



SUICIDE AND THE LAW

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Abstract: Suicide is one of the most delicate social problems and overcomes the fields of medicine, psychology, sociology and religion. This phenomenon is a very complex issue and it happens more often than we think. The subject is justified because, nowadays, suicide has become a public health issue. The goal of this article is to debate the suicide issue on our modern society through others biases such as the legal, cultural and social. It seeks to identify news and alternative ways to cope with the suicide issue in a try to find better solutions for it. It also analyses the current solutions that the State and the Health System provide. In the end, we may conclude that the law has a powerful role in terms of preventing suicide, however, we are all responsible at some point to prevent suicide as well as helping suicidal individuals.

Keywords: Death. Health System. Law. Prevention.

Resumo: O suicídio é um dos problemas sociais mais delicados e supera os campos da medicina, da psicologia, da sociologia e da religião. Este fenômeno é uma questão muito complexa e acontece com mais frequência do que pensamos. O assunto é justificado porque, hoje em dia, o suicídio tornou-se um problema de saúde pública. O objetivo deste artigo é debater o problema do suicídio em nossa sociedade moderna por meio de outros vieses como o legal, o cultural e o social. A pesquisa procura identificar notícias e formas alternativas de lidar com o problema do suicídio na tentativa de encontrar melhores soluções para isso. Também analisa as soluções atuais que o Estado e o Sistema de Saúde fornecem. No final, podemos concluir que a lei tem uma poderosa função em termos de prevenção de suicídio, no entanto, todos nós somos responsáveis, em algum momento, para prevenir o suicídio, além de ajudar pessoas suicidas.

Palavras-chave: Morte. Sistema de saúde. Lei. Prevenção.

INTRODUCTION

According to Leenaars (2003, p. 131):

suicide is the human act of self-inflicted, self-intentioned death. 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

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often treated as such); and most countries do not consider it a crime (though for centuries many did).

The word suicide is synonymous of self-destruction, self-killing, self-murder and self-slaughter. Erwin Ringel quoted by Leenaars (2003, p.132) says that “Suicide is the intentional tendency to take one's own life.”

As points out Ogar and Ogaboh (2011, p. 97), “Suicide or suicidal behaviour is an act of responding to and try to solve problem [...]” At the same way, Walter Hurst quoted by Leenaars (2003, p.132) highlights that “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.”

As Stone (1999, p. 30) affirms that:

Thousands of books have attempted to answer the question of why people kill themselves. To summarize their findings in three words: to stop pain. Sometimes this pain is physical, as in chronic or terminal illness; more often it is emotional, caused by a myriad of problems. In any case, suicide is not a random or senseless act, but an effective, if extreme, solution.

Many people believe, and among them we can find a bunch of specialists and physicians who frequently sustain that if you have suicidal behavior it means a hundred per cent that you are mentally ill. However, there are authors who believe that suicide goes far beyond from just having a sick mind because they take into consideration the variety of reasons that lead people to think about suicide as a way out of their problems, and they even argue that “[...] being mentally healthy is the antonym of being suicidal.” (LEENAARS, 2003, p.132).

Suicide is often seen as an individual act. However, as highlights Ogar and Ogaboh (2011, p. 97), “[...] to sociologists suicide is more than just an individual act, but a function of the individual and the society [...]”

For the sociologist Durkheim apud Ogar and Ogaboh (2011), particular circumstances are responsible for taking the person's life and that personal reasons aren't enough to be the mainly causes to explain suicide rates. The referred sociologist also affirms that there is a strong correlation between suicide rates and social facts.

Durkheim quoted by Ogar and Ogaboh (2011, p. 97) also “[...] observed that suicide rate is high among protestant countries than in Catholic ones; that married people are prone to



suicide than those who are single, and that married women who remained childless experience high incidence of suicide [...].”

The most common objections against suicide are based on the fact that it goes against our own nature, in other words, we have the nature and instinct to survive and preserve our lives as much as we can; the other argument comes from a religion belief which understands that we were made by the image of God and therefore only He can take our lives; the third argument is a social one, it says that suicide is wrong specially because it hurts the community in general (PILPEL; AMSEL, 2010).

So, it's very hard often to think clearly and discuss the topic clearly. Most people think that either you got to be crazy to kill yourself over the very fact that you're contemplating suicide and as a consequence you're crazy, and if you're not crazy then it shows that you're immoral. Therefore, by this perspective, suicide is clearly never a right choice.

But let us think a little further about the reasons that lead one to commit suicide. Let's suppose

[...] an existentialist with a serious illness who is devastated by a recent divorce and consequently suffering from "clinical major depression." He has a prescription for antidepressant medication which makes him feel well enough to go out of the house. He goes to a bar, gets drunk, comes back, and shoots himself with a loaded gun he kept in the bedroom. None of his neighbors responds to the noise and he bleeds to death. What "caused" his death: physical illness, philosophy, divorce, depression, medication, alcohol, availability of a gun, or social isolation? Or, perhaps, none of the above: From a slightly different perspective, none of these factors *caused the* suicide; rather it is the pain associated with them (along with the unwillingness to bear it) that precipitates suicide (STONE, 1999, p. 35-36).

