



H130 Patient Misinterpretation of Findings Leads to Suicide

Jack Stover*, Kalamazoo, MI 49009; Joseph A. Prahlow, MD, Western Michigan University School of Medicine, Kalamazoo, MI 49007

Learning Overview: The goal of this presentation is to emphasize the importance of performing an autopsy in the wake of an unconfirmed medical diagnosis.

Impact on the Forensic Science Community: This presentation will impact the forensic science community by highlighting the importance of post-suicide autopsy as it pertains to patient-physician communication and its role in a tragic suicide.

Approximately 14 in every 100,000 people commit suicide every year.¹ In 2008, 22.6% of suicides were attributable to physical health problems.² This represents a particularly relevant avenue of intervention for health care professionals. Physicians are privy to patients' most intimate health information and thus should be aware of a possible mental health crisis. When handling such matters in particular, physicians' words carry great weight. Occasionally, physicians can become numb to the sway they have on the lives of patients. Patient misinterpretation of their doctors' words can have devastating consequences. This concept is crystalized in the case of a patient who, due to a misunderstanding of information provided, committed suicide because she presumed she had been told she had cancer.

A 75-year-old woman with a history of chronic obstructive pulmonary disease, atrial fibrillation, emphysema, and hypertension presented to an Emergency Department with complaints of worsening constipation, epigastric pain, and nausea of three-days' duration. Physical exam was non-specific. A computed tomography scan revealed bilateral cystic and solid adnexal masses concerning for ovarian neoplasms. She was referred to an oncologist. Two days later, before meeting with the oncologist, her husband tried to wake her—only to find her dead in her bed, with a suicide note present. It read: "SORRY DEAR NO MONEY FOR CHEMO WON'T DO ANY GOOD I LOVE YOU! GET WELL." Subsequent medicolegal autopsy revealed a relatively healthy elderly woman. The cause of death was the toxic effects of multiple drugs, including propafenone. The manner of death was suicide. The ovarian tumors were benign cystadenofibromas, characterized by benign fibrous stroma and cysts lined by serous-type or mucinous epithelium, with no evidence of borderline or malignant cells.

In order to prevent similar tragic deaths, more patient-to-provider information checkpoints should be implemented. This would entail having patients repeat back their understanding of their diagnoses. Patients can also overestimate their understanding of care information. An interactive communication loop helps mitigate these gaps.

One technique for this is Ask Me 3, which identifies three main questions the patient should be able to answer at the end of a healthcare visit: (1) What is my main problem?; (2) What do I need to do?; and (3) Why is it important for me to do this? Use of the Ask Me 3 technique incorporates important attributes of adult learning—multiple modalities, reinforcement, and personalization—and has been linked to better health outcomes.³

In addition to communication concerns, the presented case demonstrates the importance of performing an autopsy when a patient has received a recent unconfirmed medical diagnosis, particularly if that diagnosis somehow played a role in death. A breakdown in physician-patient communication was uncovered as a result of a postmortem examination. Knowledge of the autopsy findings will alert the physician to a possible need for communication adjustment.

Some might argue that an autopsy in the case of a suicide is unnecessary in the presence of an obvious mechanism of mortality. This is true to an extent, but, in general, it does not apply to suicides by overdose. According to the Forensic Autopsy Standards promulgated by the National Association of Medical Examiners, autopsies should be performed on cases of suspected drug overdose.⁴

Forensic pathologists should consider performing autopsies in cases of sudden death occurring in situations with ambiguous medical diagnoses, particularly if such diagnoses may have precipitated a suicide. In addition to either confirming or refuting the decedent's supposed underlying pathology, performing autopsies in such cases may assist in revealing any possible lapses in communication between health care providers and patients.

Reference(s):

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2. Karch D.L., Logan J., Patel N. Centers for Disease Control and Prevention (CDC). Surveillance for violent deaths—National Violent Death Reporting System, 16 states, 2008. *MMWR Surveill Summ*. 2011 Aug 26;60(10):1–49.
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4. Clark S.C., Wolf B., and Fowler D. *Forensic Autopsy Performance Standards*, 2010.

Communication, Suicide, Autopsy