STUDIA UBB BIOETHICA, LXI, 1-2, 2016 (p.71-76)
(RECOMMENDED CITATION)

ETHICS AND SUICIDE PREVENTIONS. CASE REPORT

CARMEN CORINA RADU[1], DAN PERJU DUMBRAVĂ[2]*, CODRIN REBELEANU[3]

REZUMAT. Etică și prevenirea suicidului. Analiză de caz. Tratând o astfel de problemă individuală şi complexă din punct de vedere social, legişti se pot confrunta cu numeroase provocări etice pe care trebuie să le rezolvăm. Cazul de faţă prezintă situaţia unei femei de 26 de ani care suferea de anxietate severă, angoasă şi stres, precum şi de atacuri de panică repetate timp de un an şi jumătate, comiţând suicid prin spânzurare într-o clinică de psihiatrie. Ceea ce face acest caz unic sunt dilemele etice prezentate; în plus, autorii subliniază consecinţele dilemelor etice precum şi posibilele soluţii.

Cuvinte-cheie: *suicid, bioetică, principiile autonomiei, beneficienţă, non-maleficienţă şi echitate.*

ABSTRACT. Dealing with such a complex individual and societal issue, forensic pathologists may face numerous ethical challenges which we must find solutions. This case is about a 26 year old woman who suffered from severe anxiety, anguish and distress as well as repeated panic attacks since one and a half years ago and she commits suicide by hanging in an inpatient psychiatric clinic. What makes this case unique are the ethical dilemmas presented, furthermore, the authors point out the consequences of the ethical dilemmas as well as possible solutions.

Keywords*: suicide, bioethics, principles of autonomy, beneficence, non-maleficence and justice.*

INTRODUCTION

Suicide is an issue that has long raised ethical, moral, religious and cultural discussions and debate. According with statistic data adult women's suicide attempt rates are higher than adult men's attempt rates.[1] The ratio of

[1] *Associate Prof. MD, PhD - University of Oradea, Faculty of Medicine and Pharmacy, Legal Medicine Bihor County Service, Romania, raducarmencorina@yahoo.com*
[2] *Associate Prof. MD, PhD - University of Medicine and Pharmacy „Iuliu Haţieganu" Cluj-Napoca, IML Cluj-Napoca, Clinicilor no. 2-4. Corresponding author: danperjud@yahoo.com.*
[3] *Ph. D, forensic pathologist Bistrita County Medical Forensic Department.*

suicide attempts to suicide death in youth is estimated to be about 25:1, compared to about 4:1 in the elderly.[2]

Medical professions, through multiple human relationships that are committed during and for making medical act, were involved from the start with a rich professional ethical conduct content.[3] Professional ethics in the field of medicine is a system of moral norms and rules governing the behavior of the doctor and of health workers. The medical moral as any moral professional is socially determined, not only by doctor's personal qualities, but also the character of the social system, the dominant health care system, the social prestige of medical workers and their working conditions.

The medical act must primarily be conducted in the direction to help and protect the patient, i.e. legally, nominally and personally. The organization or the institution offers legal protection but the nominal and personal protection is given by our personal values and common dictated professional values. Legal protection is covered by laws, regulations and protocols and nominal protection e.g. human rights, principles and professional codes. For the protection of the patients ethical codes are given and are based on the classical principles of autonomy, beneficence, nonmaleficience and justice[9].

Bioethics has developed responsibilities which are based on the principle of autonomy such as: respect for individuals based on patient rights; telling the truth and giving all the details; confidentiality, fidelity. Autonomy advertises respect, dignity and choice.

The principles are there but they are not sufficient to solve dilemmas in everyday professional life. We need personal protection of the patients. Personal protection is under the umbrella of our personal values which are dictating our contact with the patients. Good examples are: awareness, understanding, integrity and respect for patients' rights, honesty, and trust, maintaining a good relationship with the patient, empathy, listening skills, and patience.

Watson said in 2006 that "the values of the organization are dictated by economics, technology, medical sciences, administration". The organization protects mainly its own interests. [5]

The ethical dilemma begins where there is a conflict between loyalty to the organization / institution (upper hierarchical structures), to the patient, to oneself or sometimes to the rules of the group. It is important to note that legal is not equal to ethical. In most cases, laws only provide the minimum standard of attitude- ethics claims for more. [6]

CASE REPORT

1. Facts: Anna, a 26 year old female from Sweden, commits suicide by hanging in an inpatient psychiatric clinic on the 20th of September 2014.

