in NSW and across Australia as a whole unassisted suicide rates were increasing between 2014 and 2018 (the year before the introduction of VAD), whereas in Victoria they were already decreasing before the change in the law. It is also noticeable that the decrease after 2018 is greater in NSW than in Victoria. The figures for average linear trends, expressed as increases or decreases in deaths per 100,000 per year, for the periods 2014 to 2018 and for 2018 to 2021 are given in the table below. Clearly, there is no evidence that the reduction in unassisted suicide in Victoria was greater than in Australia as a whole or in NSW.

Table 2: Trends in rate of unassisted suicide 2014 to 2021

State	Trend 2014-18	Trend 2018-21
Victoria	-0.11	-0.23
NSW	0.23	-0.42
Australia	0.11	-0.31

The data of from NMD thus do not provide any prima facie evidence for a decrease in unassisted suicide in Victoria relative to Australia as a whole, or relative to its most similar non-VAD neighbour, New South Wales.

Unassisted suicide amongst the vulnerable elderly

The hoped-for benefits of a change in the law were focused in particular on, "frail, elderly and vulnerable Victorians" (LSIC., 2016, p. 206). Indeed, as Andrew Denton characterized the Coroner's evidence, he estimated "the number of *elderly Victorians* dying in this way at one a week" (Denton, 2015, emphasis added). In fact, the Coroner's evidence on "suicides in Victoria of people who were experiencing irreversible decline in physical health" (Coroners Court of Victoria, 2016, p.1) did not only include "elderly Victorians" but also included young and middle aged people in Victoria. Nevertheless, it is certainly true that older people, which for the purpose of this paper might be defined as people aged 65 or over, were disproportionately affected by unassisted suicide in the context of irreversible decline in physical health due to illness. Those age 65 or over accounted for 102 of 186 such deaths, i.e. 54.8%, (Victoria Coroners Court, 2016, p. 4), despite people of this age group comprising only 15% of the population of Victoria at that time.

There were thus 102 deaths in these circumstances in a five year period. From other research we know that the total number of suicides of those 65 or over in this cohort was 410 (Broadbear et al., 2020). Thus among people of 65 or over who died by unassisted suicide in Victoria in the years 2009

to 2013, approximately 20 people a year (102 in five years) or approximately 25% (102 in 410), had an irreversible deterioration in physical health due to illness.

If we are looking for evidence that VAD could have had a beneficial effect in preventing some unassisted suicides of people with terminal illness, the effect should thus be much larger on rates of unassisted suicide of people aged 65 or over. If VAD functions as an alternative to, and hence a means of prevention of, unassisted suicide (Girma & Paton, 2022; Güth et al., 2023) then the reduction in unassisted suicide in people of 65 or over in Victoria could be up to 25%.

The National Mortality Database does not provide a breakdown of data on unassisted suicide within States by age. However, those figures are available from the Victoria Suicide Registers.

