

Impact of Patient Suicide on Psychiatry Residents: A Workshop Discussion

American Psychiatric Association
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San Diego, CA
Tuesday, May 22, 2007

 Department of Psychiatry
COLUMBIA UNIVERSITY MEDICAL CENTER

Presenters

- Elizabeth Harre, MD, PGY-2
- Andrew Booty, MD, PGY-3
- Aaron Reliford, MD, PGY-3
- Edmund Griffin, MD, PGY-3
- Christina Mangurian, MD, PGY-4
- Francine Cournos, MD, attending
- Carolyn Douglas, MD, attending



Outline

- Brief overview of patient suicide during residency
- Residents share their stories
- Faculty comments
- Audience members share their stories
- Discussion
 - How can we support each other best?
 - How can we make residency programs more supportive of residents after a patient suicide?

Why are we here?

- All of us here today have experienced a patient suicide
- We are resident-focused because residents are a high-risk group:
 - 1/3 of all trainees experience a patient suicide
 - Almost 40% of people experience severe distress after the suicide (risk increases w/ younger age and less experience)
 - About 15% of all psychiatrists who experience a patient suicide consider changing careers or retiring early

Gitlin, 2006. Psychiatrist Reactions to Patient Suicide. In "Textbook of Suicide Assessment and Management." 2006. Eds. Simon, RI and Hales RE.

Optimal coping strategies

- Decrease isolation
- Acknowledging that we treat people with serious psychiatric disorders and that suicide will be part of the natural course of their disorder
- Acknowledge that clinical failures are NOT personal failures
- Try to limit extremely "difficult" or "challenging" patients until one regains their own balance
- Institute reparative, constructive behaviors (presentations, writing, etc)

Adapted from: Gitlin, M. 2006. Psychiatrist Reactions to Patient Suicide.
In "Textbook of Suicide Assessment and Management." Eds. Simon, RI and Hales RE

Resident Stories

Dr. Elizabeth Harre

Dr. Andrew Booty

Dr. Aaron Reliford

Dr. Edmund Griffin

Dr. Christina Mangurian

Faculty Reflection

Dr. Carolyn Douglas
Dr. Francine Cournos

Typical reactions to patient suicide

- Initial reactions
 - Shock
 - Disbelief
 - Denial
 - Depersonalization
- Second-phase reactions
 - Grief
 - Shame
 - Guilt
 - Fear of blame
 - Anger
 - Relief
 - Finding of omens and subsequent behavioral changes
 - Conflicting feelings of specialness

Adapted from Table 24-1: Gitlin, M. 2006. Psychiatrist Reactions to Patient Suicide. In "Textbook of Suicide Assessment and Management." Eds. Simon, RI and Hales RE

Suggested References

- Brown HN: Patient suicide during residency training, I: incidence, implications, and program response. *J Psychiatr Educ* 11:201-216, 1987b.
- Gitlin, MJ. A Psychiatrist's Reaction to a Patient's Suicide. *AJP*. 156(10):1630-1634, 1999.
- Havens, LL. The Anatomy of Suicide. *NEJM* 272:401-406, 1965.
- Hendin H, et al: Factors contributing to therapists' distress after the suicide of a patient. *AJP*. 161:1442-1446, 2004.
- Misch, DA. When a Psychiatry Resident's Patient Commits Suicide: Transference Trials and Tribulations. *J of Am Academy of Psychoanalysis & Dynamic Psychiatry* 31(3):459-75, 2003.
- Reeves, G. Terminal Mental Illness: Resident Experience of Patient Suicide. *J of Am Academy of Psychoanalysis & Dynamic Psychiatry* 31(3):429-41, 2003.
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- Simon, RI and Hales, RE. *Textbook of Suicide Assessment and Management*. APPI. Washington, DC., 2006.

Thank you!

Please feel free to contact me:

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Reminder

- Dr. Joan Anzia, from Northwestern, will be presenting an important related workshop on Wednesday May 23rd from 9-10:30am:
 - **“The Resident’s Experience of Patient Suicide.”**