

Physician Assisted Suicide Tourism – A Future Global Business Phenomenon

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Abstract

Death or suicide tourism has formed a dedicated market for itself which make people travel distances to commit suicide by themselves or to pay a visit to medical experts to plan a structured exit procedure from life. Assisted suicide (AS) tourism is a niche sector tourism involving a tour conducted by an individual to a destination seeking physician assistance to end life with dignity. This phenomenon is gaining momentum globally due to rapid legalisation of euthanasia and social activists enforcing right to die with dignity, in various nations. The paper is thereby not a debate about whether AS is responsible or morally good, neither is it an attempt to enforce the pros of AS. Rather, it is a simple prediction of the fact that increased demand, savings in the cost of continuing artificial life support of a terminally ill patient and the revenue that can be generated from AS hold true possibility of it being legalized in various countries, which will see the advent of assisted suicide tourism from the countries that have not legalised euthanasia yet. With an estimated generation of fifty-one million Euros annual revenue from AS on the supply side, matched with the increasing need to live and die with dignity on the demand side, option to legally end one's life with ease would soon become a tourism-business phenomenon.

Introduction

Attitudes and perceptions towards death have evolved over time, which sets us in the pursuit to discover how death experiences in the modern world are delineating itself into a separate genre of business. This business in turn forms the core of suicide tourism which is only a small part of the larger classification of tourism called Thana Tourism or Dark Tourism (Korstanje & Ivanov, 2012). Foley and Lennon (1996) were pioneers in labelling the peculiar phenomenon of tourists visiting the sites of famous death scenes, the likes of J.F. Kennedy's assassination spot or Commonwealth War Graves, slavery museums, holocaust sites, dungeons, sites for mass atrocities etc as Thana or Dark Tourism. Recent academic interest has this phenomenon named as *milking the macabre* (Dann 1994), *morbid* (Blom 2000), *black spot* (Rojek 1993) or *grief tourism* (O'Neill 2002). Stone and Sharpley (2008) traced the roots of this death tourism to the times in Rome where people thronged to witness the games of the gladiators. Visitor class interested in experiencing animated scenes of suffering or viewing exhibitions of massacres form the demand side for dark tourism. Dark tourism makes the tourists aware of the causes, sufferings, circumstances and the motives behind death. Although Bauman (1992) points out, that dark tourism orients public with livelihood strategies and Tercier (2005) views consumption of dark tourism vouchsafes individuals to view their own deaths as distant, suicide tourism deals with mortality strategies rather than survival strategies.

Death or suicide tourism has formed a dedicated market for itself which make people travel distances only to jump off a cliff, down the falls or from a bridge or monument, or even to pay a visit to medical experts to plan a structured exit procedure from life. Back in the times of World War II, nearly one thousand four hundred kamikaze pilots were flown to enemy zones as mass suicide mission. The Chiran Peace Museum in Japan stands as testimony to this event. Other places like Golden Gate Bridge in San Francisco, The Gap in Sydney or downtown of New York are some famous

suicide spots (Stack and Bowman, 2010). They toured London to record suicide tourism prevalent in the city. The case of suicide of Ajax in British Museum was cited here. Ajax committed suicide owing to frustrations for not being promoted in the army; the story is well preserved through etchings on a vase and a statue. Even tourists can collect memorabilia of suicide-cultural-artefacts. Suicide tourism, like dark tourism makes people aware of the possible reasons of suicide. The paper concentrates on the latter part of the definition of suicide tourism that is assisted suicide or tourism promoting euthanasia.

