Palliative and Supportive Care

cambridge.org/pax

People with altruism who choose to end their lives: Do they experience irrational beliefs?

Dominikus David Biondi Situmorang, S.PD., M.PD., M.SI., C.T., C.PS., C.BNLP.[1], Venna Puspita Sari, S.PD., M.A.[2], Sri Ayatina Hayati, S.PD., M.PD.[3] and Albert Lodewyk Sentosa Siahaan, S.H., M.KN.[4]

[1]Department of Guidance and Counseling, Atma Jaya Catholic University of Indonesia, South Jakarta, Indonesia; [2]Department of Guidance and Counseling, Atma Jaya Catholic University of Indonesia, DKI Jakarta, Indonesia; [3]Universitas Islam Kalimantan Muhammad Arsyad Al Banjari Banjarmasin, Indonesia and [4]Department of Guidance and Counseling, Universitas Pelita Harapan, Medan, Indonesia

Letter to the Editor

Cite this article: Situmorang DDB, Sari VP, Hayati SA, Siahaan ALS (2024) People with altruism who choose to end their lives: Do they experience irrational beliefs?. *Palliative and Supportive Care* **22**(6), 2255–2256. https://doi.org/10.1017/S1478951524001287

Received: 24 May 2024
Accepted: 1 June 2024

Corresponding author:
Dominikus David Biondi Situmorang;
Email: david.biondi@atmajaya.ac.id

Dear editor,

We have read with delight the article entitled "*Patient altruism at the end of life: A scoping review*" (Sterie et al. 2024), especially in subtheme (ii), that altruism is explained as the desire and decision to delay treatment or actively hasten death. It was further explained that patients express altruism through the desire or decision to delay treatment or even actively hasten death, in addition altruism is displayed by requests to limit or refuse life-prolonging treatments, and finally altruism is expressed through the patient's request to commit suicide with the help of a doctor. This discussion is interesting to discuss further, because it turns out that altruism itself has unexpected impacts. We will review several things that were not included in the article, which we feel are important as constructive criticism.

It can be said that altruism is basically the principle and practice of caring for the welfare and/or happiness of other humans above oneself (Krebs 1970). Although the objects of altruistic concern vary, it is an important moral value in many cultures and religions (Batson 2010). It may be considered a synonym for selflessness, the opposite of egoism (Mangone 2020). Based on this definition, in a palliative context, someone who has the principle of altruism in their life may choose to postpone treatment or actively hasten death and commit suicide by asking for help from a doctor. Rather than bothering his/hers family and other people for longer because they have to care for him/her and spend quite a lot of money on him/her.

If analyzed further, this decision can actually be said to be an "*irrational belief*" (Situmorang 2022). The theory of Rational Emotive Behavior Therapy (REBT) explained that there were 11 "*irrational beliefs*" that caused them to have problems in their lives (Ellis 1994). In the context above, it is very related to irrational belief number 5, namely "*I must control events and people because they control how I feel.*" This means that someone who chooses to end their life early is actually experiencing this condition, that they feel guilty and have harmed many people because of their illness. They only focus on this, without paying attention to other people's feelings, that the decisions they make may actually make other people sad, not happy.

Currently, the number of cases among people with altruism who choose to end their lives is increasing (Lavazza, A., & Garasic, 2022; Schroeder 2005; Sterie et al. 2024). There are quite a number of life problems behind this, one of which is not wanting to bother other people (Gunderson and Mayo 1993). Usually the feelings that arise when experiencing this problem are despair, depression, and suicidal thoughts (Abed 1997). If it is not addressed immediately, it will of course lead to their decision to commit suicide (Hewitt and Edwards 2006).

In the broader context of palliative care (Forcén et al. 2023), the problems faced by people with this case today such as depression, mental illness, and suicide are considered as terminal ones, so they must immediately treat and given appropriate intervention. Care is needed in providing the right intervention for them, of course an intervention that is suitable for their characteristics. Based on their character, they are in quite fragile situations and easily despair (Jonasson et al. 2019; Krikorian et al. 2012). But on the other hand, they are people with altruism who still have a passion for seeing other people happy (Gysels et al. 2008; Post 2014; Schwartz 2009). So, in this case, there needs to be a match between what they need and what the intervention provides.

