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[One of the authors responds:]

The Cree commentary demonstrates that local people living in remote northern communities are comfortable with and interested in responding critically to an academic paper about a study that involved them.[1] Although not common in the literature, field-level responses to professional research will have an impact on research validity and are accessible to other potential participants in medical research because they are written in nontechnical language and in the first person.

The gestational diabetes project[2–5] marked an important stage in the evolution of participatory research practices in the Cree region. In the early 1990s, the Cree Board of Health and Social Services of James Bay sponsored research on gestational diabetes in the region. The resulting project became a partnership involving the Board, 4 communities and a university-based research team. The partners carried out community consultations during the planning phase of the project, hired local assistants, reported extensively to the communities during and after the project (in person, on radio and through popular language written reports) and provided the services of 2 nutritionists to the communities; the project also produced unanticipated spin-off research projects. The Cree commentary is a retrospective response by the community partners to the intervention aspects of the project.

Some things are obvious in hindsight. Today, a project like this would be planned through a research agreement based on the Board's code of research ethics and research guidelines. However, these tools have been formalized only recently, as part of the evolution of the partnership between the Cree and research communities. The gestational diabetes project has been a catalyst in this evolution.

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Suicide and psychiatry

In a book review in *CMAJ*, Paul Links criticizes *Fatal Freedom: the Ethics and Politics of Suicide* as a cheap, artificial and ill-conceived attempt at public theatre.[1] He claims that it is simply a repackaging of Thomas Szasz' central thesis on the medicalization of mental health, suicide being his latest example.

Although I am tempted to agree, Links has not correctly articulated Szasz' central thesis: that emotional, cognitive or behavioural syndromes without pathologic correlates are not illnesses. It is this belief that must be debated.

Are all people who commit suicide necessarily ill? Studies have shown that the strong psychopathologic correlates of suicide (depressed mood, distorted, negative or psychotic conditions)[2] are often balanced by reasons for living.[3] If one can agree with the premise that a person who commits suicide might be sane, then despite the more humane trends to medicalize acts of deviance (allowing the person to be labelled sick instead of bad) society's interpretation of the act itself remains flawed: a symbol of the abnormal within. For Szasz, "to be or not to be" is not wholly a moral question nor one entirely brought on by sickness; its meaning is necessarily a question of values, human rights and responsibilities.

It may be easier for us to understand that someone's act of suicide was due to psychosis or depression rather than to understand it as an accumulation of life events and experiences that sanely caused him or her to believe death a less painful existence than life.

Szasz may have repackaged an old idea, but it is still one worth pondering.

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Years ago, while I was teaching at Johns Hopkins University in Baltimore, one of my students, a physician from communist China visiting on a fellowship, told me how deeply she appreciated being able to study the ideas of Thomas Szasz in my class. I remember her telling me about how her parents