Suicidal Client Continued

obligation toward suicidal clients is to help them reach a point where they can make an autonomous choice to live or die. This is indeed difficult, and many nurses will not only dislike this view, they will be opposed to it on ethical grounds. Autonomy, however, should be one of nursing's professional goals, for ourselves and for our clients.

Research is needed in the area of nursing interventions with suicidal clients. Without research we have no way of knowing if our approach to clients is effective. One appropriate research emphasis is the effectiveness of various philosophic models of the morality of suicide as an approach to nursing intervention. That is, how can practitioners use the philosophies of Aguinas, Hume, and the twentieth century thinkers to affect individuals' decisions about suicide? Research methodology may vary, but emphasis should be on use of philosophic theories.

Suicide is a tragedy in most instances. It leaves those who remain alive stunned, puzzled, and in pain. It is often said to be a waste of human life, and sometimes indeed it is. The act of suicide may have been unnecessary in that the emotional wound that precipitated it would have healed eventually. It is not necessary that we as nurses and as human beings approve of suicide or that we condone or encourage it. We are obligated, however, within the context discussed, not to interfere with it.

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- 1. Greenberg, D.F., Involuntary Psychiatric Commitment to Prevent Suicide, New YORK UNIVERSITY LAW REVIEW 49(2-3):246 (May-June 1974).
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- 3. Hume, D., On Suicide in BEAUCHAMP AND PERLIN, editors, ETHICAL ISSUES IN DEATH AND DYING (Prentice-Hall, Englewood Cliffs, New Jersey, 1978).
- 4. It should be noted that not all persons who commit suicide do so out of a decision to hurt those who love them, but many do.
- 5. Beauchamp, T.L., Suicide in REGAN, editor, MATTERS OF LIFE AND DEATH. NEW INTRODUCTORY ESSAYS IN MORAL PHILOSOPHY (Random House, New York, 1980).
- 6. Brandt, R.B., The Morality and Rationality of Suicide in BEAUCHAMP AND PER-LIN. editors, supra note 3.
- 7. Mill, J.S., On Liberty in UTILITARIANISM (New American Library, New York, 1974), p. 135.
- 8. Greenberg, supra note 1, at 243-45.

- Only one percent of all suicide attempters try again within a year after their first attempt.
- 10. An alternative rationale, and probably more accurate, is that health professionals have a privilege to treat unconscious persons because this is seen to be consistent with the desires of the vast majority of them. If, however, it later can be demonstrated that this person would in fact reject the treatment that is "saving his life" the question of substituted judgment then the treatment should be terminated if we are to protect the patient's autonomy. See Annas, G.J., Reconciling Quintan and Saikewicz: Decision-Making for the Terminally Ill Incompetent, AMERICAN JOURNAL OF LAW & MEDICINE 4(4):367-402 (Winter 1979).

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