

## Research Article

# Ethical Issues Found in Healthcare Providers in Suicide Prevention in Indonesia

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**ORCID**Tutu April Ariani: <https://orcid.org/0000-0002-9247-4312>**Abstract.**

The suicide rate is increasing and gaining attention in several developed countries, but in most developing countries, it is often ignored. Society should have a valve that can withstand various problems that occur in the community. The valve is a family. There has been a deterioration in family function in recent years. The existence of supportive caregivers has a very close correlation with suicide. There is also a correlation between suicide and religion. No Christian scriptural permission to die by suicide is granted, and that is better for Christians to suffer than to commit suicide. Common ethical considerations in suicidal issues are based on utilitarian theory. The concept of utility does not only refer to intrinsic things but to individual preferences that prioritize the interests or satisfaction of all individuals who have been influenced. In conclusion, suicide is a very complex problem involving various elements and is something that must be faced by healthcare providers. An important aim of this study is to identify how ethical consideration issues can happen among healthcare providers in suicide prevention.

**Keywords:** suicide, health care provider, stigma, religion, ethical consideration

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## 1. INTRODUCTION

In the 21<sup>st</sup> century, approximately one million people kill themselves every year. The World Health Organization (WHO) notes that there are 800,000 persons die of suicide each year. The suicide mortality rate that continues to increase from time to time is increasingly gaining attention, especially in developed countries. Mostly in developing countries are somewhat ignored because there are still several factors that hinder the implementation of prevention programs' success (1). The significant implications of a comprehensive strategy of health policy for all health practitioners are the main needs. The impact of national suicide prevention strategies is very important for nurses because nurses have a lot to do with all people of various ages who might be involved in suicide. Nurses also become important for patients who want to commit suicide.

Suicide attempts are far more common than suicide deaths. Each year in the United States, there are more than 30 suicide attempts for each suicide death (2). Among

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individuals with nonfatal suicide attempts, approximately 40 percent do not come to medical attention (3). For every successful suicide, there are 50 to 100 attempted suicides. A total of nine of every 10 suicides are preventable. Suicide by hanging is 94% of all suicide's way in Gunungkidul, Indonesia. Even, launching Kompas.com, throughout 2021, cases of suicide in Gunungkidul, Yogyakarta, reached 38 reports. This figure has increased from 2020. Out of 38 cases, 37 of them died by hanging themselves (4). One of the ways offered by Dhaksinarga (2017) to prevent the increase in the suicide rate is to continuously maintain the community at risk. In addition, we must be there (accompaniment). If in our environment there are people who have a risk tendency, they should inform to the Community Health Center (5). The aim of the study is to identify how ethic consideration issues can happen among health care providers in suicide prevention.

## 2. THEORETICAL FRAME

Suicide, from Latin *suicidium*, is "the act of taking one's own life" *Stedman's Medical Dictionary* (28th ed., 2006). Attempted suicide or non-fatal suicidal behavior is self-injury with the desire to end one's life that does not result in death (6).

### 2.1. Caregiver Position in Suicide Predisposition and Precipitation

Nowadays, the number of suicides has increased rapidly, especially at a young age. This increased number is due to various causes. In various parts of the world, there are various reasons why suicide among young people is increasing. These reasons narrowed down to the simplest social organization, namely the family. Society should have a valve that can withstand various problems that occur in the community. The valve is a family. But what happens now? The family no longer functions properly; in other words, there is a deterioration in the family function. It can result in feelings of insecurity for each family member. The function that most influences suicide is the function of socialization in the family, which function cannot run normally. The function of socialization to families that do not work is also caused by reduced or stagnant functions of the community as an environment supporting individual development. This situation has an impact on the feelings of individuals who have to bear all their problems (7). Some factors that can cause suicide is a history of family suicide or self-injury. Besides, physical ailments especially for those who have just been diagnosing with chronic diseases or diseases that are "hopeless". External factors such as exposure to suicide by other

people, both directly and indirectly, just out of treatment at a psychiatric hospital, is a way to commit suicidal behavior (8).

