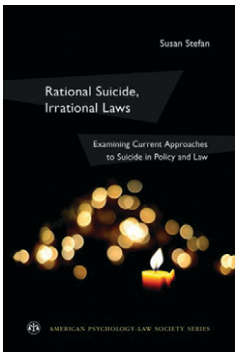
Book Forum

Rational Suicide, Irrational Laws: Examining Current Approaches to Suicide in Policy and Law

by Susan Stefan. New York, Oxford University Press, 2016, 584 pp., $85.00 (paperback).



The rationality of suicide is an ancient and perennial issue. Epictetus, the ancient Greek Stoic philosopher, noted that suicide can be a reasonable option if suffering becomes unbearable or if life becomes pointless, using the metaphor that "the door is open." Hamlet mused about suicide in his famous soliloquy: "To be or not to be: that is the question. Whether 'tis nobler in the mind to suffer the slings and arrows of outrageous fortune, Or to take arms against a sea of troubles, And by opposing them end them?" David Hume, who rejected the Christian antipathy to suicide as encroaching on God's domain, defended suicide as rational in an essay published posthumously in 1777. Hume asserted, "That suicide may often be consistent with interest and our duty to *ourselves*, no one can question, who allows that age, sickness, or misfortune may render life a burthen, and make it worse than annihilation. I believe that no man ever threw away life, when it was worth keeping" (1).

Hume's last sentence is apt to seem particularly off base to contemporary eyes in view of the recognition that mental illness may drive persons irrationally to suicide contrary to their interests in continued living. On the other hand, contemporary opinion and public policy may have gone too far in seeing suicide as the product of mental illness and in instituting coercive measures of suicide prevention. Such is the stance of Susan Stefan in her thought-provoking and carefully argued book, *Rational Suicide, Irrational Laws: Examining Current Approaches to Suicide in Policy and Law.*

Stefan's book is valuable if for no other reason than its clear and comprehensive overview and critical evaluation of the law relating to suicide in general, decision-making competence, refusal of life-sustaining treatment, and assisted death. But it is much more than that. Drawing on a questionnaire survey and interviews with people who have attempted suicide, Stefan gives voice to their suffering and grievances regarding how they were treated. She examines critically prevailing attitudes and practices of mental health professionals regarding suicide and discusses ways in which prevention and treatment can be improved. The book documents how the law and psychiatric practice fail to respect the autonomy rights of suicidal individuals and to offer them effective treatment.

Stefan's chapter on involuntary commitment is emblematic of what she sees as the failure of our current mental health system with respect to suicide. She demonstrates that the evidence base to support involuntary commitment based on a prediction of dangerousness to self is sorely lacking. Those who threaten or attempt suicide and become involuntarily committed, in the aggregate, differ from those who succeed in killing themselves: "People who talk about suicide are much more apt to be women, especially younger women; when they attempt suicide, they use pills and are often rescued. People who commit suicide are much more likely to be men, especially older white men, using guns" (p. 116). In other words, the net of involuntary hospitalization captures people unlikely to commit suicide, whereas those most likely to commit suicide escape the attention of mental health professionals.

Moreover, Stefan sees psychiatrists' fear of liability as driving excessive involuntary commitments and as interfering with the listening and conversation that suicidal people need to help them find meaning and value in their lives. She contends that involuntary commitment of suicidal individuals, beyond a very short period to assess decision-making capacity and to curb impulsive behavior, constitutes an unjustified deprivation of liberty.

Stefan devotes three chapters to the controversial topic of assisted suicide, which are informative about the law and practice in various jurisdictions. Her analysis devotes fresh thinking about key questions: Should there be a legal option of assisted death? If so, should it be limited to self-ingested lethal medication or include administration of lethal medication by physicians? Should it involve physicians at all? Should it be limited to the terminally ill? Should persons suffering from mental disorders who are not terminally ill have access to assisted death? One might anticipate that, in view of her advocacy for the autonomy of those who attempt suicide, Stefan would answer the latter question affirmatively. However, she is ambivalent about physician-assisted suicide and opposes voluntary active euthanasia as putting too much control in the hands of doctors. Instead, Stefan proposes an interesting model that legally permits assisted suicide only for terminally ill hospice patients, who would obtain access to lethal medication through a pharmacy without physician gatekeeping or prescription. Juxtaposing the way in which contemporary society responds to life-ending decisions of the terminally ill with attitudes and practices relating to suicidality in general sheds light on both.

