



Actualités OFS  
BFS Aktuell  
FSO News



14 Health

Neuchâtel, 03.2012

## Cause of Death Statistics 2009

### Assisted suicide and suicide in Switzerland

In 2009, just under 300 cases of assisted suicide were registered in Switzerland. In this newsletter, the Federal Statistical Office is publishing figures for the first time on the subject. When do people resort to assisted suicide, who are they and which illnesses lead them to seek assisted suicide? How do the cases of assisted suicide differ from the 1100 suicide cases?

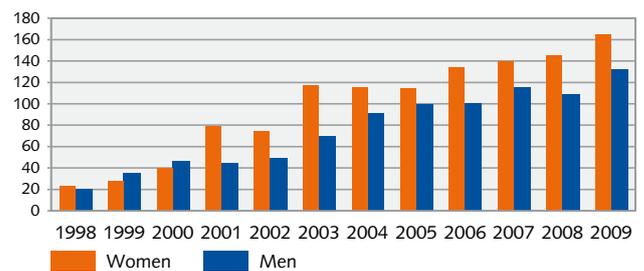
Assisted suicide involves enabling the person wishing to commit suicide to obtain a lethal substance, which he or she then takes without any external assistance. The first right to die organisations were founded in Switzerland 30 years ago. Organisations such as EXIT and Dignitas provide assisted suicide within the framework of Article 115 of the Swiss Criminal Code, which does not prohibit assisted suicide in the absence of selfish motives.

The FSO records just under 300 deaths due to assisted suicide per year among persons residing in Switzerland, representing 4.8 per 1000 deaths. Over the past ten years this figure has increased continuously (G1). Figures are not available for earlier years.

Whereas in the early years, slightly more men than women resorted to assisted suicide, since 2001 considerably more women have done so (G2).

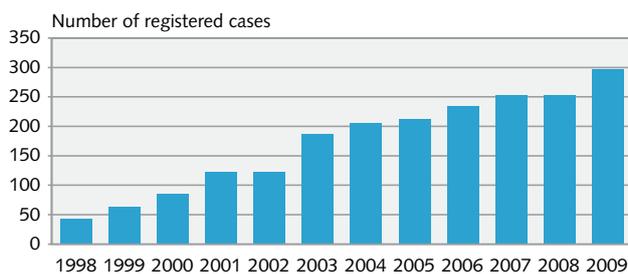
Every mentally competent person, regardless of age, has a right to seek assisted suicide. 90% of those concerned are 55 years old or over. Persons under age 35 account for 1% of cases, which represents 20 persons in 12 years (G3).

Assisted suicide cases, by sex 1998–2009 G 2



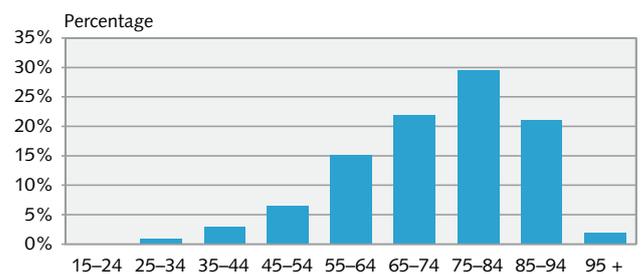
© FSO

Assisted suicide 1998–2009 G 1



© FSO

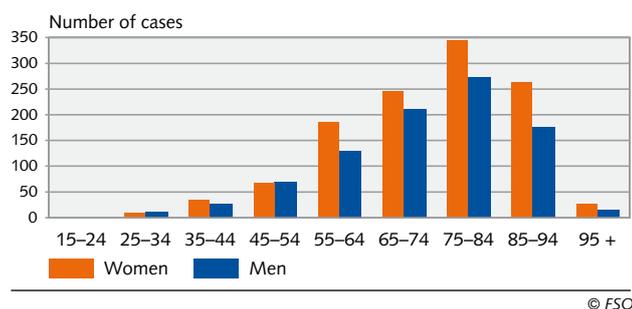
Assisted suicide cases by age 1998/2009 G 3