Personal history: Anna suffered from severe anxiety, anguish and distress as well as repeated panic attacks since one and a half year ago. She was diagnosed with anorexia neurosa (on and off psychological help as a teenager) at the age of 15, but in the last one and a half years the eating disorder has become worse with features of bulimia. In order to lose weight she has intermittently used drugs (amphetamine, heroin). She has made 4 suicidal attempts within a period of one and a half years and been admitted to the ER, and ICU, because of drug intoxication and hanging attempts and to the department of surgery (was found unconscious with compartment syndrome after overdose) and several times to psychiatric clinics as inpatient and outpatient.

Medical history: she used antidepressants, anxiolytics, antipsychotic, sedatives, tranquilizers, and analgesics. [7]

Social and professional history: Anna has been working as an assistant optician and renting an apartment till one and a half year ago when she became ill and moved in with her parents.

Marital status: Single. Anna had a boyfriend who died of a heroin overdose half a year ago.

2. Discussion

2.1. Ethical dilemmas among health care personnel in issues of loyalty in case of suicidal patients. Loyalty to the patient versus loyalty to the organization/state authorities

AUTONOMY

Confidentiality/Secrecy law - waiver of confidentiality? Anna's mother was denied access to information. To keep suicidal risk as a secret can be fatal. As clinician you feel it is important to disclose the risk of suicide or other dangerous behavior, but may not be allowed due to confidentiality. The involvement of close relatives may contribute to the understanding of the patient[8]. In Anna's case some members of the staff tried to emphasize the importance of the mother's involvement, but the organization refused. The organization is very often more interested to secure its own interests than the patients'.

Fidelity**:** Clinicians must be faithful to their patients[9]. The risk of suicide must be taken seriously and recognized as the primary problem and the cause must be investigated thoroughly. Unfortunately financial resources for therapy sessions and investigation are not prioritized. The physician usually wants to spend more time to investigate the young patient's situation, but administration and organization work takes a lot of a physician's time and the resources for this type of activity are small[10].

Respect for personal rights**:** Suicide is the result of psychological deprivation of emotional and mental strength[11]. Deep depression with anxiety

and aguish are common features in individuals who are suicidal. If one extends the autonomy to those who are suicidal it may facilitate the recognizing its vulnerability, i.e. showing empathy, understanding, human affection and involving the next to kin by getting information which can be of great importance in the help of the patient.

Major: from 18 years of age. Parents are excluded if the patient is not giving the consent.

There were occasions when Anna was in such a psychological distress that she couldn't give her consent. She was often left alone without surveillance. Her mother was begging to be with the daughter but was refused. Anna committed suicide while she was alone in the toilet of the ward.

BENEFICIENCE

Clinicians must act for the well-being of the patient**.** When the physician is diagnosing the patient as suicidal it is of crucial importance that he/she is not sacrificing beneficence to autonomy of the patient[12]. Very often beneficence is equated with treatment but beneficence is more than this - it also means caring!

NON-MALEFICENCE

Clinicians must have the goal to protect patients from harm**.** In non-maleficence is included every measure to assure a patient's life. Anna was left alone in the inpatient psychiatric ward without surveillance, although it was well known that she was severely suicidal, and hanged herself with a sheet in the toilet handle.

A very good example in Anna's case is the decision which was made by the social services for compulsory treatment for drug addicts. The physician who examines her didn't agree and he managed to convince the social services to withdraw the decision. Very often it happens that the physician has a different opinion from the social or health authorities and it is not easy to change it. In Anna's case the physician saw that treatment under force would trigger the patients' suicidal thoughts. In Anna's case one physician actually got involved and listened thoroughly to her story.

Loyalty to the values of the self is very much corresponding to the loyalty to the respected values of the patient. Example of values are: conscience, understanding, respect for the patient's integrity and rights, honesty, trustworthiness, maintenance of good relation to the patient, empathy, listening to the patient, patience, mindfulness in the presence of the patient[13] [14].

