International Association for Suicide Prevention

IASP Position Statement on Assisted Suicide and Euthanasia (2025)

The International Association for Suicide Prevention is dedicated to preventing suicide and suicidal behaviour and alleviating its effects. Suicide is the act of intentionally carrying out an action to kill oneself. Those actions ("suicide attempts") include a wide range of behaviours, some involving others, including involving others to cause the death (e.g., intentionally provoking an armed police officer). IASP is also concerned with preventing self-harm behaviours, which may occur without an intention to die, and which may be difficult to differentiate from intentional actions to kill oneself, and nevertheless are a risk factor for suicide.

At the present time, countries and jurisdictions are increasingly legalising and regulating assisted suicide, euthanasia, or both practices (sometimes called "Medically Assisted Death," "Physician Assisted Death," "Medical Aid in Dying" or similar terms). Assisted suicide is when a medical practitioner provides a patient who has asked to die with the means, usually prescription drugs, for the patient to self-administer to end their own life. Euthanasia is when the medical practitioner directly administers the lethal substance.

There is a strong potential for overlap or equivalence between what we consider to be suicide and euthanasia and assisted suicide (EaAS), particularly when EaAS is provided not at the end of life and instead to those with chronic conditions for whom death is not imminent. Research and clinical experience indicate that when a person has an irremediable illness or life situation, steps can still be taken to remediate the suffering and reasons motivating their desire to die. Even when it may convincingly appear to be hopeless, premature deaths can be prevented. IASP's position is that:

1. Jurisdictions considering legalising and/or expanding the availability of assisted suicide and euthanasia should engage meaningfully with suicide prevention experts and/or organisations to carefully weigh concerns about overlap between what is being contemplated and what we usually consider to be suicide. Any such concerns should have a prominent impact on decision-making.
2. Jurisdictions that legalise and regulate assisted suicide and euthanasia must ensure that other means to alleviate a person's physical and emotional suffering, including provision of better psychosocial and material supports, mental health services and palliative care, are systematically offered and provided. Death should never be a substitute for adequate care and support.
3. IASP is dedicated to collaborating with partners in suicide prevention, palliative and hospice care, medical, psychiatric, psycho-social services, policy planners, governments, and other stakeholders. IASP contends that:

a. We must ensure that all persons considering ending their lives or having their lives ended by others, have access to high quality suicide prevention assessments and interventions, regardless of their problems, circumstances and status of their eligibility for EaAS.
b. All people and organisations who work in suicide prevention must do their utmost to provide the same level of quality help and interventions to all people who express a wish to die, regardless of the means chosen to end their life and the nature of their circumstances. In our work, we should never take the position that there is a category apart of people who may be "better off dead," and encourage them to seek death as a solution to their problems.
c. People in suicide prevention should be provided with training in end of life and palliative and hospice care, providing support for people with severe chronic and terminal illnesses, and persons with handicaps and disabilities.
d. Persons working in EaAS assessments, palliative and hospice care, and the treatment of people with severe chronic and terminal illnesses, and persons with handicaps and disabilities, should be provided with quality training in suicide assessment, prevention and intervention.

4. IASP encourages and supports research on the relationship between suicide and assisted suicide and euthanasia, and research on best practices in suicide prevention assessments and interventions with persons who are suffering from irremediable medical conditions, as well as ethical standards for suicide prevention with these populations.
5. IASP is concerned that because of the inability, documented in current research, to predict which persons with a mental illness have a poor or hopeless prognosis, and which will substantially improve, with or without treatment, we should not allow access to EaAS for persons whose suffering is solely associated with a mental illness.