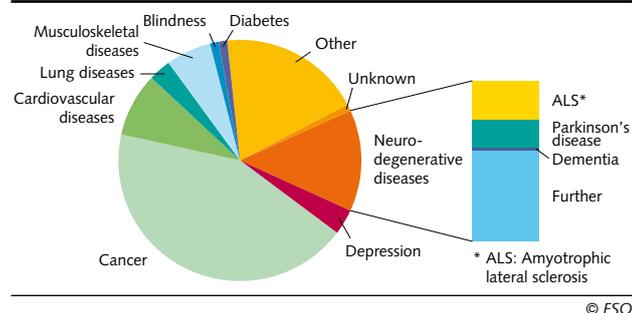
© FSO

The age distribution is similar for both men and women. From 55 years of age, the absolute number of women resorting to assisted suicide is markedly higher than that for men (G4). Assisted suicide is resorted to when life no longer appears worth living for the person concerned, in particular in the presence of a serious physical illness (G5). In 44% of cases, cancer was reported as the underlying disease, in 19% a neurodegenerative disease, in 9% cardiovascular diseases and in 6% musculoskeletal disorders. "Other diseases" includes pain syndromes, multimorbidity and other pathologies. Depression was reported in 3% of cases and dementia in 0.3%.

**Assisted suicide cases, by age and sex 1998/2009 G 4**



**Concomitant diseases reported with assisted suicide 1998/2009 G 5**



**Canton of residence**

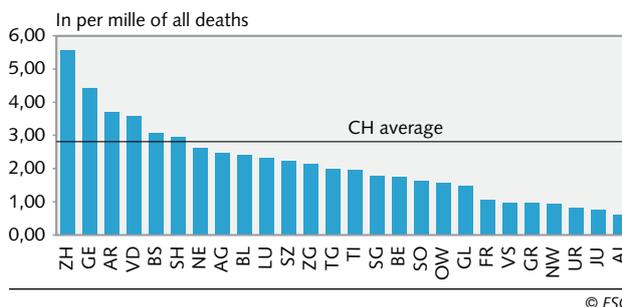
Figure G6 shows the share of assisted suicide cases per 1000 deaths by canton during the observation period 1998 to 2009. The largest share of cases of assisted suicide is recorded for persons residing in the canton of Zurich, with almost 700 persons in 12 years. In the cantons of Vaud and Bern this figure is around 200, in Geneva and Aarau over 100. Since 1998, at least one person has resorted to assisted suicide in every canton.

**Comparison of assisted suicide and suicide**

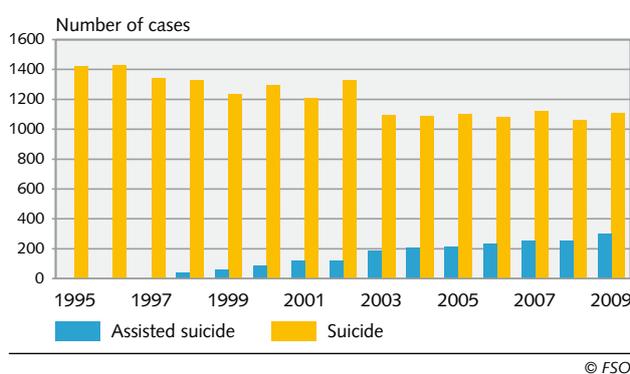
Since 2003 the number of suicides has been more or less stable, whereas the number of assisted suicide cases continues to rise. In 2009, 1 case of assisted suicide for every 4 cases of suicide was observed (G7).

The assisted suicide to suicide ratio varies greatly depending on age. In the period 2006/2009, assisted suicide was more frequent than suicide among people aged 85 and older than suicide (G8).

