

The shift away from 'suicide' talk:

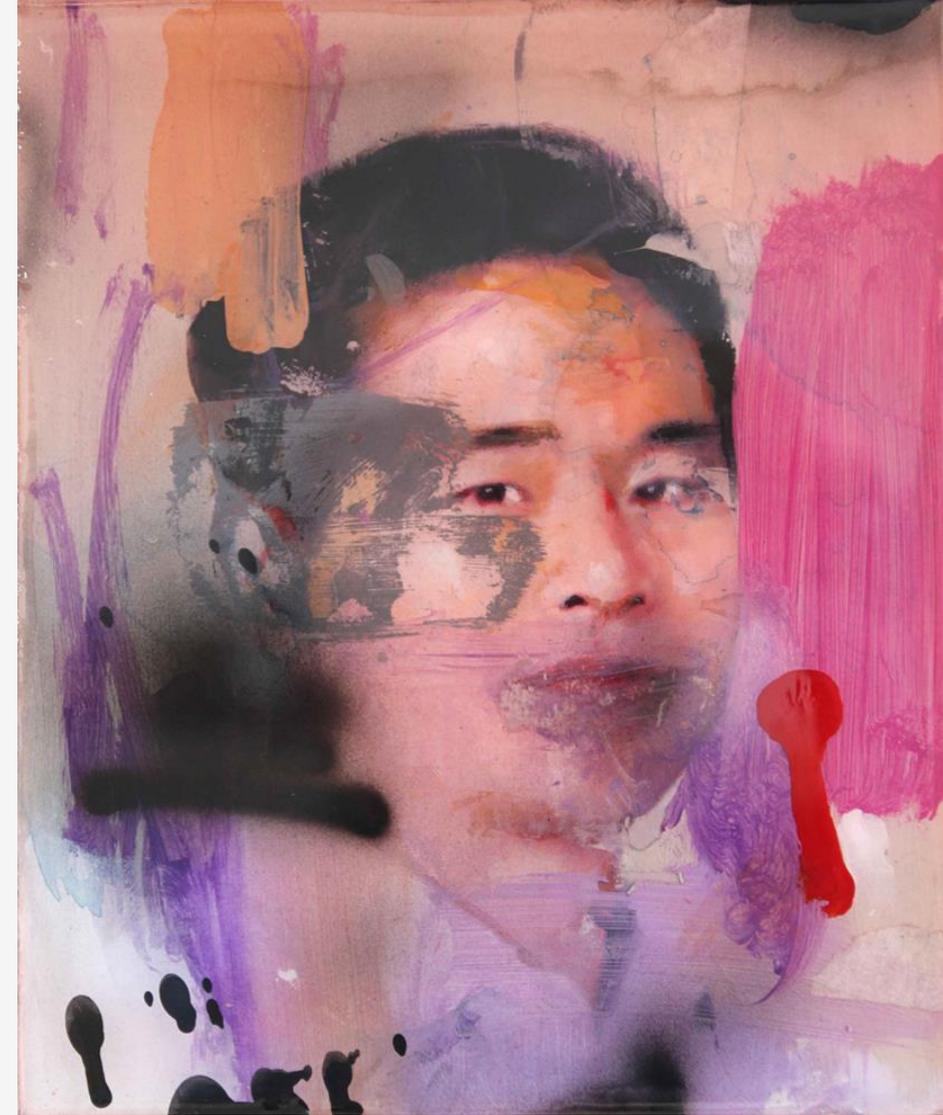
*incorporating
voices of
experience*

Phoebe Friesen



Outline

- The Shift Away from “Suicide” Talk
 - Examples
 - Argument
- Evaluating Premise 1
 - Looking to Experience
 - A Fundamental Difference?
 - Similarities?
- Evaluating Premise 2
 - Why emphasize difference?
 - Why emphasize similarities?



