

## FACTORS IN SUICIDE

Suicide attempts have multiple causes. There is, first of all the possibility of a vulnerability caused by biochemical factors, which maybe genetically produced. A great variety of life circumstances cause unhappiness which, when prolonged, will lead to depression, with an unpredictable course, including the possibility of suicide. There are the influences of alcohol and drugs, which in lowering the inhibitory controls may push the individual to the actual suicide attempts. Of lesser importance, but not to be forgotten, are the immediate circumstances surrounding the individual during a depressed period. The one element that stands out as a crucial impelling force is a feeling of hopelessness in the individual's consciousness, even if the circumstances do not justify such feelings.

## PREVENTION

The success of any prevention program depends upon our knowledge of early signs of a suicidal effort, and the speed with which that information can be communicated to a trained professional who will assume some level of responsibility for intervention. There are known danger signals, such as, a state of extreme depression, mild depression with expressions of suicidal intents, bouts of depression with alcohol or drug abuse, suicide in the family of a depressed individual.

## INTERVENTION

It is believed that most persons who attempt suicide do not really want to die. That belief seems substantiated by the fact that most suicides provide an early warning of their intentions, seemingly a PLEA for help. Responding to that PLEA as quickly as possible is the surest way to prevent suicide. Attempts to do that are called CRISIS

## INTERVENTION

The program seeks to provide immediate, intensive, short-term treatment aimed at resolving the provoking crisis. Hospitalisation for a short period of time will be necessary, medical treatments, and intensive psychotherapy, will also be carried out. This will continue till the patients panic has been resolved.

## REASONS

Mounting evidence strongly indicates that a genetic factor causes vulnerability to depression. Biochemical elements, perhaps the result of faulty genes, also seem to be operative. Among the possible psychological causes of depression are overwhelming stressors in the environment: negative attitudes, towards the self and the future, frequently based on illogical reasoning; pre-existing personality traits, in the depressed individual. For example a tendency to deprecate the self; unfortunate early learning patterns of helplessness which leave the individual with little hope of doing anything to reduce the adverse circumstances of his or her life

Suicide is a major and growing problem in society, especially among its youth. It is often associated in that group with alcohol or drugs. Depression, with a deep-seated feeling of helplessness, seems the most common pre-suicidal state. Efforts at preventing this include, increased efforts to identify the early signs of suicidal risk and the establishment of crisis intervention centres that can work expeditiously with the client to prevent his or hers suicide. What does suicide mean to you? Everyday there are hundreds of people killing themselves, committing suicide; people do it for their own personal reasons and there are also people yearning for a physicians help to take their life. Regardless of what the case might, the point is that there are acts of suicide going on daily. I believe that every person that wants to take their life, whether it be by suicide or physician-assisted suicide, has a personal reason to do so, most of the time it is a reason that society cannot see because society only recognizes how the problem is affecting society and not the person. Maybe society should try, for once, focusing on what the person might be going through, before uttering their opinion. Suicide, including physician-assisted suicide,

are private decisions a person might act upon, that do not or should not have any social consequences. A person should be allowed to make decisions about their own life.

Everyday there are different cases of suicide, the act of killing oneself purposely, this has been going on for thousands of years and people still cannot accept the fact that people, for whatever reason, are going to keep taking their lives. I believe that suicide itself is something that society cannot control. A determined person can easily take their life in the blink of an eye. Physician-assisted suicide, the case in which the doctor provides an injection to the patient and the patient injects him self of herself. Cases in which the doctor provides the patient with an injection of a lethal substance are rarely delineated to society because of the fact that it is an illegal action in the United States. Both, suicide as well as physician-assisted suicide is viewed as a huge diffidence in society.

First of all, I would like to say that suicide is a decision that a conscious person should be allowed to make, since it is their life. I think of it this way, if a person chooses to commit suicide it must be because they have some sort of problem, and they would probably be of no help to society anyway. In the case of physician-assisted suicide the person should also be allowed to choose whether to live or die. A person, such as Debbie, from the short essay "It's Over Debbie," (Anonymous p. 401) has all the right to choose to die. Debbie was a young lady, who had been suffering from ovarian cancer and who's life was ephemeral, she made the resolution of asking for a physicians help in order to end her life. All though in this case the doctor injected the patient with the lethal dose, yet the patient still made the choice, a choice that is completely hers to make. I believe that cases in which, the person is suffering with endless pain, the person should absolutely be able to make the choice of ending the pain, and rest in peace.

