

Other considerations about the problem of suicide

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Definition

Suicide is derived from the Latin word for "self-murder", i.e. sui-cida:

- It is "the act of taking one's own life" (Stedman, 2006) (1)
- According to Webster 3rd New International Dictionary (Vol. 3, 1996), (2) suicide is the act or an instance of taking one's own life, voluntarily and intentionally: self-destruction (self-murder)
- But in the "New Encyclopedia Britannica" 15th Edition, volume II (Micropedia), 1992 (3)- a simple word is changed, i.e. "act of voluntarily or intentionally taking one's own life" and makes a difference. Because this definition does not specify the outcome "it is not customary to distinguish between fatal suicide or attempted (non-fatal) suicide"
- In conformity with *Sadock, Sadock and Ruiz* (2015) (4) suicide is "the act of intentionally causing one's own death" (completed suicide). "Self-inflicted death is a fatal act representing the person's wish to die, with explicit or implicit evidence that the person intended to die."
- In *UCH TextBook of Psychiatry*, edited by H. Wolf, A. Bateman and D. Sturgeon (**Duckword**, Oxford, 1990) (5) is also stated: suicide is a willful self-inflicted life-threatening which has resulted in death.
- So the suicide is "completed" (not only attempted unsuccessfully); this term is preferred by many people instead of "committed" ("commit suicide") because the last implies that suicide is "criminal, sinful, morally wrong" (as argued the ethicist physicians or Abrahamic religious) and this problem is controversial (as so many others related).

PRINCIPAL DISTINCTION BETWEEN TERMS AND CONCEPTS RELATED

- **HOMICIDE** represents the act of killing people (one or more), nevertheless if it refers to itself or other people. In the general acceptation, the suicide is a kind of homicide and is condemned by law (religion, morale, society, culture, a.s.o). Only few people consider that the 6th Commandment of the Bible (not to kill) refers only to others not to oneself and exemplifies that by the character of Samson.

- **ASSITED SUICIDE** is when one individual helps another bring about their own death, indirectly, via providing other advice or the means that can lead towards their end (Giullota P., Bloom M., 2002).

It is in contrast with EUTHANASIA (gr. “good death”), that means compassionately allowing, hastening and causing death to another, and where another person (not only some physicians) takes directly a more active role in bringing about a person’s death (Giullota P., Bloom M., 2002)

ATTEMPTED SUICIDE IS THE OPPOSITE TO COMPLETED SUICIDE and represents non-fatal suicide behavior (e.g. self-injury) with the desire to end ones` life that does not result in death (Krug E. 2002).

- **PARASUICIDE:** - The act of mimicking suicide behavior, sustaining deceitfully the wish to die; -the term is coined by Norman Krietman (1977); - Parasuicide is a claimed suicide attempt that was not intended to succeed. Apparent attempts and suicidal gestures have other aims than that.

PHISYCIAN- ASSISTED SUICIDE

The act of a physician, in the case of a terminal, incurable patient, with great and inalienable suffering illness, to provoke directly the death of a patient, after his request (and after the request of his family), with a lethal dose of medication, when the patient is incapable of committing suicide, but is mentally competent, fully informed, therefore making a voluntary choice.

This is a debatable problem:

Arguments:

- it is a human alternative to active euthanasia, in thematter that the patient maintains more autonomy, remains the actual agent of death; may be less likely to be coerced into that intent.
- the legal right to die.

Arguments:

- The distinction is capricious, asthe intent in both cases is to bring about a patient`s death;
- Difficulty to discriminate between two patients: which one is more ill or distressed, taking into consideration that one of them cannot complete the act because of problems regarding swallowing, dexterity or strength;

The American Association of Suicidology (1996): In PhysicianAssisted Suicide- death is not:

- a. the goal of treatment;
- b. intentional;

Several degrees to which a physician may assist the suicidal patient:

1. providing information or ways of committing suicide;
2. supplying a prescription for a lethal dose medication means inhaling a lethal dose of CO;
3. providing a suicide device that the patient can operate;
4. withdrawing and withholding life-sustaining treatment.

Case Jack Krevorkian

He helped more than 130 people take their lives. Charged in 1989 with first-degree murder, he was later dismissed because his state, Michigan, had no law against physician-assisted suicide. Finally, he was sent to prison in 1999 and released in 2006.

He was applauded for his courage in easing pain and suffering by his followers, but his opponents considered him a serial-mercy-killer and argued that suicide rarely occurs in absence of psychiatric illness (especially treated depressive disorders). In 1994, the state of Oregon legalized Psychiatry-assisted suicide (“Death and Dignity act”). Attorney General John Ashcroft in 2000 attempted to prosecute Oregon doctors but the Supreme Court supported the Oregon Law in 2005.

