

Conclusion: This article validates our need to work together. Our willingness to learn, understand and implement new ideas will lead to better outcomes. May the conversation never end. How do we break down barriers to understand and improve BEST PRACTICE!

Title of Paper: “Last Call,” by Larissa MacFarquhar. *The New Yorker*, 6/24/13, pp. 56-63.

Discussion: “From time to time . . .” This is how the author begins the article about a Japanese monk who is drawn to people who want to kill themselves or have tried to kill themselves. His mission is to find ways to help these people find purpose, decrease their desire to “not exist” and ultimately live with a new sense of purpose. His values and methods stem from his teachings/practice and life experience. Sound familiar?

Our mission is to prevent suicide “all the time.” Similar to Inetsu Nemoto, the monk in the paper, we are devoted to preserving the lives of others. The question we are continually challenged by is, “How do we do this work every day without becoming desensitized, fatigued and psychologically blind. How do we understand the underpinnings of a person’s mind/brain to better serve them in their treatment?” A noble mission!

Exposure to information has never been greater. As a consequence, people have access to information at their fingertips 24/7. The curious mind can find almost anything on the internet and if someone wants to know the 10 best ways to kill themselves, read about the plight of someone who successfully killed themselves or engage in chat groups devoted to killing one’s self, they can. Our culture is bombarded by music, Do It Yourself sites, literature; an enticing platform waiting to engage and influence the vulnerable.

Questions for further consideration:

1. How do we work with suffering in our culture, in our model of care?
2. What is the relationship between isolation, aloneness and detachment?
3. Is there a difference between relationship within the EGO paradigm and practices that promote less emphasis on “the self?”
4. How might suffering lead to insight that changes intent and behavior?
5. How do we help those who don’t have language for self-destruction?
6. What is the capacity for empathy in people wanting to kill themselves and could this be a predictor of risk?
7. What is our relationship to the person who is suicidal along the continuum of care? How do we maintain continuity and minimize the fragmentation of institutional care and connection?

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NOTE: Each issue of “Suicide (Prevention) Notes” is prepared by a member of the IOL’s Executive Committee. This issue was prepared by Evan Fox, M.D., Assistant Medical Director, The Institute of Living and Director, Consultation/Liaison Psychiatry.