**Our Right to Suicide**

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"Then is it sin to rush into the secret house of death, ere death dare come to us?"

(Shakespeare l. 80-82).

The act of taking one's own life is as old as humankind. Throughout history, in every culture, suicide has been present in various forms with different explanations and reasoning for the act. Suicide also evokes strikingly diverse reactions from people, depending on society and context. Japanese culture honors hara-kiri and Buddhists revere the rite of seppuku, while the Bible and the Koran condemn the willful taking of one's life. "Europe, Asia, Africa, America – all tell much the same story. Suicide is seen as absurd and tragic, noble and mean, brave and cowardly, sane and silly: every way of judging it has been taken" (Fletcher 1981: 41).

In the past, suicide was viewed as an individual act. No one was involved but the person who committed suicide. With the rise of the public health movement in the United States, suicide is increasingly seen as a public health problem that necessitates intervention by a second party. Most disturbingly, the government has gradually taken on the role of that party. Operating on the assumption that suicide is not a rational act, and

that therefore suicidal people are irrational and most likely mentally ill, an anti-suicide movement has sprung up. Over the past several years, this crusade has gained support from numerous powerful and influential agencies, including the Office of the Surgeon General, the World Health Organization, and the National Institute of Mental Health, among others.

The government's involvement in suicide constitutes the ultimate deprivation of personal freedom. The decision to take one's life involves no one but the person whose life it is, and it hurts no one but that person; it is truly a "victimless crime." Government should have no compelling interest in protecting its citizens from themselves, yet time and time again they intervene where they have no business. Euthanasia and assisted suicide are different matters altogether, since the individual chooses to involve someone else. However, suicide in the traditional sense (a person opting to end his or her own life) is no one's concern but that person's.

The majority of this intrusion into what should be a private matter is done in the name of public health. "In the past, politicians seized power by declaring national emergencies. Now they do it by declaring public health emergencies . . . Individuals are not responsible for eating or drinking too much, for killing themselves or others" (Szasz 2001: xiii). The government is gradually taking control of many formerly private aspects of its citizens' lives, such as how much people eat and drink, what foods and beverages they can consume, the amount of education they get, and where they may receive this education. Despite all the formal and informal controls that have been implemented against suicide, the ability to choose life or death remains one of the few rights over

which people have total power. The public health movement is seeking to change this and thus eliminate personal autonomy altogether.

The most obvious method the government uses to discourage people from exercising their freedom to commit suicide is criminalization. Under the common law, harsh penalties were inflicted for suicide attempts; in the cases of successful suicides, the common law "required ignominious burial for suicides, and their estates were forfeit to the crown" (Washington v. Glucksberg 1997). Although such sanctions were soon abandoned, this was not an indication that the government recognized the right of people to do what they want with their own bodies. Instead, it represented "the growing consensus that it was wrong to punish the suicide's family for his wrongdoing" (Ibid.). Today, suicide is no longer a felony. However, it is still considered heinous and unnatural enough to warrant government involvement, as illustrated by what happened to one girl after her suicide attempt:

> The doctor at Stillman will have to arrange for a police officer to guard my room and make sure I don't try to kill myself. Suicide is, apparently, an illegal act… "What am I? A criminal? I'm not armed and dangerous or anything. I'm just unhappy…" For a moment I am amused that with all the crime and assorted disaster there is in Cambridge, the police department is going to waste an officer on me

(Wurtzel 1994: 321-322). The government and its agencies, including the police, should have no such interest in anyone's suicidal behavior.

One of the most widespread ways in which suicide is informally controlled is simply through avoidance. The subject is still seen as taboo, and admitting that a family member or friend committed suicide can often place a stigma on someone. Confessing one's own suicidal feelings leads to even worse consequences, including involuntary commitment to a mental institution. Euphemisms such as "taking one's life" are often

employed when discussing suicide, since even the word itself is disturbing to people. The majority of people do not understand suicide and see it as an irrational act, so they use different words to describe it or just avoid the subject altogether. This keeps them from ever having to think too deeply about suicide and why it appeals to some people. It also makes suicide even more mysterious and contributes to its reputation as something awful and unspeakable.

