RESEARCH NOTE

End-of-life hospitality? A preamble for supply-side notions of suicide tourism

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Abstract:

***Purpose**: Suicide tourism has existed for several decades in countries such as Switzerland, allowing inbound tourists to seek death with dignity. The growth of suicide tourism has not gone unnoticed, with an emerging body of work unpacking this phenomenon, its underpinning factors, and its controversies. At present, most work surrounding suicide tourism is located within a demand-driven perspective, with very little known about how end-of-life hospitality should be conceptualized.*
***Methods**: Using the case of global destinations where recent policy changes have allowed for euthanasia, this article presents different dimensions for end-of-life hospitality, to guide current and future research directions toward a more nuanced understanding of the supply-side perspectives associated with suicide tourism.*
***Results**: A conceptual framework on end-of-life hospitality is proposed, where different stakeholders and decisions related to such an undertaking are identified and discussed.*
***Implications**: End-of-life hospitality necessitates a timely and coordinated approach to its undertaking, as there is still a significant variation of medically assisted dying globally. Having an integrated and systematic framing of the issues and stakeholders mitigates the likelihood of misuses and abuses of end-of-life experiences and enables all participants to have the necessary assurances to make informed decisions.*

Keywords: *end-of-life travel, death tourism, euthanasia, assisted dying and tourism*

JEL Classification: *J2, Z32, J10*

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1 INTRODUCTION

The notion of suicide tourism (or euthanasia tourism) has been in existence since countries such as Switzerland approved legislation for tourists to access physician-assisted dying across international borders more than three decades ago (Gauthier et al., 2015; Wakefield, 2021). In addition, end-of-life travel with the desire to end suffering as the primary motivation has also been in existence for a long time, albeit oftentimes in contradiction with human emotions (Mehtab et al., 2021; Yayla & Altan, 2020).

It should be emphasized that suicide tourism occurs across two main forms - euthanasia (self-induced death), and assisted suicide (where a physician, family member, or friend administers the potion). While scholars have sought to unpack motivations, enablers, and barriers to suicide tourism (see for instance Miller & Gonzalez, 2013; Goh et al., 2022; Wen et al., 2019; Yu et al., 2019), little is known about end-of-life hospitality within extant literature. This is because extant literature has mostly framed this tourism phenomenon from a demand-driven perspective, through lenses such as market segmentation and consumer behaviour (Carrigan, 2023; Testoni & Arnau, 2023; Wen, Goh & Yu, 2023). This is despite other scholars postulating that there are other 'voices' from a supply-side perspective that should be given adequate attention, such as those from physicians or local tour operators (Xu et al., 2023). Given the increasing number of countries and regions contemplating or legalizing euthanasia or assisted suicide, the potential for suicide tourism is likely to also expand its market share (Ladki et al., 2016; Mondal & Bhowmik, 2018; Mroz et al., 2020). End-of-life hospitality deserves more attention from scholars to ensure it is carefully managed to address the needs of all parties involved.

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2 LITERATURE REVIEW AND HYPOTHESIS DEVELOPMENT

Suicide tourism is characterized by the movement of tourists to a destination to end one's life (Christou, 2021; Yu et al., 2020). Such mobilities can occur in different forms, either assisted by a physician or where the individual self-administers the medically approved drug (Huxtable, 2009; Zhi et al., 2019). Suicide tourism at present only occurs in select destinations such as Switzerland and Belgium, though the market is argued to be under-regulated, and heavily skewed in a demand-driven model (Hurst & Mauron, 2017; Sperling, 2022). Proponents of suicide tourism postulated that such practices offer an individual a volitional choice of dying with dignity and reduce the poor quality of life due to terminal illness (Richards, 2017). Yet, opponents of suicide tourism assert that life is a gift and should be terminated by natural means (Padubidri et al., 2022). Yang et al. (2023) further argue that suicide tourism, for ethical, moral, and legal reasons, should also not be considered tourism at all, disputing that there is hardly a pleasure component in such trips.

