

MEDICAL PRACTICE

Contemporary Themes

Attitudes towards Self-poisoning

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Summary

Self-poisoning now constitutes one of the prime emergencies in hospital medical practice. This paper describes the results of the study of the attitudes of physicians and senior nurses towards several common illnesses in the medical wards. The junior doctors and the nurses who frequently have primary responsibility for the care of the self-poisoners tend to show unfavourable attitudes towards these patients.

Introduction

The last decade has seen a remarkable change in hospital medicine in Britain. There has been a steady and relentless increase in the incidence of self-poisoning acts and subsequent admissions to hospital.¹⁻¹⁴ Frequently these acts take place against the background of severe adverse social circumstances.^{5 9 11 15-17} The brunt of the primary care in most cases falls on the general physician, his junior colleagues, and the nursing staff. Over a relatively short period, therefore, the clinicians and the nursing profession have been confronted with an ever increasing number of patients whose illnesses are not primarily organic in the traditional sense and whose family and environmental backgrounds are unfamiliar to them.

The attitudes of physicians and nurses have been examined towards self-poisoning as compared with several other medical illnesses in a large teaching hospital. Published work on this subject by British authors is understandably rather scanty,

though in 1959 Woodside¹⁸ comments, "Their admissions may be regarded with disfavour, treatment may be narrowly confined to their physical condition, provision for aftercare or psychiatric investigation haphazard or ignored." A leading article¹⁹ stated: "Viewed as attempts at self-destruction, many of these episodes appear to be half-hearted or histrionic, and the medical staff who have to deal with them sometimes feel a sense of irritation which they find difficult to conceal." A Glasgow student²⁰ in a study of 58 consecutive patients in a major teaching hospital is disturbed by the general attitude of staff to patients who have indulged in self-poisoning. She quoted a doctor's annotation to a case sheet of a 17-year-old boy with an overdose, "This patient attempts to irritate. He succeeds," and continued "In fact a social worker discovered that this boy had a remediable problem which the doctor had not taken time to elucidate." Bernard²¹ reports from a large London teaching hospital, "Attempted suicide is of course the most unpopular of all complaints with the medical profession, and even the normally angelic nurses can turn quite waspy at the sight of a living attempt." Murray²² after six months' observations on these patients concludes, "The fashion is to treat them with contempt and discharge them as soon as possible."

This study, conducted in 1971, tests the hypothesis that, in general, the attitudes of physicians and nurses to patients who have indulged in self-poisoning acts are unfavourable.

Methods

The medical staff comprised 14 consultant physicians (senior medical staff) and 41 junior medical staff; 16 of the latter group were house physicians carrying out preregistration duties, eight in each six-month period. The rest of the junior medical staff consisted of five senior registrars, 13 registrars, and seven senior house officers, all of whom were engaged in the receiving of acute medical admissions. The senior nursing staff comprised eight ward sisters and eight staff nurses who worked in the four medical units.

The survey was carried out about four months after the beginning of the preregistration duties of the house physicians. A questionnaire was designed to measure attitudes on self-rating scales employing a 10 cm line technique.^{23*} By measuring extremes of favourable and unfavourable responses to individual illnesses it was hoped that a general impression would emerge.

Results

All but five questionnaires were completed and returned within a week. The five consisted of two consultant physicians, two registrars, and one staff nurse. These have been excluded from the analysis.

ADMISSION POLICY ON SELF-POISONING

Almost all consultants and junior medical staff think that all or nearly all cases of self-poisoning, seen on receiving days, are admitted to the wards; the nursing staff significantly differ in their opinion. In actual fact the results of a survey of the three preceding years²⁴ shows that the average yearly admission rate was 75%. However, all the senior medical staff and most of the junior medical staff express the opinion that all or nearly all cases of self-poisoning should be admitted to hospital; the nursing staff significantly disagree and reiterate this opinion later. A majority of the medical and nursing staff estimate that all or nearly all cases of self-poisoning receive psychiatric consultation prior to discharge from the wards. Their expressed views do not show any significant differences. In practice, however, the average yearly psychiatric consultation rate over the preceding five years was shown to be 64% in another survey.²⁵

In general the staff consider that these patients are not personally satisfying to treat or nurse (table I) and doubt whether the patients benefit from their stay in hospital (table II).

TABLE I—In my opinion the cases admitted are personally satisfying to treat (or nurse):

	Medical Staff				Nursing Staff 15	
	Senior 12		Junior 39		No.	%
	No.	%	No.	%		
All/nearly all	3	25	3	8	1	7
About half	3	25	9	23	3	20
Few/none	6	50	27	69	11	73

All/nearly all: $\chi^2 = 3.35$, $P < 0.10$; d.f.1, doctors v. nurses, N.S.
 Few/none: $\chi^2 = 0.39$, $P < 0.90$, d.f.1, doctors v. nurses, N.S.

