DIGNITAS

To live with dignity

To die with dignity

Cracking the taboo on suicide is the best means to prevent suicide attempts and deaths by suicide

---

TEDxZürich Salon "Talking Taboos"

8 July 2021 Zürich, Switzerland

Beginning and ending are part of life

We come into this world, dependent on care by others and, under healthy circumstances, we develop into individuals able to reflect, choose, decide, act, and communicate.

We also shall leave this world one day. Dying and death are part of life, just as much as birth and joy.

Like all living things, we humans are by nature “programmed to live”.

Quality of life

According to the Swiss Federal Office of Statistics, life expectancy (from birth) in Switzerland has doubled over the past 150 years to reach 86 for women and 82 for men. This is similar to other industrialised “western world” countries.

There are many reasons for this: developments in medicine, material prosperity, education, improved hygiene, more awareness of one’s health, etc.

Alongside this, self-confidence and the wish for individual fulfilment have been developing; at least in our “western world” many people can shape their life – within the framework of the existing legal and social order – the way they want to lead it, the way they feel to be appropriate in accordance with their personal values.

Without doubt, all this is wonderful. Who does not wish to stay healthy and, at the same time live longer?

Reflecting on and talking about end-of-life choices

Until death happens, we can reflect on and prepare for it. We can talk about the ending of life. And, we can listen to, interact with, and help people who intend to choose to end their own life.

However, generally we do not like talking about end-of-life issues. Even more so we do not like to think, let alone talk, about the fact that there are people who choose to end their life before nature calls.

But this person could be you, your partner, your parents, a friend.

Often the talking does not happen because suicide is a taboo topic. The taboo causes a lot of suffering and it prevents help.

We should crack the taboo on suicide and choose to talk about it, because this is the best means to prevent suicide attempts and deaths by suicide.

The facts about suicides and suicide attempts

According to the Swiss Federal Office of Statistics, in 2018, in the small country of Switzerland there were 1,002 deaths by suicide. The World Health Organisation (WHO) states that over 700,000 people worldwide die by self-harm every year. Do not forget that these numbers are based "only" on officially recorded suicides: sometimes suicides are not recognised and therefore not registered statistically as such, for example self-inflicted accidents involving a vehicle.

In 2002, the Swiss government stated that, based on scientific research, the number of *attempted* suicides is 10 to 50 times higher than the number of officially recorded deaths by suicide.

Multiplying the death by suicide figures with the research leads to worrying high suicide *attempt* figures: up to over 50,000 (in 2018) in Switzerland and around 35 million people worldwide. Even if the number of suicide attempts is "only" ten times higher than the officially registered suicides, that is still some 10,000 people, in Switzerland alone, of whom 9,000 must bear the consequences of having failed and at least 6.3 million worldwide. It is important to remember that third parties are also affected: family and friends, emergency rescue workers, train drivers, and so on.

The taboo on suicide

Despite the high number of suicide-attempt tragedies, the issue of suicide is still taboo. Why so?

For many centuries, the belief that suicide is a sin has been dominant. The development of humanism, thinking based on science and the enlightenment, brought about the decriminalisation of suicide and suicide attempts. But, even today, religious convictions coupled with shame, social pressure and our human instinct to shy away from end-of-life issues create a taboo.

Why people think about and choose suicide

Why do people think about and choose suicide?

Every day we are confronted with the ideal of the slim, suntanned and fit-as-a-fiddle individual. This is the image shown by ads and commercials and is what our performance-orientated society demands.

We are led to believe that good looks and being healthy are the norm and

we act as if we could live forever, young and fit. That life is *limited* and that dying and death, just as much as birth and joy, are a part of life, has faded from our perception.

Because life is not always kind, one day reality may catch up with us. Misfortune, accidents, illnesses, social pressures, etc often strike when we are unprepared. We may experience a life-crisis, struggle with the consequences of an accident, fall ill, or get old and frail.

The challenge for those who think about a suicide attempt

Those who seek help due to their suffering are on a roller-coaster of emotions. They wish to maintain their independence, yet they feel helpless because they are unable to act independently. Often, their anger, grief, shame and frustration grow due to the individual's feeling of "I do not function according to the standard and expectations".

Sometimes, in the fields of medicine, nursing, psychological therapy and psychiatry as well as social care, one can see that awareness of the individuality and complexity of the individual's situation is missing or blanked out. The person is not seen as an individual subject but as an object, as a case.

