

SUICIDE: A Civil Right

by Lawrence Stevens, J.D.

Thinking about suicide is commonplace. In his book *Suicide*, published in 1988, Earl A. Grollman says "Almost everybody at one time or another contemplates suicide" (Second Edition, Beacon Press, p. 2). In his book *Suicide: The Forever Decision*, published in 1987, psychologist Paul G. Quinnett, Ph.D., says "Research has shown that a substantial majority of people have considered suicide at one time in their lives, and I mean considered it seriously" (Continuum, p. 12). Nevertheless, thinking about suicide is generally speaking frowned upon and by itself is enough to result in involuntary "hospitalization" and so-called treatment in a psychiatric "hospital", particularly if the person in question thinks about suicide seriously and refuses (so-called) outpatient psychotherapy to get this thinking changed. The fact that people are incarcerated in America for thinking and talking about suicide implies that despite what the U.S. Constitution says about free speech, and despite claims Americans often make about America being a free country, many if not most Americans do not *really* believe in freedom of thought and speech - in addition to rejecting an individual's right to commit suicide.

In contrast, the assertion that people have a right to not only think about but to commit suicide has been made by many people who believe in individual freedom. In his book *Suicide in America*, published in 1982, psychiatrist Herbert Hendin, M.D., says: "Partly as a response to the failure of suicide prevention, partly in reaction to commitment abuses, and perhaps mainly in the spirit of accepting anything that does not physically harm anyone else, we see suicide increasingly advocated as a fundamental human right. Many such advocates deplore all attempts to prevent suicide as an interference with that right. It is a position succinctly expressed by Nietzsche when he wrote, 'There is a certain right by which we may deprive a man of life, but none by which we may deprive him of death.' Taken from its social and psychological context, suicide is regarded by some purely as an issue of personal freedom" (W. W. Norton & Co., p. 209). In his book *The Death of Psychiatry*, published in 1974, psychiatrist E. Fuller Torrey, M.D., said this: "It should not be possible to confine people against their wills in mental 'hospitals.' ... This implies that people have the right to kill themselves if they wish. I believe this is so" (Chilton Book Co., p. 180). In 1968 in his book *Why Suicide?*, Dr. Eustace Chessler, a psychologist, asserted: "The right to choose one's time and manner of death seems to me unassailable. ... In my opinion the right to die is the last and greatest human freedom" (Arrow Books, London, pp. 123 & 125). In *On Suicide*, published in 1851, Arthur Schopenhauer said: "There is nothing in the world to which every man has a more unassailable title than to his own life and person" (H. L. Mencken, *A New Dictionary of Quotations*, Knopf, 1942, p. 1161). In a books-on-tape audiocassette version of their book *Life 101*, published in 1990, John-Roger and Peter McWilliams tell us: "The consistency of descriptions from a broad range of individuals points to the possibility that death might not be so bad. ... Suicide is always an option. It is sometimes what makes life bearable. Knowing we don't

absolutely have to be here can make being here a little easier." Suzy Szasz, a victim of Systemic Lupus Erythematosus, confirms this view in her book *Living With It: Why You Don't Have To Be Healthy To Be Happy* after an acute flare-up of her disease during which she contemplated suicide: "As many an ancient philosopher has noted, I found the very freedom to commit suicide liberating" (Prometheus Books, 1991, p. 226). In ancient times (circa 485-425 B.C.), Herodotus wrote: "When life is so burdensome death has become for man a sought after refuge." In his book *The Untamed Tongue*, published in 1990, psychiatrist Thomas Szasz asserts: "Suicide is a fundamental human right. ...society does not have the moral right to interfere, by force, with a person's decision to commit this act" (Open Court Publishing Co., p. 250-251).

