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Short Communication

Psychiatry and the Emergency Medicine

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Abstract

In this short communication, we consider one case of a psychotic's experience with the Police, ER Doctors, and Psych Ward nurses. A few lessons can be learned most important of which is to disarm the psychotic by smiling and acting as a friend. Psychotics can cause harm, although they don't always follow through on their aggression. It is wise to be cautions for one's safety when dealing with psychotics.

Keywords: emergency room care; Police; ER Doctors; Psychiatric Nurses, psychosis; AOU

Introduction

A patient who was suffering from schizophrenia was taken to hospital on three separate occasions separated by 20 years. This is an outline of what he recalls was good and what was bad about the experience. Its notable that the police were involved in all three occasions. So were doctors and nurses.

On the first episode in 1997, the patient was undergoing psychosis. He attacked his parents – his father physically- although no harm was done. The parents called the police. Subsequently, after an interview of the parents by the police, it was determined that the psychotic son should be taken to the hospital. A young physician interviewed the patient and determined that the patient was suffering psychosis. The attending physician conducted the psychiatric interview while sitting in a chair with his back to door. The conversation was incoherent. The doctor had a worried look on his face. He didn't smile at all. This was a mistake. A physician should be nonthreatening. Someone in psychosis is sensitive to who is a friend and who is a foe. The smile makes the difference if you want cooperation. While he was captive in the Emergency room, the patient escaped from their custody.

After a romp through the area near the hospital, the psychotic patient hailed down a cab. The patient was headed for his parent's house again. It is common that some under psychosis will return t o a familiar place. It is also true that they tend to head toward the center of the city. The police were called by the parents and the police swarmed the house. The parents were interviewed by the police an while the patient was taken outside the venue of the police cameras. A short police officer was inducing a confrontation with police. The psychotic didn't take the bait. Police need special training in dealing with the mentally ill. The patient was taken to the hospital where he was accompanied by police.

One kind officer, stood in the interview room. He stood leaning against the wall with his hand crossed behind his back. This nonthreatening stance resulted in the patient stating that he would do whatever that officer thought was best. The patient thought that police officer was an angle. Sent to help him. He readily cooperated. And was admitted to the psych ward where he was treated for schizophrenia and released with 2 or 3 months of hospitalization.

The psychiatrist always had a smile on his face when talking to the patient. This disarms the psychotic. The patient accepted all the treatments prescribed by the patient, mainly Risperidone. He was also told not to read the Bible which was good advice

The patient was put in the care of a female psychiatrist who was over worked. She told the family physician to prescribe risperidone without meeting him. The Risperidone largely worked but have sexual side effects (ED) and massive weight gain.

The second incident involved the police as well. It occurred one yar later in 1998. The patient had stopped taking his medication because he felt fine. The medication was working (Risperidone) The parents called the sister to come into the parent's house to take the psychotic patient to the hospital. He was admitted and taken to the Acute Observation Unit where he stayed for 3 weeks. There is no privacy in an AOU.

The attending physician was a Big Black African psychiatrist who thought that it was funny that the patient was obsessed with Muslims. He laughed that he himself was a Muslim. Before 9-11, the patient was saying that "We are at war with the Muslims and don't know it." He still holds this view. The patient was interviewed by an Intern who found psychiatry very interesting. She was eager to learn all she could form the patient such as the hallucinations which were real to the patient. The patient's medication was switched to Olanzapine. He was unable to give blood regularly since he passed out every time he gave blood due to low blood pressure. This precluded the use of better, more effective medications available.

The patient managed the schizophrenia well with a psychiatric visit ever 6 moths to a year. However, in 2017, he ran into circumstantial problems and could get no help. In desperation, the patient attempted suicide by a overdosing on his Olanzapine. The Police were call ed for another incident and they noticed that the patient was slurring his words. He also had hit a curb with the family vehicle when he dropped a cousin off at the hospital. The police were quick to pick up on the problem, so they escorted the patient to the hospital where he was admitted to the psychiatric ward. But it wasn't without incident. Th police put him in the white room. The patient did not like that and assaulted one of the two officers. The patient was cuffed and

taken immediately to the lock up in the psych ward. The Psychiatric nurse admitted the patient who spent two months in the ward. Where the received treatment. His olanzapine was doubled to 20 mg per day. After two months he was well enough to be released to a special care home where he sees a psychiatrist once a year. His GP refills his prescriptions. The attending psychiatrist took the patient's driver's licence away which was a big blow for the patient. To get it back, he must redo the driver's test as well as provided proof of insurance. He had been driving since he was 17 and was now 50 years old. Effectively he'll never drive again, which precludes employment and marriage.

There are a few lessons to be learned from this case. One is that we need more psychiatrists. In the first instance, he couldn't get psychiatric attention, except through his GP. The psychiatrist made her patients wait 8 -10 hours to get in to see her if she showed up for work. She also was unwilling to complete the paperwork so that the patient could receive a disability pension. He needs an income. The GP stated that the Medicare system in Canada failed him.

A sconed lesson is that doctors should always appear kind if they want cooperation from a psychotic patient. Standing in a nonthreatening way goes a long way toward getting cooperation. Psychotics different people in two groups: friends and enemies. They will cooperate with friends; they will repel enemies.

A third lesson is that the police will eventually be involved in dealing with the mentally ill. They should be trained to deal with mentally il patients since they are the front-line workers. So should emergency doctors and nurses. To prevent escape, patients should be monitored continually while they are in an emergency ward. The patient is a danger to himself and others when in a psychotic state. Police should not be looking for a chance to abuse the patient.

The doctors should do harm by taking away the things conducive toward recovery such as a driver's licence. Also, the family will likely be involved when a family member has mental illness. The Acute Observation Units should be done away with if possible as the impact has long lasting affects.

Conclusion

There are several recommendations that can be employed by Police, Nurses, and ER Doctors to help the psychotic patients. The patients can be treated to a successful outcome leaving the patient as an asset to society.

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