

THE DANGERS OF

ASSISTED SUICIDE

TO PEOPLE WITH EATING DISORDERS

This report presents findings from a systematic review published on July 31, 2024 in Frontiers in Psychiatry.

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Eat Breathe Thrive



10 MINUTE READ

EXECUTIVE SUMMARY

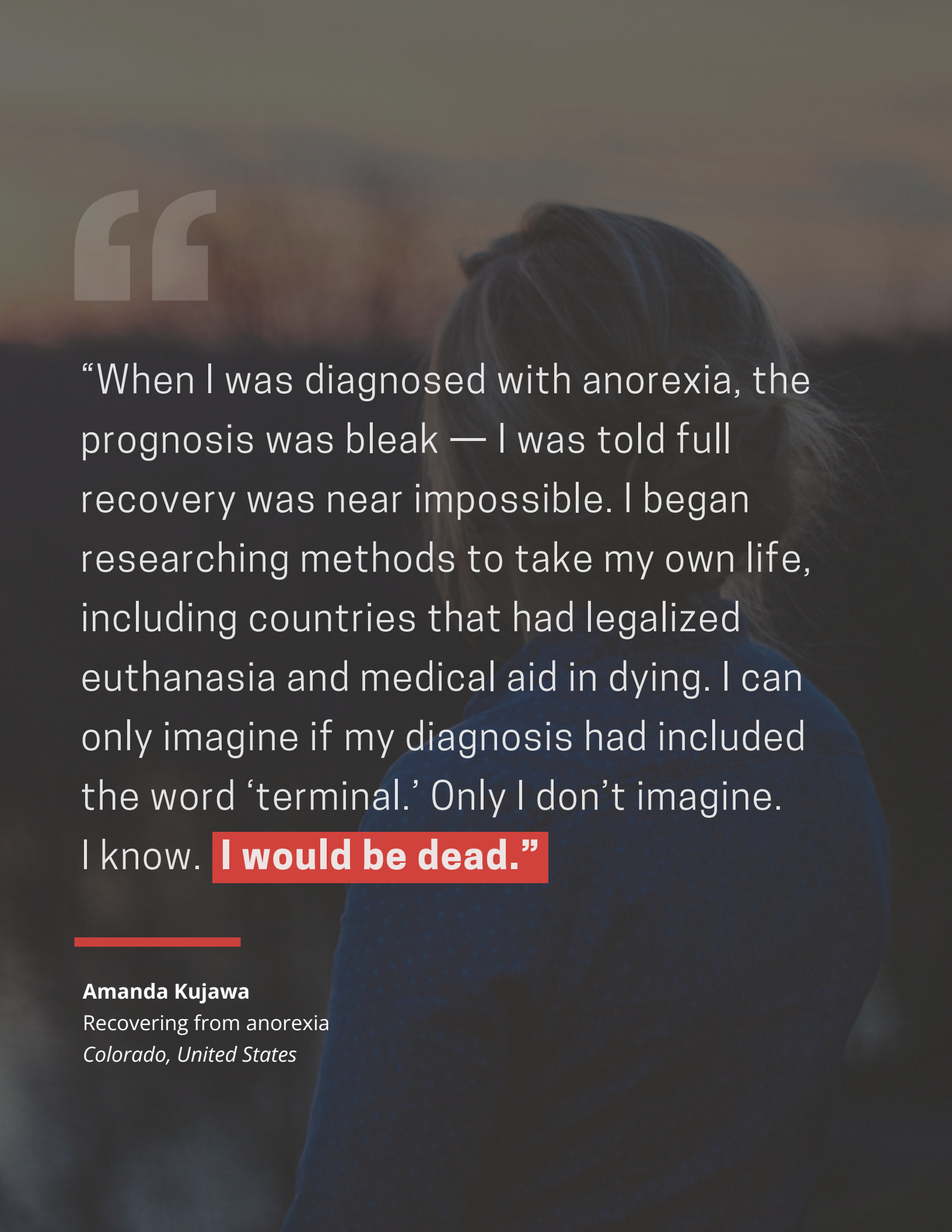
BACKGROUND & PURPOSE

This report examines the dangers of physician-assisted suicide to people with eating disorders. It explores how a practice intended for terminally ill patients has been misapplied to treatable mental health conditions. Tragically, this has led to preventable deaths, robbing patients of the chance to heal and denying families the care and support they desperately needed.

Eating disorders are treatable, not terminal conditions. In the U.S., assisted suicide is only legal for patients with a terminal illness and less than six months to live. Yet, a groundbreaking study shows that some doctors have misrepresented eating disorders as terminal in order to prescribe patients lethal drugs — denying patients and families the chance for life-saving treatment.

