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Letter to the Editor

Suicidal ideation and research ethics committees

Intuitively, people sometimes wonder whether asking about suicidal thoughts might increase the risk of self-harm and suicide. Dazzi *et al.* (2014) conducted a literature review and concluded that there is no evidence for this. However, unlike the conclusion of the authors, this does not necessarily imply that current ethical concerns about enquiring about suicide in research studies could be relaxed.

The key issue for ethical approval is an increased risk of death or other serious harm, i.e. in the context of suicide research completed suicide and attempted suicide with serious consequences. In all the studies mentioned by Dazzi *et al.* suicidal ideation was measured, not completed suicides. Given that completed suicide is a rare event, investigators had no other option, but it does make interpretation of the studies more difficult.

If suicide was often the result of careful deliberation, one would not expect that limiting the amount of paracetamol people can buy in one visit to a particular shop would influence suicide rates. It is easy to go to another shop and buy another package. However, restricting the amount of paracetamol people can buy has reduced the number of completed suicides with a paracetamol overdose (Hawton, 2007).

There are also sometimes suicide clusters, whereby people commit suicide after a person they can identify with (a celebrity figure or a classmate) committed suicide, and reporting in the media does seem to influence this (Gould *et al*. 2014). In these so called copycat suicides the motivation to commit suicide is influenced by the option being brought to one's attention. It seems unlikely that only being informed about completed suicides, can trigger another completed suicide. Asking questions about suicidal ideas might have an influence as well, but this is impossible to measure.

The key issue is that one can never exclude that a particular research participant might decide to commit suicide after participating in a study asking questions about suicidal ideation. Ethical committees have to weigh this hypothetical risk against the possible scientific benefits of the study, and the scientific benefits may be limited, if one only is able to study suicidal ideation and not completed or attempted suicide.

Declaration of Interest

None.

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Letter to the Editor

Suicidal ideation and research ethics committees: a reply

We welcome the insightful comments from Dieneke Hubbeling (Hubbeling, 2014) and the opportunity to clarify the primary objective of our editorial (Dazzi *et al*. 2014).

While we agree that the evidence the editorial was based on is limited somewhat by the outcome that the studies were measuring, we feel it is important that the decisions ethics committee reach are evidence based. If the available evidence does not support an association between asking questions about suicide and suicidality, then any limitations placed on a proposed research project should be justified, particularly as the general direction of travel seems to be that asking questions is more likely to reduce suicidality than increase it (see for example: Cedereke *et al.* 2002; Vaiva *et al.* 2006; Biddle *et al.* 2013). We are not saying that such a situation can never be found, but that a good case needs to be made if restrictions are put in place.