

Assisted suicide

Guidance on assisted suicide, including in cases of planned and completed suicide.

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In cases of planned assisted suicide

Deliberately assisting or encouraging another person to kill themselves.

The individual may not necessarily be ill or dying, but they want, and consent, to ending their life. This may include suicide pacts or 'mercy killings'.

These incidents are rare. However, they can be highly sensitive and emotive investigations which may attract significant media interest.

Challenges include:

- public interest factors
- lengthy and complex investigations
- Crown Prosecution Service (CPS) considerations (see [CPS \(2014\) Suicide: Policy for Prosecutors in Respect of Cases of Encouraging or Assisting Suicide](#))

A person commits an offence under section 2 of the Suicide Act 1961 if they do an act capable of encouraging or assisting the suicide or attempted suicide of another person, and that act was intended to encourage or assist suicide or an attempt at suicide.

The consent of the Director of Public Prosecutions is required before an individual may be prosecuted with an offence under the Act.

Early consultation with the CPS will support and focus the investigation. For many cases even when the full code test is met, it may not be in the public interest to prosecute.

When investigating an allegation of an attempted assisted suicide, in addition to the usual investigative actions, see [Suicide and bereavement response APP](#) and consider this guidance.

Initial response – planned assisted suicide

Where a report indicates a person is contemplating suicide, particularly where it is alleged that it is assisted, or encouraged by another person, the priority should be prevention. Investigators should follow local force policy for vulnerable adults or children, and conduct background enquiries on all relevant parties.

These enquiries should include:

- intentions and actions of those reporting, and all relevant parties
- establishing mental capacity of the potential victim and/or whether there is any coercion, or other criminality involved
- whether anyone may benefit from the death

See also:

- [**First response to people who are considering or threatening suicide.**](#)

Where appropriate escalate to a supervisor.

Further investigation – planned assisted suicide

Establish:

- when and how the informant/witness was informed of the potential suicide
- how the suicide has been arranged, encouraged or assisted
- date, venue, method, if relevant, of travel arrangements (including port details and carrier)
- appearance and behaviour of the person contemplating suicide
- who, if anyone, may be encouraging or assisting them and how
- if travelling abroad, how long planning has been underway and whether any money has been paid
- any documentation linked to planning, including any travel documentation, the person's will and financial documentation
- any benefactors
- current medical history
- any known intelligence/community intelligence

In most cases, visiting the person contemplating suicide may help to establish these facts. Consider the impact of such a visit and complete a risk assessment.

Consider deployment of a contact officer or **family liaison officer**, maintaining an open mind to the circumstances and involvement of others.

Vulnerability

A person who wants to arrange their own death may not consider themselves vulnerable. They should, however, be referred to social care, and other relevant support services, for example the local authority and/or National Health Services. The police must work with partners to ensure an effective multi-agency approach.

Where necessary, consideration should be given to police powers to prevent a person causing themselves harm, such as breach of the peace, section 136 of the Mental Health Act 1983 or, in the case of children, child protection orders.

Travelling abroad

If travel is involved and believed to be imminent, a joint home visit should be arranged and conducted by police and the local authority as a matter of urgency. If travel to carry out the suicide is already underway, the International Crime Coordination Centre may be able to assist with **overseas enquiries**.

Mental capacity

Where a person is contemplating suicide and appears to know what they are doing and why, others may be reluctant to conclude they lack capacity to make this decision. Principle 4 of the Mental Capacity Act 2005 (MCA) states a person should not be treated as unable to make a decision merely because they make an unwise decision.

The decision to take their own life does not necessarily demonstrate lack of mental capacity, rather that they may not have fully considered alternative options such as counselling, medical assistance or help from statutory or voluntary agencies (section 3 MCA).

A police officer should encourage the person contemplating suicide to engage with support services. Where appropriate, a police officer can also take proportionate action to safeguard the person (section 4 MCA), as long as they can demonstrate that they acted in that person's best interests and they reasonably believed the person lacked capacity. This may include moving the person to a place of safety under section 136 of the Mental Health Act 1983.

