Abstract

Suicide is lethal violence. The World Health Organization's recent report, World Report on Violence and Health*, noted that suicide constitutes a serious public and mental health problem worldwide. The question posed in this article is, "Do people have a right to suicide and/or attempted suicide?" After a brief discussion of the word "suicide," an international perspective is offered as a way to answer the question and to offer views from a variety of countries. The history of suicide and contemporary perspectives on suicide are explicated. It is concluded that there is no universal answer to the question, but some commonalities exist that have an impact on issues of rights, such as treating suicide as a taboo, a crime, or a sin. A global response to suicide is needed so that suicide is not seen primarily as a crime, but as a multidimensional mental-health problem that can be reduced.*

Le suicide est une violence mortelle. Le récent rapport de l'Organisation Mondiale de la Santé (OMS) intitulé World Report on Violence and Health (Rapport mondial sur la violence et la santé) a indiqué que le suicide constitue un problème grave dans les domaines de la santé publique et de la santé mentale dans le monde entier. La question posée dans cet article est la suivante : « A t'on le droit de se suicider et/ou de tenter de se suicider ? » Après une brève discussion du terme « suicide », une perspective internationale est présentée comme façon de répondre à la question et de montrer des opinions exprimées dans divers pays. L'histoire du suicide ainsi que des points de vue contemporains sur le suicide sont expliqués. Pour conclure, l'auteur de cet article indique qu'il n'existe pas de réponse universellement acceptée à cette question, mais seulement certains points communs qui ont un impact sur des questions affectant les droits, comme le fait de traiter le suicide comme un tabou, un crime ou un péché. Il est nécessaire de formuler une réponse au suicide à l'échelle mondiale de façon à ce que celui-ci ne soit pas considéré principalement comme un crime, mais plutôt comme un problème de santé mentale multidimensionnel dont l'incidence peut être réduite.

El suicidio es violencia mortal. El reporte reciente de la Organización Mundial de la Salud (OMS), "Reporte mundial sobre violencia y salud", apunta que el suicidio constituye un serio problema de salud mental y pública en todo el mundo. La pregunta que plantea este artículo es: ¿Acaso las personas tienen el derecho al suicidio y/o intentar el suicidio? Después de una breve discusión acerca de la palabra "suicidio", se ofrece una perspectiva internacional como una forma de responder a la pregunta, ofreciendo las diferentes perspectivas de una variedad de países. Se explican la historia del suicidio y las perspectivas contemporáneas acerca de este. El artículo concluye que no existe una respuesta universal a la pregunta, pero existen tendencias comunes que tienen impacto en los derechos, tales como considerar el suicidio como un tabú, un crimen o un pecado. Se necesita una respuesta global al suicidio para que este no sea considerado como un crimen, sino como un problema multidimensional de salud mental que puede ser reducido.

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SUICIDE AND HUMAN RIGHTS: A Suicidologist's Perspective

Antoon A. Leenaars

Suicide is violence—lethal violence, constituting serious public- and mental-health problems worldwide. The World Health Organization (WHO) estimated that in the year 2000, more than 800,000 people worldwide had died by suicide. In many countries, suicide ranks among the top 10 causes of death. Lithuania, at times, has had the world's highest rate of suicide, a distinction often shared by Hungary. Suicide rates, however, are not static within nations. Indeed, a century ago, Russia had one of the lowest suicide rates (3 per 100,000) in the world. Within the last decades of the Soviet Union (USSR), its rates of suicide had increased significantly, from 17.1 per 100,000 in 1965 to 29.6 in 1984. This public health problem was persistently glossed over during that time (but such responses are not unusual across the world). For example, the State Statistics Department of the USSR had not reported the statistical data on this issue before the mid-1980s. Thus, determining the accuracy of numbers and rates is difficult. We do know that in 1996, the suicide rate in Russia reached 53 per 100,000.[1]

There are further problems with the accuracy of and accessibility to suicide rates. Data from some countries, such as India, are not easily accessible and not widely known. Data from India reported here are from Lester, Agarwal, and Natarajam.[2] South Africa reports only crude

