Reporting of euthanasia as it relates to suicide

A fact sheet for media professionals

About this Fact Sheet

► This fact sheet is intended to provide advice to journalists about the aspects of reporting euthanasia that may impact on vulnerable people in the community. Specifically, those people vulnerable to suicide. These guidelines do not reflect any particular position on euthanasia or on media coverage of the euthanasia debate.

► This fact sheet is an extension of the Mindframe resources for reporting suicide as it documents areas of overlap between the reporting of euthanasia and the reporting of suicide. It was developed in consultation with the National Media and Mental Health Group based on an international literature review and qualitative research study.

Definitions

► Defining euthanasia in the modern context can be challenging, but the general understanding is that voluntary euthanasia occurs when a person who is fully capable of making the decision to end their life requests assistance by a doctor or other individual to do so. This is also sometimes referred to as “assisted suicide” or “physician-assisted suicide”.

► The literature also distinguishes between passive (eg withholding treatment) and active euthanasia. In the case of active euthanasia, the act has been further defined as either aggressive (use of lethal substances or force) or non-aggressive (removal of life-support).

► Given this resource is interested in exploring the effect of media portrayals of euthanasia on those who are actively able to make a conscious, informed and resolute decision about prematurely ending their lives, voluntary euthanasia, generally of an active and aggressive nature, is the focus.

Research Evidence

► While there is limited research in this area, the available research suggests a link between reporting of euthanasia and increased incidence of euthanasia deaths as well as an increase in suicide deaths by people who are not elderly or terminally ill. This link would suggest that media professionals proceed with caution, and consider codes of practice and guidelines for reporting suicide where these apply.

Examples from the Research:

► A Swiss study\(^1\) reported a sharp increase in the number of euthanasia-related-deaths following wide scale cross-media coverage of deaths by euthanasia. The study also noted that:

  ► A large percentage of cases of euthanasia-related-deaths involved people who were not terminally ill;

  ► The methods of euthanasia-related-deaths were similar to the descriptions of methods reported in news media.

► A US study\(^2\) observed a significant (34%) increase in euthanasia-related-deaths amongst persons diagnosed with Leukaemia, in the month following two highly publicised cases of deaths by voluntary euthanasia. This increase was specifically observed in patients who closely matched the subject of the article - female, mid-forties, and having a close relationship with their physician.

► Another US study\(^3\) found that there was a significant increase in suicides by the methods described in a non-fiction book which advocates non-violent methods of euthanasia for those with a terminal illness. The study also found that most individuals who had consulted the book before taking their own lives did not have a terminal illness.

For more comprehensive facts and statistics and references see the resource book Reporting Suicide and Mental Illness, Commonwealth of Australia, 2007, or associated website at www.mindframe-media.info
Issues to consider when reporting

Don’t be explicit about methods
► Be mindful that reporting methods of euthanasia-related-deaths is equivalent to reporting methods of suicide. Most members of the media hold codes of practice for the responsible reporting of suicide, in which the location and method of suicide is not described, displayed or photographed. This code of practice is often overlooked when reporting euthanasia-related-deaths, where the location and/or method may be described in detail.

► If it is important to the story, discuss the method in general terms only. It is preferable to use phrases such as “died by euthanasia” or “ended his/her own life” rather than providing an explicit description of the method. Detailed descriptions can prompt some vulnerable people to copy the act.

► If the method of euthanasia is the focus of the story (e.g. legalisation of certain methods), then consideration should be given to discussing the method without giving explicit details that could be used by a vulnerable person to end their life. For example, refer to “lethal medications” rather than providing the name of the medication or information about how to access the drug.

Provide balance
► Positively framed stories about people’s right to die, may unintentionally lead to the promotion of suicide as a right. Research has shown increased rates of suicide after higher periods of reporting about suicide.

► Exploring the underlying issues associated with euthanasia and offering alternative opinions may encourage people who are experiencing suicidal intent and/or who are not terminally ill to seek help.

Include help-seeking information
► When reporting on euthanasia, you are in most cases discussing suicide related issues. Where appropriate, including phone numbers and contact details for support services will provide immediate support for those who may have been distressed by your story.

Consider whether to run the story
► Consider how many stories have been run recently featuring euthanasia or suicide. A succession of stories can increase exposure and normalise euthanasia or suicide as an acceptable option for vulnerable people, not only the terminally ill.

Consider your use of language
► Try to avoid using the word suicide, as in ‘assisted suicide’ or ‘right to suicide’, especially in the headline or lead. This may attract vulnerable audiences to the story. Instead, use more general terms such as ‘euthanasia-related-death’ or ‘took measures to end their life’.

► Try not to glamorise or sensationalise euthanasia as this could normalise suicide as an acceptable option for vulnerable people. For example, does the story frame “euthanasia” as an “acceptable suicide”.

References:

www.mindframe-media.info