

The Suicide Tourist: A Sociological Discussion

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The Suicide Tourist is a poignant story of an intelligent, articulate, 59-year-old retired computer science professor, Craig Ewert, who is seeking a dignified means to end his tragic life, a rapidly-deteriorating life marred by a devastating neurological disease that has left him helpless to the point where he cannot even breathe on his own. Dependent on a ventilator machine to help him breathe and caregivers to do almost everything else, he has decided that life is no longer worth living. But Ewert, physically unable to die by his own hands, and finding that physician-assisted suicide is not readily available in the US (only two states - Oregon and Washington - permit it, and they do not cater to nonresidents), travels to Switzerland while he is still able to swallow in order to die peacefully with the help of Dignitas, a Swiss nonprofit organization. There, Ewert is given a drug cocktail to drink that peacefully ends his agonizing, now pathetic life.

Directed by Oscar-winning filmmaker John Zaritsky, *The Suicide Tourist* is provocative and moving account that forces the viewer to consider difficult personal and social issues. Many of the issues are articulated by Ewert himself, who explains: "There are people who will look at this and say: 'No. Suicide is wrong. God has forbidden it. You cannot play God and take your own life.'" He goes on: "But you know what? This ventilator is playing God. If I had lived without access to technology, chances are I would be dead now."

The piece, not surprisingly, has generated considerable controversy since it was originally aired on PBS's Frontline. The discourse is largely dominated by two camps: those who support Dignitas and its goals, arguing from secular humanitarian principles, and those who view the film as a moral abomination, usually arguing from religious principles. Wrote one commentator at the Frontline web site: "By tacitly advocating for the legalization of physician-assisted suicide

and glamorizing the for profit privatization of the developed world's newest industry, death on demand, you have created a credibility and accuracy vacuum. Give us the opportunity to show your audience that there is another side to the choice Craig Ewert made." Another critic wrote: "Life is a precious gift given to us by God and to take it away by suicide and assisting it in any way shows how indifferent and unthankful we are to Him who gave us life. I pray that the God of Life forgives us our transgressions for allowing these evil things to happen in our world."

But there were many supporters as well. One wrote: "I cried through most of it, not because I felt pity for him, but because he was so brave and strong; the whole story over whelmed me. He had the right to make the choice, and he was very lucky to have a strong wife by his side." Another commentator wrote: "Craig Ewert was a very brave and honorable man for taking into account the burden he would be putting his family through! While we can choose to disagree on assisted suicide, we are not in the position to judge his decision."

There are a number of sociological perspectives to be gleaned from the film. More than a century has passed since Durkheim's famous 1897 study of suicide; among the important observations Durkheim made were that Protestants were more likely to commit suicide than Catholics or Jews, that unmarried individuals were more likely to commit suicide than married individuals, that suicide rates were higher among soldiers than civilians, and that urban dwellers were more likely than rural dwellers to take their own lives. More importantly, Durkheim explained suicide in terms of impaired integration between an individual and society, classifying it in into four different paradigms:

- **egoistic:** a consequence of too little social integration, as in the suicide of an elderly widower with few social contacts (probably the most common form of suicide in the United States,)
- **anomic:** a consequence of moral confusion and lack of social direction
- **altruistic:** a consequence of *excessive* social integration, such as the death of a Japanese kamikaze pilot, the death of an al Qaeda martyr, or the self-sacrifice of an Indian suttee (whereby a widow throws herself upon her husband's funeral pyre.)
- **fatalistic:** related to a need to firmly control one's environment, as with a medical student who takes her own life upon failing the year or (arguably) as in the above case of Craig Ewert, the subject of *The Suicide Tourist*.

More recently, treatments by Douglas (1967), Langer et al. (2008), Fincham et al. (2011) and others have served to extend, elaborate and modernize Durkheim's findings, for example to include the contemporary issues of lay-assisted and physician-assisted suicide.

A parallel discourse is concerned with the moral, ethical and religious aspects of physician-assisted suicide, the subject of the film. Central to this discussion is the question regarding the extent to which government should have a say over the private lives of individuals. As implied by earlier comments, in one camp there are those who argue that government policies should reflect mainstream religious views arguing (on shaky grounds, in my opinion) that the USA is a

Christian nation¹, and with another camp arguing from secular principles that beliefs derived from solely from any particular religion should not be the basis for social policy. Rather, these individuals argue, universal secular principles based on the US constitution and secular ethical principles, principles that transcend individual religious beliefs, should form the basis for US social policy.

