Sam Wetzel

02/14/2024

“Should I Say Something?” The Ethics of Reporting Suicide Attempts in Minors

My patient was a 14-year-old female in for a routine eye exam. I enjoy patient care, and this patient was particularly good humored, joking throughout the exam. She was part of a school group receiving free eye exams through a local charitable organization. These pediatric exams tend to be challenging, in part because there is limited-to-no medical history. Often the children we see are too young to be reliable reporters. This group was accompanied by a school nurse and a teacher who remained in a conference room with children waiting to be examined. When I was taking her history in a private exam lane, my patient told me she had not been taking her (unknown) antidepressant medication for some time. I inquired, and she confessed that two weeks ago she had made a suicide attempt by taking ten of her antidepressants at once and was hospitalized. When she told me, she became visibly embarrassed; she wasn’t joking anymore. She told me she no longer had access to the medication, because her aunt had hidden it somewhere. I asked how she was doing now, and she told me she was better. I told her I was glad she was still around.

Suicide is close to my heart. When I was younger, my cousin killed himself. We spent a lot of time together as kids, and so his death was as devastating as one would imagine. It tore a big, ragged hole in the family. Since then, I have struggled with my own mental health. For years I agonized about what I could have done differently. My cousin was just a teenager, not much older than this patient. She has her whole life ahead of her. If something needed to be done, I was going to do it.

When I was ready to dilate, I took my patient to check in with the attending doctor. Unaccompanied pediatric patients must always remain with the clinicians, so no one wanders off. I didn’t want to embarrass my patient any more than I had to, so I offhandedly directed the doctor’s attention to the history tab. After the exam concluded my attending came into the lane and calmly asked the patient about her attempt and subsequent medication access. Initially, the patient stated that she ran out. Subsequently she reported that her aunt, who is her legal guardian, maintains her antidepressant regimen for her, dispensing as directed. She told us that she had a support system and didn’t need to talk to us about it. My attending reassured the patient that there were people (the

two of us included) that cared about her. We told her we would help her if she needed it. I checked the patient out and returned her to the school group.

"What to do?" One ethical consideration: the patient is a minor, unaccompanied by her guardian. What are the restrictions on disclosing this information to a school nurse? Patient confidentiality is a pillar of the Hippocratic Oath, but protected health information (PHI) can be disclosed if doing so "is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and… is to a person or persons reasonably able to prevent or lessen the threat…" (LII). Texas Health and Safety Code Ann. §611.004 grants permissions to mental health professionals to disclose to "medical or law enforcement personnel" (NCSL). We at university are not mental health professionals, but under HIPAA privacy standards Section 164.512(j) we are allowed to disclose PHI if we believe in good faith that we are preventing imminent threat to the patient (HIPAA). Another ethical point to consider: Is this an imminent threat? When we talk about medical emergencies, we think of things like 3rd nerve palsy. But suicidal thoughts can be just as emergent. While the patient was not expressing active suicidal ideation to either me or my attending, her story had varied. We can't know her true mental state. Also, is her medication available to her, and should it be? Her previous attempt used those pills. Most suicide attempts come from a temporary crisis, so access to the same method puts her at further risk. Additionally, antidepressant medications have a black box warning for causing thoughts of suicide, particularly in young patients. Continuing the dosage could worsen the mental state of the patient.

I was afraid for my patient's safety. However, if she really was safe, I didn't want to exacerbate the situation by sending the authorities to her aunt's house. It didn't sit right with me. I knew something had to be done, but I didn't know how to proceed. I asked my attending, who is also the clinic director, for advice. She told me the first step was to confer with the school nurse. Once she was available, I brought the nurse out of earshot of her students. The nurse thanked me for informing her, as she was unaware of the student's attempt. She told me my next action would depend on the university policy, but if we desired, we should contact Child Protective Services. I learned it was against her school's policy to become involved until students voluntarily disclose suicidal ideation to the staff. She hugged me and told me I was doing the right thing.

My attending and I discussed our options. Our main concern was the accuracy of the patient's reporting. Did she receive the proper medical care after the attempt? Was her PCP aware, and should they change the medication/dosage? Was the aunt involved or was I the first person the patient told? Is the aunt providing the antidepressants? My attending shared my concern about unnecessary reporting, but she reminded me that systems exist so that medical providers don't have

to make these decisions on our own. If we were wrong to be worried, the case would be thrown out. If we were right to be worried, the patient's life was in danger. CPS (via the Texas Health and Human Services) has both an online portal and a telephone service. We chose to call, as it would give us an opportunity to fully explain the situation. My attending contacted CPS on my behalf, and I supplied the additional details I had picked up during the exam.

After being on hold for some time the doctor was connected to an agent; but even then, the agent seemed inexperienced. It was a while before my attending knew she was speaking to the correct department. There was a lengthy review of the history, and eventually the agent decided not to investigate saying, "My supervisor thinks that the aunt was probably acting in the right interest of the child." In retrospect, neither my attending nor I were entirely satisfied by the call. She got the feeling that they were just guessing; there was no standard protocol. In their defense, they are surely overrun with reports. Nevertheless, we feel they should have called the family.

As optometrists (and students) we have a duty to do no harm. Sometimes the right thing isn't immediately obvious. Sometimes the right thing can have complicated results. More eyes on her suicide attempt probably isn't what my patient would have wanted. But for a moment she listened to that little voice telling her to ask for help. I'm glad she did. We need to listen when that voice speaks. We are not alone; I hope my patient knows that. We need to work together, seeking advice when needed and using the resources we have. I am very happy that systems exist, but I see that they don't function perfectly. The agency surely does more good than harm, but I don't think we should have to push for a proper follow-up. I know we are supposed to trust them, but this feels anticlimactic to me. I'm still worried about that patient, but I don't know of another step I can take. I offer an appeal, to those with the authority, to fortify the mechanism through which we flag at-risk children. They are counting on us.

Citations

"45 CFR § 164.512 - Uses and Disclosures for Which an Authorization or Opportunity to Agree or Object Is Not Required." *Legal Information Institute*, Legal Information Institute, www.law.cornell.edu/cfr/text/45/164.512. Accessed 14 Feb. 2024.

"Brief Mental Health Professionals' Duty to Warn." *National Conference of State Legislatures*, www.ncsl.org/health/mental-health-professionals-duty-to-warn. Accessed 14 Feb. 2024.

"HIPAA Privacy Standards - Submitters of Phi." *HIPAA Privacy Standards - Submitters of PHI | Texas DSHS*, www.dshs.texas.gov/health-insurance-portability-accountability-act-hipaa-home/dshs-guidance/hipaa-privacy-standards-submitters#:~:text=Section%20164.512(j)%20permits%20disclosure,a%20person%20or%20the%20public. Accessed 14 Feb. 2024.