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Suicide-Prevention must be complemented by Suicide-Attempt-Prevention

On January 9th 2002, the Swiss government, in response to a request regarding information on suicide and suicide attempts from Zürich parliamentarian Andreas Gross, explained, inter alia, the following[1]:

> "Nowadays, experts . . . assume that the number of attempted suicides . . . is at least 10 times higher than the number of actually ‚successful' and thus officially registered suicides. The estimated number of unrecorded cases is alarmingly high in any case. Dr. Calvin Frederick[2], . . . at the US-American National Institute of Mental Health, estimates this number . . . in industrialised countries to be even 50 times higher than the number of successful suicides."

The government also explained what this signifies:

> "If the mentioned number of officially registered suicides is multiplied by the factor of the estimated number of unrecorded cases, the result for the year 1997 is from 20,000 to 67,000 (!) suicide attempts in Switzerland."

67.000 people are a bit less than the population of the city of Lucerne[3], and Switzerland is a small country of only around 8 million inhabitants[4].

The World Health Organisation (WHO) estimates that there are one million deaths due to suicide worldwide every year[5].

Using the factor given to by the Swiss government to estimate the number of suicide attempts worldwide, the number is between 10 and 50 million. This is the number of individuals who try to commit suicide every year. In order to understand the magnitude: 10 million is the population of Hungary[6]; South Korea has 50 million inhabitants[7].

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1 Link: http://www.parlament.ch/d/suche/seiten/geschaefte.aspx?gesch_id=20011105
2 In the 1970s, Calvin J. Frederick acted as Chief of Emergency Mental and Disaster Assistance at that Institute
3 On January 1st 2010, Lucerne had 77,491 inhabitants
4 Average population 2010 7,877,571 inhabitants
5 Link: http://www.who.int/mental_health/prevention/suicide/suicideprevent/en
6 10,005,000 inhabitants in May 2010
7 As of October 2010

Thus, suicide attempts are a massive social problem. It is high time to think about solutions.

Since around 1990[8] I have dealt with these questions. And for just as long I have also asked myself:

What motivates those people who are committed to the prevention of suicide? Is it simply a matter of reducing the number of deaths by suicide? Or should one offer compassionate, humane and timely help to those who feel that continuing their life is arduous?

I have experienced suicide prophylaxis mainly in three categories:

- Restricting access to means of suicide by deliberate decisions or by developing improved technological processes[9];
- Sometimes rather hesitant safety measures in places where many suicide attempts have taken place[10];
- Limiting public awareness of suicides in the media and pushing the issue of suicide to be kept private[11].

The taboo surrounding suicide is almost always upheld.

If you would allow me to phrase this negatively:

Those who work in suicide prophylaxis are satisfied by the mere result that a suicide attempt fails: The result is one death less in the statistics.

After preventing their suicide, one does not need to deal with the individual anymore. Indeed, he or she wished to escape from life. However, what happened to him or her as a result of the failed suicide attempt is of no importance. That is

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8 In 1975 already, in connection with the so-called „Hämmerli-affair", I first considered the question of assisted dying whilst working as a journalist. This intensified from 1990 onwards. In 1992 and 1998, the respective directors of EXIT (Deutsche Schweiz) called upon my legal advice; on May 17th 1998 I founded the association "DIGNITAS - To live with dignity - To die with dignity in Forch near Zürich and on September 26th 2005, together with six Germans, the association "DIGNITAS – To live with dignity - To die with dignity (German section) e.V." in Hannover.

9 Access to firearms and to overdose-effective sleeping pills (barbiturates) has been made significantly harder, technical development in pollution control of car exhaust fumes means they hardly contain any carbon monoxide, making it more difficult to commit suicide in an unventilated room.

10 For example, in 1998 nets were installed at the platform-outlook "Münsterplattform" (Cathedral terrace) in Berne, from which many people had hurled themselves down into the "Matte" quarter below. However, the motivation for this was not primary the prevention of suicide in the interest of suicidal individuals, but the reduction of traumatisation of the inhabitants of the "Matte" quarter (sic!). It took significantly longer for taller railings to be installed on the high bridges of Berne (Kirchenfeldbrücke, 38 metres; Kornhausbrücke 48 metres). See also the link: http://www.aramis.admin.ch/Default.aspx?page=Texte&projectid=17012&Sprache=de-CH

11 Regulations for the mass media usually generally require that suicide should be reported with caution. However, what is lacking are instructions about which statements should not be published. Again and again one can read in newspapers and hear in radio, TV and movies that someone had committed suicide with "sleeping tablets" or other drugs. However, nowadays it is in fact very difficult to commit suicide with freely available or prescribed drugs or combinations of drugs. The same applies to cutting one's wrists. If the media would spread more information about the difficulties and risks of such methods, one could expect that significantly fewer of these suicide attempts which up front are deemed to fail would take place. Yet, the consequences of these suicides give psychiatric clinics, surgical wards and medical doctors considerable business volume.

something the health industry deals with, and from which it makes good money. For them, each failed suicide attempt brings the opportunity of making significant business and income return[12].

