

madness was exceedingly rare. But defining away the link between insanity and suicide did not sit well with everyone, particularly 19th-century asylum doctors, who were struggling to define madness and the natural

How do we understand cultures that value an honourable death?

course of mental illness that often appeared inexplicable by social factors alone. Later, the psychoanalyst Karl Menninger (1893–1990), promoted a more general theory of the individual and suicide in his 1938 book *Man Against Himself*. Here, the focus was on the role of instincts, especially a ‘death instinct,’ in self-destruction. Menninger believed that psychoanalysis could help strengthen the ego, the part of the Freudian psychic apparatus assigned to negotiate between the irrational and the environment, allowing his patients to live better-adjusted lives. Regardless of its theoretical merits, the reach of psychoanalysis exceeded its grasp and the movement’s powerful influence on mental health has faded. By the 1970s, the failures of polarized thinking on suicide invited an interdisciplinary tradition that continues to the present.

In the second half of the book, Weaver leaves the more comfortable place of the theoretical observer to become a vulnerable participant who descends into the emotional and conceptual abyss of rational suicide, in an attempt to get to the bottom of thousands of deaths. As the project describes and categorizes suicides according to their apparent reasons, its methodological limits are exposed. The question of whether suicide can be understood as rational cannot be answered by the idiosyncratic use of statistics to compare shifting individual motives across historical and geographical boundaries. This intense search for reasons behind an act that might itself be unreasonable leads us into a labyrinth with no apparent exit. We are reminded of a logical puzzle attributed to the German philosopher Hegel (1770–1831); “Only as rational is the

world (rationally) comprehended and as it is comprehended it is rational.”¹ Making sense of subtle changes in the motives for suicide across historical periods may be nearly impossible due to periodic recalibrations in the way we

talk about mental illness.²

Despite its methodological shortfalls, doctors should read this book as a story of humanity that is often avoided and forgotten. Historians have a long tradition of adding meaning to how we understand the world and a growing tradition of providing fresh perspectives on medicine. Is death always to be avoided at any price? How do we understand cultures that value an honourable death, even death by one’s own hand, alongside the pursuit of

happiness and the good life? These questions are as relevant now as they have ever been, and while our scientific understanding of suicide will undoubtedly grow with future empirical research, the values and debates attached to suicide will also continue to fall outside the purview of quantitative analysis.

Weaver offers us a richer appreciation of the dark side of a society that seems unsure how to value life and equally ambivalent about how to approach death.

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CREATIVE WORKS

Reach

Previously published at www.cmaj.ca

Yesterday, for the third day in a row, the doctor left work early. Yet every night he arrived home late, telling his wife that he needed to walk by the shore a little. His wife treats all this as simply as she can, but each time thinking that next time she will ask him why. Tonight he calls her from his car as he heads out to see another patient on-call. There are weekend plans to arrange, next week will be better, and I love you.

At the house, the man’s son opens the door and lets the doctor in. The hall light is on, but otherwise, only a bluish glow from the bedroom. The two talk a little at the door, then the doctor walks to the bedroom alone. A large man lies tilted and still on his bed and a television sends flashes of light across the room, but makes no sound. The room is mostly dancing, television shadows,

now set against the wall, now part of the night, now off for a moment. The erratic blue light makes the man look unreal. The doctor doesn’t turn on the light, he doesn’t step into the room, doesn’t call to the son, but instead he pauses a moment. Just for a moment, he is still, and he waits.

The doctor recalls stepping into the operating room as a student. His hands and forearms clean and dripping, back first into the room with hands held up in front of him. He turns toward the table, where the anesthetist leans over the patient’s arm, a nurse scrubs the patient’s belly and two other nurses sort supplies. The resident doctor has put on his gloves and gown, and leans toward the open medical chart. The student doctor turns and stops with his arms up like this, here, dripping a little. No one has noticed him yet. And just for a moment things are still. To keep his hands sterile, he can touch nothing. He

DOI:10.1503/cmaj.090850

hasn't read the patient's chart and is uncertain of what operation will follow. No one expects much of him, but perhaps to hold a clamp or retractor now and then. But from all that has led him to this point, he is momentarily and absolutely free to do nothing, just be still, and wait. Then someone hands him a cloth to dry his hands and the world begins again.

The son coughs in the kitchen and the world begins again. The doctor steps in, turns on the light, and asks down the hall if the son would like to come in. The rest follows as it should. The doctor listens to the man's chest and confirms that he is dead. He completes the death certificate, helps the son make arrangements with a funeral home and, after some words with the son, the doctor leaves the house.

Outside, the strange feeling returns. Once again, he feels a distant urgency that he must somehow escape himself. Years ago, in his travels, he developed a sort of panic, and for a time it ran through his days. And then it left. A few weeks ago the panic returned, but he can't understand from where, and despite the distance, it has returned familiar and sure-footed. It runs down the same trails left behind all these years, he thinks.

He starts the car and drives to the pier. He gets out and walks toward a crowd gathered near the end. By the time he reaches them, the strangeness

He is momentarily and absolutely free to do nothing, just be still, and wait.

has overwhelmed him. He catches some of the words, vaguely, and someone points to the water. The light from the pier reaches a few feet into the dark green, and there, several small, ghostly shapes appear, pause and vanish. At once, weighted lines drop into the water, and all around people speak. He asks what they are doing, and an older man points to several buckets and laughs.



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The doctor walks to the buckets. A squid, perhaps a foot long, creeps along the deck. The eye is brightly reflective, and the body is vaguely translucent like thin soap. Little arms pull and splay and drag the body along. Ink lies all about the wet wood planks, making him wonder how many squid have slid out before this one. Another man picks up the squid and puts it back in the bucket. The doctor's heart pounds and he feels unreal. And then, as if from far off, he thinks, be still, and wait.

For half an hour he waits and

watches them jig for squid. He remains quiet, and no one takes much notice of him, though they seem to accept him. His fear recedes. The men talk and smoke. Now he feels safe among them, near the lights, the cigarette smoke and the laughter. By the time he begins back to the car, he is simply tired. Yet he continues to imagine the little arms of the squid reaching in all directions. Nothing for it but to blindly reach and

pull, with one eye against the wood, the other staring into the heavens.

Another call. This time to the little two-room clinic that serves as the emergency department. The nurse motions the doctor to the first room. A man sits on the bed and weeps. The doctor knows him well from his practice, but as he steps into the room, as the man looks up at him, as the light hums a little above them, as all this collects into a moment, somehow the doctor can recall nearly nothing. The doctor does not speak, he does not turn back to telephone the psychiatrist, he does not pick up the chart. The man on the bed stares, but is now silent. For a moment, the doctor feels himself suspended somehow, between this room and nothingness. Then he stutters, his eyes become teary, and slowly he smiles and extends his hand toward the man.

"To begin," the doctor says, "be still, and wait."

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