

Who is responsible when 'attempted suicide' goes wrong?

David, a man who, like his estranged wife, Anne, was receiving treatment for depression, went to her home one day when her social worker was visiting. Anne had only recently been discharged after a stay in hospital, and the social worker had only known her for a short time. Sitting on the settee opposite her, David asked Anne whether she loved him. When she said, not only that she didn't love him, but that she never had, he stood up and said 'Well that's it then'. Then he walked out of the living room into the kitchen.

A few minutes later Anne and the social worker found David swallowing handfuls of sleeping pills, which he was washing down with water. The social worker asked him to stop and suggested that he should go to the casualty department of the local hospital to seek help, but David continued, saying 'You can't stop me doing what I want.' The social worker said that he had no intention of trying to do so, but said that he would stay close to David until he fell asleep, as he surely would quite soon, call an ambulance and have him taken to hospital. David then rushed out of the flat. True to his word the social worker followed. When, after about half an hour, David almost collapsed outside a pub, the social worker took him inside and telephoned for an ambulance, which took almost half an hour - to arrive, despite the fact that the hospital was quite close by.

David was taken to hospital where his stomach was pumped, and spent several days in intensive care, towards the end of which the social worker went to visit, despite the fact that he had no professional responsibility towards him. Two segments of their conversation are of interest.

First, when the social worker entered the room and David said, 'You had no right to stop me killing myself.' he responded by explaining since it was more than his job was worth to have done anything else, he had had no option other than to have done so.

Secondly, having heard the social worker's rejoinder to the claim that he had no right to interfere, David changed tack and said, 'Anyway you had no right to just stand there and let me take them pills...' thus implying that the social worker should have intervened to prevent his apparent attempt at suicide, at an earlier stage.

David's story illustrates some of the complexity that is often present in the motivations that underpin the acts of people who act in apparently suicidal ways.

Did David want to die or didn't he? His first remonstrance with the social worker - 'You had no right to stop me killing myself.' seems to imply that he did. On the other hand, his second remonstrance 'You had no right to just stand there and let me take them pills', seems to suggest that his act in taking the pills might have

been little more than a pretence at suicide, intended to provoke others into action to prevent his dying.

- Who was responsible for what happened to David?
- For the fact that he took the pills?
- For the fact that he went to hospital, and was prevented from killing himself?
- For the fact that though he was saved, he was very poorly for a time?
- Who would have been responsible for David's death, had he died? And who would have been responsible if he had ended up not dead, but disabled as a consequence of taking his overdose? David? His wife? The ambulance personnel who were a little late in arriving? The social worker who saved David's life, but had not intervened to prevent him taking the sleeping pills?

The answers to these questions are quite easy to determine, though the web of responsibility in each case is not entirely simple. For example, though it is clear that David carried the bulk of the responsibility for taking the pills, his wife shared that responsibility to some extent, because it was her saying that she didn't love him and never had, that triggered his overdose. And while the social worker shares responsibility for the fact that David's life was saved with the ambulance personnel and the hospital staff, he also shares responsibility for David's being quite poorly for a while, because he refrained from intervening in his actions in taking the pills. (Though who could blame him for this decision, when David was obviously in an emotional state, as he washed the pills down in a kitchen with several large and very sharp knives in view?)

If David had died, my view is that responsibility for his death would have been his, regardless of whether he could have been saved, had he been treated for the overdose earlier, because for whatever reason, he chose to take the pills and ignored the social worker's suggestion that he should go to accident and emergency. And the same would have been true had he ended up disabled as the result of his actions.

David's story was a real one. The events I have described really happened and though the words I have put into David's mouth and the social worker's are not their actual words, they accurately represent what was said. I know this, because I was the social worker in the story.

But now consider another, somewhat similar story, with a different outcome; this time a story that though true to life, because stories like it really happen, is not a story about real people.

George is distressed because of the breakup of his relationship with Sarah, his wife, who has announced her intention to leave him, their marriage and their home. She has explained that though she still cares about him and would like to remain friends, their life together has largely been a lie, and that she is leaving him to begin a new life with Ingrid, with whom they have both been

friends for years. On hearing this news George goes upstairs to his study, where he drinks several large whiskies. Then taking the bottle with him, he goes into the garage, attaches a length of hosepipe to the exhaust of his car and feeds it into the passenger compartment. Then he sits in the driver's seat and switches on the engine. As the car fills with fumes he writes a note saying, 'Look what you've made me do. I've always loved you and I always will, but I can't live without you.' and puts it on top of the glove compartment.

