

Patient Suicide: Court Rules Hospital Not Liable.

The patient came to the E.R. complaining of depression, loss of appetite and insomnia. He was kept overnight and released the next morning after being examined by the chief of psychiatry who found no evidence of suicidality but instead diagnosed depressive disorder for which he prescribed two antidepressants and recommended an outpatient psychiatry consult.

The patient came back the next day and was admitted. This time the chief of psychiatry diagnosed major depressive disorder but again found no suicidal ideation, suicidal intent or suicide plan.

The next morning a hospital nurse assessed the patient. Due to lack of improvement she suggested he be transferred to a nearby hospital's inpatient psychiatric service. He opted instead to go home, but came back later that same day.

The same nurse saw him again and noted he did verbalize vague thoughts of suicide but had no intent or plan. He was allowed to stay in the hospital overnight pending insurance approval and transport to the other hospital's psych service for voluntary admission as recommended.

Still in the first hospital the next afternoon the patient was accompanied by a nurse for a blood draw and then to radiology where he was left unattended to wait for a chest film. Still another nurse saw him standing in the corridor with his gown untied in the back. She tied it up for him

and left him alone with instructions to walk back to his room after his chest x-ray.

He was next seen standing out on the fifth-floor roof. As a nurse and two maintenance workers were going to intercept him the nurse yelled "hey" and he jumped from the roof and was killed.

Hospital Ruled Not Liable For Wrongful Death

The Superior Court of New Jersey, Appellate Division, ruled in the hospital's favor and dismissed the family's lawsuit.

The evidence was insufficient that the patient presented signs of actual suicide risk, even though he was diagnosed with a major depressive disorder and was in the hospital awaiting transfer for voluntary admission to a psychiatric facility.

The nurses who interacted with the patient, like the physicians, found no definitive evidence of suicidal intent or a suicide plan. The patient was at all times alert, cogent and cooperative, showed good insight into his condition and was in the process of following advice voluntarily to obtain help for his psychiatric diagnosis.

According to the chief of psychiatry, it is not necessary or even advisable to institute close one-on-one observation unless the patient needs it, and nurses are not permitted to make the decision to do that without orders from the psychiatrist.

The hospital also had testimony from the head of maintenance that a patient would have to be very determined to reach the fifth floor roof, having to climb a ladder, open a hatch, climb over a water tank, climb up water pipes and open another hatch, an improbable sequence of steps. **Estate of Hetmanski v. Rahway Hosp., 2011 WL 3847147 (N.J. App., September 1, 2011).**

A nurse who testified for the patient's family stated that the hospital's nurses violated the standard of care by failing to recognize the patient's potential for self-harm and for leaving him unattended despite the fact he was a psychiatric patient who was suffering from depression.

A nurse who cared for the patient testified for the hospital that one-on-one observation requires a physician's order and cannot be initiated by a nurse.

The hospital's chief of psychiatry testified he examined the patient but did not order close observation by the nurses because there was no overt indication of suicide risk and overly restrictive precautionary measures, such as constant supervision, can have a negative impact by increasing the patient's nervousness and anxiety.

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