HISTORICAL PERPECTIVE

Throughout history, suicide was both condemned and praised by various societies.

It is condemned by all Abrahamic (Judaism, Islamic, Christianity) religions. But in the Bible, some people are glorified (i.e. Samson). In Judaism there is permission for singular or collective suicide (Masada), in special circumstances. Some religions believe that the Biblical 6th Commandment (*not to kill*) must be respected “only for others”.

Christianity, in its early period, glorified the sacrifices of “martyrs” who “provoked” their own death (by Crucifixion, a.s.o.). But in 492, the Council of Arles condemned suicide as a “devils work”. Thomas D’Aquino (as Saint Augustin in antiquity) considered suicide a sinful behavior, a God offence because of the sanctity of life (a God’s gift). But it exists an opposite opinion: suicide is not a greater sin than medical treatment in conformity to some protestant doctrines about non-intervention in God’s work with an individual.

Philosophically, there are also opposite beliefs: immorality versus the right of any human being to take decisions concerning his life (David Hume).

Historically, in Ancient Greece, official convicted criminals, if they were nobles and/or famous, were permitted to take their own lives (in the case Socrates, drinking poison).

In ancient Rome, suicide was permitted for escaping from intolerable situations (Petronius, Seneca, defeated generals, a.s.o.). Later, romans attitude towards suicide hardened.

In India, the Brahmans and Jainists tolerated suicide of Indian widows (this practice was highly praised at that time). There were also other attitudes: permissivity only by non-violent practice of starvation (Prayopavesa).

The Japanese customs of *seppuku* (Harakiri) or disembowelment was long practiced as a ceremonial rite (compulsory hara-kiri was outlawed in 1863). Noblemen were granted the privilege of punishing themselves in this way for: wrongdoing, to escape the humiliation of failure, in order shame ones' enemies and demonstrate loyalty to the master or emperor.

Buddhist monks and nuns committed sacrificial suicide by burning themselves alive as a social-protest.

Juridically

- The most severe punitive legislation against suicide was promulgated by Ludovic XIV in France, in 1670;
- But John Donne approved suicide in special circumstances (Case Samson);
- Following the 1789 Criminal Penalty for attempting to commit suicide was abolished in many European Countries (the last one was England in 1961);
- But the general status of suicide differs in time, in Europe and the U.S.A. Nevertheless, the change in the legal status of suicide has had no adverse influence in suicide rates in most of the countries or regions; the evident decline of the suicide-rates was in wartime.

In the modern society the trend is:

1. The permissiveness
2. Greater tolerance for all deviant behaviors
3. Less moralistic and punitive attitude of societies toward suicide
4. Greater readiness to understand rather than to condemn.

The tendency to conceal suicide still persists.

The author considers that with the exception of very special situations, suicide must be successfully prevented as much as possible.

PARTICULAR WAYS OF SUICIDE

ALTRUISTIC SUICIDE for the benefit of others: e.g. for Innuits and other arctic-native population, as proof of respect, courage, wisdom, in the case of people of old age, ill, disabled part of the group.

PATRIOTIC SUICIDE e.g. defeated generals (Model) or Japanese “kamikaze” pilots;

FANATIC SUICIDE, MURDER-SUICIDE (ideological motivation): e.g. Jihadists (Bomber-suicide): to kill “the enemies” is good goal.

MIMMETIC SUICIDE, COPY-CAT SYNDROME: e.g. Werther Syndrome (Bohanna 2012): suicide “endemic” in Germany around romantic younger Germans after reading a Goethe novel. It is opposite to “Papageno Syndrome” when the tendency of suicide is prevented successfully (mass-media factor) in the opera of Mozart- Magic Flute

VICTIM PRECIPITATED HOMICIDE is the phenomenon of using others to kill oneself by killing other people for this specific goal (his own death). Closely related with Amok (run amok) Malaysian Phenomenon. To kill others is not a goal but a way.

EXTENDED SUICIDE is the extreme form of MURDER-SUICIDE. The individual aims to take the life of others at the same time (difference from serial-killers) with the peculiar motivation of seeing the murdered person as an extension of oneself.

MASS SUICIDE (1978, Jonestown): suicide of 905 members of the Peoples` Temple of Jim Jones, by drinking (mostly) grape Flavored Aid with cyanide.

Thousands of Japanese civilians took their own lives at the last day of the battle of Saipan (1944), some by jumping from “suicide-cliff” and “bansai-cliff”.

The list of particular suicide is not exhaustive. Previously authors published an article about “Paradoxical Suicide” and intended to continue in this manner this topic in the future.

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