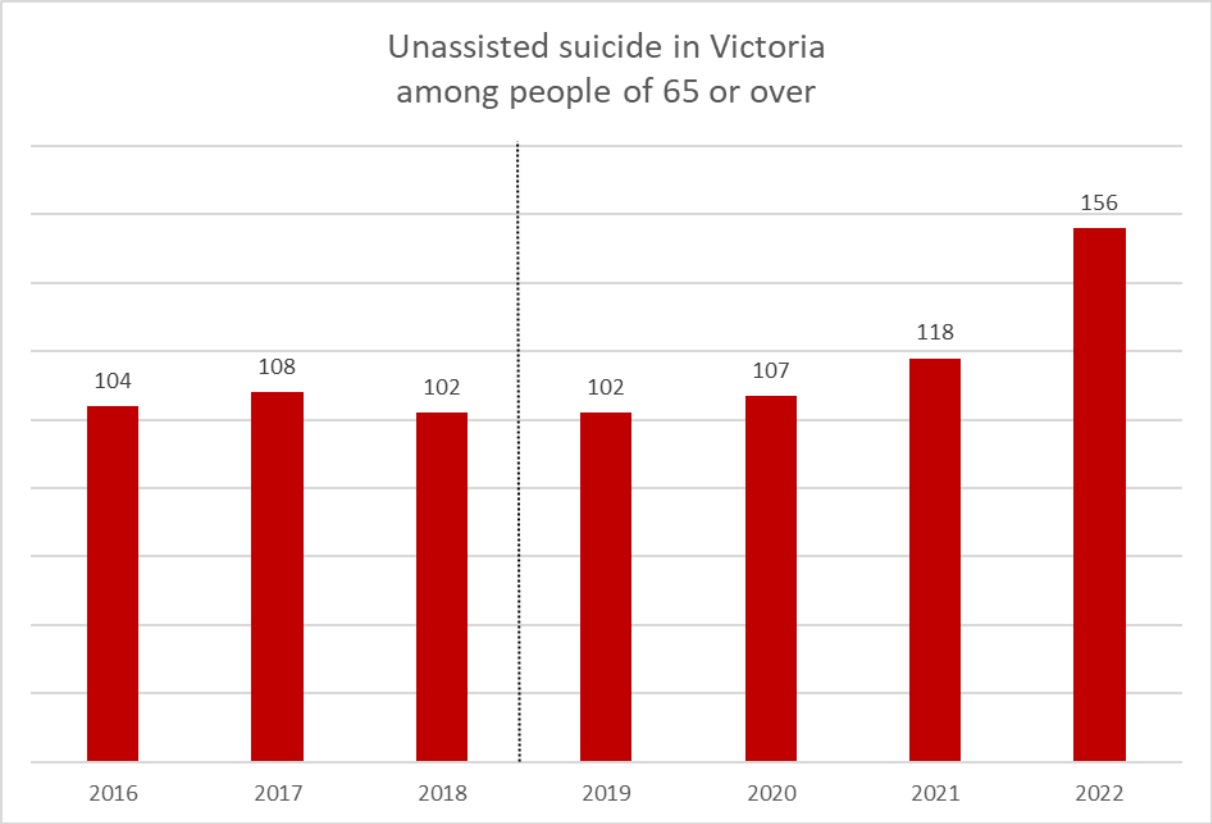

Figure 2.

Numbers of unassisted suicide in Victoria among people of 65 or over. Data for years 2018 to 2022 taken from the Coroners Court Monthly Suicide Data Report December 2022 (Coroners Court of Victoria, 2023); data for years 2016 and 2017 taken from the Coroners Court Monthly Suicide Data Report December 2020 (Coroners Court of Victoria, 2021).

It is clear that the numbers dying in this way were relatively stable from 2016 to 2020 and since then have increased markedly. Between 2018 and 2022 the increase was 54 elderly suicides. Rather than a reduction of “at least one suicide every week” (ANMF., 2022), there has been an unwelcome increase of approximately one suicide a week.

The increase in numbers of unassisted suicide among people aged 65 or over in Victoria may be, in part, a result of the increase in the population of people of 65 or over. The VSR Reports do not provide rates based on age-specific population but the Australian Bureau of Statistics provides population data by year, State and age (ABS., 2023b), so it possible to calculate age-specific unassisted suicide rate per 100,000 for people of 65 or over (see Appendix). There will also be factors that will affect unassisted suicide across all age groups, whereas if VAD has a beneficial impact, this will show itself more with older people. It is useful therefore to compare age-specific unassisted suicide rates for those 65 and over, and rates for those under 65.

See Figure 3:

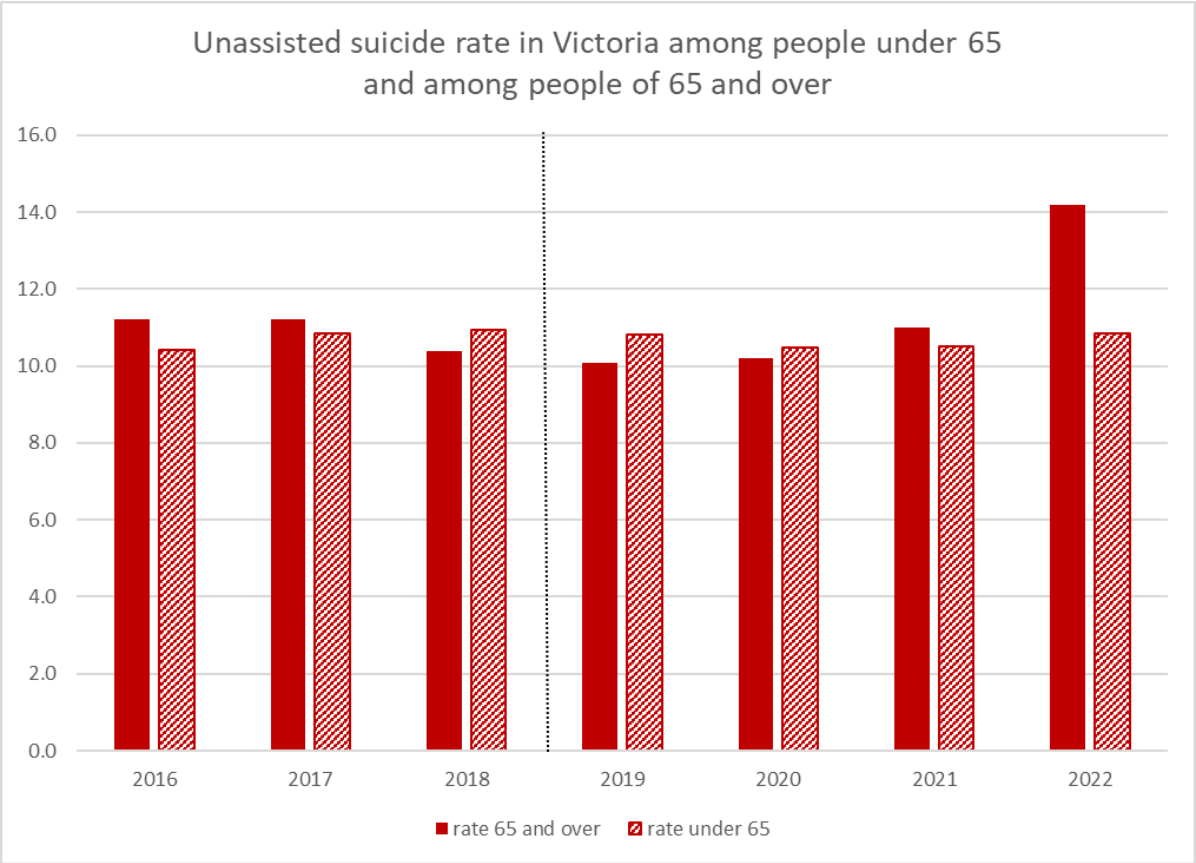

Figure 3.

This chart shows rates of unassisted suicide per 100,000 for people 65 and over and for those under 65. Numbers of suicides taken from monthly reports (Coroners Court of Victoria 2021, 2023). Age specific rates for the two groups were calculated using population data taken from the Australian Bureau of Statistics (ABS., 2023b), see Appendix.

These results show that rates of unassisted suicide among people 65 and over have increased, not only in absolute terms but also relative to the older population and have increased more than unassisted suicides in the younger population. Again, these results do not show any evidence of a beneficial effect due to VAD.

One obvious confounding factor in looking at changes from 2020 is the COVID-19 pandemic, both the impact of the disease itself and the impact of the restrictions imposed to combat the pandemic. These events clearly had more of an effect on older people (Wand, Frances & Zhong, 2020), without denying the impact on the education of young people and on their mental health (Pierce et al. 2020).

It may therefore be useful to compare Victoria and NSW. Among Australian States and Territories they are the closest in size and demographic composition (though NSW is somewhat larger and has a higher proportion of older people). Historically these two states have had the closest rates of unassisted suicide (AIHW., 2022), and each contains one of Australia's two largest cities, Melbourne and Sydney respectively. None of these comparisons is exact, but if VAD reduces unassisted suicide by up to 25% then this level of effect might well be detectable through the comparison of change over time in these two States.

The NSW Suicide Monitoring System (SMS., 2023) is equivalent to the VSR and begins in 2019, which gives four years of comparative data. These can be used to calculate rates of unassisted suicide for those 65 and over, and for the general population, age-standardized in relation to younger or older than 65 (see Appendix). See Figure 4 below.

