

POLÍTICAS PÚBLICAS EM DIREITOS FUNDAMENTAIS

SUICIDE IN CONTEMPORANEITY:

COULD PUBLIC POLICIES REDUCE THE SUICIDE RATES IN BRAZIL?

O SUICÍDIO NA CONTEMPORANEIDADE:

PODERIAM AS POLÍTICAS PÚBLICAS REDUZIR AS TAXAS DE SUICÍDIO NO BRASIL?

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SUMMARY: 1 Introduction. 2 Durkheim's perspective over the suicide issue. 2.1 Is it wrong to commit suicide? 3 Suicide in contemporaneity: a health issue. 3.1 The phenomenon of overwork in Japan and its relationship with suicide. 4 Public policies for suicide prevention. 5 Final considerations. 6 References.

ABSTRACT:

This research seeks to make a theoretical approach regarding the phenomenon of suicide and the increase of its occurrence in Brazil. Notwithstanding, the problem is based on the following questions: Why are suicides rates growing in the world? What political and legal measures should be proposed in a try to prevent the occurrence of this phenomenon? Are public policies the most effective means of reducing suicides? Thus, the goal of this investigation is to analyze the multicausal and multifactorial aspects of the suicide phenomenon.

Keywords:

Death. Right to health. Public Policy.

RESUMO:

Esta pesquisa busca fazer uma abordagem teórica sobre o fenômeno do suicídio e o aumento de sua ocorrência no Brasil. Não obstante, o problema desta pesquisa baseia-se nas seguintes questões: Por que as taxas de suicídios estão crescendo no mundo? Quais medidas políticas e legais devem ser propostas para tentar evitar a ocorrência desse fenômeno? Seriam as políticas públicas os meios mais eficazes para reduzir os suicídios? Assim, o objetivo desta investigação é analisar os aspectos multicausais e multifatoriais do fenômeno do suicídio.

Palavras-chave:

Morte. Direito à Saúde. Política Pública.

1. INTRODUCTION

The present research seeks to make a theoretical approach to the phenomenon of suicide and the increasing of its occurrence in our contemporary society. Throughout history, the phenomenon of suicide has always been present in every civilization. In some civilizations this phenomenon was more intense, and in others more tenuous. However, due to the current frenzy of our contemporary society it's been verified is a myriad of problems - and here we emphasize for the appearance of new mental diseases - which, consequently, have the potential to disseminate the phenomenon of suicide.

Notwithstanding, the problem of this research is based on the following questions: Why are suicides rates growing in the world? What are the challenges to be faced and what political and legal measures and instruments should be proposed in a try to prevent the occurrence of this phenomenon? Are public policies the most effective means of reducing suicides?

It is important to notice that some measures have already been implemented but they remain inefficient, since the occurrence of suicides grows more and more instead of decreasing. In this way, the possibility of implementing public policies that answer to different social and geographical contexts is discussed. The adoption of such measures would hopefully intensify the prevention of suicide as well as reducing the occurrence of this phenomenon. Through this research it will be possible to observe whether the implementation of public policies for suicide prevention will effectively lead to fruitful outcomes.

The occurrence of suicide has been growing overwhelmingly around the world. Therefore, the proposed theme is justified by the expressive and worrying number of suicides, whether in the local, regional, national or international context, it has generated one of the current public health issues.

The legal contribution given by the subject is quite significant. The right to health - here, we emphasize for mental health - is the right of every citizen and a duty of the State. With the great number of deaths, we may realize that the State has its difficulties to guarantee the right to health and a dignified life.

Moreover, if we search for books, articles, newspapers and texts, or if we go on the Internet and filter the research in all sorts of languages, we are not going to find many approaches relating to the phenomenon of suicide through the legal perspective. In this sense, the development of this approach is a considerable challenge in the area of Law. Every time we try to investigate the relation between the phenomenon of suicide and the legal bias, the great majority of reflections are commonly related to issues of Euthanasia, Ortho-euthanasia and Voluntary or Assisted Suicide. Therefore, there is no deep analysis regarding Suicide - the current public health issue - with the Law. What we frequently find are analyzes made by psychology, psychiatry, and sociology about suicide. Wherefore, because of the profound impact that this phenomenon has caused throughout the world, it is time to start discussing this issue equally in the legal sphere.