Suicide, regardless of what type it might be, has absolutely nothing to do with society. What an individual does or chooses to do with his or her life is their own personal business, since they are making the choice. I am sure that there are thousands of reasons as to why a person might want to shorten their life such as, a terminal illness or simply because the person is handicap and has only become a burden to others. In my opinion living a life of pain and suffering with a terminal illness just creates more suffering, not only to the person but also to the persons family. In the short essay "In Defense of Voluntary Euthanasia," by Sidney Hook there is a remarkable quote by Seneca that relates to my opinion, " 'the wise man will live as long as he ought, not as long as he can'" (Hook p.403). I found this quote to be very true a person should not

3 push him self or her self to live if their body no longer wants to cooperate. If a person no longer has the strength to get up and do things on their own, then it thoroughly their decision as to live or die.

The one and most substantial point that I am trying to get at is that society has absolutely nothing to do with the decision a person makes upon committing suicide or even about physician-assisted suicide. I agree with what Sidney Hook says in his short essay, "In Defense of Voluntary Euthanasia," "The responsibility for the decision, whether deemed wise or foolish, must be with the chooser"(Hook p.403) in this quote Hook has all of the reason because it is absolutely true that a person should be able to make their own choices and decisions. I think that most people that choose to commit suicide or to get help from a physician in order to end their life are people who are really ill and cannot live with the endless suffering that they are going through. If I was suffering from an incurable disease that was slowly eating away at my life I would definitely choose to die because of the fact that it would be a much easier death and the pain will be ceased forever.

Before actually thinking about the subject of suicide and physician-assisted suicide I probably would have never said what I have, because in the society we live in it is viewed as a horrible sin. Now that I have actually taken the time to analyze the situations of people that could be in such situations I absolutely agree with them. Making the choice of whether to keep living with an intolerable pain and suffering is a person's private decision. I am sure that such situations occur all of the time, therefore I do not think that a person's decision about physician-assisted or even suicide itself affects society in any way.

Suicide and physician-assisted suicide are both practically the same thing, and most definitely have social consequences. Most people go to their physician in order to get cured, it would be very odd and rather misleading if that doctor can also help you take your life. If cases of a physicians being allowed to help their patient die would be let out into society, society would be devastated because it is a sin for any person to take their life. The word suicide to society causes devastation and it makes people yearn for help, suicide is absolutely a problem that is social. Suicide is completely not acceptable in a society, especially because society has that mind set that suicide is a sin and that it is God's power to take a person's life. Just like Ernest von den Haag says, "Life was thought to be a gift from God, Who ordained its beginning and end" (Haag p. 406) this quote is exactly what we as society should follow and will follow because it is what is morally right.

In conclusion, both suicide and physician-assisted suicide are private decisions a person should be able to take, they are both choices that do not affect society in any way. I believe that people who are very ill and cannot or simply do not want to keep going should be able to say when they want to quit. A person should not only be able to say what they want to do but they should actually be able to go through with what they decide to do. I basically think that if a person goes through the process of actually thinking about suicide then they should be allowed to do it privately. In my opinion suicide is a sole decision that in no way affects society as a whole.

#### Questions

This paper has overall been pretty difficult; I think it succeeds to be a challenging paper. I would probably have to say that my biggest strength throughout my whole paper is my introduction and probably my first two paragraphs after my introduction. My biggest weakness would probably be my refutation; it became a big challenge to me. I think that my overall process of writing the paper was pretty good, except for minor problems that I accounted as I went through such as the refutation, but overall I think I did fine. When I started writing the paper I felt really confident but as I move into the body paragraphs I began to get a little scared for some reason. The most challenging part about this essay in my opinion would once again be the counterargument. Overall the paper was okay.

