



E12 Breaking Glass: Case Review of an In-Hospital Suicide

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After attending this presentation, attendees will have reviewed a case of suicide by sharp force injuries in a hospital inpatient setting.

This presentation will impact the forensic science community by contributing to the understanding of common reasons a person may commit suicide, although, in some cases, why the person committed suicide may never be known.

Suicide is the act of intentionally causing one's own death. It is often carried out as a result of despair, the cause of which may be associated with a psychiatric condition such as depression, bipolar disorder, schizophrenia, or borderline personality disorder. It may also be associated with substance abuse problems, such as alcoholism or drug abuse. Stress factors such as financial difficulties, declining health, or troubles with interpersonal relationships often play a role in why a person commits suicide. Occasionally the underlying reason for the suicide is unclear at the time of death and can remain unknown forever.

Harris County has a population of over four million people with approximately 4,000 deaths being reported to the medical examiner's office each year. Roughly 450 cases each year (approximately 11-12%) are classified as suicides. In Harris County in 2009, a total number of 4,153 cases were examined at the medical examiner's office. Of those cases, 484 (approximately 12%) were classified with a manner of death of suicide. Suicides by sharp force injury (cut and/or stab wounds) are rare and in 2009 accounted for only 3% of those deaths were classified as suicide.

This presentation will be a case review of suicide by sharp force injuries that occurred in a hospital inpatient setting. The decedent had a medical history of Hypertension (HTN) and was transported to the hospital after experiencing a syncopal episode. He reportedly had a history of alcohol abuse and had ceased drinking approximately nine days prior to the syncopal episode initiating the hospitalization. He denied any pain, shaking, nausea, or agitation. The decedent was admitted to the hospital with the diagnoses of syncope, severe hypertension, hyponatremia, hypokalemia, tachycardia, and rhabdomyolysis. He was admitted to a regular room on a medical floor and other than a slightly elevated temperature and heart rate, he had no documented complaints. Over time, and for unknown reasons, he became increasingly agitated. He reportedly attempted to asphyxiate himself using the cord of the nurse call button. Multiple nurses were required to remove the cord from around the decedent's neck. The decedent then proceeded to run and crash through the glass window of the hospital room in an attempt to jump out the window. Hospital personnel were able to keep him from jumping out the window; however, he grabbed a large shard of broken glass and utilized it to stab himself in the neck. Prior to this episode, the family reported no history of mental illness and no history of suicidal ideations or attempts. The decedent had voiced no complaints prior to the incident. Toxicology screens performed on hospital blood from the time of admission as well as autopsy samples were negative for common substances of abuse, including illicit drugs.

Although it is important to note any history of mental illness, suicidal ideations, or past attempts, the lack of such does not indicate the death could not be suicide. Scene investigation and witness accounts of the circumstances surrounding the death are crucial. Though adequate information can be obtained in order to classify the cause/manner of death, families may not ever have an answer to the question of why.

Suicide, Sharp-Force Injuries, Hospital