Furthermore, in this letter, we would like to provide recommendations for considering the right type of intervention for some people who experience this problem so as to help them have healthier altruism and avoid "*irrational beliefs.*" It is hoped that future follow-up research can make a significant contribution to the development of science, especially in dealing with various problems in the field of palliative and supportive care. Apart from that, of course, future research will answer the challenge of "*Positive psychology and palliative care:*

A call for an integrative approach" (Bernard and Arantzamendi 2024; Situmorang 2022), and as a concrete effort to realize "*Creating your soul in every moment: Meaning, creativity, and attitudes*" (Breitbart 2015; Breitbart et al. 2022).

Acknowledgments. The authors wish to express their gratitude to the Creative Counseling Center Indonesia for supporting this manuscript.

Funding. The authors declared no funding was received for this paper.

Competing interests. The authors declare no conflict of interest.

References

Abed RT (1997) Suicide as altruism: A Darwinian perspective. *Irish Journal of Psychological Medicine* **14**(4), 144–146. doi:10.1017/S0790966700003396

Batson CD (2010). *Altruism in Humans*. Oxford: Oxford University Press.

Bernard M and Arantzamendi M (2024) Positive psychology and palliative care: A call for an integrative approach. *Palliative and Supportive Care*, 1–3. doi:10.1017/S1478951524000452

Breitbart W (2015) Creating your soul in every moment: Meaning, creativity, and attitude. *Palliative and Supportive Care* **13**(5), 1139–1140. doi:10.1017/S1478951515001133

Breitbart WS, Lichtenthal WG and Applebaum AJ (2022) Meaning-Centered Psychotherapy. *Psychological Aspects of Cancer: A Guide to Emotional and Psychological Consequences of Cancer, Their Causes, and Their Management*, 399–409.

Ellis A (1994). *Reason and Emotion in Psychotherapy, Revised and Updated*. New Jersey: Carol Publishing Group.

Forcén FE, Marengo L and Behn M (2023) Ketamine-assisted meaning-centered psychotherapy for a patient with severe suicidal behavior. *Palliative and Supportive Care* **21**(2), 362–364.

Gunderson M and Mayo DJ (1993) Altruism and physician assisted death. *The Journal of Medicine and Philosophy* **18**(3), 281–295. doi:10.1093/jmp/18.3.281

Gysels M, Shipman C and Higginson IJ (2008) *"I will do it if it will help others:"* motivations among patients taking part in qualitative studies in palliative care. *Journal of Pain and Symptom Management* **35**(4), 347–355. doi:10.1016/j.jpainsymman.2007.05.012

Hewitt JL and Edwards SD (2006) Moral perspectives on the prevention of suicide in mental health settings. *Journal of Psychiatric and Mental Health Nursing* **13**(6), 665–672. doi:10.1111/j.1365-2850.2006.01013.x

Jonasson LL, Lindö P, Lindh T, ***et al.*** (2019) Life situation and participation as experienced by adult patients in palliative home care. *Nursing and Palliative Care* **4**, 1–8.

Krebs DL (1970) Altruism: An examination of the concept and a review of the literature. *Psychological Bulletin* **73**(4), 258. doi:10.1037/h0028987

Krikorian A, Limonero JT and Maté J (2012) Suffering and distress at the end-of-life. *Psychooncology* **21**(8), 799–808. doi:10.1002/pon.2087

Lavazza A and Garasic MD (2022) What if some patients are more "important" than others? A possible framework for COVID-19 and other emergency care situations. *BMC Medical Ethics* **23**(1), 24. doi:10.1186/s12910-022-00763-2

Mangone E (2020). *Beyond the Dichotomy between Altruism and Egoism: Society, Relationship, and Responsibility*. IAP.

Post SG (2014) Altruism, happiness, and health: It's good to be good. *An Exploration of the Health Benefits of Factors that Help Us to Thrive*, 66–76.

Schroeder D (2005) Suicide, Self-Sacrifice, and the Duty to Die. *Bioethics and Social Reality*. Brill. 17–29.

Schwartz CE (2009) Can helping others help oneself? Reflections on altruism, health, and well-being. *Happiness, Healing, Enhancement: Your Casebook Collection for Applying Positive Psychology in Therapy*, 151–163.

Situmorang DDB (2022) "*When the first session may be the last!*": A case report of the implementation of "rapid tele-psychotherapy" with single-session music therapy in the COVID-19 outbreak. *Palliative and Supportive Care* **20**(2), 290–295. doi:10.1017/S1478951521001425

Sterie AC, Borasio GD, Deml MJ, ***et al.*** (2024) Patient altruism at the end of life: A scoping review. *Palliative and Supportive Care*, 1–13. doi:10.1017/S1478951524000361

https://doi.org/10.1017/S1478951524001287 Published online by Cambridge University Press