

Correspondance

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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,

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

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 fel-