Case 2

An 8 year old girl received palliative care services at home for advanced metastatic Wilms's disease. She had multiple painful bony metastases. Escalating doses of morphine eventually had minimal effect, and she was therefore changed to enteral methadone, which gave better analgesia. As her condition deteriorated, she became unwilling to take oral drugs. Therefore, after telling her family the analgesic options, we decided to get a pharmacist to prepare methadone for parenteral use. We controlled this via a central venous catheter, with a continuous background infusion and patient controlled boluses. She remained alert until she died.

Days after her death, her mother was found unconscious at home. She had taken the child's enteral methadone. The family had been advised to return all drugs to the pharmacy on the day that their child died by the home care nurse who visited them. The parents had stopped answering telephone calls from the palliative care nurse and home care nurses after the child's death. The mother was first admitted to a hospital's intensive care unit, and she survived.

Discussion

We highlight attempts of parental suicide after the expected home death of a child, by taking opioid drugs prescribed for the child. The literature on suicide in bereaved parents in general is scant; that which exists focuses on suicide in parents whose children died a violent death, specifically suicide, unintentional injury, or homicide.¹

A recent Danish population study showed twice as many deaths by suicide in bereaved mothers compared with a matched cohort of mothers who had not lost a child.² The data did not, however, relate the mother's suicide with her child's cause of death. A similar study further evaluated the relation between parental status and suicide.³ Generally, being a parent protected against suicide. But the death of a child strongly affected parental suicide, and the impact was greater when adjusted for other risk factors. Death of a young child (1 to 6 years) was correlated with more suicide in parents, and the risk was highest the month after the death of the child. Other studies have also shown increased morbidity and mortality due to natural and unnatural causes in bereaved parents.⁴⁻⁶

The extent to which opioids are used to control pain in the community has changed markedly recently. The widespread development of palliative care and home care services has allowed more and more dying

patients to stay at home. A recent study showed increased medical use of four common opioids from 73% to 402% in six years.⁷ The author cautions that if the misuse of opioid analgesics increases, the sources should be "addressed directly" without interfering with the drugs' availability, patients' care, or legitimate medical practice. This is vital to providing effective community palliative care.

These cases were in the context of providing palliative care for children. But the surviving relatives of dying adults may be similarly at risk. Literature exists that considers the safety of providing palliative care at home,⁸⁻⁹ the monitoring of opioid prescriptions,¹⁰ and the diversion and misuse of drugs.¹¹⁻¹² Neither law nor policy contain much guidance, however, on handling any remaining opioid drugs in patients' home after they die, beyond reminders to families to return them for safe disposal. Given this, families may rarely use these residual drugs for self harm, despite denial of suicidal intentions, and in the absence of legislation that would ensure these drugs were removed.

I thank P Grundy and T Lacaze for reviewing the manuscript.

Contributors: DED is the sole contributor.

Funding: None.

Competing interests: None declared.

- Murphy SA, Tapper VJ, Johnson LC, Lohan J. Suicide ideation among parents bereaved by the violent deaths of their children. *Issues Ment Health Nurs* 2003;24:5-25.
- Li J, Precht DH, Mortensen PB, Olsen J. Mortality in parents after death of a child in Denmark: a nationwide follow-up study. *Lancet* 2003;361:363-7.
- Qin P, Mortensen PB. The impact of parental status on the risk of completed suicide. *Arch Gen Psych* 2003;60:797-802.
- Levav I, Kohn R, Iscovich J, Abramson JH, Tsai WY, Vigdorovich D. Cancer incidence and survival following bereavement. *Am J Public Health* 2000;90:1601-7.
- Li J, Hansen D, Mortensen PB, Olsen J. Myocardial infarction in parents who lost a child: a nationwide prospective cohort study in Denmark. *Circulation* 2002;106:1634-9.
- Levav I, Friedlander Y, Kark JD, Peritz E. An epidemiologic study of mortality among bereaved parents. *N Engl J Med* 1988;319:457-61.
- Gilson AM, Ryan KM, Joranson DE, Dahl JL. A reassessment of trends in the medical use and abuse of opioid analgesics and implications for diversion control: 1997-2002. *J Pain Symptom Manage* 2004;28:176-88.
- Bercovitch M, Adunsky A. Patterns of high-dose morphine use in a home-care hospice service: should we be afraid of it? *Cancer* 2004;101:1473-7.
- Weschules DJ, McMath JA, Gallagher R, Alt CJ, Knowlton CH. Methadone and the hospice patient: prescribing trends in the home-care setting. *Pain Med* 2003;4:269-76.
- Fishman SM, Papazian JS, Gonzalez S, Riches PS, Gilson A. Regulating opioid prescribing through prescription monitoring programs: balancing drug diversion and treatment of pain. *Pain Med* 2004;5:309-24.
- Primm BJ, Perez L, Dennis GC, et al. Managing pain: The Challenge in Underserved Populations: Appropriate Use versus Abuse and Diversion. *J Natl Med Assoc* 2004;96:1152-61.
- Hulse K, Edmundson L, Carroll R. Diversion of controlled substances: a catalyst for change. *J Healthc Qual* 2004;26:6-11.

(Accepted 10 January 2006)

The red sticker

We were scrubbed, in theatre, waiting for the anaesthetist to finish with the patient so that we could begin the operation. There was a young future medical student with us, who was trying his best to soak up the clinical atmosphere before attending his medical school interview the following week.

My consultant pointed at a large, round, bright red sticker on the patient's forehead and asked the youngster what he thought it was for. The anaesthetists at our hospital had started to place this sticker on patients' foreheads routinely after intubation as a

reminder that there was a mouth pack inserted, as some junior anaesthetic trainees in the past had forgotten to remove the mouth pack after extubation.

The bright young lad, representing the hopes of doctors of the future, puffed out his chest and confidently proclaimed, "Not for resuscitation, sir."

A C Leong ENT specialist registrar, Medway Maritime Hospital, Gillingham, Kent (Annabelle.Leong@btinternet.com)