



Psychiatry & Behavioral Sciences

Section – 20??

I5 Suicide Risk Assessment: An Evidence Based Approach

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After attending this presentation, the participant will be able to understand the implications of suicide to forensic and treating psychiatrists, the basics of suicide risk assessment, including special population issues, and expert risk management strategies.

Suicide is the single most common cause of malpractice claims against psychiatrists, it is also the top-reported Joint Commission on Accreditation of Healthcare Organizations sentinel event in all hospitals around the country. This presentation will impact the forensic science community by demonstrating how a psychiatrist can best reduce the malpractice risk from patient suicide in a straightforward manner—practice evidence-based psychiatry.

Lawyers make short work of “clinical experience” testimony by defendants and expert witnesses in suicide malpractice cases. Clinical experience, unaided by evidence-based research, can be idiosyncratic, insufficient, uninformed, or just plain wrong when applied to complex, fact-specific suicide cases. Both in the clinical setting and in providing expert witness testimony, clinical experience can be colored by tradition, myths, and conservatism.

Every practitioner's clinical experience is necessarily limited, yet it may be proffered as the standard of care or even as “best practices.” The question arises: is clinical experience, unaided by evidence-based research, the practice of the average or reasonable, prudent clinician or is evidence-based suicide risk assessment the standard of care? The answer is neither. Most clinicians combine clinical experience with evidence-based research. Substandard suicide risk assessments often rely on clinical experience alone. Expert opinions on the extremes of best practices or unaided clinical experience will be challenged by opposing counsel as not within the legally defined care and treatment ordinarily employed by the average or reasonable, prudent practitioner under same or similar circumstances. No single source or authority, however, defines the standard of care in suicide risk assessment.

Psychiatrists are expected to possess core competencies in suicide risk assessment and in evidence-based psychiatry. Acquiring these skills is a current requirement of residency training. Suicide risk assessment identifies acute, high risk suicide factors and available protective factors that inform the treatment and management of suicidal patients. Clinical experience alone is usually insufficient to support a competent suicide risk assessment.

Suicide, Risk Assessment, Forensic Psychiatry