Suicide from the perspective of the patient’s family

Pat Derer

My son Daryl took his life in June 1997, at the age of 22. He was a wonderful young man who suffered a lot of loss throughout his life, and the recent break up with his girlfriend was the last loss he could handle. I now know my son was suffering from depression, which I knew nothing about at the time. In 1987, my ex-husband died by suicide, which I attributed to his substance abuse. We went to therapy for many months. I thought I did all the right things. We thought everything was okay, but now I know it wasn’t. I now know my son’s risk of suicide may have been up to 5 times higher because suicide was already in our family.

This is how my life as a survivor—a person who has lost a loved one to suicide—began. I can’t begin to tell you what it means to lose someone to suicide. The closest comparison I’ve come up with is that it is like an open sore that never heals. Those of us who are survivors could have been destroyed by our loss, yet we chose to reach out to help others by creating our own organization—Helping Others Prevent and Educate About Suicide (HOPES).

There are so many things I have learned that I wish I would have known before. HOPES members and I want to make sure other people know these things so they don’t have to go through the pain we have.

I tell you this, also, so that you will understand the important role that you, a physician, can play in the lives of people who may be at risk of suicide, as well as their families. According to former Surgeon General David Satcher, suicide is the most preventable death. Prevention will take effective clinical care for mental, physical, and substance abuse disorders. Statistics show that 60-90% of all suicide victims have a treatable mental illness or substance abuse disorder. Prevention involves educating people about the risk factors and how to watch for the warning signs. If people can recognize the signs and symptoms of suicide, it can empower them to be able to help others. And prevention involves removing the stigma associated with depression and mental illness.

In Wisconsin, the suicide rate is higher than the national average. In 2007, more than 700 people took their lives in Wisconsin, an increase from previous years. This does not account for the approximately 6 other individuals who are strongly affected by each suicide. It also does not account for those who attempted suicide but did not die. For every completed suicide, approximately 20 people attempt suicide.

Of all suicide victims, it appears women are more likely to experience depression and attempt suicide. There are times in a woman’s life when this risk is elevated, such as during puberty, pre- and postpartum, and during menopause. These are also times in a woman’s life when she typically is seeing a health care professional, providing an opportunity for intervention.

While women are more likely to make suicide attempts, men...
are more likely to die by suicide because they tend to use more lethal means. Men aged 45-65 account for more than 25% of suicide deaths in Wisconsin—220 in 2007. This group is also less likely to seek mental health care, putting that patient’s regular physician in a unique position to identify the signs and talk about depression.

Our younger generations are also at risk for suicide—it is the second leading cause of death for youth in Wisconsin. Physicians can play a crucial role in screening, and potentially treating, young people with depression or other mental disorders.

Suicide rates are actually highest among the elderly. Studies have found that 40-70% of older adults who commit suicide have seen a physician in the month prior to their suicide. If that physician understands how to see the warning signs of suicide in this population, prevention is possible.

Suicide affects an entire community, and it will take entire community to help prevent suicide. As President of HOPES, I want to express my appreciation to the Wisconsin Medical Journal for the articles on suicide being published in this issue, as well as the previous work the Journal has published in this area. Physicians are an important part of this community effort to prevent suicide—and can often be the first step to getting potential suicide victims the help they need.

*Editorial Note: All statistics in this editorial were taken from the Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health Services.*

**ERRATA**

The article titled “Collaboration Saves Time” (WMJ. 2008;107[8]:380-381) by Philip A. Bain, MD, FACP, reported incorrect percentages from a reference in the conclusion. The first sentence in the second paragraph of the conclusion should have stated “In one survey, 13% of Wisconsin clinicians in the ambulatory setting currently use fully-functioning EMRs and 41% use partially-functioning EMRs.”

The article titled “New Oral Anticoagulants: A Brief Review” (WMJ. 2009;108[1]:35-39) by Joseph J. Mazza, MD, MACP and Steven H. Yale, MD, FACP, indicated an incorrect manufacturer for a drug. In Table 1, Rivaroxaban should have been associated with the manufacturer Bayer.

The on-line versions of both articles have been corrected. Journal staff regret the error.
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