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Review Article

Explaining Suicide from the viewpoint of Ethics

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Abstract

Introduction: Suicide occurs in people of any age and background, which negatively affects families and communities. According to the statistics provided by the World Health Organization, suicide is the cause of death of more than 700,000 people in the world, seventy-seven percent of which occur in low- and middle-income countries. Therefore, suicide has become an international problem in global health. There is a main moral issue regarding suicide, and that is whether suicide is morally permissible or not, and if so, under what circumstances? Therefore, the authors of the present study decided to examine suicide through the view point of ethics.

Materials and Methods: The research was a review method, in order to achieve the goal of the research, in addition to electronic education books and virtual education in this field, articles related to the research keywords from 2004 to 2022 from the databases of Elsevier, Proquest, Pubmed, Researchgate, Science direct, was reviewed.

Conclusion: According to ethical codes, each person has independence and autonomy. An autonomous and independent person has the possibility to make any decision, provided that his decision does not lead to harm to others or damage to the natural environment. Therefore, according to ethical codes, a person can decide for his life, he can even commit suicide.

Keywords: *Suicide, Morality, Autonomy.*

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INTRODUCTION

According to Durkheim, suicide is any type of death that is the direct or indirect result of the victim's own positive or negative action, which he personally knew should reach the same result [1]. Also, suicide is defined as an intentional act that causes a person's death [2].

According to Durkheim, there are four types of suicide based on the degree of imbalance of two social forces (social integration and moral regulations): selfish suicide, altruistic suicide, anomic suicide and fatalistic suicide [3].

In the morphology proposed by the World Health Organization (WHO), suicide is considered a subset of violence. Violence is divided into three subgroups based on the characteristics of the people who commit violent acts [4, 5]:

1. Violence towards oneself: This type of violence is divided into suicide (suicidal thoughts, suicide attempts) and self-harm.
2. Interpersonal violence: This type of violence can be divided into two subgroups: family violence and group violence.

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3. Collective violence: this type can also be divided into three subgroups: social, political and economic.

Self-violence is a concept that refers to suicidal actions or thoughts and various forms of self-harm. The concepts that we come across in this class are destructive suicidal behaviors, which are often used for suicidal behaviors that lead to death, and non-destructive suicidal behaviors or attempts to commit suicide and self-harm, which describe behaviors that do not result in death [6]. Self-inflicted violence is one of the most important causes of death in the world, and although various institutions have collected comprehensive information about self-destructive and non-destructive violence, the definition of this phenomenon is still a challenge [7].

The general view is that self-violence is a behavior in which a person intentionally injures himself or performs a behavior that can potentially be harmful to him. Of course, it should be noted that behaviors such as skydiving, gambling, smoking, dangerous sports, or other challenging activities cannot be included in the group of violent behaviors towards oneself, because such behaviors are not aimed at self-destruction or self-harm [8].

Suicide is a manifestation of violence towards oneself, which has always been raised as an important challenge in the field of health and an important psychological emergency. About 700,000 people die by suicide every year, and according to the World Health Organization, suicide is the eleventh cause of death in the world, the third cause of death in the age group of 15-24 years, and the fourth cause of death in the age group of 25-44 years. Suicide exists among all groups, but death by suicide is more in men and attempted suicide in women [9].

Considering the pathological value of the concept of suicide in society and its high prevalence among mental disorders, this study aims to investigate the issue of suicide from the viewpoint of ethics.

MATERIAL AND METHODS

The research was a review method, in order to achieve the goal of the research, in addition to electronic education books and virtual education in this field, articles related to research keywords from 2004 to 2022 from the databases of Elsevier, Proquest, Pubmed, Researchgate and Sciencedirect, was reviewed.

DISCUSSION

Suicide and autonomy

The term "autonomy" refers to self-rule or self-governance in ancient Greek cities. Then Kant applied this term to individuals and gave it moral status. In common sense, autonomy means "being one's own person or being able to act on one's own opinions or desires without interference from others." Therefore, it requires the capacity to think logically and make reasoned decisions in accordance with one's values, and the ability to think and act freely, without undue interference from others. Autonomy can be limited by external forces (loss of freedom) or internal force (agent). Respect for autonomy means recognizing and honoring a person's right to have a point of view, choose and take actions based on his or her personal values and beliefs. This idea was expressed by Kant as respect for persons. Violating a person's autonomy means treating that person as a "means" rather than as an "end in itself."

