PSYCHIATRIC VIGNETTE

"Bidding Farewell" – an alternative to a diagnosis of acute depressive illness

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Christina, an 80-year-old widow who lived alone, recently discharged from a medical ward, was referred for a psychiatric opinion because of suicidal threats and refusal to take medication for congestive cardiac failure. She had informed her neighbour that she had planned to kill herself but refused to tell her doctor how she was going to do it. The police became involved and went round to check on her. Next on the scene was my senior registrar. He spent almost two hours with her and having made a diagnosis of depressive illness with suicidal tendencies he tried to persuade her to come into hospital. She bluntly refused and insisted: "I have made up my mind, I have got it all planned, of course I am not going to tell you how, but it's going to happen soon, perhaps tonight!". Due to some problems in mobilising an ASW out of hours, he temporarily suspended the idea of admitting her under the Mental Health Act.

Next day we went together to re-assess her at home. Already assembled in her bedroom were her general practitioner, an approved social worker and his colleague, and two granddaughters. Christina was lying in bed, amid lace cushions, embroidered blankets and freshly cut flowers. She greeted me with "and you, who are you, a psychiatrist? I did not sent for one!". I sat on the edge of her bed and, after a short silence, gradually engaged her in lively conversation, almost forgetting that there were six other people there. She told me about her hard-working life, her unfaithful husband, her two sons who live abroad and several grandchildren. Her beloved younger sister had died almost a year ago. "She shouldn't have gone before me" muttered Christina. A telephone rang – it was her son from Italy. "They are all here you know, won't leave me alone, of course I haven't invited them, they descended on me – just like that! I don't understand why such a fuss" – she briefed him. He offered to come on the next available flight.

We left Christina to have a discussion in the kitchen. I shared my feelings that she was not suffering from any psychiatric illness but what needed to be acknowledged was that she was making a decision to die. My idea was greeted with surprise but we proceeded to make commitments: the granddaughters were going to sleep in her place in turns, the GP would visit daily, home help twice a day, and I promised to see her next week. I returned to Christina, sat on her bed and took her hand. She did not try to remove it and neither of us felt a need to speak.

Next was a telephone call from her son who had arrived from Italy and told me that she had been rushed to hospital again but was now about to be discharged. He wanted to leave, but I persuaded him to stay longer saying that his mother might not last a fortnight. A few days later I visited Christina on the ward. I was keen to know more about the dynamics of her family life, feelings of love and possibly jealousy between her and her sister and much more . . . "Do you recognise me?" I asked, tentatively trying to ascertain the cognitive ground. "Of course, you are my psychiatrist!" she exclaimed. I felt slightly flattered. "And they are so good to me here, the nurses, the doctors, the lot, and you know my son came all the way from Italy and yesterday spent the whole afternoon with me. He is a wonderful boy, and his two daughters came as well!". She looked radiant. I abandoned the idea of venturing into psychoanalytical thoughts and we talked of everything and nothing instead. We said a warm goodbye and I looked at her smiling face with a feeling that we would never meet again. I thought she knew it too . . . A week later her son telephoned to say that his mother died peacefully at home (from congestive cardiac failure), with him and the granddaughters at her bedside. He was pleased he had stayed.

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