But even those individuals who would avoid religious principles in the discourse on physician-assisted suicide are divided (Emanuel, 2002; Seale, 2009). Physician proponents of physician-assisted suicide argue that despite high standards of palliative care, nevertheless there often remain a substantial number of dying patients whose suffering cannot be relieved by ordinary clinical means, and that should some of these patients request assistance in hastening death, willing physicians should be legally permitted to participate. Others argue instead that physician-assisted suicide is unneeded even in these cases, since techniques such as “terminal sedation” and the intentional cessation of eating and drinking are legal options where a patient’s suffering cannot be managed using standard palliative measures. Many in this group also argue (correctly) that physician-assisted suicide is against the Hippocratic Oath², which states: “I will give no deadly medicine to any one if asked, nor suggest any such counsel.” For the most part the

¹ I argue that the US is not a Christian nation, at least in terms of international law. Consider, for example, Article 11 of the 1796 Treaty of Tripoli, to which the US is a signatory, which states (in the language of the time): “As the government of the United States of America is not in any sense founded on the Christian Religion,-as it has in itself no character of enmity against the laws, religion or tranquility of Musselmen,-and as the said States never have entered into any war or act of hostility against any Mehomitan nation, it is declared by the parties that no pretext arising from religious opinions shall ever produce an interruption of the harmony existing between the two countries.” (Source: http://avalon.law.yale.edu/18th_century/bar1796t.asp)

² In fact, most US physicians take a *modified* version of the Hippocratic Oath. For an interesting discussion see Orr et al. (1997)

clinical community has remained unenthusiastic on the subject of physician-assisted suicide. For instance, here is a statement from the official policy of the American Medical Association³:

Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible. Multidisciplinary interventions should be sought including specialty consultation, hospice care, pastoral support, family counseling, and other modalities. Patients near the end of life must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication.

Medical ethicists, too, are divided. Those in support of physician-assisted suicide usually take the position that respect for patient autonomy and individual self-determination should trump all other ethical principles. That is, when ethical doctrines come to clash, as with the principle of respect for patient autonomy coming into conflict with the sanctity of human life, it is argued that patient autonomy should triumph (Singer, 2002). Proponents of this position thus argue that it is an individual's right as an autonomous being to choose when, where, and how to die, as long as he or she is a competent adult. In addition, some thinkers also suggest that a "right to die" is guaranteed under a constitutional "right to privacy" clause (for instance, via the "liberty" guarantee of the Fourteenth Amendment) which would forbid the government from interfering in

³ <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion2211.page>

private decisions, such as whether to marry, whether to have children, whether use contraception or when to die ⁴.

In the other camp are ethicists who argue that the sanctity of human life principle should trump all other ethical considerations. Some fellow travelers in this camp also argue that it may be difficult to determine whether requests for suicide assistance constitute “a request for hastened death, a sign of psychosocial distress, or merely a passing comment that is not intended to be heard literally as a death wish” (Hudson et al., 2006). Yet another concern is that “while clinical depression influences requests for hastened death in terminally ill patients, it is often under-recognized or dismissed by doctors, some of whom proceed with assisted death anyway” (Hicks, 2006)

As the film and the above discussion indicates, the topic of physician-assisted suicide is richly nuanced. Certainly, reasonable people can be expected to disagree on the matter, even when religious issues are removed from the table. But certainly this much is true: *The Suicide Tourist* does a fine job in initiating discussion on this contentious issue.

⁴ A frequently quoted statement by a US Supreme Court justice on the topic of privacy is in Justice Brandeis's dissent in *Olmstead v. U. S.* (1928): "The makers of our Constitution understood the need to secure conditions favorable to the pursuit of happiness, and the protections guaranteed by this are much broader in scope, and include the right to life and an inviolate personality -- the right to be left alone -- the most comprehensive of rights and the right most valued by civilized men. The principle underlying the Fourth and Fifth Amendments is protection against invasions of the sanctities of a man's home and privacies of life. This is a recognition of the significance of man's spiritual nature, his feelings, and his intellect."

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