

Suicide as a LODD

By Chris Caulkins, MPH, MA, ABD, NRP

The purpose of this article is to explore the concept of suicide as a line of duty death (LODD) using LODD by cardiovascular disease (CVD) as a framework. This discussion is timely given the Minnesota legislature just passed the first responder PTSD bill, which has been signed into law by the governor*. This is important because 7-37% of firefighters have been diagnosed with PTSD*, which is among the top four mental health issues associated with suicide*. My revised calculation indicates that 21.38 Minnesota active and retired firefighters die by suicide per 100,000. In a recent survey of Minnesota active firefighters, we discovered that 21% have had suicidal thoughts, 9.5% have a suicide plan, 13.6% have access to their plan's means, and 3.3% have attempted to kill themselves*.

History

Around 552 BCE the Babylonians attributed epilepsy to the supernatural*. In 1881, President Garfield died of a gunshot wound because his physicians did not understand putting a finger in the wound could cause infection*. We did not believe cigarettes caused cancer until the late 1950s in spite of five studies published at the beginning of that decade stating they did*. PTSD was known as shell shock, traumatic/war neuroses, combat fatigue, and soldier's heart*, yet it was only clinically defined as PTSD in 1980*. Suicide was viewed as possible demonic possession and/or sin with refusal to bury on hallowed ground persisting well into the 20th Century*. I can only hope that we in public safety are not stuck in the misperceptions of the past, but rather understand the reality afforded us by research and contemporary thought. There has been a call to rename PTSD as posttraumatic stress injury (PTSI)*. As you continue reading, indulge me in thinking of firefighter suicide as a lethal outcome of PTSI. In fact, I will intentionally refer to PTSD as PTSI for the remainder of this article as a prompt.

Current Practice

An alphabet soup of fire-related organizations—NVFC, USFA, IAFC, IAFF, NASFM, NFPA, FEMA, NFFF—and the Bureau of Justice Assistance all accept death due to cardiovascular events within 24-hours of responding to an emergency, or being engaged in training activities, as a LODD*.

Suicide is excluded by all of these groups as a LODD. A new note on the NFFF (2018) website states, “Deaths directly resulting from cancer, disease, or infection, that are defined as meeting the criteria of the decedent’s home state occupational exposure presumption laws” will be considered LODD. This raises an interesting question as to interpretation of this statement given Minnesota’s new law.

Cardiovascular Disease and Suicide

Cardiovascular disease (CVD) is a combination of many factors, which may include heredity, use of tobacco, dietary habits, insufficient exercise, and stress—both on and off the job*. It would be difficult to determine which portion of CVD was due to factors within and beyond the control of the person, much less what specific response(s) contributed to the problem. As such, I would submit that determination of LODD due to CVD is rather arbitrary and the 24-hour rule is even more so.

If we allow CVD deaths within 24-hours of service-related activity, then why not suicide? Suicide, similar to heart disease, is the confluence of many factors. Like CVD, there is a connection between nicotine dependence and suicide*, heredity and suicide*, anxiety (stress induced or otherwise), and depression*. CVD is also directly associated with increased likelihood of suicide, anxiety, and depression*. In fact, depression is the most common mental illness associated with suicide* and the American Heart Association has released a science advisory establishing a link between depression and coronary heart disease*. It seems there is a reciprocal relation between depression and CVD in that each may cause the other. Stressors, on and off the job, result in higher levels of cortisol release and are associated with both depression and CVD*.

At this point it is likely that some readers are thinking, “Someone doesn’t consciously decide to go into cardiac arrest, but they do consciously decide to kill themselves.” That is a fair thought and worthy of explanation. People who die by suicide do not want to die. Rather they want their psychological pain to stop and see no other means aside from self-destruction. This pain is referred to as a psychache and is held out as the primary reason

for self-inflicted deaths*. Try to keep your feet in an ice-filled bucket of water with the intent of leaving your feet in until all the cubes melt. When you pull your feet out early, did you consciously decide to pull them out? I would guess you would pull them out even if you meant to keep your feet in the full time. Similarly, two people are in a competition for \$1 million. The rules are simple, dangle from a metal bar until one loses their grip and falls. After the first fall someone says, "It was his choice to let go." Is that true?

The Downside

Considering suicide as a LODD may cause additional firefighter suicides. This contagion effect is contingent on several factors and actions, which may include referring to the suicide as "successful," saying the suicide is inexplicable, relaying contents of any messages left behind, failure to acknowledge the death as a health issue, or putting the deceased up on a pedestal without acknowledging humanness or that everyone has problems*. Failure to debunk suicide myths, not providing information on where one can obtain assistance if they are suicidal, and not focusing on suicide prevention as a central message may also contribute*. A LODD funeral may even inadvertently lend itself to glorification of suicide. Departments who cannot afford pre-employment psychological screening may lose more firefighters by suicide if considering it a LODD is perceived as a glorified way to die. We know that those who are affected by contagion often have pre-existing vulnerabilities*. This does not mean that presence of a mental health issue is necessarily a disqualifier.

It is known that rates of suicide increase for up to three years after a life insurance policy suicide exclusion clause expires and is lower before and after the three-year period*. Following this same logic, if there is no probationary period for which suicide is considered a LODD, newer members may have the potential for increased rates of suicide. But then again, should we have a three-year exclusion for CVD?

Conclusion

I have mixed feelings as to whether suicide should or should not be a LODD. On one hand recognition as a LODD may increase awareness of PTSD and suicide as treatable and potentially preventable occupational hazards. The families of firefighters who die by suicide would be eligible for LODD benefits. On the other hand, acknowledgment of suicide as a LODD, in the wrong environment, could actually place some firefighters at increased risk for suicide. It is difficult to know what this recognition might do to career longevity or recruitment efforts. Can we allow CVD

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This significantly reduces the transfer of these products of combustion to the apparatus and the station or home.

4. Do NOT use Tobacco. According to the American Lung Association, tobacco increases the chance of anyone getting cancer by 75%. The IFD prohibits tobacco in the fire station, asks that employees who use tobacco stop, and enforces it.
5. "Shower within the Hour". Science has shown that the micro particles will penetrate the protective ensemble. The Imagine firefighters need to shower as soon as practical, before returning home.

Education

Although fictional, the Imagine Fire Department represents the current best practices and the department has incorporated them into their daily operations. Every fire department in the state can make simple changes to be healthier. MnFIRE wants to share this message throughout the state and engage firefighters in the conversation, discussing the current best practices and minimizing the risks. Imagine what the fire service would look like if we were healthier than the general population. To schedule training or to get more information call 888-784-6634 or on-line MnFireInitiative.com. ❁

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as a LODD but not suicide? I am not sure, but I do believe we should talk about it. Hopefully this article will be the start of a healthy discussion as to whether suicide should be considered LODD or not. If not, it should be for the right reasons.

Please note an editorial decision to remove citations and references has been made. Please contact Chris for a copy of this article with citations and references intact. All statements referenced are followed by a superscripted asterisk.

Chris has over 25 years of EMS experience, 15 years of firefighting, over 22 years in EMS and fire education, and over 14 years in the suicidology field. Chris is the executive director of the Strub Caulkins Center for Suicide Research (SCCSR) and has researched, presented, and published on suicide at a state, national, and international level. The SCCSR website is www.suicideresearch.org and Chris may be contacted at c.caulkins@suicideresearch.org. You may follow the SCCSR on Facebook at <https://www.facebook.com/StrubCaulkins> or visit us on the web at www.suicideresearch.org. ❁



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