Ethical Dilemmas in Suicide Prevention and Care

Case Examples These are examples of situations without attribution to the individuals involved, or created from examples seen.

Case 1. Clayton

Email received from a 83 y/o male unknown to the agency. Email states his wife had died 6 weeks earlier and he is all alone with almost no extended family contact. States he prays every night that God will let him die. Ends by stating he does not think he can take much more of this. Email is traceable back to someone in a rural area outside of an adjacent town.

Case 3 Dixie's Hospice Patient

87 y/o man enters hospice care with advanced colon cancer. He is a military veteran who lives alone following the death of his wife 2 years previously. He has a son in the area who checks in on him regularly; the son is a police officer and is himself a veteran. In one of his first visits with the hospice nurse, the hospice patient calmly states that when the pain from his cancer becomes too severe, he will walk out back with his gun and "blow my head off". "Before I do that, I will call my son and ask him to come by, so he is the one who finds me; as a cop, he is used to this kind of scene and will be OK".

> The nurse, herself a veteran and experienced clinician, spent several sessions walking the man through his decision and how and where he would end his life and what it would look like in the aftermath; what his only son would find. She then challenged his assumption and asked him to call his son and ask what the son's reaction would be. He learned that his son was horrified by the idea and told his dad he would never be able to get the image out of his mind. The nurse assured the man she would do everything in her power to ensure that his pain was managed until the end. He died at home and not by suicide.

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Case 4. ICU Patient

55 y/o male patient in ICU post significant suicide attempt by gunshot wound to chest. Medical condition serious but significant recovery is anticipated. Patient has flat affect and, by family report has been showing significant depressed mood. Significant vision loss d/t diabetic macular degeneration over the past year forced early retirement and reduced quality of life as many past recreational activities can no longer be pursued. Upon assessment the man reports ongoing hopelessness and thoughts of suicide, He is not able to ensure safety upon discharge, but refuses any referrals for outpatient treatment. Pt. states emphatically, "I have a right to decide if I live or die!"

Case 6. Roberta

A 93 y/o woman is a resident in a nursing facility; her health, for 93, is pretty good and she remains clear and lucid. She has good family support and her children and their families visit on a regular basis. On her 93rd birthday she announces to her family and the staff at the home that she intends to stop food and liquids other than water and to allow herself to die. "I have done everything I want and it is downhill from here". She has discussed her decision with her family and they reluctantly support her decision. The administrator of the facility comes to you, the social worker, in some distress and insists that you find a way to stop her!

Can suicide be "Rational"?

- Acceptance under what circumstances?
- What is the patient's responsibility?
- What is the caregiver's responsibility to try alternatives (Hope)
- How can we support a conversation that allows a person to voice these thoughts?