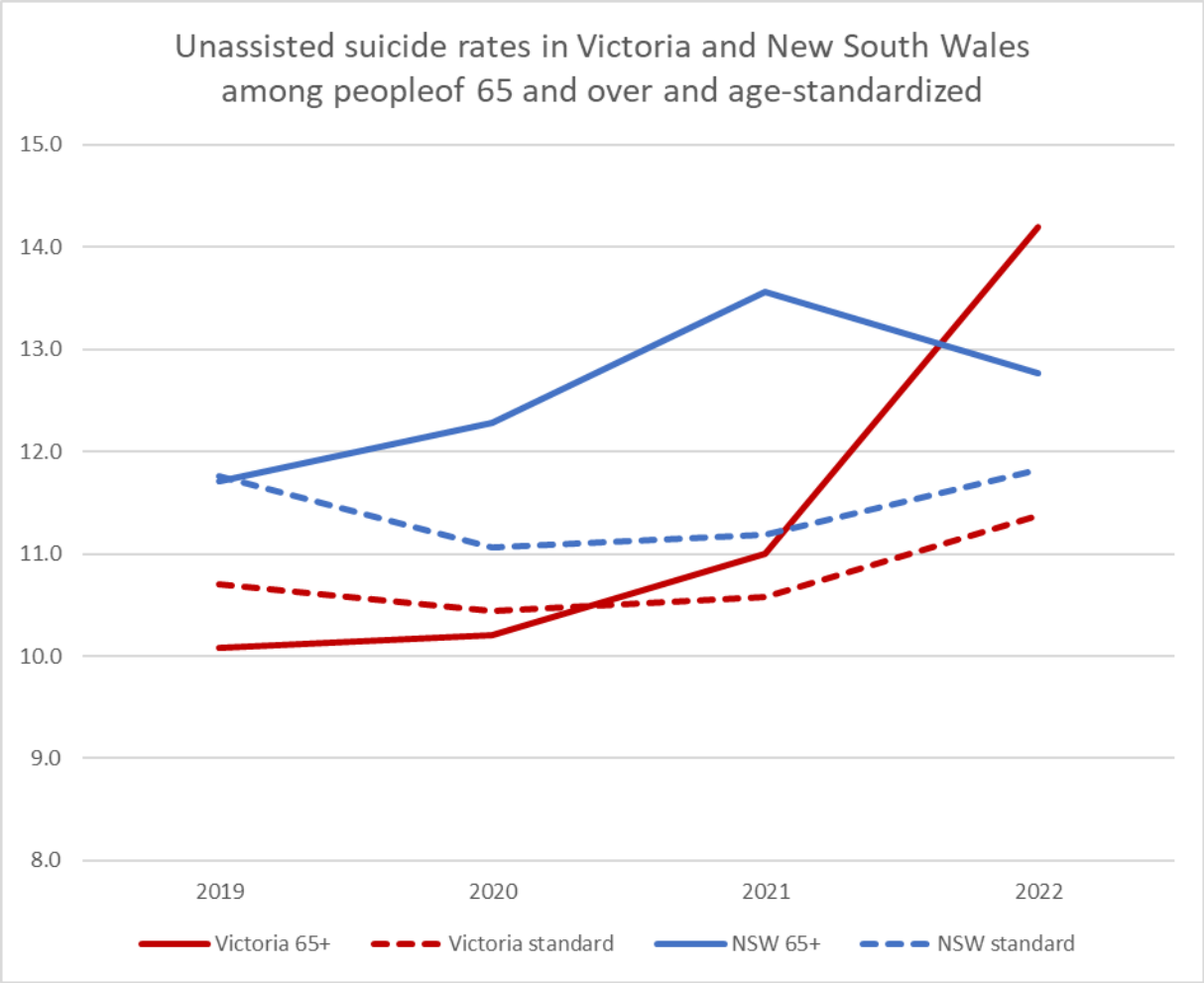

Figure 4

This graph shows rates of unassisted suicide per 100,000 for people 65 and over and rates standardized for younger and older than 65 for Victoria and NSW. Numbers of suicides taken from monthly reports (Coroners Court of Victoria 2021, 2023; SMS 2023). Standardized rates were calculated using population data taken from the Australian Bureau of Statistics (ABS., 2023a, 2023b), see Appendix.

A comparison of NSW and Victoria using data from State Registers thus shows a steeper increase in unassisted suicide in Victoria than in NSW. This is found both in the older age group and in the standardized population. There is thus no evidence of a reduction in unassisted suicide in Victoria relative to NSW, even though Victoria introduced VAD in June 2019 and the numbers undergoing VAD in Victoria have increased year on year.

No evidence that VAD helps prevent unassisted suicide

The present paper has examined three sources of data, the National Mortality Database, the Victoria Suicide Register and the NSW Suicide Monitoring System. This analysis has not specifically controlled for factors known to be associated with unassisted suicide but has examined unassisted suicide rates before and after the introduction of VAD in Victoria, considering especially rates among people aged 65 or over, and comparing rates in Victoria with those of its most similar non-VAD neighbouring State. By none of the measures used was there any prima facie evidence that legalising VAD was associated with a reduction in unassisted suicide.

Given the prominence of the appeal to suicide prevention for the debate in Victoria, as outlined in this paper, and given the confidence expressed that this could help prevent, “at least one suicide every week” (ANMF., 2022), a large effect-size which one would expect to be measurable, if present, and given that the anticipated benefits were in particular for “frail, elderly and vulnerable Victorians” (LSIC., 2016, p. 206), this lack of empirical confirmation of impact is concerning.