The Greek words *eu* – good and *thanatos* – death meaning good death, is the origin of the word euthanasia. This word has come to be used for mercy killing¹. Euthanasia implies the intentional termination of some individual's life often overseen by another. This is in contrast to assisted suicide whereby a physician is responsible for bringing about death of the individual. Euthanasia is segregated by medical practitioners as active and passive (Pal, 2017). Active euthanasia involves the purposeful injection of lethal drugs or other medicated solutions that completes the individual's life cycle. Passive euthanasia denotes the natural death of a person. It is seen as passive euthanasia since for individuals suffering from incurable illness; the doctors only allow time and nature to gradually overcome the life instead of human intervention in the process. Main divide between the two approaches are in the morality of killing someone and allowing someone to die with time (Jecker and Jonson 2007). Globally the governments are striving to weigh the right to live and the right to die in equilibrium, thereby making changes in law to accommodate freedom of death through suicides. Columbia was one of the first countries to have allowed ill patients to end their lives back in 1997². Recently in 2016, California enacted the End of Life Option Act. The Netherlands, Belgium, Luxemburg, Mexico, Switzerland, United Kingdom and United States have liberal policies aiding assisted suicide in the respective countries. Among these countries Belgium is the most liberal with its laws. Not only patients who are terminally ill or have incurable diseases are allowed to opt out of life, but the ones suffering from reasons like depression may choose to die too³.

The Theoretical Framework of the Study

In order to understand the evolutionary changes in the mindset of the people from mercy killing to Euthanasia, it is important to know the historical connotations of the issue, its presence in films, social movements surrounding it and the changing legal framework of countries towards euthanasia.

History of Euthanasia

The earliest use of the word 'euthanasia' was in *De Vita Caesarum-Divus Augustus* (The lives of Caesar – The Deified Augustus)⁴ to describe Augustus Caesar's death, authored by Suetonius, a Roman historian. Euthanasia techniques have been applied to ill patients who have been suffering extreme pain since a prolonged time. In India, patients with incurable diseases were drowned in river Ganges. In ancient Israel, cases of frankincense being used to kill incurable patients have been reported. In Sparta, customs had it to examine each new born male child for signs of disability that would lead to its death. In ancient Greece, poisoned drink was given to terminally ill patients. Plato wrote, "Mentally and physically ill persons should be left to death; they do not have the right to live".⁵

Euthanasia was prohibited by many ancient societies. Assyrian physicians of Mesopotamia did not practice euthanasia. In Judaism, life was considered to be holy and assumed euthanasia to be

¹ <http://www.life.org.nz/euthanasia/abouteuthanasia/history-euthanasia/Default.htm>

² https://en.wikipedia.org/wiki/Legality_of_euthanasia

³ <https://www.healthaim.com/suicide-tourism-top-places-guiding-people-end-life-legally/52823>

⁴ <http://www.life.org.nz/euthanasia/abouteuthanasia/history-euthanasia1/Default.htm>

⁵ *ibid*

equivalent to murder. Physicians objected to euthanasia post the Hippocratic Oath which says, "I shall not administer poison to anyone when asked to do so, nor suggest such a course."⁶

As religious belief influences large part of the society in ancient times and now, outlook towards euthanasia of various religious groups is to be noted. Islam as a religion opine against euthanasia since human life is considered sacred being created by Allah. So, it is forbidden for a Muslim to plan his own death in advance⁷. In Christianity, Catholic teachings condemn euthanasia. Protestant Christians are relatively liberal on their approach to euthanasia and physician assisted death. There are two Hindu points of view on euthanasia. One view supports euthanasia as it helps to end a life which has been exhausted. In Mahabharata the '*Mahaprasthan*' of Pandavas indicates euthanasia⁸. On the other hand, by aiding to end a life, sin is attracted to oneself. Other religious sects like Jainism, Judaism, Shinto etc hold mixed views on the issue⁹.

The first book named Utopia recommending euthanasia was published by Sir Thomas More (1478-1535). In Prussia, during the 18th Century, law lessening the punishment of a person who kills a patient with an untreatable disease was enacted. In 1828, the earliest American statute explicitly outlawed assisted suicide. The efforts of legalisation of euthanasia began in the USA in the early years of the 20th century. The New York State Medical Association recommended gentle and easy death for terminal patients. Euthanasia was legal in two countries in South America i.e. in Uruguay and Colombia. In 1936, the Voluntary Euthanasia Society was founded in England but in the next year the English Parliament rejected a proposal to legalise euthanasia. In October 1939, during Second World War Hitler undertook a project of mercy killing of the sick and disabled which is known as "Aktion T4". It expanded to older disabled children and adults. After the Second World War the euthanasia movement accelerated through social opinion building, individual efforts and legal interference¹⁰.

