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TREATMENT OF SUICIDAL PATIENTS: LEGAL AND ETHICAL ASPECTS

D. Wasserman

Swedish National prevention of Suicide and Mental Ill-Health (NASP), Karolinska Institutet, Stockholm, Sweden

According to WHO estimates, 1.5 million people worldwide will complete suicide in the year 2020 and approximately 10-20 times this number will attempt suicide. Given that suicide still remains the most serious outcome of mental disease, it is essential that psychiatrists are specifically trained regarding legal and ethical aspects related to the treatment of suicidal psychiatric patients.

Clinical decisions guided by evidence based knowledge and ethical judgments according to the principles of beneficence, non-maleficence and autonomy intimately interact when a psychiatrist performs suicide risk assessment, recommends treatment and follow- up rehabilitation measures. Ethical dilemmas of respecting acute suicidal or chronic suicidal patient's autonomy when she/he is unable to control self-destructive impulses, confidentiality, Do Not Resuscitate (DNR) orders and involuntary confinement for the institutional ward will be discussed.

Existing research indicates that suicide risk is higher in the immediate aftermath of discharge from the hospital and when patients are transferred to outpatient care without securing the follow- up visit. Psychiatrists are sometimes under considerable pressure, due to economical downsizing of the psychiatric care, to discharge suicidal patients from inpatient care, which can lead to serious legal and ethical repercussions. Following evidence-based procedures is crucial, as well as maintaining a high standard of documentation for all processes and decisions taken.

Continuous education of health care staff, scrutiny of existing routines and knowledge about own attitudes towards suicidal patients are needed in order to prevent suicide.