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Demonstrating Beneficence in Suicide and Non-Suicidal Self-Injury Research

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Ever since I was fifteen years old, the acts of suicide and non-suicidal self-injury (NSSI) have highly impacted my life. For instance, when I was a freshman in high school, my grandfather who owns a salon had a client whose husband committed suicide in the result of suffering from post-traumatic stress disorder as a retired veteran. My mother and grandparents felt obligated to explain to me what happened just in case I saw this client getting her hair done at the salon. I watched my mom and grandparents prepare meals for this poor woman's family, as well as witness the symptoms of fatigue and sadness that this poor woman displayed following her husband's tragic death.

In addition, during my freshman year of college, I received a call from my mother about how my younger cousin swallowed several pills and cut her arms with a razor hoping to injure herself. My younger cousin and I have been close since the day she was born so of course I became concerned for her well-being. I traveled to her house to spend quality time with her. I remember crying after leaving her house from seeing the large marks on her arms and hearing about her anxiety. Since this occurrence, I check up on her occasionally and make sure to be with her every time I come home from college. Then, this past summer, I volunteered for the Child/Adolescent Behavioral Health Short Term Unit of my local hospital that has many patients come in for taking part in NSSI. For example, I saw adolescents come into the hospital with cuts and bruises. These adolescents in particular expressed how they were not happy in their home and/or school environments.

From these experiences, I have seen the horrible struggles that people go through from acts of suicide and NSSI. Therefore, if children, adolescents, and adults who went and still go through these terrible events are asked to participate in suicide and NSSI research, their well-beings have to

be highly secured. The ethical principle that heavily emphasizes well-being is beneficence.

According to the ethical principle of beneficence, people are treated in an ethical manner by researchers respecting their decisions, protecting them from harm, and making efforts to secure their well-beings (The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). By following this ethical principle, researchers are obligated to maximize all benefits and minimize harms for these participants (The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979).

However, as a person highly concerned for these people's well-beings, I feel that many researchers are unsure how to properly conduct beneficence in NSSI and suicide research. For instance, many researchers are uncertain when it comes to deciding if they should suggest the most beneficial support services for participants because of how this action can impact their research (Saigle, Ségun, and Racine, 2017). Some researchers do not suggest support services because they are nervous that possible future participation and the validity of data collection could both be diminished (Fisher, 2013). This reasoning violates the ethical principle of beneficence because the researchers are showing more concern for their research than for the well-beings of their participants. Although, some researchers demonstrate beneficence in their research by referring participants to medical and/or therapeutic specialists without worrying how this will affect their research. I have observed this form of rescue procedure in Fordham's Mood and Behavior Lab which I am a research assistant for. If the participant shows a high risk in attempting to commit suicide, the researchers of this lab will provide important information such as suicide hotlines and how to schedule appointments with the right mental health centers. As an advocate for the ethical principle of beneficence, I would encourage researchers to further investigate the right support services such as intervention and rescue procedures for participants,

monitor negative outcomes of participants, and maintain that confidentiality has a lower priority than the obligation of protecting human life (Mishara & Weisstub, 2005; Saigle, Ségun, & Racine, 2017).

Another ethical issue involving beneficence seen in suicide and NSSI research is when researchers do not know how to show proper compassion to their participants because of their opinions on the acceptability and acts of suicide and NSSI in general (Saigle, Ségun, & Racine, 2017). For instance, a woman who was recording data in the mental health center I was volunteering for clearly showed no empathy for a girl who was sent to the hospital for cutting herself by stating, “Her actions are just simply from wanting to gain attention.” This awful assumption and lack of care for the child baffled me because a person is not securing the well-being of someone if he or she is demeaning the child’s decisions.

There is a variety of opinions that researchers can have on the acts of suicide and NSSI. For example, researchers that define as consequentialist, libertarian, and moralistic all have a different view on the acceptability of suicide and NSSI. Consequentialists, who think an action can be considered morally right if it will produce the greatest possible balance of good over evil believe that suicide and NSSI are acceptable depending on how the consequences of the actions would benefit society. Then, libertarians emphasize that individuals are completely free to make their own decisions. Therefore, libertarians believe that a person has every right to commit suicide or act in NSSI (Mishara & Weisstub, 2005). On the other hand, moralists believe that suicide and NSSI are unacceptable because they believe there is a moral obligation to always protect the lives of others (Mishara & Weisstub, 2005). From participants not knowing their researchers’ position on acceptability of suicide and NSSI, the participants cannot have an honest relationship with the

researchers and can become even more vulnerable. Not only does this violate beneficence, but it also violates the ethical principle of justice. Justice involves the researcher treating the participants with equality and fairness (The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). Therefore, a way to avoid the ethical issues of not having an honest relationship with the participants and making them more prone to vulnerability is by having the researchers clarify in advance their moral stance concerning suicide and NSSI and its implications for their research (Mishara & Weisstub, 2005).

Overall, from my past experiences and observations, I believe that participants who have executed acts of NSSI, attempted suicide, or know loved ones who have committed suicide can become very vulnerable while participating in research when the principle of beneficence is not followed. In order to prevent this increase in vulnerability, researchers should secure these participants' well-beings by highly suggesting support services if needed and having an honest relationship with them. Following these suggestions will help prevent the ethical issue of researchers neglecting the principle of beneficence for these specific participants as well as maximize benefits and minimize harms for the participants.

References

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