Euthanasia in Films

In 1941 a German film "Ich Klage An" or "I accuse" was released under the directorship of Wolfgang Liebeneine where the young wife of a doctor was suffering from multiple sclerosis damaging the nervous system, causing tremendous pain and mental disbalance. The doctor killed his wife by applying excessive dose of medicine. The producer of this film was Joseph Goebbels, famous political leader of Nazi Germany. This film was highly criticised by Protestant and Catholic Christian group¹¹.

In 1948, a film directed by Michel Gordon "An act of murder" released in America, based on the novel 'The mills of God' written by Arust Loather. A lawyer killed his wife suffering from terminal cancer by applying a lethal dose of medicine. His daughter, a law student supported him. The court convicted the lawyer but did not punish him rather asked his confession of guilt.

Another American film, "Whose life is it anyway?"¹² directed by John Bradham was released in 1981¹³. It portrayed the battle of a sculptor being paralysed due to an accident who wanted to commit assisted suicide but refused by the court. Other films on similar issues are "Mar Adentro" or "The sea inside" director Alejandro Amenábar, a Spanish film in 2004. "Right to Die?" directed by Oscar winning director John Zaristky in 2008¹⁴. "You don't know Jack" - a television film directed by Barry Levinson on 2010 depicted the life of an American doctor who assisted more than 130 patients in euthanasia

⁶ https://www.nlm.nih.gov/hmd/greek/greek_oath.html

⁷ https://en.wikipedia.org/wiki/Religious_views_on_euthanasia#cite_note-12

⁸ Mahaprasthanika Parva The Mahabharata, Translated by Kisari Mohan Ganguli, Published by P.C. Roy (1893)

⁹ *ibid*

¹⁰ <http://www.life.org.nz/euthanasia/abouteuthanasia/history-euthanasia1/Default.htm>

¹¹ https://en.wikipedia.org/wiki/Ich_klage_an

¹² Pal, 2017, Nishkriti Mrityu O Bharat Page 76

¹³ [https://en.wikipedia.org/wiki/Whose_Life_Is_It_Anyway%3F_\(film\)](https://en.wikipedia.org/wiki/Whose_Life_Is_It_Anyway%3F_(film))

¹⁴ Pal, 2017, Nishkriti Mrityu O Bharat Page 76

with due consent of the relatives of the patients. In 2010, Dignitas, the company famous for assisting suicide tourists for euthanasia produced a documentary film, "The Suicide Tourist"¹⁵.

The first Indian film on euthanasia was released in 2010 was "Guzarish" and directed by Sanjay Leela Bhansali.

In 2011 another documentary film "How to die in Oregon" was released in America (directed by Peter Richardson) who narrated the procedure of euthanasia in the state of Oregon, a province of United States where euthanasia was legalized.

In 2012 Dutch film, "Tot Altijd" or "Time of my life" was released which showed the appeal of a young-man, Mario Verstraete suffering from multiple sclerosis for euthanasia awaiting approval of the Belgium government. The first recorded euthanasia in Belgium took place on 30th September 2002 with Mario Verstraete¹⁶.

Films of similar nature exploring the pros and cons of euthanasia are being released in various countries which enable large mass to know about it and obviously create an opinion for and against the subject resulting in social changes and changing mindsets of the people to accept euthanasia. (Pal, 2017)

Social Movement across the Countries for Legalising Euthanasia and Assisted Suicide

