

Near-suicide phenomenon: A collectivistic dilemma between life and morality

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In the classical novel *Crime and Punishment*, Fyodor Mikhailovich Dostoevsky artistically and deliberately described the mental anguish and moral dilemmas of Rodion Romanovich Raskolnikov, a young intellectual and sympathetic ex-law student living in Saint Petersburg's slum [1]. The inner conflicts of Raskolnikov arose in the interest of humanity when he saw miserable lives around him, leading to a utilitarian-altruistic justification for his crime [2]: "Why not kill a wretched, rapacious, and "useless" old moneylenders and employ the funds to alleviate the human misery?" With that thought in mind, Raskolnikov determined to commit a murder but soon became overwhelmed by his sense of guilt. It has been more than a century since the novel was first published. However, many people still suffer from the mental anguish and moral dilemmas faced by Raskolnikov.

As humans, illness is an inevitable reality that everyone tries to avoid, especially fatal ones like cancer, heart disease, respiratory infections, etc. Some of them are curable, and some are not. However, for people experiencing poverty, money is a primary reason for making most serious diseases "incurable." The harsh truth is that the more serious an illness is, the more costly it is to be treated. Both patients with serious illness and their families need to make significant sacrifices in order to afford the high cost of medical care, which can push them into poverty. If the medical care is no longer affordable, the hospitals will likely "return" the patients home so they can spend the last moments of their lives close to their loved ones. Non-local, poor, and uninsured patients have approximately 70% probability of

being impoverished for healthcare treatment [3].



Illustration: Poor patients waiting for Death generated by DALL·E 2023-03-31 19.46.19

Given this bitter reality, the “near-suicide” term is coined to describe the phenomenon in which poor patients with serious illnesses or injuries choose to end their treatment, which is highly likely to result in mortality, to avoid making their families destitute. Vuong et al. [4] used the Mindsponge Theory and Bayesian Mindsponge Framework (BMF) analytics to explain and validate the psychological process behind the collectivistic decision of the near-suicide phenomenon [5,6]. Analyzing a dataset of 1042 Vietnamese patients, they discovered that only one in four patients with serious health issues who thought that continuing the treatment would push themselves and their families into destitution would decide to continue the treatment.

From the subjective cost-benefit evaluation of Mindsponge Theory, a person tends to choose the decision of self-killing when they see death as more beneficial than being alive [7]. Many factors motivate them to think so, such as depression, psychological distress, physical or psychological pain, etc. Euthanasia – intentionally ending one’s own life to relieve unbearable pain (usually due to untreatable diseases) with help from medical doctors – is a typical example of this way of explanation. When patients go to hospitals to seek treatment, they still have the instinct to live and may have some money. However, why are patients still deciding to end the treatment, a near-suicide choice?

The patients' budget is scarce, even more so for those with big families. Imagine a patient is a father or mother of three children. Besides their treatment fees, the family budget is also spent on other members' necessities, such as food, rent, education, clothes, etc. If the patient uses up all the available money, their wife/husband and children will suffer the bitterness of poverty or even fall into debt. As a human, instinctive motives do not want the patient to make a near-suicide decision. However, as a father/mother/husband/wife, pushing loved ones into destitution and debt for their own life is also a heartbreaking decision.

Unfortunately, such a decision is hardly influenced solely by the patient's willingness, but other family members are also involved. If family members grieve the death of a father/mother/husband/wife, their grief will be tremendous when seeing the father/mother/husband/wife giving up life for them. If they want to save their loved one, they must risk being homeless and lacking food, education, and other necessities that significantly affect their future. Sadly, when the decision is collectivistic, it is also collectivistic suffering.

The near-suicide phenomenon portrays a situation in which patients and their families suffer from the "torture" of instinctive or moral conscience with either decision (continue or discontinue treatment). In such cases, can the patient and their families really find any moral strength and rehabilitation just like Sonya did for Raskolnikov in *Crime and Punishment*? That is uncertain. However, a well-functioning healthcare system will definitely lessen patients' and their families' mental and physical burdens. Science is about certainty and robustness, so scientists should be instigators to find ways to alleviate the near-suicide phenomena. Policymakers, especially in developing countries, must also take action to improve the healthcare system's effectiveness and efficiency. A well-functioning healthcare system is one that does not force patients and their family members to face the dilemma of life and morality.

References

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