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numbers, but not for Blacks. In the past, South Africa sometimes counted Asians and Coloreds in addition to Whites, but why they did so is unclear, making the South African rates, even those reported by WHO, probably unreliable and invalid. According to Lourens Schlebusch, a South African expert, "Some of the studies show that in 1990 the overall suicide rate was 17.2 per 100,000, which is slightly higher than WHO's reported world average of 16 per 100,000."[3] Efforts have more recently begun in South Africa to develop more accurate mortality statistics.[4] China also lacks data on suicide; rates reported by WHO are based on only 10% of the population. Phillips and Liu estimated a rate of 28.7 per 100,000 between 1990 and 1994, which is the best estimate available.[5]

Data collection in other nations, Lithuania and Russia, for example, has only recently begun. And data from countries such as Cuba are sporadic at best. In addition to the nearly 1 million people who commit suicide each year, there are between 4 million and 8 million incidents of behavior, such as attempted suicides and deliberate self-harm. The ratio of suicides to attempted suicides varies from country to country, as do the characteristics of the groups at highest risk. The sheer numbers make suicide and suicidal behavior public health and mental-health problems of prime importance. The question that is appropriate here is, "Do people have a right to suicide and/or attempted suicide?" There are many ways and disciplines that could equally provide an answer to that question, such as those involved in law, criminal justice, philosophy, and so on. This article will use a suicidologist's perspective to answer that question, beginning with an examination of how those who study suicide define the word.

WHO reports that worldwide, more people die by suicide than by any other form of violent death, including homicide and terrorist attack.[6] This fact is often surprising to many. Moreover, the impact of suicide is widespread, immediately affecting between 8 and 10 people besides the suicidee. Thus, the number of people who feel the impact of a death by suicide is large, even by WHO standards.

Definition of Suicide

Suicide is the human act of self-inflicted, self-intentioned death.[7] Suicide is not a disease (though many think otherwise); it is not a biological anomaly (though biological factors may contribute to some suicides); it is not immoral (though it is often treated as such); and most countries do not consider it a crime (though for centuries many did).

It is unlikely that any one view or theory will ever define or explain such complex acts as those of human self-destruction. Our own definition is fraught with complexities and difficulties.

The history of the word provides only limited assistance. According to the *Oxford English Dictionary,* Walter Charleton first used the word in 1651 when he said: "To vindicate one's self from . . . inevitable Calamity, by Sui-cide is not . . . a Crime."[8] The exact date of its first use is, however, questionable. Some claim that Sir Thomas Browne used the word first in his book, *Religio Medici*, first published in 1642.[9] Edward Philips, in the 1662 edition of *A New World of Words* has taken credit for coining the term.[10] Before "suicide" became part of the vernacular, such terms as self-destruction, self-killing, self-murder, and self-slaughter were used to describe "the act." In *Anatomy of Melancholy*, Burton describes suicide as "to make way with themselves" and "they offer violence to themselves."[11] The classical (and current) German term—*selbstmord*, or self-murder—reflects those descriptors. Other countries around the world have their own words and definitions.

Today, the definition of suicide may depend on the context in which it is used—medical, legal, or administrative, for example. Most countries that report to WHO use one of four possible terms to describe the cause of death: natural, accidental, suicidal, and homicidal. This fourfold classification has its problems, mainly because it treats human beings as biological machines, rather than as motivated, biopsychosocial organisms. In other words, those terms obscure an individual's intentions in relation to his or her own cessation and, further, completely neglect contemporary concepts of psychodynamic psychology regarding

intention and unconscious motivation.

