

Social stigma in suicidal behavior: bioethical reflections

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Abstract

An integrative review on the theme of the social stigma imposed on individuals who have attempted suicide was conducted bringing to the fore reflections from a perspective of bioethics. The research was conducted in electronic databases. Only scientific articles by peer reviewed scientific journals with available abstracts were included. There were no limits to the year and language of publication. Two hundred and twenty-seven manuscripts were found in the first phase of the search. Only 22 complete texts were included in the study after the complete texts had been read. Despite the limitations of the research, it is believed that deeply studying the stigma of suicide can contribute significantly to patients who have attempted suicide. It is concluded that the study of this topic represents a range of bioethical discussions, forming, as it does, part of a phenomenon that affects aspects related to the autonomy and protection of the person.

Keywords: Suicide. Suicide, attempted. Social stigma. Bioethics. Shame.

Resumo

Estigma social no comportamento suicida: reflexões bioéticas

Foi realizada uma revisão integrativa sobre o tema do estigma social imposto aos indivíduos que tentaram suicídio, trazendo à tona reflexões a partir da perspectiva bioética. A pesquisa foi conduzida em bases de dados eletrônicas. Foram incluídos apenas artigos de revistas científicas revisadas por pares com resumos disponíveis. Não houve limites quanto ao ano de publicação e idioma. Na primeira fase de busca, 272 manuscritos foram encontrados. Após a leitura dos textos completos, apenas 22 foram incluídos no estudo. Diante das limitações da pesquisa, acredita-se que o estudo aprofundado do estigma no comportamento suicida pode contribuir significativamente para o tratamento de pacientes que se submeteram à tentativa. Conclui-se que o estudo desse assunto apresenta ampla gama de discussões bioéticas, por ser um fenômeno que afeta aspectos relacionados à autonomia e à proteção da pessoa.

Palavras-chave: Suicídio. Tentativa de suicídio. Estigma social. Bioética. Vergonha.

Resumen

Estigma social en el comportamiento suicida: reflexiones bioéticas

Fue realizada una revisión integrativa sobre el tema del estigma social impuesto a los individuos que intentaron suicidarse trayendo a tono algunas reflexiones a partir de la perspectiva de la bioética. La investigación fue conducida a partir de bases de datos electrónicas. Fueron incluidos sólo los artículos de revistas científicas, revisadas por pares, con resúmenes disponibles. No hubo límites en relación al año de publicación y al idioma. 272 manuscritos fueron encontrados en la primera fase de búsqueda. Luego de la lectura de los textos completos, sólo 22 fueron incluidos en el estudio. Frente a las limitaciones de la investigación, se cree que el estudio profundo del estigma en el comportamiento suicida puede contribuir significativamente para el tratamiento de pacientes que se sometieron a un intento. Se concluye que el estudio de esta temática presenta una amplia gama de discusiones bioéticas, por ser parte de un fenómeno que afecta aspectos relacionados a la autonomía y a la protección de la persona.

Palabras-clave: Suicidio. Intento de suicidio. Estigma social. Bioética. Vergüenza.

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Declararam não haver conflito de interesse.

For the World Health Organization (Organização Mundial da Saúde - OMS) ¹, suicide can be judged as an act that is deliberate and carried out by someone with complete awareness of its final result. In turn, when suicide is not successful, it becomes classified by the literature as attempted suicide. Moreover, it can be considered that, as much the attempt of suicide as the act of suicide itself are motivated by ideations, that is, thoughts generally related to worthlessness, which bring the individual to cogitate and plan his own death ².

Still, despite the relative efforts of prevention, the suicidal act still is presented as something unexpected, which should be analyzed in a broad way, since its occurrence many times is given by the summation of risk factors, as well as the inability of the individual to resolve conflicts ³. These issues, aggregated to the increase of prevalence rates of suicide and attempted suicide in Brazil, engender constant and necessary discussions about the referral of new preventive measures ⁴.

