Key steps to take when a patient commits suicide

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The suicide of a patient is a relatively frequent occurrence in psychiatry. As many as 68% of consultant psychiatrists acknowledge the loss of a patient to suicide.[1] Conservative estimates are that as many as 54% of psychiatry resident trainees experience patient suicide.[2]

Up to 57% of psychiatrists who have experienced a patient's suicide have developed symptoms of posttraumatic stress disorder.[3] There are steps you can take personally, with your staff, and with the patient's family to mitigate social, ethical, and legal consequences of a patient committing suicide, and to improve risk management.

Steps to take for yourself

1. In an inpatient psychiatric facility, **be aware of standard operating procedures** after a suicide; inform only an immediate supervisor if you learn of a suicide. In a group practice, inform the owner of the practice and receive advice on how to proceed. Do *not* contact the coroner's office, the police, the deceased's family, or legal counsel until advised to do so by a direct supervisor.

2. Be prepared to work with the coroner's or medical examiner's office. Write a detailed note summarizing the patient's clinical history before the suicide; describe the clinical team's work with the patient, the treatment plan, and an estimate of suicide risk.

3. Contact a trusted colleague or mentor; seeking **formal and informal support** from colleagues has shown to be helpful in coping with patient suicide.[4] Group support helps diminish feelings of pain and loneliness and helps one regain a sense of empowerment and willingness to treat other suicidal patients.

4. If possible, **attend the patient's funeral**. This gesture often is welcomed by the family and facilitates the grieving process. Attending the funeral is *not* an admission of responsibility for the suicide.

5. Participate in the audit process (ie, what went wrong?, Could something have been done differently?).

Steps to take with the patient's family

1. Once standard operating procedure allows, and, preferably within 24 hours of the suicide, **contact the patient's family** to express your grief; give the family an opportunity to ask questions. Early communication and support reduces anger displaced on the psychiatrist. Initial contact can be used to provide support and as an opportunity to share and communicate.

2. When speaking with the family, discuss treatment efforts and **emphasize that all realistic efforts were made** to help the patient. Let family members vent their anger and hostility; the grieving process is hard, complex, and painful when a loved one has committed suicide.

3. Support the family's decisions about mourning rituals specific to their culture and needs; involving the clergy early on can be helpful. Discussing the autopsy report with the family can be another way to show support.

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4. Continue to **offer support through stressful times**, such as anniversaries and birthdays.

Steps to take with staff

1. Make staff aware of the death as a group; encourage them to attend funeral services.

2. Avoid placing blame; encourage group support and venting of emotions.

3. Be available to the staff so that they can share feelings of hurt and disappointment with you.

4. Maintain the schedule on unit, restoring a sense of stability and normalcy.

5. A so-called **psychological autopsy exercise** is recommended, in which you can emphasize the learning experience and focus on improvements[4] that can help formulate policy reforms for providing better care.

Steps to improve risk management

1. If you work in a hospital, immediately contact the **risk management team**.

2. Seek **legal counsel** as soon as possible and involve counsel at all stages.

3. Notify your **malpractice insurance** carrier.

4. Complete the patient's medical record and describe the facts as they occurred. Date the records accurately with clarification on notes entered after the suicide. Avoid drawing conclusions. Do not apologize for, or justify, your treatment decisions.

References

1. Alexander DA, Klein S, Gray NM, et al. Suicide by patients: questionnaire study of its effect on consultant psychiatrists. BMJ. 2000;320(7249):1571-1574.
2. Courtenay KP, Stephens JP. The experience of patient suicide among trainees in psychiatry. The Psychiatrist. 2001;25:51-52.
3. Chemtob CM, Hamada RS, Bauer G, et al. Patients' suicides: frequency and impact on psychiatrists. Am J Psychiatry. 1988;145(2):224-228.
4. Kaye NS, Soreff SM. The psychiatrist's role, responses, and responsibilities when a patient commits suicide. Am J Psychiatry. 1991;148(6):739-743.