In the later nineteenth century societal dynamics began to favour euthanasia. Darwin's work and related theories of evolution challenged the existence of God, the creator of life and the one that determined death. The enlightened group of people armed with scientific knowledge and free from superstitious beliefs, started challenging the religious leaders and lawmakers forbidding euthanasia campaigns for the legalisation of euthanasia, are widespread in many countries. Writers, philosophers, novelists started writing in favour of legalising euthanasia. The first popular advocate of active euthanasia in the nineteenth century was a schoolmaster¹⁷. In 1870, Samuel Williams wrote the first paper exploring the concept of medicalised euthanasia. In 1889, the German philosopher Nietzsche advocated for mercy killing of terminally ill patients¹⁸. Same was advocated in a book named "Killing Law", written by a German lawyer in 1895. After the second half of the 20th century individual efforts of assisted suicide and forming voluntary organisations to help terminal patients to commit suicide were formed. These groups were aware of the legal consequences but did not refrain from their tasks. In 1973, Dr Gertruida Postma received life sentence in the Netherlands for giving her dying mother a lethal injection. The controversy around the case launched the euthanasia movement in the country. The Dutch Voluntary Euthanasia Society launched its members' aid service in 1975, to advice the dying receiving 25 requests for aid in the initial year.

The Society for the Right to Die with Dignity was formed which consisted of 200 members representing 18 countries¹⁹. India, being a relatively conservative country carrying negative attitude towards euthanasia shown a drastic change in attitude towards it in the new millennium. The country where attempt to suicide was considered as a crime till 2017, passed Passive Euthanasia Bill in the Parliament and Supreme Court of India vouched for it in May 2018. This revolutionary change was possible due to the social movement and prolonged legal battle in the famous case of Aruna Shanbag vs Union of India and others. Aruna was engaged as a junior nurse at King Edward Memorial (KEM) Hospital, Pune, India. She was assaulted by a ward-boy of the same hospital in 1973, while she was changing her attire in the basement. She was attacked with a dog chain and sodomised post the assault. This choked her and the supply of oxygen to her brain was cut off. This caused brain stem contusion injury, cervical cord injury, and cortical blindness ultimately transforming her into a vegetative state. She had to suffer in this exact condition over forty-two years with doctors recommending no scope of

¹⁵ Pal, 2017, Nishkriti Mrityu O Bharat Page 77

¹⁶ Pal 2017, Nishkriti Mrityu O Bharat Page 78-79

¹⁷ <http://www.life.org.nz/euthanasia/abouteuthanasia/history-euthanasia1/Default.htm>

¹⁸ Friedrich Nietzsche (2016). "Twilight of the Idols"

¹⁹ <http://www.life.org.nz/euthanasia/abouteuthanasia/history-euthanasia1/Default.htm>

improvement. Her relatives abandoned her. KEM hospital had to force feed her through her nose to keep her alive. Pinki Virani, a social activist and author took up the cause and moved the Supreme Court of India that her right to live with dignity has been violated by not allowing her to escape the impoverished life she has been forced to live. Her pleas to the Supreme Court failed and life support was continued. She contracted pneumonia and died in 2015. This case became an eye opener to the social activists and law makers of the country to change their attitudes towards euthanasia in the country (Kishore, 2016).

Changes in the Social Outlook and Legal Provisions towards Euthanasia

The concerted efforts of the social groups in order to legalise euthanasia in various countries have enabled the law makers to revisit the legal restrictions on assisted suicide and court decisions gradually started reflecting the changes in the outlook of the people. In 1984 the Netherlands Supreme Court approved voluntary euthanasia under certain conditions. These conditions were renewed in the 2000 and the court continued to allow voluntary euthanasia and physician assisted suicide²⁰.

In 1997, Oregon a province in United States of America approved Oregon Death with Dignity Act 1994, after voting of the citizens which allows physician assisted suicide and passive euthanasia.²¹ In 2002 Belgium passed a similar law that allowed both voluntary euthanasia and physician assisted suicide. Switzerland, one of the attractive tourism destinations of the world has become suicide tourism hub due to the application of Swiss law established in 1942. In some countries, euthanasia bill placed in the country were rejected by the parliament. For example, in 1995 Australia's Northern Territory approved it in 1996, but was rejected by the Australian Parliament in 1997²². India has witnessed an evolution in interpreting the meaning of "right to life" as promised by the constitution. Being a country with orthodox social values, attempt to suicide was considered as a crime as per section 309 of Indian Penal Code. The provisions of this section were challenged by various people at various times at various courts claiming it inhuman and contravention to Article 21 of the Indian Constitution which stands for protection of life and personal liberty. After prolonged battle, Section 309 has been removed from Indian Penal Code in the year 2017, as a consequence of sanction of Mental Healthcare Bill in Indian Parliament. The revolutionary changes enabled the Supreme Court of India to order passive euthanasia legal in a recent ruling given in May 2018 (Common Cause vs Union of India). The court's order marks the distinction between suicide and euthanasia is the right to die and the right to die with dignity. Justice Chandrachud in that case stated, "Life undergo change...life is not disconnected from death. Dignity is a part of the process of living."²³ Hence the legal approval through court decisions in various countries to approve euthanasia and assisted suicide motivates business entrepreneur to develop suicide tourism worldwide.