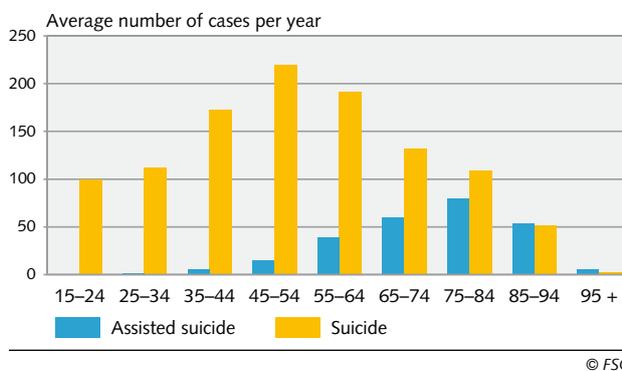
**Assisted suicide cases, by canton of residence 1998/2009 G 6**



**Suicide and assisted suicide 1995-2009 G 7**



**Assisted suicide and suicide by age 2006/2009 G 8**



**Background history**

After several in-depth reviews of the situation, the Federal Council came to the conclusion at the end of June 2011 that criminal law in Switzerland does not require any explicit provisions on organised assisted suicide. The Federal Council continues to give priority to suicide prevention. The annual number of suicides in Switzerland, which has been stable for years, is likely to increase in future as a result of the ageing of the population. For this reason the Federal Council wants to continue to promote suicide prevention and palliative care – the care and treatment of people with incurable, life-threatening or chronic degenerative diseases. The focus is on the improvement of self-determination at the end of life. In order to achieve this, the population should be made aware of the alternatives to suicide.

**Further information:**

Federal Office of Justice: Assisted suicide dossier  
[www.ejpd.admin.ch](http://www.ejpd.admin.ch) → Topics → Society → Legislation → Euthanasia

Federal Office of Public Health: Palliative Care Dossier  
[www.foph.admin.ch](http://www.foph.admin.ch) → Topics → Diseases and medicine → Palliative Care (page only available in German, French and Italian language)

Suicide prevention dossier: [www.foph.admin.ch](http://www.foph.admin.ch) → Topics → Diseases and medicine → Nicht übertragbare Krankheiten → Suizidprävention (page only available in German and French language)

Alliance Against Depression dossier: [www.foph.admin.ch](http://www.foph.admin.ch) → Topics → Diseases and medicine → Nicht übertragbare Krankheiten → Bündnis gegen Depression (page only available in German and French language)

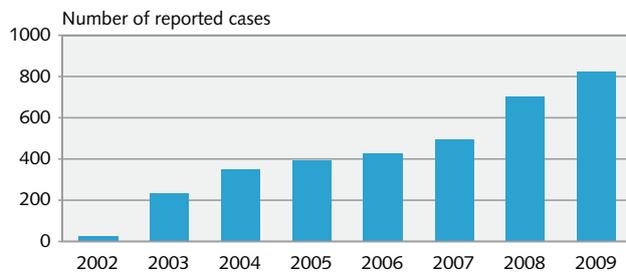
**International comparison**

International databases provide no information on the topic of assisted suicide. First of all, legislation on assisted suicide differs from country to country: In some countries a total prohibition is in place, whereas in other countries, a more liberal solution has been chosen, such as assisted suicide (passive) in Switzerland and euthanasia (active assisted suicide) in the Benelux countries and some states in the USA. Moreover, there is no dedicated code for assisted suicide in the International Classification of Diseases (ICD).

One European country for which well-documented data are available is Belgium. A Commission report<sup>1</sup> describes the procedure prescribed by Belgian law to be followed in the event of a request for active euthanasia. After the introduction of the Belgian Euthanasia Act in 2002, the number of reported cases grew steadily; in 2003 and 2008 there was a sharp increase (G9). In 2009, the share of reported deaths from active euthanasia in Belgium was 7.9 per 1000 deaths.

In the Netherlands, cases of active euthanasia or assisted suicide must be officially registered with the regional regulatory agency. In 2010, 3136 cases were reported<sup>2</sup> (2.3 per 1000 deaths). By comparison, in Switzerland the share of deaths from assisted suicide was 4.8 per 1000 deaths in 2009.