See:

- [Police role in applying the Mental Capacity Act 2005](#)

If the person has capacity, they should be referred to partner agencies (particularly health, social care and the local authority) to ensure they:

- have all relevant information available to them
- have access to support services
- know all available options for treatment

See also:

- [Suicidal intent and mental capacity](#)

Children

If the person is a child under the age of 18 years (or if the victim is an adult but they intend to have a child accompany or assist them) child protection and safeguarding should be considered for the child contemplating suicide and any other relevant children as appropriate.

In cases of completed assisted suicide

Deliberately assisting or encouraging another person to kill themselves.

The individual may not necessarily be ill or dying, but they want, and consent, to ending their life. This may include suicide pacts or 'mercy killings'.

These incidents are rare. However, they can be highly sensitive and emotive investigations which may attract significant media interest. Challenges include:

- public interest factors
- lengthy and complex investigations
- Crown Prosecution Service (CPS) considerations ([see CPS \(2014\) Suicide: Policy for Prosecutors in Respect of Cases of Encouraging or Assisting Suicide](#))

A person commits an offence under section 2 of the Suicide Act 1961 if they do an act capable of encouraging or assisting the suicide or attempted suicide of another person, and that act was intended to encourage or assist suicide or an attempt at suicide.

The consent of the Director of Public Prosecutions is required before an individual may be prosecuted with an offence under the Act.

Early consultation with the CPS will support and focus the investigation. For many cases, even when the full code test is met, it may not be in the public interest to prosecute.

When investigating an allegation of a completed assisted suicide, in addition to the usual investigative actions, see [**Suicide and bereavement response APP**](#) and consider this guidance.

Initial response – completed assisted suicide

See:

- [**After an apparent suicide**](#)

Where a report indicates a person has committed suicide, particularly where it may have been assisted or encouraged by another person, enquiries should establish:

- the intentions and actions of those reporting, the deceased and those alleged to have been assisting or encouraging
- the mental/physical capacity of the deceased (for example, whether they may have had a physical impairment such as locked-in syndrome) and/or whether there may have been any coercion, assistance or other criminality involved
- whether anyone may benefit from the death
- where the death took place and where the death took place abroad, whether the body has been repatriated (see Jurisdiction)

Seek advice from a supervisor.

Further investigation – completed assisted suicide

Establish:

- if, when and how the informant/witness was informed of the deceased's intentions
- any digital/social media material which may suggest/support planning or suicidal thoughts, assistance or encouragement
- how the suicide was arranged, date, venue, method, if relevant, travel arrangements (including port details and carrier) and travel documentation
- appearance and behaviour of the person reporting the death
- who, if anyone, may have encouraged or assisted the deceased
- if the deceased travelled abroad, how long they were planning the trip and how it was financed
- any documentation linked to the planning, including travel documentation, the deceased's will and financial documentation
- any benefactors
- current medical history
- any known community intelligence

Consider deployment of a contact officer or family liaison officer, maintaining an open mind to the circumstances and involvement of others.

Travel abroad

Where the deceased travelled abroad, it may be necessary to undertake enquiries to secure and preserve evidence abroad. The International Crime Coordination Centre may be able to assist with overseas inquiries.

Jurisdiction

Where an individual has voluntarily completed suicide abroad, and the body is not repatriated to England and Wales, for example it is buried or cremated in a foreign country, the coroner has no jurisdiction to enquire into the circumstances of the death. If the body is repatriated, or the suicide took place in England or Wales, the coroner is required to make enquiries.

See:

- FCDO, NPCC, Chief Coroner (2020) Murder, manslaughter and infanticide of British nationals abroad: Memorandum of understanding between the Foreign, Commonwealth & Development Office and National Police Chiefs' Council and the Chief Coroner of England and Wales, Annex 3, paragraph 2

Mental capacity

Consider enquiries to determine the mental capacity of the deceased prior to and at the time of their suicide.

See also:

- [Suicidal intent and mental capacity](#)

Children

If the deceased is a child under the age of 18 years, consider child protection and safeguarding, as appropriate, for other relevant children.

Tags

Mental health