Another societal control over the right to suicide is the growing trend toward suicide prevention. Hotlines, crisis centers, and counseling centers for the suicidal have sprung up across the country. Articles in magazines and newspapers urge people to act as informants on their loved ones and turn them in if they appear suicidal, and publish lists of behaviors that may indicate suicidal tendencies. In 1999, Surgeon General David Satcher introduced the "National Strategy for Suicide Prevention," claiming that suicide had become "a serious public health problem" and that "far more Americans die from suicide than homicide" (Health Service 2002). He recommends protection and intervention, both of which constitute deprivations of liberty, as useful for preventing suicide. In fact, the whole idea of preventing suicide is a massive denial of personal freedom and responsibility. If a person chooses to take his own life, why should it be of any concern to the government?

The growth of the public health movement has created a new way of controlling the right to suicide. This involves suicidal behavior being classified as "mental illness," and thus by definition those who try to kill themselves or want to do so have a disease. The idea of suicide as a disease means that the suicidal person becomes a "patient" who can then be cured by a doctor. It is in the name of public health and "acting in the

patient's best interests" that the greatest deprivations of personal freedom occur. These include involuntary commitment to mental hospitals or enforced therapy sessions, being forced to take medication, and constant surveillance from family, friends, and doctors.

Classifying suicidal feelings as mental illness and mental illness as a treatable disease has many consequences. The most important of these is the transformation of the suicidal person into a patient whose feelings become symptoms of their disease. The person's feelings are no longer his or her own, but instead are construed as symptoms of the disease. Once suicide is considered a disease, doctors can begin treating the person with or without consent. Thus the person is deprived of the liberty to choose whether or not he wants this treatment simply because he exercised the right to take control of his own life. This coercion into treatment is presented as beneficial; however, not only does it take responsibility and freedom away from the person, but it also stigmatizes him as crazy or psychotic.

The problem with this reasoning about suicide is that it is based on the faulty assumption that mental illness is a disease. A disease is a physical lesion of the body diagnosed by signs; mental illness is a set of behaviors and is diagnosed by symptoms, not physical signs. Labeling suicide as mental illness and therefore as a disease – "asserting that a particular person's problem is a disease because the patient or others believe it is a disease, or because it looks like a disease, or because doctors diagnose it as a disease, and treat it with drugs as if it were a disease" (Szasz 25) – does not automatically mean that really is what it is labeled. It is a metaphorical disease, not a literal one.

Considering suicide a disease, whether metaphorical or literal, allows doctors, family, and friends of the suicidal person to feel justified in coercing him into treatment. There are three conditions under which a person with a literal disease can be forced into treatment involuntarily: when the person is literally a child, literally unconscious, or literally contagious. These criteria have been extended to apply to mental illness as well to justify forcing an adult into treatment without consent. When a person is metaphorically unconscious (he does not know what he is doing and lacks insight into his behavior, acts childish and does not seem willing or able to take care of himself, or is metaphorically contagious and a threat to others, involuntary incarceration in a mental institution is often used (Schaler 2002).

Doctors are given the power to declare a suicidal person mentally ill and order involuntary commitment as treatment. People trust them to take control over the lives of other human beings; they believe that, since doctors have medical degrees and many years of formal education, they are more qualified to decide what to do with someone's life than that individual is. Psychiatrists and psychologists claim that they know what is going on in others' minds and that they can diagnose mental illnesses. However, this is an inherently flawed notion.

Mental illness is diagnosed through symptoms, rather than through actual physical signs. There are no blood tests, X-rays, or laboratory work that can be done to determine if someone is actually suffering from a mental illness. "There are no objective diagnostic tests to confirm or disconfirm the diagnosis of depression; the diagnosis can and must be made solely on the basis of the patient's appearance and behavior and the reports of others about his behavior" (Szasz 2001: 81). Although mental illness is not a disease, it is

given a name as though it were and is diagnosed as if it were in order to deprive people of liberty.

