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One is a disease, the other a decision

Suicide should not be confused with assisted dying, writes Professor Lizette Rabe

Assisted dying has again become a talking point with Dignity South Africa's intended court case and the number of prominent medics who have spoken out in favour of it. Carol de Swardt's death in Switzerland elicited unprecedented sympathy. But at the same time there were those who condemned assisted dying – and in the process simply also included suicide as a crime and “sin”.

Fact: Suicide is in more than 90% of cases the result of an illness that has developed terminally. Sufferers have no control over the malfunctioning of their terminally ill brain – just as someone who would die of cancer has no control over how the disease developed to its final, fatal stage.

Assisted dying, on the other hand, is when an individual makes a rational, informed decision to end their suffering. With the help of the necessary specialists, a specific process is followed and carried out. Like that of Carol de Swardt recently, when she had to travel to Switzerland so that she could be relieved of her suffering.

In these conversations about assisted dying, suicide also came up – as if they could even be synonymous.

Not at all.

Assisted dying is a rational decision to relieve you of your suffering if there is no further possibility of recovery. This includes a legal process to ensure the person makes an informed decision, with all the necessary information. And, above all, rationally. Suicide is the result of a literally fatally ill brain in which vital neurotransmitters are not secreted, and where life simply cannot be sustained any longer.

The Roman Catholic priest Ron Rolheiser, who from time to time writes about suicide, quotes the author Margaret Atwood: Sometimes things have to be said, and said again, and again. Until later it no longer needs to be said.

That is the case with our understanding of fatal depression – suicide.

It must be said over, and over, again that it is a disease, not a decision. No rational mind can decide or carry out such a thing. Also, that we finally banish that phrase that is used so thoughtlessly, “committing suicide”, from our vocabulary. We should have the greatest compassion for those who have lost their battle against depression. Try the phrase “that someone died by suicide” and help people think differently about depression and its fatal consequences. Also that someone cannot “commit” suicide, but that one dies from it, as people die from other illnesses that have developed terminally.

“This terrible disease,” Virginia Woolf wrote in her farewell letter to her husband before she walked into the river Ouse in 1941. Indeed, “this terrible disease” when your brain spirals your whole being into such a vortex of grief that self-destruction is the only salvation.

Flight – as a final act – because you cannot fight anymore.

Because we cannot say it enough that suicide is the result of an illness, is exactly the reason why Rolheiser writes about it. Maybe – maybe – he writes, it becomes like a note in a bottle: That it will eventually wash ashore somewhere and comfort someone who has lost a loved one to suicide.

What exactly needs to be said over and over?

Four things, according to Rolheiser.

The first, and most important, that suicide is a disease. And that it is the most misunderstood of diseases. “We tend to think that if a death is self-inflicted, it is voluntary in a way that death through physical illness or accident is not. For most suicides, this isn’t true,” writes Rolheiser. “A person who dies by suicide dies, as does the victim of a terminal illness or fatal accident, not by his or her own choice. When people die from heart attacks, strokes, cancer, AIDS, and accidents, they die against their will. The same is true for suicide, except that in the case of suicide the breakdown is emotional rather than physical – an emotional stroke, an emotional cancer, a breakdown of the emotional immune system, an emotional fatality.”

And yes, then one can also describe it as a psychological stroke. With a physical stroke, the brain cannot sustain life due to a fatal cerebral haemorrhage. With suicide, the brain cannot sustain life due to a fatal malfunction as a result of the non-secretion of vital neurotransmitters.

Rolheiser mentions three more misunderstandings surrounding suicide. The second, for him as a believer, is that you will end up in “Hell”. “We need not worry about the fate of anyone, no matter the cause of death, who exits this world honest, oversensitive, gentle, overwrought, and emotionally crushed.”

The third point that Rolheiser makes is that we should not torture ourselves by the cause of a loved one’s death. If we could have prevented their death, then we would have turned the planet on her axis to save our loved one. “Perhaps it’s more accurate to say that suicide is a disease that picks its victim precisely in such a way so as to exclude others and their attentiveness. This is not an excuse for insensitivity, especially towards those suffering from dangerous depression, but it should be a healthy check against false guilt and fruitless second-guessing.”

Rolheiser’s fourth point is that “when we lose a loved one to suicide, one of our tasks is to work at redeeming that person’s memory, namely, to put that person’s life into a perspective wherein his or her memory is not forever tainted because it is viewed through the prism of suicide.”

In short: Stop talking in hushed voices about the person, or the cause of death. They deserve just as much respect and recognition as someone who died from another tragic disease or in an accident. Rolheiser: A “proper” response “should not be horror, fear for the victim’s eternal salvation, guilty second-guessing about how we failed this person, and a hushed, guarded tone forever afterwards when we speak of him or her. Suicide is indeed a horrible way to die, but we must understand it (at least in most cases) as a sickness, a disease, an illness, a tragic breakdown within the emotional immune system.”

Research shows that those who survived a suicide attempt did not want to die but could not live any longer. “Unsuccessful” suicide, the fields of psychology and psychiatry call it. But even the fields that research the disease, need to rethink terminology. The person had already almost died as a desperate victim of a terrible disease – and now they have to hear that they were not even “successful” in their attempt?

When you find yourself on the edge of that Black Hole, you can’t help yourself. And if there is no one close by to save you, nothing will save you.

It is very, very different with assisted dying. The Greek root of euthanasia consists of “eu”, meaning “good”, and “thanatos”, meaning “death”. In other words, a “good” death. And thanks to Dignity South Africa, and Professors Sean Davison and Willem Landman, South Africans will hopefully also have the right – as also aligned with the human rights in our Constitution – to be able to choose a “good” death.

After all, were it not for modern science, people would have died much earlier. It is thanks to science that people live longer – but also the same science that in the end prolongs

their suffering. The Hippocratic oath must be revised for our modern times so that doctors are not prosecuted if they help someone to die a “good” death. If they can prolong life thanks to modern medicine, they must also, at the request of a patient, according to the proper legal procedures, help that patient to end unbearable suffering.

Assisted dying is a “good” death. Suicide can never be “good”. The person who died from suicide suffered unimaginably and died from the most cruel disease. Let us honour them, like all other victims of terminal illnesses. Let us cherish their memory without the stigma that still clings to mental illnesses and their terminal consequences.

And let us say it over and over and over. Until it no longer needs to be said, as in the words of Margaret Atwood.

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- The article by Father Rolheiser:
<https://ronrolheiser.com/suicide-and-our-misunderstandings/>