Although there is no universally accepted definition of suicide, Chad Varah has collected a variety of definitions from those who tried:

> Suicide is the intentional tendency to take one's own life.
>
> Erwin Ringel (Austria)

> Suicide is the intentional act of taking one's life either as a result of mental illness (these illnesses frequently though not always causing distress to the individual carrying out the act) or as a result of various motivations which are not necessarily part of any designated mental illness but which outweigh the instinct to continue to live.
>
> Charles Bagg (England)

> The decision to commit suicide is more often prompted by an inner desire to stop living than by a wish to die. Suicide is a determined alternative to facing a problem that seems to be too big to handle alone.
>
> Walter Hurst (New Zealand)

> I vengeful, killer, hate—inspired—so I die
> I guilty, sinner, trapped—escaping life
> I hoping rebirth, forgiveness divine—live again.
>
> Sarah Dastoor (India)[12]

In *Definition of Suicide*, Shneidman has taken a necessary step to more effectively understanding suicide, arguing that we desperately need to clarify the definitions of suicide so that they can be applied to needful persons.[13] He goes on to say, "Currently in the Western world, suicide is a conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual who defines an issue for which the suicide is perceived as the best solution."[14] This definition, though not the final word on the matter, illustrates that being mentally healthy is the antonym of being suicidal.

An International Perspective

Realizing the challenges of answering the question, "Do people have a right to suicide and/or attempted suicide?" I turned to the work of the International Working Group on Ethical and Legal Issues in Suicidology.[15] Members of the Working Group are from around the world

and can thus provide a wide perspective on the subject. Although not all-encompassing, their knowledge hopefully casts a wide net over the question posed. No one person, nation, or culture can know *the right*, whether defined by Black Elk, Plato, Buddha, and so forth. To discuss such issues, say, from only an American view, which is the most prolific perspective on the topic, would be foolish. Thus, tapping into the diverse knowledge of the members of the Working Group will hopefully provide a more accurate way to address the question. Table 1, below, lists suicide rates in the 12 parts of the world represented by the members of the Working Group. The data come primarily from WHO.[16] They not only provide a sample of suicide rates in disparate parts of the world but may also help to explain the right to suicide.[17–20] Lithuania, for example, is strongly opposed.

WHO data start in 1901, but WHO does not report data

	1901	1950	1970	1980	1985	1990	1995
Australia	11.9	9.3	12.4	11.0	11.5	12.9	12.0
Ireland	2.9	2.6	1.8	6.3	7.8	9.5	11.3
Turtle Island	–	–	–	–	–	59.5[a]	–
Lithuania	–	–	–	–	34.1	26.1	44.0
China[b]	–	–	–	–	–	28.7[c]	–
Netherlands	5.8	5.5	8.1	10.1	11.3	9.7	10.1
USA	–	11.3	11.6	11.9	12.3	12.4	11.9
Cuba	–	–	–	–	–	–	20.3
South Africa[d]	–	–	–	–	–	17.2	–
Japan	17.7	19.6	19.2	17.7	19.4	16.4	17.2
India	–	–	9.1	6.3	7.1	8.9	–
Russia	–	–	–	34.6	31.2	26.5	41.5

Table 1. *Suicide Rates in 12 Areas.*

a. Based on one Inuit community, see L. Young et al., "Reasons for Psychiatric Referral in an Inuit Population," in: B. Postl et al. (eds.), *Proceedings of the 8th International Congress on Circumpolar Health* (Winnipeg: University of Manitoba Press, 1990), pp. 296–298.

b. WHO rates are based on only a 10% sample—and separated by rural and urban areas—so no single rate is available.

c. M. Phillips and H. Liu, Suicide in China, presented at the Befriender Conference, Kuala Lumpur, Malaysia, July 1996.

d. Rates never calculated for Blacks. Schlebusch (Personal Communications, 1990) provided an estimated rate in 1990.

for distinct cultural groups; thus, for example, there are no comprehensive data for the aboriginal people of Turtle Island (now included within North America). Yet suicide rates within some aboriginal communities on Turtle Island are known to be high.[21] Within the context of communities with historically very low rates, Abbey et al. have reported suicide rates of 59.5 to 74.3 per 100,000 among the Inuit of the Arctic, of which young men make up the highest risk group.[22] Wotton has reported rates as high as 295 per 100,000 for Inuit males between the ages of 15 and 25 in one community.[23]