This is a very long book, which could have benefited from a better developed road map in the introduction of the territory to be traversed. Nevertheless, those who go the distance

on the journey will be challenged and rewarded, regardless of whether they agree with the author.

REFERENCE

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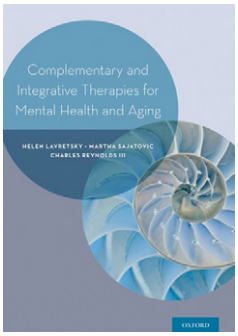
Complementary and Integrative Therapies for Mental Health and Aging



edited by Helen Lavretsky, Martha Sajatovic, and Charles Reynolds III. New York, Oxford University Press, 2016, 592 pp., $125.00 (hardcover).

According to the National Center for Complementary and Integrative Health of the National Institutes of Health, complementary, alternative, and integrative medicine "is a group of diverse medical and health care systems, practices, and products that are not presently considered part of conventional medicine" (p. xi). Early on in this book, which is edited by three accomplished geriatric psychiatrists, readers learn that the 12-month prevalence of any usage of such practices in the United States is over 30%. While the title includes "aging," this is not a book focused on the aged—every psychiatrist's patients are aging, and there is potentially useful information for all of us here. The book provides an essential primer on the various treatments many of our patients are using, whether we realize it or not.

The editors begin with a general overview of complementary, alternative, and integrative medicine and then move into three sections that address general overall well-being, stress-reducing interventions, and interventions targeting late-life cognitive and mental disorders. The style and quality of the chapters vary, generally in proportion to the extent of underlying evidence, the heterogeneity of which the editors address in the preface. In the chapter "Mind-body techniques to improve coping and stress response," authors Glick and Teverovsky offer several important caveats on interpreting the scientific literature on complementary, alternative, and integrative medicine, and they point out that limited funding often equates to smaller sample sizes and that the nature of scientific publishing means that negative studies are less likely to be published. Unfortunately, some other authors are less cautious in their interpretations of the evidence and draw stronger conclusions than are warranted.

Highlights include David Merrill's overview of lifestyle interventions for cognitive and biological aging, which presents mini-reviews on the role health behaviors such as smoking and exercise have in aging. While complementary, alternative, and integrative medicine may not make readers think of exercise or nutrition, the unfortunate truth is that these topics are de facto aspects of complementary, alternative, and integrative medicine, as they are often not part of conventional medicine delivered in day-to-day care. Authors Johnson and Green provide a fascinating overview of chiropractic care, which they note began in the United States in the late 1890s as healers began looking for alternatives to "medical 'cures' (i.e., bleeding and purging)" that were in common practice at that time (p. 142). The authors cite a recent national analysis showing that chiropractic care was used by more than 6% of Medicare Part B beneficiaries—in other words, about as many older adults see a chiropractor as receive specialty mental health care (1). Finally, anyone who has googled anything related to mental health would send a patient online with great trepidation to learn more about complementary, alternative, and integrative medicine, given the strong biases and misinformation common in search results. Fortunately, Ellen Gay Detlefsen has written an excellent chapter on "senior-friendly" web sites in general; how to find resources related to complementary, alternative, and integrative medicine online; and how to help patients evaluate the quality of the information they find online.

The excellent chapter on complementary, alternative, and integrative medicine interventions for sleep disorders written by Varteresian and Lavretsky demonstrates how many of the book chapters are organized, generally beginning with what is known about the prevalence and pathophysiology of the given disorder in older adults. They then move on to a systematic discussion of different complementary, alternative, and integrative medicine strategies (e.g., melatonin, valerian root, magnesium, etc.), while presenting potential associated benefits and risks. But it is not until the end of their chapter, near the end of the book, that they present the most compelling argument for psychiatrists to read this book:

> Despite the data lacking strong evidence, clinicians should not dismiss their patients when they inquire about or express a desire to use [complementary, alternative, and integrative medicine]…. Instead, a clinician should maintain a level of proficiency in the commonly used remedies and therapies, trying to provide a balanced informed view of the existing evidence (p. 442).

As the authors go on to point out, modern cohorts of older adults—and baby boomers in particular—may have strongly held beliefs about the benefits of complementary, alternative, and integrative medicine, "regardless of their providers' views" (p. 442). Providers should be informed enough to help their patients make the safest decisions possible, in a way that maintains the alliance with their patient.

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