To these statements of support for the right to commit suicide, I will add my own: In a truly free society, *you own your life*, and your only obligation is to respect the rights of others. I believe everyone is entitled to be treated as the sole owner of himself or herself and of his or her own life. Accordingly, I think a person who commits suicide is well within his or her rights in doing so provided he or she does so privately and without jeopardizing the physical safety of others. Family members, police officers, judges, and "therapists" who interfere with a person's decision to end his or her own life are violating that person's human rights. The often expressed view that the possibility of suicide justifies psychiatric treatment even if it must be imposed against the will of the potentially suicidal person is wrong. Provided the person in question is not violating the rights of others, that person's autonomy is of more value than enforcement of what other people consider rational or of what other people think is in a person's best interests. In a free society where self-ownership is recognized, "dangerousness to oneself" is irrelevant. In the words of the title of a movie starring Richard Dreyfuss: "Whose Life Is It, Anyway?" The greatest human right is the right of self-ownership, one aspect of which is the right to life, but another aspect of which is the right to end one's own life. Whether or not a person supports the right to commit suicide is a litmus test of whether or not that person truly believes in self-ownership and the individual freedom that comes with it, the individual freedom that many of us have been taught is the reason-for-being of American democracy.

One reason some oppose the right to commit suicide is theological belief that is sometimes expressed this way: "God gave you life, and only God has the right to take life from you." Using this reasoning to justify interfering with a person's right to commit suicide is imposing *religious beliefs* on people who may not share those beliefs. In America where we supposedly have freedom of (and from) religion, this is wrong.

Another reason some people believe it is ethical to interfere with a person's right to think about or commit suicide is belief in mental illness. But a so-called diagnosis of "mental illness" is a *value judgment* about a person's thinking or behavior, not a diagnosis of bona-fide brain disease. So-called mental illness does not deprive people of free will, but on the contrary is an *expression* of free will (which reaps the disapproval of others). Those who say mental illness destroys "meaningful" free will or who call the beliefs of others irrational (and therefore necessarily caused by mental illness) are accepting the idea of mental illness as brain disease without adequate evidence or are refusing to accept the beliefs of others only because they differ from their own.

Sometimes people oppose the right to commit suicide because of belief in a sort of entirely non-biological mental illness. The error of this way of thinking is

that without a biological abnormality the only possible defining characteristic of mental illness is *disapproval* of some aspect of a person's mentality or thinking. But in a free society, it shouldn't matter if the thinking of a person meets with the disapproval of others, provided the person's *actions* do not violate the *rights* of others.

Furthermore, there isn't any good evidence that mental illness by any generally accepted definition is usually involved in a person's decision to commit suicide. In her book about teenage suicide, Marion Crook, B.Sc.N., says "teens considering suicide are not necessarily mentally disturbed. In fact, they are rarely mentally disturbed" (*Every Parent's Guide To Understanding Teenagers & Suicide*, Int'l Self-Counsel Press Ltd., Vancouver, 1988, p. 10). Psychologist Paul G. Quinnett, Ph.D., makes this observation in his book *Suicide: The Forever Decision*: "As we have already discussed, however, you do not have to be mentally ill to take your own life. In fact, most people who do commit suicide are not legally 'insane.' So it seems we have a very interesting problem. To prevent you from killing yourself, doctors like myself will stand up in court and say something to the effect that, by reason of a mental illness, you are a danger to yourself and need treatment. But - and this is the weird part - you may, in a matter of a few hours to a couple of days, get up one morning and say, 'I've decided not to kill myself, after all.' And if you can convince us you mean what you say, you can leave the hospital and go home. Question: Are you now completely cured of your so-called mental illness? Obviously not, since the chances are you were never 'mentally ill' in the first place. ... As I have said, I do not believe you have to be mentally ill to think about suicide" (pp. 11-12). Dr. Quinnett's statement is a clear admission that allegations of mental illness to justify incarcerating suicidal people often are deliberate dishonesty, even by the definition of mental illness that exists in the minds of the professionals who make the allegations of mental illness. They make these allegations of mental illness even though they know they are false because involuntary psychiatric commitment laws require a finding of "mental illness" before involuntary commitment may take place. Making deliberately false accusations of "mental illness" under oath in a court of law to satisfy commitment laws for the purpose of discouraging suicidal thinking or preventing suicide is a way to avoid coming to terms with the fact that incarcerating people only because they happen to think their lives are not worth living or because they have attempted to end their own lives is a form of authoritarianism and despotism. In the case of people who have only thought about (not attempted) suicide, it is imprisonment for mere *thought-crime* similar to that illustrated by George Orwell in his novel 1984.

