

Letter to the Editors
**Is There an Economic Argument for Suicide Prevention?
A Response to Doessel and Williams**

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Submitted to SOL: 6th September 2010; accepted: 19th September 2010; published: 14th October 2010

Abstract: A recent article in Suicidology Online by Doessel and Williams presented an economic argument for a policy of suicide prevention. This response raises several issues that Doessel and Williams fail to address: (1) the fact that suicides may result in economic savings for the society, (2) the finite resources of governments so that governments have to decide in which issues to become involved, (3) the fact that most government policies product benefits for some members of the society and costs for others, and (4) the role of governments versus charities, NGOs and Quangos.

Key words: Suicide, economy, government, NGO

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Doessel and Williams (2010) proposed an economic argument for a policy of suicide prevention. This critique will briefly summarize their argument and then offer criticisms of the reasoning.¹

The Argument of Doessel and Williams

Doessel and Williams used normative (welfare) economic theory to provide a well-researched framework for their argument. Normative economics is concerned with policy evaluations and recommendations. It explores alternative ways of arriving at conclusions such as

that one social state is to be preferred over another social state (Pearce, 1989).

In their “conceptual paper,” Doessel and Williams define the social welfare function as depending upon the utility level of the individuals in the society and the impacts stemming from the concerns of both economic efficiency and income distribution. They expand these impacts from the conventional “measure of the distribution of utility (or welfare) between the members of the community” to include the impact from the time horizon as indicated in their equation (3c) on page 72.

Without specifying the behavioral equations involved in the neoclassical constrained maximization framework and without considering the “scarcity” constraint faced by the public sector (Dreze & Stern, 1994), the authors conclude that suicide prevention results in an increase of social welfare because prolonging life itself improves the welfare of individuals and thereby the social welfare

The present critique consists of two parts. One addresses the issue of using the prolongation of life as the basis for defending suicide prevention,

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¹ Doessel and Williams began their argument with a digression on what stimulated their thinking – a conservation, Gaia-based critic at a talk they gave. Their discussion of this is not relevant to their economic argument and so is not addressed in this critique.

while the other presents additional issues that Doessel and Williams fail to address.²

Measuring the Impact of Suicide

Preventing suicides does result in the prolongation of life for the would-be suicides. However, this is not the end of the story for the social cost of preventing suicide should also include the resources devoted to maintaining the remainder of the lives for the individuals who are saved by the suicide prevention program. As Yang and Lester (2007) pointed out, suicide does not incur an economic loss (or cost) to the society but rather provides an economic savings for the society.³ If this is the case, the extra years of life created by preventing people from committing suicide decrease the social welfare of the society.

According to Yang and Lester (2007), the majority of suicides are depressed and suffering from affective disorders. The direct costs of treating these individuals, had they not committed suicide, include the cost of treatment (physicians visits, hospitalization, medications and travel costs when seeking care). The indirect costs accrue from the loss of productivity (and income) of those who have a major depression. It is important to note here that other scholars who have estimated this loss of income assume that suicidal individual individuals are productive members of society. In reality, they are often marginal members of the society, and the loss of income is not as great as other scholars assume. The deaths of depressed individuals suffering from depression eliminates the need for treatment of these individuals in later years. Yang and Lester estimated that the total savings from not having to treat the psychiatric disorders of those who complete suicide was about \$8.11 billion.⁴ Yang and Lester also estimated the savings from the reduced pension payments (from both private sources and social security) and nursing home care costs as \$12.99 billion. The savings from assisted suicide was estimated to be \$0.80 billion.

In contrast, the economic costs of suicide, which include direct costs (medical care and medico-legal expenses) and indirect costs (foregone lifetime earnings) were estimated at \$16.83 billion. Subtracting these costs from the savings produced a net savings of \$5.07 billion.

Yang and Lester did not include the huge medical care costs involved in treating the 30,000 or so individuals who commit suicide each year, if

they were prevented, as they aged and developed medical problems, including cancer and coronary and heart disease, although Stack (2007) noted that their medical illnesses might provide additional employment opportunities for doctors and nurses.

To summarize. Doessel and Williams are correct that suicide removes years of life from the members of the society. What they failed to note is that suicide may incur savings for the society.

The Choice between Alternatives

There is another aspect that the argument of Doessel and Williams make for prolonging life fails to acknowledge. If the longevity of people's lives is the goal that governments should pursue, as Doessel and Williams assume, there are other programs that governments can initiate to save even more lives than those lost from suicide. In the United States in 2005, there were 2,448,017 deaths (www.who.int). Of these, malignant neoplasms caused 559,312 (including 41,491 from breast cancer alone). Deaths from motor vehicle traffic accidents caused 43,721 deaths, but suicide only 32,559 deaths. There may be more pressing public health problems than suicide, and this might be even more starkly illustrated in under-developed nations where malaria and dysentery inflict a tremendous toll on lives.

In other words, any policy evaluation has to take into account the social opportunity cost involved since governments are confronted with finite and limited funds and resources at their disposal. Unfortunately, Doessel and Williams make no mention of this important component of welfare economics.

The second part of this critique concerns issues other than the prolongation of life: (1) the importance of psychache, (2) who loses as a result of suicide prevention and (3) the role of private organizations.

