

From the Desk of Dr. Hank Schwartz

Psychiatrist-in-Chief

January 2013

Suicide (Prevention) Notes

Vol. 1, No. 3

Responding to Clinicians After Loss of a Patient to Suicide. Plakun EM, Tillman JG. *Directions in Psychiatry*, 25th Anniversary Vol. 25, Lesson 26. <http://www.directionsinpsychiatry.com/> (Austen Riggs Center, Stockbridge, MA)

This article addresses the emotional impact and distress experienced after a patient commits suicide. It provides options to help manage these reactions and feelings and how to interact with the deceased patient's family. Please note: Though frequent references are made to the impact on psychiatrists or psychiatric residents, the substance of the article applies to all clinicians.

Fact: Studies by Brown and Kleepsies et al. suggest that 1 in 6 psychiatry interns and 1 in 3 psychiatry residents will experience the suicide of a patient at some point during their training experience. According to Chemtob and colleagues, about half of psychiatrists experience the suicide of a patient during their clinical careers.

Four causes of distress after a patient commits suicide:

"I should have hospitalized the patient."

Did I make the right treatment decision?"

"Shame from the disapproval and criticism I will receive by the members of the therapist's institution"

"Fear of a lawsuit"

Common reactions:

Significant anxiety symptoms were reported by almost half of these clinicians following the suicide of a patient.

Is there a process built into a system that addresses the impact of this kind of violence? "Misch details the various difficulties encountered by supervisors, administrators, and residents when a resident's patient commits suicide. He notes that the entire residency group is often affected when a colleague's patient commits suicide and complex personal and organizational dynamics collide."

"Traumatic responses: ... shock, numbing, dissociation, and later symptoms of intrusive thoughts and images of the patient, along with somatic symptoms"

"Interpersonal relationships: ...recollections of the work with the patient, a careful review of the final sessions, and particularly moving moments that occurred throughout the treatment with the patient.
The majority of clinicians had contact with the patient's family following the suicide."

Professional Identity: ...feeling more vulnerable to negative judgement by peers. Feelings of blame, judgement and irresponsibility and a false sense of reassurance.

The effects of the death of a patient reverberated in the careers of therapists from 6 months to 12 years of the study. Other reactions/choices included:

To not treat such sick patients and were less willing to tolerate the despair of patients.

Become more vigilant and dedicated to patient management.....Positive outcomes following a patient suicide included a greater appreciation of “ their own limitations as clinicians, a tempering of what they labeled as "grandiosity," and a personal and professional transformation that made them feel more attuned and sensitive to their patients.” Such personal growth was complicated by guilt about receiving personal gain through such a tragedy.

Conclusions/Questions for Ongoing Discussion:

Twin bereavement when a patient commits suicide. “**First**, they grieve and mourn the loss of their patient. A **second** and more complicated aspect of bereavement involves a shift in the way clinicians understand their professional identity after the suicide of a patient.”

“Clinicians repeatedly spoke of how much they relied on colleagues for support, including supervisors, peers, and personal analysts or therapists. Most reported that these colleagues were quite helpful to them, although a powerful and enduring fantasy was that their colleagues were secretly judging or blaming the clinician for the patient's suicide.”

It was validating and affirming that the IOL has a process in place for dealing with this kind of tragedy/loss. What else needs to happen? The act of suicide has been described as a violent act towards one's self or “breaking the boundary that protects self-identity and one's safety.” How do we heal the Therapeutic Boundary; individual, institutional and therapeutic community? What is our role after the initial debriefing?

NOTE: Each issue of “Suicide (Prevention) Notes” is prepared by a member of the IOL's Executive Committee. This issue was prepared by Dr. Evan Fox, Director, Consultation-Liaison Psychiatry.

