

We win exceptional verdicts and settlements for our clients in cases of brain injury, medical malpractice, wrongful death and other severe injuries.

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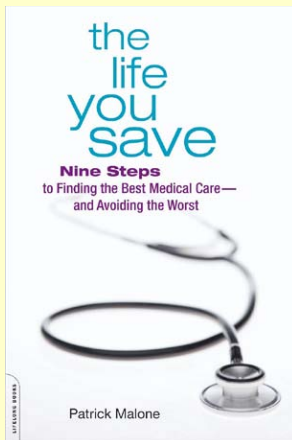
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### Quick Links

[Our firm's website](#)

[Read an excerpt](#)  
from Patrick  
Malone's book:

***The Life You Save:  
Nine Steps to  
Finding the Best  
Medical Care -- and  
Avoiding the Worst***



## The Shock of Suicide

When someone we know dies by their own hand, waves of emotion attack the survivors. We are bewildered, guilt-stricken, even angry, all on top of the usual grieving that comes after any death. Suicide violates the instinct of self-preservation, and so for the survivors is such an alien act that we cannot readily process it.

I recently joined the ranks of people shocked by suicide when a friend took his life. Although my friend was struggling with his career, he seemed to me, and to many other friends (I later learned), perfectly OK. Now, I turn over and over in my mind my last conversation with my friend a few days before he killed himself, and I wonder what I might have done differently to help him climb out of a deep pit that I didn't know he had fallen into.

I've learned that this "what if" script is common among those who have lost loved ones by suicide.

This month's newsletter examines why people die by suicide, offers measures to protect against it, and help for survivors.

## Risk Factors and Warning Signs

Some people are depressed and consumed by overwhelming feelings of helplessness. The cause can be one thing, or many, according to the [American Foundation for Suicide Prevention](#) (AFSP). These factors can be obvious to someone else--a major life loss or illness, for example--or not, such as certain mental disorders.

Depression is not the only cause of suicide, but it's a common one. Depressed people don't always behave as we might expect. Like my friend, they might not seem sad, or be withdrawn. Men who are depressed might seem angry or irritable rather than sad. People who aren't depressed but are considering suicide include some who are abusing drugs or alcohol or have an eating disorder.

## Learn More



Read our [Patient Safety Blog](#), which has news and practical advice from the frontlines of medicine for how to become a smarter, healthier patient.



Some suicides seem impulsive; some may follow a very upsetting event. But everybody experiences painful adversity, and most people don't react by wanting to take their life; it's not a normal response.

The risk for suicide is highest when someone is experiencing several factors simultaneously. Of course, most people with mental disorders or other suicide risk factors do not engage in suicidal behavior.

The most common risk factors for suicide are:

- Mental disorders, especially:
  - depression or bipolar (manic-depressive) disorder
  - alcohol or substance abuse or dependence
  - schizophrenia
  - borderline or antisocial personality disorder
  - conduct disorder (in youth)
  - psychotic disorders; psychotic symptoms in the context of any disorder
  - anxiety disorders
  - impulsivity and aggression, especially in the context of the above mental disorders
- Previous suicide attempt
- Family history of attempted or completed suicide
- Serious medical condition and/or pain

Certain environmental factors can increase suicide risk, especially among people experiencing the risks listed above. They are:

- Stressful life event such as losing someone close, financial loss or trouble with the law.
- Prolonged stress from adversities such as unemployment, serious relationship conflict, harassment or bullying.
- Exposure to someone's else's suicide, or to graphic or sensationalized accounts of suicide.
- Access to lethal methods of suicide during a time of increased risk.

Here, too, these factors don't usually increase suicide risk for people who are not already vulnerable because of a pre-existing mental disorder or other major risk factors. But prolonged exposure to them can lead to depression, anxiety and other disorders that raise the risk.

### Warning Signs

Warning signs indicate a more acute risk that requires immediate attention.

Someone contemplating suicide might say so: "I'm going to kill myself." More often, they're indirect: "I just want the pain to end," or "I can't see any way out."

These behaviors are red flags, and should be evaluated for suicide risk by a physician or mental health professional:

- Talking about wanting to kill themselves, or saying they wish they were dead
- Looking for a way to kill themselves, such as hoarding medicine or buying a gun
- Talking about a specific suicide plan
- Feeling hopeless or having no reason to live
- Feeling trapped, desperate or needing to escape from an

intolerable situation

- Having the feeling of being a burden to others
- Feeling humiliated
- Having intense anxiety and/or panic attacks
- Losing interest in things, or losing the ability to experience pleasure
- Insomnia that's otherwise unexplained or unusual
- Social isolation and withdrawal
- Acting irritable or agitated
- Showing rage, or talking about seeking revenge for being victimized or rejected, whether or not the situations the person describes seem real

I'd like to think that if my friend had said something, showed something, he'd be alive. But like many people who take their life, he was silent, and it was lethal; his inability to break the bonds of politesse and say what was really on his mind doomed him.