Another aspect relevant to the study of suicidal behavior concerns the complexity of the event even after its occurrence, in which it is understood that the act affects not only the individual who made the attempt, but also all those who, in a certain way, live with him ⁵. Furthermore, according to what Sand and colleagues ⁶ claim, historically, people who commit suicide are seen in a more negative way, if compared with individuals that die from other causes. Thus, it can be said that, in a certain way, suicidal behavior imputation of stigmas, those which can contribute negatively to the development of therapeutic intervention ⁷.

Faced with these issues and the attempt to better understand the repercussions of the social stigma of suicide, the present study is aimed at correlating it to the theme of bioethical reflection, considered important to deepen the comprehension of this phenomenon.

Method

The paper is based on the conducting of an integrative type of literature review, which consists of the localization and consultation of diverse sources of information, guided by the explicit objective of the collection of more generic or more specific materials related to a certain topic ⁷. For the surveying of the articles, it was opted to conduct a search in the electronic databases Periodicals Portal of Capes/MEC and Pubmed (Portal de Periódicos da Capes/

MEC e Pubmed). The following descriptors in health science were utilized: “attempted suicide”, “social stigma” and “bioethics”, as much in isolated as in combined form, in this case conjugated as Boolean operators “and” and “or”. The search strategy consisted of a systematic method, with restriction of data only by type of document, including articles of periodicals reviewed in pairs.

Texts whose abstracts would be available for reading, without restriction of language, were included. In the search, there was no limit of year and type of publication. The period of the search took place in the month of February of 2014. In accordance with the criteria, 35 articles were identified in the Periodicals Portal of Capes/MEC and Pubmed. Initially the reading of titles and abstracts was conducted, selecting those which were most pertinent to the theme.

In a second time phase, it was opted to conduct the reading of full texts, which totaled 22 articles in the Pubmed database. For the evaluation of the manuscripts, the technique of thematic content analysis was utilized, which corresponds to the dismemberment of the text analyzed in units by analogical regroupings ⁹, in a way that the interpretation of the material was divided into four topics: a) critical appraisal of the material; b) decomposition of essential elements; c) grouping and classification; d) final analysis.

With the aim of providing theoretical-scientific input for the issues and objectives of the study, searches were conducted within the reference lists of the selected articles were conducted, in addition to the description of their results. The studies were read individually by two researchers. When there were disagreements between them, a third researcher was consulted to offer an opinion about whether or not to include the article. At the end of the analyses, six articles were included in the review.

It was decided to present the data throughout the study in a descriptive table, containing the authors' most relevant information about the stress factors.

Results and discussion

In Table 1, the characteristics of the studies included are presented according to periodical, impact factor, and year of publication. The findings reveal that, the greatest number of articles was published in the years 2010 to 2013. The results indicate that the major area of concentration of the publications

was Medicine, in which the majority of studies – 86% – were published in psychiatry periodicals.

Galileu and colleagues ¹⁰ highlight the participation of Brazil in the increase of the world production of scientific data in the field of psychiatry. According to the authors, in 2004, Brazil was already responsible for 0.4% of the articles published in periodicals related to research in the field of psychiatry/psychology, with 3.01 citations per article, obtaining one of the best indices to which are compared with the innumerable scientific fields, only 12% below the world index of 3.43 citations per article ¹¹. Despite the significant national findings, in the study few articles originating from Brazilian research or publications in periodicals of the country were included.

The impact factors of the publications were analyzed with respect to classification in terms of the level of evidence. Of the six articles included in the study, five obtained an impact above 1 point. This criterion corresponds to a bibliometric measure which enables a reflection on the quality of the periodical in terms of citation and access, thus providing some of the best evidence relative to the particular theme ¹².

In Table 1, the studies are also presented according to their authors, year of publication, research design and the authors' conceptions about the stigma after attempted suicide. Subsequently, the relevant points for discussion are highlighted,

such as understanding of suicidal behavior, history and repercussions of the stigma of suicidal behavior and bioethical reflections on the stigma surrounding suicidal behavior.

