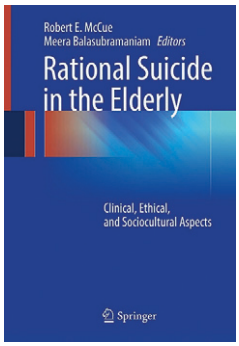
Book Forum

Rational Suicide in the Elderly: Clinical, Ethical, and Sociocultural Aspects



edited by Robert E. McCue, M.D., and Meera Balasubramaniam, M.D., M.P.H. New York, Springer, 2017, 224 pp., $109.00 (hardcover).

Depending on one's point of view, "rational suicide" can be seen as an oxymoron, an act of a person who has a mental illness, a philosophically and clinically justifiable act, an act against the principles of many religious groups, or an existential response to the vicissitudes of life. *Rational Suicide in the Elderly*, an edited volume of articles, addresses this topic from these and multiple other perspectives. The contributors include psychiatrists, psychologists, internists, oncologists, philosophers, anthropologists, public health experts, and theologians. The reader is taken on a historical tour of views about suicide; the philosophical basis underlying the search for meaning in life and for rationality in decision making; the psychodynamics of suicide; religious and anthropological views of suicide; and a possible antidote to the perceived demoralization, hopelessness, or loss of meaning through the medical use of hallucinogenic substances. In these articles, some of which are primarily theoretical, there are a number of chapters that take a more practical view, offering vignettes and providing clinicians with a framework for talking with individuals (who may or may not be patients) considering suicide, including the use of validated scales to further an understanding of the underlying factors leading to such a decision.

The editors introduce the book with a disclaimer that they "do not espouse a particular point of view on whether suicide in the elderly can be rational" (pp. ix–x). They further state that "this book is about people who, without a clearly diagnosable mental illness, have made a well-considered decision to kill themselves" (p. x). In several chapters, criteria are given defining a desire for rational suicide as (1) resulting from a realistic assessment of the situation, (2) where the individual is unimpaired by psychological illness or severe emotional distress, and (3) where the motivational basis would be understandable to uninvolved observers. A major theme throughout the book is the question, "Is suicide always a sign of a mental disorder?" I believe that most readers will come away with the answer "no"; however, this is not the same thing as agreeing with someone's request to kill oneself, and therein lies the dilemma that each provider has to decide for himself or herself.

The book discusses the recent movement toward legislation in the United States and in some European countries to provide a legal framework for "assisted suicide." In the United States, laws in states that have addressed this issue all are geared toward individuals who have a terminal illness and who do not have any mental disorder. For many, this may be a more understandable framework for considering a suicide to be "rational": a terminal illness, often accompanied by pain and disability, with (allegedly) no hope for recovery. The rational suicide discussed in this book pertains more to people who do not have a terminal illness but who, nevertheless, do not wish to continue living. The concerns of these individuals, perhaps somewhat surprisingly, are similar to those of their peers who have a terminal illness (with the exception of pain control): loss of independence, autonomy, and dignity; the wish not to be a burden on others; and the loss of ability to enjoy activities. Some of the case histories discuss the elders' view of their future as one where these concerns will rule their life, often not allowing them to have a "good death."

For the clinician, the most practical chapters (see the Kolva and Etter chapters) discuss the need and a framework for assessments from multiple perspectives. These include traditional psychiatric, cognitive, and suicide risk assessments; an assessment of decision-making capacity; an assessment of hopelessness and its relationship to a depressive disorder; and social support. I found the discussion of "desire for hastened death," taken from the psycho-oncology and chronic disease literature, an interesting conceptual approach to thinking about rational suicide. The chapters titled "Can Suicide Be Rational?", "Life's Meaning and Rational Suicide," and "Spirituality, Religion and Rational Suicide" have a much more theoretical orientation. The chapter on hallucinogens draws on recent carefully designed studies in terminally ill patients and in subjects seeking a psychospiritual experience, all of which had positive results in terms of psychological well-being, albeit in a generally younger population.

I would have liked to see a discussion of the thought processes, internal psychological conflicts, and responses of clinicians who are engaged in discussions of rational suicide with older adults. I found myself staking out different positions as I read the book, highlighting the charged and multiple issues raised throughout. My feelings were captured by the last sentences of the book, "We are forever trying to catch the mists of human existence in the butterfly nets of our concepts; we demand categorical answers where there are only matters of degree. Nowhere is this more in evidence than

in the anxiety-generating question of rational suicide in the elderly" (p. 217).

On the one hand, a book that touches on the existential meaning of life, rational decision making, and the right to self-determination should have wide appeal to healers of all disciplines. On the other hand, I believe the book's major appeal will be to clinicians from both the mental and general health arenas who work with older and chronically ill individuals and to teachers interested in educating our trainees to work more collaboratively and empathically with older adults, going above and beyond (or even eschewing) evidence-based practices in favor of listening and learning about the processes of living and dying.

