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Hospital's Duty to the Suicidal

SIR,—The recent award of £19,500 against a hospital in the case of a 17-year-old youth who had taken an overdose and some weeks later climbed out of a window and then sustained injuries¹ could lead to bad medicine.

At the Regional Poisoning Treatment Centre of the Royal Infirmary of Edinburgh, under the medical direction of Dr. Henry Matthew, all patients, numbering over a thousand a year, are seen by psychiatrists. Over the last ten years, thanks to past and present psychiatric colleagues, an unrivalled body of knowledge has been built up about the personality and social characteristics of these patients, the circumstances which surround their overdoses, their subsequent hospital course, and the later completed suicide of a few. It can now be asserted that the majority of those admitted on account of self-administered overdose of drugs are not mentally ill. Mental illness should no more be assumed responsible for overdose than for entry into a brawl. Your Legal Correspondent writes (19 December, p. 754) that little distinctions should "be drawn between a hospital's duty to a small child and that to the *mentally ill* . . . a duty to take precautions to avoid the possibility of injuries, whether self-inflicted . . . occurring to those . . . known to have a history of *mental illness*." (My italics.) But your correspondent makes no mention of the Mental Health Acts of 1959 and 1960, a major purpose of which was to uphold the liberty of the individual.

Young patients who have taken an overdose daily demand their clothes in order to leave hospital. The probability of a 17-year-old (unlike a 70-year-old) actually going off and killing himself is virtually nil. What are we to do now? Tie patients to their beds, have burly guards stand over them, and return to a former era in which the dignity

of the individual patient was shamefully ignored? And ignored to the detriment of his mental health.

In the last few days a young woman and her husband had disagreed over the handling of their three-year-old child. Their shrill exchanges culminated in a foray on her part to a cupboard where there was some napkin-rash ointment marked "poison." She had, she said, kept it there for just such a moment. She scooped out a fingerful and swallowed it. After listening to my student's case history about her and being on the point of seeing her we found she had climbed out of a window on to a glass roof and had evidently fallen partly through (sustaining, fortunately, only trivial grazes). She was brought off the roof by firemen. Had it chanced that I had interviewed her half an hour earlier I am sure I would have recommended discharge home. I am sure that had she demanded she leave I would have advised the nurses to let her go and would have thought it improper compulsorily to detain her under the Mental Health Act, and would not have undertaken any surveillance against the possibility of self-injury in the ensuing half-hour.

I submit, Sir, that when a teenager or young adult with a history of self-administered overdose in recent weeks climbs upon a roof, the act is much more likely to be exhibitionistic than suicidal. If he or she falls, it is more likely to be through clumsiness than intent stemming from mental illness, and should such a patient subsequently sue a hospital for not submitting him or her to the indignities of physical restraint, to then award damages could be the negation of justice and an encouragement to rogues, of whom an overdose-ward gets more than a fair share.

It is to be hoped that the Secretary of State for Health and Social Security and the

Secretary of State for Scotland will examine and amend as necessary the law relating to restraint of patients in hospital.—I am, etc.,

IAN OSWALD

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Edinburgh

¹ *The Times*, 26 November 1970.

SIR,—Your Legal Correspondent (19 December, p. 754) discussed the award of damages to a patient who injured himself in a fresh attempt at suicide, after leaving a ward where he was under supervision as a "suicide risk." The Medical Defence Union, he wrote, "went on record [*Daily Telegraph*, 26 November 1970] as saying that the implications of the decision were frightening, but it would be very odd if it found them at all surprising."

During the past three months we have expressed our views on the case privately to many of our members who are engaged in the care of such patients. Your Legal Correspondence makes it clear that a press report is not always a complete expression of views put forward on a subject. The decision in the reported case did not surprise the Union or its legal advisers. It is, however, true that a medical correspondent of a newspaper raised the question of the financial implications for the Department of Health and Social Security if similar cases occur, and it was these which one of my colleagues described as "frightening." It is well known to doctors, nurses, and administrators that there is a serious shortage of nurses on the psychiatric and medical wards in which these patients are nursed and supervised. Of course each case must be decided on the particular facts and not on any apparent "precedent" but there are hospitals in which the number of nurses thought appropriate by the learned judge in