

Editorial: The Right for the Elderly to Commit Suicide

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For my book *Elder Suicide: Durkheim's Vision*, I surveyed (questionnaires and interviews) more than 1,000 elders. Although I generated a great deal of information regarding the propensity to commit suicide, one perplexing phenomenon continued to emerge from interviews. It started toward the beginning of my research, when I approached a chapter president of AARP. I explained my suicide project and she became incensed. She responded by commenting on two particular social science research publications and concluded that social scientists hold the position "Like it or not, we're going to fix things so you can't kill yourself." When I explained Durkheim's theory and the book I was writing, she became relieved and said that Durkheim's position on suicide did not seem oppressive.

Throughout the time I worked on this project, other elders restated the position of the AARP chapter president but in a much less militant posture. During this time period, I attended a committee meeting whose membership constituted retired gerontologists. When it was my turn to speak about my recent activities, I noted that *Elder Suicide* was in press. The response of the membership can best be described as controlled hostility. As I did with the chapter president of AARP, I summarized Durkheim's position on suicide; the members of the committee were relieved. I actually heard a sigh of relief.

The data on attitudes of the elderly toward suicided is quite scarce. A strange experience: The American Foundation for Suicide Prevention responded to my *Elder Suicide* grant application with outrage. They commented that they were shocked that my university's IRB approved such research and that I should never discuss suicide with elderly populations. To me it seemed like they were

saying that elderly people were too emotionally fragile to discuss their attitudes toward suicide. Our university's grants office personnel and I were dumbfounded at their emotional and seemingly irrational response. They had virtually no comment on the research methodology. Clearly, they will not fund research addressing suicide among the elderly. This might be one reason for the scarcity of research. However, in my interviews, I found that elders wanted to talk about suicide. *It is the younger people who don't want to hear them speak about it!*

I will not acknowledge the elderly person in particular, but the attitude of militant elderly can best be summed up with the statement, "I have lived a long time and it is *no one's business* to stop me from accelerating the inevitable." There is an ethical dilemma here. On one hand, clients have the right to self-determination, but suicide contradicts the value of life. Do social workers have the moral authority to stop an elderly person from committing active or passive suicide? *The NASW Code of Ethics* (revised January 1, 2018) addresses this issue:

1.01 Commitment to Clients

Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

1.02 Self-Determination

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

Data from *Elder Suicide: Durkheim's Vision* note that when practitioners are aware of the desire for suicide and are able to address the causes, 80% to 85% of elderly persons change their minds. I am not sure that militant members of AARP would be happy with this data outcome. Here, we see intervention to prevent suicide.

NASW (2004) does not take a stance on the morality of end-of-life decisions but affirms individuals' rights to determine the most appropriate level of care. Specifically, NASW (2003) embraces the position "It is inappropriate for social workers to deliver, supply, or personally participate in the commission of an act of assisted suicide when acting in their professional role" (p. 46). What is your experience with elder suicide? Send your comments to smarson@nc.rr.com and I will publish them in the next issue of *The Journal of Social Work Values and Ethics*.

References

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