Bartholomew (1990) stated in his article that there are four patterns of adult level closeness that can be considered as the existence of intimacy from individuals (9) Secure, fearful, preoccupied, and dismissing patterns have a very close correlation with intimacy. A person will feel a loss of intimacy due to the loss and rejection in a close relationship. This is related to the pattern of fearful associated with anxiety. Individuals need recognition from others; therefore, he will try to get close to others. These signs are characteristic of a preoccupied pattern. High self-esteem related to the dismissing pattern has an impact on how to maintain autonomic distance when related.

There are symbiotic family as like Richman's model in the setting of a rigid and inflexible family, the family is unable to adapt to a death. This person is forced to make the death in the family left by the void in the family. When the conflict becomes unbearable, the individual feels so alone and abandoned by the family that he or she is suicide. The individual is in a position where he does not want to be in it. Conflict that occurs between sadness as a result of being abandoned by family members and resolving all the problems left behind and impacting emptiness in life. An unbearable conflict will have an impact on one's own feelings and be abandoned by the family. The end result of this situation is suicide (9).

## 2.2. The Mechanism of Caregiver Relations with Suicide

Care giver has very close correlation with suicide. In Indonesia, there is a very unique area, we call it Gunungkidul. This area has the strength of the relationship between the social environment including the family, spiritual religion and myth (10, 11) and it is an illustration of almost most of Indonesia, despite different myths.

Gunungkidul is very popular with the Pulung Gantung myth and phenomenon. Pulung Gantung is an incident of how suicide occurred. Pulung (*pulung*: a sign of luck, from *Javanese* language) means a mysterious fireball from the sky (we call it a meteor or comet fire ball with an inherent combination of bright red, yellow and blue colors.) and according to local people's beliefs is sent with supernatural power from someone who does not care about the residents being seriously ill and chronic. This fireball can only be seen by the Spiritual Leader. At first, the fireball is still believed to be positive, therefore it must be obeyed. Homeowners strongly believe that they must commit suicide by hanging themselves (11, 12). Another words is "*gantung*", has mean hanging. That is why, there is relation to suicide and self-hanging with myth. Durkheim (1965) argues

that myth is "the basic form of religious life" and more accurately referred to as "an aspect of primitive religion (13).

Another factor that also affects suicide is the state of social disintegration. Social estrangement due to many things has eliminated cohesiveness in social life. This has an impact on failure to convey the norms and values of society. Individuals do not know what is right or wrong in the norms of everyday life. Other impacts are indifference to one another. Decreased sense of community and togetherness, and emotionally unprepared in accepting unpleasant criticism. Social estrangement can also have an impact on individuals having no coping to defense from hardships and pressure of modern life. All three of these impacts have a very strong contribution to making someone attempt until they commit suicide (12).

### **2.3. The Health Care Provider Position Prevents Suicide**

What is the position of health care provider in preventing suicide, can be seen in the relationship between the care of health care provider and the unsuccessful attempted suicide (9). Someone who has suicidal thoughts or suicidal ideation hopes that no one will know their plans. The failure of health care provider in dealing with them, is something that is highly expected. The concern in them is that if they find out they will take him to the hospital and save them from suicide attempts. In addition, they will regain social support that they have left behind and are lonely. The loneliness that will change the situation becomes increased attention and dialogue with everyone around him. This situation will limit dishonesty in expressing feelings and situations, so that all of these factors can prevent someone's suicidal ideation

The position of health care provider is a barrier to suicide which causes them to stay away from seeking help from health care provider. Some of the religions that oppose suicide are clearly explicit, meaning rejection, marginalization and alienation, so that feelings of loneliness are more evident and increase the incidence of suicide (12).