The urgency for a study involving the suicide issue is also due to the peculiarities and the extent of the dissemination of this phenomenon in our contemporary society, leading to causes and general social conditions. It should be noted that the increase in the number of suicides and suicide attempts occurring worldwide has the potential to negatively affect the economy, the public order, the moral and spiritual basis of our nations. Thus, suicide is a very acute problem of our modern society.

The main goals of this research is to analyze the multicausal and multifactorial aspects of the suicide phenomenon as well as highlighting some important and significant considerations about the need to implement public policies for suicide prevention as well as promoting social awareness over the issue.

The methodology used in this research follows the hypothetical-deductive method and consists mainly from bibliographic analysis through books, dictionaries, newspapers, periodicals, articles, official databases, national and international laws - in different languages - as well as the use and access to all types of materials and instruments available on the Internet.

2. DURKHEIM'S PERSPECTIVE OVER THE SUICIDE ISSUE

Notably, when we discuss the suicide issue, we can't forget to mention the Durkheimian thought over the subject. Most of the variables proposed by the French sociologist Émile Durkheim on the phenomenon of suicide still persist today. According to him, suicide is a social fact. However, some authors disagree with this premise by simply arguing that suicide is a purely personal and private act, and therefore it has nothing to do with social facts. Nevertheless, Durkheim explains that such a seemingly private act can be coated with the minimal features of a social fact. The proposition then is that every individual who commits suicide is sad and considers the abbreviation of existence because life becomes something unbearable. Thus, the variables that determine the option for the abbreviation of existence in the case of acute sadness are social variables. The variable that determines the option for the deliberate abbreviation of existence is the strength or fragility of social bonds. In addition, suicide would be more likely to occur as the more fragile the social bonds of the sad person are (DURKHEIM, 2011).

Clovis de Barros Filho and Arthur Meucci affirm that:

[...] the more solid the social bonds, the less likely is the deliberate abbreviation of existence. That is, the importance we have in the lives of others and the importance that others have in our lives ends up being factors that protect us from ourselves in times of sadness. This means that an inscription poorly consolidated in the social world indicates a higher chance of a bad life. (BARROS FILHO, 2012, n. p)

In this context, Leenaars states that:

suicide is the human act of self-inflicted, self-intentioned death. Suicide is not a disease (though many think otherwise); it is not a biological anomaly (though biological factors may contribute to some suicides); it is not immoral (though it is often treated as such); and most countries do not consider it a crime (though for centuries many did). (LEENAARS, 2003, p. 131)

Therefore, suicide is not the abbreviation of a theoretical existence. In other words, there is nothing to think about suicide in terms of a theoretical abbreviation of life, precisely because there aren't theoretical lives to abbreviate, there are only fleshly and bloodily lives

and it is only possible to abbreviate a concrete existence. Thus, the variables that will determine the option for the abbreviation of existence in the case of acute sadness - in detriment of other life preservation solutions - are social variables.

Durkheim demonstrates that married individuals commit suicide less often than single individuals do. This variable is a variable that runs through the historical line since Durkheim's research and it remains nowadays. It just so happens because, for instance, prior of committing suicide, the mere remembrance of the existence of a spouse seems to be considered a protective factor in life that in turn will force the individual with suicidal thoughts to find other solutions to his anguish. (DURKHEIM, 2011)

A second variable is that the individual who has children commits suicide less than the individual who does not have children and consequently the suicide rates fall when the children are economically dependent. Therefore, when the father is sad and is seriously considering the abbreviation of his life, he automatically remembers the need to be present to support his children and it makes him to stop thinking about suicide and thereafter he tries to find others alternatives to suppress his anguishes. (DURKHEIM, 2011) Therefore, the father gives up the suicide ideation because the love he feels for his children is strongly involved and additionally, he foresees the sadness that will come to them if he does the act, for example.

