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Ethical and Legal Perspectives in the De-Criminalization of Attempted Suicide in India

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Abstract:

In India, the prosecution of attempted suicide has generated controversy and raised moral and legal issues. This article looks at the legal framework, sociological ramifications, ethical issues, and historical background of India's decriminalization of attempted suicide. This paper examines arguments for and against the decriminalization of suicide attempts, emphasizing the necessity for a humane and comprehensive approach to mental health by drawing on a variety of academic sources and legal texts.

Keywords: Suicide, Decriminalization, Behaviour, Mental health, Society.

Introduction: The problem of suicide is complicated and extremely upsetting, and it affects people individually, in families, and in society as a whole. As a result, there is a lot of discussion and examination surrounding the moral and legal responses to attempted suicide. Around the world, attempted suicide is regarded as a crime that is subject to legal penalties in numerous jurisdictions. This strategy, however, calls into serious doubt the morality of punishing people who are already experiencing severe anguish and the efficacy of laws of this kind in addressing the root causes of suicide behavior.

Like many other nations, India has struggled with the issue of whether or not attempted suicide should be handled as a public health concern rather than a criminal offense. India's legal system for dealing with suicide attempts was established during the colonial era and has changed over time. Nonetheless, legislators, legal experts, and mental health specialists continue to disagree over the moral ramifications of making suicide attempts illegal.

The complex phenomena of suicide is impacted by a wide range of biological, psychological, social, and environmental elements. The World Health Organization (WHO) estimates that suicide claims the lives of almost 800,000 people annually, making it one of the major causes of death worldwide. Despite being common, it can be difficult for mental health experts, law enforcement, and healthcare providers to identify people who have attempted suicide or are at danger of doing so. This article looks at the difficulties in

identifying suicide attempts, investigates the obstacles to a precise assessment, and suggests ways to improve efforts to prevent suicide. Citing NCRB data Wikipedia saying that Suicide is a major national public health issue in the India. 1.71 lakh suicides were recorded in 2022, registering a 4.2% increase over 2021 and a jump of 27% compared to 2018. The rate of suicide per one lakh population has increased to 12.4 in 2022 which is the highest rate of deaths from suicides since 1967, which is the earliest recorded year for this data. Suicides during 2022 increased by 27% in comparison to 2018 with India reporting highest number of suicides in the world. India's contribution to global suicide deaths increased from 25.3% in 1990 to 36.6% in 2016 among women, and from 18.7% to 24.3% among men. In 2016, suicide was the most common cause of death in both the age groups of 15–29 years and 15–39 years.^[6] Daily wage earners accounted for 26% of suicide victims, the largest group in the suicide data. The male-to-female suicide ratio in 2021 was 72.5: 27.4.

Historical Context: Suicide as a sin or a crime is a long-standing legal, moral, and theological tradition that has led to the punishment of attempted suicide. Although the severity of the punishments varies greatly, attempting suicide is nevertheless considered a criminal violation in many nations. For instance, attempted suicide is regarded as a misdemeanor in certain jurisdictions but a felony in others, carrying a jail sentence.

Because of the Indian Penal Code (IPC) of 1860, which was a hangover from British colonial authority, attempted suicide is now illegal in India. According to Section 309 of the IPC, attempting suicide is a crime that carries a possible jail sentence and/or fine. Victorian morality, which held that suicide was a sin against both God and society, served as the foundation for the reasoning behind this clause. However, the conversation around suicide and its legal ramifications changed along with society views toward mental health. By enacting the Mental Healthcare Act, 2017, the Indian government chose to abolish the statute that decriminalized suicide. The act went into effect in July 2018.

Criminalizing attempted suicide is supported by the argument that it is essential to prevent people from self-harming and to make sure they get the support and assistance they require. They contend that making attempts at suicide illegal sends a message that self-harm is unacceptable and not a suitable coping mechanism for mental pain and that those who make such attempts should be held responsible for their actions.

Critics of this strategy counter that it is unfair and ineffectual to make attempted suicide a crime. They contend that penalizing those who attempt suicide will just make their suffering worse because these people are frequently experiencing severe mental turmoil and are not acting logically. Furthermore, they contend that making suicide attempts illegal may discourage people from getting support because they fear legal repercussions or social stigma.

Ethical Considerations: The prosecution of attempted suicide presents significant ethical issues regarding individual autonomy, dignity, and the state's responsibility in controlling

behavior. Many ethicists contend that people have an inalienable right to make choices regarding their own lives, including, if desired, the option to end their own life.