More research is needed as time progresses, including statistical studies controlling for different socio-demographic factors and examining the impact of the introduction of VAD in each of the Australian States, and perhaps also repetition of the study undertaken by the Coroners Court of Victoria in 2016. Nevertheless, the data available thus far as analysed here do not provide any prima facie evidence

that VAD has helped prevent unassisted suicide. These initial results are consistent with studies from other jurisdictions (Doherty, Caitlyn & Jones, 2022; Girma & Paton, 2022; Güth et al., 2023) and with predictions that some had made before any data on impact was available (Del Villar, Willmott, & White, 2020).

Those jurisdictions considering a change in the law should be sceptical of the argument that was so prominent in Victoria, unless and until evidence is found that implementation of assisted dying actually leads to fewer unassisted suicides. Nevertheless, the consideration of this argument is a helpful reminder that the ethical imperative to prevent suicide applies equally to the old and the young, the physically ill and the physically healthy. It provides further impetus to find more effective ways to prevent suicide by people who are elderly or who have severe and incurable illness (Dwyer et al., 2019). The implementation of VAD has not solved this problem.

Appendix: Sources and Use of Data

The aim of this appendix is to provide more detail on sources and the method used to derive figures for the article.

National Mortality Database

The source used for the rates of unassisted suicide shown in Figure 1 was the National Mortality Database, Table NMD S4. This provides age standardized rates of suicide for the six States, for the Northern Territory and Australian Capital Territory, and for Australia as a whole from 1979 to 2021, though the article only considers the data from 2014. This dataset has the advantage that it covers all States and applies a uniform methodology to the collection and verification of data and to rate standardization, which takes as its standard the population proportions from Australia in 2001.

Unfortunately, a caveat is attached in relation to the NMD data on unassisted suicide, specifically in relation to data for Victoria:

> Care needs to be taken when interpreting data derived from deaths registered in Victoria. Following two reconciliation exercises between the ABS and the Victorian Registry of Births, Deaths and Marriages, 2,812 additional registrations from 2017-2019 (including 180 suicide deaths) and 1,864 registrations from 2013-2016 (including 72 suicide deaths) were identified that had not previously been provided to the ABS. A time series adjustment has been applied to these deaths to enable a more accurate comparison of mortality over time. Affected deaths are presented in the year in which they were registered. For detailed information on this issue please refer to Technical note: Victorian additional registrations (2013-2016) in Causes of Death, Australia 2021. (Note 5 to Table NMD S4)

Note that an adjustment has been made to these data to enable comparison over time. Nevertheless, the fact that this process has been applied to the data needs to be acknowledged when seeking to draw conclusions on the basis of NMD data on unassisted suicide in Victoria. From this perspective it is helpful that there is a second independent source of data on unassisted suicide in Victora.

Trends in rates

Table 2 was generated by taking the rates for 2014 to 2018 and 2018 to 2021 separately to create two graphs in Excel and then using the Trendline function (linear/ display function on chart).

Victoria Suicide Register

The VSR has been in operation since 2012 and is the most accurate and timely data source for suicide in Victoria. The deaths included in the VSR are regularly reviewed as coroners' investigations progress and more is learned about the circumstances in which they occurred. Deaths may be removed from the VSR if investigation establishes they are likely not to be suicides; likewise, deaths initially missed may be added to the VSR as new evidence consistent with suicide is gathered. Monthly reports are produced and are available on the Coroners Court of Victoria website.

This regular review is a source of assurance but means that, for repeatability, it is necessary to specify which Monthly Report is used for the data, as historic data are subject to change. The Coroners Court Monthly Suicide Data Reports provide data on frequency by age group and sex by "year to date". Hence only the December report gives a full year. The article thus uses the December 2022 as the most recent report for data for the years 2018 to 2022 and the December 2020 for years 2016 and 2017.

NSW Suicide Monitoring System

The NSW Suicide Monitoring and Data Management System is a collaboration between the NSW Ministry of Health, Department of Communities and Justice, the State Coroner and NSW Police. It estimates the number of recent suspected and confirmed suicides in NSW, using data collected by NSW Police and the State Coroner. Monthly reports are produced and are available on the NSW Suicide Monitoring System website.

The data about suspected suicides are an estimate. A final determination of the manner of death can only be made by the Coroner after detailed enquiry. This will mean that there may be small differences in the number of suicides between reports for the same reporting period. The numbers reported for the most recent month may be underestimated due to time taken to record a report of a death.

Unlike the VSR, each monthly SMS report gives the full year data for gender and age group for previous years. Hence the data for the years 2019 to 2022 can be taken from the most recent Report, June 2023.