Several times, we have offered the organisation „Ipsilon“[13] a dialogue. This is the umbrella organisation of the groups which fight to prevent suicide. Their office is located in the Swiss Medical Association FMH[14]. We have never received an answer from them. This group and its member organisations do not appear to be very interested in reducing the number of suicide attempts.

In the field of suicide prophylaxis so far, one can see two main types of people: There are those who reject suicide for ideological reasons[15] or even demonise it. Others have financial interests[16] in the health industry. The guiding principle for both of them seems to be: As few suicide attempts as possible should succeed.

This is a rather limited, paternalistic and statistical approach.

This approach also applies to the situation of worldwide research on suicide: it knows almost everything about “successful” suicides, and it knows virtually nothing about failed suicides[17].

Quoting the Swiss government once again[18]:

> “The Federal Council is not aware of official or private Swiss estimates of suicide attempts. Selective studies on these questions have been done, but no long-term representative conclusions could be drawn from these for the whole of Switzerland”

However, one thing we know for sure: the cost, which society has to bear, particularly due to failed suicide attempts, is enormous. One of the best, and these days

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[12] This is certainly the case in countries which have a well-developed welfare system with at least a state-subsidised health care system.

[13] „Ipsilon“ describes itself as „Initiative for Prophylaxis of Suicide in Switzerland“ (see the link: http://www.ipsilon.ch). The list of members can be found under the following link: http://www.ipsilon.ch/index.php?id=13 . It is known that Ipsilon suffers from a significant lack of financial resources. The latest press release published on their website is dated February 22nd 2007.

[14] FMH = Foederatio Medicorum Helveticorum = Union of Swiss Medical Doctors whose seat is in Berne.

[15] These are mainly Christian-fundamentalist groups which uphold the prohibition of suicide which was introduced mainly for economic reasons by Catholic church father Augustine of Hippo, even though the bible, neither in its old nor its new testament, in any way passes judgement on suicide or the one described killing on demand (voluntary euthanasia).

[16] Those with a financial interest in the healing and care of individuals who are failed suicides are medical doctors, emergency services, rescue services, clinics of all kinds and of course to a great extent the pharmaceutical industry.

[17] Here are just two examples: The international Handbook on suicide and suicde attempts by Keith Hawton and Kees van Heeringen, published by Wiley in 2000, contains 41 chapters. Only the titles of three chapters include the phrase „suicide attempt“. In a very recent study by the Criminological Institute of the University of Zürich entitled „Suicide attempt and suicide amongst young adults in Switzerland“ („Suizidversuche und Suizide bei jungen Erwachsenen in der Schweiz“) Silvia Staubli states on the one hand: „Suicides in Switzerland are generally well-documented, the compilation is constantly being expanded.“ Yet on the other hand she states: „In contrast, national figures on suicide attempts are still lacking, because they are generally not recorded and are only documented if medical help was required.“.

[18] Compare footnote 1

unfortunately rare, research journalists in Switzerland, PETER HOLENSTEIN, investigated the order of magnitude of these costs at the request of the Swiss Society for the European Convention on Human Rights (SGEMKO). In his study "Der Preis der Verzweiflung - Über die Kostenfolgen des Suizidgeschehens in der Schweiz"[19] („The price of despair - About the effects on the costs to be borne due to suicide in Switzerland") he suggests a yearly cost of 2,4 billion Swiss Francs. This is approximately 2,5 billion US-Dollars[20]. This corresponds to an annual per capita cost of 300 Swiss Francs per year – 311 US-Dollars. Furthermore, the cost of suicide corresponds to approximately five percent of the overall expenditure of the Swiss health care system[21].

As long as suicide prevention is an issue for people and groups which oppose suicide, nothing will change in this regard. They believe that suicides should not happen. Therefore, it is important for them that suicide attempts fail. No matter what the consequences are for the suicide individual.

Often, it is obvious from their choice of language what their attitude is towards suicide: In the German and its affiliated languages, they often use the deprecating term "self-murder" ("Selbstmord")[22].