"Suicide statistics are social facts"

Suicide is the act when "one kills themselves". The reasons for why someone would want to do this is a question which brings out many different viewpoints from many different theories. For instance whether we, the individual really has any free will or whether our actions are deterministic as a result of how we have shaped and moulded by our society. The use of statistics also asks the question of how suicide is determined, which shows how statistics are often reliant on an individual's viewpoint, in the case of suicide the coroner. In this essay I aim to highlight how suicide is the effect of different variables in different societies. And how different theorists highlight important flaws in the way suicide cases are determined and looked upon.

From a positivistic perspective we see how Durkheim highlighted how suicide was a result of society because of the way we had been socialised by society and its

institutions. Durkheim's theory is very deterministic and believes we have no free-will so suicide is an idea which was born from society and then socialized into us. This emphasises the positivistic idea that we are "puppets on the strings of society", which says that we are predictable as we have all been shaped and moulded in the same way. So all of our actions are a result of societies shaping and moulding of us. Evidence of this theory is Durkheim's cross historical and cultural comparative study, from official statistics available from a number of European countries about suicide. These highlighted how suicide rates are consistent over time but different between societies, in this case countries. For instance; Italy had 30 suicides for every million. England had 67 for every million, and Saxony (France) had 293 for every million. Durkheim used these statistics to demonstrate the effectiveness of sociological explanations and reject non-sociological approaches. The statistics also showed how a number of different variables can affect rates of suicide. For instance religious affiliations can be applied to the statistics, the fact that Italy has the lowest suicide rate strongly suggests that it is because it is a strong Catholic country. In Catholic religion suicide is not an option and considered a sin. So they have been socialised to think that suicide is not away out as a result of how the Catholic region sees it. Other variables include the degree of urbanisation, age, marital status, children and levels of education. Durkheim continued to theory to say that the suicide rate were dependent upon a degree of social integration and the degree to which society regulated and individual's behaviour. So too much or too little of either dependable could result in suicide. Evidence of this is when suicide is committed in prisons as a result of strict regulations and routines, also when someone is isolated and has no friends, resulting in little social integration is likely to consider suicide. Durkheim managed to categorise suicide and proposed there were four types:

Altruistic suicide; too much social integration because of becoming very involved in a certain group and develops a strong sense of loyalty and duty. I.e. suicide bombers and most recently the pilots who flew the planes in 9/11.

Egotistic suicide; too little social integration where the individual is often very stressed and has little sense of community. For instance Judaism has low levels of suicide as a result of strong community, where Protestantism has a high level of suicide because of not much group/community activity, but emphasis on individual i.e. very self interested people with no regard for others left behind.

Anomic suicide; confusion over societies norms and values. So when there is rapid social change such as rapid changes in the economy. When something big changes in society and confusion sets in because of social rules are slow to adjust and keep up with the changes. I.e. the Wall Street crashed, when millionaires became poor, too much change drives individuals to become suicidal. This highlights how modern societies are very dependent on economy.

Fatalistic suicide: too much regulation when people are controlled too much such as slaves and in concentration camps, they stop caring whether they live or die. Durkheim's study of suicide is very thorough. However Durkheim is looking from a positivistic perspective which is objective. It measures at the macro level and fails to acknowledge an individual free will. As a result of the view that individuals' actions are predictable and deterministic because they have all been socialised in the same way. The positivistic view highlights the fact and trends of suicide. This allows generalisation to be made but fails to look at individual cases and give a subjective view, which can often be more insightful and important when studying the subjects such as suicide.

In 1967 Jack Douglas, from an interpretivist perspective said that we needed to consider why people commit suicide and the social meaning of this. He highlighted the importance of those determining whether or not a death was a suicide, the coroners and police would have a great deal of influence over the

