

The near-suicide phenomenon study surpassed the 100,000-view milestone: In the cause of medical humanities

AISDL Team

Email: aisdl_team@mindsponge.info

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The AISDL Team is delighted to celebrate the event of our study, titled "Near-Suicide Phenomenon: An Investigation into the Psychology of Patients with Serious Illnesses Withdrawing from Treatment," surpassing the 100,000-view landmark at 22:20 Hanoi time, April 7, 2023 [1]. This unthinkable event occurred only 24 days after publication.

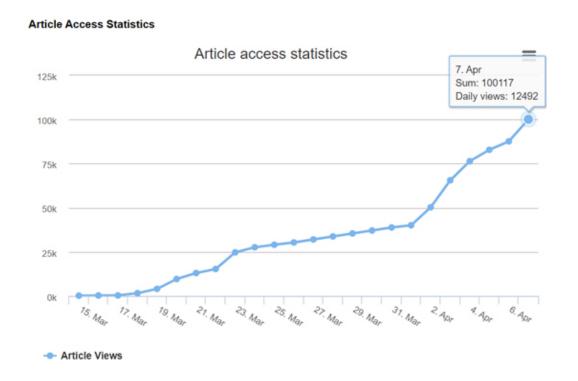


Illustration: The study of the near-suicide phenomenon reached the 100,000-view milestone

The paper coins the term "near-suicide" to imply the phenomenon where poor patients have to choose to give up treatment and wait for death, not to push their families into poverty. The psychological mechanism behind the phenomenon is explained by the Mindsponge Theory and validated using the Bayesian Mindsponge Framework (BMF) analytics on a 1042-patient dataset [2,3].

Although the study was written in 2022, its idea has existed in the mind of the study's lead author, Quan-Hoang Vuong, since the survey collection in 2014. During the survey collection, he listened to many poor patients or their family members who struggled to decide between continuing treatment and sacrificing their family's limited finance or sacrificing the patients and discontinuing treatment. Some patients or their family members became emotional when thinking of their miserable situations and could not complete the questionnaire. Dr. Vuong and the data team also witnessed how impoverished, non-resident families with a member suffering from the disease had to form voluntary communities to help each other reduce living costs, share medical information, and receive temporary jobs for generated badly needed incomes [4-6]. These experiences motivated Vuong to nurture the idea for the "near-suicide" paper for years until his team finally wrote it down.

We feel happy and proud when seeing the medical humanities values of the paper recognized by other colleagues and the public. We hope that evidence-based solutions can be worked out and actions will be taken to reduce the existential threats to dying patients and their families so that they won't have to face the dilemma between life and morality [7].

References

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