

CHOPSTICKS AND SUICIDE

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ABSTRACT

A case of serious suicidal attempt in a stroke patient by piercing a chopstick through the nostril, resulting in cerebral injury, is reported. The choice of the chopstick as a suicide tool is discussed in a clinical and cultural perspective. The potential of using chopsticks as an offensive weapon in suicidal patients is emphasised.

Keywords: chopsticks, suicide

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INTRODUCTION

Apart from using bare hands, man either eats with knife and fork, spoons or chopsticks. In general, knife and fork are sharp and pointed, and readily recognised as a potentially offensive weapon, either to self or others. However, chopsticks are often regarded as innocent and harmless. This is a report of a patient who attempted suicide by piercing through the base of skull with a chopstick resulting in cerebral injury.

CASE REPORT

Mr L, a 56-year-old part-time dim-sum restaurant worker, was transferred to the neurosurgical unit of this hospital because of suspected injury to the base of the skull. One week prior to the transfer, he was admitted to a district hospital because of left side weakness for two days. Physical examination revealed clear consciousness and left hemiparesis with power 2/5. CT of the brain showed hypodense white matter around both ventricles and no intracranial haemorrhage. He was treated with heparin as a case of cerebral ischaemia. His mood was low with negative cognition. At 3 am in the morning before transfer, he was seen forcing a piece of chopsticks through his right nostril. A length of 6-7 inches was found inserted into the nostril by the house surgeon. The anticoagulant was immediately stopped and he was transferred to this hospital for further management.

Mr L lived alone in Hong Kong and was separated from his family in mainland China since 1960s. He received no formal education and worked mostly as a manual labourer. He attempted suicide by drug overdose 10 years ago and he gave financial difficulties as a reason. Otherwise, he had enjoyed good health till now. There was no history of alcohol or other drug abuse.

On admission to the neurosurgical unit, his general condition was stable with a Glasgow coma scale of 14/15. The CT of the brain showed a fresh haematoma in the right frontal lobe with dissection into the ventricles. A dense old infarct was seen at the posterior limb of the right internal capsule. Coronal sections

revealed a bony defect at the right cribriform plate and roof of the ethmoid sinus. Mentally, he appeared depressed with a sense of hopelessness and worthlessness. His cognitive functions were intact. Antidepressant was started and he showed steady but slow improvement in his mood. He refused operation and was therefore treated conservatively. He was eventually transferred back to the referring district hospital for rehabilitation.

DISCUSSION

In the past decade, post-stroke depression has aroused much interest in the West and the rates quoted have ranged from 18% to 60%⁽¹⁾. Response to antidepressant is good⁽²⁾. Our patient is vulnerable in view of being male, single, middle-aged, socially isolated⁽³⁾, as well as the cerebral insult and physical disability⁽⁴⁾. Early detection of mood problems may minimise both the psychiatric and physical morbidity.

There are different ways of attempting or committing suicide. The method chosen by our patient, however, is unusual and has not been reported in the literature before. Determining factors for the choice of methods and use of weapons include age, sex, individual beliefs, determination, opportunity and availability^(5,6). In the United States, committing suicide with firearms is the commonest method used⁽⁵⁾. In Asia, it is used only among army or police officers. Mostly, patients tend to choose the convenient way, or one that ensures a fatal outcome. The choice of chopsticks in our case demonstrates these principles as he could move only his right limbs effectively and chopsticks were the only potentially lethal tools available. Most general hospitals and psychiatric units in Hong Kong, East and South East Asia, provide patients with chopsticks at meals. They have always been regarded as a non-offensive tool. In view of the current example, it is recommended that special caution should be taken when offering feeding utensils, including the apparently innocent chopsticks, to the depressed or suicidal patients. The plastic spoon is probably a good substitute in such situation. Admittedly, our case is a very extreme example, and to widely publicise the danger of chopsticks is not warranted since it is well known that the appropriate reporting by the media often invites imitative behaviour⁽⁷⁾, while a more restrained coverage has been reported to result in a decrease of suicide deaths⁽⁸⁾.

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