Durkheim will propose that those individuals who attend at religious ceremonies commit suicide less than the individuals who don't attend. This is due to the fact that religious ceremonies allow the construction of social bonds that give life some sense of existence or meaning. (DURKHEIM, 2011)

By this follow-up, for example, that individual who works in the presence of many colleagues, he tends to commit suicide less than his boss who works alone. (MASSI, 1999). In certain way, that individual with some kind of professional insertion tends to commit suicide less than the one who doesn't have it. And then this last one considers the hypothesis of suicide because he feels like he has no social existence.

Durkheim explains that suicide has nothing to do with poverty because the cause of suicide is not an economic one. Poverty brings sadness, but poverty doesn't determine the deliberate abbreviation of existence. Nevertheless, what really determines the deliberate abbreviation of existence is a particular situation of isolation and loneliness. (DURKHEIM, 2011)

Therefore, we might realize that this reflection over the issue of the deliberated death is a reflection that is increasingly inscribed in a logic of construction of individuals who rejoice and get sad by their social position, from the social encounters they maintain with each other and from the joys and sorrows that they feel because of the victories they win and the defeats they suffer in society.

2.1. IS IT WRONG TO COMMIT SUICIDE?

For Geo Stone, about thousands of books try to answer the question why people kill themselves. The answer for him is very simple and it comes down with only three words: "To stop pain!" (STONE, 1999, p. 30)

When we begin to inquire whether or not we have the right to choose the moment of our death, we will enter into a great debate. According to Quinnet, on the one hand, there are those people who claim that no one has the right to die under any circumstances; On the other hand, there are those who believe that we have the right to die and this includes

death by suicide; and there is a third group, which understands that we have the right to die only in exceptional situations, such as through Euthanasia. (QUINNET, 19987)

Historically, in Ancient Greece, people, under certain circumstances, could commit suicide in legal terms. For example, if a man wanted to die, he could go to the Senate and make a request showing why he should be allowed to end his life through suicide. If the argument was good enough, the Senate would then allow him to take poison. (DURKHEIM, 2002)

Under the sociological bias, “[...] it has been said sometimes that if suicide is and deserves to be forbidden, it is because, in killing himself, a man escapes his obligations to society. [...] under the regime of the city, the individual no longer had an existence as clear as in primitive settlements. A social value was already recognized in it, but it was considered that this value belonged entirely to the State [...]” ((DURKHEIM, 2002, p. 341)

Hans Jonas quoted by Gosseries (2015, p. 15) affirms that “[...] the individual right to suicide can be discussed, but the right to humankind’s suicide cannot be.” Therefore, in this sense,

if you accept that all human life has value, and that suicide is a cruel and devastating end, you might conclude that a segment of society whose members are three to six times more likely to kill themselves might deserve some extra attention and resources. Makes sense, right? Of course. (KRILL, 2014, n. p.)

Thus, for most civilized countries, it is not right or acceptable to kill yourself. And if someone tries to do so, but eventually fails and does not achieve the expected desire to die by circumstances beyond his control, the authorities will take the necessary steps to impede and to prevent the individual for trying to do it again.

3. SUICIDE IN CONTEMPORANEITY: A HEALTH ISSUE

According to the World Health Organization, about 800,000 people die from suicide every year. Through mathematical calculations, this would represent the death of one person every 40 seconds. In this follow-up, suicide is globally considered the second largest cause of death in people aged 15-29 years old. Still, for every 1 suicide executed, 20 others are attempted. All these numbers are responsible for leading us to a single conclusion: suicide has become a public health issue. (WHO, 2018)

In addition, suicide rates have increased considerably around the world. In Brazil, for example, suicide rates rose by 12% in recent years, with the most affected population being single, widowed or divorced men. (REDAÇÃO GALILEU, 2017) To this fact, we can recover from the Durkheimian position that single individuals are more prone to suicide than married ones.