Examples

- Compassion & Choices argues the word "suicide" should be banished from all discussion and reporting on the issue, on the grounds that a terminally ill person's ingestion of lethal medications to stop his suffering does not constitute suicide ...**"suicide" refers to a desperate act by a despondent, mentally unbalanced person.** (O'Neill, 2015)
 - Physician-assisted suicide, or PAS, is an **inaccurate, inappropriate, and biased phrase** which opponents often use to scare people about Death with Dignity laws...The patient's **primary objective** is not to end an otherwise open-ended span of life, but **to find dignity** in an already impending exit from this world. (Death With Dignity)
 - "Suicide" is like "homosexual." It's not inaccurate, exactly, but **the associations are clinical, judgmental, legalistic, even freighted with the notion of sin.** "Committing" suicide is illegal, like committing a burglary. "Suicide hotlines" are for sick people. (Butler, 2015)
 - "Terminally ill patients who ask for a doctor's help in dying are not making the **desperate, impulsive choice associated with suicide.**" (James Lieberman, cited at Death With Dignity)
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The Argument

Premise 1: Suicide and aid in dying are fundamentally different.

Premise 2: If suicide and aid in dying are fundamentally different, they should not be called by the same name – within the media, law, reporting, etc.

Conclusion: Suicide and aid in dying should not be called by the same name.

Premise 1

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A

Fundamental

Difference?

Impulsiveness

"desperate, impulsive choice"

"self-destructive impulse"

"a desperate act"

VS.

"wish to have the option of taking a lethal prescription"

"seeking the option to hasten an already inevitable and imminent death"

"exhaustive reflection and contemplation"

Capacity

"impaired by mental disorders"

" "Suicide hotlines" are for sick people."

"by a despondent, mentally unbalanced person"

VS.

"people of sound mind"

"mentally competent"

Morality

"freighted with the notion of sin"

" "Committing" suicide is illegal, like committing a burglary"

"Portraying me as suicidal is disrespectful and hurtful"

VS.

"participating in an act to shorten the agony of their final hours"

"to find dignity"

"to die peacefully"

Reason/ Motivation

"to end an otherwise open-ended span of life"

VS.

"who want to live"

"not killing themselves; cancer is killing them"