## **3. ETHICAL ISSUES IN SUICIDE PREVENTION INDONESIA**

### **3.1. Suicide Related to Stigma**

Feelings of isolation, loneliness and burden will be exacerbated by no intervention due to the alienation of individuals in crises as a result of giving stigma to suicides (14). The role of stigma in increasing suicide in individuals has recently been discovered in a

retrospective manner of suicide attempts. There are three mechanisms of hypotheses (15), there are: first stress-coping models of stigma frames. The threat of stigma and social rejection that exceeds the coping capacity possessed by individuals will add to the burden that aggravates social stigma stressors. This social stigma will cause negative emotional reactions, social withdrawal and feelings of despair or someone feeling of hopeless (16). Second, is social isolation experienced by someone with a history of withdrawing, being a barrier in conveying problems that are owned can be important or serious things that are responsible for suicide. In contrast, a more open cultural climate about psychological and emotional problems facilitates disclosure that is felt and can prevent suicide. Such cultures can easily compare, who wants to seek help and stigma against suicide (15). Third, collective levels of stigma. Collective stigma is a combination of stigma in a population and individual stigma. From the existing studies, findings have been found that between individual stigmatization and self-stigma have a correlation with the low desire to seek help when having mental health problems. the low desire to seek help is very encouraging for suicide (17, 18).

### 3.2. Stigma Related to Religion

Religion has been proven to help someone overcome problems in life to be better, can reduce the incidence of suicide, reduce depression, recover from depression, increase social support and provide hope (19).

Every teaching and tradition have special implications for anyone who has suicidal thoughts. No scriptural permission to die by Suicide is granted, and that is better for the Christian to suffer than to commit to a life taking (City of God I.16–27). In Hebrew scripture, not to commit murder (Exodus 20:13) and both Jewish and Christian commentators have generally seen suicide to be forbidden by this commandment (20). Some religions are not always straightforward in deciding suicide is not suicidal explicitly condemned in Judeo-Christian scripture, and there are contradictions and give awards to those who end their own lives and have a basket to meet their God rather than love with humans. The Qur'an is more explicit in its injunction against suicide: Nor kill (or destroy), yourselves: for verily, Allah hath been to you, most merciful, Surah 4:29. Muslims place a higher value on the morality of suicide. Muslims have more reasons for living. It has been suggested that the reason for this phenomenon is the strict Islamic orders against suicide; that is, because the Quran 'forbids people to kill themselves, an Islamic tradition maintains that the suicide is condemned to perpetual hell, always excluded from heaven,

and can never be forgiven'(21). In Islam, it has been mentioned that suicide is illegal in some Islamic countries.

Especially in Hinduism, there are several examples of suicide that are altruistic, but still give respect to the rights of life and there is concern for karma. Based on this, it can still provide an understanding that suicide is wrong. Although, this religion does not guarantee that the adherents will be free from depression or even suicidal behavior (20).

### 3.3. Health Provider Prevention Suicidal Behavior

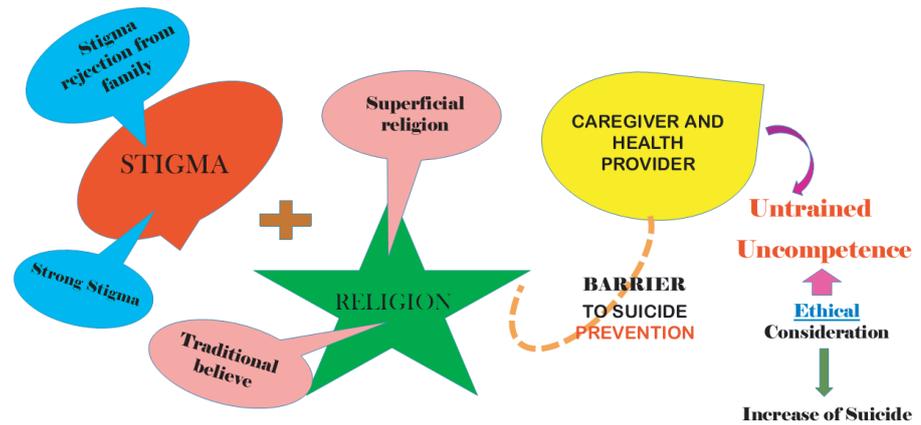
The study conducted by Schulberg et al. Showed that the prevalence ranged from 1% to 10n% in suicidal ideation and plans. This number indicates danger because it is very likely to be a death if prevention and management are not carried out properly (22). Shneidman chooses something inappropriate for someone who wants to get out of trouble. On the one hand he wants to immediately commit himself but on the other hand they really want to be saved (9).