It is clear that all the authors emphasize that the stigma is something harmful to the person who attempted suicide and that these labels tend to somehow hinder care with these individuals. Conforming also, Buus and colleagues ⁵, highlight that the stigma affects not only the subject, but all the relatives, and that the marks of such association may be directly associated with new attempts. In addition, Reynders and colleagues ¹³ claim that these labels can also culminate in other co-morbidities, such as the predisposition to the use of psychotropic substances, or hinder the help-seeking process, because they feel discriminated against and marginalized. At the same time, Dyregrov ¹⁴ shows the positive tendencies, since his study allows us to observe that in the societies where the stigma is not associated or disconnected, the search for help is likely to increase considerably.

Sudak and colleagues ¹⁵ note that there are still matters of concern such as the fact that the stigma of mental illness is more accepted than attempted suicide. They warn that in both cases the stigma must be disconnected, as it may further compromise the clinical condition of both the carrier of the mental disorder and the individual who made the attempt ¹⁶.

Table 1 Synthesis of the most significant results of the articles included according to title of the article, authors, year of publication, periodical, impact factor and research design and the authors' comments on the subject, obeying the inverse chronological order of publication, from 2014 to 2005.

Title of article / authors, year of publication	Title of article	Periodical / impact factor	Research design	Conceptions of the authors about the stigma after the suicide attempt
Buus e cols., 2014 ⁵	Being the parent of a son or daughter who has attempted suicide: A qualitative focus group study	J Adv Nurs / 1,477	Descriptive	Suicide and suicidal behavior profoundly affect the lives of the relatives, be it, in emotional or social aspects. Thus, the subject of the stigma must be addressed in a carefully, once it can remit, in part, new attempts
Reynders e cols., 2014 ¹³	Attitudes and stigma in relation to help-seeking intentions for psychological problems in low and high suicide rate regions	Soc Psychiatry Psychiatr Epidemiol / 2,861	Descriptive	The internal shame of the stigma was positively associated with a higher intention of using psychotropic drugs, after the suicide attempt, while the stigma was negatively associated with the intention to seek help from a psychotherapist

Continua

Title of article / authors, year of publication	Title of article	Periodical / impact factor	Research design	Conceptions of the authors about the stigma after the suicide attempt
Sand e cols., 2013 ⁶	The impact of specifying suicide as the cause of death in an obituary	Crisis / 1,570	Descriptive	The individuals who committed suicide were seen in a more negative way than people who died of other causes, such as victims of cancer, for example
Dyregrov, 2011 ¹⁴	What do we know about needs for help after suicide in different parts of the world? A phenomenological perspective	Crisis / 1,570	Literature review	In the societies in which the stigma of suicide decreased, the attempt to seek aid increased
Sudak e cols., 2008 ¹⁵	Suicide and stigma: A review of the literature and personal reflections	Acad Psychiatry / *	Literature review	For the most part, mental illness has become less stigmatized in recent years, but suicide remains almost as stigmatized as before
Cvinar, 2005 ¹⁶	Do suicide survivors suffer social stigma: A review of the literature	Perspect Psychiatr Care / 1,038	Literature review	According to the author, the act of suicide can be considered a failure in part of the victim and/or the family in the managing of emotional problems. Considering such an understanding, the survivors of the attempt tend to be seen as blameless by the society in which this stigma introduces a unique tension in the grieving process, which in certain cases can demand a clinical intervention

* Periodical without an impact factor.

Comprehension of suicidal behavior

It should be noted, initially, that few studies were included in the research (six). In terms of the classification of the articles, equivalence among the types of study was observed: three were descriptive and three were literature reviews. Such findings point to the idea that researching situations of imminent risk of death, associated with controversial issues, such as the stigmatization of victims, constituted a task difficult to execute, the reason for which there are few publications in the field. In addition, such studies are extremely necessary, as much for comprehension of the problem as for the planning and implementation of effective prevention measures ¹⁷⁻¹⁹.