Population data

The population data of NSW and Victoria for those over 65 were obtained from the Australian Bureau of Statistics population datasets (from Population – New South Wales. 3101.0. Table 51, and Population – Victoria. 3101.0. Table 52 respectively). These are based on the population for June each year and provide data on numbers of people by age and gender.

To obtain data for the population over 65 a sum was taken of the relevant rows (S to BB) of Data sheet 2 in each case. For consistency the same method was used for whole population of the State, taking a sum of rows GV to IQ in Date sheet 1, and B to BB is Date Sheet 1.

Analysis

The number of deaths taken from VSR and SMS was divided by the respective population to give rates for people age 65 and over and for those under 65. The proportion of the population over 65 for each State was then calculated. An age-standardized rate (in relation to the proportion over or under 65) was generated for each State using the respective proportions in 2019 as the standard. These data were then used to generate Figure 4.

	2016	2017	2018	2019	2020	2021	2022
Victoria	653	694	697	700	691	693	756
Victora 65+	104	108	102	102	107	118	156
NSW				946	898	908	966
NSW 65+				154	167	189	182
Victoria demographic data							
Population	6173172	6302608	6423038	6537305	6615046	6547822	6625964
Population 65+	928475	955633	983255	1011353	1048556	1072814	1098939
Population < 65	5244697	5346975	5439783	5525952	5566490	5475008	5527025
Proportion 65+	0.150405	0.151625	0.153083	0.154705	0.158511	0.163843	0.165853
Suicide rate 65+	11.2	11.3	10.4	10.1	10.2	11.0	14.2
Suicide rate < 65	10.5	11.0	10.9	10.8	10.5	10.5	10.9
Standardized rate	10.6	11.0	10.9	10.7	10.4	10.6	11.4
NSW demographic data							
Population				8046748	8110610	8097062	8165731
Population 65+				1314461	1359254	1393673	1425221
Population < 65				6732287	6751356	6703389	6740510
Proportion 65+				0.163353	0.16759	0.172121	0.174537
Suicide rate 65+				11.7	12.3	13.6	12.8
Suicide rate < 65				11.8	10.8	10.7	11.6
Standardized rate				11.8	11.1	11.2	11.8

References

ABS. (2023a). Australian Bureau of Statistics: Population – New South Wales. 3101.0. Table 51. National, state and territory population: Estimated Resident Population by Single Year of Age. [dataset] https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release#data-downloads (accessed 30 August 2023).

ABS. (2023b). Australian Bureau of Statistics: Population – Victoria. 3101.0. Table 52. National, state and territory population: Estimated Resident Population by Single Year of Age [dataset] https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release#data-downloads (accessed 30 August 2023).

AIHW. (2022). Australian Institute of Health and Welfare. Suicide and Self-harm Monitoring: 2021 National Mortality Database—Suicide (ICD-10 X60–X84, Y87.0) Table NMD S4: Suicide (ICD 10 X60–X84, Y87.0), by year of registration of death, states and territories, 1979 to 2021 https://www.aihw.gov.au/getmedia/ef4b49e9-ed5e-44ee-9c1f-ce1d112393c0/2021-aihw-suicide-and-self-harm-monitoring-nmd-suicide-icd-10-x60-x84-y87-0.xlsx.aspx (accessed 30 August 2023).

ANMF. (2022). Australian Nursing and Midwifery Federation, Victoria Branch. Voluntary Assisted Dying Act: report card. On the Record. 27 July 2022 [online] https://otr.anmfvic.asn.au/articles/voluntary-assisted-dying-act-report-card (accessed 30 August 2023).

APPG. (2020). All Party Parliamentary Group for Choice at the End of Life, 15 July 2020.

Boer, T.A. (2017). Does euthanasia have a dampening effect on suicide rates? Recent experiences from the Netherlands. Journal of Ethics in Mental Health, 10, II, 1-9.

Broadbear, J.H., Dwyer, J., Bugeja, L. et al. (2020). Coroners' investigations of suicide in Australia: The hidden toll of borderline personality disorder. Journal of Psychiatric Research, 129, 241-249.

Brown, G., & Morton, R. (2016). Victorian coroner credited with turning tide on euthanasia. The Australian 24 September 2016.

Canetto, S.S., & McIntosh, J.L. (2021). A comparison of physician-assisted/Death-With-Dignity-Act death and suicide patterns in older adult women and men. The American Journal of Geriatric Psychiatry, 30, 2, 211-220.