But suicide is hardly ever associated with reprehensible motives. No "lust to kill", no "satisfying of sexual desires", no "greed" and no "depraved manners". Furthermore, suicide is not committed "treacherously or cruelly, or with means dangerous to the public, or to commit or to cover up another crime" – all these are terms taken from the murder paragraph 211 of the German Criminal Code[23].

The daily work of DIGNITAS shows us that society should focus on prevention of suicide *attempts*. Hence, DIGNITAS created the term "suicide-attempt-prevention". It cannot yet be found in dictionaries. This should and will change.

DIGNITAS follows the guiding principle: As many suicides as justified, as few lonely suicide attempts as possible.

This is a progressive-liberal approach.

From a historical-evolutionary perspective, suicide is a behaviour made possible for humans by nature. The development of our brain and its capability of con-

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19 Link to the study: http://www.dignitas.ch/images/stories/pdf/studie-ph-der-preis-der-verzweiflung.pdf

20 At an exchange rate of -.89 CHF for one US-Dollar (May 21st 2012)

21 Health expenditures in Switzerland for the 2010 have been estimated to be 62,5 milliard Francs. Compare with the link: http://www.nzz.ch/nachrichten/politik/schweiz/schweiz-gesundheitskosten-anteil-wachstum-2010_1.16241626.html

22 Those who think highly of themselves will not have used this faux-pas word for a long time. Neutral expressions include „self-termination" („Selbsttötung") and „suicide" („Suizid"); „free choice death" („Freitod") has positive connotations. It catches one's eye that it is mainly conservative Catholic circles who prefer to use the term „self-murder" („Selbstmord"), in order to stigmatise people who end their lives themselves. Tell me which term you use and I tell you what you are!

23 To be found online: http://de.wikipedia.org/wiki/Mord_(Deutschland)

sciousness[24] was a prerequisite for this. Thus suicide is one of the possible, occasionally reasonable and, in certain situations, even rational human behaviours.

We live in a modern society. It acknowledges the respect for human rights. Therefore it also acknowledges the right to self-determination of the individual. To name a few, there are article 12 of the Universal Declaration of Human Rights[25], article 17 of the International Covenant on Civil and Political Rights of the United Nations (ICCPR)[26], article 8 of the European Convention on Human Rights (ECHR)[27] and article 11 of the American Convention on Human Rights (ACHR)[28].

Respecting the notion of personal freedom and self-determination imperatively requires a general approval of suicide as a human possibility.

The German Federal government[29] and some German courts[30] still have to learn this. There, one still finds people who hold on to a Nazi concept. Following this concept, suicide would not be criminal, but at the same time it would not be lawful[31].

Fortunately, the European Court of Human Rights explicitly acknowledged in its judgment of January 20th 2011 in the case of Haas vs. Switzerland[32] that each individual has the freedom – maybe even the right – to suicide. This judgment is binding for almost all States of Europe[33].

Whoever takes a liberal approach opens the door to the most important thing of all: a conversation, without moralising, without taboo and without patronising. With DIGNITAS, someone can talk openly about their wish to end their life. Nobody needs to be afraid of being committed into psychiatric care[34]. We might ask: "Yes,

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[24] It is probably beyond dispute that animals, even those closely related to humans, do not have a conscious which allows them to realise that they are mortal. However, this is the prerequisite which enables humans to decide to end their own life through their own actions.

[25] Link: http://www.humanrights.ch/de/Instrumente/AEMR/Text/index.html

[26] Link: http://www.humanrights.ch/de/Instrumente/UNO-Abkommen/Pakt-II/index.html

[27] Link: http://www.humanrights.ch/de/Instrumente/Europarat-Abkommen/EMRK/index.html

[28] Link: http://www.humanrights.ch/de/Instrumente/Regionale/Amerika/AMRK/index.html

[29] Such as in a first draft of a law prepared by ministry officials, which aims at criminalising „commercial procurement of opportunities for suicide". Link: http://www.dignitas.ch/images/stories/pdf/digde/referentenentwurf-gesetz-strafbarkeit-foerderung-selbsttoetung-09032012.pdf

[30] References to be found in the first draft, referred to in footnote 29.

[31] Extract from the judgment of the 5th criminal division of the BGH (Federal Court of Justice of Germany) of February 7th 2001 - 5 StR 474/00: «Legal order judges suicide – apart from a few exceptions – as unlawful (BGHSt 6, 147, 153), only considers suicide and participation in it as being not punishable."