Several studies are focusing on the analysis and comprehension of suicidal behavior ²⁰⁻²². Sena-Ferreira and colleagues ²³ emphasize that the knowledge of motives that bring the individual to give up on his own life should not be a specific ac-

tivity in the field of medicine. For the authors, the comprehension of this phenomenon passes through the studies of suicidology, anthropology, psychiatry and many other sciences.

It is observed that there is, currently, the tendency to consider biological factors as predominant and that the act of suicide has an important correlation with psychiatric disorders ^{24,25}. Mahon ²⁶ mentions the presence of impulse disorders as a risk factor for attempted suicide, and, at the same time, other works ^{27,28} indicate the importance of genetic aspects involved in suicidal behavior. Bertolote and Fleischmann ²⁹ already highlight the role of mental disturbance as one of the most important risk factors for suicide.

Sena-Ferreira and colleagues ²³ indicate that, in economic terms, as many suicides as attempts result in an elevated costs for systems of social protection and health care, considering aspects such as: the

loss of human capital, estimated in terms of years of life; public expenditure for health with hospital procedures; hospitalizations and treatments, and, with respect to social security, the payment of pensions and retirements by death or disability.

Despite still presenting a low coefficient of mortality by suicide, given its continental dimensions, which occupy 47% of South America³⁰, Brazil is among the nine countries with the highest absolute numbers of suicide³¹. Therefore, the comprehension and study of suicidal behavior becomes a pressing necessity, since suicide attempts entail a considerable cost to the public health system and to society.

History and repercussions of stigma in suicidal behavior

It should be noted that, historically, suicide has been regarded as something disturbing; some civilizations, such as the Greco-roman, tolerated attempted suicide, yet not without some reservation, to which it may have contributed to the rise of the stigma. According to Tadros e Jolley³², Aristotle, in arguing that suicide weakens the economy and disturbs the gods, initiated the stigmatization of the act. Yet the authors noted the study of Barraclough, which also brings historical conceptions related to suicide. For this author, the in the Judeo-Christian tradition, the stigma of suicide is not evident until the 4th century³³. On this issue, Tadros and Jolley³² cite Pritchard³⁴, according to whom it was starting with Saint Augustine that the religious authority began to consider suicide as an unacceptable act in the context of Christian values – a view significantly more widespread from the 3rd century. Thus, it is understood that the stigma of suicide was, gradually gaining momentum in Europe, so that the act itself, as well as its attempt, became a great sin, shame, and finally, crime, all under the aegis of religious tradition, which had a significant impact on this marginalization.

As for the labels associated with suicide, Tadros e Jolley³² mention that the individuals that try or in fact commit this act are normally noted as weak, without faith, coming from families of bad character. If someone declares his suicidal thoughts and plans, it becomes the same as being mislabeled as “crazy”. It is worth noting, however, that this rejection or derogatory behavior contribute little to the detection and prevention of the act of suicide.

Bioethical reflections and the stigma that involves suicidal behavior

For Daolio³⁵, suicidal behavior is a disturbing theme, primarily by of the complexity of factors associated with this theme and, subsequently, by the fact that official data indicate considerable growth of suicide rates: close to one million people commit suicide annually, according to the OMS¹. Another point made by the author³⁵ refers to approaches associated with suicidal behavior, spanning several schools of thought for which the causes of the phenomenon range from biological matters to those of a medical and sociological nature. Nonetheless, according to Daolio³⁵, almost all these explanations are focused on the impact of the phenomenon or on the unilateral study of its causes, which disfavors the comprehension of this subject matter that is so complex and affected by numerous factors.

From such an observation emerges the importance of broadening the horizon of the research to permit the elucidation of the parallel aspects involved in the theme of suicide, as a stigma, for example. For Daolio³⁵, this expanded perspective helps as much in the understanding of the factors possibly associated with behavior as the treatment of people and relatives that live with the problem. In this way, comprehending the stigma is an effective procedure for the basis of future measures of treatment.

From this panorama emerge the bioethical questions that make it possible to perceive that contemporary man is not accustomed to death and dying. It can be said that, for the current society, the finiteness and death are strictly associated with failure; because of this, it does not allow it, associating them with signs of weakness.