1. Autonomy and Self-Determination: The idea of autonomy and people's right to make life decisions for themselves are the foundations of one of the main defenses of suicide. This viewpoint's proponents contend that people ought to be allowed to decide how and when to pass away, especially in situations where they are suffering from a terminal illness or other excruciating condition.

2. Quality of Life: Suicide, according to some, may be a reasonable option for people whose physical or mental illnesses have significantly reduced their quality of life. Ending one's life may be considered as a way to avoid more suffering when there is no chance of improvement or when the suffering is intolerable.

3. Relief of Burden: People who perceive themselves as a burden to their loved ones may consider suicide as a noble act intended to relieve others of the mental, financial, or physical load that comes with providing care.

4. Existentialism: The idea of suicide as a reaction to the absurdity and meaninglessness of existence has been examined by existentialist intellectuals like Jean-Paul Sartre and Albert Camus. Suicide may be interpreted by some as a declaration of one's own independence in the face of a meaningless reality.

They contend that making attempted suicide illegal violates this right and robs people of their freedom to make choices regarding their own bodies and well-being. Moreover, criminalizing suicide attempts has the potential to further stigmatize those who are already marginalized and at risk, such as those who are dealing with trauma or mental illness. It can deter people from getting the care and assistance they need and perpetuate unfavorable attitudes and misconceptions about mental health concerns.

Psychological Challenges: The complexity of human behavior and brain makes recognizing suicide attempts one of the biggest hurdles. Suicidal thoughts and behaviors, in contrast to other medical problems, are typically subtle or concealed by other mental health conditions including depression, anxiety, or substance addiction. Furthermore, stigma, fear of being judged, or worries about being hospitalized without their will may make people reluctant to share suicidal thoughts. The evaluation procedure is complicated by this reluctance, which makes it challenging for doctors to appropriately assess suicide risk and implement effective interventions. Numerous psychological theories endeavor to elucidate the reasons behind suicidal conduct.

According to the psychodynamic viewpoint, suicide thoughts and attempts may be influenced by unconscious urges and unresolved problems. The death instinct, or thanatos, is one of the Freudian notions that suggests people may harbor unconscious inclinations to destroy themselves. Suicidal thoughts might also be fueled by pessimism and worthlessness that result from traumatic or difficult childhood experiences.

The main focus of cognitive-behavioral theories is on how suicide ideas and attempts might be triggered by cognitive distortions and maladaptive thought processes. According to Beck's cognitive theory of suicide, those who feel hopeless, think they are a burden to others, or have a reduced capacity for problem-solving are more likely to commit suicide. Cognitive distortions that cause feelings of hopelessness and contribute to suicidal behavior include black-and-white thinking and catastrophizing.

In order to explain suicidal behavior, the Interpersonal-Psychological Theory of Suicide (IPT) combines interpersonal and cognitive elements. IPT states that two major psychological elements that contribute to suicide thoughts are perceived burdensomeness (thinking one is a burden to loved ones) and frustrated belongingness (feeling detached from others). People may be more inclined to attempt suicide if they have these emotions along with learned suicidal tendencies (aversion to suffering and dread of dying).

Risk Factors for Suicide Attempts: Suicidal behavior is more likely in the presence of several risk factors, such as mental health conditions, substance misuse, a history of suicide attempts, and availability of lethal weapons. Suicide attempts are highly correlated with psychiatric disorders such as depression, bipolar disorder, schizophrenia, and borderline personality disorder. Due to the potential for substances to worsen underlying psychological distress and impair judgment, those who have comorbid substance use disorders are also more vulnerable.

Neglect, abuse, and dysfunctional families are examples of adverse childhood events that greatly raise the likelihood of suicide attempts in later life. Suicidal crises can be triggered by traumatic events such as the death of a loved one, broken relationships, financial hardships, or chronic sickness. Desperation and hopelessness are also exacerbated by social isolation, the stigma associated with mental illness, and obstacles to receiving mental health treatment.

Protective Factors and Resilience: Finding protective factors that lessen the likelihood of suicide attempts is just as important as identifying risk factors. Access to mental health treatments, a sense of belonging, effective coping mechanisms, and strong social support networks can all act as a protective factor against suicide thoughts and actions. Suicidal thoughts are significantly reduced when someone has resilience, which is the capacity to adjust and overcome hardship. Developing resilience via self-care routines, support groups, and therapy can help people face life's obstacles more skillfully and prevent self-harm.