**Active euthanasia in Belgium 2002–2009** G 9



© FSO

<sup>1</sup> Commission Fédérale de contrôle et d'évaluation de l'euthanasia «Quatrième rapport aux chambres législative (années 2008 et 2009)» of 8 June 2010 [www.health.belgium.be/filestore/19063733/H7849Rapport\\_euthanasia\\_FR.pdf](http://www.health.belgium.be/filestore/19063733/H7849Rapport_euthanasia_FR.pdf)

<sup>2</sup> Euthanasia dossier on the website of the Dutch Parliament <http://www.houseofrepresentatives.nl/dossiers/euthanasia>

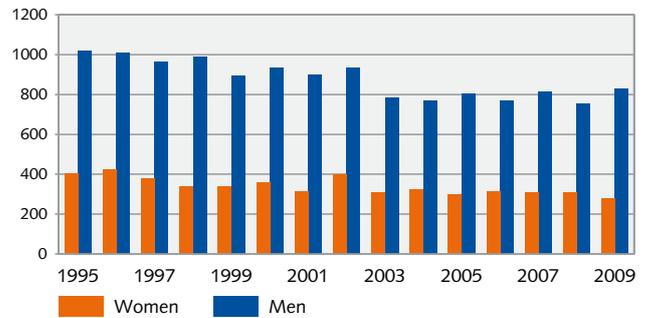
**Suicide**

In 2009, 1105 persons (827 men, 278 women) died from suicide in Switzerland. In 1995, more than 1400 persons a year died from suicide (G10) and in the mid-1980s the figure was more than 1600 persons.

Figure G11 shows the progression of age-standardised death rates<sup>3</sup> for suicide. The likelihood of a suicide has halved since the peak level in 1980.

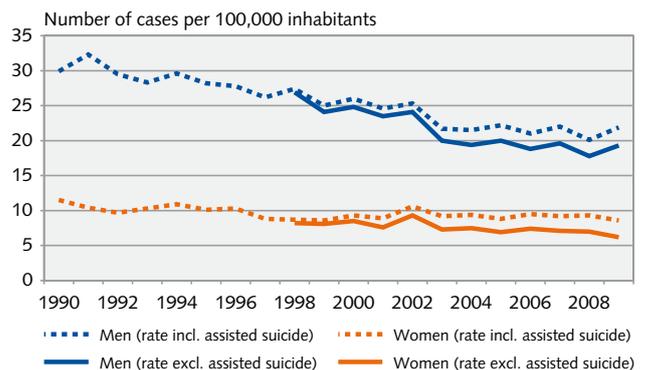
The trend was fairly similar among men and women as well as the young and old. The biggest difference was that among young people, the decline took place later but was also more pronounced than among older people. Among 15-to-29-year-olds, the risk of suicide has declined by 60% since the peak in the early 1980s. The increase in suicide among the very aged which was reported previously is attributable to the fact that at that time, suicide cases could not be distinguished from assisted suicide cases.

**Suicide by sex 1995–2009** G 10



© FSO

**Suicide in Switzerland 1990–2009** G 11



© FSO

<sup>3</sup> The age-standardised death rates take into account that there was considerable population growth as well as population ageing during these years.

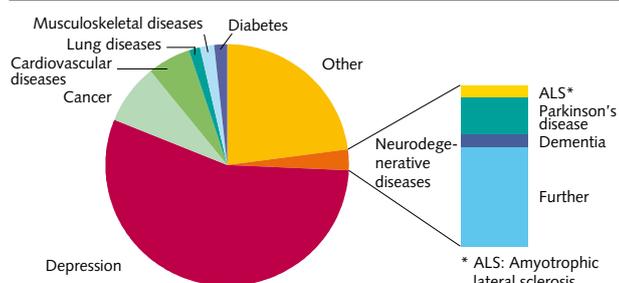
### Suicide and concomitant disease

In 53% of suicide cases, the cause of death certificate contains no indication of concomitant diseases. In 56% of cases where the death certificate does contain an indication the reported disease is depression. In the remaining 44% of cases, a physical illness is indicated. The range of physical illnesses reported with suicide is similar to that reported with assisted suicide (G12).

