



Family Medicine Moments

February 16, 2023

Introduction: In the work we do, we often rub up against the limits of Do No Harm. Pam Adelstein, who is a graduate of Family Health Center of Worcester and recently moved her practice work to Fenway Health, writes about an important topic we face - Section 12ing someone. In the work I do in homeless health, this topic comes up often, for many clinicians, it may be rarer and yet when it does occur, it leaves its mark on us. Thanks to Pam for sharing her intimate brush with saving a patient while wrestling with the accompanying emotions.

Section 12

By Pamela Adelstein

We medical providers care for countless patients who feel depressed. For those folks, sometimes life feels so difficult and terrible, that they have thoughts of wishing they didn't exist, or that the world would be better if they didn't exist. Sometimes these patients have a plan to end their lives. The more concrete the plan, the more we worry.

Building trust with people who have survived trauma or are living in traumatic situations takes a long time. This trust must be earned and never taken for granted. It is an honor when a patients share their innermost feelings. Providers must tread gently, follow patients' leads, and create an atmosphere of safety.

Massachusetts law contains a mental health statute called Section 12. This allows certain professionals to send people to the hospital against their will, if they would “create a likelihood of serious harm by reason of mental illness.” Sounds reasonable perhaps, from a lawmaker’s perspective. However, from the patient and the provider view, Section 12 can be agonizingly painful.

I “inherited” a patient with depression after a doctor left my organization. With time, this patient began to trust me. At our twice-monthly appointments they shared intimate life experiences, including abuse, work difficulties, and the fragility of their emotional state. At their appointments – which always went past the scheduled end time – we adjusted medications, practiced meditation and visualization, and set goals for their week. I cared so much about this patient.

One day they confided they felt unsafe – they had suicidal thoughts and were self-harming. They felt petrified of the ER and begged me not to send them there. They bargained that they would call if it got worse, they would take their meds, they would call a friend – anything to avoid the ER.

At medical school graduation, we took the Hippocratic Oath – summarized as Do No Harm. In this situation, how do I avoid harm? What if I didn’t section 12 them and they took their own life? But how would sending them to the ER against their will affect the precarious trust we had delicately built?

As the EMTs guided them onto a stretcher, my heart ached as I heard my patient’s sobs and watched them writhing in opposition to going to the ER. At our next visit, my insides sank as they described the searing trauma of being section twelved. But they were alive.

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