Patient Suicide: Jury Finds Nursing Negligence, Court Overturns Verdict Holding Patient Partially To Blame.

Family members called the police after the forty-nine year-old woman took a number of Klonopin pills and drank a whole bottle of wine in an apparent suicide attempt.

Shortly before that the patient had sent goodbye emails to her sister and her boyfriend. She had a history of bipolar disorder and previous suicide attempts.

When the police got her to the hospital she was combative and crying and said she wanted to die. The E.R. staff phoned her long-time psychiatrist. The patient refused to be admitted as the E.R. doctor and her psychiatrist wanted, so the hospital, which did not have a psychiatric unit, held her involuntarily and transferred her, by ambulance in restraints, to another hospital with an inpatient psychiatric service.

At the other hospital a nurse who spent an hour evaluating her and a psych resident decided she was no longer a danger to self and released her from restraints.

The next morning, however, another nurse and the patient's own psychiatrist found the patient hostile and combative. She said she wanted to leave and was pounding on the windows. She screamed profanities, spit at and tried to bite staff members and threw a plastic container at her psychiatrist. The psychiatrist ordered restraints, Haldol, lithium and Ativan.

As a general rule the patient's own negligence is a factor for the jury to consider in a healthcare malpractice case.

The monetary damages awarded to the patient can be reduced to take into account the percentage to which the patient's own conduct contributed to the adverse outcome.

Psychiatric patients are an exception to the general rule.

A psychiatric patient who has reached the stage of being "completely devoid of reason" cannot legally be held even partially to blame for an adverse outcome like self-harm or suicide, and it is judicial error for a judge to allow a jury to factor in the patient's own conduct in assessing the monetary damages awarded to the patient or the family of a deceased individual.

APPELLATE COURT OF ILLINOIS
February 3, 2012

The morning after that the patient told her psychiatrist she was sorry she did not die the previous day. Based on danger to self her psychiatrist certified her for involuntary hold beyond the initial 72 hours.

Her psychiatrist ordered seclusion, physical restraints and continuous visual observation. The order for seclusion and restraints, which by law must be time-limited, expired that afternoon and 3:00 p.m. but could be continued by the nurses after consultation with the psychiatrist.

The patient remained agitated, hostile, crying and threatening throughout the morning. At noon, however, a nurse released her restraints and set up 15-minute checks because the patient said she did not want to hurt herself.

The patient was found dead hanging from a bed sheet on the bathroom door hook at 9:17 p.m., two minutes after a 9:15 p.m. check by a mental health tech.

No Nursing Assessment Documented Before Release From Restraints

The day nurses could show no documentation of a nursing assessment or consultation with a physician before the decision to discontinue physical restraints and continuous observation for a suicidal patient who minutes earlier was still agitated and fighting her restraints. The p.m. nurse was only able to testify in general terms as to her routine for interacting with patients while she passed medications.

The Court of Appeals of Illinois ordered a new trial because the judge allowed the jury to hold the patient 49% at fault. **Graham v. Northwest, __ N.E. 2d __, 2012 WL 400486 (Ill. App., February 3, 2012).**

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E. Kenneth Snyder, BSN, RN, JD
Editor/Publisher
PO Box 4592
Seattle, WA 98194–0592
Phone (206) 440-5860
Fax (206) 440-5862
kensnyder@nursinglaw.com
www.nursinglaw.com

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