



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.

	All Cases				Withdrawal of Care			
	Total	Age (IQR)	Female	Male	Total	Age (IQR)	Female	Male
All Patients	259	47(36-57)	130	129	61 (23.6%)	54 (44-62)	36	27
Suicide Suspected	138	45(37-58)	75	63	34 (24.6%)	53 (37-58)	22	12
Suicide Not Suspected	47	50(34-66)	18	29	10 (21.3%)	70 (59-87)	3	7
Suicide Unknown	74	44(35-52)	37	37	18 (24.3%)	45 (45-52)	10	8

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

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.