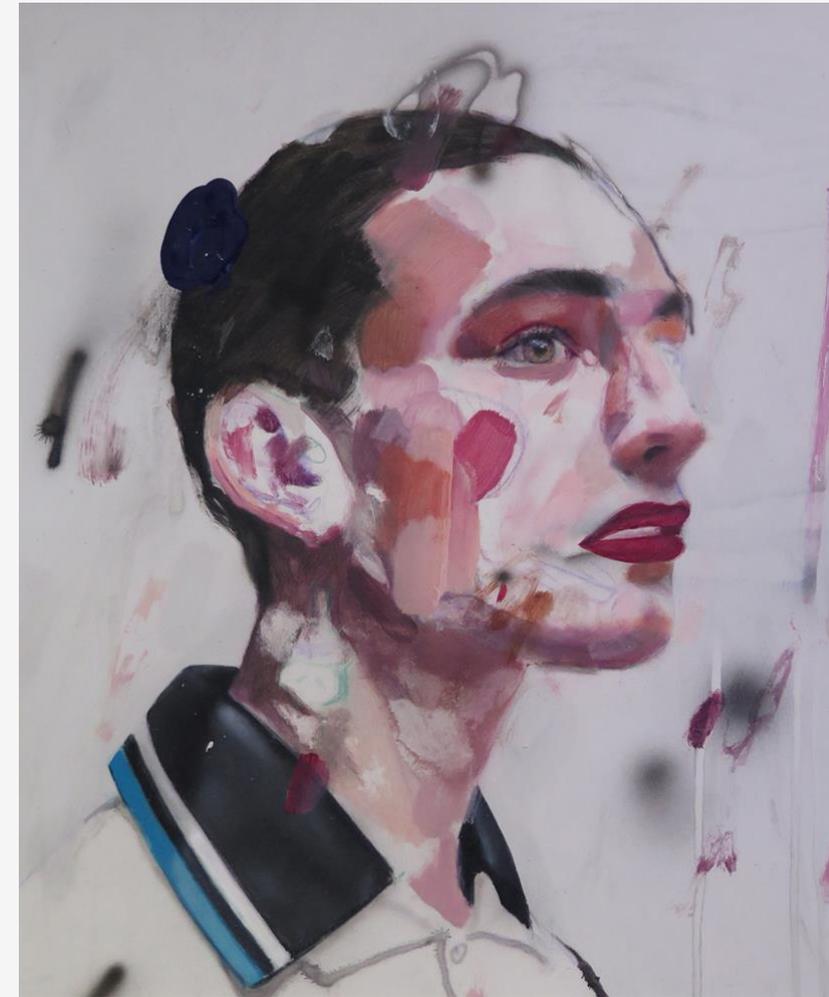
Evaluating Premise 1

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Looking to Experience

Can the experiences of those who have chosen death help us to examine the underlying assumptions behind the shift away from suicide talk?

- Studies of suicide have focused too much on quantitative knowledge, to the neglect of understanding (Gavin & Rogers, 2006; Hjelmeland & Knizek, 2010; Fitzpatrick, 2016)
- “Although personal stories of suicide confer certain privileges and benefits on survivors of suicide attempts, they also manifest and normalize particular ways of thinking, acting, and communicating that have considerable ethical and political force in shaping the ways suicidal behavior is understood, the ways it is subjectively experienced, and the ways it is responded to.” (Fitzpatrick, 2016)



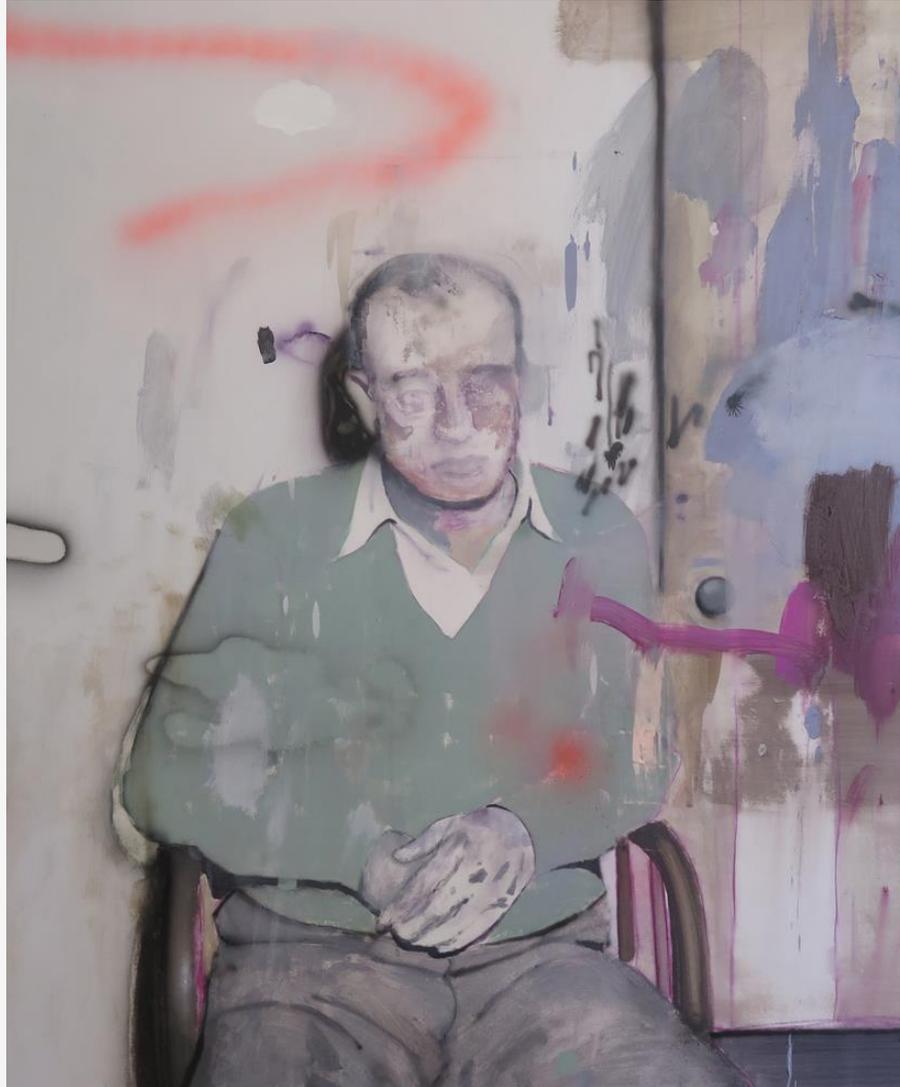
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Evaluating Premise 1

