E59 Health Care Professionals as Persons of Interest? Preventing Strategies, Medical Liability, and Italian Jurisprudence Through the Analysis of an Inpatient Psychiatric Suicide

Federica Gori, MD, University of Pisa, Pisa 56100, ITALY; Luigi Papi, University of Pisa, Institute of Legal Medicine, Pisa 56100, ITALY; Sara Turco, MD, Pisa, ITALY; Alice Chiara Manetti, MD, University of Pisa, Forensic Pathology, Toscana, Pisa 56126, ITALY; Francesca Iannaccone, Pisa 56123, ITALY*

Learning Overview: The goal of this presentation is to analyze preventing strategies in cases of inpatient suicide through a case report and a review of international and Italian jurisprudence, to reflect about risk management and prevention, but also to highlight the critical elements related to this highly debated theme.

Impact on the Forensic Science Community: This presentation will impact the forensic science community by presenting an overview of the medicolegal aspects of inpatient suicide, focusing on medical liability and risk management.

Sentinel events are unexpected occurrences involving death or serious physical or psychological injury, or the risk thereof. In-patient suicide is a sentinel event that can be significantly reduced by adopting specific prevention measures. Literature recommends accurately registering medical history at admission to stratify the risk of suicide and level of surveillance required. Published authors have stated the most important prevention strategy is related to eliminating the physical instruments that could be potentially used for self-harming.

This case report concerns a 43-year-old woman suffering from severe anorexia who had been treated with an antipsychotic and who recovered. At admission, her Body Mass Index (BMI) was 12.3Kg/m^2, compared with a normal BMI of 20–25 Kg/m^2. She was aware of her severe physical condition, which led to her acceptance of the therapies required for treatment. She was initially fed by parenteral nutrition, but developed anxiety and suicidal thoughts related to this treatment; as a result, antipsychotic therapy was initiated. She also had daily interviews, but she refused to take part in group therapy. After initial improvement, her psychical condition worsened. She tried to injury herself with an insulin needle and refused to eat. After these episodes, surveillance was initiated during meals, and her room was thoroughly searched. Medical staff found scissors, a lancet, and a telephone wire. The telephone wire had likely been passed through the window despite the window handle having been removed. Recommendations included observing her visitors and continuation of antipsychotic therapy.

One night, approximately six months and two weeks after admission, the patient was reported to have used the toilet several times. About 6:00 a.m., nursing staff could not locate her. Local police were notified about 7:00 a.m. About 4:55 a.m., a human body was discovered on the tracks of the local train station. An underweight female, wearing pajamas, a nightgown, a pair of slippers, and a cannula was observed lying prone with her head on the track and the remainder of her body next to the track. The woman had cranial burst fracture with cranial vault avulsion and brain exposure.

The woman was quickly identified as the missing psychiatric ward patient. An examination of her room revealed that the window of her room had been opened, using the handle that had been previously removed and presumably hidden. An external examination at autopsy confirmed the injuries were consistent with a train accident. The time required to travel to the train tracks, the victim's medical records, and other circumstantial data suggested a gap of approximately five hours in patient surveillance.

Health care liability in cases of inpatient suicide arises from the duty to supervise patients who are under care. Prevention can significantly reduce the number of inpatient suicides, but some strategies are not always viable because of limited resources or are inefficient due to the unpredictability of suicide. The risk of self harm is not always foreseeable. The Italian criminalistic jurisprudence concerning in-patient suicide is unclear. Health care personnel are sometimes cleared of wrongdoing in consideration of the right of freedom and self determination by the patient; however, it most frequently recognizes medical liability due to the duty of the medical staff to protect and look after patients. This case has not been sentenced yet, but there is high probability that health care professionals will be charged for the death of the patient due to the inadequate surveillance and the organizational gaps.

Medical Liability, Inpatient Suicide, Prevention