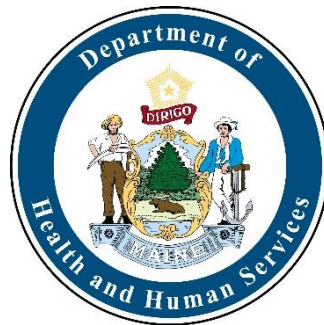


# Ethical Issues in Suicide Prevention and Management

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**Maine Suicide Prevention Program**



# Agenda

- Attitudes and Values Associated with Suicide
- Stigma
- Ethical Conundrums In Suicide Prevention
- Philosophical Attitudes to Suicide
- The Difficult Questions Inviting the Serious Conversations

# Introduction-Suicide

- For professionals, suicide is a tragedy that haunts practice. When you experience the suicide of anyone, it is a devastating loss.
- Most mental health professionals will encounter people who are suicidal; some of us will lose a client to suicide.
- Suicide is “the most preventable form of death in the US today.”  
(David Sacher, former US Surgeon General)

*“Into whatever houses I may enter, I will come for  
the benefit of the sick...”*

-Hippocratic Oath

# What is Your Reaction When Your Client Talks About Suicide?

- Personal
- Professional
  - What are your concerns?
  - How do you know when you've done enough?
- When I ask her about suicide, I'm thinking...
- How do you take care of yourself?

# Our Ease With Talking about Suicide is Shaped by:

- Personal and family history
- Regional and community values
- Religious beliefs
- Professional ethics
- Training and experience in the field
- Cultural background
- Stigma
- Other?

# Their Ease in Talking about Their Suicidality is Shaped by...

- Personal and family history
- Regional and community values
- Religious beliefs
- Cultural background
- Membership in an oppressed group
- Personality and education
- Gender
- STIGMA
- Other?

# Asking About Suicide

## Overcoming Societal Reluctance

- Talk about suicide directly and without hesitation.
- Ask using concrete and direct language.
  - Are you having thoughts of your suicide?
  - Are you thinking about dying today?
  - How often do you consider killing yourself?
- Vague or indirect questions elicit vague responses:
  - Are you thinking of hurting yourself?
  - Do you feel safe?
- When in doubt about the answer, repeat the question differently.

# Yes, but what ethical considerations guide this work?

*Don't let your worst day be your last.  
The storm is strong but it will pass.  
You think you can't go on another day,  
But please stay. Just stay.  
Hope is real; help is real.*

**Jake Runestad, 2016**





# Philosophical Attitudes on Suicide Vary

- **Moralistic Perspective;** Suicide is always wrong/unacceptable
- **Libertarian Perspective:** Emphasize the freedom of choice
- **Relativist approaches:** Contextualists and consequentialists

*Attitudes may vary even in the same person  
given differing circumstances.*

*Where do you place yourself?*

# Moralistic Perspective

**Moralistic: Suicide is always wrong/unacceptable.**

***We have a moral obligation and a duty to protect life and to prevent suicide.*** The protection of life constitutes an overriding value and takes precedence in decision-making.

- Reflects historic Puritan and other Christian values
- Manifested into historic laws against suicidal behavior
- Although suicide is now often decriminalized, many countries have some form of Good Samaritan law, which obliges citizens to intervene and save an endangered life.
  - These laws may be invoked to justify the necessity of stopping suicides by active interventions since they do not distinguish between self-inflicted deaths, accidental deaths, and homicides.

# From a Moralistic Perspective comes:

**If someone is deemed to be at "imminent risk" of self-harm:**

- The legal right and ethical responsibility to limit autonomy
- Protective custody to hold someone to be evaluated
- Involuntary hospitalization and enforced treatment
- The limits to confidentiality in order to assess or to prevent harm

***Our legal guidelines are based on moralistic principles historically.***

# Libertarian Perspective

- **Libertarian Perspective:** Emphasize the freedom of choice by individuals to determine whether or not to live or die.
  - from a Libertarian point of view there is no specific obligation to intervene and prevent a suicide.

