

LETTER TO EDITOR

Suicide: Managing self-directed violence?

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Abstract

The Centers for Disease Control and Prevention have put forth recommendations to document events in terms of well-defined categories of self-directed violence even though the evolution of terminology for decriminalization and de-stigmatization from “self-murder” to “suicide” to “self-directed violence” may be just avoiding calling a spade a spade. Suicide causes mortality (and morbidity if suicide attempt) in an individual leading to (a) physical suffering to others by injuring them during-and-after the act, (b) psychological toll on the next-of-kin, and (c) isolation of society due to its suicide-statistics and economic losses with overall loss of spirit to pursue happiness potentially resulting more mortality if morbidity becomes too severe for the affected. What is the story (myth) instigating an individual to commit (or think of committing) the act of self-directed violence? And what is the story (myth) in the society that is allowing the act in some instances while prohibiting and sometimes even punishing the act in other instances? We believe that Switzerland can provide an apt example to understand suicide. Swiss ideology may inspire societies around the world to recognize their stories (myths) when they scientifically decipher prevalence of self-directed violence “suicide” even in nonhuman animals. Consequently, astounding statistics of physician suicide call for action from physicians’ community to understand peers when none can remain untouched by harsh reality of unique stress which physicians’ workspace entails. One of the possible remedies may be thoughtlessness (a form of meditation) which may require strenuous practicing; however, the first step towards achieving it may possibly involve mindfulness (another form of meditation) inspiring peers to learn the need to refocus onto whatever good there is over whatever better there could have been. Essentially, the conception of birth and the birth itself is always planned to be joyful; and the embrace of death itself and the life after death is always purported to be peaceful.

Letter

The question is NOT that why we are talking about suicide today (1) BUT why we haven’t talked about it earlier. The Centers for Disease Control and Prevention (CDC) have put forth recommendations to document events in terms of well-defined categories of self-directed violence (2) even though the evolution of terminology for decriminalization

and de-stigmatization from “self-murder” to “suicide” (3) to “self-directed violence” may be just avoiding calling a spade a spade.

To understand “Suicide Prevention” (4), we should review “Flu Prevention” (5). Flu can cause morbidity and mortality in an individual as well as to the society

– physically by being contagious, psychologically by taking the toll, socially by isolation, economically with inherent costs and spiritually overall. Analogously, suicide causes mortality (and morbidity if suicide attempt) in an individual leading to (a) physical suffering to others by injuring them during-and-after the act, (b) psychological toll on the next-of-kin, and (c) isolation of society due to its suicide-statistics and economic losses with overall loss of spirit to pursue happiness potentially resulting more mortality (6) if morbidity becomes too severe for the affected. However, shouldn't ambiguity in contexts of "self-directed violence" be also considered even though certain categories have been specifically excluded from the definition by CDC? How easy was it for live audience to watch, root and cheer for Luke Aikins calculatedly free-falling from 25000-feet altitude without a parachute into 100-by-100-feet net (7) in the hope that it can push the limits of human body and spirit? When heroism expects, warrants and leads to self-sacrifice (8), is it considered suicide too that needs preventing? When medical futility allows assisted suicide as humane intervention for terminal disease, who decides what can be considered as terminal from whose perspective (9)?

We believe that everything boils down to core question called whydunit (10) wherein societies' whydunits supersede individuals' whydunits. Per Yuval Noah Harari (11), to improve survival and ensure supremacy, our species constantly creates myths as stories told over generations to paradoxically bind-and-bound our "cooperative" societies. Hence, what is the story (myth) instigating an individual to commit (or think of committing) the act of self-directed violence? And what is the story (myth) in the society that is allowing the act in some instances (12) while prohibiting and sometimes even punishing (13) the act in other instances?

We believe that Switzerland (14) can provide an apt example to understand suicide (15). Swiss ideology may inspire societies around the world to recognize their stories (myths) when they scientifically decipher prevalence of self-directed violence "suicide" even in nonhuman animals (16). Thereafter, can the following questions constitute a simplistic stepwise approach to manage self-directed violence?

- Has the society created enough openness in social conversation that a person can find someone to talk to about one's propensity to self-directed violence?
- Does the person need emergent psychiatric evaluation, interventions and medications which can help oneself to override one's acute desires prompting one to end one's own life?
- Once the acute phase is over, will the person continuously need interventions and medications to prevent and contain the recurring desires for self-directed violence?
- Has the person involved next-of-kin in this dialogue preemptively or even after-the-fact?
- Is the person planning to involve next-of-kin in this dialogue preemptively or even after-the-fact?
- Does the person even have someone whom one can call or consider as next-of-kin (17)?
- Does the person even have someplace which one can call home to go back to?
- If next-of-kin themselves are presumed as the cause for person's acute or recurring desires for self-directed violence (18), will legal separation processes or even restraining orders against next-of-kin help?
- If place called home or work is presumed as the cause for person's acute or recurring desires for self-directed violence, will supporting the change of place called home or work help?
- If the person is still adamant regarding the choice for self-directed violence, will sleeping over the ideation at a monitored place like urgent care or emergency department in a hospital help?
- If the person is still persistent and confident regarding the choice for self-directed violence, will (and can) team respect (and even honor) one's choice (19)?
- What is the ethical dilemma for the society (20) when deciding that who can perceive (and decide) which suffering is terminal?
- In contrast to the persons sometimes desiring to live despite the diagnosis of "medical futility" made by society warranting one to honor humane advance directives and living wills, why is the society desiring someone to live whose personal diagnosis (and choice) regarding futility of medicine (and interventions) is warranting one to choose self-directed violence to possibly contain (and end) personal suffering?

- Will the person being made aware of the physical-psychological-social-economic-spiritual costs of one's mortality (if suicide) and morbidity (if suicide attempt or ideation) help?
- Will the person being made conscious about potential non-cessation of personal suffering during the unknown-paranormal afterlife due to un-quantified survival of consciousness (21) help?
- Does the society need to accept that, irrespective of whether it is self-directed violence or NOT, death often does NOT give society the time to get ready for the passing away of someone?

Currently, astounding statistics of physician suicide (22) call for action from physicians' community to understand peers when none can remain untouched by harsh reality of unique stress which physicians' workspace entails (23). One of the possible remedies (24) may be thoughtlessness (25) (a form of meditation) which may require strenuous practicing; however, the first step towards achieving it may possibly involve mindfulness (26) (another form of meditation) inspiring peers to learn (27) the need to refocus onto whatever good there is over whatever better there could have been.

Summarily, the society as an entity invested in its constituents' dignity (28) must intervene considering that while self-directed violence may NOT end individuals' "pains", it can potentially take them for trip down the uncharted waters wherein their "mindless" states may end up being stuck in damaged bodies (29) or their "afterlives" may turn out to be as "painful" or even more (30). Essentially, the conception of birth and the birth itself is always planned to be joyful; and the embrace of death itself and the life after death is always purported to be peaceful.

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