

# Suicide: an illness or a choice?

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In any society, suicide is always a tragedy. Despite the induced bereavement and grief, this tragedy is growing rapidly across the globe. The Global Burden of Disease, a 2017 major global study of 282 causes of death in 1995 countries and regions, ranked suicide as the 15th leading cause of death. It was estimated that almost 800,000 people die by suicide yearly, or approximately one person every 40 seconds [1].

The tremendous number of suicide-related deaths has driven mental health clinicians and researchers to consider suicidal tendencies a disease. In 2013, a major step was taken by the team behind the fifth edition of the Diagnostic and statistical manual of mental disorders (DSM-5) [2,3]. They suggested Suicidal Behavior Disorder (SBD) as a “condition for further study”, meaning that Suicidal Behavior Disorder can be listed as a distinct disorder and receive treatment recommendations in the next edition. Seasoned experts developed five criteria for SBD diagnosis on the DSM-5 Task Force and Work Groups after a thorough review of the research literature and discussions with experts in the field and the general public [4]:

1. Within the last 24 months, the individual has made a suicide attempt.
2. The act does not meet the criteria for non-suicidal self-injury (NSSI).
3. The diagnosis is not applied to suicidal ideation or preparatory acts.
4. The act was not initiated during a state of delirium or confusion.
5. The act was not undertaken solely for a political or religious objective.



[The Suicide](#), by Alexandre-Gabriel Decamps (1803-1860)

It requires a person to meet all these criteria to be diagnosed with SBD. From the proposed criteria for SBD diagnosis, it can be seen that the DSM-5 is still very cautious in concluding whether a person has an SBD or not. For example, people with suicidal ideation or preparatory acts are not necessarily diagnosed with SBD. Moreover, people committing suicide for political or religious reasons are also not considered to have SBD.

The caution of diagnosing someone with SBD derives from the fact that in some scenarios, suicide can still be deemed a “rational” choice and expression of free will rather than a disease [5,6]. For example, euthanasia [7], suicide attacks [8], people with mental illness but being able to take into account the weight of the illness, etc. [6]. There exists a blurry line between the considerations of suicide as a choice or an illness. Perhaps, whether it is an illness or a choice is largely dependent on the context and targeted subject. It is not hard to see whether (or when) this very delimitation works is very much cultural by its nature [9].

## References

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