In the United States of America, the situation is not different. According to a survey conducted by the Centers for Disease Control and Prevention - Suicide is one of the leading causes of death in the country. Suicide rates have increased in almost all states from 1999 to 2016, with suicide rates rising more than 30 percent in half of the states since 1999.¹ In

¹ CENTERS FOR DISEASE CONTROL AND PREVENTION. **Suicide rising across the US**. Retrieved from: <https://www.cdc.gov/vitalsigns/suicide/>. Access in: Sep. 01, 2018.

addition, about half of those who died by suicide had an unknown mental health. Another study, still in the US, confirms that suicide deaths outweighed vehicle accidents as the leading cause of injury deaths. (PHEND, 2012)

There is a wide range regarding the causes of suicide, however, we could say that the major causes of suicide are related to depression, mental illness, use of narcotic substances, alcoholism, overwork, monotony, excessive sleep, unemployment as well as social, cultural and political aspects.

In this way, suicide “[...] is one of the eternal problems of humanity, characterized by a multidimensionality and a complex interplay of external and internal causes of this behavior.” (FEDOROVSKY, 2015, n. p.) According to the psychiatrist Ruy Palhano, suicide is not considered a disease, but a condition imposed by certain diseases. (PALHANO, 2015) In the same reasoning, Emma Tukhiashvili affirms that “[...] suicide is not considered as a concrete person’s decision, but as a social disease [...]”. (TUKHIASHVILI, 2012, n. p.)

By the same token, Ana Sandra Nóbrega quoted by the Federal Council of Psychology – *Conselho Federal de Psicologia*:

When we discuss the suicide issue, we must remember that **we live in a capitalist society based on the exploitation and deeply marked by oppression, inequality, competitiveness and individualism. We need to ask ourselves where these elements are when we analyze the ideations, the suicidal attempts and the consummate suicide.** (CONSELHO FEDERAL DE PSICOLOGIA, 2017, n. p.)

In addition, there is a significant loosening of social relations, that is, people no longer nurture one another, do not reconcile themselves, there is a general fading of the population by discontentment, by failures, by collective frustrations, and so on. There is a disbelief in the public Power, which brings disasters from the emotional point of view, lost of hope in believing in the country, the people and society as whole.

Let us now examine some of the measures normally enacted by the State to prevent or repress suicide. When, for example, a person committed by a suicidal desire is sent to be hospitalized, psychiatrists often overestimate the danger of suicide, which causes the person to remain hospitalized for longer than is necessary. With this analysis, Stone observes that

the consequences to the psychiatrist, and (perhaps) to the patient, are much more severe if a released patient commits suicide than if the psychiatrist mistakenly hospitalizes someone. And, if the patient kills himself while hospitalized, this can be cited as evidence of the need for the hospitalization, however regrettable the outcome. (STONE, 1999, p. 71-72)

In addition, suicide rates within psychiatric hospitals are five times higher than outside. Some of the anti-drug regimens are simply terrifying for the patient - who definitely becomes a prisoner - and can be imposed because of the fear that the hospital staff have in order to be sued for not taking the due care of the patient if he eventually commits suicide inside the hospital. This is the major argument for keeping people hospitalized unnecessarily. (STONE, 1999)

Yet, “[...] certain hospital stays can also be experienced as depersonalizing and punitive, depending on the unit available and the staff” (JACOBS, 2005. p. 137). In other words, to avoid the stigma of being, for example, called or understood as a madman or crazy.

Meanwhile, certain medications, such as antidepressants, commonly used with the aim to treat a suicidal individual, may even raise the idea of suicide as a side effect. In other words, although doctors prescribe these drugs commonly for treatment of depression, these drugs increase the chances of someone committing suicide. Even so, it is not fully understood how antidepressants act in the human mind, requiring further research on this issue. (KNAPTON, 2016.)

3.1. THE PHENOMENON OF OVERWORK IN JAPAN AND ITS RELATIONSHIP WITH SUICIDE

Out of curiosity, we could mention the Japanese legal perspective regarding the confrontation of the phenomenon of suicide. Although Japan has been historically guided by a positive conception of suicide, nowadays, however, the country is concerned with the intensification of the phenomenon.

In Japan, the term *karo jisatsu* - which means overwork suicide -, has become the target of many debates. The term “[...] refers to people who are driven to take their own lives after excessive overwork [...]” (TARGUM; KITANAKA, 2012, n. p)

Yet, there are huge numbers of deaths linked to excessive period of labor in Japan. In accordance to the statistics, “[...] there have been 3 to 5 times more annual suicides in Japan than of people who die in traffic accidents [...]”. The main reason is given because Japan is a Tradition-Based Country and has a differentiated work culture when compared to other countries.