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*Is there a
Fundamental
Difference in
Morality?*

*In
Impulsiveness?*



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In morality?

- Will not discuss. See David Hume's 'On Suicide' for a knock down argument.

In impulsiveness?

- No. Most suicides are planned (Kessler, Mickelson, & Williams, 1999; Simon & Crosby, 2000)
- Not according to those with experience. In their review of qualitative studies of suicide, Lakeman and FitzGerald found that most individuals characterize their attempt as a **choice** they made (Lakeman & FitzGerald, 2008)
- Not necessarily. Certainly euthanasia requests by those suffering psychologically in the Netherlands, Belgium, and Luxembourg are not impulsive, given the waiting period between requests and permission.

Evaluating Premise 1

Is there a Fundamental Difference in Capacity?

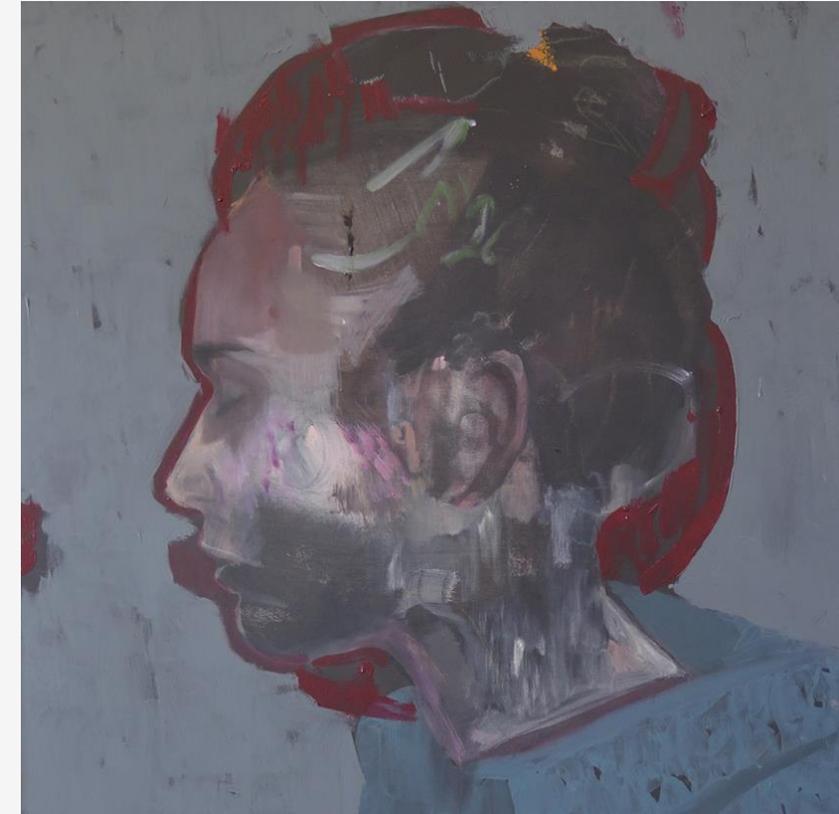
- There is plenty of evidence that there is a significant correlation between mental illness and suicide (Cavanagh, Carson, Sharpe, & Lawrie, 2003)
 - But the majority of people who think about suicide may not meet the criteria for a mental disorder (Lakeman & FitzGerald, 2008)
 - “There's a major difference between someone such as myself and someone who is in a psychotic state... Simply having a mental illness does not cancel out the ability to give informed consent.” (Maier-Clayton, 2016)
 - Many criticisms of this narrow approach to understanding suicide (Gavin & Rogers, 2006; Hjelmeland & Knizek, 2010)
- Survivors tend to emphasize factors beyond mental illness:
 - “Survivors of suicide attempts, like users and survivors of psychiatry, have typically rejected a narrow framing of suicide as the outcome of mental illness, instead situating their illness within a broader personal life history.” (Fitzpatrick, 2016)
- Capacity is not that clear cut in those who are terminally ill:
 - “Attempting to determine to what degree, if any, a terminally ill person is experiencing depression or other cognitive impairments is extremely difficult.” (Farberman, 1997)
 - “The will to live often fluctuates widely over the course of a terminal illness” (Mak et al., 2003) (Marantz Henig, 2013)
 - Euthanasia requests by those suffering psychologically in the Netherlands, Belgium, and Luxembourg are only granted when individuals are deemed to have capacity (Thienpont et al., 2015)