Amidst this backdrop, data suggests that such a business model is profitable, with tourists travelling to Switzerland to participate in suicide tourism where euthanasia may be deemed illegal in their home countries (Haesen, 2018). The case of 104-year-old Australian scientist David Goodall who was one such tourist is a prominent example (Westcott, 2018). Organizations such as Dignitas and Exit International are among the pro-euthanasia stakeholders who support individuals with the travel arrangements associated with suicide tourism. However, there is certainly a moral question to be addressed here - should there be a formalized industry for suicide tourism? And to what extent should suicide tourism stakeholders on the supply side morally benefit from such mobilities?

There is a paucity of information related to end-of-life hospitality from a supply-side perspective (Pratt et al., 2019). It is necessary to illuminate the unique forms of hospitality that differ from other sectors of tourism, and how such practices and responsibilities are borne within destinations that have only recently legislated voluntary assisted dying laws, such as Australia, New Zealand, and Spain (McKenna, 2021, Wittenberg-Cox, 2022).

3 THE CASE FOR END-OF-LIFE HOSPITALITY

As legal regulations demonstrate greater acceptance of euthanasia and assisted suicide, then correspondingly, destinations may also choose to offer end-of-life hospitality to both domestic and international markets. Despite the confusion surrounding the term suicide tourism (whether involving euthanasia or assisted suicide), tourists and their carers are still engaging in various forms of hospitality such as accommodation, food and beverage, and in some cases, healthcare providers. These elements of the supply-side perspective are highly implicit and marginalized amidst the dominant demand-centric perspectives within extant literature.

Because suicide tourism is associated with cross-border mobility, barriers exist as to how tourists from source countries undertake such complex, and high-involvement decisions. Legality differences, costs, insurance, and other associated destination-specific processes vary significantly from leisure travel choice, and hence often require the use of specialized agencies to undertake the risks and preparation needed for suicide tourism formalities. However, what is not yet fully identified is the range of stakeholders that perform the supply-side roles within suicide tourism. Then, prompted by the current body of knowledge (or the lack thereof), this research note proposes different dimensions (see Figure 1) to overcome the barriers as identified by other scholars (Goh et al., 2022; Wen et al., 2019) for emerging suicide tourism destinations around the world. Table 1 illustrates the fragmented lenses in which end-of-life hospitality is drawn from and calls for an integrated model as depicted in Figure 1.

Table 1: Dimensions of end-of-life hospitality and corresponding

End-of-life agencies	Willson *et al.* (2023)
Finances	Miller & Gonzalez (2013)
Transport	Wen *et al.* (2023); Yu *et al.* (2020)
Accommodation	Mondal & Bhowmik (2018)
Food and beverage	Stevenson (2016)
Places of interest	Pratt *et al.* (2019)
Counselling services	Zhi *et al.* (2019)
Travel insurance	Connolly *et al.* (2017)
Place of death	Christou (2021)
Funeral services	Pratt *et al.* (2019)
Procedures and paperwork	Gauthier *et al.* (2021); Mondal & Bhowmik (2018)

From Figure 1, the range of decisions that a suicide tourist must make illustrates the complexity of the task, as well as the highly dynamic spaces occurring between each of the sub-sectors, and the inter-dependency one stakeholder has on another.

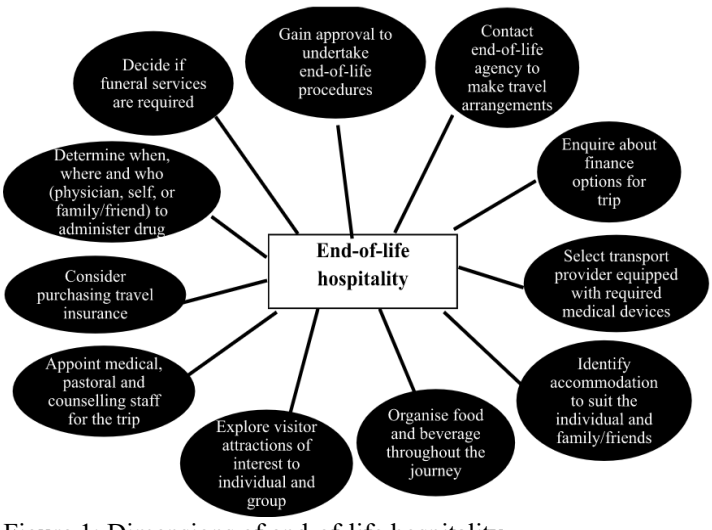

Figure 1: Dimensions of end-of-life hospitality

In some ways, the dimensions resemble a tourism supply chain in terms of its composition. However, other aspects such as pastoral care and health and well-being do not usually