History of Suicide

The modern study of suicide began at the turn of the 20th century, with two main threads of investigation: the sociological, associated primarily with Emile Durkheim (1858–1917), and the psychological, linked mainly to Sigmund Freud (1856–1939). Much earlier perspectives are of course also available. Classical Greek society viewed suicide in various ways. Pythagoras of Samos (circa 530 BCE), who introduced the theory of using numbers to understand humankind and the universe ("Number is all things and all things are number"), proposed that suicide would upset the spiritual mathematics of all things.[24] All was measurable by numbers, and choosing to exit by suicide might result in an imbalance in the universe, unlike other deaths that were in harmony with all things. Pythagoras believed that there was no right to suicide. Plato (428–348 BCE) best expressed his position in *Phaedo,* in his quotation from Socrates:

> Cebes, I believe . . . that the gods are our keepers, and we men are one of their possessions. Don't you think so?
>
> Yes, I do, said Cebes.
>
> Then take your own case. If one of your possessions were to destroy itself without intimation from you that you wanted it to die, wouldn't you be angry with it and punish it, if you had any means of doing so?
> Certainly.
>
> So if you look at it in this way I suppose it is not unreasonable to say that we must not put an end to ourselves . . .

There are, however, exceptions. The above excerpt

continues:

> . . . until God sends some compulsion like the one which we are facing now.[25]

The compulsion, of course, was the condemnation of Socrates by the Athenian court for "corrupting the minds of the young and of believing in deities of his own invention instead of the gods recognized by the state."[26] Socrates then had the right—and duty—to drink the poisonous hemlock.

Aristotle (384–222 BCE) believed that suicide was an act against the state and was, therefore, wrong—a forbidden action. Humankind was answerable for all to the state and thus liable for wrongdoing, including suicide, and should be punished for such acts. In the *Nicomachean Ethics*, Aristotle further noted that:

> . . . to die to escape from poverty or love or anything painful is not the mark of a brave man, but rather of a coward; for it is softness to fly from what is troublesome, and such a man endures death not because it is noble but to fly from evil.[27]

Views on suicide have differed outside the Western world. In China, Confucianism and Taoism valued life as more precious than that which could be measured by gold, as described in the Chinese traditional medical classic *Huang Di Nei Jing*.[28] Moreover, the *Yi Jing* (Book of Changes) states, "It is a delightful matter if a hopeless illness can be treated with no drug."[29] And Yi Zhuan (500 BCE), in *The Annotation of Yi Jing,* explained this concept as, "The hopeless drug never be prescribed."[30] Confucianism and Taoism saw no right to suicide.

In classical Rome, in the centuries before the Common Era, life was held rather cheaply, and attitudes about suicide ranged from the neutral to the positive. The Roman Stoic, Seneca (4 BCE–65) said: "Living is not as long as he can . . . He will always think of life in terms of quality not quantity . . . Dying early or late is of no relevance, dying well or ill is . . . even if it is true that while there is life there is hope, life is not to be bought at any cost."[31] Zeno (circa 490 BCE), founder of Stoicism, after dislocating his toe in a fall at age 98, hanged himself.[32] That, he believed, was

his right. The history of Rome is filled with such incidents of life being given up for seemingly trivial reasons. The Roman civilization itself was, indeed, inimical; its lifestyle truncated its civilization's very existence.

In India, the *Dharmashastras* are explicit in their condemnation of suicide.[33] A person who attempted suicide should be fined, and if a person succeeded in committing suicide, then that person's sons or friends should be responsible for the fine.[34] Despite this condemnation, allowances were made in certain circumstances, which, according to Nambi, included the following: "A person committing suicide to expiate for sins like incest; persons who are suffering from incurable diseases and unable to perform their duties; and 'Sati,' which demands that a widow should seek death by self-immolation with her husband immediately after [his] death."[35] Hermits and ascetics who were incurably ill and unable to perform their duties could embark on *Mahaprasthana* (Great Journey of Life), walking in a northeasterly direction and subsisting on water and air until they died.[36] Suicide by drowning at holy places such as Varanasi and Prayag were supposed to relieve the soul from the never-ending cycle of birth and death. In 1802, legislation was enacted to prevent people from drowning themselves before the Temple Car of Puri Jagannath.[37] Scriptures, such as those by Manu and Kautilya, opposed suicide—sentiments that were echoed for ages in India and are still held today.

