

Couple with no known terminal illness die at Swiss “suicide clinic”

A British man and his wife, neither of whom was known to have a terminal illness, died at a Swiss euthanasia clinic Apr. 1. Robert Stokes, 59, had epilepsy, while his 53-year-old wife, Jennifer, was diabetic and had other problems. They arrived in Zurich Mar. 31 and died the next day after ingesting barbiturates provided by a doctor from the Dignitas euthanasia group. They became the fourth and fifth Britons to die with the group's help, but are the first who weren't terminally ill.

In late May, Swiss officials announced an investigation was being launched into Dignitas, particularly because of the speed with which the suicides occur once “suicide tourists” arrive in the country.

The Stokes made funeral arrangements before leaving England but had not mentioned their plans to other family members, who found Dignitas documents at the Stokes' home. Jennifer Stokes' sister told the *Daily Mail* that “they had things wrong with them but they were certainly not terminally ill.” Stokes' former husband said she had attempted suicide several times during their 11-year marriage.

Three other Britons have died at the Dignitas clinic. Switzerland, along with Holland and Belgium, allows assisted suicide, but Swiss officials are worried by the number of foreigners arriving for this purpose. During the week the Stokes

died, 3 others from the UK, France and Germany died at the same clinic. In Britain helping someone commit suicide carries a maximum 14-year prison term.

Britain's Voluntary Euthanasia Society is concerned about Dignitas, but says restrictive British laws are forcing people to use it. The Disability Rights Commission says Britons are split on the issue: 63% support new assisted-suicide laws, but more than 80% say that such a move could endanger disabled people. “The debate about euthanasia has made some terrible assumptions about the quality of disabled people's lives,” says spokesperson Liz Sayce. — *Mary Helen Spooner*, West Sussex, UK

PULSE

How much do drugs cost your patients?

A recent report from the Canadian Institute for Health Information indicates that total spending on drugs in Canada is expected to have reached \$18.1 billion in 2002. This represents 16.2% of all health expenditures in Canada forecast for 2002, and is the

second-largest share of total health spending, behind hospital costs (\$35.2 billion) but ahead of spending on physician services (\$15.0 billion).

Prescription drugs account for \$14.6 billion of total drug expenditures, while over-the-counter drugs

and personal health supplies account for \$3.6 billion.

Per capita spending on prescription drugs in 2002 is expected to have reached \$463.90 in 2002, up from \$430.62 in 2001 — an increase of 6.9% (adjusted for inflation). In 2002, per capita spending was highest in Ontario and Quebec, at \$507.36 and \$503.59, and lowest in Nunavut (\$226.70), the Northwest Territories (\$312.27) and British Columbia (\$353.00).

It is expected that 45% of prescription drug costs in 2002 will have been paid from public funds, while 33% will have been paid for by private insurers and 22% will be out-of-pocket expenses. These proportions have remained relatively stable throughout the past decade. There is considerable variation among provinces in the proportion of prescription drug costs paid from public funds, ranging from 33.6% in Prince Edward Island to 51.5% in British Columbia. Payments from the public purse in the territories tend to be much higher, reaching 76.9% in Nunavut. — *Shelley Martin*, Senior Analyst, CMA Research, Policy and Planning Directorate

Projected per capita spending on prescription drugs, 2002