Evaluating Premise 1

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Is there a Fundamental Difference in Reason/ Motivation?

- This is probably the best candidate for a fundamental difference
 - Although it appears to depend on one's level of abstraction
- High level: it's all suffering all the way down
 - In all of these cases "what they want to do is escape what they see to be an intolerable situation" (Kheriaty, cited in O'Neill, 2015)
- Low level: similarities and distinctions arise
 - Similarities: themes of loss, loneliness, hopelessness, lack of control, dissolution of identity, no future prospects, burdening others, existential (as opposed to physical) pain
 - Differences:
 - Suicide: themes of abuse, substance use, betrayals in relationships, desire to seek revenge
 - Aid in Dying: themes of dignity, fear of one's body falling apart, having seen others die in pain



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(Rosen, 1975; Lavery et al., 2001; Kidd and Kral, 2002; Lakeman and FitzGerald, 2008; Cash et al., 2013; Elliot et al., 2014; Gibson et al., 2014; Player et al., 2015; Chan et al., 2017)

Evaluating Premise 1

"Death made the most sense to me. I did not see it as "copping out" or "taking the easy way out." The decision weighed on me heavily but I saw it as the kindest thing I could do for the people I loved and who possibly still love me. I was tormenting them, and I was tormented. I saw leaving as a way of giving them peace." – person who attempted suicide

"I'm inconveniencing, I'm still inconveniencing other people who look after me and stuff like that. I don't want to be like that. I wouldn't enjoy it, I wouldn't, I wouldn't. No, I'd rather die." - person living with HIV

"It's like you're wrestling with it, and it's not just for a day. . . .it can build up like for months, and it's to the point where it torments you, where there is almost at times no rest, and this is constantly been on my mind." . – person who attempted suicide

"Taking my own life was the only way I felt I could regain control of it..." - suicide attempt survivor

"I'm not going to get better." – person with a terminal illness

"I'm not suicidal in the sense that I hate myself and I want to leave. I think this world is beautiful, but this amount of pain is intolerable." – person who committed suicide

Is there a Fundamental Difference in Reason/ Motivation?

Evaluating Other Candidates for Premise 1

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Is there a Fundamental Difference in the Source of Suffering?