*“Libertarianism typically asserts that the right to suicide is a right of noninterference, that others are morally barred from interfering with suicidal behavior.”*

*Jean Marion, 2011*

# Relativist Perspective

- **Relativist approaches:** Based upon either contemporary situational and cultural variables or the anticipated consequences of action or inaction. *“It Depends”*
  - People generally find the suicide of an elderly person to be more "acceptable" than the suicide of a young person
  - Suicide is generally more accepted when the person is suffering from a painful terminal illness or a progressive chronic illness than for an otherwise healthy person. (what about mental health?)
  - Common theme: That the obligation to protect life varies depending upon an analysis of the situation.

*Places both more burden and more freedom on the individual*

# From a Relativist Perspective: “It Depends”

- The issues that arise in hospice care and palliative care;
  - Is suicide always suicide?
    - Terminal illness
    - Chronic intractable mental illness
    - Chronic intractable pain
    - Alzheimer's and fear of loss of self
- What if the patient is a minor or incapacitated adult?
- When is someone unable to give consent?
  - Intoxicated?
  - Delusional or command hallucinations?
  - Delirium?
  - In acute pain?

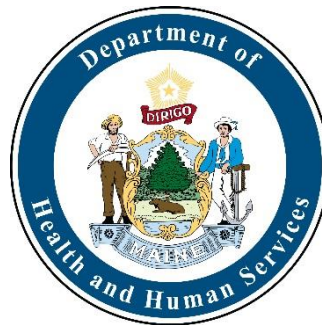
# Suicide Prevention Offers Many Ethical Landmines!

- Generally, a suicidal crisis is both transient and treatable.
- 90% or more of the people who attempt suicide **do not** go on to die by suicide.
- ***Can suicide be a rational act? Under what circumstances? Who decides?***
- *Emergent intervention may include actions:*
  - *taken without the individual's consent*
  - *which limit a person's freedom*
  - *Often feel and are disempowering.*

# Is Suicide a Choice?

***"No. Choice implies that a suicidal person can reasonably look at alternatives and select among them. If they could rationally choose, it would not be suicide. Suicide happens when all other alternatives are exhausted -- when no other choices are seen."***

**Adina Wroblewski  
*Suicide: Why?* (1995)**

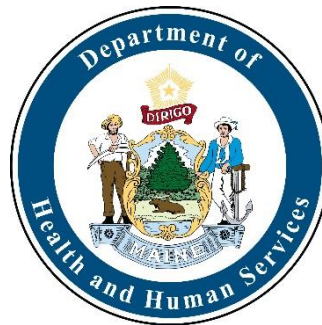




# A Very Challenging Example

***Kerrie Wooltorton, age 26, presented to an emergency dept. in England after consuming ethylene glycol as a means to end her life. She carried a note:***

***“TWIMC, If I come into the hospital re. an overdose or any attempt on my life, I would like NO life-saving treatment given...” 9-18-2007***



# Ethical Principles Guide our Work

*Autonomy: Respect for individual self-determination*

*Beneficence: Doing the greatest good possible*

*Non-maleficence: Intending to do no harm*

*Justice: Fairness & providing equal access to care*

# Social Work Code of Ethics

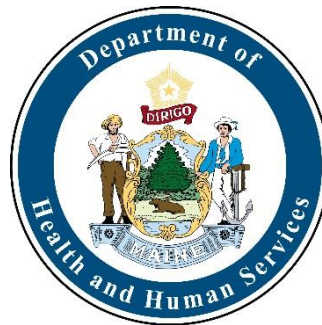
- **1.01 Commitment to Clients.** Social workers' primary responsibility is to promote the well-being of clients. **In general, clients' interests are primary.**
  - responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients
- **1.02 Self-Determination** Social workers **respect and promote the right of clients to self-determination** and assist clients in their efforts to identify and clarify their goals.
  - Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.
- **1.07 Privacy and Confidentiality.** Social workers should respect clients' right to privacy.
  - The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others

# A Very Challenging Example

***Two conflicting ethical imperatives:  
The right of a person to autonomous choice***

***Versus***

***The need to protect vulnerable people (do no harm)***



# Within a Suicidal Crisis

- Time is, or seems, critical
- Emotions often run high
- Risk of harm is real and may be imminent
- Context plays a factor
- We all have feelings, attitudes and needs; the suicidal person and the professionals.
  - They may not be congruent!