Nurses have a very important role in handling suicide at all levels, such as suicidal ideation, attempted suicide and suicide. There are several levels of categories that can be done (23), there is a first holistic assessment of suicide: The nurses' observations, Interviewing, The warning signals of suicide, Information sharing.

In relation to the emergent findings from the current study, which indicated that psychiatric nurses should have the skills and qualities required to provide advanced care for suicidal patients, the compassionate art of nursing was generated as the overarching principle guiding the provision of holistic nursing care.

## 4. ETHICAL CONSIDERATION

According to the conceptual framework, suicide can occur by involving several factors that can influence it. How ethical considerations become an important part that can prevent suicide and involve the important role of health care providers. Moreover, how stigma and religion play a role in suicide prevention. **Figure 1** describes the relationship of the components involved in suicide prevention.



**Figure 1:** The relationship of components to prevent the suicide, consist are: stigma, Religion, Caregiver and healthcare provider and ethical consideration position.

#### 4.1. Utilitarian Theory

There is a Consequentialism that theories holding that actions are right or wrong, according to the balance of their good or bad consequences (24). The concept of utility does not only refer to things that are intrinsic, but as individual preferences prioritize the interests or satisfaction of all individuals who have been influenced. The right actions can produces the maximal balance of positive value. This is the principle of utility requires (24). Consideration of theoretical values is the most important part in determining the best overall results which are the products of the most correct actions under any conditions. The choice of attitude to be able to help and be active in suicide prevention must be realized by giving responsible actions. One form of responsible action by health providers is to continue to take part in training and be supported by suicide prevention policy policies at various levels.

This is in accordance with the principle of utility in which welfare values can be analyzed from welfare, satisfaction and the like that are in accordance with the preferences of patients with a history of suicide. Each type rule utilitarianism has scope that allows it to justify not only basic moral rules, but also moral rights, professional duties and the like (24).

#### 4.2. Based on Consequences

1. Health Care Providers should have competence in detecting suicide early symptoms so that suicide can be prevented

2. Health Care Providers should train their abilities by continuously participating in training in conducting suicide in assessment and interventions
3. Health Care Providers give contribute education and action to reduce stigma
4. Health Care Providers collaborate with religious experts provides an understanding of God's punishment for suicides

### 4.3. Future Recommendations

There are many suggestions based on many aspects, such as: stigma, religion and health care provider. Firstly, for stigma: for government: policy about open access to Mental Health Hospital for community, making the mental health program one of the main programs, another sector is education: placing mental nursing specialists in rural areas, provide more practice time for suicide management, and always conduct research on suicidal behavior and intervention about the area.

For, Health Care Provider: provide services directly to families who are indicated to be at risk of suicide. For family members: involved in providing care, especially for early detection of signs and symptoms, health education about suicide in regularly time.

Secondly, Religion: for informal sector/ community: Involve the important person to provide knowledge about the right religion, to the family. The last is Health Care Provider: Develop self-competencies by always attending training. Meanwhile, always work with families to detect suicide symptoms and interventions and monitoring.

## 5. CONCLUSION

Suicide is a very complex thing in involving various elements and is something that must be faced by health care providers. Because it relates to society, the consequences are very close to ethical considerations. Therefore, every element involved both from a causative factor, who will be involved starting from prevention to management of suicide at various levels requires procedures that can be followed by all health care providers.

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