

The impact of patient suicide on rural general practitioners

P Halligan and P Corcoran

SUMMARY

This survey of 152 rural general practitioners (GPs) studied the impact of patient suicide on their professional and personal lives. The response rate was 79%, with the average GP encountering a patient suicide every three years. The reactions of GPs to patient suicide were similar to those expressed by other health care workers. Factors that lessened the effects of patient suicide were identified and most GPs indicated their preference for a support system to be established to facilitate GPs in dealing with the aftermath of practice suicide.

Keywords: patient suicide; rural GPs; emotional reaction.

Introduction

SUICIDE is a significant cause of loss of life and is now the third most important cause of potential years of life lost in the United Kingdom.¹ The traditional role of the general practitioner (GP) is in suicide prevention, professional attendance at the scene of a suicide, and comforting the bereaved. In the leading author's experience, 10 patient suicides have occurred in 13 years as a principal in general practice. At a personal level, he found that most cases affected him in a significant manner over and above a normal practice death. Some of the suicides were known to him socially which compounded the loss. The impact of patient suicide on the GP has, to date, not been dealt with in the literature. The objectives of this study were to explore the impact of patient suicide on the GP at both a personal and professional level and to find out what levels of support GPs use following patient suicide.

Method

We developed, piloted, and sent a single-page questionnaire containing 25 questions and space for additional comments to all GPs in the North Eastern Health Board area of the Republic of Ireland. The survey was posted on 2 November 1998 to 152 GPs, followed by two reminders to non-responders.

The questions were based on similar surveys carried out with psychiatrists and psychotherapists²⁻⁴ and GPs were asked to comment on the last patient suicide remembered to reduce recall bias. Since the personal recollection of suicide can be a sensitive and sometimes painful experience, this study collected information anonymously.

Results

One hundred and twenty (79%) of the 152 GPs responded. Single-handed practitioners predominated (57%) and most GPs practised in a mixed urban-rural area. Three-quarters of the responders were male (90 out of 120) and most of the GPs (37%) were in the age category 40-49 years.

Eighty-six per cent (103 out of 120) of GPs reported dealing with at least one patient suicide in the previous 10 years. The mean number of suicides dealt with by GPs over a ten-year period was 3.5. The mean age of the victims was 35 years, while almost half (49%) were under 30. The male:female ratio was 9:1.

The responses of GPs to the last patient suicide are illustrated in Table 1. Patient suicide had an impact on the professional lives of the GPs with an increase in psychiatric referral (54%), more accurate record-keeping (50%), increase in antidepressant prescribing (40%) and increased use of colleague consultation (36%). However, most GPs

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Submitted: 10 February 2000; Editor's response: 9 May 2000; final acceptance: 15 November 2000.

© *British Journal of General Practice*, 2001, 51, 295-296.

Table 1. Responses of the GPs to the last patient suicide.

Variable	No effect n (%)	Small effect n (%)	Moderate effect n (%)	Large effect n (%)	Total n (%)
Increased psychiatric referral	48 (45.7)	36 (34.3)	12 (11.4)	9 (8.6)	105 (100)
Increased colleague consultation	67 (63.8)	29 (27.6)	7 (6.7)	2 (1.9)	105 (100)
More accurate records	53 (50.5)	23 (21.9)	21 (20.0)	8 (7.6)	105 (100)
Increased antidepressant prescribing	62 (59.6)	31 (29.8)	8 (7.7)	3 (2.9)	104 (100)
Guilt feelings	68 (64.7)	21 (20)	9 (8.6)	7 (6.7)	105 (100)
Sleep disruption	82 (78.1)	14 (13.3)	6 (5.7)	3 (2.9)	105 (100)
Disturbed relationship with friends	99 (94.2)	5 (4.8)	1 (1.0)	0	105 (100)
Disturbed relationship with victim's family	80 (76.2)	16 (15.2)	3 (2.9)	6 (5.7)	105 (100)
Work disruption	87 (82.9)	15 (14.3)	2 (1.9)	1 (0.9)	105 (100)

HOW THIS FITS IN

What do we know?

In psychiatry, patient suicide has been shown to affect clinicians at both a personal and professional level. The self-recrimination and guilt can lead to feelings of professional inadequacy and impaired performance, which can be countered by clinicians' use of crisis intervention techniques and other support measures. To date, there is no published information regarding this topic in general practice.



What does this paper add?

This report confirms that patient suicide affects general practitioners in a similar fashion to their psychiatric colleagues. It also reports on protective factors which lessen the impact of patient suicide.

who were affected noted only a small effect. At a personal level, 35% of GPs expressed feeling guilty after a patient suicide. Almost a quarter (24%) of GPs noted a disruption of their relationship with the victim's family, and sleep was disturbed in 22% of GPs.

Additional comments made by GPs noted reasons for patient suicide having had a low impact. These included: not attending scene of suicide, victim being an infrequent attender, shared care with other professionals, and high impulsivity of suicide. Twenty per cent of GPs sought support following patient suicide, while 62% said that they would use a support system if available.

Discussion

Since this study refers primarily to a population of rural, single-handed GPs, its generalisability is somewhat limited. Notwithstanding this, a number of important issues have been raised by the results.

Patient suicide in general practice occurs more frequently than one would expect with the average GP encountering one every three years. However, with the exception of 'increased psychiatric referral' and 'more accurate record-keeping', most GPs did not report that patient suicide had brought a change to their professional practice, that compares with a similar study of psychiatrists.³ On a personal level, apart from 'guilt feelings' more than four out of five GPs reported no effects following patient suicide.

Psychiatrists and psychologists reported guilt feelings in almost 70% of cases following patient suicide compared with 35% of GPs in this study.² This may be explained by the greater intensity of the therapeutic relationship between psychiatrist and patient.

Some GPs in this study commented on being 'absolutely devastated' and having had their 'sleep pattern affected for up to six months' after patient suicide. Despite this, only a small proportion (20%) sought support, which contrasts greatly with studies in psychiatry where up to 90% of therapists have sought and benefited from the support of their colleagues.^{2,5} Valente, in particular, advocated a support system for therapists to deal with the emotional traumas of patient suicide.⁶

General practitioners who reported little or no impact following patient suicide mentioned the protective factors of sharing patient care with other colleagues and not attending the scene of the suicide.

Acknowledgements

We thank the staff of the Department of General Practice, University College Dublin, for help in the preparation of this study. In particular, we thank Professor Gerry Bury and Dr Toss Maher for their comments on the paper and Mairead Egan and Julie Woods for technical advice. We thank the participating GPs for their time and Caroline Kettle for her secretarial support. This study was funded by a grant from the Research and Education Fund of The Department of Health and Children, Ireland.

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