Following the above context, Ogar and Ogaboh (2011, p.95) also argues that

It could be the problem of an unmarried girl being pregnant itching to procure abortion, a cultist who could not satisfy the human demands incumbent on him by his sinister members, seeks to take his life through suicide; a patient with a terminal disease imploring for mercy killing (euthanasia) or a case of despair resulting from loss of prestige either as a student or public servant choosing suicide in his desperation to end its attendant ignominy. Admittedly, among many other, issues of life and death are the most serious and deserving of our attention. It could also be discerned that all efforts at different segment of time from a right frame of mind are geared towards the preservation of life. Also most rewarding and most consolidating are life's support programme.

Therefore, the reasons to commit suicide are numerous and very expanded. On the following topic, we're going to be talking about suicide and the right to die.



METHODOLOGY

This article arises from a bibliography analysis through books written by reputable authors over the subject as well as all sorts of material and instruments available on the Internet. Its main objective is to debate and reflect the suicide issue on our modern society through others biases such as the legal, political and social. In addition, we bring up news and alternative ways to deal with the suicide issue.

RESULTS AND DISCUSSION

When we start wondering if we have the right to choose to die, we'll get into a great debate. On one hand are those people claiming that nobody has a right to die in any kind of circumstance; at the other hand there are those who believe that we have the right to die and this includes the death by suicide; and there's a third group that understands that we have the right to die by suicide in some exceptional conditions such as if for example a patient has a terminal disease, and as a consequence, is in a vegetative state and therefore prolonging his/her life is not going to produce any kind of benefit, so apparently in this hypothetical case death would be better than live, this is quite known as euthanasia (QUINNET, 1987). In this last case,

most of the right-to-die debate centers around the issue of whether a person who is terminally ill or very old and sick and not expected to improve with sometimes painful treatments, has the right to refuse medical care and/or request medical assistance in dying. (QUINNET, 1987, p. 9).

According to Quinnet (1987, p. 9):

At this moment in the history in America and most other countries it is still against the law to attempt suicide and if you try it, unpleasant legal consequences may follow. Although it rarely happens now, not so long ago people were put in jail for attempting suicide. But in the last few decades suicide has become less of a crime and more of a symptom that something is desperately wrong with people who try it and that, if given some help, they will give up the idea and get on with living.

So basically, almost every country in the world has some sort of legislation to regulate suicide, and many of them have some kind of involuntary treatment law that allows a judge to put the person who attempted suicide in a hospital for a few days or a couple of weeks to prevent that this person does not try to do it again.



However, it wasn't always like that. In ancient Greece, people under determined circumstances, could commit suicide in legal terms. If the person wants to commit suicide he/she could go to the senate and make a case demonstrating why he/she should be permitted to end his/her life by suicide. If the argument was good enough, the senate would allow the person to take poison (QUINNET, 1987).

In the Japanese culture committing suicide sometimes represent an honorable act so that the Japanese legislation is not absolutely against suicide. This practice/ritual has been done by the samurais and it's best known as *seppuku* or *hara-kiri*, it basically consists in cutting the abdomen with a sword and it is believed that immediately the samurai's spirit is released to the afterlife. In many cases, a partner decapitates the samurai to diminish the pain from the abdominal cut. The motivations that lead the samurais to do it are numerous; it could include personal shame due to cowardice in battle or even in some cases, shame over a dishonest act (SZCZEPANSKI, 2016, n.p.).

And other times, suicide is considered an act of heroism and braveness. In this case, what is frequently seen is a person who kills him/herself to protect or save the life of the other person. A classic example is in which the guy who jumps in the river to save a kid who is drowning, the guy then dies by the sake of the kid; or, the man who jumps in front of his girlfriend and takes the bullet of a gun with the objective of saving her life, so he dies but his girlfriend survived. In both cases, the persons don't have the desire for dying, they act influenced by some especial circumstances. So, each culture from each country interprets the suicide issue by different biases.

It is absolutely interesting to note that differently that most people believe, suicidal behavior doesn't come always from a person who suffers from mental illness, it can also come from a normal person with perfect health conditions. In these cases, what we may find as examples are those people who are having trouble in their relationships, full of bills to pay but don't have enough money to do so, having trouble in their jobs, people who suffered abuses in during the course of their lives etc. In those events people may not think clearly and as a consequence they opt for dying instead of being alive and try to find other alternative for their problems.

As points out Quinnet (1987, p. 10), "[...] Research has shown that a substantial majority of people have considered suicide at one time in their lives [...]." And, of course,



those were normal people without any kind of illness in their brains. It just so happens because they got little confused or sometimes really upset and angry with their problems and the lack of an immediate solution was mainly responsible to encourage and potencialize these kinds of thoughts.

But, for the majority of civilized countries it is not right or acceptable to kill yourself. And if one tries to do so, but eventually fails and doesn't get the hoped desire of dying for whatever circumstances, the authorities are going to take the necessary measures to stop and prevent the individual to commit suicide or trying to do it again.