In its extreme form (in the context of suicide), autonomy is presented as an individual right to decide to end life. This is usually expressed as a function of freedom of choice (the right to liberty), provided that one's choice does not harm or infringe upon another person's rights. Battin, however, goes further and argues that the right to suicide is so closely related to human dignity that it is a "fundamental" human right, rather than

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ignoring its utilitarian concerns. Respect for an individual's point of view is also included in utilitarianism under the concept of "interests" and "preferences", although since utilitarianism considers the views of all "stakeholders", it may ultimately be in conflict with respect for individual autonomy. [10-13].

Few people would disagree that it is important to respect the autonomy of individuals. However, we must know what we respect. We respect people's rights to make decisions about their own lives. An autonomous act will be done based on reason and consideration and in accordance with personal values or moral rules. In an ideal model of autonomy, such personal values are also adopted independently. People grow and mature over many years in a variety of social institutions where they are strongly influenced by parents, peers, culture, and experience. As a result of identifications and disidentifications, they form their moral structure, which includes a range of values, some of which may be in conflict with each other. When people become adults, they will have values that they can express. Additionally, throughout life, a person will have psychological and social needs that may be deeply conflicting. The result of those conflicts is psychological conflict and ambivalence. Most people who commit suicide or attempt to commit suicide are ambivalent about their decision.

Whether a person commits suicide or not is influenced by thoughts, motivations and prominent desires at that time. Such desires and motivations emerge from his current predicament and are interpreted in the context of emotional needs and fears, social environment, and pervasive values and beliefs. In the light of this duality in values and ideas and the impossibility of autonomy in acquiring principles and values, our concept of autonomy in the sense of independence of thought and action becomes very weak. In critical situations, either mental or physical illness, it is readily apparent that autonomy is even more impaired. So, returning to the notion of "respect for autonomy," we must also be aware of and respect the ways in which individual autonomy is limited in any given situation. When a person expresses a death wish, there is ambivalence. In fact, he would rather live, if only he could find a better solution. Demoralization and limited view of options limit independence [10].

Beauchamp [14] describes the principle of autonomy as "the obligation to respect the decision-making capacities of autonomous individuals by not restricting their freedom to exercise their choices". His definition of independent decision-making capacity is similar to the current definition of the legal concept of mental capacity. Such a capacity, he writes, requires "the ability to understand, to appreciate significance, to form relevant intentions, and not to be controlled by internal or external forces against which one cannot resist." Therefore, mental capacity and the principle of autonomy can be seen as closely related. The moral permission of suicide, which is proposed in the principle of autonomy, does not apply to people who are not able to make independent decisions. It is morally impermissible to allow a person without decision-making capacity to take their own life. If the lack of capacity is temporary, the person may decide to commit suicide if the capacity is restored.

In his influential Essay on Suicide (Hume c. 1755), David Hume defended the position first advanced by classical Greek scholars that suicide is a noble act. Humes argument is based on appeal to independence and utility. Discussing a number of situations in which suicide may be considered, Hume concludes that in some cases it is in the best interests of the individual, the family, and society. An example is the case of a spy who is arrested and kills himself to prevent the disclosure of government secrets. Hume argues

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that if the spy had not killed himself, he would have been unhappy for the rest of his life.

Emile Durkheim (1858-1917) says of altruistic suicide: "The weight of society ... is forced upon the individual to drag him to his own destruction" [15]. This form of suicide is expected and rejected by society, and "sacrifice is imposed for social purposes". Jan Palach's suicide by self-immolation in former communist Czechoslovakia during the "Prague Spring" protests in 1968 can be an example of this claim [16].

Social Paradox: Acceptance of Suicide for Social Benefits

As it can be seen from the memories and history of the war, people going on land mines voluntarily and with the encouragement of others is considered an example of suicide, and this action is encouraged and encouraged as altruism. This suicide provides collective benefits but ends the life of an individual. In such a situation, it can be argued that this person's action can be based on an emotion and there is no logic behind this suicide. Because a person tries to preserve life in reasonable conditions. Acceptance of suicide for social benefits can be considered based on utilitarianism. It means seeing a human being as a commodity that only has social value and its personal value is ignored.

Before being a social being, man is a person who has accepted social rules to live with others and this acceptance cannot negate his autonomy and individuality.