A short time later, Sarah, concerned about where George has disappeared to, goes into the garden to see if he is there. Though she does not love him any more and is looking forward to her new life with Ingrid, she is genuinely concerned about him – after all, he is the father of their children, and they have been together for twenty five more or less happy, if a little unfulfilled, years. Going round the side of the house, she is alarmed to see fumes coming out from under the garage door. She runs to open it, but is overpowered by fumes as she tries to open the car to switch off the engine. However, she manages to detach the hosepipe from the exhaust, before rushing into the house to phone for an ambulance.

As in the story of David, the ambulance is quite slow in arriving, but in this case, despite the best efforts of the paramedics, George is dead by the time he arrives at the local hospital.

What might have been going on in George's mind, as he prepared for what turned out to be his death scene?

He might have had suicide in mind; certainly his note seemed to imply that death was his aim. In that case his act would have been a successful suicide, aimed at avoiding the life that he now saw stretching out before him, a life that he would have to live without Sarah. On the other hand, since he did not drive his car away to an isolated spot, thus reducing the likelihood that he would be found and rescued, his act might actually have been aimed at something other than death.

At least two other possibilities present themselves. First, that George's act was no more than a gesture at suicide, aimed at bringing about some effect in Sarah, and secondly that it amounted to a gamble with life and death, of the kind that I refer to as 'cosmic roulette'. (Fairbairn, 1995;)

In *gestured suicide* the protagonist feigns suicide by acting in a way that looks as if it was aimed at death, often in the hope and expectation that others will come to his aid in ways that they might not have done otherwise.

The writer Laurie Lee (2002) refers to situations that are clearly suicide gestures in his book *Cider with Rosie*, demonstrating remarkable insight, not only about the fact that certain people who act in what seem to be suicidal ways do not intend to die, but

merely to have an effect on others, but about the fact that some people act in such ways as a matter of habit. He writes:

He committed suicide more than any other man I know but always in the most reasonable manner. If he drowned himself, then the canal was dry; if he jumped down a well, so was that: and when he drank disinfectant there was always an antidote ready, clearly marked to save everybody trouble. (Laurie Lee, *Cider with Rosie*, p181)

A suicide gesture is like a one person play in which the actor creates a dramatic effect, not by killing or even attempting to kill himself, but by feigning an attempt on his life. The suicide gesturer does not aim to achieve his death, but to change his life, by changing the ways in which others think about him, and act towards him. If he ends up alive, having managed to persuade those he aimed to impress that he actually wanted to die, he will have been successful in what he set out to do. If on the other hand, he ends up dead, his act will have been an unsuccessful suicide gesture, or perhaps, a self inflicted death by accident.

And so George's dramatic action and its result might well have been a suicide gesture that went wrong, rather than a suicide that went right. His expectation as he acted might have been that Sarah, noticing how upset he was, would have rescued him before the fumes from the exhaust had done any real damage, and perhaps even, that she might have been so alarmed that she would have decided not to go off with Ingrid after all, but to carry on the same as before. After all, he had good reason to believe that she still cared for him.

Let me return for a moment, to David, who overdosed because his wife told him that she didn't love him anymore. My view that his act was a 'suicide gesture' seems justified by the fact that he performed it in front of others who he believed would intervene to save him; and his remonstrations with me about the fact that I didn't try to stop him '...taking them pills' supports this view.

Turning now to *cosmic roulette*. Sometimes people who act in apparently suicidal ways do so though they don't intend either to live or to die. They may act 'on a whim', not thinking before they do so, what they are actually doing, or what the outcome might be. Others, however, act in a way that has some possibility of bringing death, though they intend neither to live nor to die, but rather to take a gamble on the wheel of life and death. Cosmic gambles resemble suicide and may be physically identical with it. However, they are underpinned by different motivations and have an entirely different set of possible meanings. In effect, the cosmic gambler turns to either God or the cosmos and says 'Do what you will.' It is easy to imagine how some people might view cosmic roulette as a 'win-win' option. If they die they will no longer be suffering whatever led them to spin the wheel, while if they live, others are likely to rally round, offering support and care, thus helping – at least for a time – to make their life better.