If we could remove the stigma and the shame, and talk about depression the same way we talk about getting a stent in a coronary artery, these tragic events would be much less frequent.

## How to Help

Half to three-quarters of all people who attempt suicide have told someone about their intention. If someone has told you, repeat what he or she has said or done that makes you feel concerned. Ask if the person is considering suicide, and if he or she has a plan or method in mind. Such questions won't push people toward suicide if they weren't considering it, but will help you assess the situation and get help.

Find out if the person is seeing a clinician or is taking medication, and if so, contact the health-care provider. If the person is not getting help, encourage him or her to do so immediately. Because suicidal people often don't believe they can be helped, identify a professional, schedule an appointment and accompany the person if he or she allows it.

Don't try to argue someone out of suicide; just let him or her know that you care, that he or she is not alone and that help is available. Don't say, "You have so much to live for," or "Your suicide will hurt your family."

If the person is threatening, talking about or making specific plans for suicide, it's a crisis. Don't leave him or her alone. Remove any firearms, drugs or sharp objects that could be used for suicide. Take the person to a walk-in clinic at a psychiatric hospital or a hospital emergency room.

If these options are not available, call 911 or the National Suicide Prevention Lifeline at (800)-273-8255.

## Protective Measures

Certain measures can help reduce someone's suicide risk. They are:

- Receiving effective mental health care
- Positive connections to family, peers, community and social institutions such as marriage and religion that foster resilience
- Cultivating problem-solving skills

These measures help people cope with negative life events, even when they're long term, by reducing the chance that someone will become overwhelmed, depressed or anxious. They're not as effective when there is a personal or family history of depression or other mental disorders. And, of course, someone vulnerable to suicide must realize the danger and accept help, and his or her loved ones must enable that acceptance without adding pressure that makes the person feel worse.

It requires compassion and the willingness not to judge. No one who hasn't felt suicidal can possibly relate to those feelings of desperation.

Here is an especially poignant web site, [The Depressed Child](#), which was put together by a friend after his son killed himself. It has much useful information for any adult who fears that an adolescent relative or friend might be depressed or at risk of suicide.

## Helping Survivors

Those who were close to a recent suicide victim will have a welter of tender emotions: shock, guilt, depression and sometimes anger. It might help for them to talk through what happened, but remember: The words you use can sound unintentionally harsh or judgmental.

You might have heard that someone "committed suicide," but saying "died by suicide" is perceived as more objective and less judgmental. Use the term "suicide" to describe the act, not the person who died in that way. Nobody wants to hear a loved one's life summed up by the circumstances of the death.

Generally, refer to "someone who died by suicide," or to someone as a "suicide decedent." The term "successful suicide" is ill-advised; such a death is never a "success."

The AFSP can help survivors deal with the suicide of a loved one. To find a local chapter, link [here](#). The [American Association of Suicidology](#) (AAS) is another resource for information and support. Link to its support group directory [here](#). Find its crisis center links [here](#). Read "[A Handbook for Survivors of Suicide](#)" [here](#).

It will take me a while to process my friend's death. It's a cognitive error on a massive scale, I tell myself and anyone who will listen. Had he only thought through the consequences for his wife, parents, sisters, brothers, and the violent and lasting wound he would inflict on them, this kind and gentle man would have desisted. But his pain blinded him.

Or did we just not know him? Was he as angry with us as we are now-if only in flashes-with him? We'll never know. This is a mystery that cries out for a solution. None appears. Life and death contain some mysteries whose bottom we can never plumb. We can only resolve to do our best to stay attuned to the living and help them through any crises without resort to this terrible non-solution.

## Recent Health Care Blog Posts

Here are some recent posts on our patient safety blog that might interest you.

- Pro Publica, the investigative journalism group, had a superb takeout on the [dangers of Tylenol, acetaminophen](#), and how to protect people taking it. It's a subject close to my heart, as I've had a number of clients who lost their livers or died from this supposedly benign pain reliever. The NPR radio show "[This American Life](#)" interviewed me and others about the long and not pretty (but compelling) history of this drug on a recent program. You can hear it on its website.
- Holding your child back from getting vaccinated with the standard measles/mumps/rubella shot can have serious consequences, as a Texas outbreak proved. The forces of science, reason and rationality need to speak out against the deadly [misinformation that fuels the anti-vaccine scare](#).
- [Direct-to-consumer advertising by drug manufacturers](#) can be misleading and downright dangerous. You're shocked, right? Well, maybe not, but it's good to remind ourselves about the massive grains of salt we need to consume whenever we feel swayed by a TV ad for a drug that uses the usual soft soap "talk to your doctor."

### Past issues of this newsletter:

Here is a quick [index of past issues of our newsletter](#), most recent first.

Here's to a healthy 2013!

Sincerely,

A handwritten signature in black ink that reads "Patrick Malone". The signature is written in a cursive, flowing style.

Patrick Malone  
Patrick Malone & Associates