



# **A conflict of duties? Navigating the tension between assisted dying and suicide prevention**

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# Structure

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**1**

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## Tension

Outlining the tension

**2**

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## Framework

Presenting the Joint View

**3**

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## Review

The methods and findings  
of the empirical integrative  
review

**4**

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## Conclusion

Bringing it together

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# A Conflict of Duties?

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David Seymour

“The simple question is whether our society says to those people ‘you must suffer on, the laws demand it,’ or do we say ‘It is your life. How and when you go is therefore your choice’”

David Clarke

“There is one goal at the core. No suicide. One death by suicide is one death too many. Every life matters.”

How can we maintain our duty to suicide prevention whilst providing assisted dying?

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# Probing Intuitions...

## Case 1

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A terminally ill individual reports unbearable and intractable pain at the end of life. Having found all other options insufficient, they request assisted dying

## Case 2

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A teenager experiences a transient distress and refuses to engage with healthcare or support services. Instead, they report that they have done everything that they want to do, find life unbearable, and want assisted dying



Teenager following  
transient distress

Unbearable intractable  
pain at the end of life

Possible overlap?

Possible characteristics:

- Self-harm and violence
- Despair and psychological pain
- Transient suffering

Possible characteristics:

- Self-expression and deeper meaning
- Desire to live but not in this way
- Irremediable suffering

**Suicide**

**Assisted Dying**

# Probing Intuitions...

## Case 3

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An older individual reports that their life is pointless and empty, resulting in unbearable suffering. Despite having no significant health concerns they request assisted dying

*Is this suicide or assisted dying?*



# The Standard Framework

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## The Joint View

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- Assisted dying requires *both* an autonomous request *and* death to be in the requestor's best interests
- Suicide involves *either* a non-autonomous request *and/or* death to not be in the requestor's best interests

## When is death in someone's best interests?

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- 1) Irremediable unbearable suffering
- 2) Medical criterion

## Common assumptions

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- 1) We can divide persons into those with death in their best interests, and those without
- 2) This division can be done along medical lines

# The Standard Framework

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## The Joint View

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# Empirical Integrative Review

## Hypothesis

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Medical criteria would predict significant differences in wishes to die

- Risk Factors
- Developmental Pathways
- Functions
- Prospects for relief

## Methods

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Search of electronic databases

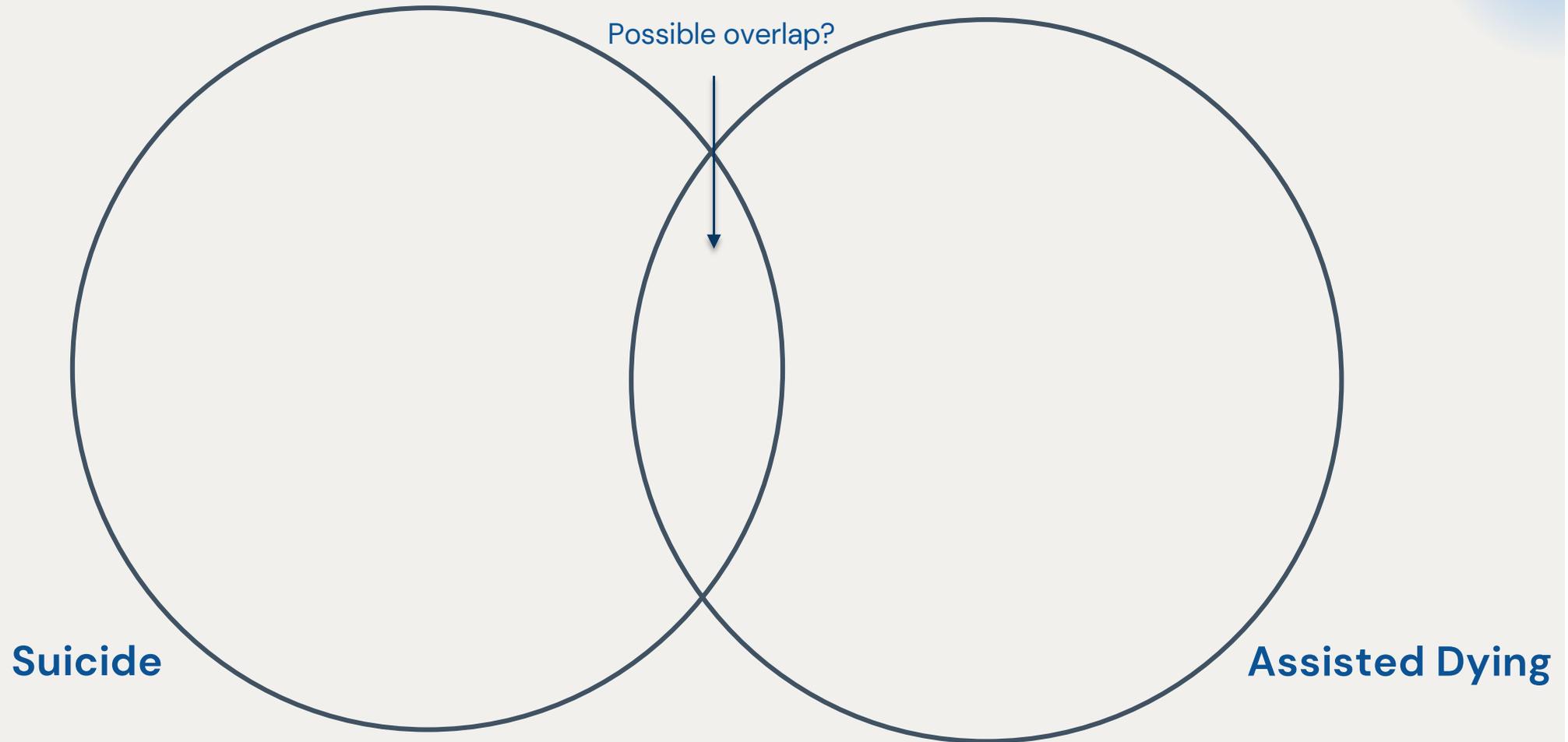
Terms included:

*"suffering", "unbearable suffering", "euthanasia", "PAS", "physician assisted suicide", "assisted dying", "passive euthanasia", "active euthanasia", "medical aid in dying", "MAiD", "wish to hasten death", "WTHD", "wish to die", "desire to die", "suicid\*", "tired of life", "tiredness of life", "weariness of life"*

129 articles included in synthesis



# Our Hypothesis



# Suicide

# Assisted Dying

Physical, psychiatric, and social dysfunction



Assignment of meanings incompatible with existential needs



The wish to die as a means of crying for help, regaining control, and/or escaping suffering



Unpredictable prospects for relief characterised by ambivalence

# Bringing It Together

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## **1** ~~Medical criteria~~

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Medical criteria do not meaningfully distinguish the suicidal from those who should be deemed eligible for assisted dying

## What does this mean? **2**

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- 1) The Joint View cannot be applied using empirical criteria
  - 2) Consistent application requires intersubjective judgements
  - 3) We must have epistemic humility in our understanding and application of assisted dying
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**Thank you for  
your time and  
attention**



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