Doctors maintain that mental illness is indeed a disease: a disease of the mind. This is a ridiculous assertion. The mind is not a physical organ that is essential for the functioning of the body. It is a concept, like personality or the soul. Since a disease is, by definition, a physical lesion, and the mind is not a physical entity, there is no way that the mind could have a disease. Some physicians go one step further and assert that mental illness is a brain disease, and that there are physical signs of it in the brains of mentally ill people. If this were true, then mental illness could be detected in the body at autopsy. This is not the case, however; the brains of people with depression or schizophrenia look the same at autopsy as those who have not been diagnosed with a mental illness.

The massive deprivation of liberty that this control of suicide constitutes can be stopped. The first thing that needs to be done is denying psychiatrists and psychologists the authority to declare people mentally ill. This would then lead to ending the practice of involuntary commitment and forcing people to take medication. People should be free to decide for themselves whether they want to enter a mental institution, visit a therapist, or take Prozac to make themselves feel better. If a person feels that he is suicidal and wants to check himself into a mental hospital, fine; he is exercising his right to personal freedom by making these decisions for himself. Doctors, however, should be stripped of their power to do this to other people.

A more long-term solution would be ending the classification of mental illness as a disease. According to the classical pathological concept of disease as a physical lesion, mental illness is *not* a disease; however, in the interests of public health and social control

the public has been convinced that it is. The government realizes that the choice between life and death is the one aspect of people's lives that it cannot directly control through legislation, so it has had to resort to a more subtle method of control in the case of suicide. Advancing the disease concept of suicide has been extremely effective in achieving this goal. It has led to involuntary commitment (which is essentially the same as imprisonment) for attempted suicide, aggressive anti-suicide campaigns, and a general stigmatization of suicide. All these factors discourage people from employing their freedom to choose life or death.

Of course, these solutions would be very unpopular, since the public has been brainwashed for so long into believing that mental illness is a disease and people who commit suicide or want to do so are irrational and sick. People will most likely condemn the abolition of involuntary treatment and commitment as dangerous for both suicidal people and society as a whole. They worry that mentally ill people will move beyond harming themselves and begin harming others. People also seem to believe that suicidal behavior is "contagious," so they feel that a suicidal person may influence others to follow his example. Confining those who have demonstrated suicidal tendencies in mental institutions helps maintain the status quo, and most members of society would prefer to keep it that way, despite the fact that it deprives others of liberty.

There is also an economic interest in preserving the disease concept of suicide and mental illness, and declaring them public health issues. Psychotherapy and the drug industry are big businesses. People spend millions of dollars each year on therapy and drugs such as Prozac and Paxil. Hundreds of psychiatrists and psychologists make their livelihoods diagnosing people with mental illnesses and then treating them with therapy

and medicine. Suicide hotlines and crisis centers would lose business, and all those task forces and commissions that have been created to study suicide as a public health issues would cease to exist. An entire industry would virtually disappear.

The government would never be an active proponent of these solutions. If the idea of mental illness as a disease were abolished, then there would be nothing to treat and thus no need for mental institutions. People would be forced to take responsibility for their actions and would no longer feel that the government was controlling their lives and their minds. The government feels that once people are given such a basic freedom as choosing life or death, chaos would ensue and people would start demanding all sorts of rights.

Ultimately, people should be the ones in charge of their own lives. The decision to commit suicide is no one's business but that person's, and it harms no one else. Why does the government feel that it has a right to protect people from themselves by allowing them to be declared mentally ill and thus not responsible for their own actions? A suicidal person is obviously rational enough to make the decision to end his life, so how does that make him mentally ill? Mental illness is *not* a disease of the mind or the brain, and so does not need to be treated as though it were. Suicide has been labeled a public health issue, thus implying that it is everyone's concern, and not just the suicidal person's. This is not the case. Suicide is an intensely personal decision, and taking that freedom of choice away from people constitutes a deprivation of liberty on the most fundamental level.

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