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Correspondence

**Altruistic suicide among Indians during the COVID-19 pandemic – Correspondence**

Dear Editor,

The COVID-19 pandemic came without warning, and it spreads like wildfire bringing the world to its knees. There is no doubt that this pandemic has brought immense psychological stress and affected the mental health of millions across the world [1,2]. Unfortunately, this has resulted in a huge increase in suicide cases, with numbers exceeding the trends of the past 3 years [3]. With the pandemic now being rampant in India, the suicide rates owing to the pandemic are expected to increase. India is currently experiencing the worst outbreak, with the ongoing 2nd wave of the pandemic. The increase in cases and also fatality rates translate to a saddening tragedy, with hospitals and crematoriums running at maximum capacity day and night. Many states have imposed a lockdown and the absence of social gathering has caused various mental health issues among the people [4]. With rising mental health problems and decline in social well-being, suicide rates have gone up during this pandemic, as the pandemic has caused social and economic fallout, which in turn has led to development of various psychological problems including sadness, frustration, fear, guilt, helplessness and loneliness, which can then lead to suicides [5]. One study showed that there was a 67.7% increase in suicide behaviour during the lockdown period in India in 2020 [6]. The rise in suicide cases is a cause of concern in India as it may have long-term effects on the general population, vulnerable groups and the economy [7].

Altruistic suicide is complex and many factors can contribute to an individual's action of committing suicide. Some of the contributing risk factors of altruistic suicide during this pandemic are summarized in Fig. 1.

Frontline COVID workers are the backbone of the country's war against COVID-19. They are the ones who have the highest chance of contracting the virus and understandably they are in constant fear of getting COVID-19 infection. Moreover, they may feel guilty about transmitting the disease to their family members. Healthcare workers face the dilemma of balancing their care for patients against genuine concerns of getting infected and spreading it to their loved ones [8]. Lack of personal protective equipment and flexibility in shifts add to their burden and can contribute to psychological stress among these individuals. Stigma and discrimination against frontline workers are very common as they have an increased risk transmitting the infection to others [9]. All these contribute to hopelessness, helplessness, decreased self-esteem, guilt, self-blame, and insomnia-all of which increase the risk of committing suicide [10]. Moreover, frontline workers, because of their increased risk of exposure, are more likely to commit altruistic suicide to keep their families safe.

Old age is not only a risk factor for severity and mortality in COVID-19 infection, but also contributes to psychological adversities. Quarantine and isolation can lead to depression and suicidality in the elderly [11]. There have been many reports in the news on elderly people who

demonstrated altruism by giving their hospital beds, oxygen cylinders, and other medical supplies to someone younger. Most old people are dependent on others for their basic needs and consider themselves to be a burden to those around them. All these contribute to an increased risk of suicide, in particular altruistic suicide, in the elderly.

The unemployment rates have skyrocketed since the beginning of the pandemic. The connection between unemployment and suicide is well established. The economic fallout coupled with vulnerabilities in the society can lead to an increase in suicidal behaviour. Unemployed individuals are dependent on their family and friends for financial needs. This adds a lot of psychological stress and can ultimately result in suicide.

Suicide can be caused by sociological factors, psychological factors, biological factors, and genetic factors. There are multiple theories of suicide. Emile Durkheim, Edwin Schneidman, Thomas Joiner, David Rudd, Roy Baumeister, Aaron Beck, to name a few, have suggested theories of suicide. Durkheim's theory of suicide is one of the popular ones and deals with sociological aspects leading to suicide.

According to Durkheim, social integration and moral regulation are two important social forces, the imbalance of which leads to suicide. He classified suicide into four types- Altruistic, Anomic, Egoistic, and Fatalistic suicide. Altruistic suicide occurs when an individual is deeply integrated into society and chooses to sacrifice his own life to benefit other people of the society [12]. Society may view it as heroism or martyrdom as it may bring some material benefits to them [13]. Altruistic suicide is classified into three types: obligatory suicide, acute altruistic suicide, and optional suicide. Obligatory suicide is when an individual considers suicide as a duty for the benefit of the people around him. Optional altruistic suicide happens when there is pressure from society and it is supported by the opinions of the public. Acute altruistic suicide occurs when an individual takes his own life to save another life [13].

We are all aware of the social stigma around those with HIV/AIDS, tuberculosis, leprosy, and mental illness and the effect it has on an individual with such diseases [14,15]. COVID-19 is also regarded as a stigmatized disease. Instances of such a stigma around COVID-19 are countless. Air India crew members who brought hundreds of Indians stranded in other countries back home were socially stigmatized by their neighbors, and their houses were branded "Quarantined" [16]. Notices were put outside the homes of those under home quarantine and these individuals reported feeling stigmatized as well. Stigma towards COVID-19 survivors and front-line personnel may increase the risk of suicide among these individuals [7,17]. The pressures of stigmatization can make individuals with a sense of altruism to express the trait in the most extreme manner i. e. commit suicide for the benefit of others. A study pointed out that 32.79% of cases of suicide due to COVID-19 were acute altruistic [18]. A government employee committed suicide