### Suicide methods

Hanging accounts for 28% of suicide methods. 23% of suicides shoot themselves, 14% poison themselves, 14% jump from height, 10% jump in front of a vehicle and 11% use another method. Firearm and hanging suicides are much more common among men, whereas women are more likely to commit suicide by drowning, poisoning, jumping from height or jumping in front of a vehicle (G13).

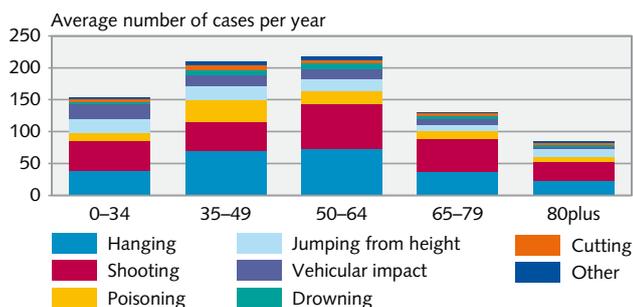
**Concomitant diseases reported with suicide 1998/2009** G 12



In only 47% was a concomitant disease indicated.

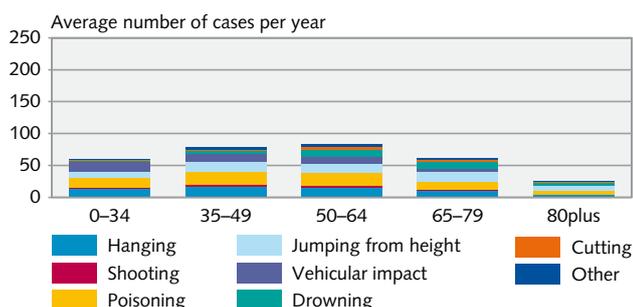
© FSO

**Suicide methods 2006/2009 by age, men** G 13.1



© FSO

**Suicide methods 2006/2009 by age, women** G 13.1



© FSO

### Data sources and procedure

For several years, the FSO has received sporadic reports on assisted suicide. Because the International Classification of Diseases (ICD-10) of the World Health Organisation (WHO) has no dedicated code for assisted suicide, such cases were initially 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.

In order to carry out this analysis, it was necessary to systematically complete data on cases which, though specially marked, had only been recorded sporadically. The organisations that provide assisted suicide services in Switzerland made the necessary information available to the FSO, making sure that all identifying information relating to the deceased persons was kept completely anonymous. The retrospective data input was limited to the last 10 years. For other cases in which it is only assumed that assisted suicide took place, «suicide» is entered as the cause of death. Unclear cases are rare for the years from 2004.

The Swiss Cause of Death Statistics were introduced in 1876. They are based on medical cause of death certificates. The diagnosis is indicated in words and the coding according to ICD-10 is carried out by the Federal Statistical Office in accordance with WHO rules. 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.

### Further information on the Cause of Death Statistics is available from the FSO website:

[www.statistics.admin.ch](http://www.statistics.admin.ch) → Topics → Health → Mortality, causes of death

### Imprint

**Publisher:** Federal Statistical Office (FSO)  
**Concept, editor:** Christoph Junker  
**Series:** FSO News  
**Specialist field:** 14 Health  
**Layout:** FSO, DIAM Section, Prepress/Print  
**Translation:** FSO Language Service, **languages:** available in electronic format or printed version in German, French, Italian and English.  
**Information:** Federal Statistical Office, Health Information Service, Tel. 032 713 67 00, email [gesundheit@bfs.admin.ch](mailto:gesundheit@bfs.admin.ch)  
**Orders:** Order number 1260-0900, available free of charge. Tel. 032 713 60 60, email [order@bfs.admin.ch](mailto:order@bfs.admin.ch), fax 032 713 60 61