Life Support in the Context of Attempted Suicide

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Annotated Bibliography

Brown, S. M., Elliott, C. G., & Paine, R. (2013). Withdrawal of nonfutile life support after attempted suicide. *The American Journal of Bioethics, 13*(3), 3-12. doi:10.1080/15265161.2012.760673

The authors' primary focus is to remove the aspect of the attempted suicide and instead look at the patient in the context of any other critically ill patient on life support. The hypothesis is, "If this were not an attempted suicide, would a request to withdraw care be reasonable?" Both sides of the debate are evaluated, and an algorithm is presented that can assist caregivers in making the decision of when it is appropriate to withdraw life support regardless of the cause of the critical illness or disability. This article is highly relevant and applicable to our case study in that we examine the decision to honor the previously stated wishes of an already terminal ill patient to die and the ethical dilemma to remove him from life support after attempted suicide

Callaghan, S. & Ryan, C. J. (2011). Refusing medical treatment after attempted suicide: Rethinking capacity and coercive treatment in light of the kerrie wooltorton case. J*ournal of Law and Medicine, 18,* 811-819. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/21774276

This article examines the limitations for the principle of autonomy, and the implications for medical practice. Callaghan and Ryan investigate the events surrounding the case of Kerrie Wooltorton on 17 September 2007. Wooltorton was a 26-year-old female that called an ambulance after she consumed antifreeze in a suicide attempt. She had a preemptive letter directed to the health care providers to not attempt resuscitative

measures. Her rationale for calling the ambulance was to be assured of her comfort (through pain medications, oxygen, etc.) and companionship (i.e. she did not want to die alone at home). Repeatedly, she asserted her competence and understanding of the consequences. The physicians came to a consensus that she was of sound mind to appropriately refuse the treatment, and she died in the hospital two days after admission (Callaghan & Ryan, 2011). Callaghan and Ryan use this case to focus on patients' autonomy, and when they should be limited. The authors come to the conclusion that it is the right of the patient to not be treated for suicidal attempts only after the patient is found to be competent and shown to have given deep consideration for this "critical decision to refuse life-saving treatment" (Callaghan & Ryan, 2011, p.819). Otherwise, medical personnel have the obligation to intervene if the suicidal attempt appeared to be impulsive.

Eastman, P., & Le, B. (2013). Palliative care after attempted suicide in the absence of premorbid terminal disease: A case series and review of the literature. *Journal of Pain and Symptoms Management, 45*(2), 305-309. doi:10.1016/j.jpainsymman.2012.01.008

This article explored the use of palliative care services for two trauma patients that had attempted suicide and the clinical and ethical considerations concerning end of life decisions. Both patients were in the ICU and extubated prior to the move to palliative care. Two models were looked at for potential use: the consultative model and the integrative model. The article states that while studies have been done concerning palliative care in patients with terminal illness, no studies have addressed palliative care with patients that attempted suicide. The involvement of palliative care within the ICU was found to benefit patients, their families, and healthcare providers.

Foley, V. (2013, August 22). Pennsylvania woman charged with assisted suicide renews end-of-life debate. *CNN*. Retrieved from www.cnn.com/2013/08/22/us/pennsylvania-assisted-suicide-charge/

The editorial titled “Pennsylvania woman charged with assisted suicide renews end of life debate” is about a nurse, whose father, was suffering from numerous medical conditions that include kidney failure and diabetes. Available to him was prescribed morphine for pain. The father was 93 years and on hospice and has a DNR (Do Not Resuscitate). He asked his daughter to hand him the morphine bottle. He used the morphine to overdose. The daughter's report was that her father asked her for the morphine in order to commit suicide and end his misery. The father was found unconscious, 911 was called, transported to the hospital and was later resuscitated. Four days later he died from toxicity to the morphine overdose. The relevancy to our presentation is that the father had a desire to end his suffering, was on hospice care and had a DNR (Foley, 2013) but was resuscitated despite his wishes.

The above excerpt brings to light the ethical question that our group proposes. A journal by Brown et al supports the idea that suicide committed by a person with a non “futile” disability should have life support withdrawn based on a set of criteria. The criteria are “(1) family requests withdrawal of care, (2) external reasonability standard is met, (3) a period of 72 hours to allow for certainty of patients wishes, and (4) psychiatric morbidity considerations as grounds for withdrawal only in true treatment refractory cases” (Brown, Elliott, & Paine, 2013, p. 3). The authors believe these considerations can provide direction to Healthcare providers who will ultimately be the ones to discontinue the order to continue treatment.

Sontheimer, D. (2008). Suicide by Advanced Directive? *Journal of Medical Ethics, 34*, 1-3. doi: 10.1136/jme.2008.025619

This scholarly journal article describes the need for consideration and concerns in the care of patients who commit suicide and have an advance directive. In this study, the family and ethical committee decided to withdraw sustaining life support and let the patient die. The relevancy to our presentation is that withdrawing of care on the basis on the advance directive may be seen as letting the patient complete suicide, but the decision was based on the justice and autonomy.