Accordingly, certain aspects which denote weakness, such as the case of the act of suicide, apart from being rejected, fuel the presence of comfortable labels, of which the stigma is an example. And, as it has been seen, such a stigma may bring grave consequences, as much for the subject victim of suicide or the one who was not successful in his attempt, as for the family.

The marginalization that involves suicidal behavior, it is worth noting, does not manifest itself only through the stigmas with which the society labels individuals that possess it. The unpreparedness to deal with the phenomenon is also apparent in the actions of public power, which depends on few strategies of promotion of policies or programs

specifically directed at the prevention of suicides as much as the acceptance, guidance and care for individuals who attempt this act, in a way to serve them in their integrality, as well as their relatives^{34,35}.

From this perspective, the stigmatization tends to become intensified, due to the minimum support from society the government spheres of the subject and his relatives – the situation that contributed to further complicate the confrontation of questions associated with suicide. As a result, it can be the triggering of new motives for the attempt, by the individual³⁴, as well as new phases of disruption and conflict, for the family³⁵.

From a bioethical point of view, it is possible to understand suicide as a subject of latent interest, once it affects the respect for humanity and the relative questions of autonomy³⁶. In this sense, suicide, as an auto-destructive action, could correspond to an act of intentional violence that brings reflection on the fact that this behavior also reaches the very essence of our civilization and compromises the good and the future of our own humanity³⁵. Such hypotheses remit to the reflection that the contemporary individual lives in a scenario many times imposed by ideologies, social and political systems that tend to inflict severe charges. In this context, the subjects, whom many times find themselves unprepared to deal with such situations, see no other option but to end their own lives³⁵.

Based on this assumption, it is also necessary to reflect on the importance of ethics to the service of protection. Daolio³⁵ affirms that protection, in its condition of bioethics, can not be understood as paternalism, and yes as an act of a person, of public agencies and society itself, practiced in order to identify and understand those subjects considered vulnerable to the complex and varied problems that can lead to suicide.

Corroborating this argument, Schramm e Kottow³⁷ stress that protection, as a bioethical principle, can be understood as an act of returning the subject to total autonomy over his acts, in order to be able to decide about his future with freedom and discernment. Thereby, the bioethics conflict permeates the necessity of the stigmatized individual to be accepted and understood, permitting him and others around him the right to live together in an egalitarian way, without the label falling upon him, and, in a certain way upon his relatives, the label of

“unprepared”, for having decided to “flee from reality” in a difficult moment in his life.

The presence of a stigma after a suicide attempt is something indisputably distinctive, and can often trigger countless repercussions in the life of the subjects and his family, primarily in what is said in respect to living in society, since the tendency to marginalize these people is not rare, expressed by the exclusion of conviviality, labeling and sensation of depersonalization of the individual. In this context of marginalization, the event of suicide begins to take shape, for the subject, as the most representative point of his personal story.

On the issue of autonomy, Cabrera^{38,39} brings up the philosophical discussions about suicide and bioethics, emphasizing that the act of suicide should be understood and recognized as the maximum manifestation of this concept, because it corresponds to the possibility of the person being able to decide about the conduction or interruption of his life.

Studies of a historical nature that punctuate that the autonomy of the suicidal act to be considered an expression of salvation of honor and preservation of morality³⁹, so that this aspect, because it represents one of the philosophical perspectives related to the subject, can not be forgotten in bioethical discussions.

Final Considerations

Before the great importance of the issue, it is considered that studies like these can contribute in an incipient way to the improvement of the analysis of conduct of the people that present suicidal tendencies. Moreover, it is clear that bioethics toward the protection of human dignity should be a starting point in addressing the issue, considering the issues of autonomy and protection of the human person.

To this field of knowledge, it is contributing to the reduction of prejudice and mistaken judgments, likely to stigmatize a human being, who, taken to extreme suffering, ends up attempting to go against his own life. Every subject is characterized by his own individuality; therefore, the approach of suffering in the face of suicide ideation should have specifics that address this uniqueness.