Interventions and Treatment Approaches: Suicide prevention tactics that work for people at risk use a multifaceted approach to addressing psychological, social, and environmental issues. To address underlying psychological difficulties and suicidal ideation, mental health professionals employ a variety of therapeutic methods, such as dialectical behavior therapy (DBT), psychodynamic therapy, and cognitive-behavioral therapy (CBT).

Psychoeducation is essential for preventing suicide because it raises awareness, lowers stigma, and encourages behaviors that lead to seeking treatment. For those in need, suicide prevention hotlines, crisis intervention services, and community outreach initiatives offer resources and fast assistance. Including the person who is at risk and those in their support system in collaborative safety planning facilitates the development of crisis management plans and the acquisition of the right medical attention.

Social and Cultural Factors: An important factor in determining attitudes regarding suicide and behaviors related to seeking help is social and cultural norms. Criminalizing attempted suicide has far-reaching effects on society, impacting not just those who are experiencing a crisis but also their families and communities. The stigmatization of mental illness and suicide can result in discrimination and social exclusion, worsening the suffering of people who are already dealing with mental health problems. People can feel safe and empowered to seek treatment without fear of condemnation or punishment if society decriminalizes suicide attempts and encourages a more compassionate and supportive attitude to mental health. Openly talking about mental health problems is frowned upon in some cultures, which makes people suffer in silence rather than getting help from a professional. Furthermore, the likelihood of suicide attempts can be elevated by the exacerbation of hopelessness and despair caused by societal pressures, discrimination, and economic challenges. Furthermore, specific stresses that increase their vulnerability to suicide behavior may be experienced by members of marginalized communities, such as LGBTQ+ people, refugees, and ethnic minorities, making the identification and assessment procedure even more difficult. A complicated and divisive topic, criminalizing attempted suicide has significant ramifications for people, families, and society at large. Critics contend that it is unfair and ineffectual, and that other strategies are required. Proponents contend that it is vital to prevent self-harming behavior and guarantee that people receive the care and support they require.

Systemic Challenges: Deficient resources, disjointed healthcare systems, and deficiencies in mental health services are noteworthy obstacles to the detection and management of suicidal behaviors. Inadequate availability of mental health specialists, particularly in remote or underprivileged regions, impedes prompt intervention and continuation of care for vulnerable persons. Moreover, discrepancies in insurance coverage and coverage limitations may limit access to necessary mental health therapies, aggravating already-existing gaps in attempts to prevent suicide. Furthermore, certain countries' criminalization of suicidal behavior may discourage people from getting help, which feeds the cycle of marginalization and shame.

Technological Advances and Innovations: Notwithstanding these obstacles, technological developments present encouraging paths for enhancing suicide risk assessment and response. Large-scale data can be analyzed by machine learning algorithms and predictive analytics to find trends and signs of suicide risk, allowing for early intervention and focused outreach initiatives. People can easily access mental health specialists remotely and seek support using mobile applications and telehealth services. Moreover, peer support networks

and online communities are great places to get support and encouragement for those who are having suicidal thoughts, which helps to lessen feelings of hopelessness and loneliness.

Alternatives to Criminalization: Alternative methods of handling suicide attempts have gained more and more attention in recent years. In order to divert people who attempt suicide from being punished by the criminal justice system and give them access to mental health resources and support, numerous jurisdictions have put in place diversion programs. These programs concentrate on treating the root causes of suicidal behavior and assisting people in building resilience and coping mechanisms.

Other options to criminalization include classifying attempted suicide as a public health concern as opposed to a crime, or completely decriminalizing it. This method places a strong emphasis on treating the social, psychological, and economic issues that lead to suicidal behavior as well as offering persons who attempt suicide sympathetic, nonjudgmental assistance.

Conclusion: In summary, the prohibition of attempted suicide in India presents intricate moral and legal issues that need to be carefully thought through. Although there has been progress in the legal sector and in the provision of mental health treatment in recent years, there are still obstacles to overcome in terms of modifying public perceptions and guaranteeing that those in need have access to support services. India may endeavor to create a society where mental health is destigmatized and people in crisis receive the care and assistance they deserve by embracing a holistic approach that values compassion, understanding, and respect for human dignity.

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