Ira M. Lesser, M.D.

Dr. Lesser is Vice-Chair of the Department of Psychiatry and Biobehavioral Sciences, Geffen School of Medicine, UCLA, Chair of the Department of Psychiatry, Harbor-UCLA Medical Center, and is affiliated with the Los Angeles Biomedical Research Institute, Torrance, Calif.

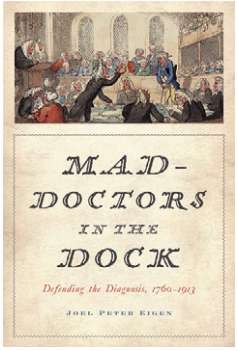
The author reports no financial relationships with commercial interests.

Book review accepted March 2017.

Am J Psychiatry 2017; 174:600–601; doi: 10.1176/appi.ajp.2017.17030321

Mad-Doctors in the Dock: Defending the Diagnosis, 1760–1913

by Joel Peter Eigen. Baltimore, Johns Hopkins University Press, 2016, 224 pp., $40.00 (hardcover).



The origin of the field of forensic psychiatry can been viewed through many lenses (1). While the sociological lens focuses on the social context and the interaction between historical actors (such as criminals, judges, medical professionals, and the jury), forensic psychiatry when viewed through the lens of the history of medicine and law is seen as evolving out of advances in medical knowledge, the changing conceptualization of psychiatric disorders, and changing legal standards.

In *Mad-Doctors in the Dock*, Joel Peter Eigen brings his expertise as a sociologist to bear on a question: Why was the diagnosis of "homicidal mania" accepted as a valid exculpatory diagnosis for the insanity plea in late 19th- and 20th-century courtrooms, when similar constructs such as "moral insanity," "lesion of the will," and "irresistible impulse" were dismissed by jurists in the late 18th century?

This book is the last of a trilogy on the history of jurisprudence and the role of medical experts in the courtrooms of Victorian London between the late 18th and the early 20th century. The information for the book is derived from roughly 1,000 verbatim courtroom narratives of trials where the mental health of the defendant was in question (a subset of the so-called Old Bailey Sessions Papers). Interestingly, these papers were printed by commercial publishers to be sold on the streets of London the day after a trial and therefore were intended to be sufficiently detailed and interesting for readers of the time.

The book comprises seven chapters that take the reader back in time to an era when the punishment for theft was the death penalty and traces the evolution of medical professionals as expert witnesses in matters of mental health and culpability. The author uses the first five chapters to set the stage for the crux of his inquiry: the evolution of the diagnosis of "homicidal mania."

The book begins with an overview of the harsh legal standards of the 18th century and the evolution of concepts (novel for their time) such as the presence of a defense attorney, the procedure of cross-examination, and the standard of guilt beyond reasonable doubt, thereby setting the stage for the arrival of "medical men" as expert witnesses on matters related to competence and culpability. Chapter 2 showcases the array of medical terms that began to find their way into courtrooms and that were intended to explain criminal behavior and invoke the insanity plea. Chapter 3 delves into the variability in what constituted a medical expert in the courtroom, focusing on the varied training of such persons (ranging from prison surgeons and practitioners of psychological medicine to apothecaries, authors, and lecturers) and how this created a need for an expert opinion in the courtroom. Chapters 4 and 5 provide rich details of the role of "medical men" as experts on matters of insanity, as well as the challenges they faced in having to make a diagnosis based on prison interviews and to subsequently defend the diagnosis on the stand in the absence of objective tests to prove insanity.

Chapters 6 and 7 delve into a discussion of the diagnosis of "homicidal mania," a diagnosis that required the commitment of a crime (i.e., homicide) as a prerequisite, and the court's reception of the same. The author makes the provocative claim that the diagnosis of "homicidal mania" was created in courtrooms by "medical men" who used diagnoses to claim unique knowledge beyond the grasp of the layperson and that the diagnosis emerged within the context of interactions between the "medical men" and other professionals (such as attorneys and asylum superintendents), a judicial system that sought to prosecute criminals, and against the backdrop of sociocultural anxieties surrounding the notion of biological degeneracy that was rife at the time. The book ends with an overview of the social and cultural factors of the time that may have contributed to the evolution of forensic psychiatry in the courtrooms.

Once the reader looks past the anachronistic usage of stigmatizing terms such as "madmen," "mad-doctors," "lunatic," "deluded," and "alienist," the reader will catch a rare glimpse into a bygone era of the early practice of forensic psychiatry. Peppered with verbatim exchanges between the medical expert and defense attorneys, details of criminal cases of the time, and references to historic cases such as those of James Hadfield (in which "delusion" was first used as an insanity defense) and of Daniel M'Naughten (that led to