2.2. Ethical questions/dilemmas in cooperation conflicts within the hierarchical structure:

These types of questions are raised especially in a situation where the behavior of the team towards a patient is not agreed by a member. A dilemma is

created in a given situation between the patient, the team and the self[15]. In Anna's case one member of the team did not agree with the rigid and disrespectful way she was approached and spoken to. Despite this the specific member didn't want to go against the group or members of the group. The member chose loyalty to the group and colleagues instead of to the patient and to his/her integrity.

Very often when a physician is criticizing a decision, because it is against his/her values or judgments, he/she is met by the voice of the superior reminding him of his/her position within the hierarchy.

2.3. Consequences of ethical dilemmas**:**

For the patient the consequences can be described in terms of: disappointment, helplessness, loneliness, neglect, disrespect

For the caregiver other types of emotions can be evolved as, bad conscience and the feeling of guilt, moral stress, insecurity, doubts, the fear not to be able to help the patient enough, angst for the consequences.

2.4. Possible and most common solutions to the dilemmas:

- Acceptance: due to powerlessness because the position of the individual in the hierarchy-He/she is aware of the conflicting values, but does not adopt them.
- Submittance: when the values of the individual are compromised to that degree that the caregiver feels the need to quit.

2.5. Optional solution:

- Innovation: to take control of the situation work creatively and inter-relational
- Disscusions during breaks and between colleagues
- Debates on an organisational level
- Forums-working groups, training courses
- Cooperation within the hierarchy- support by superiors
- Moral support from the team and team leaders
- Introduction of others forums: e.g. Church, mass-media.

The clinical psychologist Kay Jamison, said very truly "*I have been struck by how little value our society puts on saving the lives of those who are in such despair as to want to end them*."[7]

CONCLUSIONS

Each involved in Anna's case may not have had the whole picture, but each caregiver has an individual responsibility to think and act with an open

heart to give maximum empathy, understanding and love to the patient. It is a choice he or she has to make.

The codes of conduct guiding clinicians are often inadequate in addressing duty to those who are at risk of becoming suicidal or who are suicidal.

Warning signs include: talking about death or dying, isolation, anger/rage, hopelessness, increased use of alcohol or other drugs and mood changes.

It is everyone's responsibility to prevent suicide!

REFERENCES

1. Hensley S.D. and Hensley E. (2004). *Depression in the Elderly with Emphasis on Terminal Illness.* The Center of Bioethics and Human Dignity – Trinity International University. Available from: https://cbhd.org/content/depression-elderly-emphasis-terminal-illness.
2. *Life. A new Zealand Resource for Life related issues*. Available from: www.suicide.org/international-suicide-statistics.html
3. *Life. A new Zealand Resource for Life related issues*. Available from: www.life.org.nz/suicide/suicidekeyissues/suicidekeyissues
4. American Association of Suicidology. Suicide and Life - Threatening Behavior onlinelibrary.wiley.com
5. Organizational Behavior. Available from Google: www.saylor.org/site /textbooks/Organizational%20Behavior.docx
6. Michael Josephson *Ethics: More Than Just A Set of Rules.* 1990. Available from Google: https://www.memun.org/SchoolsProject/Resources/conflictofInterest /Ethics.htm
7. Hospital files and discussions with the mother and health personnel.
8. Kenneth Norton ACSW/LICSW. *Ethics and suicide prevention.* Available from Google: www.theconnectproject.org
9. Radu Carmen-Corina (2015*) Introduction to bioethics in forensic medicine: lecture notes* "Editura Universităţii din Oradea", ISBN 978-606-10-1461-3, 106 pg.
10. *Public health action for the prevention of suicide* Available from Google: *apps.who.int/iris/bitstream/10665/75166/1/9789241503570_eng.pdf*
11. Peter Smith Lentegeur. *Suicide ethical and legal considerations in managing risk Psychiatric Hospital University of Cape Town love these quotes on bipolar Will you*? Available from Google: http://www.bipolar-lives.com/quotes-on-bipolar.html.
12. John Danaher (2014) The Ethics of Suicide: A Framework.
13. Hardwig, J. *et al*., 2000, *Is There a Duty to Die?:And Other Essays in Bioethics*, New York: Routledge.
14. Hill, D.J., 2011, *What is It to Commit Suicide?, Ratio*, 24: 192–205.