What are the consequences? Some people will turn away from their doctor or therapist and look for another helping hand – and in the best case they will find it. But what if they do not?

Someone in an increasingly reduced physical and emotional condition who feels that their needs are not being met, that they are not being noticed or taken seriously, can plunge into a downward spiral of failure and dwindling hope for improvement. The condition can further deteriorate until they sit at the bottom of a deep hole and only see the sky up above – and then heaven may well be exactly where they want to go.

To crack the taboo on suicide

The starting point of successfully safeguarding and improving the quality of life is a progressive-liberal approach which includes respect for the individual and involves accepting a paradox: if risky lonely suicide attempts with their dire consequences are to be prevented, suicide as such has to be accepted at a fundamental level. The taboo surrounding the issue, the wall of fear of embarrassment, rejection and losing one's independence, has to be lifted.

Naturally, someone who wishes to end their suffering and life has personal reasons. If these reasons are taken seriously and if the individual is supported to scramble out of their deep hole, they regain farsightedness. This indicates that the person must be met at eye level. And this in turn demands opening the door to a conversation without moralising, without paternalism and without taboo. Opening that door leads to a conversational atmosphere in which the individual can discuss the reasons why they do not see sufficient quality in their life anymore and why they do not want to continue living.

We know that talking about suicide and thus cracking the taboo obviously works, and such an approach is increasingly gathering momentum. To give you just two examples: in several Swiss Cantons, there are the campaigns "Wie geht's dir?" ("How are you?") and "Reden kann retten – Sprich über Suizidgedanken" ("To talk can save life – Talk about suicidal thoughts"). In many countries, there are helplines which encourage suicidal people to talk openly.

Most importantly, the individual must be met at eye level. In a speech at the "Forum Suicide Prevention" organised by the "Initiative for Prevention of Suicide in Switzerland", Swiss Prof Dr Konrad Michel pointed out how few individuals talk about suicidal thoughts due to the feeling of shame, and how important it is to apply a collaborative approach. This means that the individual who is feeling suicidal and the person who is listening sit alongside each other and together look in the same direction towards and at the suicidality with all its pain, stress, agitation, hopelessness, self-hate, etc.

In general, everyone wants to go on living and to enjoy an acceptable quality of life. People only wish to end it all when they cannot see how to go on living in the specific situation which they personally feel to be unbearable and unacceptable.

DIGNITAS – To live with dignity – To die with dignity has developed a comprehensive open-outcome advisory concept with the aim of reducing the number of unprepared, risky, tragic suicide attempts, as follows:

1) crack the taboo surrounding suffering, dying, death and suicide;

2) be present and listen;

3) take people seriously;

4) talk openly and honestly with them, meet them at eye level;

5) do not shunt people into the “mentally-ill corner” or stigmatise them in any other way;

6) talk in a fact-orientated way, especially about suicide and the high risks of unassisted do-it-yourself suicide attempts; and

7) provide advice in a comprehensive and open-outcome manner, that is in all directions.

It is our task, together with the person who seeks help, to look for sensible, reachable solutions to their problem – even if the solution in certain circumstances *is* suicide. This, preferably, professionally accompanied and possibly doctor-supported, makes suicide an assisted, safe end-of-life choice. To make this ultimate option possible, is an important element of being honest and serious about suicide, the value of which should not be underestimated.

Conclusion

In the 21st century, we have something better to offer than leaving our fellow human beings to jump in front of a train or shoot or poison themselves.

Really caring for people means taking their wishes seriously, meeting them at eye level. People contemplating suicide deserve respect, care, compassion, taboo-free communication, and safe, legal end-of-life options.

Not belittling them as vulnerable. Not labelling them as mentally ill and potentially incompetent. Not upholding the taboo on suicide and the end of life.

What can *you* do? Remember that dying and death are part of life, just as much as birth and joy. Also remember that suicidal feelings are something that can just happen in life. Communicate and act, which means cracking the taboo by talking about and listening to suicidal feelings. Because this is the best means to reduce the number of suicide attempts and deaths by suicide.

-oOo-

DIGNITAS – To live with dignity – To die with dignity
P.O. Box 17 8127 Forch

info@dignitas.ch www.dignitas.ch