TABLE II—In my opinion the cases admitted benefit from their stay in hospital:

	Medical Staff				Nursing Staff 15	
	Senior 12		Junior 39		No.	%
	No.	%	No.	%		
All/nearly all	3	25	6	15	0	0
About half	5	42	10	26	5	33
Few/none	4	33	23	59	10	67

Few/none: $\chi^2 = 0.89$, $P < 0.80$, d.f.1, doctors v. nurses, N.S.

SOCIAL AND PSYCHIATRIC ASPECTS

The general opinion is that all or nearly all cases of self-poisoning result from social rather than psychiatric problems. Most doctors and nurses think that self-poisoned patients should be admitted to specialized wards rather than general medical

wards (table III) but that few or none of the patients warrant admission to psychiatric hospitals (table IV). However, all but one of the consultants disagree with the statement that a large number of self-poisoned patients do not require psychiatric evaluation and should be dealt with by the physician. The junior medical staff differ significantly with the consultants in their opinions, as do the nurses (table V).

TABLE III—Overdoses should be admitted to specialized units rather than general medical wards:

	Medical Staff				Nursing Staff 15	
	Senior 12		Junior 39		No.	%
	No.	%	No.	%		
Yes	8	67	27	69	11	74
No	4	33	10	26	4	26
Don't know	0	0	2	5	0	0

Yes: $\chi^2 = 0.12$, $P < 0.80$, d.f.1, doctors v. nurses, N.S.

TABLE IV—In my opinion the cases of deliberate self-poisoning are psychiatrically ill enough to warrant admission to a mental hospital:

	Medical Staff				Nursing Staff 15	
	Senior 12		Junior 39		No.	%
	No.	%	No.	%		
All/nearly all	1	8	2	5	2	13
About half	4	33	9	23	3	20
Few/none	7	59	28	72	10	67

Few/none: $\chi^2 = 0.2$, $P < 0.7$, d.f.1, doctors v. nurses, N.S.

TABLE V—A large number of the self-poisoned patients do not require psychiatric evaluation and should be dealt with by the general physician. Do you agree?

	Medical Staff				Nursing Staff 15	
	Senior 12		Junior 39		No.	%
	No.	%	No.	%		
Yes	1	8	15	39	7	47
No	11	92	24	61	8	53

$P < 0.05$, Yes: $\chi^2 = 3.87$, d.f.1, Juniors > consultants.
 : $\chi^2 = 4.7$, $P < 0.05$, d.f.1, Nurses > consultants.

AFTERCARE

The default rate from the psychiatric outpatient appointments is estimated to be high by the medical staff; nurses significantly differ in their opinions. The medical staff's estimate was fairly accurate: one-half of the 300 consecutive referrals in the period 1966-70 were shown in another survey²⁵ to have defaulted from these clinics. The staff in general think that less than half of the patients who are not admitted to wards consult their own general practitioners after the self-poisoning act. Over a third of the junior staff feel that less than 5% of the non-admissions visit their general practitioner. In this, too, their estimation was shown to be accurate in another survey.²⁴

ATTITUDE TO SELF-POISONING AND OTHER ILLNESSES

The attitudes have been expressed in three categories: unfavourable (hostility), neutral, and favourable (sympathy). Half the consultants think that the general attitude of medical and nursing staff to the self-poisoned patient is unfavourable, though a quarter express similar feelings themselves ($P < 0.30$, d.f.1). The consultant staff show no significant differences (unfavourable against others: $P < 0.10$, d.f.1, in each case) in their attitudes towards self-poisoning as compared with each of the other illnesses, though the favourable attitude was significantly more often expressed to myocardial infarction, pneumonia, congestive cardiac failure, and renal failure ($P < 0.050$, d.f.2, in

*This part of the questionnaire is shown in the Appendix.

