Suicide in the Elderly
Hospice Patient Focus
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Objectives:
- Identify a minimum of 3 factors that contribute to elderly suicide.
- Participant will assess current practices within their agency related to activities available to discourage isolation of hospice patients identified at risk for suicide.
- The participant will evaluate their current agency policy related to staff response to suicidal ideations and follow up for staff should a patient or family member complete suicide.

Statistics
- Studies show an increase in suicides among older adults.
- According to the article "Startling Statistics Concerning Suicide Among Elderly Men," Adults over the age of 65 represent on 12% of the people in the U.S.
  - However they represent 16-25% of all suicides that occur in this country.
  - Four out of five suicides are committed by elderly men.
  - The numbers increase drastically for white men over the age of 85 to 50 occurrences out of 100,000 men.

Signs...
- Unfortunately there are few signs if any.
- It is noted in this article that the majority of elderly suicide victims gave no indication that suicide was a consideration and no outward signs of depression were evident.
- Several had seen their doctors in the months or days before their deaths.
- Despite their (doctors)training to recognize symptoms of depression, there are often no signs exhibited by their patients.

Factors to Consider
- Depression
- Health issues—i.e. terminal diagnosis
  - Hopelessness
  - Nothing left to live for.
  - Social Isolation—elderly men tend to become more socially isolated than women.
  - Increases for elderly widowers because their wives managed many of their social connections.
  - When the wife dies this results in a significant reduction in social connections or the connections cease to exist.

Continued...
- Going through a major health crisis such as cancer, alone. This can be overwhelming.
- Returning home after a difficult stay in the hospital can increase the risk for suicide.
- Drastic weight loss due to decreased appetite can indicate one’s will to live fading.
- Stop taking medications, sleep more and appear very sad.
- Don’t want to be a burden to family; family would be better if they were gone.
What Can Hospice Do to Help?

- Assess for social isolation.
- Identify support system, assist in putting safety measures in place. i.e. remove guns if necessary, lock box for medications, delivering only a two day supply of meds. 
- Activities—what can they do or focus on to still find purpose or meaning? 
- Offer Legacy—encourage them to tell their story so that their legacy lives on for their family members—this can point to both purpose and meaning for them. 
- End of Life Education—meeting them where they are at, offering support practically, emotionally and spiritually.

Patient Suicide-3 in One Year.

- Patient #1:
  - 76 year old male
  - Signed off service 7/20/2012
  - Planned to get PET Scan on 7/21/2012-Doctor indicated there was nothing further that could be done.
  - It was noted patient looked weaker, tired, refused O2 stating “I don’t need them.”
  - Daughter left house briefly.
  - Self-inflicted gun shot wound—transferred to hospital where he subsequently died.

Continued...

- Patient #2:
  - 81 year old male
  - 9/6/2012
  - “Tired of laying here and hurting.” “Can’t breathe.”
  - Patient stabbed himself hoping he would hit his aneurism per his daughter, so death would be quick.
  - Daughter present, called 911, patient Care Flighted to Plano Medical Center.
  - Taken to surgery...heart stopped; patient died.
  - Daughter stated after the death that she believes patient made a split second decision.

Continued...

- Patient #3:
  - 84 year old male
  - 12/28/2012
  - Patient had expressed concern/fear of dying like his wife did indicating he did not want to suffer or that death be prolonged.
  - Family was in process of making arrangements to stay with patient and assist with care.
  - Patient and HH staff had a good rapport—SC had visited patient just hours prior to patient’s suicide.
  - Patient left note, called police informing them that he planned to commit suicide.
  - Subsequently shot himself and was found dead at his home.

Commonalities...

- Tired
- Fear
- Burden
- Loss of Control vs. Final Act of Control
- Representative of statistics identified in previous slides.
- Supportive family
- Supportive HH staff

Solutions...

- There are no clear cut solutions to this problem. 
- Ultimately we keep doing what we do best as hospice nurses, aides, social workers, chaplains: 
  - We assess a patient’s situation to the best of our ability. 
  - We offer additional support to patient and family as needs are identified. 
  - We assist in putting all safeguards in place for patient.
Solutions Continued...

- Examine current agency practice for staff debriefing and follow up post suicide of hospice patient.
  - In reviewing our agency’s policy it was determined that an update was necessary.
  - A committee was initiated and together we reviewed the current policy and recommended the following additions:
    - Staff debriefing to be held no later than two weeks post suicide of patient or family member.
    - Staff will be educated in recognition of signs and symptoms related to suicide.
    - Resource Binder available to staff identifying sign, symptoms, interventions related to suicidal ideations, etc. that will be updated periodically in order to keep the information current.

Finally...

- We learn to accept the fact that we do our best each and every day to care for patient’s and their families.
- We recognize that no matter how many safeguards are in place, how many conversations have occurred that we ultimately have no control over a patient’s purposeful act of suicide.
- We can’t escape our natural inclination to wonder what did I miss or what should I have done differently but we can talk about it, support each other through it and attempt to learn something from that experience moving forward.

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The Hope Center is an outreach program of Home Hospice.

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