Even people who oppose the right to commit suicide because of their belief in mental illness sometimes can be made to understand the erroneousness of their biological theorizing or their belief in some kind of non-biological mental illness by asking them if they would see any point in living if they were suffering from a terminal disease involving excruciating, unrelievable physical pain or were completely paralyzed from the neck down with no chance of recovery. Once people admit there are *any* circumstances in which they would choose death, they often see suicide is the result of a person's personal judgment about his or her circumstances in life rather than a biological malfunction of the brain or some conception of non-biological mental illness.

Some may feel it is right to use force to prevent suicide because of their belief that the potentially suicidal person's desire to die is probably temporary and will probably go away or subside if he or she is forced to live a short time longer

until the acute emotional reaction to a recent traumatic event has faded with time. Those advancing this argument sometimes acknowledge a person does have a right to commit suicide if he or she is not acting impulsively. But most evidence indicates few if any people who commit suicide do so impulsively. As Earl A. Grollman says in his book *Suicide* (in which he *opposes* the right to commit suicide): "Suicide does not occur suddenly, impulsively, unpredictably" (p. 63). In his book *Suicide: The Forever Decision*, psychologist Paul G. Quinnett, Ph.D., says: "I have talked to hundreds of suicidal people... If I can make another guess about what has been going on inside your head and heart, it is that you have had long and difficult discussions with yourself about whether to live or die" (pp. 18-19). Rather than being impulsive, suicide is something people do after long contemplation as part of their efforts to deal with what they consider intolerable life circumstances.

The usual justification for involuntary incarceration and so-called treatment of those considering or attempting suicide is alleged dangerousness to oneself. But even people who don't agree with the principle of self-ownership should ask themselves: dangerousness to oneself *in the eyes of whom?* To an onlooker, suicide may seem to always be harmful to the person ending his or her life. But that's not how the person committing suicide sees the situation. People commit suicide because they decide continued living in their particular circumstances is a *greater* harm to themselves than death. This is made abundantly clear by Francis Lear, editor-in-chief of *Lear's* magazine, in her autobiographical book, *The Second Seduction*: "I ALWAYS HAVE an `exitline.' A stash of lithium. A building tall enough to kill, not maim, for godsake, not maim. One goes out in suicide, one simply goes out, gets out, wriggles, bolts, and does not come back merely smashed up or, as the first priority, left with the ability to feel. One does not go out in a half-assed manner. Suicide has many consequences. It will hurt people who love you, it can splatter the sidewalks; but its purpose, the reason for its magnetism, is that it is the only guaranteed, surefire way to end, blitz, detonate a critical mass of suffering. Suicide, reduced to its pure essence, is a delivery system that moves us from pain to the absence of pain. If the gods contrive against us and the planets are in disarray, if the earth cracks open beneath us, we must always have a way out" (Harper-Perennial, 1992, p. 26). As Dr. Eustace Chesser said, "Suicide is a deliberate refusal to accept the only conditions on which it is possible to go on living" (*Why Suicide?*, op. cit., p. 122).

A person's reasons for choosing death may or may not make sense to other people. In a free society, however, that doesn't or at least shouldn't matter. It is a very personal and subjective determination, so how can anyone else reasonably claim to know that a suicidal person is making the "wrong" decision in terms of "dangerousness to himself" or herself *as experienced by that person?* As William Glasser, a psychiatrist, says in his book *Positive Addiction*: "we should keep in mind that we can never feel another person's pain" (Harper & Row, 1976, p. 8). In general, I agree with psychiatrist Mark S. Gold's assertion that "suicide is a permanent solution to a temporary problem" (*The Good News About Depression*, Bantam Books, 1986, p. 290). However, the determination of whether it is best to suffer through a miserable present in the hope of getting to a possibly better future is a value judgment. A person could legitimately decide a hopefully better future does not justify choosing to experience an unbearable present. No one should claim the right to override, by force, a person's value judgements and decisions about something as personal as this.