Despite it, an interesting aspect is that Japan has used the legal bias as an attempt to prevent suicide. According to the Japanese Basic Law on Suicide Countermeasures (自殺対策基本法 (平成十八年法律第八十五号) from the year 2006, “[...] suicide countermeasures must be implemented as a society-wide effort based on the fact that suicide should not be merely viewed as a personal problem, but rather involves various **social factors** behind it.” (JAPANESE BASIC LAW ON SUICIDE COUNTERMEASURES (N.º 85 from the year 2006), n. p.)

According to Targum and Kitanaka

[...] some experts working in economically depressed areas of Japan lamented to me that what they really needed to stop people from committing suicide was a few thousand dollars to help them pay off debts rather than a medical consultation or even antidepressants [...].(TARGUM; KITANAKA, 2012, n. p)

Thus, it is possible to realize that suicide prevention is also approached through social and legal biases. In other words, suicide is not a problem of responsibility only within the areas of psychiatry and psychology, it is not reduced to a mere problem of a biological nature, but rather it runs through other spheres which, consequently, makes its prevention to be given broader way.

4. PUBLIC POLICIES FOR SUICIDE PREVENTION

In the Federal Brazilian Constitution of 1988, Article 196 states that: “Health is the right of everyone and the duty of the State, guaranteed by social and economic policies aimed at reducing the risk of disease and other injuries and to the equitable universal access to the actions and services for its promotion, protection and recovery.” (BRASIL, 1988)

It is possible to visualize, in this way, the consciousness over the citizenship idea expressed in the Constitution, which listed an almost exhaustive range of individual rights and guarantees, and, of course, social rights. It’s in this context that comes up the Right to Health, that is, a fundamental second-generation social right. (VARGAS, 1997) In order to ratify such exposition, we might quote Dallari when he says that “[...] the right to health should be guaranteed to all people in the same way [...]” (DALLARI, 1985)

This right, therefore, waves as one of the most important elements of citizenship, as a right to the promotion of people’s lives, since the right to health can also be considered the right to life. (MORAIS, 1996) Based on this analysis, the issue of the Right to Health is universal, as well as the equal access to health care, which has been constitutionally guaranteed both in the specific section and in the general provisions of the Social Security. (RODRIGUEZ NETO, 2003)

Still, we can affirm that health, at constitutional level and from the ordinary legislation, is a legal right protected, extended to all people who are subject to the Brazilian legal order. According to Carlos Dias, it is therefore intolerable that a person or the whole community may be disrespected in such right, without the Brazilian law giving it the due protection. (CARLOS DIAS, 2001) In this dimension, we reaffirm that from its preamble the Constitution indicates a Democratic State, designed to ensure the exercise of social and individual rights, freedom, security, well-being, development, equality and justice as supreme values of a fraternal, pluralist and unprejudiced society, founded on social harmony and thus encompassing the Right to Health. (PODVAL, 2003)

For a better understanding of the discussion, however, it is undoubtedly necessary to bring at least one concept/definition of the expression Public Policies. If we look for definitions for Public Policy, it is very likely that we will find a myriad of definitions. However, for the sake of time and objectives, let us focus on the definition given by Vallès who chooses to define public policies in the following terms:

[...] an interrelated set of decisions and not decisions, which are focused on a specific area of conflict or social tension. These are decisions formally taken within the framework of public institutions - which gives them the ability to obligate - but which have been perceived in an elaboration process in which a plurality of public and private actors have participated. (VALLÈS, 2002. p. 37)

The fact is that, with the resurrection of the concept of civil society, the ideas of democracy and a sphere of public opinion as a universal space of rational understanding are some of the recent searches to overcome all the problems and challenges of the current legal systems and in the case of democracy, to respond the social exclusion. From these perspectives, legal systems provide frameworks for deliberating and building a democratic consensus for an equitable and inclusive society capable of implementing public policies that, in fact, result in social justice.