This report urges immediate action to close these loopholes and prevent further deaths. Clinicians and policymakers must act now to ensure people with eating disorders receive effective and timely treatment, not assistance in suicide.





“When I was diagnosed with anorexia, the prognosis was bleak — I was told full recovery was near impossible. I began researching methods to take my own life, including countries that had legalized euthanasia and medical aid in dying. I can only imagine if my diagnosis had included the word ‘terminal.’ Only I don’t imagine. I know. **I would be dead.”**

Amanda Kujawa

Recovering from anorexia
Colorado, United States

HOW MANY PEOPLE WITH EATING DISORDERS HAVE DIED BY ASSISTED SUICIDE?

A recent systematic review published in *Frontiers in Psychiatry* reveals at least sixty people with eating disorders have died by assisted suicide or euthanasia. This includes confirmed deaths in Colorado, California, and Oregon.

The study aimed to answer two questions: how many patients with eating disorders have been euthanized or assisted in suicide globally? And what were the medical reasons physicians gave to justify giving lethal medications to these patients?

The researchers reviewed over 1,500 scientific studies and government reports in the United States, Belgium, Luxembourg, and the Netherlands. In cases with detailed information about the patient, the researchers also documented and analyzed the medical rationales physicians cited to justify the patient's death.

In states where assisted suicide is legal, oversight agencies **lack authority** to investigate potential **mistakes** and **abuses**.

Only **two people** who died by assisted suicide in Oregon were referred for psychiatric evaluations in 2022.

In California, insurers have **denied** expensive, life-sustaining medical care but offered to **subsidize** lethal drugs.

On average, assisted suicide laws are associated with a **6% increase** in non-assisted suicides in states where it is legal.

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“I was told that, although I wasn't yet 30 years old at the time, [my doctor] would 'make an exception' for me and 'allow' me to die, if that was my choice. It didn't feel like my choice — **I felt coerced...** I'm not sure how to describe it, but something inside me wouldn't let me take the MAiD.

Jane, Patient Survivor

*Prescribed Medical Aid-in-Dying for Anorexia
Colorado, United States*

SOURCE: MARYLAND GENERAL ASSEMBLY

KEY FINDINGS

The study revealed at least sixty patients with eating disorders have died by assisted suicide or euthanasia —including in the U.S., where the practice is legally restricted to terminal illness.

60+

at least sixty people with eating disorders have died through euthanasia or assisted suicide.

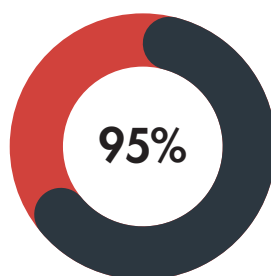
Lack of Oversight

In multiple states, confirmed cases of assisted suicide in patients with eating disorders were **not listed** in public reports.

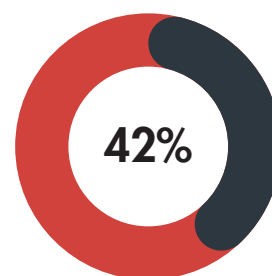
The agencies in charge of oversight confirmed they occurred but stated they **lack the authority** to investigate potential violations.



patients who died were between the ages of 18 and 30. **Two-thirds were under the age of 40.**



of physicians claimed the patient had an **incurable** or **untreatable** eating disorder



of physicians claimed the patient had a **“treatment resistant”** condition

IS IT LEGAL?

In the U.S., assisted suicide is **only legal** for patients who are dying of terminal conditions. Eating disorders are **not** a terminal illness.

In 39 states, **assisted suicide is illegal.**





Alyssa's parents asked whether any treatments remained that might yet change the outcome of her course, specifically noting that Alyssa had **not completed** a full residential eating disorder program, **never fully restored weight,** and hadn't had a feeding tube...

