Reviewer's report

Title: Cross-Sectional Research into Counselling for Non-Medical Rational Suicide: Who asks for it and what happens?

Version: 3 Date: 8 August 2014

Reviewer: Russel Ogden

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Cross-sectional research into counselling for non-medical rational suicide: Who asks for it and what happens

In addition to these comments, a copy of my notes on the manuscript is attached, which I hope will be of some assistance to the authors.

Major Compulsory revisions:

1. The concept of NMRS needs a better definition and should be clear on whether “rationality” is located in the quality of the decision to suicide or the choice of suicide method. The authors should distinguish rational suicide from suicide and PAD with a clear definition. I would suggest the definition developed by Siegal, K. (1986). Psychosocial aspects of rational suicide. American Journal of Psychotherapy, 40, 405-418.

Siegal notes characteristics of rational suicide are: 1. the individual has a realistic assessment of his/her situation; 2. the mental processes leading to the decision to suicide are not impaired by psychological illness or emotional distress; 3. the motivation for the decision to suicide would be understandable to the majority of uninvolved observers from his/her community or social group.

James L. Werth has written extensively about rational suicide and its implications for mental health professionals. The authors should inform the De Einder practical experience with some basis in the theory by Siegal and Werth.

3. All suicide deaths documented by De Einder clients appear to be regarded as “rational.” If the data support that, fine, but I suspect the actual means of suicide and the decision might not be rational in all cases of De Einder’s clients. In my experience, I have known people to embark on a very rational and careful process of decision-making, and then suddenly make an unexpected suicide decision that betrays previous rational processes. Given the number of deaths of De Einder clients, it would be unusual to have homogeneity with all the suicides taking place in a rational context, despite the best efforts of the counsellors.

4. It is not clear from the data that counselling is a form of suicide-attempt prevention. Elaboration on how counselling reduces suicide attempts should be provided. Are there specific data to show a reduction in suicide attempts or a deferral of suicide to a later time?

Discretionary Revisions:
1. This paper should elaborate on how counselling relates to decisions to die. Obviously there are parallels to “suicide crisis” counselling, but with key differences in that De Einder accepts the possibility of suicide and will even provide information. However, both forms of counselling allow a client the opportunity to explore his/her ideas about suicide and both types of counselling can delay an attempt or lead to a change of mind. Does De Einder’s counselling prevent suicide attempts, promote better attempts at suicide, or perhaps both? Ludwig Minelli has said that knowing suicide is an option can have the paradoxical effect of giving a person strength to carry on. Is there evidence to support that idea in the De Einder data?

2. Inert gas is mentioned only in passing. It should be explained that inert gas is an increasing popular form of suicide and that it is commonly described in "how-to" sources. A recent paper in Clinical Toxicology (Cantrell and Lucas, 2014, 52, 171-175) shows that inert gas is being used for suicide in San Diego county more frequently than ever among non-poison methods.

3. Since the Royal Dutch Medical Association has agreed that patients should be able to benefit from counselling about suicide methods, the role of De Einder’s counselling should be placed in the context of the RDMA advice.

4. De Einder is quite novel in the counselling it offers. More should be said about why the organization exists, its history, and perhaps some discussion about the way De Einder offers a demedicalized approach for what is now a medicalized problem.

**Level of interest:** An article of importance in its field

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.