Suicides in general hospitals

To the Editor—The article by Ho and Tay1 draws our attention to a very important problem in hospital practice. A number of important factors relevant to suicide have been pointed out and discussed. To this list I would like to add two points in patient management which might induce suicidal tendency.

The first is drug-induced suicidal tendency. Theoretically all drugs causing depression can cause it, eg Harrison’s Principles of Internal Medicine has listed beta blockers, reserpine, methyldopa, clonidine, glucocorticoids, levodopa, and even amphetamine (withdrawal) to this effect.2 Many years ago, as a junior trainee, I had the unpleasant task to certify the suicidal death of seven patients within 3 months in a chest unit. The alarm was raised and the culprit was traced to cycloserine which was being tried on tuberculous patients resistant to standard treatment. Stopping cycloserine put an end to the suicide epidemic.

The second is the attitude of the health-care personnel. At the same unit mentioned, we had a patient with chronic empyema who broke hospital discipline on some trivial matter. He was summoned to the astute nursing officer in charge of the floor, and given a no-nonsense reprimand. In the end he turned around, rushed to the window and climbed out. I had to use all my strength to pull him back (not the safest procedure for both doctor and patient)! Later we transferred him to another hospital and operated on his empyema successfully.

Happily, I am sure that both drug safety and the attitude of hospital staff are vastly improved nowadays.

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