When a person reaches a point in his life where he sees death as more valuable than being alive, others cannot question his decision and ignore it. Like other circumstances, this issue is within the scope of the individual's authority.

What the society can do for prevention is not to hinder the individual's decision, but to provide contexts that make the individual consider life more valuable.

Distinguishing mental illness from incapacity and irrationality

From a clinical point of view, suicidal behavior is considered more as a manifestation of distress or disorder in a person's mental state. Most guidelines for the management of individuals with suicidal ideation and suicidal behavior are written based on the view that suicide results from a mental disorder associated with a lack of capacity for informed and rational decision-making processes regarding suicide [10, 17]. It is argued that the transformative effects of an illness, such as depression, limit a patient's rights to autonomy, thus justifying a mental health practitioner or hospital to take ownership of a patient's body to prevent suicide. However, even in cases where a person has received psychiatric treatment for a mental illness and is capable of making informed decisions, a person's symptomatic recovery may still be associated with hopelessness about the future. Therefore, the question must be answered, is suicide caused by psychological pain – but not a diagnosable mental disorder – a voluntary decision made with a full understanding of the potential benefits, risks, and consequences?

Mental illness is often equated with irrationality (especially in schizophrenia), but it should be noted that this is an individual irrationality and not a general irrationality. A diagnosis of schizophrenia does not necessarily lead to total irrationality because the affected person may still be in touch with reality despite the disordered speech and behavior. Likewise, a person experiencing delusions may misinterpret or misattribute stimuli or events, but give a rational response that shows consistency between beliefs and actions. For example, in response to distressing hallucinations, suicidality can be a rational means of self-protection to escape persecution. Therefore, reasoning processes can remain intact despite abnormal perceptual disturbances or specific delusions isolated from a

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subject. The decision to commit suicide may in fact be internally consistent with the illusion of original persecution, and the decision to commit suicide may be acceptable due to coherent rationality. However, the majority agrees that the irrationality of the underlying delusional belief supersedes the rationality of subsequent beliefs and actions. While the laws facilitate involuntary hospitalization for people who are at serious risk of self-harm due to a mental illness, there is nothing about managing suicide in people without a mental illness who have the capacity to make rational decisions [18].

Logical suicide

As a human virtue, rationality is usually advocated as a positive trait, and in some cases, it may be replaced by moral considerations. For example, suggesting suicide as a means of protecting or saving the lives of others is likely to be seen as altruistic rather than irrational. Rationality also implies a logical consistency between one's behavior and one's first-order desires or goals. Therefore, death by suicide may be justified in order to achieve a higher goal of reducing suffering.

Claiming the rationality of any action (e.g. suicide) means claiming that there are good reasons for it: reasonable, appropriate, consistent with one's basic interests, and perhaps even admirable. It means that this action was taken after conscious deliberation and not based on emotions. Motto considers a rational decision to have two characteristics: being realistic and at least ambivalent. The first criterion deals with the importance of gaining full knowledge of the options and consequences, the second deals with the potential problem of the incompatibility of transitory desires with the basic values of the individual [17, 18].

Logical suicide can be considered for people who decide to end their lives without mental illness and without coercion from others and only in order to get rid of the pain and suffering caused by an illness. Today, in order to separate these cases from suicide, they have been given another name (death), so that these cases are no longer labeled as suicide.

Dual exposure of advocators of euthanasia between physical illness and mental illness

Why is euthanasia allowed for incurable physical diseases, but not for mental diseases? It is believed that a person suffering from a mental illness does not have pain, and the suffering he suffers is insignificant because there is no accurate knowledge about it and the resulting suffering. Our lack of understanding of the conditions of patients with mental disorders cannot lead to our decisions about their independence.

CONCLUSION

According to moral laws, every person has independence and autonomy. An autonomous and independent person has the possibility to make any decision, provided that his decision does not lead to harm to others or damage to the natural environment. This decision is autonomous when it is not under pressure from others or the external environment. Ethics is a universal subject. Changing the names of different types of suicide does not differentiate, and when we accept that humans have independence, adding exceptions and ifs has no result other than limiting humanity and violating the respect for individual autonomy.

ETHICAL CONSIDERATIONS

Ethical issues (such as plagiarism, conscious satisfaction,misleading, making and or forging data, publishing or sending to two places, redundancy and etc.) have been fully considered by the writers.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interests.

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