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PSYCHIATRIST'S REACTIONS TO PATIENT SUICIDE

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Introduction: The suicide of a patient in ongoing treatment is surely among the most traumatic events in the professional life of a psychiatrist.

Objectives: Alert to the psychiatrist's reactions to patient suicide.

Methods: Review of literature relevant in medline database.

Results: A substantial proportion, estimated to range from 15% to 68%, of psychiatrists has experienced a patient suicide. A significant proportion of psychiatrists show strong negative reactions, affecting professional and personal lives at levels of distress that are frequently comparable with those seen in clinical populations. Psychiatrists develop rather classic symptoms of anxiety, depression, or acute or posttraumatic stress symptoms, and their responses are typical: in the beginning occurs shock, disbelief, denial and depersonalization; and in the second phase takes place: grief, shame and guilt ("did I listen to him?"), anger (toward the patient who did not honor a therapeutic contract), relief (for example, after the suicide of a chronically suicidal patient), and the finding of omens that the psychiatrist considered signs of the coming suicide. But they are predictors of increased distress among psychiatrists who experienced a patient suicide, and the more consistent are age, experience, individual personality and psychiatric history. Recognition of all this combined with an avoidance of isolation is an effective coping mechanism that prevents the structuring of a pathological response to the patient's suicide.

Conclusions: Psychiatrist's reactions to patient suicide are specific but not noted; its recognition is important to help them find appropriate coping mechanisms.