

PSYCHIATRISTS AND HOMICIDAL THREATS – A CROSS SECTIONAL STUDY

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Background

Threats made by patients to harm or kill their psychiatrists can be a source of concern to the doctor, their family and potentially their clinical colleagues¹. Psychiatrists have been reported to be particularly vulnerable to such incidents, as with emergency medicine physicians and family doctors². This is most likely attributable to a combination of clinical and environmental factors in those settings, including relative prevalence of aggression and violence related to intoxication, acute psychosis, and drug-seeking behaviour.³

Objectives : To investigate the frequency, characteristics and impact of death threats by patients towards psychiatrists.

Methods

A cross-sectional survey of psychiatrists (n=60) was undertaken to investigate death threats by patients in one Irish healthcare region serving a mixed urban–rural population of 470,000.

Results

- Forty-nine responses (82%) were received. 31% of respondents experienced death threats by patients during their careers. Victims were more likely be male and in a consultant role.
- Patients making the threats were more likely to be males aged 30–60 with a history of violence and diagnosis of personality disorder and/or substance misuse.
- A majority of threats occurred in outpatient settings 60%, compared to 28% in inpatient settings. Less than half of the clinicians experiencing death threats reported these to the police, and only in a quarter of the episodes did the matter proceed to prosecution of the perpetrator.
- In half of the incidents, there were adverse incidents subsequent to the threats, involving either the patient or the clinician.
- Of the victimised psychiatrists, 53% reported that such threats affected their personal lives, and 67% believed their professional lives were impacted.

Psychiatrists who were victims of threats	n	%
Male	9	60%
Female	6	40%
Mean (SD) years of experience	10.6 (9.8)	
Consultant psychiatrist	9	60%
Registrar	4	27%
Senior Registrar	2	13%
Senior House officer	0	0%

Discussion

- Threats by people with severe mental illness (schizophrenia and bipolar affective disorder) were less common.
- Doctors' under-reporting of threats at work may be because they believe this to be an isolated event without any sequelae, they feel guilty and somehow responsible or they may feel embarrassed or think coping with aggressive patients is "part of the job".
- Patient's death threats to clinician result in complex clinical and ethical dilemmas, demand a thoughtful response to maintain the balance between the clinician's safety and the patient's wellbeing.

Conclusion

Death threats by patients have significant psychological and professional impacts on psychiatrists. Early liaison with employers and police and transferring the care of the patient to another clinician may be useful measures.

Diagnosis of patients who made threats	n	%
Personality Disorder	7	43%
Substance misuse	3	22%
Schizophrenia	1	7%
Bipolar Disorder	1	7%
ADHD	1	7%
Acquired Brain injury	1	7%
Conduct Disorder	1	7%
Previous history of violence in patients who made threats		
Yes	12	79%
No	3	22%

References

1.Owen, 1992 2. Chicago, Ill; American Medical Association, 1995.3. (Brown et al. 1996 . 4. Gulati et al., 2020.