The present study contributed to the understanding of the stigma surrounding suicidal behavior

in a context in which it is observed that few publications correlated the themes of the stigma to suicidal behavior. Therefore, the need for further research on this topic, which is relevant to the world of sui-

cidology and bioethics, is emphasized, since the reduction of stigmas can greatly facilitate the treatment of patients who experience this extreme act of self-harm.


Referências

1. Organização Mundial da Saúde. Relatório mundial da saúde. Saúde mental: nova concepção, nova esperança. Lisboa: OMS; 2002.
2. Cardoso HF, Baptista MN, Ventura CD, Brandão EM, Padovan FD, Gomes MA. Suicídio no Brasil e América Latina: revisão bibliométrica na base de dados Redalycs. *Diaphora*. 2012;12(2):42-8.
3. Araújo ES, Bicalho PPG. Suicídio: crime, pecado, estatística, punição. *Rev Psicol IMED*. 2013;4(2):723-34.
4. Vidal CEL, Gontijo ECDM, Lima LA. Tentativas de suicídio: fatores prognósticos e estimativa do excesso de mortalidade. *Cad Saúde Pública*. 2013;29(1):175-87.
5. Buus N, Caspersen J, Hansen R, Stenager E, Fleischer E. Being the parent of a son or daughter who has attempted suicide: a qualitative focus group study. *J Adv Nurs*. 2014;70(4):823-32.
6. Sand E, Gordon KH, Bresin K. The impact of specifying suicide as the cause of death in an obituary. *Crisis*. 2013;34(1):63-6.
7. Witte TK, Smith AR, Joiner TB Jr. Reason for cautious optimism? Two studies suggesting reduced stigma against suicide. *J Clin Psychol*. 2010;66(6):611-26.
8. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto & Contexto Enferm*. 2008;17(4):758-64.
9. Roman AR, Friedlander MR. Revisão integrativa de pesquisa aplicada à enfermagem. *Cogitare Enferm*. 1998;3(2):109-12.
10. Galileu D, Rocha FF, Nicolato R, Teixeira AL, Romano-Silva MA, Correa H. Produção brasileira em periódicos psiquiátricos de alto fator de impacto em 2005. *J Bras Psiquiatr*. 2006;55(2):120-4.
11. In-Cities. Science in Brazil 2000-04 [tabela]. [Internet]. 2005 [acesso 18 jan 2014]. Disponível: http://www.in-cites.com/research/2005/july_11_2005-1.html
12. Elkis H. Fatores de impacto de publicações psiquiátricas e produtividade científica. *Rev Bras Psiquiatr*. 1999;21(4):231-6.
13. Reynders A, Kerkhof AJ, Molenberghs G, Van Audenhove C. Attitudes and stigma in relation to help-seeking intentions for psychological problems in low and high suicide rate regions. *Soc Psychiatry Psychiatr Epidemiol*. 2014;49(2):231-39.
14. Dyregrov K. What do we know about needs for help after suicide in different parts of the world? A phenomenological perspective. *Crisis*. 2011;32(6):310-8.
15. Sudak H, Maxim K, Carpenter M. Suicide and stigma: a review of the literature and personal reflections. *Acad Psychiatry*. 2008;32(2):136-42.
16. Cvinar JG. Do suicide survivors suffer social stigma: a review of the literature. *Perspect Psychiatr Care*. 2005;41(1):14-21.
17. Flavio M, Martin E, Pascal B, Stephanie C, Gabriela S, Merle K *et al*. Suicide attempts in the county of Basel: results from the WHO/EURO Multicentre Study on Suicidal Behaviour. *Swiss Med Wkly*. 2013;28(143):1-15.
18. American Psychiatric Association. Diretrizes para o tratamento de transtornos psiquiátricos. Porto Alegre: Artmed; 2006. (Compêndio 2006).
19. Rudd MD, Goulding JM, Carlisle CJ. Stigma and suicide warning signs. *Arch Suicide Res*. 2013;17(3):313-8.
20. Osváth P. Life-cycles, psychopathology and suicidal behaviour. *Neuropsychopharmacol Hung*. 2012;14(4):266-72.
21. Dwivedi Y. The neurobiological basis of suicide. Boca Raton: CRC Press; 2012.
22. Amitai M, Apter A. Social aspects of suicidal behavior and prevention in early life: a review. *Int J Environ Res Public Health*. 2012;9(3):985-94.
23. Sena-Ferreira N, Pessoa VF, Barros RB, Figueiredo AEB, Minayo MCS. Risk factors associated with suicides in Palmas in the state of Tocantins, Brazil, between 2006 and 2009 investigated by psycho-social autopsy. *Ciênc Saúde Coletiva*. 2014;19(1):115-26.
24. Hayashi N, Igarashi M, Imai A, Osawa Y, Utsumi K, Ishikawa Y *et al*. Psychiatric disorders and clinical correlates of suicidal patients admitted to a psychiatric hospital in Tokyo. *BMC Psychiatry*. 2010;10(109):1-8.
25. Carter GL, Safranko I, Lewin TJ, Whyte IM, Bryant JL. Psychiatric hospitalization after deliberate self-poisoning. *Suicide Life Threat Behav*. 2006;36(2):213-22.
26. Mahon K, Burdick KE, Wu J, Ardekani BA, Szeszko PR. Relationship between suicidality and impulsivity in bipolar I disorder: a diffusion tensor imaging study. *Bipolar Disord*. 2012;14(1):80-9.
27. Zalsman G. Genetics of suicidal behavior in children and adolescents. In: Dwivedi Y, editor. *The Neurobiological Basis of Suicide*. Boca Raton: CRC Press; 2012. p. 1-47.