Psychache or the Quality of Life

Many years ago, Shneidman (1996) introduced the term *psychache* to label the mental pain and anguish experienced by suicidal individuals. The purpose of suicide is often (and maybe primarily) to end or escape from this pain. Since pain is a psychological concept, it is rarely addressed by economists since it is difficult to allocate a monetary amount to pain.⁵ Economists prefer to use the concept of *utility*, to which it is usually possible to assign a monetary amount. Doessel and Williams defined the social welfare as

² There are some technical problems with the formal economic analysis present by Doessel and Williams, including a failure to use a constrained maximization procedure, limiting the initial model to only two products, and an odd way of introducing time into the model which differs from the typical way (see Stiglitz, 1994). However, these problems are not central to the argument and so not addressed in the present critique.

³ Yang and Lester concluded that suicide prevention programs should be enacted on humanitarian grounds rather than on economic considerations.

⁴ All dollar amounts are in 2005 dollars.

⁵ In formulating an economic model of suicide, Yeh and Lester (1987; see also Lester & Yang, 1997; Yang & Lester, 2006) suggested that a possible measure of the level of stress in an individual was the cost of the psychological and psychiatric services required to eliminate it. In the present case, the monetary cost of psychache could be measured using the total cost of medication and psychotherapy required to eliminate the psychache.

a function of the individual utilities of the members of the society. Conceptually, psychache can be treated as “negative” utility and thus accounted for.

How much psychological pain is there in a society? The 30,000 suicides in the United States each year tell us that there is a great deal of psychache, but the 350 million American who do not commit suicide each year are also enduring a great deal of psychache. If we could monetarize psychache, what would the social welfare function for suicide look like? We would add (for the sake of argument) all those years of life gained, some of which would be marginally productive, as Doessel and Williams pointed out, but we would also have to subtract all the psychache that persisted for those individuals whose suicides were prevented by the suicide prevention program. As a result, the inclusion of psychache might strengthen the argument that suicide results in savings for the society.

Who Loses as a Result of Suicide Prevention?

Doessel and Williams are content to answer the question of whether there is an economic rationale for having a government policy of suicide prevention without exploring the issue they themselves raise of who benefits and who incurs costs directly from a policy.

There are two main techniques for suicide prevention: passive and active. As an example of a passive technique, communities (or nations) can set up telephone crisis hotlines. The crisis counselors then sit and wait for distressed individuals to call. In more active techniques, mental professionals could identify individuals at risk for suicide and institutionalize them, perhaps on occasions against their will. Another example of an active technique is to restrict or remove lethal methods for suicide, such as fencing in bridges from which people jump or detoxifying domestic gas.⁶

Let us consider gun control. Doessel and Williams noted that most policy changes involve benefits for some members of the society and costs for others, such as the repeal of the Corn Laws in England in 1846 which penalized producers and benefited consumers. Let us consider, as an example, a suicide prevention policy that, not merely restricted access to guns in a society (or a policy that bought back guns from those willing to hand them in), but actively confiscated the guns that the members of the society possessed and prevented all purchases of new guns.⁷ This would

undoubtedly reduce the use of guns for suicide and murder, eliminate accidental deaths from guns and, in addition, eliminate all non-fatal injuries from guns whether suicidal, accidental or homicidal. In the United States, this would cause tremendous distress to those who own guns for self-defense. At the very least, the government would be voted out of office. At the worst, there would be a massive civil uprising with tremendous costs. At one point in Europe, a proposal was made to put emetics in tablets of paracetamol (acetaminophen) so that people who tried to overdose using the tablets would vomit. However, this would have harmed those who use paracetamol legitimately to relieve pain, and the proposal was not implemented (Lester, 2009).

The Role of Private Organizations

Another issue which merits attention is the role of private organizations such as private charities, NGOs (non-government organizations) and Quangos (quasi-NGOs). Although some nations are now formulating policies regarding suicide prevention, the majority of efforts in the past have been led by NGOs, such as the Befrienders (also known as the Samaritans), the American Association of Suicidology, the American Foundation for Suicide Prevention and Span-USA. In many areas of government (such as education), there is a move in many nations to decentralize control and give local community groups more control over policies. In these cases, the government policy is to hand the control of policy to non-government groups!

Conclusions

Doessel and Williams make several errors in their paper. They argue that there is a legitimate rationale for governments to have a suicide prevention policy rather than taking a *laissez-faire* attitude, primarily because suicides incur costs to the society (years of life lost). However, they ignore the fact that suicides probably result in savings to the society. Doessel and Williams did not fully account for the total social cost of sustaining the would-be suicides, who now continue to live, with psychiatric and medical treatments and with pension, nursing home and other costs.

They also ignore the problem that, given the finite resources of a government, decisions must be made about what issues the government can or should get involved in. Moreover, they overlook the psychache suffered by the would-be suicides who now continue to live. Furthermore, they do not discuss the fact that they themselves raise, namely that most (if not all) government policies incur costs to some members of the society in addition to benefits for others. Finally, private organizations and charities can plan and run suicide prevention programs just as they do in many other areas such as education.

⁶ It is interesting to note that most of these measures were not done to prevent suicide. Domestic gas was detoxified when natural gas became available and cheap; subway platforms were fenced in to cut the cost of air conditioning subway systems.

⁷ A recent buy-back program in Australia is reported to have halved the number of households possessing guns. The 1997 buy-back program collected 650,000 firearms (“Howards’ gun buyback slashed firearm suicides.” Australian Broadcasting Corporation: www.abc.net.au, August 30, 2010).

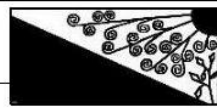
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Suicidology Online

open access journal

www.suicidology-online.com



ISSN 2078-5488

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