Suicide Tourism as an Academic Endeavour

Over the time niche sectors of tourism have developed since these areas have garnered popularity and have connected at a certain level with the audience or participants. Under the umbrella of dark tourism, the concept of 'death tourism', 'suicide tourism' or very recently 'assisted suicide / euthanasia tourism' are being recognized as niche tourism classifications. The characteristics of death tourism make it different from dark tourism where visiting a site to experience past cruelty or massacres were involved. These characteristics are:

1. the procedures may be illegal in their home countries;

²⁰ <http://www.life.org.nz/euthanasia/abouteuthanasia/history-euthanasia1/Default.htm>

²¹

<https://www.oregon.gov/oha/ph/providerpartnerresources/evaluationresearch/deathwithdignityact/pages/index.aspx>

²² <http://www.life.org.nz/euthanasia/abouteuthanasia/history-euthanasia1/Default.htm>

²³ <https://thewire.in/health/passive-euthanasia-now-a-legal-reality-in-india>

2. the person/client/traveller seeks to take care of unfinished business either in their personal life or the business of ending their lives;
3. the person/client/traveller seeks a final solution – not a medical fix or to prolong or improve the quality of life; or
4. they seek the Romantic idealism of the “death with dignity”, where the death-bed is a Romantic notion of a death free of pain and suffering.” (Shondell Miller & Gonzalez, 2013)

Often the term *euthanasia* and *assisted suicide* are used interchangeably, but there lies a slight difference between the two. In euthanasia a person is directly involved in pushing a lethal drug by injection or otherwise to cause the death of an ill patient. While in assisted suicide (AS) the physician merely prescribes a way to cause one’s death. The final act of the means used to die, should be performed by the patient himself/herself (Dixon, 1998). Patients with various causes, mostly neurological or cancer patients have gone an extra step to travel from their home country to a foreign destination that legally allows active euthanasia or assisted suicide to end their suffering.

Assisted Suicide Tourism (AST) has no structured definition in the academic literature. It has been defined by Huxtable (2009) as “assisting the suicidal individual to travel from one jurisdiction to another, in which s/he will (or is expected to) be assisted in their suicide by some other person/s”. Arguments against inclusion of AST in medical tourism have remained due to the fact that medical tourism assists in prolonging the life of the patient while AST does not. AST Packages have evolved that provides vacation opportunities along with advanced medical facilities (Pocock and Phua, 2011). But AST has been kept beyond the limits of medical tourism till date; mostly due to issues concerning the perception of assisted suicide being negative while that of tourism being leisure and pleasure. Authors have negated the notion of even including AS in tourism. Tourism is associated with leisure and freedom, AS provide neither. Associating the term ‘tourism’ with any activity (here reference was made to reproductive tourism) that involves travel and consumes hospitality services is inappropriate and mars the motive of such travels (Pennings 2002). Against such arguments, the concept of perceived freedom is of much importance in the cases of suicide or assisted suicide. On travelling to a particular destination that does not inhibit the reward of death, one achieves freedom from long term pain and anguish. Here the ultimate benefits might not be in the form of improved life or a scenario of enjoying a certain period of stay. But the benefit of being able to ‘pull the plug’ and regaining autonomy over one’s life constitutes perceived freedom (Baumeister 1990, Pearlman et al 2005). Higginbotham (2011) after much debate over the ingredients of tourism and process of assisted suicide concluded that “travel for assisted-suicide, instead, offers an alternative world of physical and psychological escape without any perceptible physical and psychological rewards on health and well-being”.