TABLE VI—General Attitude of Medical and Nursing Staff

	Medical Staff												Nursing Staff 15					
	Senior 12						Junior 39						Hostility		Neutrality		Sympathy	
	Hostility		Neutrality		Sympathy		Hostility		Neutrality		Sympathy		No.	%	No.	%	No.	%
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Cerebrovascular accident	0	0	7	58	5	42	7	18	22	56	10	26	1	6	4	27	10	67
Myocardial infarction	0	0	0	0	12	100	0	0	9	23	30	77	0	0	2	13	13	87
Gastrointestinal bleed	0	0	0	0	12	100	1	3	14	36	24	61	1	6	4	27	10	67
Asthmatic attack	0	0	4	33	8	67	4	10	20	51	15	39	2	13	10	67	3	20
Overdose	6	50	5	42	1	8	28	72	10	26	1	2	8	53	5	33	2	14
Pneumonia	0	0	1	8	11	92	0	0	13	33	26	67	1	7	7	47	7	47
Congestive cardiac failure	0	0	0	0	12	100	0	0	15	38	24	62	0	0	0	0	15	100
Renal failure	0	0	2	17	10	83	0	0	11	28	28	72	0	0	2	13	13	87
Diabetic ketosis	0	0	4	33	8	67	0	0	16	41	23	59	1	7	7	47	7	47

TABLE VII—Personal Attitude of Medical and Nursing Staff

	Medical Staff												Nursing Staff 15					
	Senior 12						Junior 39						Hostility		Neutrality		Sympathy	
	Hostility		Neutrality		Sympathy		Hostility		Neutrality		Sympathy		No.	%	No.	%	No.	%
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Cerebrovascular accident	1	8	2	17	9	75	3	8	18	46	18	46	1	7	2	13	12	80
Myocardial infarction	0	0	1	8	11	92	0	0	11	28	28	72	0	0	1	7	14	93
Gastrointestinal bleed	0	0	2	17	10	83	0	0	18	46	21	54	1	6	4	27	10	67
Asthmatic attack	0	0	4	33	8	67	3	8	16	41	20	51	5	33	6	40	4	27
Overdose	3	25	4	33	5	42	17	44	17	44	5	12	6	40	7	47	2	13
Pneumonia	0	0	0	0	12	100	0	0	16	41	23	59	1	7	2	13	12	80
Congestive cardiac failure	0	0	0	0	12	100	0	0	19	49	20	51	0	0	3	20	12	80
Renal failure	0	0	1	8	11	92	0	0	12	31	27	69	1	7	3	20	11	73
Diabetic ketosis	0	0	3	25	9	75	0	0	18	46	21	54	1	7	7	47	7	47

each case) than to self poisoning. Such differences were not found in the rest of the illnesses (cerebrovascular accident, asthma, gastrointestinal bleed, and diabetes). Nearly half of the junior medical staff express unfavourable attitudes towards self-poisoning and differ from the consultants when their attitude is compared with each of the other illnesses. Further, they suggest that the general attitude of the medical and nursing staff towards self-poisoning is significantly more unfavourable than their own (tables VI and VII).

Two-fifths of the nursing staff express unfavourable attitudes to self-poisoning, though there is no significant difference between what they consider is the general attitude and their own attitudes. They, too, differ from the consultants when their attitudes towards self-poisoning are compared with all but one of the other illnesses, namely, asthmatic attack.

Two other illnesses merit further comment. The medical staff as a group express more favourable attitudes towards myocardial infarction than towards cerebrovascular accidents ($P < 0.025$, d.f.2) and asthma ($P < 0.05$, d.f.2) and the nursing staff more often have unfavourable attitudes towards asthmatic attack than to myocardial infarction ($P < 0.001$, d.f.1). Whereas the consultant staff show no significant differences between cerebrovascular accidents, asthma, and myocardial infarction, the junior medical staff significantly ($P < 0.50$, d.f.2) less often favour cerebrovascular accidents as compared with myocardial infarction.

Discussion

Self-poisoning is an increasing problem, but the result of this study indicates that unfavourable attitudes towards it predominate among those who frequently have the primary responsibility for dealing with these patients. The study is concerned mainly with matters of opinion of the doctors and nurses; however, certain points are of interest.

ADMISSION POLICY

It is unlikely that the consultants were unaware of the discrepancies between the estimated and actual psychiatric con-

sultation rates, as they had been involved in the decisions taken after the admission of the patients, though it was possible that few consultants knew what happened in the receiving room, as in all such cases the decisions were taken by the junior medical staff. The latter group, too, overestimated the admission and psychiatric consultation rates, though they disagreed with the consultants and felt that fewer patients still should be admitted or receive psychiatric consultation. The nursing staff's estimate on admission rates were much nearer the true ones, presumably because they saw the patients who were not admitted, who nearly always received gastric lavage prior to discharge from the receiving rooms.