statistics. Douglas pointed out how we needed to consider the process of which coroners go through to arrive at the decision that a death is a suicide, this is extremely subjective and relies on one person's decision and interpretation. Douglas who was a social active theorist helped Maxwell Atkinson highlight how suicide statistics were then not social facts and in fact were human artefacts. In 1978 Maxwell Atkinson said that as a result of people making the decision that the death was a suicide meant that now we needed to look at cultural difference in different societies. Atkinson discovered there were legal differences which changes how coroners looked at death. For instance Danish coroners were more likely to give a verdict of suicide than British. Because of English Law which says victim has to have shown intention to kill themselves such as a suicide note for it to be an official suicide, which greatly effects the way statistics for suicide are looked at. They are therefore socially constructive and not objective as Durkheim claimed. This made other positivistic theorists criticise Durkheim as he did not operationalise his concept as a true scientist would. He did break down suicide to an extent but did not clearly state how to measure levels of integration and regulation. The work of Douglas, a Neo-weberianist and an interpretivistic theorist warned and showed us how statistic can be misleading and should be used with caution. Linked with Maxwell Atkinson's views we were shown how statistic were not actual social facts. Atkinson was a phenomenologist, which studies how people understand things, he believed that the key to understanding suicide would be to look at the individual, as opposed to looking at society as a whole.

In conclusion the statement that "suicide statistics are social fact" from an interpretivistic perspective was rejected and corrected to show that they were in fact "social artefacts" as a result of them being subjective. We see how they are socially constructed and as a result of a coroner's decision and not as Durkheim suggested deterministic. This theory is not entirely wrong but when statistics are used to back up theories of suicide we can not rely entirely on them for evidence, as they can be misleading and not as reliable as they first seemed.

Everyone has the right to an easy death. Discuss. codg dgr sedgdgw ordg dgk indg fodg dg;

The word 'Euthanasia' is derived from Greek and literally means painless, happy death or good death. Today though the meaning has travelled far. It now can mean several things, such as mercy killing, which is the killing of people such as the elderly or mentally ill just because they are judged as not needed any more as they can not contribute to society or assisting in the killing of someone else. The main meaning is that euthanasia is the intentional killing by act or exception of a dependent human being for his or her alleged benefit. As well as meaning several things there are several types of euthanasia. coab abr seababw orab abk inab foab ab.

\* Voluntary euthanasia: When the person who is killed has requested to be killed.

\* Non-voluntary: When the person who is killed made no request and gave no consent.

\* Involuntary euthanasia: When the person who is killed made an expressed wish to the opposite.

\* Assisted suicide: Someone provides an individual with the information, guidance, and means to take their own life with the intention that they will be used for this purpose.

\* Euthanasia By Action: Intentionally causing a person's death by performing an action such as by giving a lethal injection.

\* Euthanasia By Omission: Intentionally causing death by not providing necessary and ordinary (usual and customary) care or food and water.

\* Physician Assisted Suicide: When a doctor helps another person to kill himself or herself.

Euthanasia is only classified as that if death was the intention for what was or was not done. Assisted suicide is different from euthanasia in which someone helps someone to commit suicide but the person carried out the final act e.g. taking the pills themselves. This essay will not include abortion in this essay, as it is not issue here as this is mainly about people wanting a easy death and as abortion takes place when the baby is still a foetus, it cannot want to live or die. Foucault enveloped mariana's structuration idea.

There are many aspects to euthanasia. The first one is when you decide that you want to end your life because of unbearable pain. This aspect means that you get a choice in whether you continue your life in intolerable amounts of pain, or chose to end your life gracefully and with as much dignity as you can. This also not only benefits your self but also means that you do not have to put other such as family members through watching you in pain and watches you suffering. Some people believe that we owe it to these people to help end their lives, as it is unfair to make them continue to live in pain. In addition, with this, people may change their minds. It is proven that people with a terminal disease such as cancer long for death one day, but cling to life the next, so the recommendation, should euthanasia be legalised, is that there should be a 15 day cooling off period in which patients can change their minds. If they still wish to end their life after the cooling off period then, providing that they are in perfect mental health, a doctor would be allowed to end their life, leaving the patient with as much dignity as is possible. There are problems with this though. If the patient is aware of family members being disturbed by the patient's pain, they might begin to want to end their life in order that their family is not hurt. This would complicate things, as it is not correct for someone to end their life to benefit others.cofe fer sefefew orfe fek infe fofe fe:

