

What if Life Is Not Worth Living?

Anne Katz, PhD, RN, FAAN

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I tend to become reflective as the end of each year approaches. Thinking about what I managed to achieve during the past 12 months, what I have left undone, and how to try to make the next 12 months better occupies my mind as I drive to and from work or while on my treadmill. The year that is almost over has been a particularly turbulent one in part because of the news about celebrities ending their lives. I certainly enjoyed Anthony Bourdain's books and TV shows and admired his apparent love of the good things in life. Of course, we can never know the truest parts of another's heart, and his suicide in a hotel in France left many shaken.

I recently attended a fund-raising dinner for the Canadian Mental Health Association organized by a group of local chefs who were inspired by Bourdain. Some of them talked about their own struggles in the heated environment of restaurant kitchens with the pressure to be perfect, easy access to drugs and alcohol, long hours, little pay, and even less respect. It was heartbreaking to hear these young men talk about their pain and isolation in the stressful world where most chefs are cooks and not celebrities. They had all considered suicide at one or more points, but something had kept them from acting on it. Perhaps it was hope, a better shift, or a relationship that took them out of the heat and into normal society on their day off.

The week that Bourdain committed suicide was also the week that I had one of those challenging

conversations with a patient. He is a middle-aged man with metastatic cancer who has persistent pain and very poor quality of life. The pain prevents him from falling asleep and, when he does get a few hours of sleep, he finds that the pain makes it almost impossible to get out of bed. He has tried radiation therapy to his spine, multiple combinations of opioids, acupuncture, and medical cannabis, none of which has proven to be effective. He is at his wit's end and admitted to me that he thinks constantly about suicide.

I asked him the questions that I am supposed to ask: Does he have a plan? Does he have the means? Does he have a date planned? He responded yes to the first two and no to the second, but only because he has family responsibilities and clients that need him. He described his plan with no emotion in his voice, and images flashed before my eyes of what that might look like to the person who would find him. He must have seen something in my face despite my attempt to appear unfazed by his disclosure because he changed the subject after reassuring me that he would not do that—at least not in the near future. He is under the care of a psychologist and has an appointment to see a pain specialist, and I hope with every fiber in my being that he finds relief for his pain. I know about his physical pain, and he also appears to have existential pain. Hopefully, we will have time to explore that at future visits. Before he left, we discussed the potential of mindfulness-based meditation, and I loaned him a CD that I have with guided meditations. A recent study has shown that mindfulness-based cognitive therapy is effective in reducing distress in individuals with cancer (Compen et al., 2018), and I plan on working with him using these techniques if he is interested.

Suicide rates for individuals with cancer are slightly higher than in the general population, and the

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risk is highest in the year following diagnosis (Kumar, Chaudhary, Soni, & Jha, 2017). I am in awe of the endurance of so many of our patients who live with pain and suffering from the cancer or the treatments we provide, and I am in awe of their will to survive all of that and more. The will to live is strong in humans; history has shown us what others have withstood to see another day. There are screeds written by experts with far greater authority than me on the topic, and I do not intend for this to be a discourse on the reasons for suicide. But I do know that this is something that we are exposed to professionally, as well as personally, and we, too, experience pain and confusion when our patients disclose suicidal ideation. I often wonder how prepared we all are to deal with patients with this level of distress and what support and resources our organizations provide to us and them. There is no doubt in my mind that we and our patients need help with this difficult issue.



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