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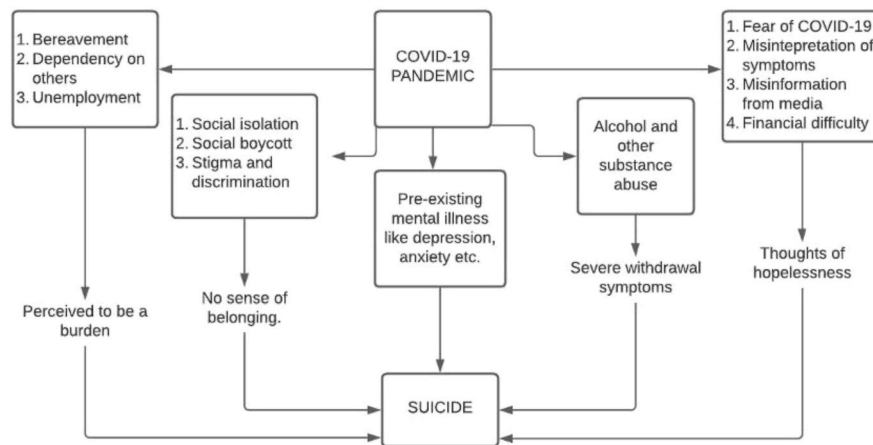


Fig. 1. Risk factors contributing to altruistic suicide during COVID 19 pandemic.

because he was infected with coronavirus. He was a block education officer in Kanpur and was tested positive after a few days of fever, cough, and cold. He ultimately committed suicide because he did not wish to infect his loved ones [19]. Another instance of altruistic suicide was when a suspected COVID-positive patient committed suicide by jumping from the 7th floor of Safdargunj Hospital. He returned from Sydney and had symptoms suggestive of COVID-19. He was immediately put in an isolation ward in Safdarjung Hospital. The patient was afraid that if he went home from the isolation ward, he would infect his family members. So, he committed suicide by jumping from the 7th floor of Safdargunj Hospital [20]. These examples show the altruistic nature of suicide where individuals with an excessive state of social integration sacrifice their lives for the greater benefit of others. These cases, probably, represent only the tip of the iceberg that come into the news.

1. Recommendations and suggestions

As discussed, ever since the onset of the COVID-19 pandemic, there have been a sharp economic downturn and social fallout leading to stress, depression, anxiety, and alcohol dependence. The government and the public must take measures to reduce the burden of psychological stress caused by the pandemic. There must be continuous monitoring of mental stability, especially in high-risk populations, and proper suicide prevention measures must be taken. The high risk populations should be defined and should include frontline workers from all walks of life.

Early psychiatric interventions and counseling at regular intervals are very critical at this juncture, especially for frontline healthcare workers. To motivate healthcare workers, a constant pat on their shoulders through incentives should be given, and any demoralizing blame by prominent social figures and mob-lynching should immediately be stopped. Blaming frontliners for the failed health system adds to moral injury and thus should be abruptly stopped. Hospitals and clinics should create an environment of open communication to address the concerns of health care workers.

A previously mentally stable person can become less stable during quarantine and lockdown. During quarantine, a psychiatrist must regularly counsel patients with COVID-19 who should be frequently monitored for suicidal tendencies and behaviour so that early interventions can be made to prevent suicide. There should be helpline services that are accessible to everyone to address mental health issues.

Special out-patient services must be set up in hospitals in the zones of most suicidal cases. It is also important to empower these hospitals with proper resources like medicines, psychiatrists, and logistics to handle these cases. However, it is the foremost duty of the family members to offer mental health support to the patients, and not to criticize them during this testing period. Availability and accessibility of alcohol must

be curtailed as suggested by World Health Organization as an approach to prevent alcohol-related suicides. The use of certain measurement scales like the Prediction of Alcohol Withdrawal Severity Scale (PAWSS) should be used to identify alcoholics with suicide tendency [21].

The government should provide some financial aid and temporary employment to those who lost their jobs in this period. The government should also have strict control of the information going out to the public through the media. Misinformation must be avoided at all costs and getting information from authentic sources (WHO/CDC) must be advocated.

Finally, social stigma around COVID-19 must be mitigated. Engaging social media influencers, actors, religious leaders, and cricketers to take a stand against the stigma around COVID-19 must be done. One such initiative is the 'Break the Stigma' campaign, featuring Amitabh Bachchan. Social media misuse has created more stigma than reducing it [22] and so such platforms must be used carefully and appropriately to remove any stigma around this disease. Addressing the patients as "a person suffering from COVID-19" rather than "COVID positive patients" is more empathetic and can potentially reduce the feeling of guilt in these individuals. Lastly, acknowledging the affected as victims of the pandemic and not the source can go a long way in mitigating the risks of mental health issues [17]. In fact the survivors should be portrayed as the warriors or fighters rather than victims.

2. Populations at increased risk

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Sheikh Shoib.

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Statement

The data in this correspondence article is not sensitive in nature and is accessible in the public domain. The data is therefore available and not of a confidential nature.

Conflicts of interest

N/A.

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