Coroners Court of Victoria (2015) Submission No 755 to Legal and Social Issues Committee, Inquiry into End of Life Choices. 26 August 2015. https://www.parliament.vic.gov.au/images/Submission_755_-_Coroners_Court_of_Victoria.pdf (accessed 30 August 2023).

Coroners Court of Victoria (2016), Submission No 1037 to Legal and Social Issues Committee, Inquiry into End of Life Choices. 20 May 2016. https://www.parliament.vic.gov.au/images/stories/committees/lsic/Submissions/Submission_1037_-_Coroners_Court_of_Victoria_further_submission.pdf (accessed 30 August 2023).

Coroners Court of Victoria (2021) Coroners Court Monthly Suicide Data Report December 2020 update (18 January2021). https://www.coronerscourt.vic.gov.au/sites/default/files/2021-01/Coroners%20Court%20Monthly%20Suicide%20Data%20Report%20-%20December%202020.pdf (accessed 30 August 2023).

Coroners Court of Victoria (2023) Coroners Court Monthly Suicide Data Report December 2022 update (6 February 2023) https://www.coronerscourt.vic.gov.au/sites/default/files/2023-02/Coroners%20Court%20Suicide%20Data%20Report%20December%202022.pdf (accessed 30 August 2023).

Del Villar, K., Willmott, L., & White, B. (2020) Suicides, assisted suicides and 'mercy killings': Would voluntary assisted dying prevent these 'bad deaths'?. Monash U. L. Rev., 46, 2, 141-82.

Denton, A. (2015). An Argument for Assisted Dying in Australia: Andrew Denton's Di Gribble Argument 28 October 2015 (transcript uploaded 2 November 2015) https://thewheelercent.wpengine.com/wlr-articles/an-argument-for-assisted-dying-in-australia-andrew-denton-s-di-gribble-argument-in-full/

Denton, A. (2016a) The one argument stopping Australia from legalising assisted dying is implausible. The Guardian 26 February 2016 https://www.theguardian.com/society/2016/feb/24/andrew-denton-the-one-argument-stopping-australia-from-legalising-assisted-dying-is-implausible (accessed 30 August 2023).

Denton, A. (2016b). Watching my father, Kit, die remains the most profoundly shocking experience of my life. Speech at the National Press Club 10 August 2016, National Press Club, Canberra, Australia https://speakola.com/ideas/andrew-denton-assisted-dying-npc-2016

Denton, A, (2017) The religious lobby against assisted dying. The Saturday Paper 17 June 2017

Doherty, A.M., Caitlyn, J.A., & Jones, D.A. (2022). Investigating the relationship between euthanasia and/or

assisted suicide and rates of non-assisted suicide: systematic review. BJPsych open 8, 4, e108. DOI: https://doi.org/10.1192/bjo.2022.71

Dwyer, J., Dwyer, J., Hiscock, R., et al. (2019). Characteristics of patients with cancer who die by suicide: Coronial case series in an Australian state. Psycho-Oncology, 28(11), 2195-2200.

Girma, S., & Paton, D. (2022). Is assisted suicide a substitute for unassisted suicide? Eur. Econ. Rev., 145, 104113. DOI: https://doi.org/10.1016/j.euroecorev.2022.104113

Go Gentle Australia. (2020). 8 Reasons Why All Australian States Must Pass Assisted Dying Laws. 4 February 2020[online] https://www.gogentleaustralia.org.au/8_reasons_why_all_australian_states_must_pass_voluntary_assisted_dying_laws (accessed 30 August 2023).

Güth, U., Junker, C., Elger, B.S. et al. (2023). Conventional and assisted suicide in Switzerland: Insights into a divergent development based on cancer-associated self-initiated deaths. Cancer Med., 00, 1-12. doi:10.1002/cam4.6323

Hansard (2017a) Victoria, Parliamentary Debates, Legislative Assembly. Hansard. 21 September 2017. 2949-2955.

Hansard (2017b) Victoria, Parliamentary Debates, Legislative Assembly. Hansard. 17 October 2017. 3050-3135. https://www.parliament.vic.gov.au/images/stories/daily-hansard/Assembly_2017/Assembly_Daily_Extract_Tuesday_17_October_2017_from_Book_13.pdf

Hansard (2021) House of Lords. Debates: Assisted Dying Bill [HL]. 22 October 2021, Vol. 815, col. 393-510. https://hansard.parliament.uk/lords/2021-10-22/debates/11143CAF-BC66-4C60-B782-38B5D9F42810/AssistedDyingBill(HL)

Iacobucci, G. (2021). Assisted dying Hansard (2017a): Hancock asks for more data on suicides of terminally ill people. BMJ (Clinical Research Ed.), 373, n1107. https://doi.org/10.1136/bmj.n1107

Jones, D.A. (2022). Euthanasia, assisted suicide, and suicide rates in Europe. J. Ethics Ment. Health, 11, 1–35.

