

Murder/Suicide: Facility Should Have Sought Psych Hold On Release From Intermediate Care.

The patient was transferred from inpatient psychiatry to an intermediate-care residence on the hospital campus after some success had been achieved controlling his intermittent explosive disorder with medication.

However, he was discharged out into the community in response to an incident in which he threatened another resident with a kitchen knife during an argument while they were working in the kitchen.

The patient's counselor, a registered nurse, knew he had a history of domestic violence and was under a restraining order when he entered the hospital for treatment, and knew of a prior suicide attempt in which he tried to hang himself while he was in jail for violating the restraining order.

The patient was discharged from the residential treatment center on the hospital campus after he threatened another patient with a knife.

The signs pointed to a dire need to have him involuntarily committed, not released into the community.

The hospital is answerable for the murder of his wife, children and two neighbors, and his own suicide.

UNITED STATES COURT OF APPEALS
THIRD CIRCUIT
March 14, 2007

After the kitchen incident, before his discharge, the patient's counselor clearly heard him verbalizing thoughts of suicide. He was also giving away or tearing up his personal possessions, including a favorite baseball cap he was never seen not wearing.

The US Court of Appeals for the Third Circuit found it grossly negligent for the hospital to ignore the counselor's warnings and discharge him into the community. Starting the process for involuntary psychiatric commitment was called for, the court ruled.

There was no duty to warn his family, the court said, just because of his explosive disorder. He never verbalized any express threats toward his family. DeJesus v. US Dept. of Veterans Affairs, __ F.3d __, 2007 WL 754726 (3rd Cir., March 14, 2007).