The views of the aboriginal people of Turtle Island are diverse. Turtle Island, which is part of North America, is home to more than 500 federally recognized tribes, each of which has its own culture and traditions. Yet, despite the diversity, it would be safe to say that suicide is viewed by aboriginal people as taboo. The native people of Turtle Island view life as a precious gift that should be cherished and protected. There is also the philosophy that to fully enjoy the "gift of life," one must live in balance in terms of the mental, physical, social and spiritual aspects of the whole person. When a person is "out of balance" or "out of harmony," then negative events, such as suicide, can happen. Yet exceptions to the rules and laws do exist, as they do in many cultures. For example, an elderly person would

walk into a snowstorm when food was scarce to preserve it for the young, or a warrior would die in battle to win. Crazy Horse always stated as he went into battle, "Today is a good day to die."[38]

There is a subtle but important difference raised in the discussion about exceptions so far. Durkheim referred to such exceptions as "altruistic suicide."[39] There are, in fact, examples of altruistic suicide from antiquity to today among many peoples, from the Christian martyrs into the 18th century, to the practice of self-immolation not only in India, but Vietnam, Korea, and many regions of the world, to the now so-called suicide terrorist—or suicide bomber in the media—in the Middle East. There have always been exceptions throughout regions and ages.

Durkheim further explicated that some suicides are not only seen as a right but as a duty. "Society," states Durkheim, "compel[s] some of its members to kill themselves."[40] Some altruistic suicides are obligatory, some are optional, and some are acute—those committed by martyrs or heroes. In all these examples, martyrdom is a motivation, whether it is to extol a religious belief, to honor a husband, or to pay homage to some other ideal. Seeking death in the Ganges, or other sacred river in India, is an example. For some people, these exceptions give them the right to suicide—yet others see such acts as primitive and violent rationalizations. The deaths at the World Trade Center on 11 September 2001 are sadly one of the most recent examples. Are some altruistic suicides acts of violence? Durkheim also questioned the motives of such suicides:

> All these cases have for their root the same state of altruism which is equally the cause of what might be called heroic suicide. Shall they alone be placed among the ranks of suicides and only those excluded whose motive is particularly pure? But first, according to what standard will the division be made? When does a motive cease to be sufficiently praiseworthy for the act it determines to be called suicide?[41]

Durkheim's questions lead to others: Are there rights to suicide—and violence? The Old Testament does not directly forbid suicide, but in Jewish law suicide is wrong. The

Old Testament contains only six cases of suicide: Abimelech, Samson, Saul, Saul's armor-bearer, Ahithapel, and Zimni.[42] Similarly, the New Testament does not directly forbid suicide. In early Christianity, in fact, martyrdom and a tendency toward suicide were excessive, resulting in considerable concern from the church fathers. Suicide committed by these early martyrs was seen as a right to redemption and thus sin began to be increasingly associated with suicide. In the 4th century, St. Augustine (354–430) categorically rejected suicide.[43] He considered it a sin because it precluded the possibility of repentance and because it violated the Sixth Commandment, "Thou shall not kill." Suicide became a sin to avoid more than any other. St. Thomas Aquinas (1225–1274) elaborated on this, emphasizing that suicide was not only unnatural and antisocial but also a mortal sin because it usurped God's power over life and death (echoing the views of Aristotle).[44] In 693, the Council of Toledo proclaimed that individuals who attempted suicide would be excommunicated.[45] For hundreds of years, the notion of suicide as sin contributed significantly to Western civilization's view of self-destruction. Only during the Renaissance and the Reformation did a different view emerge, however, as Farberow documented, the church remained powerfully opposed to suicide (a view popular among the lower classes) into the last century, though other views were being expressed.[46]

