Suicidology Online 2013; **4**:58-59.

Suicidology Online
open access journal
www.suicidology-online.com
ISSN 2078-5488

Letter to the Editor

Reply to: Without hope, no future.

Benjamin Sadock, M.D.

NYU School of Medicine, USA

Submitted to SOL: 16th July 2013; accepted: 17th July 2013; published: 15th August 2013

To the Editor:

In their paper, the authors object to the concept of some suicides being deemed as having been inevitable. One of their objections is that "individual suicides cannot be reliably predicted." As I pointed out, however, inevitability can only be determined a posteriori, after all the known facts of a particular suicide have been analyzed and synthesized. And if suicide cannot be predicted there is no reason to fear that it will foster therapeutic nihilism. To the contrary, if we recognize that some suicides may eventually fall into that category, it can spur us on to treat the patient before us with extra therapeutic zeal and by so doing, possibly postpone the inevitable. It will also stimulate us to delve further into the root cause analysis as to why some cases progress to suicide and others do not. We have not yet been able to define all the biospsychosocial factors to predict who will or will not try to take their own life; but this paradigm will help us better understand all of the risk factors that determine which suicides were inevitable and which were preventable.

In that regard the Hemingway case, which the authors state is at the "core" of their criticism of the inevitable model is of interest. That case illustrates some of the major advances occurring in the field of suicidology including the heavy genetic loading that exists for both mental illness and suicide. Simply stated, those persons with high genetic loading for suicide are at high risk for suicide themselves; five suicides were in the Hemingway pedigree. There is growing agreement among suicidologists that there may be an independent inheritance of suicidal behavior and that the tendency to act on suicidal thoughts may be a specific genetic component of suicidal behavior.

The authors state that "completed suicide is a rare event" and rely on that to further object to the concept of inevitable suicide. I must disagree. The World Health Organization estimates that one million people die from suicide each year with a global mortality rate of 16 per 100,000 people. In the United States it is the tenth leading cause of death and many of those who kill themselves are in treatment when they die. It is not far-fetched to suggest that some of these persons could not have been helped even with the best care.

The authors acknowledge that "not all suicides can be prevented" but resist labeling a particular suicide as having been inevitable. They acknowledge the use of the psychological autopsy as a means of inquiry, but would be reluctant to accept that results might be similar to other autopsies in medicine that conclude the course of illness culminated in death as the natural outcome. Oncologists in particular are familiar with that scenario. Psychiatrists, like other doctors, may have to recognize that some mental disorders are associated with a high mortality rate. One might think of eating disorders which has a mortality rate of 10 to fifteen percent as an example.

When treating the chronically suicidal patient one tries to ameliorate depression and hopes to prolong and improve the quality of his or her life. Not only will their friends and loved ones have them around longer, but as quality of life improves, the

Suicidology Online
open access journal
www.suicidology-online.com
ISSN 2078-5488

wish to die may diminish for some. Hemingway was able to live a "vibrant" life while suffering from chronic suicidal depression for decades before he put a shotgun to his head at age 61. That was the result of psychiatrists who were able to prolong his life with treatment - and he received the best available - until the inevitable occurred.

The severely mentally ill, among whom suicide is often the unavoidable outcome remain a constant challenge to the field of psychiatry. We have made great progress in the prevention and treatment of suicide but there is a subgroup of patients who have not been helped. The history of medicine is replete with case reports of disorders that inexorably led to death but which are now curable. I hope one day suicide may join those ranks.

Finally, I wish to thank Doctors Voracek and Niederkrotenthaler for their contribution to this important discussion.

Benjamin Sadock M.D.
Menas S. Gregory Professor of Psychiatry
NYU School of Medicine
benjamin.sadock@nyu.edu

New York, July 16, 2013

Suicidology Online
open access journal
www.suicidology-online.com

ISSN 2078-5488

Editorial Office
Dr. Nestor Kapusta
Suicide Research Group
Department of Psychoanalysis and Psychotherapy
Medical University of Vienna
Waehringer Guertel 18-20
1090 Vienna, Austria
office@suicidology-online.com
http://www.suicidology-online.com