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Social Contagion Effects of Physician-Assisted Suicide: Commentary on “How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide?”

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The study from Jones and Paton in this issue of the *Southern Medical Journal* is important not only for informing public health initiatives aimed at suicide risk reduction but also for informing public policy debates regarding proposed laws to permit physician-assisted suicide (PAS).¹ The findings here undermine the hypothesis originally proposed by Richard Posner: that legalizing PAS may actually reduce the total number of suicides and postpone those that do occur. Despite a paucity of empirical support, Jones and Paton point out that Posner’s idea increasingly is used in PAS debates in legislative arenas. It allows those in favor of PAS to present themselves as preventing suicide. This study puts Posner’s hypothesis to the test in the actual social laboratory of two US states, Oregon and Washington.

After controlling for demographic and socioeconomic variables known to affect suicide rates, as well as state- and year-specific effects, this study calculates the association between PAS and overall suicide rates, and compares these rates with states that have not legalized PAS. The key findings suggest that, after controlling for demographic and socioeconomic factors and state-specific time trends, PAS is associated with a 6.3% increase in total suicide rates (including assisted suicides). These effects on suicide rates are greater for individuals older than 65 years (an increase of 14.5%). Also, contrary to the Posner hypothesis, the authors found no evidence that PAS is associated with reductions in the nonassisted suicide rate. In fact, for some measures it was associated with a significant increase in nonassisted suicide, especially in the younger-than-65 cohort.

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When state-specific trends were included, however, the power of the tests to pick up the effect as significant was reduced.

These results are important, and yet they should not surprise those familiar with the literature on the social contagion effects of suicidal behavior. Several well-studied phenomena in the social sciences and suicide literature suggest that Posner’s hypothesis was dubious, even before empirical testing. You do not discourage suicide by assisting suicide. Social contagion phenomena suggest possible mechanisms by which the findings of Jones and Paton may be explained.

Consider the Werther effect, in which publicized cases of suicide (particularly those presented with romanticized overtones) produce suicide clusters of copycat cases, often disproportionately affecting young people who frequently use the same method as the original case. The name comes from Goethe’s 18th century novel *The Sorrows of Young Werther*, in which the protagonist, thwarted in his romantic pursuits, takes his own life.² Following the publication of this immensely popular book, public authorities in Germany noted a rash of suicide cases among young men using the same means. This finding has been replicated many times since in rigorous epidemiological studies, including studies demonstrating the effect following cases of assisted suicide.³⁻⁵

We can surmise that media attention surrounding instances of assisted suicide, such as the widely publicized case of Brittany Maynard, the 29-year-old California native who moved to Oregon in November 2014 to avail herself of that state’s assisted suicide option, could encourage copycat behavior among vulnerable individuals. Because the Werther effect is well validated, the Centers for Disease Control and Prevention in partnership with the National Institute for Mental Health, the World Health Organization, and the Surgeon General have published strict journalistic guidelines for reporting suicides to minimize this effect.⁶ It is noteworthy that these guidelines were widely ignored in the Maynard case, in which her decision was frequently presented in the media as inspiring and heroic.

A related phenomenon influences suicide trends in the opposite direction: the so-called Papageno effect suggests that

publicity that describes individuals with suicidal ideation who do not attempt suicide but instead cope with adversity through other strategies is associated with decreased suicide rates.⁷ (The name Papageno comes from a lovesick character in Mozart's opera *The Magic Flute*, whose planned suicide is averted by three child spirits who remind him of alternatives to death.⁸) A case that illustrates both the Werther and Papageno effects is that of Valentina Maureira, a 14-year-old Chilean girl with cystic fibrosis who made a YouTube video begging her government for assisted suicide. She admitted that the idea to end her life began after she heard about the case of Brittany Maynard. She later changed her mind, however, after meeting another young person with cystic fibrosis who conveyed a message of hope and encouraged her to persevere.⁹

Aside from publicized cases, there is evidence that as with many other positive and negative health behaviors, suicidal behavior tends to spread person-to-person through social networks. The research of Nicholas Christakis and associates at Yale University demonstrates how one person in a social network can influence the behaviors of someone up to three degrees of separation away.¹⁰ Many PAS advocates claim that this decision is a purely private exercise of personal autonomy, but Christakis's research suggests that behaviors like suicide, whether assisted or nonassisted, influence the behaviors of not only one's friends but also of one's friends' friends' friends. No man is an island.

Finally, it is widely acknowledged in the tradition of Anglo-American jurisprudence that the law has a pedagogical function. Laws shape the ethos of a culture by affected cultural attitudes toward certain behaviors and influencing moral norms. In other words, the law is a teacher.

Debates about PAS raise issues beyond merely individual rights exercised by autonomous individuals acting in a purely private capacity. These debates raise broad questions about our

societal attitudes toward suicide and the wider social impact of legalizing this practice. Through their careful empirical study of suicide rates in Washington and Oregon after the legalization of PAS, Jones and Paton have made an important contribution to the literature on suicide's social contagion effects and they have provided important data that should inform debates about PAS. These findings press the broad social and ethical question: What sort of society do we want to become, with regard to how we help people who report they want to end their own lives? Suicide is already a public health crisis; do we want to legalize a practice that will worsen this crisis?

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