Throughout the world is calculated that about two thousand people kill themselves each day (STONE, 1999). Therefore, "[...] from another perspective, you are more likely to kill yourself than be killed by someone else" (STONE, 1999, p. 9).

The World Health Organization quoted by Leenaars (2003, p.130) "reports that worldwide, more people die by suicide than by any other form of violent death, including homicide and terrorist attack [...]." By this bias, according to the World Health Organization (2017, n.p.), "Close to 800.000 people die due to suicide every year. [...] Suicide is the second leading cause of death among 15–29-year-olds [...]." In accordance with Quinnet (1987, p. 10), "[...] Research has shown that a substantial majority of people have considered suicide at one time in their lives [...]."

According to Quinnet (1987, p. 9):

[...] most other countries it is still against the law to attempt suicide and if you try it, unpleasant legal consequences may follow. Although it rarely happens now, not so long ago people were put in jail for attempting suicide. But in the last few decades suicide has become less of a crime and more of a symptom that something is desperately wrong with people who try it and that, if given some help, they will give up the idea and get on with living.

As noted by Quinnet (1987, p. 11)

[...] despite laws designed to prevent suicide, these laws are never carried out in exactly the same way from one place to another or even from one day to the next. People in the system --psychologists, psychiatrists, emergency-room people, policemen and women, etc. -- all have different opinions about people who attempt suicide. Some of them, to be honest, don't like people who try to kill themselves. Some of them would just as soon you would succeed and get it over with.

When a person committed by a suicide desire is sent to be hospitalized, the psychiatrists usually overestimate the danger of the person to commit suicide which makes



that the person stays hospitalized for more than it's needed. By this analysis, Stone (1999, p. 71-72) sustains that

[...] the consequences to the psychiatrist, and (perhaps) to the patient, are much more severe if a released patient commits suicide than if the psychiatrist mistakenly hospitalizes someone. And, if the patient kills himself while hospitalized, this can be cited as evidence of the need for the hospitalization, however regrettable the outcome.

Besides, suicide rates inside the psychiatrics hospitals are five times higher than outside. Some of the antisuicide regimens are simply terrifying to the patient – who becomes definitely a prisoner – and may be imposed because of the fear that the hospital's staff has to be accused of not taking the really care and attention for the patient if he/she eventually commits suicide inside the hospital. This is the biggest argument to maintain people hospitalized unnecessarily (STONE, 1999). So, we have to keep in mind that hospitalization, in some particular cases, is not always the best option and help for those people who are having problems in their lives. Therefore, the challenge is to find new and more effective ways - to every specific case in - a try to prevent suicide and really help the individual.

Now, let's suppose that you there is somebody out there who has 80% of chances to commit a murder. The police are not going to arrest this person until he really commits this act or at least tries to do it. Then, let's also suppose that there is somebody who has 80% of chances to commit suicide. He didn't even tried to do it but the police, social assistance, health system or whatever authority is going to stop him even before he tries to do it. So, in this hypothetic case the controversial is quite amazing. It seems like the state is more concerned about a person dying by suicide instead of murder. However, you may argue that there is a difference between these two examples where in the first what happens is the effect of a criminal law and in the second is an effect of a civil law. Well, of course it's recognizable these two sides, but it isn't enough to justify the great difference of treatment for both cases (STONE, 1999).

So, it is not always a question of antidepressant medications, sometimes it is, sometimes it isn't. It's important to remember that counseling is a powerful antidote as well as taking medications against depression and many cases it can really heal the person, but other times it may not work out. In some cases, the combination of antidepressant medications and counseling can give a person a strong relief but it also, in some cases, may not work. Thus, it



depends on each case and the search for new solutions is the goal of every scientist, psychology and doctor.

From the alternatives that are adopted nowadays, it could be really interesting to organize programs where would be possible for the individual to testify in front of a group of people who also suffer from the ideas of suicide, and relate to the others all the dramas that affect him/her because comparison is something very natural for a human being. With this kind of experience would be possible to demonstrate to the individual that he/she doesn't suffer alone in the world.

It isn't the last decision but maybe the only one that the person can glimpse up to some kind of isolation that he puts him frequently moved by sadness, desperation and pain. So, putting the person in front of a group of people would bring enormous benefits in such a way that this same person could develop another vision of his problems.

CONCLUSION

As others problems in life, suicide has not a quick solution. It's been, therefore, a quite difficult challenge for every student, professor, researcher, scholar, sociologist, theologian, biologist, psychiatric, psychologist etc. This phenomenon is a really interesting subject to study as well as a very preoccupant issue.

We can prevent suicide through alternative ways such as counseling, medications, public politics, and even under the law. We have to try to create laws with different biases because the state doesn't have an absolute right to imprison the person in a hospital as an outlaw, it will just add more suffering and pain for a person who already can't bear his/her own suffering and pain, so it's not reasonable. We all at some point are responsible to suicide in our society, so we have to help to prevent it instead of condemn the victims of suicide.

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