

## *Undoing Suicidism: A Trans, Queer, Crip Approach to Rethinking (Assisted) Suicide* by Alexandre Baril

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Volume 9, Number 2, 2026

URI: <https://id.erudit.org/iderudit/1124218ar>

DOI: <https://doi.org/10.7202/1124218ar>

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### Publisher(s)

Programmes de bioéthique, École de santé publique de l'Université de Montréal

### ISSN

2561-4665 (digital)

[Explore this journal](#)

### Cite this review

Dankwort, J. (2026). Review of [*Undoing Suicidism: A Trans, Queer, Crip Approach to Rethinking (Assisted) Suicide* by Alexandre Baril]. *Canadian Journal of Bioethics / Revue canadienne de bioéthique*, 9(2), 168–170.  
<https://doi.org/10.7202/1124218ar>

### Article abstract

There is no more compelling a current issue than critically examining the topics of suicide prevention and assisted suicide. That has been exceptionally accomplished by Alexandre Baril in his book *Undoing Suicidism: A Trans, Queer, Crip Approach to Rethinking (Assisted) Suicide* (2023). While it is unquestionably a major contribution to the field of suicide prevention and assisted dying, remarkably explored in a single book, the author's thorough and critical reasoning appears to fall short where he explores existing and evolving voluntary assisted suicide approaches in the second part of his revolutionary work.

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COMPTE RENDU / REVIEW

## ***Undoing Suicidism: A Trans, Queer, Crip Approach to Rethinking (Assisted) Suicide*** by Alexandre Baril

Juergen Dankwort<sup>a,b</sup>

### **Résumé**

Il n'y a pas de sujet plus brûlant actuellement que l'examen critique des thèmes de la prévention du suicide et du suicide assisté. C'est ce qu'a accompli de manière exceptionnelle le Alexandre Baril dans son ouvrage *Undoing Suicidism: A Trans, Queer, Crip Approach to Rethinking (Assisted) Suicide* (2023). Bien qu'il s'agisse incontestablement d'une contribution majeure au domaine de la prévention du suicide et de l'aide à mourir, remarquablement explorée dans un seul ouvrage, le raisonnement approfondi et critique de l'auteur semble faire défaut lorsqu'il explore les approches existantes et évolutives du suicide assisté volontaire dans la deuxième partie de son ouvrage révolutionnaire.

### **Mots-clés**

prévention du suicide, aide à mourir, politique de santé

### **Abstract**

There is no more compelling a current issue than critically examining the topics of suicide prevention and assisted suicide. That has been exceptionally accomplished by Alexandre Baril in his book *Undoing Suicidism: A Trans, Queer, Crip Approach to Rethinking (Assisted) Suicide* (2023). While it is unquestionably a major contribution to the field of suicide prevention and assisted dying, remarkably explored in a single book, the author's thorough and critical reasoning appears to fall short where he explores existing and evolving voluntary assisted suicide approaches in the second part of his revolutionary work.

### **Keywords**

suicide prevention, assisted dying, health policy

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There is no doubt that Alexandre Baril has upended prevailing approaches in suicide prevention. His approach is solidly grounded through a “queercrip” lens and relevant for practitioners, health beneficiaries, researchers, and others concerned with legal, medical, policy, and ethical implications. His contribution to the field of suicidality is profound and gives pause to notions that people must necessarily be deterred from attempting the act at all costs. The very idea of providing support in affirming assisted suicide for suicidal people appears at first blush to be counter-intuitive and contraindicated, that is, until one delves into his richly developed theoretical treatise, which is well-grounded, clearly explained, amply supported, and logical. Moreover, all of it is more convincingly offered by a scholar who has experienced suicidal ideation since his youth and had to hide his ideations for over a year from physicians to even obtain his DNR bracelet.

*Undoing Suicidism* (1) is both a remarkable protest and plea to understand how suicidal people experience pervasive forms of criminalization, incarceration, moralization, pathologization, stigmatization, marginalization, exclusion, and discrimination; it is anchored destructively, he argues, in a logic of misguided preventive care that demands an injunction to live in almost any conceivable situation. That flawed “abstinence” approach, he convincingly explains, accounts for massive failures in suicide prevention linked to a discourse and practice that “propel deaths by suicide rather than prevent them.” Suicidal people are oppressed by what he coins “structural suicidism”, an experience all too familiar for far too many, especially those who don't fit binary categories of gender and sexuality.

The second part of his book then opens the door to the recent right-to-die movement, now impressively grown to over 60 organizations located in 30 countries on several continents, according to the World Federation of Right to Die Societies (2). Not surprisingly, a dive into suicidism would not seem a stranger to those acquainted with the topic of assisted suicide. Yet he notes that neither field in its respective studies explores the other; there's a dearth of information in suicidism on assisted dying, and no discussion of suicidism among right-to-die proponents and researchers. The literature in both fields omits the other.

Baril critiques right-to-die societies for their stated objective to provide assisted dying that adheres to legislated boundaries established through laws within their jurisdictions (all of which require applicants for this provision to be ill or sick, yet competent, and of a certain senior age with few eligibility exceptions). He brings the reader back to his initial points which assert that this is ageist, ableist, and sanist. The older, the sicker, and the more “rational” you are, as established to the satisfaction of the medical profession, the more likely you will be granted access.