And so George may have been a cosmic gambler, rather than a suicide, because he may have acted with the idea in mind that depending on the spin of the wheel, he might be found and saved. He might have believed that in that event, Sarah would have come to her senses and decided to stay, while consoling himself that if she didn't, at least he would not have had to face life without her.

Unlike David, who survived his apparently suicidal act, George was dead on arrival at hospital. As in David's case, it seems clear that George is chiefly responsible for the act in which he engaged, whether it was a suicide that went right; a gesture that went wrong, or a cosmic gamble in which the wheel of fortune dictated that his number was up. Of course his wife played a role in provoking the act that led to his death, and thus shares some responsibility at least of a causal kind, for it. As to the ambulance staff, who arrived a little late, my view is that it makes no sense to hold them responsible for the outcome of an act performed by George, whether or not he intended by his actions to bring about his death. Or at least this is my view, provided that they did not arrive late because, for example, they chose to finish the cup of coffee that they had just made, and that in treating George, they were not negligent, for example, in the sense of making decisions without good enough reason.

Who is responsible when 'attempted suicide' goes wrong?: the case of Claire Burchell

Let me turn, finally, to the real case of Claire Burchell, an English woman, who in 2001 took a large number of painkillers combined with alcohol. She was found, still conscious, by her husband, who called an ambulance, which took 26 minutes to arrive, 16 minutes more than it was estimated it should have taken, and as things turned out, they were very costly minutes.

Though Mrs Burchell, who had been suffering with post-natal depression after the birth of her child in 2001, survived her apparent suicide attempt, she did so with brain damage caused by the 45 painkillers she had ingested. She was confined to a wheelchair; had weakness in her limbs and severe memory loss, and her thinking was said to be rigid and simplistic. On her behalf, Simon Maskrey QC, made a legal claim against the ambulance service on the grounds that these impairments were the result both of the ambulance's having taken too long to arrive, and of mistakes that its crew made in treating her enroute to hospital (a journey during which they allegedly became lost). He told the judge that she would need care 24 hours a day for life.

In 2005 Mrs Burchell was paid £2.8 million by the Lancashire Ambulance Service NHS Trust, which admitted the delay in reaching her, but denied that it resulted from negligence. In the High Court, Mr Justice Newman described the damages award as 'wholly appropriate'.

We will probably never know what Mrs Burchell intended when she acted - whether, for example, she wanted to kill herself or merely to draw attention to her distress. Given that she was suffering from postnatal depression it is possible that even if she did act with the intention of ending her life, she did not do so rationally,

in other words that she might have tried to kill herself, without really knowing what she was doing. Of course, it is also possible that though depressed and emotionally distraught, she *was* aware of what she was doing and that her act was one of gestured suicide or of cosmic gambling, rather than of suicide.

Who was responsible for the state in which Mrs Burchell ended up? There are several candidates, chief among whom is Mrs Burchell herself, who was the agent of her own harm, as well as the victim of the circumstances that led to her ending up alive, but disabled. Of course there is a long line of others who contributed in some way to what happened, including the physician who prescribed the pills that damaged her; the ambulance personnel who were late in getting her to hospital and were alleged to have made mistakes in her treatment. Her husband, who telephoned for the ambulance, is also a candidate, because it is possible that had he not done so, she would have died, rather than ending up brain damaged.

In suggesting that Mrs Burchell was chiefly responsible for the state in which she ended up, I am conscious that I could be accused of a lack of empathy, of failing to notice that if she was suffering from postnatal depression she could not be expected to take responsibility for her own actions. But if that was the case then those who were charged with caring for her, including her husband and family members, as well as health service personnel, would surely move higher up the list of candidates for responsibility. And in any case, it is and will always be true to say that Mrs Burchell's taking of the pills was responsible, at least in a causal sense, for the damage she suffered, just as it might be true that had her husband telephoned for the ambulance earlier; had it arrived earlier, and had the ambulance crew acted differently, they might have been responsible for a more favourable outcome.

References

Fairbairn, G. J. (1995) *Contemplating Suicide: The language and ethics of self-harm*, Routledge, London.

Fairbairn, G. J. (1998) 'Suicide, language and clinical practice', *Philosophy, Psychiatry and Psychology*, 5 (2) 157-169.

Lee, L. (2002) *Cider with Rosie*, Vintage, London.

Pavia, W. (2005) 'Mother wins £2.8 after suicide bid', *Times Online*, (internet) 6 June; www.timesonline.co.uk/tol/news/uk/article746142.ece, accessed on 17 September, 2009.

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