FACT SHEET: The Gendered Risks of Euthanasia and Assisted Suicide

1. **Women tend to live longer than men** and are thus more likely to develop diseases and disabling conditions, or to experience elder abuse and discrimination, both of which could motivate the desire for euthanasia and assisted suicide. In terms of elder abuse, women are significantly more likely to be victims than men.

2. **Women are also more likely to experience the death of a partner or spouse** due to their relative longevity, and to be deprived of this support and companionship in older age. Studies have found that loneliness is an important predictor of suicide and a key motivation behind euthanasia and assisted suicide requests.

3. **Women have less economic resources when they are older**, the time when decisions about euthanasia and assisted suicide are most likely to occur. This entrenched economic disadvantage limits their options for care and means they are more likely to face other financially-related adversities, all of which could influence a decision for euthanasia or assisted suicide. Women are also more likely to have to pay for care than men.

4. **Women are arguably more self-sacrificial and less assertive than men** and may thus be more likely to decide for euthanasia and assisted suicide to spare their loved ones the burden of caring for them, or to be persuaded that their life is unworthy of other’s care and their family’s resources. There is evidence that the fear of being a burden influences some patients in their decisions for euthanasia and assisted suicide.

5. **Women demonstrate a stronger preference for more structured, passive methods of suicide, with significant physician participation** and it is clear that increasing numbers of women decide to die when offered the more passive options of euthanasia and assisted suicide.

6. **Women are more likely to attempt suicide than men as they are more prone to psychological problems such as depression**. If euthanasia and assisted suicide are legalised, this, coupled with women’s preference for more passive methods of suicide could have a harmful compounding effect on women’s decisions to die.

7. **Female euthanasia and assisted suicide need to be considered within the context of pervasive male violence against women, particularly against intimates**. Research indicates striking similarities between the broader patterns of male violence against women and at least one form of assisted death: ‘mercy killing’. There are more female mercy killings, mostly by men, who are most often the woman’s partner, and they are characterised by the same themes of domination, possessiveness and control as other gender-based violence.

8. **Women’s historical and ongoing experience of power imbalance and gender domination could ‘play out’ in a clinical relationship** (where the medical profession is traditionally paternalistic and still predominantly male) and influence their decision for euthanasia and assisted suicide.

9. **The majority of high profile euthanasia and assisted suicide cases are female**. Given the persistence of gender stereotypes and inequality, this raises concerns as to why this is the case and what kind of impact the media coverage of such cases has on women’s decisions for euthanasia and assisted suicide.

10. **These insights challenge the presumption that women who decide for euthanasia and assisted suicide are always exercising autonomy**. A legalised regime could in fact compound oppressive socio-cultural influences and facilitate the last of many non-choices for some women.

**For further Information** or a more detailed research note, please contact Ms Rachael Wong, Director of Research, Policy and Advocacy, Women’s Forum Australia, M: 0402 221 347, E: rachael.wong@womensforumaustralia.org