I welcome Baril's recognition of a crucial problem with the current prevailing models for assisted dying regimes around the world for the reasons he lists: just adding more people to the current regimes further entrenches a flawed and legislated pathway for this provision which is still based on the same exclusionary criteria; that is, marked by bifurcations of young/old, healthy/sick, and rational/irrational. In other words, even as current restrictions are challenged by applicants whose conditions

are excluded from the provision, and therefore argue that they have been denied their constitutional rights, widening eligibility still falls short of addressing the lack of fundamental positive rights for suicidal people or those seeking assisted dying as a service.

In a remarkable recent decision by the German Federal Constitutional Court (3), the very notion of codifying eligibility criteria by government legislation to establish a life worth living — or not — for access to assisted dying has similarly been deemed unacceptable and incompatible with the values of liberal, pluralist societies. However, it differs from Baril's conception insofar as it was based on an established principle of person-state separation. This is perhaps not coincidentally clarified by a German court given that country's darkest chapters of the Third Reich, when persons deemed unfit for society were institutionally euthanized. The difference between Baril's objections and the determination of the court is that the latter did not focus on the -isms that Baril eschews; it rejects the process of institutionalizing criteria by the state that would determine which understanding of quality of life is deemed livable or the contrary. The contrast here is not merely academic. Baril later postulates that the way forward with assisted suicide is for it to be normalized legislatively and thus granted state approval.

While Baril's astute observations are not only original and potentially ground-breaking for creating a pathway to assisted suicide with important practice implications, he fails, however, to appreciate the profound difference between a service that sets out to support suicidal persons and one designed to assist them to commit suicide (voluntary assisted dying). Baril appears to conflate the two because of his focus on an anti-oppression agenda.

It occurred to me that there is more than a nuance in this difference between responding to persons presenting as suicidal and responding to a person seeking aid to end their life. In the former, no sanctioned provision is required or included other than a fully validating, respectful, position for the beneficiary. This certainly is essential for practitioners employing active listening and empathetic skills. In contrast, a request to end one's life with assistance through a provision necessarily means that the act be provided or denied, and that then involves a plethora of considerations respecting autonomy on the one hand and security for vulnerable persons on the other, with providers being held accountable for their involvement.

Baril's failure to distinguish the vastly different mandates, and societal implications, for each service also leads him to propose that assisted dying providers meet the same objectives, and accomplish the same tasks, that he identifies as essential to implementing the only productive and rights-based approach for both assisted dying and effectively supporting persons burdened with suicidal ideations. Although an argument can be made to support the claim that assisted dying services may in fact help prevent unwanted, violent, and desperate suicide when it is driven by a lack of any acceptable, sanctioned option, to place such added tasks on each service seems unrealistic and counterproductive. For example, with respect to other interventions, studies have consistently shown that the most successful strategies for stemming intimate partner and family violence have occurred through the provision of specialized services for victims and offenders each of which functions via a coordinated and integrated community approach, with each contributing a piece of the process with its own expertise. No single service has shown comparable positive results.

Baril recognizes an outlier in assisted suicide providers, namely Exit International (4), which renounces illness as a necessary criterion for access to the provision and thus avoids ableism in its mission, yet it still fails to meet his approval. He claims that Exit International approaches the matter from an individualistic and "underground" stance, which means that it fails his intersectional understanding for effective social change; that is, that it must attain legitimization through legislation.

With this stipulation, I argue that he errs in several ways: First, he omits to note other right-to-die associations, such as Final Exit Network (5) in the US, and NGO services in Switzerland and Germany, who have in fact garnered support for both the traditional assisted suicide path within respective regulations that permit either physician-assisted dying or assisted euthanasia by other means and providers, including, in some cases, information on self-deliverance outside of usually sanctioned parameters. Second, he lacks understanding about the ways that effective social change can and does occur by assisting individuals through the provision of direct services such as education, clothing, and food bank assistance that have functioned, for example, as crucial recruitment tools in enlisting welfare recipients in the work of citizens' groups, thereby galvanizing participation in anti-poverty movements in Canada, the US, and elsewhere. His critique, that an organization deemed "underground" fails the test of effective change-making is flawed as even a cursory review of movement development can show that historically such groups, sometimes revolutionary and having to function below the radar in order to survive, have later produced meaningful social change. And, lastly, his criticism that Exit International is ageist because it requires applicants seeking information and resources to be at least 50 years old leaves out the organization's acceptance of exceptional younger persons for compelling reasons.

When I was a young McGill University graduate social worker, publicly contesting a closure of a social service agency satellites in Quebec on the fabricated grounds that services were no longer needed there, I discovered that applying all of my training, education, and social work practice goals would not go unpunished. In this, my first job, I was targeted with industrial discipline for disloyalty to my employer. As a social worker, and Ottawa University associate professor, Dr. Baril will surely recognize that no practice occurs without institutional, medico-legal, and/or socio-political boundaries. There are restraints which I fully discovered in arbitration. That said, *Undoing Suicidism* is absolutely a must-read and one that I hope will rewrite the curricula of suicide prevention efforts while reinforcing the awareness of already proficient helpers applying or strengthening their active listening and empathetic skills. Beyond that, it may also serve as a cautionary tale with respect to replicating a prevailing, problematic, and controversial approach when creating a new assisted dying provision.

**Reçu/Received:** 12/12/2023

**Conflits d'intérêts**  
Aucun à déclarer

**Publié/Published:** 16/03/2026

**Conflicts of Interest**  
None to declare

**Édition/Editors:** Ann M Heesters & Patrick Gogognon

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