Thus, the State has come up as Welfare State, being responsible for the implementation of public policies that would meet the most varied needs of an increasingly complex society. However, efforts to prevent suicide should be directed through a multidisciplinary analysis, that is, one must always take into account the social contexts where those people who are most subject and / or prone to suicidal contemplation are inserted. However, the applicability of this holistic paradigm becomes proportionally more difficult when placed in the context of countries whose territorial extensions along with the cultural diversities that present makes the phenomenon of suicide even more complex to be understood, especially, prevented. (KOCH; OLIVEIRA, 2015)

According to Koch and Oliveira, “[...] cultural differences and the specificities of the populations that the public policies want to see affected by their actions must be weighed. The complexity of the suicidal phenomenon imposes a **local treatment** for the formulation of public policies.” (KOCH; OLIVEIRA, 2015)

The *local* term refers to the idea of a territorial limitation and/or territorial determination. Thus, taking into account that suicide is often influenced by socio-cultural factors, it would be necessary to rethink the adoption of a certain public policy for a certain place by attending to certain individuals. (BERTOLOTE, 2004) In other words, that public policy that performs well in the Southern part of a country may not present the same results in the Northern, for example. This is due to the sociocultural context that are inserted each of the risk groups.

On the Brazilian’s State of Rio Grande do Sul, on the last few years, the suicide rates have increased considerably, reaching the level of one thousand and a hundred suicides registered each year that passes, representing twice the average of the whole country, without counting those cases that were not registered/notified and the attempts. (DI LORENZO, 2017)

Nevertheless, there are already discussions for the implementation of a pilot project in the Brazilian State, with the creation of an observatory in order to collect data and identify possible risk groups. Besides, “[...] the objective is that with this information it is possible to subsidize public policies for prevention.” (DI LORENZO, 2017)

Furthermore,

Cancer, AIDS and other sexually transmitted diseases (STDs), two or three decades ago were surrounded by taboos and we saw the number of their victims increasing with bare eyes. It took the collective effort, led by courageous people and engaged organizations **to break these taboos, talking about it, clarifying, raising awareness and stimulating prevention** to reverse this scenario.

A public health problem currently experiencing this same taboo situation and the **increase of its victims is suicide. By official numbers, there are 32 Brazilians killed per day, a rate higher than the victims of AIDS and most types of cancer.** It has been a silent evil because people run away from the subject and because of fear or ignorance they do not see the signs that a close person is suicidal. (SETEMBROAMARELO, 2017)

According to the World Health Organization quoted by *Setembroamarelo*: “[...] **9 out of 10 cases could be prevented.**” (SETEMBROAMARELO, 2017) At the same way

Ruy Palhano quoted by Borges and Lima (2017) says that: “We need to confront it with public policies!”

5. FINAL CONSIDERATIONS

Likewise, other problems in life, suicide does not have a quick fix. It has been, throughout history, a very difficult challenge for teachers, researchers, scholars, sociologists, theologians, biologists, psychiatrists, psychologists, among other.

Essentially, we can try to avoid suicide through various forms like counseling, medications, public policies and even through the law, as mentioned in the Japanese case. Above all, the State does not have the absolute right to arrest a person in a hospital as if he was a criminal because this will only add more suffering and pain to a person who can no longer bear his own suffering. It is also necessary to understand that all of us are at some point responsible for suicide in our society, so we must help avoid it rather than condemn the victims of suicide.

By the same token, it is important to notice that hospitalization, in some cases, works, though, it is not always the best option for helping people who are struggling with problems in life. Likewise, the challenge is to find new and more effective ways - for each specific case - in a try to avoid suicide and actually help the grieving individual to find meaning in his existence.

Public policies in the attempt to prevent suicide represent hopeful and positive results. However, these measures alone will not eliminate the problem once and for all, but they can significantly reduce and/or minimize the number of deaths. It is also important to emphasize that we all have the responsibility to help preventing suicide and that the combination of public policies as well as the participation and involvement of the society as a whole might be a powerful treatment or perhaps the *cure* for this evil plague that harvests the lives of so many people.

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