

COMPLEX ISSUES AROUND REPORTING;

Many factors come into consideration when an older persons dies and there may be suicide risk factors.

Consideration into privacy and discrimination, issues of shame and guilt and even the complexities of insurance delay will prevent exploration of possible suicide. An older person with complex medical needs may be an expected death and protection of the family being exposed to distress becomes a priority.

Perhaps in writing a death certificate there could be a separate section for possible suicide for statistics only perhaps without the name being included.

Withdrawal from active treatment may also be a conscious decision by an older person and this can be a natural response to long term illness but if seen within the complexities of depression or grief with intervention there may have been an improvement in quality of life.

Mental Health workers need to be mindful of the high rate of completed suicides in the group of clients over 65 years. Many of these people may not be seen by MH by remain under primary health professionals and only focus on and report there measurable physical symptoms. Issue around thoughts of dying or seeking an end to life are avoided for numerous reasons. Some of these are cultural tabo but also include lack of time and training or a since of helplessness in the primary health practisoners.

Perhaps there could be a mandatory suicide risk assessment on all patients over 65 who present more than 3-4 times with nebuloase complaints.

Public discussion on TV, Seniors magazines or Health information workshops at Local Clubs might health improve the rate of people seeking help and understanding help is available.

How wonderful that we may die old and content.

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