Scenario of Assisted Suicide Tourism around the World

The number of patients travelling and accessing AS routes have increased manifold since its legalisation, thereby drawing focus to this phenomenon and the probability of it expanding to countries that have not legalised the procedure yet. In Netherlands assisted suicide cases rose by 10% in 2017 and accounted for 4% of total deaths (6091 cases)²⁴ while for the year 2016-17, there was a 282% rise among the Quebecers (province in Canada) amounting to 638 cases in total²⁵. The alarming rise in such cases raises concerns about abusing of the law. A recent case that poses questions against the whole business of assisted suicide is the case of Mr Minelli who the founder member of Dignitas is. The charges against him state that Dignitas allowed assisted suicide of a distressed 80 year old German lady in spite of three Swiss physicians disapproving the same. A decision in favour was received from a fourth doctor to execute the procedure. Claims are also made that the mother daughter duo were charged double the rates for the services rendered by the organisation and the ashes of the lady disposed off in Zurich and not as per instruction stated by her. It is said that the entire plan was put to

²⁴ <https://www.dutchnews.nl/news/2017/04/number-of-official-cases-of-euthanasia-rise-10-in-the-netherlands/>

²⁵ <http://montrealgazette.com/news/local-news/assisted-dying-cases-have-jumped-282-since-last-year-report>

work only to gain 100,000 Swiss Franc left by her to Dignitas. Although this is a one-off case, profiteering motives are a threat to these services. To provide some support in this regard a recent report published in the Journal of American Medical Association have confirmed that "Euthanasia and physician-assisted suicide are increasingly being legalized, remain relatively rare, and primarily involve patients with cancer. Existing data do not indicate widespread abuse of these practices."²⁶

The number of so-called tourists travelling to Switzerland, which is at the heart of providing assisted suicide services, has recorded a huge increase over the years 2008 to 2012. Annually, 600 cases of assisted suicides are carried out in this country which makes around 200 patients to travel overseas. Around 611 tourists travelled to Switzerland for suicide purposes from 31 different countries between this time periods. From Germany there were 268 tourists, UK 126, France 66, Italy 44, US 21. Austria 14, Canada 12, Spain 8, India 1 and Israel 8.²⁷ (Report published in Journal of Medical Ethics)

At present in the Switzerland region there exists six Right to Die organizations, namely - Dignitas, Exinternational, Exit ADMD, Exit DS, SPIRIT and StHD + SterbeHilfe Deutschland. Countries like Canada that recently enforced the right to die law in 2016, has a few organisations that assist in suicide like Dignity House by Dr Stuart Wiesberg. Numerous organisations around the world promote dignity in dying and help in bringing about changes in the law of the country and also provide legal support.

Although these organizations have made assisted suicide look like cinch, it is quite a meandering way. Due diligence in understanding the backdrop of the suicidal individual is undertaken. The patient suffering from certain impairment which is irreversible in nature, either mental or physical, has to undergo counselling before exercising ones right to die. The patient has to fulfil the conditions laid down by the organizations. The suggestion of allowing the patient to resort to assisted suicide should be suggested by at least two physicians. A legal documentation of the will to do so is drafted and signed, for the hospital to follow. Thereby, the physician/s injects the patient with a barbiturate or gases like helium/nitrogen, which allows the individual to conclude this life once and for all. The close members of the family are guided legally and emotionally during the execution of the entire procedure.

