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WORLD MEDICAL ASSOCIATION STATEMENT

OR

ADOLESCENT SUICIDE

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The past several decades have witnessed a dramatic change in causes of adolescent mortality. Fifty years ago adolescents mostly died of natural causes, whereas they now die from more preventable causes. Part of this change has been a worldwide rise in adolescent suicide rates in both developed and developing countries. Suicides are probably under reported due to cultural and religious stigma attached to self-destruction and to an unwillingness to recognize certain traumas, such as some automobile accidents, as self-inflicted.

Adolescent suicide is a tragedy that effects not only the individual, but also the family, peers, and larger community in which the adolescent lived. Suicide is often experienced as a personal failure by parents, friends, and physicians who blame themselves for not detecting warning signs. It is also viewed as a failure by the community by serving as a vivid reminder that modern society often does not provide a nurturing, supportive, and healthy environment in which children can grow and develop.

Factors contributing to adolescent suicide are varied and include: depression, emotional isolation, loss of self-esteem, excessive emotional stress, mental disorders, romantic fantasies, thrillseeking, drug and alcohol abuse, and the availability of firearms and other agents of self-destruction. Most often suicide is the result of several factors acting together, rather than any one isolated factor. The lack of a consistent personal profile makes it difficult to identify those adolescents at risks for suicide.

The health care of adolescents is best achieved when physicians provide comprehensive services, including both medical and psychosocial evaluation and treatment. Continuous, comprehensive care provides the physician the opportunity to obtain the information necessary to detect adolescents at risk for suicide or other self-destructive behavior. This service model also helps to build a socially supportive patient-physician relationship that may moderate adverse influences adolescents experience in their environment.

The World Medical Association recognizes the complex nature of adolescent biopsychosocial development, the changing social world faced by adolescents, and the introduction of new, more lethal agents of self-destruction. In response to these concerns, the World Medical Association recommends that national medical associations adopt the following guidelines for physicians.

1. All physicians should receive, during medical school and residency training, education in adolescent biopsychosocial development.
 2. Physicians should be trained to identify early signs and symptoms of physical, emotional, and social distress of adolescent patients.
 3. Physicians should be taught to assess suicidal risk of their adolescent patients.
 4. Physicians should be taught the treatment and referral options appropriate for all levels of self-destructive behaviors of their adolescent patients.
 5. When caring for adolescents with serious trauma, physicians should evaluate the possibility that the injuries might have been self-inflicted.
 6. Health care systems should facilitate the establishment of mental health consultation services aimed at preventing suicide, and cover the socio-medical care given to patients who have attempted to commit suicide.
 7. Epidemiological studies on suicide, its risk factors and methods of prevention, should be developed.
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