

‘Suicide is preventable’ is cant

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Abstract

Objective: The statement is frequently made that ‘suicide is preventable’, with no qualifications and sending the message that all suicide is preventable. The consequences included that surviving friends and relatives feel guilt and clinical and prison staff are publicly criticised. If folks wish to make this statement, they need to detail the steps they would take to prevent particular suicides. We list three Australian men who suicided after being disgraced and faced with long prison terms. **Conclusion:** We concluded that there is no sure way of preventing the deaths of these men. If the statement that ‘suicide is preventable’ is to continue to be made, it should always be accompanied by qualifications as to which circumstances it applies.

Introduction

In a past issue (Pridmore, 2014) the first author argued it was not possible to prevent suicide. He was contacted by a number of people who believed that ‘suicide is preventable’ and wanted to voice that he had not proven his point.

This statement is made without any qualifications. The message conveyed is that all suicide is preventable.

With the frequent promotion of the belief that ‘suicide is preventable’, it is incumbent on believers to detail the mechanisms by which they would prevent particular suicides.

If this cannot be achieved, the statement should only be made in conjunction with appropriate qualification.

Examples

These Australian suicides could serve as examples.

Lance **Pearce** (34 years; 2017) was in the Silverwater remand centre (Sydney) when he choked himself to death using a plastic-wrapped chicken sandwich. Pearce was accused of the strangling murder of his girlfriend (35 years) and mother of his son, in her beach home. Pearce had been placed on ‘suicide watch’ when he was admitted to jail and police believe suicide was the cause of death (Craw, 2017).

Ray **Walker** (67 years; 2015) an accountant, stabbed himself in the heart in Newcastle when it was to be revealed that he had misappropriated \$600 000 from a single client. Evidence indicates that he had misappropriated more than \$10 million in total. Walker had been disciplined at least twice previously, including 5-year bans by regulatory authorities. Clients advised they would not have used Walker’s services if they had known about his previous dishonesty (Staff Reporter, 2017).

John **Friedrich** (41 years; 1991) was a highly successful fraudster. He was born in Germany and when charged with fraud he faked his suicide and came to Australia. With an ‘hypnotic personality’ he faked engineering qualifications and was appointed the Director of the National Safety Council of Australia (Victorian division). He fraudulently borrowed

hundreds of millions of dollars, and was awarded the OAM. He was detected and shot himself near his home in Gippsland, shortly before he was to stand trial (Bongiorno, 2016).

How would these suicides be prevented?

The case of Pearce raises a particular issue. It would seem reasonable to expect that if an individual who was in custody (whose actions are largely controlled) and who was considered at risk of suicide, could be made 'safe' (unable to complete suicide) by removing all dangerous items from their environment, and by keeping them under close surveillance.

But, this is not so. Dr Harold Shipman (57 years, 2004) for example, was a British General Practitioner who killed some hundreds of his patients (Kaplan, 2006). He was placed in jail on a life sentence. When his last available appeal failed, he made it known that he did not intend to spend his life in jail. He was visited regularly by mental health professionals and closely monitored. He hanged himself. A report by the Prisons and Probation Ombudsman for England and Wales found everyone had acted properly.

Similarly, inmates of the Guantanamo Bay institution have also succeeded in suiciding, even when supervised using the apparatus of the most technologically advanced nation in the history of the world. Suicide of these inmates damages the international reputation of the US, yet the practice continues. The ingenuity of those who want to die may be great and the opportunity for prevention may be slight. Pearce used air-tight sandwich wrapping, those with no external object may induce vomiting and inhale their vomit.

The case of Pearce does not indicate negligence, but that even in custody, with 'suicide watch' initiated, suicide may occur. The belief that suicide can be prevented in hospital has had unintended effects. It has been argued that the progressive removal from psychiatric wards of hanging points in psychiatric wards (which means walls are without pictures and doors are without conventional handles) and other 'dangerous' elements, have made these places alien, clinical and unfriendly, and has promoted suicidal thoughts (Patfield, 2000).

Would mental health 'treatment' be offered/imposed? Over the last century, the notion has been accepted by the medical profession, policy makers and the public, that suicide is almost exclusively a response to mental illness (Insel, 2013). As medical conditions are usually treatable, the notion that mental disorder was always present, gave some encouragement to the notion that suicide is preventable.

There has been some resistance to this view (Shahtahmasebi, 2013; WHO, 2014). However, suicide prevention programs continue to follow the 'medical model', the central plank being the diagnosis and treatment of supposed mental illness. However, in the cases of Pearce, Walker, and Friedrich it would be ludicrous to suggest the suicide trigger was 'treatable' mental disorder.

The apparent triggers shared some similarities. All three had performed acts which would bring disgrace and long periods in prison. [Pearce, in addition, has caused the loss of his girlfriend and mother of his son.]

Those who maintain that 'suicide is preventable' need to explain what they would do for these people to prevent their suicide. Rather than draw these points out unnecessarily, we contend that nothing can be said or done in less than a decade to repair the reputation or secure the freedom these individuals.

Suicide as a solution

French sociologist and historian, Jean Baechler (born 1937), made the statement, "Every suicide is a solution to a problem" (Baechler, 1979). In more recent years US media personality, Phil Donahue, is believed to have used similar words, "Suicide is a permanent solution to a temporary problem" to argue against suicide - his thinking being to emphasise

the transience of distress and the promise of the future. But, there was nothing transient about the predicaments of these three men.

The Scottish philosopher David Hume (1711-76), spoke the corollary: “No man ever threw away life while it was worth keeping”.

Conclusion

The belief that ‘suicide is preventable’ is frequently published. It is incumbent upon those who make this statement to detail the steps by which they would have prevented the suicide of three Australian cases.

In all three cases the individuals had performed deeply disgraceful acts and could anticipate many years in prison. Nothing could significantly improve the predicament of these individuals. Jean Baechler’s statement, “Every suicide is a solution to a problem” appertains.

Suicide is possibly preventable, in the short term, in certain circumstances. However, suicide is frequently not preventable, and the claim that ‘suicide is preventable’, should only be made in conjunction with appropriate qualifications.

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