A particular patient who is willing to end his/her life usually travels with the family and close friends. It is an emotionally tumultuous affair to let someone die. There are certain last wishes that need to be fulfilled and concerns of last rights or burial wishes remain. Legally, documentations of will, appointment of attorney, physician's advices and other affairs need to be looked into meticulously. It is impossible for the people who are travelling to bid someone goodbye forever to be conversant with all this. The entire service is outsourced to the organizations that support assisted suicide. It is mandatory for the individual to subscribe as a member to avail the services of the organization. Organizations like Exit, Exinternational and Dignitas have numerous membership requests annually. To be specific Dignitas has 8432 members and Exit has 105000 members currently²⁸. The subscription fees charged is anywhere between 45 to 80 Swiss Francs annually or around 1000 Swiss Francs for lifetime membership (Gauthier et al 2014). Each year there is a long list of living wills that wait to be sanctioned by the organizations or precisely by the doctors. They not only provide the barbiturates on consultation of doctors but look into the pre and post death legal and informal formalities. The charges for these services which includes all medical fees and acts, administration, official documents, local funerary institute, transfer, cremation and urn and its return to the parent country range around €7500²⁹ in Switzerland region and around \$5000³⁰ in Canada. With certain extra

²⁶ <http://dyingforchoice.com/resources/fact-files/assisted-dying-global-2016-report-card>

²⁷ <https://www.hindustantimes.com/world/suicide-tourism-to-switzerland-doubled-in-4-yrs-indian-went-there-to-die-in-2011/story-E3uXdv7oM1PdHQ2vpG2WtO.htmlhas>

²⁸ <https://www.exit.ch/en/en/exit-at-a-glance/>

²⁹ Email communication received from Exinternational

³⁰ <https://abcnews.go.com/Health/MindMoodNews/oregon-doctor-opens-death-clinic-physician-assisted-suicide/story?id=10994210>

charges it is possible to fulfil other wishes of the suicidal individual. This is besides the travelling expenses of the individuals and accommodation expenses of the relatives during the period. Besides membership fees, an average of these expenses charged by the organisations for assisting suicides can be put together with the annual number of assisted suicide cases reported in a country, to arrive at an estimate of the annual earnings through assisted suicide tourism as shown in Table 1:

Table 1: Annual Revenue from Assisted Suicide

COUNTRY	(2017) AS CASES	AVERAGE EXPENSE	ANNUAL REVENUE
NETHERLANDS ³¹	6585	€5375 ³²	€35,394,375
SWITZERLAND ³³	965	€5375	€5,186,875
CANADA (LEGAL FROM JUNE 2016) ³⁴	1982	€5375	€10,653,250
	Total		€ 51,234,500

It can be seen that this industry has the possibility of generating €51 million annually. This is a rough calculation from the data collected from various sources; the real figure should be much higher. If assisted suicide is to be considered as an industry under the tourism genre then this revenue needs to be coupled with hospitality and airfare service charges. Since the law of active euthanasia or assistance in suicide has not been legalized in most of the countries the spread of the domicile of the patients consuming this service is vast, which implies huge consumption of air travel and hospitality services. The length of the stay usually is an affair that last for a long time.

The paper is not a debate about whether AS is responsible or morally good, neither is it an attempt to enforce the pros of AS. Rather, it is a simple prediction of the fact that increased demand, savings in the cost of continuing life support of a terminally ill patient and the revenue that can be generated from AS hold true possibility of it being legalized in various countries, which will see the advent of assisted suicide tourism in the country.

Conclusion

It is obvious that euthanasia and assisted suicide have become evident in many countries to become the ultimate exit way of the terminal patients. Despite vehement opposition from the orthodox groups, the concept is gradually becoming popular around the globe, where till date it is prohibited by law. It can be predicted that due to the changing mind set and need of the population, the law makers and state legislatures will bend to the social need to legalise euthanasia in many nations in the near future. This will enable the business of assisted suicide tourism to flourish. One may like it or not, one may accept it or not, one may feel it to be right or wrong, the business is inevitable. It will not be surprising to note that the global companies will be engaging in suicide tourism packages promoting them with penetrating advertisements, lucrative offers, discounts and alluring schemes to deserving tourists. In times to come, the services of assisted suicide will not only be limited to terminally ill patients, rather extend to facilitate individuals who desire to die irrespective of their mental and physical conditions because

"To die proudly when it is no longer possible to live proudly³⁵."

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³¹<http://www.consciencelaws.org/background/procedures/assist019.aspx>

³² Canadian Dollars have been converted at exchange rate of 0.65 Euros as on 21st July, 2018. Average of 7500 Euro and \$ 5000 have been calculated.