28. Rujescu D, Giegling I. Intermediate phenotypes in suicidal behavior focus on personality. In: Dwivedi Y, editor. *The Neurobiological Basis of Suicide*. Boca Raton: CRC Press; 2012. p. 1-81.
29. Bertolote JM, Fleischmann A. Suicídio e doença mental: uma perspectiva global. In: Werlang BG, Botega NJ, organizadores. *Comportamento suicida*. Porto Alegre: Artmed; 2004. p. 35-44.
30. Paim J, Travassos C, Almeida C, Bahia L, Macinko J. The Brazilian health system history, advances, and challenges. *The Lancet*. 2011;377(9779):1778-97.
31. Associação Brasileira de Psiquiatria. *Comportamento suicida: conhecer para prevenir [manual dirigido para profissionais de imprensa]*. São Paulo: ABP; 2009.
32. Tadros G, Jolley D. The stigma of suicide. *Br J Psychiatry*. 2001;179(2):178.
33. Barraclough MB. The Bible suicides. *Acta Psychiatr Scand*. 1992;86(1):64-9.
34. Pritchard C. *Suicide: the ultimate rejection? A psychosocial study*. Philadelphia: Open University Press; 1995.
35. Daolio ER. Suicídio: tema de reflexão bioética. *Rev. bioét. (Impr.)*. 2012;20(3):436-41.
36. Nunes SOV. Atendimento de tentativas de suicídio em hospital geral. *J Bras Psiquiatr*. 1988;37(1):39-41.
37. Schramm FR, Kottow MH. Principios bioéticos en salud pública: limitaciones y propuestas. *Cad Saúde Pública*. 2001;17(4):949-56.
38. Cabrera J. Suicidio: aspectos filosóficos [verbete]. In: Tealdi JC, diretor. *Diccionario Latinoamericano de bioética*. Bogotá: Unesco/Universidad Nacional de Colombia; 2008. p. 496-9.
39. Cabrera J. *A ética e suas negações: não nascer, suicídio e pequenos assassinatos*. Rio de Janeiro: Rocco; 2011.

Participation of the authors

Tatiana de Paula Santana da Silva, Everton Botelho Sougey and Josimário Silva collaborated, equally, in the bibliographic review and in the process of conception, writing and editing of the article.



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