



Euthanasia and Women

1 Introduction

Does the legalisation of euthanasia and assisted suicide disproportionately affect women? If so, why would this be, and what are the implications for public policy?

Professor Silvia Canetto, at Colorado State University, is particularly interested in gender issues in suicidal behaviour and hastened death. She recently accessed three decades of information on mercy killing, from the Hemlock Society's database in the United States.

2 What the research showed

Professor Canetto found that when mercy killings occur they are typically administered *by men for women*, with two-thirds of those killed being female.¹ Most commonly family members were involved in the death, and death was most often achieved by shooting, suffocation and poisoning.

3 Ethical analysis

While women are under-represented in suicide statistics, they are often over-represented in assisted suicide and euthanasia reports.

A descriptive analysis of the 69 people who died with the assistance of Dr Jack Kevorkian between 1990 and 1998 shows that 71% of the victims were women.² Forty-three percent of the women were divorced compared with 15% of the men. In Oregon, women are increasingly receiving assisted suicide. In 1998³, 50% were female; in 1999⁴, 41%; in 2000⁵, 56%; and in 2001⁶, 62%.

In addition, the two recent highly-publicised cases of individuals seeking assistance to die were both women; Nancy Crick in Australia, and Diane Pretty in the UK.

¹ Buhner, Colleen "Women shown as typical mercy killing targets", *The Collegian* 25th October 2001. <http://collegian.colostate.edu/home.asp?ArticleID=7815>. Reference: Canetto, S. S., & Hollenshead, J. D. (2000-2001) "Older women and mercy killing" *Journal of Death and Dying*, 42, 83-99.

² Roscoe L, Malphurs J *et al*, "Dr Jack Kevorkian and Cases of Euthanasia in Oakland County, Michigan, 1990-1998", *New England Journal of Medicine* 343 (23): 1735-1736, letter to the editor.

³ Oregon's Death With Dignity Act: Three years of legalized physician-assisted suicide. www.ohd.hr.state.or.us/chs/pas/year3/ar-tbl-1.htm

⁴ *ibid*

⁵ *ibid*

⁶ Fourth Annual Report on Oregon's Death with Dignity Act, www.ohd.hr.state.or.us/chs/pas/ar-tbl-1.htm



In stark contrast, US official suicide data for 1999 showed that females comprised only 20% of nationwide the total. But for each male suicide attempt there were three attempts by women.⁷

Women tend to live longer in all western countries. The majority of older persons (55 percent) are women. Among the oldest of the old, 65 percent are women.⁸ So euthanasia laws are likely to influence the aged most of all, and therefore women. But euthanasia patients are not always in the 'oldest old' age group, and not even always old at all. There are other reasons why women might receive euthanasia and assisted suicide more often.

Professor Canetto, who has published extensively in the area of gender and suicide, suggests that "the taking of one's own life tends to be seen as a masculine act, thus mercy killing appears as a more permissible way for women to commit suicide".⁹

Sidney Callahan offers a feminist comment on euthanasia, saying that "feminists have learned to be cautious when new social or medical interventions are on offer".¹⁰ She suggests women will be affected most by euthanasia simply because they live longer and have fewer resources than men. Indeed, countries that have data on poverty by age and sex (mostly the developed countries) show that older women are more likely to be poor than older men.¹¹ They are less likely to have a full range of choices at the end of life.

Callahan suggests a link between euthanasia and the legalisation of abortion: "It is instructive also to look at the way abortion moved from being approved of as a tragic choice in exceptional cases to becoming a routinized necessity with only the most perfunctory of counseling or alternatives offered to women. Individual choices have a way of quickly becoming routine procedures in the larger institutions of society. A quick medicalized technological 'solution' to problems can take over."¹²

Regarding the danger of sanctioning suicide, Callahan says "when the option or choice to end a life is morally permitted, the interpersonal situation changes. One must justify her or his choice to go on living, particularly when one is dependent upon others to some degree".¹³ It seems some people can't justify life when others are responsible for their care. In Oregon, 63% of assisted suicide patients in 2000 were motivated by a concern that they were a burden on family, friends and caregivers.¹⁴

⁷ Hoyert D L, Arias E, Smith B L, Murphy S L and Kochanek K D (2001) "Deaths: Final data for 1999" *National Vital Statistics Report* 49 (8). Hyattsville, MD: National Center for Health Statistics. DHHS Publications No. (PHS) 2001-1120.

⁸ The Ageing of the World's Population <http://www.un.org/esa/socdev/ageing/agewpop.htm> UN program on ageing, 2000

⁹ Buhner 2001 *op cit*

¹⁰ Callahan S. "A feminist case against assisted suicide and euthanasia", *The American Feminist* Summer 1999. Find at www.feministsforlife.org/taf/1999/summer/conas&eu.htm

¹¹ WHO (2000) "Women, Ageing and Health" Fact Sheet No 252, www.who.int/inf-fs/en/fact252.html

¹² Callahan 1999 *op cit*

¹³ Callahan 1999 *op cit*

¹⁴ Oregon's Death With Dignity Act: Three years of legalized physician-assisted suicide. www.ohd.hr.state.or.us/chs/pas/year3/ar-tbl-1.htm



A key to understanding the apparent gender bias in euthanasia and assisted suicide is the traditional role of women as carers. For many women who have spent their lives caring for others as wives, mothers, nurses or teachers, becoming ill requires a reversal of roles. When a woman is no longer able to do what she has always done, she may see ‘no point’ in living – a sense of purposelessness, or hopelessness. Caring for others also entails not encumbering them; therefore a natural extension to her caring role would be to get out of the way when she becomes a ‘burden’. One response might be to assist in her suicide, given an apparently rational decision that life is no longer worth living. But an alternative might be to actively inject meaning into her life by simply valuing her existence.

How will euthanasia policies affect women? Canetto warns that such ‘neutral’ policies, purporting to enhance autonomy, dignity and choice, may victimise more women.¹⁵

¹⁵ Canetto S, cited in Cook, M. “Nancy pays the price for being elderly and female” *The Age* March 28 2002.