Some evidence of differences in sources of suffering

- emphasis on trauma, abuse, difficulty in relationships in suicide cases
- emphasis on loss of dignity, inevitable death through terminal illness, physical pain at the end, in aid in dying cases
 - Note: there are more similarities between these two later in life though (Lakeman and FitzGerald, 2008)

In 1994, the Dutch Supreme Court ruled that: “the seriousness of the suffering of the patient does not depend on the cause of the suffering”, thereby rejecting a distinction between physical (or somatic) suffering and psychological or mental suffering” (Berghmans, Widdershoven, & Widdershoven-Heerding, 2013)

What is really doing the work here seems to be the seriousness of the suffering, rather than the cause of suffering

- There is little question that the pain that leads people to suicide is as unbearable as that which leads people to consider aid in dying
 - But perhaps what is meant here is a difference in hopefulness/ the potential to treat?
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Evaluating Other Candidates for Premise 1

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Is there a Fundamental Difference in Hopefulness?

There seems to be reason to think so:

- Enormous number of stories of people who have attempted suicide and survived and are doing well now
 - *"That was a thing that happened and I'm better now because of it"* (Joey Olszewski from Live Through This in "Suicide attempt survivors share their stories to heal," 2016)
- Uncertainty within psychiatric knowledge
 - It is "essentially impossible to describe any psychiatric illness as incurable" (Kelly & McLoughlin, 2002)

There are also many people who do not feel that this hope is enough:

- "Faint hope is not a reasonable justification for denying assisted death, whether a person suffers from cancer or refractory mental illness." (Picard, 2017)
- Who should decide how much hope is enough? (Gupta et al., 2017)
 - "But when you know that you're in such a dire situation and the science hasn't been done it should be your call when you've had enough." (Graham Clayton, father of Adam Maier-Clayton)



*Evaluating
Premise 2*

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*Does a
Fundamental
Difference Justify
Emphasizing the
Distinction?*

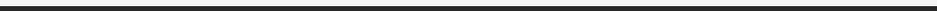
Returning to the argument we began with:

Premise 1: Suicide and aid in dying are fundamentally different.

Premise 2: If suicide and aid in dying are fundamentally different, they should not be called by the same name – within the media, law, reporting, etc.

Conclusion: Suicide and aid in dying should not be called by the same name.

What might justify moving from a difference (in capacity, motivation, hopefulness, etc) to emphasizing the distinction in these arenas (media, law, reporting, etc)?



Evaluating Premise 2

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*Does a
Fundamental
Difference Justify
Emphasizing the
Distinction?*



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An increase in beneficence?

- Evidence that legalization of aid in dying has led to more suicides (including medically assisted ones) (Jones and Paton, 2015)
 - Social contagion (Kheriaty, 2015)?
 - Does this mean more deaths? Or just more good deaths?
- Evidence that nearly half of those who are granted their request for euthanasia for psychological suffering do not fulfill the request (De Hert et al., 2015)
 - Does this mean less deaths? Less pain? More hopefulness?
- What units should we use to measure beneficence?

Evaluating Premise 2

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*What would
emphasizing
similarities lead
to?*

More respect for autonomy / the right to die?

- Yes (assuming capacity).
 - "If someone is suffering for years and years like myself, what are you protecting them from? You're not protecting them. You're confining them to pain." (Adam Maier Clayton, cited in (Picard, 2017))
- If they do not have capacity, should this right / these autonomous desires be respected?
- Are all reasons good reasons?
- Does this emphasize the psychological to the neglect to the social?
 - Parallel with aid in dying discussions: excessive focus on rights, to the neglect of structural concerns (access, justice, vulnerabilities, discrimination, etc)

A reduction in stigma?

- Reason to think the shift is increasing stigma towards suicide
 - Painting these experiences of suffering with the same brush might prevent the harmful portrayals of suicide we began with:
 - "suicide" refers to a desperate act by a despondent, mentally unbalanced person"
- Both seem to be unarguably an escape from a life deemed unlivable
 - "It could be argued that to deny a person PAS on the grounds that the illness is psychiatric rather than physical would be discriminatory" (Kelly & McLoughlin, 2002)

Evaluating Premise 2

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*What would
emphasizing
similarities lead
to?*

Creating a space to talk/ intervene/ understand?