Another factor to consider is that mental health professionals, contrary to

their claim that they are preventing suicide, more often are unwittingly *promoting* eventual suicide. In an article in the May-June 1974 *New York University Law Review* titled "Involuntary Psychiatric Commitments to Prevent Suicide", New York University sociology professor David F. Greenberg, Ph.D., says studies on psychiatric suicide prevention "have been either inconsistent or negative" and suggest "that institutionalization may not prevent suicide, but, in fact, may result in *more* suicides" (p. 256, emphasis in original). Considering the harmfulness of today's biological "treatments" in psychiatry, the dreariness and sometimes cruelty of institutional life, and the effects of psychiatric stigma, such as lowered self-esteem and discrimination in education and employment, increased rates of suicide among suicidal people who get psychiatric "treatment" compared with a similar population of suicidal people who do not get "treatment" should be expected. The value of recognizing the right to commit suicide is not only respecting individual freedom but preventing the harm and cruelty that often go on in the name of suicide prevention.

While courts have gone both ways in right-to-die cases, judicial decisions defending the right to die are not unusual and are gaining favor. In his book *Death With Dignity*, published in 1989, attorney Robert L. Risley points out that in general "court cases clearly established the right to bodily integrity, confirming that the basic right of self-determination includes the right to die, and that it overrides the state's duty to preserve life" (Hemlock Society, Eugene, Oregon, 1989, p. viii).

The U.S. Supreme Court addressed the question of whether the U.S. Constitution protects the right to die in 1990 in the case of *Cruzan v. Missouri*, 497 U.S. 261. In the words of *Time* magazine, in this case the U.S. Supreme Court "declared for the first time that there is indeed a right to die" (July 9, 1990, p. 59). Of the nine justices, all except Justice Scalia acknowledged the right to die is a federal constitutional right. In his concurring opinion, Justice Scalia argued vigorously against the reasoning of the majority and dissenting opinions, both of which acknowledged the right of self-determination is a constitutional right and that it includes the right to die. Justice Scalia opposed the view of the other eight justices, arguing vigorously against what he called the right to commit suicide. But in this respect he stood alone on the Court.

Since the rationale of these cases is that people have a right of self-determination that includes the right to die, they support my assertion that suicide is a civil right even though, at present, the right to die has been upheld only in cases involving physically ill or disabled people who are conscious enough to express their desire to die or who when healthy enough to express an opinion indicated death is what he or she would want in the circumstances. In fact, this justification is probably in many cases a mere excuse or rationalization to cover up the real reason. If the sole reason for permitting death was the desire of the ill or disabled person, involuntary psychiatric commitment of suicidal people would not take place. A bona-fide but unacknowledged reason ill or disabled people are allowed to deliberately end their lives is they have become a burden to other people. In other words, just as able-bodied suicidal people are incarcerated for their own supposed benefit (to prevent them from committing suicide) when the real reason is selfish concerns of others, people with severe, permanent disability or incurable disease are allowed to die for their own supposed benefit when a real but unacknowledged purpose is to relieve others ("society") of the burden of caring for them. However, the reasoning of judicial opinions upholding the right to die emphasize personal autonomy and self-determination as the basis for the decision and therefore support

my opinion that each person is the sole owner of himself or herself, of his or her own body, and of his or her own life. They support my opinion that the right to commit suicide is a civil right.

If you are a legislator who supports the right of self-ownership you should introduce legislation to delete references to "dangerousness to oneself" in your state's psychiatric commitment laws. If you are a judge deciding questions of constitutional law, you should strike down as unconstitutional laws that imprison ("hospitalize") people only for supposed dangerousness or harm to oneself. Whoever you are, you should respect the autonomy of all of your fellow men and women whose conduct does not unlawfully harm others.

THE AUTHOR, Lawrence Stevens, is a lawyer whose practice has included representing psychiatric "patients". His pamphlets are not copyrighted. You are free to make copies for distribution to those you think will benefit.

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