Editorial

Suicide among men

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Leo was 90 years old when his wife Janet died. After the funeral, his children explained to him that he could not stay at home by himself, as he could not take care of himself and was losing his memory. Leo did not want to be put in a centre for "little old men." His children insisted that it was for his own good. Leo resolved the situation: he took a rope and hanged himself in the garage.

Gabriel attended a well-known school. When he was caught taking drugs, he was summoned, along with his parents, to the Director's office. In this high-class establishment, the rules were clear: anyone found in possession of drugs would be expelled immediately. Gabriel returned to his room to gather up his belongings and took advantage of the fact that he was alone to kill himself. He was 17 years old.

Each year, more than 3500 Canadians take their own lives.[1] That is a considerable number if we compare it with colon cancer or breast cancer, the 2 leading causes of death from cancer. For example in 2007, 3611 died through suicide[1] while 7662 died of colon cancer and 5105 died of breast cancer.[2] In fact, among the principal causes of death among men, those attributable to suicide rank seventh, not far behind cancer and heart disease.[2] It is troubling that most of those who kill themselves are adult men, most frequently between the ages of 15 and 64 years.[2]

Faced with this slaughter, anyone would have the right to ask what family physicians are doing to prevent it. Do they start systematically screening for suicide as they do for other illnesses? I don't think so. Do they institute programs to prevent suicide? Not much use.

One thing is for sure: if family physicians do not seem to worry about preventing or screening for suicide, they do not hold back from prescribing aggressively. We need only scan through coroner's reports on the circumstances surrounding the deaths of people by suicide to convince ourselves of that.[3] Most people who killed themselves during the past few years had taken a variety of substances to achieve their end. At autopsy, we often find alcohol and drugs present, but we also find benzodiazepines and hypnotics, psychotropic and neuroleptic drugs, and others as well. Evidently, it takes courage—or at least determination—to clear the way to the Heavenly Gates for yourself. And all men are not as privileged as Socrates was to have hemlock right at hand. Now, where do you think these people obtained all these medications? Certainly not without a prescription from a lenient physician, psychiatrist, or family physician!

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The other possible intervention for a family physician confronted with a suicidal man, outside of psychotherapy and pharmacotherapy, is to put him in protective custody. In fact, many different laws authorize physicians to protect people from harming themselves if they have serious reason to believe such people represent a danger to themselves or to other people.[4,5] We could agree that a person who is actively suicidal fits that definition well. We could agree also that a physician who does not apply protective measures rigorously would certainly be to blame if something bad happened. This approach, however, risks dissuading more than one man in the grip of suicidal thoughts from seeking help, as already many do not have family physicians or only consult someone when they think they need to; and already most men have difficulty expressing their emotions and recognizing their psychological distress, as Ogrodniczuk and colleagues confirm in this issue (**page 153 and e74**).[6,7] The idea of being guarded against yourself, even "for your own good," does nothing to reassure you.

I do not know whether Leo or Gabriel had family physicians when they took their own lives, but I doubt that the idea of going to consult one, or even to see a psychologist, ever occurred to them in the heat of the moment. More likely they went in silence like the other 2717 men who went the same way in 2007.

That being said, under the title of family physician, can we not do more than we are doing already for all the Leos and Gabriels on earth who decide to end their lives? Being there, listening, and trying to help? However, we need to remember that most of those who kill themselves have seen physicians in the weeks before their attempts.[8-10]

Competing interests
None declared

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References

1. Statistics Canada. *Suicides and rate of suicide according to sex and age*. Ottawa, ON: Statistics Canada; 2010. Available from: **www40.statcan.gc.ca/l01/cst01/hlth66a-eng.htm**. Accessed 2011 Jan 13.
2. Statistics Canada. *Leading causes of death in Canada, 2007. Highlights*. Ottawa, ON: Statistics Canada; 2010. Available from: **www.statcan.gc.ca/pub/84-215-x/2010001/hl-fs-eng.htm**. Accessed 2011 Jan 14.
3. Un rapport de coroner qui invite à la prudence. *Le Collège* 2010;50(3):24.
4. Lois refondues du Québec. *Loi sur la protection des personnes dont l'état mental présente un danger pour elles-mêmes ou pour autru.* Chap. P-38.001. Quebec, QC: Lois refondues du Québec (L.R.Q.); 2010. Available from: **www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=/P_38_001/P38_001.html**. Accessed 31 December 2010.
5. Government of Quebec. *Code civil du Québec, disposition préliminaire*. Quebec, QC: Government of Quebec; 2010.
6. Ogrodniczuk JS, Oliffe JL. Men and depression. *Can Fam Physician* 2011;57:153-5 (Eng), e39-41 (Fr).
7. Wide J, Mok H, McKenna M, Ogrodniczuk JS. Effect of gender socialization on the presentation of depression among men. A pilot study. *Can Fam Physician* 2011;57:e74-8.
8. Mann JJ, Apter A, Bertolote J, Beautrais A, Currier D, Haas A, et al. Suicide prevention strategies: a systematic review. *JAMA* 2005;294(16):2064-74.
9. Houston K, Haw C, Townsend E, Hawton K. General practitioner contacts with patients before and after deliberate self harm. *Br J Gen Pract* 2003;53(490):365-70.
10. Gunnell D, Bennewith O, Peters TJ, Stocks N, Sharp DJ. Do patients who self-harm consult their general practitioner soon after hospital discharge? A cohort study. *Soc Psychiatry Psychiatr Epidemiol* 2002;37(12):599-602.