In the 1500s, Western philosophers and writers began presenting perspectives on death and suicide that were different from the predominant Christian view. The French philosopher, Jean-Jacques Rousseau (1712–1778) focused on the natural state of human being, viewing people as innately good (and innocent) and blaming society for making them bad.[47] The disputation as to the locus of blame—whether in humanity or in society—is a theme that dominates the history of thought about suicide. David Hume (1711–1776) was one of the first major Western philosophers to discuss suicide apart from the concept of sin. In his essay, "On Suicide," he refutes the view that suicide is a crime by arguing that it is not a transgression of our duties to God, to our fellow citizens, or to ourselves, but that "prudence and courage should engage us to rid ourselves at once of exis-

tence when it becomes a burden. . . . If it be no crime in me to divert the Nile or Danube from its course, were I able to effect such purposes, where then is the crime in turning a few ounces of blood from their natural channel?"[48] Thus, Hume believed in a right to suicide.

Whereas Hume supported suicide as a right, others, including Immanuel Kant (1724–1804) wrote that human life was sacred and must be preserved, in an anti-stoic sense, at any cost. Johann Wolfgang von Goethe (1749–1832) in his novel, *The Sorrows of Young Werther*, presented an opposite view: Life does not need to be preserved. Werther killed himself to be rid of unbearable emotional pain. Werther's asserting his right to kill himself, regrettably, seemed to spark a contagion of suicides, a phenomenon that preoccupies many suicidologists to this day. Goethe, it should be noted, battled his own emotional difficulties. And even though he toiled over *Faust* to its completion, which took 60 years, he saw no right to end his life.

Regrettably, much of the history of suicide has not been recorded, foremost because the subject was taboo. Ireland is a good example:

> In Ireland, suicide has always been a part of Irish life. Suicide was common among the Celts and it was considered a point of honour to die rather than to be captured after defeat in battle. Little, however, is known about suicide and the Celts in Ireland as they were not a literate people and left no written records.
>
> In early Irish law, suicide was regarded as kin-slaying. It was seen as undermining the kin-based structure of early Irish society. In the ordinary course of events following a murder or killing, the kinsmen of the deceased were entitled to exact atonement for the loss by way of payment or failing that, putting the murderer to death. This was impossible in the case of kin slaying or fingal. Members of the kin could not avenge the death as they themselves would be guilty of kin-slaying.[49]

This is not only of historical relevance. Even for most of the 1900s, Ireland claimed low rates of suicide. Yet, well-established evidence has revealed that suicide rates in Ireland were significantly under-reported to the extent that official suicide statistics were considered unreliable. The kin-based structure helped to hide the truth. More current

data are more accurate, showing a culture's explanation for beliefs and rights to suicide in Ireland.[50] Deep cultural factors in all nations affect attitudes about rights and suicide. Where suicide is taboo, the right to suicide is not even entertained, thus hampering a response to those at risk and even to those bereft by suicide.

Recent suicidal study has offered different perspectives. In the 1900s, existentialism shed new light on suicide, as Albert Camus showed in *The Myth of Sisyphus*:

> There is but one truly serious philosophical problem, and that is suicide. Judging whether life is or is not worth living amounts to answering the fundamental question of philosophy. All the rest and whether or not the world has three dimensions, whether the mind has nine or twelve categories—comes afterwards.[51]

For Camus, the right to suicide was connected to the existential question of our very existence. He believed that the right to suicide was more than a right; it was the very definition of our being.

In *Suicide,* Durkheim focused on society's inimical effects on the individual, whereas Freud eschewed the notions of either sin or crime, gave suicide back to man, but put the locus of action in man's unconscious.[52] Since 1900, other psychological theories about suicide have also focused on the individual.[53] Indeed, the history of suicide shows not only changing perspectives on a right to suicide, but also that the act itself is open to various constructions.

