

In Stark Relief

Paddy approached the cliff edge, carefully placing one foot in front of the other, the ground crunching beneath him as he moved from grass onto hard limestone. He stood still as the wind whipped up and clawed at his curly brown hair. Bracing himself with his arms by his side, he took a deep breath and shivered. The midday sun made the sea appear phosphorescent 300 feet below him. A blue and red boat bobbed on the waves deep in the cove to his right. Seagulls wheeled and scrapped to his left. The drop below him drew a cold air that raised the hairs on the back of his neck. Sharp memories scratched at his eyes, but he would not relent. He rubbed them with a curled fist and then looked back at the bright sky until his eyes adjusted. He fixed his gaze to end his suffering. Nothing would stop him now. He was going to jump.

He had been in the same place at the same time just the day before. Then, he had delayed a little, walking from point-to-point along the cliff edge. A passer-by saw him, called out and convinced him to take a few steps back. "What were you doing so close to the edge?"

The police had been called and Paddy was taken under a section 136 to the local psychiatric hospital. Two psychiatrists saw him and took his history. An intelligent man of 29, he was the eldest of identical twins by six minutes, discernible from his younger brother by his longer hair and louder character. He was born and raised in Brighton, first child of his mother and father, and inseparable from his brother. His parents had been kind and caring, setting a tight schedule in the hope that their boys would make the most of their childhood. They were read to every morning before school, and dinner was put on the table every evening. Sports were encouraged, and Paddy was particularly gifted at football and cricket. They had been on holidays all around the world and his favourite place was India, where he had travelled at sixteen years of age and had ridden a camel. As a child, he had adored his pet cats and guinea pigs and there were photos around his mother's house of Paddy cuddling them. He flew through school, consistently being top of the class. His teachers created a maths group especially for him and his best friend because they were so gifted at the subject. He had very close friends and was popular.

In his teens, his parents split up. It was shortly following the breakdown of their relationship that he started smoking cannabis. Addiction to cocaine followed. In response, his mother guided him to university open days, and he enrolled on a Bachelor's degree at Greenwich. He left his degree course after two years at the age of 20, having spent his whole student loan in one week on intravenous drugs. Since then, his struggles with addiction meant that he had not held a job for longer than a week. He had sold his mother's television while she was out of the house, and had ransacked his grandmother's spare bedroom in search of cash to fuel his addictions. After seven years of struggle with this disease, several run-ins with the police for petty theft, and occasional periods of homelessness, his family felt that they had exhausted all lines of support. With hopes of his recovery fading, they looked overseas for help. Paddy was eventually accepted onto a detoxification retreat in

Italy. The commune was meant to keep him away from substances, give him purpose and set him back on the straight and narrow, and most importantly, it was a lifeline. He tried desperately to throw off his addictions, suffering delirium tremens seizures in the process, in order to attend. He arrived in springtime Bologna just seven days following a hospital admission but feeling committed to the three-year placement.

Like his childhood, the commune had a regimented schedule. Communees were expected to rise at 6am for morning chores before breakfast and to participate in agricultural activities throughout the day. Meal times were set and each person had an allowance from which to order toiletries. Paddy struggled to conform and just a month into his residence he withdrew, spending his remaining funds on a hotel room in the centre of the city. He called his family to help him return home. Back in Britain, his family was crestfallen. They did not know how else to help him.

Several weeks later, whilst sitting with his twin brother, Paddy had suddenly said, "I'm nearly 30 and I have nothing to show for it". He stood up, picked up his jacket and promptly left the room. He took the bus to Beachy Head in the South Downs, a well-known suicide spot. It was there that the passer-by had seen him behaving strangely, stopped him, pulled him back from the edge, and called the police.

The two psychiatrists that assessed Paddy had both agreed that he was not clinically depressed and therefore discharged him. On leaving the hospital, he took the bus straight back to the cliff, only this time there was no one there to pull him back. The red and blue boat bobbing in the cove to his right was a search and rescue boat that had been called to find a lady who had been seen to fall from the same place just one hour earlier. The rescuers saw Paddy approach the cliff edge and jump, and were powerless to stop him.

I think back to the last time that I saw Paddy, eighteen months prior, while at his mother's house for dinner: he was charming company, with excellent conversational skills, and was unendingly positive, despite the apparent alcohol on his breath. He had told me how he had recently been playing a lot of guitar and about his favourite café in Lewes where he met his aunt for coffee. His mother had described that his story involved more struggle than he let on, but despite his challenges, I was heartened to see that his character had not been dampened.

Holding the magnifying glass of grief and armed with a basic understanding of psychiatric histories, I sit in my black funeral dress and try to imagine how the psychiatrists saw Paddy the day he was pulled back. On mental state examination, did they see his messy curly hair, and think that he was dishevelled, or had they known that he was a poet and that he thought he looked like an artist. Knowing who he was, I imagine he was fully cooperative and spoke in spontaneous full coherent sentences, with normal tone and speed, and held respectful yet friendly eye contact. I wonder whether he told them his full story, or whether he convinced them of something positively polished, like he had with me on that evening at dinner. His mood and thoughts could have been well camouflaged behind his jolly high-functioning conversational mask.

On considering his suicidal ideation, plan, and intent to take his own life, I wonder whether they truly knew how brittle his mood had been. He had gone from sitting

with his identical brother to standing on a cliff within one hour. I hope they considered the decisive and violent nature of what he had tried to achieve on that cliff, and how different it was to his usual behaviour. I wonder whether they asked him what he was going to do once he left the hospital, where he was going to go, or ask him if he would like someone to collect him. I wonder what insight into his actions they thought he had; was he fully aware of the certainty of his death had he jumped, and had he actively made that decision? Had they considered whether he was vulnerable, or had they thought that he was safe and not a threat to himself? When they pulled together the full history, I wonder whether they saw a differential diagnosis or a person in need.

Consequences always stand in stark relief when considered in retrospect. I look back and wish that one of them at the time had had an ounce of doubt and had kept him in for one more night. I wonder what difference it would have made to the outcome. Perhaps Paddy's case will change the psychiatrists' future practises. Would they be more reluctant to discharge in future? Or was their assessment and plan perfectly appropriate with the information that they had? I wonder how commonly suicide occurs following discharge, and how soon after leaving hospital. I imagine Paddy might have the record of shortest time period from hospital discharge to death.

As medics, we are nothing if not risk assessors. Any decisions we make, any advice we give to patients, is a balance between whether they would be better off with or without that investigation or treatment. Risk of impact and the magnitude of consequences should be on the forefront of our minds in everything we do.

I dread the day that I make a decision that leads to a person's demise, directly or indirectly. I know that it will happen at some point, as risks can only be estimated, not calculated. It is never an exact science. I will just have to do my utmost to arm myself with the knowledge to make balanced decisions and consider the patient first and foremost. It is the impact on them and their families that I know are of principal concern.

Paddy's story highlights to me how risk assessment can go painfully wrong: despite the psychiatrists' experience, and that two of them agreed to his discharge, he simply returned to the cliff that day. I will remember my cousin as the creative, jolly and full-of-life young man that I knew before his addiction. It is with poetic irony that Paddy's final act of bold decisiveness may make me more cautious in the future. Of that, I hope he will be proud.

Anonymous