Abstract:
Switzerland has a unique position among countries permitting some form of assisted dying. However, not all Swiss citizens and institutions are welcoming this fact and have coined the term "suicide tourism" for the phenomenon of foreign residents coming to Switzerland in order to request assisted dying. This reflection shows how the term was created and why it is misleading.

Due to its special legislation concerning assisted suicide, Switzerland has a unique position among the countries that permit various forms of assisted dying. The fact that assisted death does not have to be directly supervised by a physician has led to the existence of several end-of-life associations whose non-medical staff can be present at the accompanied death. The prerequisite of this is still a prescription made by a physician after careful examination of the individual person's situation.

Unlike the Netherlands or Belgium, the Swiss law does not require a long-term therapeutic relationship with a local physician. For this reason, many persons who were either terminally ill or suffering from an incurable disease, which reduced their quality of life so much that they preferred to die came to Switzerland to end their life. The more known this option becomes, the more people will inquire and also follow up on their decision. This trend is shown in the increasing numbers over the years, although the absolute numbers are small in relation to all deaths occurring in Switzerland. This corresponds to the rising numbers of demands for assisted dying among Swiss residents (Federal Statistical Office, 2016).

The big majority of the Swiss population agrees to the current situation and does not want it changed. Initiatives to increase regulations around assisted suicide have been turned down in popular votes, the last time in May 2011, in the canton of Zurich (home of the well-known organization Dignitas)1. Even the Swiss Academy for Medical Sciences (SAMW) is changing its general position towards assisted suicide in the newly-drafted guidelines2; however, the professional organization of physicians FMH opposes these more liberal guidelines3.

Swiss media have coined the term "death tourism" (German: Sterbetourismus), which was the Swiss “word of the year” in 2007 and the respective "death tourists". According to the German authority on spelling and etymology, the Duden, a “death tourist” is someone who travels in order to request an assisted death at the final destination. This expression - which has been taken up by others and even appears in scientific articles (for example Gauthier, Mausbach, Reisch, & Bartsch, 2015) - bears resemblance to the widely known phenomenon of “medical tourism” but is a misnomer. In this short reflection, I want to explain how it came into being, what is wrong with it, and why it needs to be changed.

For a long time, people have traveled to far-away destinations in order to seek treatment. Spas from the Roman era and the alpine clinics in Switzerland bear witness to this. The mass phenomenon of medical tourism had appeared in the early 1990s when it became popular to have dental surgeries in Hungary, due to the lower prices for comparable services. Cheaper travel costs and better information and access to such services led to a democratization of medical tourism; and it is indeed often advertised as such on the internet

2 https://www.samw.ch/de/Publikationen/Richtlinien.html, last accessed September 3rd, 2018
3 https://www.medinside.ch/de/post/sterbehilfe-samw-fmh-suizidhilfe-position-richtlinien, last accessed September 3rd, 2018
or in magazines, with the possibility of renting an apartment and booking excursions during the time that you wait for a control visit or need to have several interventions. Finally, let us not forget that a “tourist” – someone taking a tour – usually goes back to the place where he has come from after having completed the tour.

The term “death tourism” had appeared for the first time around the year 2002, for example in a parliamentary motion presented by the then member of the national council Dorle Vallender⁴ and in a critical editorial of the member magazine of the Swiss right-to-die association Exit (Blum, 2004). It was readily picked up by mainstream print media and made its way to other publications like books and scientific articles (e.g. Eicker, 2006). I think that this term has been coined by someone who has ambivalent feelings about assisted dying and wanted to express his or her disapproval of this phenomenon. The connotations of this term are contradictory: the association of tourism, with its notions of vacation, excitement and relaxing activities, is joined with death, which usually provokes rather lugubrious feelings. We are not sure which of the two parts we should emphasize: the “death” part, which will make us feel empathy for the suffering; or the “tourism” part which will make us remember our own travels which are usually spent in an atmosphere of pleasure and recreation.

In my work with persons coming from abroad in order to have access to assisted dying, I have seldom encountered “tourists”. Apart from the fact that they have to travel to Switzerland, sometimes from other continents, and need accommodation which in most cases is a hotel, the few days in Switzerland are hardly filled with activities a tourist would think of. Usually, two visits to a physician are required, so transportation can be an issue. In some cases, final paperwork needs to be completed with the association. When all this is done, there might be some time left for sightseeing. However, most of the persons coming to Switzerland to end their lives are old, in a frail state, sometimes suffering from multiple illnesses, and in general tired of life under conditions, they deem “unbearable”. If touristic activities even appear on such a list, they usually are the last point on the to-do list.

The main motivation for these individuals to come to Switzerland is to make use of a possibility that is not offered in their country of residence. If legislation changed there, there would be no need of traveling long distances, sometimes concealing the real reason so as not to make anybody an “accomplice” who could be persecuted for “assisting suicide”.

To me, qualifying these individuals as “tourists” is a cynical attempt to decrease credibility for their reasons, and at the same time criticize the associations they turn to for assistance. When we read about “death tourists” over and over, the catchy word remains and settles somewhere in our subconscious. It is easy to forget that Swiss people have the same possibility but with much fewer complications and hardships. For them, it is enough to find a physician who is open to the idea or to be a member of the biggest Swiss association for assisted suicide (which, by the way, is offering this possibility only to residents of Switzerland, a fact that is not always laid out in the media).

The creeping adoption of this term even in serious publications reflects an unwillingness to accept the fact that people come to Switzerland for various reasons and uneasiness with the phenomenon in itself among certain stakeholders. Even if the majority of the population is in favor of the current legislation, not all key players are. This has been shown in the heated debate around the national research program 67 on the end of life⁵, where associations for

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⁴ https://www.parlament.ch/de/ratsbetrieb/suche-curia-vista/geschaeft/?AffairId%20023500 last accessed September 3rd, 2018

⁵ http://www.nfp67.ch/en/the-nrp/organisation
assisted dying felt unrepresented and silenced by an openly religious president of the steering group who was at the same time professor for moral theology. Many people consider Switzerland a beacon of democracy and neutrality. We should stop to criticize persons who come here because our laws are more advanced, and rather inform about the serious Swiss approach to debunk myths around assisted suicide. This, in turn, could help to change the local laws. The fact that most Swiss people do not use this possibility, although they are in favor of it (just as in the Netherlands and other countries that allow assisted dying), shows that the majority of the population enjoys a sufficient quality of life and hopefully dies under conditions that reflect their wishes and preferences either at home or in a facility of any kind.

Finally, what could be an alternative to the expression? I have thought long and hard about this and want to propose several terms. While “death travelers” (Sterbereisende) already sounds more neutral and less catchy, and puts them on a similar plane with persons who enter a hospice to die, terms like “death emigrants” (Sterbeemigranten) or “death exilees” (Sterbeexilanten) reflects the grim reality of having to leave one’s home country without ever coming back.

References