Contemporary Perspectives on Suicide

Today there are many perceptions on suicide and attempted suicide. Some perspectives have come from the members of the Working Group, who were asked what the legal views of suicide are in their countries and cultures. In the United States, completed suicide is not illegal; however, six U.S. states currently prosecute those who attempt suicide.[54] Srinivasaraghavan believes that views on a right to suicide in the United States are based on ideologies that are often tied to religious beliefs: "Liberal-minded people understand reasons for suicide and accept it under certain circumstances compared to individuals who are conservative."[55]

This is probably true around the world. Views on the right to suicide are multidetermined; religion (ideology, beliefs, creed, philosophy, theories) is only one, but it is a powerful source of influence on issues of suicide.[56]

Except in the early 18th century, when Chikamatsu Monzaemon's dramas triggered a cluster of suicide pacts between lovers, Japan has never prohibited suicide and attempted suicide.[57] Although the peoples of Turtle Island have various views about suicide, they generally believe that suicide is an imbalance to life and therefore unacceptable. In 1809, the Netherlands adopted the principle that all punishment for crime ends with death, a principle that was applied to suicide and attempted suicide.

Australia does not deem suicide and attempted suicide illegal, but, according to Goldney, "Views vary from one extreme to the other, with some people regarding suicide as the ultimate right of the individual and others considering it to be totally forbidden, particularly from the religious point of view."[58] South African law does not consider suicide a criminal act, though it does consider it an act against public policy. Schlebusch reports that, "In general, it is believed that factors beyond the individual's control cause suicidal behaviour, that is, it is seen to arise out of a treatable mental disorder. The patient's decision to commit suicide is not seen as rational or autonomous, and society is seen to have a moral obligation to intervene and save the patient, and is permitted and even mandated to prevent suicide."[59]

Neither Cuba nor Lithuania have laws prohibiting suicide. Gailiene reports that, "Lithuania was occupied by the Soviet Union for 50 years. In the former Soviet Union, 'suicide' was omitted from legal discussion because it was dictated that such a problem could not possibly exist in a socialistic society; yet, by the mid-1980s the problem was beginning to be acknowledged and addressed from a medical-legal viewpoint."[60] Regrettably, information from Cuba is lacking, because, as a socialist society, suicide was dictated not to exist. As a result, the question of suicide as a right never entered into the discussion. Under Cuban law, however, assisting in a suicide is illegal, as stated in an article in Cuba's Penal Code: "The one who brings help or induces

another to suicide, incurs a sanction of prevention of liberty for 2 to five years."[61]

Under the Indian Penal Code (IPC), attempted suicide is a crime, though the neighboring country of Sri Lanka has removed attempted suicide as a punishable offence. According to Section 309 of the IPC, "Whoever attempts to commit suicide and does any act towards the commission of such an offence shall be punished with simple imprisonment for a term which may extend to one year, or with fine, or with both." The IPC also regards assisting and abetting suicide as a punishable offence.[62]

Ireland decriminalized suicide in 1993, making it the last western European country to do so. According to its Criminal Law (Suicide) Act, "Suicide shall cease to be a crime." The Act also addresses issues related to assisted suicide: "A person who aids, abets, counsels or procures the suicide of another, or an attempt by another to commit suicide, shall be guilty of an offence and shall be liable on conviction on indictment to imprisonment for a term not exceeding fourteen years." It goes on to specify that "If, on the trial of an indictment for murder, murder to which Section 3 of the Criminal Justice Act, 1990, applies or manslaughter, it is proved that the person charged aided, abetted, counseled or procured the suicide of the person alleged to have been killed, he may be found guilty of an offence under this section."[63] Ireland is also an example of a country whose views on a right to suicide are in flux. No doubt future laws concerning rights governing suicide and attempted suicide will change in Ireland and throughout the world.

Conclusion

Not surprisingly, there is no definitive answer to "Do people have a right to suicide and/or attempted suicide?" not even from suicidologists around the world (at least not the 12 who make up the Working Group). The issue, in fact, would be even more complicated if comprehensive discussions on the related concepts of euthanasia, assisted suicide, and so on were discussed, but these are beyond the scope of this article.[64] Yet, a few common—if not universal—conclu-

sions can be drawn. First, the subject of suicide is still taboo, regrettably so because to combat any type of violence, the silence must cease. WHO's recent report clearly calls for active prevention.[65] A taboo in a country exists whether there are laws against suicide or not. The silence is, according to the WHO report, deadly. Even when the existence of suicide is totally denied by the state, suicide was and is a major contributor to rates of violence. The issues surrounding suicide and whether it should be recognized as a right clearly need to be addressed.