# A Central Ethical Dilemma

Confidentiality

Vs

The release or solicitation of information in order to prevent harm.

# Confidentiality vs. Sharing Information to Ensure Safety

- **Suicide risk presents us with uncomfortable choices**
  - Maintain client privacy and trust or
  - Abridge privacy to support safety
- **Imminent risk allows for release of limited information to assess risk and prevent harm.**
  - What is the cost?
- **Seems clearer with an adolescent or incapacitated adult**

***"Always, client safety is primary. Even though confidentiality of the suicidal person's communication is important, confidentiality must be reconsidered if a life is at risk."***

Gilliand & James

*Crisis Intervention Strategies* (1997)

# Taking Action in a Suicidal Crisis

- What guides decisions?
- What are the Costs vs. Benefits?
- Who do you reach out to? Remember the “Centrality of Relationships”
  - Who has the needed information?
  - Who are the key supports in his/her life?
  - Is emergent action needed to prevent harm?
  - What is the least amount of information needed?
- How do you engage the suicidal person to support agency!?



# Other Common Ethical Dilemmas

**We should prevent suicide to the extent possible**

**Vs.**

**In a free society a person should have the right to decide to die or live.**

**We support the autonomy and free will of everyone**

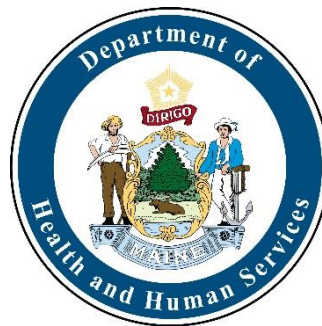
**Vs.**

**When a person is at imminent risk of self-harm, we should do what is necessary to preserve their life**

# Question

***Is a person in a suicidal crisis defacto  
“not in their right mind”?***

***How do you determine ability to consent in a crisis  
situation?***



# Physician Assisted Suicide/Death with Dignity

- *Intentionally supporting or causing death in order that suffering may be eliminated.*
  - Sometimes proposed as solutions to burdens of caregiving, suffering, or prolonged illness
- Attempt at controlling (the timing of) death
  - Irony: Attempting to master the very event that finally shows our lack of mastery
  - Self-contradictory: Exercising autonomy in order to eliminate autonomy

***What does it bring up for you?***

# Ethics Audit for Therapists

Questions your client may want answers to...

- a) Do you use a waiver of confidentiality?
- b) Do you use safety planning as a preventative measure?
- c) How do you ask about psychological pain (psychache)?
- d) Do your assessments consist simply of "Do you intend to kill yourself?" Does "NO" mean "No Suicide Risk"?
- e) What would you do if I became suicidal while in your care?
- f) Is risk management your main concern when confronted by suicide risk?

Can I count on you?

# Conclusion

- Importance of professional clarity on your own attitudes, values and any institutional protocols in play
- Address values and everyone's understanding of needs
- Advocate for patient/family rights
- Work closely and collaboratively with other disciplines
- Consult during a crisis and debrief after!

# Questions?

## **On Suicide Prevention:**

**"Suicide prevention is like fire prevention. It is not the main mission of any...institution; but it is the minimum ever-present responsibility of each professional; and when the minimal signs of possible fire or suicide are seen, then there are no excuses for holding back on life-saving measures."**

**Edwin Shneidman**

# Ethical Issues in Suicide Prevention

## Case Discussions

# Ethical Principles Guide our Work

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- 
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# MSPP Training and *Technical Assistance*

- *Suicide Prevention Gatekeeper Training*
- *Advanced Gatekeeper Training for School Personnel*
- *Suicide Prevention: Training of Trainers*
- *Suicide Prevention Protocol Development Training & TA*
- *Suicide Assessment for Clinicians*
- *Collaborative Safety Planning*
- *Non-Suicidal Self Injury*
- *Targeted Awareness Sessions*
- *Consultation and Technical Assistance*

Contact NAMI Maine Suicide Prevention Training Coordinator  
for more details [mspp@namimaine.org](mailto:mspp@namimaine.org)

# MSPP Contact Information

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