Non-admission in one study²⁴ occurred because of the age group and the physical state of the patients; the patients were mainly young and conscious on arrival at the hospital. The junior staff were aware of the fact that large numbers of non-admitted patients did not visit their general practitioners after discharge from receiving rooms, and yet in the majority of the cases this was the only recommendation made. Several studies have shown that the medical severity of an attempt was unrelated to psychiatric prognosis.²⁶⁻²⁹

Despite official policy^{30 31} the routine psychiatric and social evaluation is not always forthcoming. Skilled psychiatric assessment of each case might strain the psychiatric resources of general hospitals,³² and the situation would be made worse if the consultants had to "visit the general hospital on an irregular basis".²⁹ Certainly only 11.5% of the 1565 consecutive admissions of the preceding five years (1966-70) had been referred to the medical social work department.²⁶

AFTERCARE

A majority of the doctors and the nurses felt that, in general, these patients were unsatisfactory to treat or nurse and did not benefit from their stay in hospital. And yet, paradoxically, they felt that these patients should be admitted to specialized units, presumably to lighten the burden on the general medical wards. The opinion that self-poisoned patients do not benefit from their stay in hospital seemed interesting, as only eight

patients had been reviewed at the medical clinics during the preceding five years.²⁶

ATTITUDES TO ILLNESSES

The consultant staff do not express unfavourable attitudes to self-poisoned patients as frequently as do the junior medical and nursing staff, which is not altogether surprising. The latter have a greater degree of contact with these patients, whose arrival at hospital tends to occur late at night or in the early hours of the morning.^{11 29} Further, the "performance of gastric lavage frequently on drunken and abusive patients" does make an "unusually heavy demand on the time and good humour"²⁹ of the junior doctors and the nurses. Certainly the doctors and the nurses showed a preference for the "physical illnesses"; unfavourable attitudes, for example, were never expressed to the group of patients with myocardial infarction. Such a patient, whose illness probably carries less social and psychological bias than that of the self-poisoner would presumably fit in as a "model patient who is physically ill, passive, appreciative and grateful . . ." ³³ Indeed, the group as a whole, and the nursing staff in particular, showed a significant trend of unfavourable attitudes towards asthmatic attack when compared with myocardial infarction. The psychological factor has been shown to be important in the aetiology of asthma by consultants in a general hospital³⁴ and by general practitioners.³⁵ The junior medical staff's attitude towards the C.V.A. group of patients is likely to be secondary to the fact that active therapy and prognosis are so often restricted.

In less than a decade self-poisoning has emerged as a "new pattern of morbidity"³⁶ in which the patients are predominantly young and not physically ill. Increasingly, no psychological abnormalities are found among those patients.^{11 16} However, the need which a large majority of these patients express as a reaction to adverse social circumstances and disturbed personal relationships are real though often difficult for the medical and nursing staff to understand without adequate knowledge of the patient's social and environmental background. The unfavourable attitudes to self-poisoned patients must be considered in relation to preventive measures, and especially in the cases of the frequent "repeaters". The personality and behaviour of such a patient is often difficult to tolerate, though he is the very person who is likely to die in subsequent attempts.³⁷ Indeed evidence had been put forward that failure to recognize and respond to the needs of such patients may have contributed to subsequent death by suicide.^{38 39} However, efforts towards prevention cannot be the sole province of the physician. Self-poisoning stems from many aetiological factors and as such requires a team approach by the social worker, psychiatric social worker, health visitor, general practitioner, as well as psychiatrist and physician who are interested in these patients. Such a multidisciplinary approach seems not only rational but may yield fruitful results.¹⁷ The Hill Report³¹ strongly recommended efforts to check this costly epidemic. Regrettably, however, effective action from central authorities has not been forthcoming.

A curious situation seems to have arisen instead. In the event of self-poisoning the patient is brought to hospital, frequently without prior consultation with the general practitioner. The receiving medical staff, who are not familiar with the patient's personal and social background, hurriedly assess the patient, who, if admitted, is discharged as soon as possible; for at the present time admissions caused by emotional troubles are not considered as true medical problems.

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Appendix

Some people think that the sort of illness a patient has modifies the GENERAL ATTITUDE of the MEDICAL and NURSING staff towards him.

Try to judge on a 10 cm line scale the RELATIVE truth of this statement by comparing the following illnesses.

	This end represents greatest "hostility" of staff to patients	This end represents greatest "sympathy" of staff to patients
Cerebrovascular accident	-----	-----
Myocardial infarction	-----	-----
Gastrointestinal bleed	-----	-----
Asthmatic attack	-----	-----
Overdose	-----	-----
Pneumonia	-----	-----
Congestive cardiac failure	-----	-----
Renal failure	-----	-----
Diabetic ketosis	-----	-----

In the last question, you were asked to assess the attitudes of the medical and nursing staff IN GENERAL.

In a similar way, judge your own PERSONAL reactions towards the different illnesses.

Note on analysis: Only 2 cm at each end of the 10 cm line scale was considered to be either hostile or sympathetic.

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