form leisure or business travel decision-making, thus highlighting the need for further clarification and scrutiny in this field, as alluded to by other scholars previously (Richards, 2017; Sperling, 2022). The inter-dependence on tourism and non-tourism sectors within end-of-life hospitality calls for greater alignment and dialogues among these stakeholder groups, if there will be a concerted strategy to develop such a landscape in the future. Figure 1 provides a base in which future health-oriented tourism destinations seeking to deliver end-of-life hospitality can formulate boutique, or niche services to develop a credible, and strong destination image that their visitors' needs are met. Importantly, there are decisions to be made as to whether to integrate specific health/medical/wellness facilities into a composite tourism entity or outsource these to those with the needed specialization. However, there is merit in having a 'one-stop-shop' approach, as it can help ease visitor concerns in what is a high-involvement decision (Yu et al., 2020).

Yet, these developments are not without their ethical and moral responsibilities. In a post-COVID-19 landscape, individuals have paid greater attention to their health and wellbeing and are likely to spend more in looking after their next of kin. This can give rise to unscrupulous operators seeking to capitalise on this growing end-of-life hospitality market, especially where more and more countries are allowing cross-border travel to occur (Wittenburg-Cox, 2022). Unpleasant experiences can result in costly lawsuits and tarnish the destination image for the country/city where the end-of-life hospitality was to be experienced.

4 CONCLUSION, LIMITATIONS, AND FUTURE STUDIES

In conclusion, this research note sought to initiate conversations around how end-of-life hospitality can be conceptualized, especially for destinations that have recently approved assisted dying laws. Tour operators watching with interest can identify the range of stakeholders needed and reflect on possible destinations that can facilitate the necessary environments to support end-of-life hospitality for interested parties. The visual depiction of end-of-life hospitality dimensions serves as a starting point then to address current gaps in knowledge that have painted suicide tourism to be a mostly user-centric sector, with implicit mention of the role of tour operators and other ancillary services (Goh et al., 2021).

At a theoretical level, this research note opens a wider conversation as to who should be able to provide more nuanced insights to offering end-of-life hospitality. These are needed conversations to trigger further investigations into a unique form of hospitality services where the 'tourist' may not return home. It extends health/medical hospitality, especially in a palliative care environment. Scholars can reconceptualize health/medical hospitality from various perspectives, other than that of a willingness-to-pay landscape.

At a practical level, the research note calls for clearer governance of end-of-life hospitality when global mobility is now more accessible to a wider international audience. Stakeholders should be licenced in some manner to ensure that they have the necessary skills and expertise to handle complex and ethical processes in a trustworthy manner. This prevents abuses of the end-of-life hospitality system in what is currently an under-regulated industry.

This research note is not without its limitations. Empirical data are needed to validate its propositions and test which stakeholders are most influential in shaping end-of-life hospitality. In addition, destinations may reveal similar or different cultural connotations of end-of-life hospitality (Yu et al., 2020).

Future studies may wish to examine in-depth attitudes and perceptions across demographic variables such as age, gender, income, and education levels, and how these may have an impact on end-of-life hospitality consumption and service design. Other scholars may also explore the impact of COVID-19 on end-of-life hospitality intentions, and whether new contactless innovations such as the 'Sarco' suicide pod, provide a quicker and more dignified offering of suicide tourism (Mark, 2021).

All the same, the evolving landscape of assisted dying laws around the world necessitates a timely introspection of which stakeholders need to be involved, and what forms of collaboration are needed to provide a professional, and customized approach to end-of-life hospitality.

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