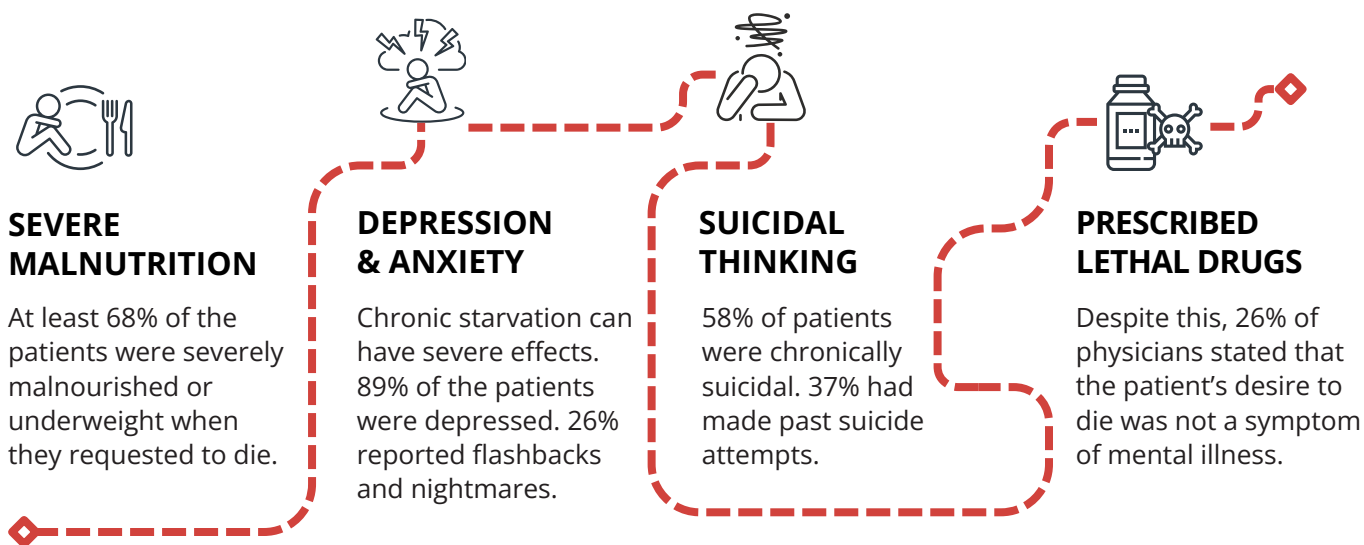
[The physician] noted that if someone restricts the “tube God gave them,” i.e. their esophagus, they would also be very likely to restrict [their food] through a surgical feeding tube, so that would **not be a long-term solution.”**

Alyssa, 36-year-old

*Died by physician-assisted suicide
California, United States*

KEY FINDINGS

THE STUDY UNCOVERED A **FATAL** PATHWAY:



There is a well-established link between **malnutrition**, **depression**, and **suicidality**.

95%

of the patients had multiple co-occurring psychiatric conditions.

Mental Capacity

There are **no validated tools** for assessing mental capacity in assisted suicide.

In 42% of cases, previous doctors had refused the patient's request for euthanasia or assisted suicide.





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"She had been **seriously underweight** for years... she was chronically depressed, which caused her to constantly struggle with **suicidal thoughts** and express this by attempting suicide... she had **no hope** for recovery or improvement"

Patient, aged 40-50

Died by euthanasia

The Netherlands

TAKEAWAY FOR CLINICIANS

Impaired capacity is difficult to detect in eating disorders.

EATING DISORDERS CAN IMPAIR MENTAL CAPACITY

Assessing capacity is challenging in eating disorders. Patients may present as logical and self-aware, even when they are unable to fully understand and appreciate the effects of their illness. Often people with anorexia appear coherent and rational in all ways but one: they refuse to eat, despite the fact that they are dying of starvation.

This study found that 68% of patients who died by assisted suicide or euthanasia were malnourished. This raises profound concerns. Studies show that malnutrition can lead to brain atrophy, distorted thinking, poor decision-making, and anhedonia. While doctors asserted that these patients had the capacity to make life-ending decisions with a high degree of certainty, there are no validated tools for these assessments. These assertions were based on opinion rather than objective evidence.

No state currently requires psychiatric assessments for patients with eating disorders before approving lethal medications, leaving vulnerable individuals at serious risk. The consequences of error in these cases are irreversible—the end of someone's life.



Malnutrition can lead to brain atrophy, cognitive distortions, reduced executive functioning, and anhedonia.



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“As she felt progressively miserable physically and psychologically, her suicidality increased. She purchased a gun, and one night she drove to a bridge with thoughts of jumping off, but then decided to return home.... She repeatedly told her family that **she didn't want to die**...but she just couldn't continue to exist this way.”

Jessica, 36-year-old

Died by physician-assisted suicide

California, United States



GAPS IN REPORTING

LACK OF TRANSPARENCY

The deaths of patients with eating disorders were **concealed** under broad categories like “Other Illnesses” in government reports, making it impossible for the public to know that these deaths occurred.

Despite mandatory reporting in almost all states, the reports are so **vague** it is not possible to determine how many deaths in patients with eating disorders have occurred.

HIDDEN VIOLATIONS

An official in Colorado confirmed that anorexia “has been reported by name as a terminal illness.” The case(s) are not listed in the state’s reports, and the official **could not verify** how many cases had occurred.

The official stated the oversight agency **lacks authority** to investigate potential violations.



LACK OF OVERSIGHT

States **do not track** lethal prescriptions after they are dispensed.