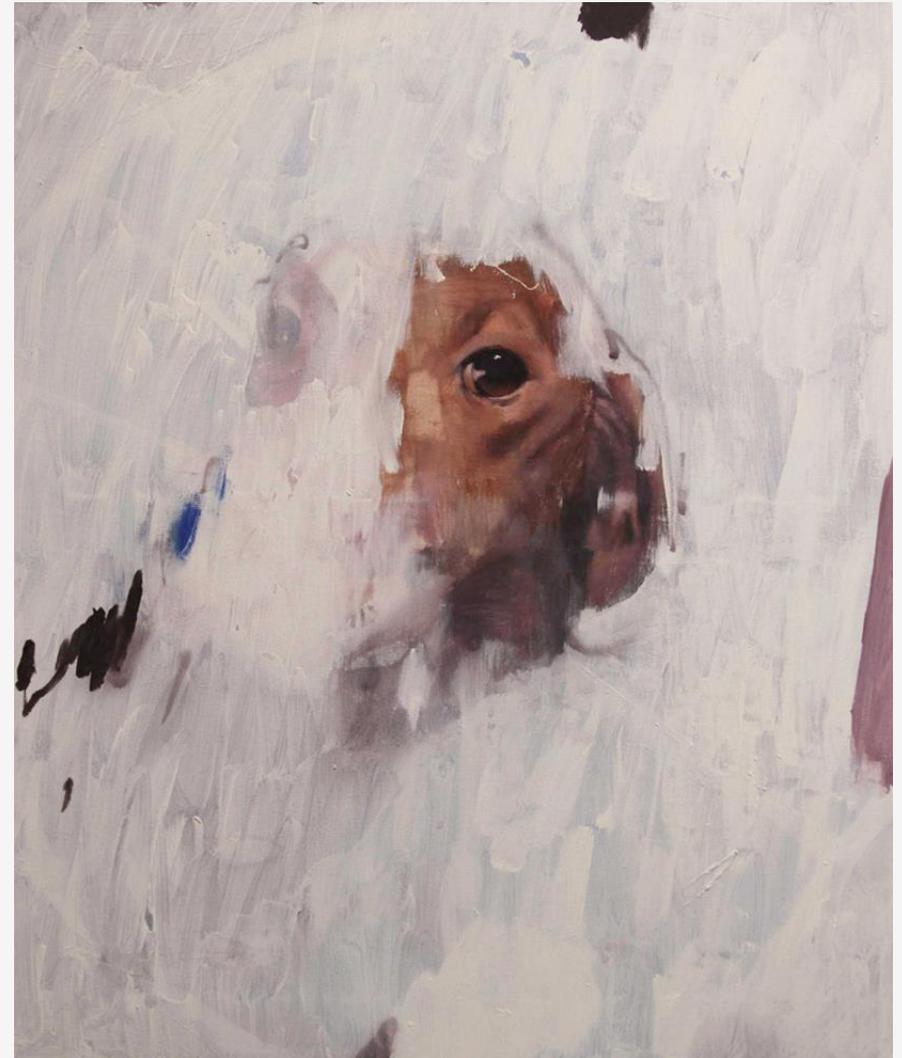
- In men who had recently found out they were HIV positive, it was found that suicidal ideation and attempt as symbolic 'rock bottom' motivates help seeking behaviour and coping (Siegel & Meyer, 1999)
 - Could allowing more space to talk about the desire to die help people to choose otherwise?
Or to be certain and to have a better death if they choose to die

"The betrayal I felt after the attempt, facing stigma and a lack of education from my family, could have been prevented. We could have made safety contracts, shared information, and worked together. I should have sought help and psychoeducation. Instead my parents covered their ears and I didn't speak, until it became a trauma for all of us" (suicide attempt survivor, "Reasons to Go On Living," 2017)

Movements pushing towards openness about this:

- Alternatives to Suicide <http://www.westernmassrlc.org/alternatives-to-suicide/>
- Live Through This <http://livethroughthis.org/the-project/>
- Reasons to Go On Living <http://www.thereasons.ca/>
- What Happens Now? <https://attemptsurvivors.com/>

Thank you !



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