MASSACHUSETTS PSYCHIATRIC SOCIETY

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My name is Rohn Friedman, I am the Vice-Chair of Psychiatry at the Beth Israel Deaconess Medical Center and am here on behalf of the Massachusetts Psychiatric Society and Massachusetts Health and Hospital Association relative to H2210/S1401

1. We all share the goals of both providing effective, evidence-based mental health treatment to those who suffer from serious mental illness and protecting their right to make informed medical decisions. The goal of this legislation is to expedite the 8b process that balances these goals, not to eliminate it.

2. What are the impacts when a patient with an acute exacerbation of a serious mental illness with psychosis is admitted to an inpatient psychiatric unit but continues to refuse antipsychotic treatment?

    a. For the patient himself or herself there is the suffering of untreated psychosis. Anyone who has known a person who is wracked by delusions that malign forces are threatening to do her harm or who is hearing voices demanding that she kill herself knows how frightening this can be. We also know that there is a correlation between the length of untreated psychotic illness and poorer neuropsychiatric outcome. Our staff are trained in de-escalation techniques, but these do not always succeed. While awaiting an 8b hearing one recent patient had 5 seclusion and restraint events. Another patient awaiting a hearing struck a patient in the head and face on one occasion, and on another struck and bit public safety officers during a restraint. In these situations we may give a single dose of medication as a restraint, but I would underline: this is very different from using medication as a treatment for an illness; it is a single dose of medication used largely for its sedating properties, not an ongoing course of treatment. We cannot treat the underlying illness, even though the behavior that endangers self or others is a symptom of that illness. We have to wait until the patient again is acutely threatening to give another dose. We have created a cycle of exacerbation and restraint in lieu treatment. The system makes us jailers rather than treaters.

    b. The patients' families suffer along with their loved one and wonder why we are allowing them to remain ill for such an extended period without treatment.

    c. The other patients on the unit are also impacted. They may have to witness a difficult restraint or be directly injured by an untreated patient, but they also have to listen to a patient yell or respond to hallucinations. We have patients with a

history of trauma who are triggered by such episodes. Inevitably these other patients are deprived of the staff time that those agitated and untreated patients take up.

d. Other patients not on the unit are impacted. The ten days that one patient remains untreated on the inpatient unit means that another patient waiting in the emergence department remains untreated rather than being able to be admitted to that bed. The inpatient units are reluctant to take those patients refusing treatment when they do not know how long they will remain untreated and this blocks access to the unit; so the patients refusing treatment remain in the ED longer than other patients. Thus both patients refusing treatment remain in the ED but also patients who want treatment wait there while the patient refusing treatment is in an inpatient bed untreated for a protracted period. No one thinks this is a way to provide optimal care.

e. Finally, I have to address the impact on the staff. In trying to keep the patient and other patients safe, they may be injured as in the example I have given. Even more than physical injury there is a moral injury and moral distress. I described the discomfort of being in the role of a jailer rather than a treater. I don't know anyone who went into healthcare with the goal of restraining people or controlling their behavior. That is the irony and frustration of the system we have constructed: we can only use medications to restrain a patient in an emergency, we cannot treat the illness that is causing the emergency.

We ask not to eliminate a patient's right to a hearing but to set a time frame for that process so that at a point certain there is a court decision rather than to continue a protracted process and watch helplessly as the patient and the system suffer.