

Does legalising assisted deaths impact on vulnerable individuals?

v5



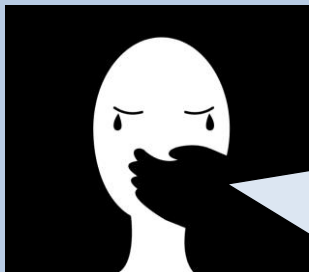
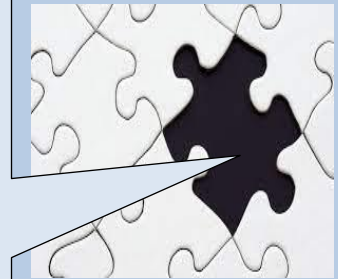
Q. Is there any evidence of risk to vulnerable individuals?



Official reports provide scant information

Missing information:

- Adherence to the eligibility criteria or safeguards <sup>1, 2, 5-7</sup>
- Showing assisted death as the cause on death certificates <sup>3, 4</sup>
- Process of decision making <sup>1, 5-7</sup>
- Capacity assessments <sup>5-7</sup>
- Reasons for refusing or not using lethal medication <sup>5-7</sup>



1 in 6 older people suffer abuse, including psychological and financial manipulation.<sup>8</sup>

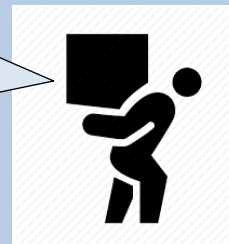


In 2020, 232 Canadian patients changed their minds about an assisted death, 22% immediately before receiving the drug <sup>6</sup>



Some disabled Canadian patients have been offered an assisted death rather than treatment <sup>9</sup>

In 2021 in Oregon, 54% felt a burden and 8.4% had financial concerns<sup>7</sup>



The proportion of Belgian psychiatric patients receiving an assisted death rose 6-fold over a 10-year period <sup>10</sup>

Of Dutch psychiatric assisted deaths, 55% were depressed, 11% had no independent psychiatric input, and 20% never had a psychiatric inpatient stay <sup>11, 12</sup> Similar patients requesting an assisted death were more likely to be single, female, with a lower educational background, a history of sexual abuse and with the commonest diagnosis being a depressive mood disorder <sup>13</sup>

Learning disability and autism have become eligible criteria <sup>14</sup>

References

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