[32] Link: http://cmiskp.echr.coe.int/tkp197/view.asp?item=1&portal=hbkm&action=html&highlight=SWITZERLAND%20%7C%20haas%20%7C%2031322/07&sessionid=97958609&skin=hudoc-en

[33] These are all members of the European Council; with the exception of the last two dictatorially governed states of Europe: Belarus and the Vatican, which due to lack of a democratic system cannot become its members.

[34] Compare with the depiction of a case in the book by GIAN DOMENICO BORASIO, „On Dying" („Über das Sterben"), C.H. Beck, München, 4th ed. 2011, p. 169. There, the story of a 57 year old patient suffering from a brain tumour is described: He told his medical doctor about his wish to shorten his life and the doctor immediately had him admitted to psychiatric care. The severely ill man had to pass the last two weeks of his life in a locked ward before dying there.

and why would you like to end your life?" We ask about the cause of the wish to die, without being appalled by the existence of this wish.

This leads to a situation where this conversation is made possible and one can discuss the reason which has led the individual to not wanting to carry on living like before. Please take careful note of this phrasing!

We are convinced that an individual never actually wants to die. He or she only wishes for death because he or she does not want to carry on living like before. It is our task, together with these individuals, to ask whether there is a sensible, attainable solution to their problem.

Whoever has become suicidal due to a problem is not necessarily sick only as a result of this problem. He or she is facing a life crisis. Such crises almost always arise from social interaction with other people. Generally, such problems can only be resolved through further social interaction with other people.

A prerequisite, if DIGNITAS and similar organisations are to achieve this effect with individuals is, on the one hand and above all else, that we accept the concept of suicide in principle. On the other hand, we can also help with assistance to an accompanied suicide. This is the way to reduce the risk of failed suicide attempts to a point close to zero. It is exactly this combination which allows us to appear credible in the eyes of those who seek our help: We live by our principles.

In this way, their experience with DIGNITAS meant that many desperate individuals facing life crisis could be helped to live on. A short while ago, we published on our website an analysis of conversations with people who sought our help[35]. This analysis shows that, between July 26th and September 30th 2010, over one third of the people who contacted us were non-members.

The proportion of DIGNITAS' time spent counselling members and non-members correlates to the ratio of callers. This obviously means that non-members are treated in exactly the same way as if they were members. For DIGNITAS, this is a matter of course: These people need immediate help and attention. Within the scope of possibilities, they receive this immediately and free of charge.

It is thus astonishing that the press and other mass media still only describes us as "assisted-dying-organisation". First and foremost, we are a suicide-attempt-prevention-organisation and therefore a help-to-live-organisation.

This also applies to those of our members for whom we arrange the proceedings of the preparation for an accompanied suicide. The key point is that a medical doctor cooperating with us, after assessing the documents, agrees in principle to prescribe the lethal drug. Receiving this notification of the "provisional green light" gives the member immediate relief: From this point onwards, he or she once again has a choice.

[35] Link: http://www.dignitas.ch/images/stories/pdf/statistik-beratungsgespraeche-2607-30092010.pdf

Recently, one of the medical doctors cooperating with us gave us a list of members for all of whom he had granted or refused a "provisional green light", yet of whom he had heard nothing more. He wanted to know what had happened to them[36].

The list contained 127 members. In 111 cases a "provisional green light" had been given. Only one member made use of an accompanied suicide with us since then. 16 of the members had passed away at home or in hospital. Eight had received only a conditional green light, and eight no green light at all. Five had resigned from membership. 105 of the 127 are still our members.

It is thus necessary, for the implementation of suicide-attempt-prevention, to first accept a paradox: It is essential to approve of suicide in order to help prevent lonely suicide attempts.

Given the enormous misery of the many millions of suicide attempts in the world, suicide-attempt-prevention should be the most urgent task of all organisations which campaign for the right to die. The world is waiting for this.

Let's make it clear to all the politicians who still oppose the right to die: allowing assisted dying as we understand it, can play a major role in preventing lonely suicide attempts and thus prevent enormous suffering[37]. Through this, a major human problem can be alleviated.

This is the precise form that suicide-attempt-prevention should take.

[36] This list concerned members who joined DIGNITAS between March 24th 2001 and April 14th 2012 and who had been given notification of the decision of a medical doctor whether or not to grant a „provisional green light".

[37] It should not be forgotten that each individual has a close relationship with about six other people. Therefore, a single suicide attempt has an impact on a total of seven people who are concerned directly or indirectly. This means that worldwide, every year, close to seven million people are affected by "successful" suicides; and up to 343 million people are affected by failed suicide attempts.