MORTAL QUESTIONS:
The Prevalence of Care Withdrawal after Intentional Self-poisoning
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BACKGROUND
• Decision-making capacity is questioned after apparent self-harm.
• Withdrawal of care (WOC) after suicide attempt requires significant ethical considerations.
• Prevalence of WOC after suicide is not described.

OBJECTIVES
• To identify the prevalence of WOC after suicide attempt among cases reported to a regional poison control center (PCC).

METHODS
• Cross-sectional survey of all adult deaths reported to a regional PCC between 1/1/2003 – 6/30/2012.
• Age, sex, suspected suicide and WOC were recorded.
• Suspected suicide was based on suspicion of healthcare provider.
• Decision to discontinue life-saving therapies or refrain from escalation in care were considered WOC.

RESULTS
• N (Total)=259; N (WOC) = 70 cases (27%)
• 27.5% of deaths among suicidal patients
• 23.4% of deaths among non-suicide patients (p=0.16).
• Average age of suicide deaths was 45 versus 50 years old (NS) in non-suicide deaths.
• Average age of patients with WOC after suicide attempt was 53 versus 67 for WOC in non-suicide patients (p<0.05).
• Kappa >0.7.

DISCUSSION
• This study documents prevalence of withdrawal of care after suicide attempt among PCC deaths.
• PCC data may underestimate the actual prevalence of the of WOC after suicide attempt. Prior studies document WOC rates in ICU patients ranging from 50-90%.
• A prospective case-control study incorporating comorbidity index, severity of illness, and time from presentation to WOC would improve our understanding of this problem.

CONCLUSION
• The prevalence of withdrawal of care in patients with a reported suicide attempt suggests that prospective studies are needed to highlight the major influences on this critical question.

RESULTS
• N (Total)=259; N (WOC) = 70 cases (27%)

<table>
<thead>
<tr>
<th>All Cases</th>
<th>Total</th>
<th>Age (IQR)</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
<th>Age (IQR)</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Patients</td>
<td>259</td>
<td>47(36-57)</td>
<td>130</td>
<td>129</td>
<td>61 (23.6%)</td>
<td>54 (44-62)</td>
<td>36</td>
<td>27</td>
</tr>
<tr>
<td>Suicide Suspected</td>
<td>138</td>
<td>45(37-58)</td>
<td>75</td>
<td>63</td>
<td>34 (24.6%)</td>
<td>53 (37-58)</td>
<td>22</td>
<td>12</td>
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<tr>
<td>Suicide Not Suspected</td>
<td>47</td>
<td>50(34-66)</td>
<td>18</td>
<td>29</td>
<td>10 (21.3%)</td>
<td>70 (59-87)</td>
<td>3</td>
<td>7</td>
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<tr>
<td>Suicide Unknown</td>
<td>74</td>
<td>44(35-52)</td>
<td>37</td>
<td>37</td>
<td>18 (24.3%)</td>
<td>45 (45-52)</td>
<td>10</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 1. Reported deaths by suspicion of suicide and withdrawal of care