

RESPONSIBILITY AND LIABILITY IN CASES OF SUICIDE BY PATIENT IN HOSPITAL PREMISES

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ABSTRACT

It is not uncommon to see that a few patients commit suicide in hospital premises. What would be the responsibility and liability of Hospital Manager in such situations? In the light of increasing incidents of such suicides in hospital premises, all pros and cons of such situations are discussed in length. A few settled and unsettled cases are discussed with an aim to create a debate on the issue and settle it squarely.

KEY WORDS: Deaths in hospital premises, suicide in hospital, fall from height, distress deaths.

There are growing incidents of suicide by patients visiting hospital OPD premises, during transit, investigation, or while being admitted in wards. Persons visiting the hospital are likely to be under stress, though stress level may differ. In such incidents, whether some responsibility can be fixed on some one or all these cases should be treated as an 'incident by chance'. These patients can be categorized / recognized as

1. OPD Visitor
2. Under observation though vitals and behavior are normal.
3. Under close observation Quarantine Period
4. Transit Patients, during investigations
5. Under constant observation, vitals require watch and close monitoring
6. under restrain
7. in Intensive Care Unit (ICU)

The level of watch in restrain, close watch, and ICU patients is much more and hospital staff has absolute control over the patient as relatives are not permitted. In situations like OPD, observation, transit, and during investigations, the person is usually accompanied by relative or attendant. The second option is shared responsibility and issue is at times difficult to decide. A few method of common suicide in hospital premises are mentioned below to high light the need to decide this issue.

1. Jumping from height in multistory hospital or wards
2. Hanging inside the hospital ward or in the premises

3. Consumption of Poisonous Substance / drug or self injection overdose
4. Self mutilation by easily available objects like fruit cutting knife, glass or bottles etc.

These are few cases in which patient died in hospital premises and brought to this hospital and few after scanning the public print media news items are discussed to give an overview and further serious thinking about planning and consequences of the situation.

Case 1

One 64 Years old Indian male committed suicide in a hospital by jumping from 3rd floor roof of the hospital. He was suffering from mental depression after retirement and was also having ischaemic heart disease. He was admitted in ICU of hospital when he jumped from 3rd floor. He died due to multiple injuries to head, chest and abdomen viscera. Sept 2002

Case 2

One person of 45 years suffering from heart ailment jumped from the 5th floor of a hospital and died due to multiple injuries. He could not bear the stress of his ailment and financial liabilities of the costly treatment.

Case 3

One person of 30 years was waiting to his turn in OPD of a hospital for surgical ailment, suddenly reached on roof top and jumped from the 7th floor died due to fall from height.

Case 4

One 57 years old male hanged himself in one nursing home. He was admitted with the complaints of stomach ache. Relatives lodged a complaint of negligence against the nursing home, and inquest under 174 Cr PC was conducted by Kolkata Police. [6]

Case 5

One person of aged 32 years hung himself inside the bathroom of one Govt. Medical College ward in June, 2003. He was admitted in the hospital one week before for abdominal operation. He hanged himself with dupatta around his neck from ventilator of bathroom. He also left a suicide note expressing his intentions to end his life and also pleaded that no body be held responsible for this incident. [7]

Case 6

One of the settled cases is Ravnat Singh Bagga v/s KLM Dutch Airlines [6] suggests that rendering of deficiency in services is to be considered and decided in each case, according to the facts of that case for which no hard and fast rule can be laid down. There are instances when patient consume poison substance in hospital premises. In some cases patient may inflict injuries to commit suicide

Case 7

In another settled case Kannan VR v/s Sree Sidheendra Medical Mission Hospital [5], patient admitted in ICU with high fever jumped from second floor of the hospital under the delirium and died. A case of negligence was registered and a suit was filed against the hospital.

The court decided that:

1. The occurrence was the result of lack of care of the hospital who under the law, was bound to take the required this care.
2. The acts of commission and omission attributable to a hospital which other wise do not amount to deficiency of services cannot be granted. Inefficiency, lack of due care, absence of bonafide, rashness, hate or omission may be the factors in rendering services.
3. Standard of care has to be maintained by the hospital. A hospital has to take care with respect to a patient who is admitted in the CCU (standard of care to be taken by the hospital in

not only confined to actual medical treatment care to the patient).It would also include care of his well being and welfare during the period of treatment .

4. Onus of proof: The burden of proof is on the complainant to establish negligence in the sequence of events
5. Complainant was compensated and hospital deemed negligent as, it was held that hospital did not discharge the duties as accepted norms. The ICU itself carries a meaning that special supervision was given to the patient due to his deteriorating condition. It is practically not possible to watch every outdoor and indoor patient in wards. ICU has close monitoring so responsibility has to be shared [2]. How a suicide becomes different in hospital premises as happens in office premises. In Public hospital, there is great rush and at times crowd is beyond control of the facilities and security personnel.

Deficiency in medical services means any fault, imperfection, shortcoming or inadequacy in the quality, nature and manner of performance which is required to be maintained under any law for the time being in force or has been undertaken to be performed by a person in pursuance of contract or otherwise in relation to any practice. A medical man rendering professional service for consideration is liable under consumer forum if he falls of short of the standard of a reasonably skilful medical person in his field [3].

The suicidal patient 's attempts to thwart the efforts of the physician and staff or even to actively resist lifesaving treatment becomes a resented and onerous burden to them [5]. To establish liability in negligence, the doctor/ hospital must owe duty to take care of the patient. Probably every physician can do more to detect suicide, take anti suicide action, and sensitize himself to the seriousness of the entire problem of suicide [5]. The relative or his family members should be warned about intense depression or self destruction.

These suicidal patients take advantage of transfer, shifting, mobilization of out of the ward investigations. It is usually either carefully planned or impulsive. Institutionalization in ICU or wards cuts off the patient from his known to circle and hospital

Hospital is responsible and should pay the damages for negligence - for and against

Factors in favor of punishment or damages	Factors against the damages
1. Under absolute custody of hospital staff	It is a joint responsibility
2. It is preventable disease, doctor must recognize it.	Every doctor is not trained in this Psyche evaluation and treatment is complaint oriented
3. He is ill and likely to be suffering from stress and its related problems so it has to be covered in treatment	The contract and consent is for a particular illness

culture appears artificial to him as affection and concern may be missing.

Hospital can be held responsible only if it is proved that person was under absolute care and protection of hospital staff. It is absolutely correct in cases where visitors are prohibited and hospital staff has sole authority over the patient. In situations where a person is under dual responsibility of hospital staff as well as of relatives, it is very difficult to decide the issue. In such case circumstances, attitude, behavior, and treatment advice play a major role in deciding the issue. It becomes very difficult to assess the mood of patients in short meeting between doctor and patient due to disinterest on either side, or crowded OPD etc.

It is practically very difficult to put up a team examination in each and every case due to limited human resource. In cases of absolute control there is no escape from responsibility; lame excuses are unlikely to rescue the hospital and its staff. Only question, which may be raised is, why owner should pay the damages? let the concerned staff should pay for their negligent deeds.

In this types of cases, it should be a declared policy of the hospital that if any patient dies due to negligent act or supervision of hospital staff then

hospital will pay a nominal amount of 25% or like % (because hospital has employed such a person) of compensation and rest will be borne by the staff concerned. This kind of introduction will develop a sense of responsibility and more attentive behavior among relatives and hospital staff.

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