Reporting agencies do not verify whether they were consumed, properly disposed of, or even given to another person. This raises significant public safety concerns.



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[The physician] spoke with Jessica's parents **repeatedly,** assuring them that guardianship and forced treatment were **likely now to be futile.**

Jessica, 36-year-old

Died by physician-assisted suicide

Colorado, United States



LACK OF EVIDENCE

INVALID DIAGNOSES

Nearly half of patients were labeled as having a 'severe and enduring eating disorder' or 'treatment resistant' condition; which are **not valid** medical diagnoses.

This kind of misleading information can push despairing patients and families to end treatment too soon. It can be subtly **coercive**, implying recovery is unlikely and death is inevitable.

MEDICAL NEGLIGENCE

In 42% of the cases, physicians **dismissed treatment** options which had not been tried as unlikely to work.

The physicians' own bias may have led to the premature abandonment of treatments that could have provided patients with a real chance at recovery.



THERAPEUTIC NIHILISM

58% of physicians stated the patients' eating disorder was untreatable with a high degree of **medical certainty**.

While sweeping statements about the likelihood of recovery were couched in medical language, they were based on physicians' **subjective opinions**.



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“The patient **could not benefit from psychotherapy** due to a lack of reflective and mentalizing capacity, in combination with rapidly increasing tension that caused dissociation and withdrawal.

The patient felt trapped between her eating rituals and **untreatable gloominess...** despite the young age of the patient, no real treatment options were available.”

Female Patient, aged 18-30

Died by euthanasia

The Netherlands

TAKEAWAYS FOR CLINICIANS

The wish to die may be a symptom of mental illness, not a genuine expression of autonomy.

FALSE AUTONOMY: IS THE CHOICE TRULY VOLUNTARY?

In patients with eating disorders, the desire to die can stem from symptoms of their psychiatric condition— depression, anxiety, dissociation, and the effects of malnutrition on the brain. These cognitive and emotional disturbances can lead to despair and suicidal thinking, raising serious doubts about whether the “choice to die” is truly voluntary.

While suicidality in eating disorders might appear to be a genuine expression of autonomy, it arises from a brain compromised by chronic malnutrition and a psychiatric condition. Just as clinicians don't respond to a patient's desire to self-injure by handing them a dangerous object, when a mentally ill patient says they no longer want to live, physicians should not prescribe them the means to end it.

Research indicates in severe eating disorders, patients may lose their basic concern for their own welfare (e.g. “I would rather die than gain weight”). When this fundamental care for self-preservation is compromised, the basis for informed consent is undermined. In some cases, it appears that physicians have mistakenly attributed autonomy to psychiatric symptoms. As a result, vulnerable and suicidal patients were given lethal medications instead of the treatment and care they needed.



Requests for assisted suicide may be an expression of despair arising from a malnourished brain.





The patient often felt **unseen, rejected,** and **insecure**... she had emotional regulation problems with mood swings and emotional outbursts... There was chronic suicidality. Partly because of the patient's **limited introspective capacity**, there were no further treatment options available for [her eating disorder].

Female Patient, aged 30-40

Died by euthanasia

The Netherlands

TAKEAWAYS FOR CLINICIANS

Safeguards that sound rigorous in theory may fail in practice, with violations hidden by inadequate oversight.

RISKS TO VULNERABLE PATIENTS

This study found significant gaps in oversight and reporting and a failure of legal safeguards. There was so little oversight in states like California and Colorado that it was not possible to identify known assisted suicides in patients with eating disorders in public reports. The lack of transparency raises grave concerns that violations and abuses of the law are not being noticed nor investigated.

Safety in healthcare requires transparency about facts, research data, and records of a medical practice. The anonymity and secrecy surrounding the practice of physician assisted suicide in the United States means researchers cannot ask basic questions about the medical, psychiatric, and demographic profiles of people who have died.

Assisted suicide laws primarily grant legal protections to physicians, not to patients. Most laws grant immunity from civil and criminal liability for physicians who act under the law in "good faith." This provides protection to physicians, but not to patients, who are at risk of greatest harm — the loss of life itself.



Weak oversight in assisted suicide laws give legal protections to physicians but leave patients vulnerable to harm.





300+ leading experts and organizations have signed a joint statement calling on governments to act now to prevent assisted suicide in eating disorders.



WHAT YOU CAN DO

Sign our joint statement calling on governments to act to prevent assisted suicide in people with eating disorders. Read the full study to understand the urgency of this issue and help us advocate for change. Your voice can make a difference—stand with us to ensure every person receives the care and treatment they need to recover.



Become a Signatory:

www.eatbreathethrive.org



Read the Study

[**Frontiers in Psychiatry**](#)