When discussing euthanasia, people often forget that it does not just affect the patients and their families, but the doctors as well. One doctor who supports it says that he is torn between his goals as a doctor, saving lives and helping people who are suffering. He believes that helping people is the morally right thing to do, so that they do not suffer unnecessarily. However, he does understand that it is difficult to do and so should not be thought of as ordinary. On the other hand, a different doctor disagrees saying that he values sitting with dying patients, and that we should not try to control life. He also states that if euthanasia is made legal it would encourage people to chose to end their life prematurely instead of looking for better health care. In addition, doctors would have to live with the guilt that they helped someone die. As the law stands in the UK now, doctors can administer large quantities of morphine to patients in severe pain, which leads to death, but cannot actually kill them. PXlJI from PXlJI coursewrok PXlJI work PXlJI info PXlJI

There are worries with euthanasia that if it is made legal, then the state could take over and kill off the elderly or mentally ill, so that they no longer have to pay out as much for pensions or for mental institutes. This would mean that people were being killed by involuntary euthanasia, and it means that we would render the elderly and mentally ill as useless and something that we can dispose of as they cannot contribute to society. This is the same as what happened in the Second World War in Nazi Germany. In 1939, Adolph Hitler ordered the mercy killing off all of the sick and disabled in a project called Aktion T 4. This project first focused on the newborn and young children but then moved on to adults as well. This is one of the problems if euthanasia was to be legalised. We need to understand who controls it and who can do the killing.cocg cgr secgcgw orcg cgk incg focg cg.

Euthanasia is currently legal in only two countries, Netherlands and Belgium. Assisted suicide is also legal in Oregon (USA), but euthanasia is still not. Below are some statistics on euthanasia rates in the Netherlands. This project from [www.coursework.info](http://www.coursework.info)

Total deaths (1991) 135,200 Euthanasia deaths 11,800 Euthanasia as percent of total deaths 9% Although suicide has been legal in the UK since 1961, but assisted suicide still is a crime. Assisted suicide is hard to define a category for, as it can be seen as selling people the means by which to kill themselves, for example in an experiment carried out in 1965 showed that when an upset woman tried to buy 200 aspirin from a shop, was never refused sale, and only one person asked her if she was okay. This could be seen as assisting in a suicide as the shopkeepers provided the means for which this woman could have killed herself. In addition, the book *Final Exit* written by Derek Humphrey, which describes in detail various methods in which to kill yourself including dosages for various types of medication, is not considered as assisting in a suicide because we cannot prove that the advice given in the book influenced a person's decision to kill themselves. In 2001 there was a case in which Diane Pretty, a 43 year old woman who had Motor Neurone disease which had destroyed all of her muscles, wished to end her life when she had tried all the treatment that was available to her. She was not physically able to take her own life and wished her husband to do it for her. She went to court to try to get it made legal but was refused. In these circumstances everyone should be able to choose whether to live or die.

Another form of euthanasia is turning off a life support machine on a patient who is in a P.V.S (Persistent Vegetative State). This was also illegal until recently. This was made legal following the Hillsborough football disaster in 1989 in which 96 people died when crowd control was slackened at a football match, resulting in many people being crushed up against a wire fence, and suffocated. Tony Bland was one of these victims. It left him in a P.V.S. His heart still pumped, he breathed, and most of his other vital organs worked, all unassisted. His eyes opened and shut; he yawned and moved reflexively; he reacted to loud noises with a start. Nevertheless, as far as doctors could tell he could not perceive, think or feel, and would never regain consciousness in this life. The English High Court, the Court of Appeal and the House of Lords all ruled that all food, water and antibiotics might be withdrawn from Tony Bland and sedatives administered so that he would die peacefully. There is also much controversy with this as people debate who this actually benefits. The patient has no say in it, and could have woken up the next day for all we know. It benefits the family as it means they can let go of the patient and stop living each day thinking what if he wakes up today.

In conclusion, euthanasia is not immoral as long as it is voluntary or the decision is taken by a family member in absence of the person not being able to make the decision. Euthanasia should never be left down to the government to control, with them killing people just because they can and it means they would have to pay less pensions out as that is immoral and should not be allowed. By making euthanasia legal it would be beneficial to most people as you never know when you may want to end your suffering or want to die gracefully rather than by choking on your own vomit for example. Therefore, in conclusion everyone should have the right to an easy death, if they want it.