³³https://www.swissinfo.ch/eng/society/a-way-out_growing-number-of-people-sign-up-for-assisted-suicide/43899702

³⁴ <https://www.cbc.ca/news/politics/medical-assistance-death-figures-1.4344267>

³⁵Friedrich Nietzsche (2016). "Twilight of the Idols", p.72

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Physician-assisted suicide differs from euthanasia, which is defined as the act of assisting people with their death in order to end their suffering, but without the backing of a controlling legal authority. Statistics. The process of reporting applications and deaths varies by state. California - According to the state's 2018 Department of Public Health annual report, 452 individuals received prescriptions and 337 people died after ingestion of the dispensed medication between January 1st and December 31, 2018. Colorado - The state Department of Public Health and Environment reported the Suicide Tourism book. Read reviews from world's largest community for readers. This monograph explores the phenomenon of 'suicide tourism': where people ... As more countries legally permit assisted suicide and do not necessarily debar the participation of non-residents, suicide tourism will become a larger and more complex global phenomenon. The book sets out the parameters for future debate by first contextualizing the phenomenon and casting light on how it is treated under international and domestic law. It then analyses the ethical ramifications, and weighs up where the state's responsibility to investigate, prosecute, or otherwise sanction accompanying persons, and review and regulate contractual agreements should lie.

The unique phenomenon of suicide tourism in Switzerland may indeed result in the amendment or supplementary guidelines to existing regulations in foreign countries. Discover the world's research. 17+ million members. Special interest tourism has birthed many interesting phenomena throughout the early 21st century (Rittichainuwat, 2018). It is also important to distinguish physician-assisted suicide from euthanasia; earlier studies did not differentiate between these terms (Gauthier et al., 2015; Higginbotham, 2011) when defining suicide tourism. Physician-assisted death (PAD) has been enacted in a number of international jurisdictions, with several extending access to PAD for persons whose condition is not terminal, including those with a mental disorder. After the implementation of the §217 StGB, however, the new legal pluralism on assisted suicide turned into one of overlaps, where medical norms and official law were oftentimes on opposing sides. This new plural legal landscape became a source of doubts and suspicions for those involved with assisted suicide on the ground level, shrouding assisted suicide with an affective perception of illegality and making the state be perceived through a general sense of mistrust and uncertainty. Euthanasia and assisted suicide: a physician's and ethicist's perspectives J Donald Boudreau,¹ Margaret A Somerville² Faculty of Medicine, Department of Medicine, McGill University, Montreal, QC, Canada; ²Faculty of Law, Faculty of Medicine, and Centre for Medicine, Ethics and Law, McGill University, Montreal, QC, Canada Abstract: The debate on legalizing euthanasia and assisted suicide has a broad range of participants including physicians, scholars in ethics and health law, politicians, and the general public. It is conflictual, and despite its importance, participants are often poorly informed. Assisted suicide has the same goal as euthanasia: causing the death of a person. The distinction resides in how that end is achieved. This monograph explores the phenomenon of 'suicide tourism': where people travel to other countries to receive assistance in committing suicide because their national laws do not permit such a procedure. Suicide Tourism. Understanding the Legal, Philosophical, and Socio-Political Dimensions. Daniel Sperling. The phenomenon of 'suicide tourism', where people travel to other countries to receive assistance in committing suicide because their national laws do not permit such a procedure, is becoming increasingly prevalent. This book offers a theoretical investigation of the issues that arise and provides a detailed appraisal of the situation worldwide. Physician-assisted suicide's time in the mainstream has been relatively brief, but in a little over a decade the practice has become an intensely debated political and ethical topic. The phenomenon has only grown and will continue to do so unabated, according to one team of Swiss researchers. They found that, between 2008 and 2012, 611 visitors came to Switzerland for the sole purpose of ending their lives. Suicide tourism is not confined to Europe. The widely publicized case of Brittany Maynard, a 29-year-old with terminal brain cancer, brought assisted suicide into the public sphere in the United States, causing an eruption of debate over the right to die and the hassles the current patchwork of state laws produces.