Jones, D.A., & Paton, D. (2015). How does legalization of physician-assisted suicide affect rates of suicide? South. Med. J. 108, 10, 599–604.

JSC (2018) Joint Select Committee on End of Life Choices, Parliament of Western Australia. My Life, My Choice First Report. 23 August 2018 https://www.parliament.wa.gov.au/parliament/commit.nsf/(Report+Lookup+by+Com+ID)/71C9AFECD0FAEE6E482582F200037B37/$file/Joint+Select+Committe+on+the+End+of+Life+Choices+-+Report+for+Website.pdf (accessed 30 August 2023)

Keown, J. (2018). Voluntary Assisted Dying in Australia: The Victorian Parliamentary Committee's Tenuous Case for Legalization. Issues L. & Med. 33, 1, 55-81.

LSIC. (2015). Legal and Social Issues Committee Parliament of Victoria Legislative Council. Inquiry into end of life choices. Oral Evidence, transcript. 7 October 2015. https://www.parliament.vic.gov.au/images/stories/committees/SCLSI/ELC_Transcripts/SCLSI_-_Coroners_Court_-_FINAL_-_End-of-life_choices_7_October_2015.pdf (accessed 30 August 2023).

LSIC. (2016). Legal and Social Issues Committee Parliament of Victoria Legislative Council. Inquiry into end

of life choices: Final Report. Parliamentary Paper No 174, 9 June 2016. https://vgls.sdp.sirsidynix.net.au/client/search/asset/1288816 (accessed 30 August 2023).

Nafilyan, V., Morgan, J., Butt, A. et al. (2022). Suicides among people diagnosed with severe health conditions, England: 2017 to 2020. Office of National Statistics. 20 April 2022 [online] https://www.ons.gov.uk/releases/suicidesamongpeoplediagnosedwithsevereorlifethreateningconditionsengland2017to2020 (accessed 30 August 2023).

NCIS. (2019). National Coronial Information System. Data Report DR19-26: Intentional self-harm deaths of persons with terminal or debilitating physical conditions in Queensland, 2016-2017, released July 2019. https://documents.parliament.qld.gov.au/committees/HCDSDFVPC/2018/AgedCareEOLPC/cor-23Jul2019.pdf (accessed 30 August 2023).

Owler, B. (2023) Written evidence submitted by Professor Brian Owler AM (ADY0511) Additional Evidence to the Health and Social Care Committee (accessed 30 August 2023) https://committees.parliament.uk/writtenevidence/122076/pdf/

Pierce, M., Hope, H., Ford, T. et al. (2020). Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population. The Lancet Psychiatry, 7, 10, 883-892.

Posner, R. A. (1995). Aging and old age. Chicago: University of Chicago Press.

SMS. (2023). NSW Suicide Monitoring System - Report 34 - Data to June 2023. https://www.health.nsw.gov.au/mentalhealth/resources/Publications/sums-report-jun-2023.pdf

Steck, N., Zwahlen, M., & Egger, M. (2015). Time-trends in assisted and unassisted suicides completed with different methods: Swiss National Cohort. Swiss Medical Weekly, 145, w14153. https://doi.org/10.4414/smw.2015.14153

Syme, R. (2016). Why the Victorian inquiry is right to conclude physician-assisted death should be legal. The Sydney Morning Herald. June 10, 2016 https://www.smh.com.au/opinion/why-the-victorian-inquiry-is-right-to-conclude-physicianassisted-death-should-be-legal-20160610-gpg754.html

Tomazin, F. (2016). Dying with dignity: Coroners Court weighs in to euthanasia debate ahead of historic report. The Age May 28, 2016. https://www.theage.com.au/national/victoria/dying-with-dignity-coroners-court-weighs-in-to-euthanasia-debate-ahead-of-historic-report-20160528-gp62c7.html

Wand, A., Frances, P., Zhong, B. et al. (2020) COVID-19: the implications for suicide in older adults. International psychogeriatrics 32, 10, 1225-1230.

Wojtulewicz, C.M. (2022). Analysing the Assisted Dying Bill [HL] debate 2021. The New Bioethics 28, 4, 350-367, DOI: 10.1080/20502877.2022.2090652.

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