Cause of death statistics 2014

Assisted suicide and suicide in Switzerland

In 2014, 742 cases of assisted suicide were registered in Switzerland. The Federal Statistical Office is issuing a report on this for the second time. When is assisted suicide resorted to, who is affected and what are the underlying diseases? How do cases of assisted suicide differ from the just over 1000 suicide cases?

Assisted suicide involves giving a person who wishes to end his or her life a lethal substance which they take themselves without any outside influence. In Switzerland, the first “right to die” organisations were formed around 35 years ago. Organisations such as EXIT and Dignitas assist persons wishing to commit suicide in the framework of Article 115 of the Criminal Code. This does not forbid suicide assistance if there are no selfish motives.

In 2014, the FSO registered 742 cases of assisted suicide among persons resident in Switzerland. This is equal to almost 1.2% of deaths and is 26% more than the previous year. Since 2008, this figure has increased every year.

While slightly more men than women resorted to assisted suicide in the early years, considerably more women have done so since 2001 (G1). The male to female ratio is 10 to 13.

The figures for assisted suicide continue to rise. This reflects to some extent the increasing number of old persons in Switzerland. The age-standardised assisted suicide rates show slightly less growth compared with the absolute figures. It is striking that these rates are very close for both men and women (G2). It should be noted that cases before 2009 have not been fully recorded.


Assisted suicide 2000–2014

* European standard population 2010

1 The age-standardised mortality rates take into account the considerable growth and ageing of the population in this period.
Age

Any person capable of judgement can resort to assisted suicide regardless of age. From 2010–2014, 94% of persons concerned were 55 years or over. In the 5-year period, thirteen persons were under 35; this corresponds to 0.5% of euthanasia cases (G3).

The age distribution is similar for men and women. From the age of 45 onwards, more women resort to assisted suicide in concrete figures with the difference increasing with increasing age.

Concomitant diseases

Assisted suicide is carried out if life no longer appears worth living to the person concerned, particularly due to a serious physical illness (G5). In 42% of cases, cancer was reported as the underlying disease, 14% suffered from a neurodegenerative disease, 11% from a cardiovascular disease and 10% from a musculoskeletal disorder. The group of other diseases includes chronic pain syndromes, multimorbidity and further diseases. Depression was reported in 3% of cases and dementia in 0.8% of cases (G5).

A comparison of assisted suicide and suicide

From 1995 to 2003, the absolute number of suicides fell considerably. Since then, it has more or less remained stable while cases of assisted suicide have increased considerably since 2008 in particular. In 2014, for 7 cases of suicide observed, 5 cases of assisted suicide were seen (G7).
The ratio of assisted suicide to suicide varies greatly depending on age. Assisted suicide is more common than suicide among those aged 75 and older (2010–2014 period; G8).

Suicide

In 2014, 1029 persons (754 men, 275 women) died of suicide in Switzerland. In 1995, 1400 persons a year died from suicide (G9) while in the mid-1980s this figure was 1600 persons per year.

Figure G10 shows the trend of age-standardised mortality rates for suicide. The probability of suicide has almost halved since 1990. Among men, it fell from 39 to 20 per 100,000 between 1991 and 2010, among women from 12 to 7 per 100,000. The figures have remained relatively stable since 2010.

If one considers the total number of assisted suicides and suicides, it can be seen that the increase here compensates for the decrease over the last 10 years. It should be remembered, however, that this only partly concerns the same group of persons. Assisted suicide is a relatively new phenomenon which mainly affects persons with serious diseases leading to death.

Background

In 2011–2012, the Federal Council and Parliament decided to dispense with an explicit legal provision on organised assisted suicide. They concluded that it is possible to prevent and detect abuse using the existing legal regulations. The Federal Council and Parliament contribute to consolidating the right to self-determination with various measures: e.g. through improved coordination of prevention and early detection of mental disorders, the suicide prevention action plan, the palliative care platform and improved coordination provision e.g. for multimorbid persons.

Additional information

Federal Office of Public Health
- Mental health and suicide prevention dossiers (available in German, French and Italian): www.bag.admin.ch → Themen → Gesundheitspolitik → Psychische Gesundheit
- Palliative care dossier: www.bag.admin.ch → Topics → Health policy → Palliative Care Strategy
- Coordinated provision dossier (available in German, French and Italian): www.bag.admin.ch → Themen → Gesundheitspolitik → koordinierte Versorgung

Federal Office of Justice
- www.bj.admin.ch → Society → Bills adopted → Euthanasia
Diseases present in the case of suicide

In 53% of cases, causes of death registrations for suicide do not contain any information about concomitant diseases. If no information is available, this may mean various things: either no disease was present or it was unknown. If information is available, 56% of entries cite depression. In the remaining 44% of entries, a physical disease is mentioned. Physical diseases include a range similar to that of assisted suicide (G11).

Concomitant diseases reported with suicide, period 2010–2014

Data source and procedure

Since the end of the 1990s, the FSO has received isolated notifications of assisted suicide. As the International Classification of Diseases (ICD-10) does not have any code for this, in the beginning these cases were classified as suicide by poisoning. However, the WHO rules stipulate that the disease to be entered as the cause of death should be the originating cause of the sequence that led to death. In this sense, assisted suicide is usually the last resort taken at the end of a serious disease.

Since 2009, assisted suicide has been coded consistently as concomitant with death. Cases from years 1990 to 2008 were recorded retrospectively insofaras possible. Other cases where there was only a suspicion of assisted suicide are attributed to suicide. For the years from 2004, unclear cases are rare.

The Swiss Cause of Death Statistics were introduced in 1876. They are based on the medical certificate of cause of death. Diagnoses are recorded in words, the coding is based on the ICD-10 and is conducted in the Federal Statistical Office according to the rules defined by the WHO. All collected data are treated anonymously and strictly confidentially and are subject to the provisions of the Federal Data Protection Act of 19 June 1992 (SR 235.1). Publications on the Cause of Death Statistics refer to persons who are resident in Switzerland, i.e. on the permanent resident population regardless of nationality and place of death.

Suicide methods

The most common suicide method is hanging, one third of men and one quarter of women who commit suicide use this method. This is followed in second place by shooting oneself (27% of men but only 3% of women). 14% poison themselves (and one quarter of women), 12% jump from a height or throw themselves in front of a moving vehicle and 11% use another method (G12).

Further information on the cause of death statistics on the internet:
www.statistik.ch → Topics → 14 – Health → Health of the population → Mortality, causes of death