Over the years, attitudes have changed: In many parts of the world suicide and attempted suicide are no longer criminal acts. This has played and will continue to play a part in the response to suicide. Moreover, it was only in 1823 that the often-cited case of Abel Griffiths occurred. Griffiths, an Englishman, was a 22-year-old law student who killed himself. English law at that time called for desecrating corpses of suicide victims. Although such things still occur in some parts of the world, Griffiths holds the distinction of being the last body to be so treated in England. That historically changed at least some of the taboos about suicide, but much more needs to be done in England and elsewhere.[66]

Suicide was often seen as a sin or an evil; this continues to be true in many regions of the world, such as in India. Secrecy continues, such as in Cuba. Yet, it would almost be a worldwide truism to say that suicide is seen today as a health issue. It is widely accepted that suicide is a multidimensional (mental) health problem (though it is more of a social one). Suicide and health are, in fact, antonyms. This obviously results in further issues of rights, which is one of the very reasons that WHO highly recommended a response to suicide risk.[67] That is why suicide is one of WHO's top three health targets for this decade. Response is needed; highly suicidal people have rights that relate to intervention. The United Nations (UN) Group on the Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care has, for example, offered some principles for the rights of mentally ill people. Its first principle states that "All persons with mental illness, or who are being treated as such persons, shall be treat-

ed with humanity and respect for the inherent dignity of the human person." More than 90% of people throughout the world who kill themselves are mentally ill. Standards of care for mental illnesses include treating people with humanity and respect. The UN report describes such standards of care: "Every patient shall have the right to receive such health and social care as appropriate to his or her health needs . . ." and "Every patient shall be protected from harm including unjustified medication, abuse by other patients, staff or others or other acts causing mental distress or physical discomfort." Suicidal people have a right to sound health and social care.[68]

As a clinician, I continue to hold to the Hippocratic Oath. I believe that we must intervene with truly suicidal people—they are highly perturbed, mentally constricted, and often suffer from mental disorders.

It is important to understand that the focus of my day-to-day life is treating mental health patients.[69] I respond to perturbed and to moderately and highly suicidal people. I intervene with individuals who are making a life or death decision. I believe that a suicidal act, deed, occurrence, event, threat, or attempt should be treated, at the very least, as a serious mental-health problem. Thus, in responding to a suicidal person, wherever in the world that person resides, there is almost never any place for abetting, espousing, counseling, and inducing a right to suicide. This is a common, if not universal, clinicians' creed. There may well be different perspectives on the question posed historically and today; yet, in keeping with the recent WHO report, there is no right to suicide in my therapeutic practice—nor should there be such a right in anyone's practice.[70]

The international community, however, calls for a response beyond those of individual clinicians. It calls for the development of national policies.[71,72] The position of both the UN and WHO is that suicide prevention is not the exclusive responsibility of a clinician or any one sector of health services or, for that matter, of any one group in society. A comprehensive response calls for government action. Specifically, it calls for national strategies. Many nations, such as the United States, have such programs.

Other countries, even some represented in the Working Group, have none. The UN's 1996 guidelines offer hope for reducing one type of violence: suicide. Complex problems call for comprehensive strategies that are based on evidence and subject to evaluation. The goal of the national strategies is simple: to reduce the risk of suicide.[73] The specific objectives may be more complicated since what is required is a multifaceted approach that addresses the cultural context (religion, ideology, laws) through culturally sensitive approaches. There can be no one international strategy, but in each nation, taboos need to be addressed, scientific understanding has to be considered, and most important, the right to treatment must be ensured. Suicide can be prevented. There should be no room for needless self-destructive violence in the world.

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Lopatin (Russia), D. Lester (United States), M. Rodriguez (Cuba), L. Schlebusch (South Africa), Y. Takahashi (Japan), L. Vijayakumar (India), and the author (the Netherlands).

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