

PATHWAYS ADVOCACY BULLETIN

January 2018 Edition – Posted December 16, 2017– The Province – Dr. Diane McIntosh

**Dr. Diane McIntosh:
Everyone needs to speak up
about abuse by staff on
psychiatric wards**

I have written extensively about the inadequate psychiatric and addiction funding and services in B.C. and across Canada.

Regrettably, the services that are available are not always patient-centred and enlightened. Some centres provide sub-standard care and terrify, rather than comfort, patients.

I have heard many stories from my own patients about the unprofessional, demeaning, abusive treatment they have suffered at the hands of my colleagues, both doctors and nurses, most often when they were admitted to a psychiatric units of Lower Mainland hospitals. I have witnessed offensive behaviour first hand since I was in medical school. A local hospital's psychiatric services website says its mission is: "To provide our patients the best care, we depend on the compassion, expertise and strength of one another. We come to work knowing that our patients need us and that our colleagues support us and this allows us to strive daily to be the best health care providers — and people — that we can be."

It was in the spirit of that quotation that I submitted a formal complaint regarding the

unprofessional conduct of members of their psychiatric service.

My patient (I'll call him Ed) was admitted to a short-stay psychiatric unit. His parents expressed shock and distress when they told me they were "read the riot act" by a psychiatric nurse that they felt interacted with their family in a hostile manner, heightening the distress of their non-combative, submissive son.

When I arrived at the hospital, I identified myself to the unit's staff as Ed's psychiatrist yet I was refused entry because he already had visitors, his parents. While I doubted there was such a policy with respect to a patient's doctor, I requested that one of his parents wait outside while I met with Ed and his other parent.

Based on our conversation, I was confident that Ed's symptoms had settled, that he was not a risk to himself or others, and his parents were highly supportive. I hoped to discuss a possible discharge with the unit's attending psychiatrist.

A nurse prevented me from speaking directly to the psychiatrist. Once she spoke with him, she informed me that I had no right to offer an opinion regarding my patient. She said the attending psychiatrist didn't want to speak to me, and that he

had determined that Ed required certification to be held involuntarily in hospital.

She added, "If you don't leave the unit immediately, I will have you forcibly removed."

As his psychiatrist, I have been responsible for Ed's health and safety with respect to his serious mental illness. Recognizing the importance of this therapeutic relationship, a patient's physicians should be included whenever possible during a hospital admission. That is considered the "standard of care," as this statement from the hospital's psychiatric services website confirms: "We work in very close partnership with health practitioners across the Lower Mainland of Vancouver through referrals, consultations and information sharing."

Unfortunately, the psychiatric nurses I encountered exhibited contempt. I did not feel welcome to communicate with them or my patient. Ed and his parents felt the nurses were threatening and used their power to diminish them.

Most of my patients who have been admitted to psychiatric units have described the experience as traumatic and terrifying. One was so emotionally scarred by her treatment that I could not convince her to return to hospital when it was necessary and soon after she took her own life. She went from my office,

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accompanied by a parent, to the hospital. Within a few hours, her clothing had been forcibly removed by a group of security personnel, including men, during which time her breasts were fondled.

Other patients have recounted their experiences of being held down when they were not being aggressive or combative and forcibly injected. Another was humiliated by the nasty taunts of a nurse and a ward clerk. I know this happened because I witnessed it.

If I were threatened with forcible removal when visiting my patient, imagine how they might treat vulnerable, frightened, psychotic patients who have no advocate. If my request to call the unit's psychiatrist provoked chart slamming and angry grunts, imagine what a patient's request might provoke.

Some staff on psychiatric units excuse their hostile, dehumanizing treatment of patients as a necessary response to a dangerous working environment. This bullying, threatening behaviour is not about the safety of staff or patients. It reflects a desire to exercise power over the vulnerable.

Patients who are admitted to psychiatric units are often very ill, sometimes disruptive and potentially violent. Due to the severity of their symptoms, they might lack insight regarding the

nature of their illness and their need for treatment, yet they are still human beings worthy of respect. In psychiatry, we are given extraordinary power to limit a patient's freedom and to treat an ill person who lacks insight, sometimes against their will. Patients and families must trust us to use that power responsibly.

I know many excellent psychiatrists and psychiatric nurses that I would confidently recommend to someone I love. To me, this is the greatest mark of professional respect.

However, a few of my colleagues disgrace their profession and blemish the work of the compassionate, enlightened majority, who strive to maintain their patients' dignity. We are judged as a society by how we treat our most vulnerable members. The abuse of power and the use of humiliation and aggression demonstrated by some staff on psychiatric units has no place in a just and civilized society. These individuals must be held accountable by their colleagues and by patients and their families.

Due to the harm they caused one of my patients previously, and through many years of experience, I fear for the safety of my patients when they become acutely ill, due to the harm caused to them by their

symptoms, but also due to the staff they will face if admitted. Regrettably, a letter from one doctor is easy for a hospital to ignore. In order to provoke meaningful change, we all need to speak up — doctors, nurses, patients and their families who have witnessed abuse. I urge anyone who experiences or witnesses a dehumanizing, threatening, traumatizing or humiliating psychiatric hospital admission to speak out. Write to the hospital or health authority where the event occurred. By speaking out, perhaps hospitals will demand that their employees do what they're supposed to do — care.

Dr. Diane McIntosh is a psychiatrist and a clinical assistant professor in the department of psychiatry at the University of B.C.

Is Dr. McIntosh's experience an isolated one or have others experienced the same challenges? We would like to hear from those who have attempted to navigate the system while advocating for their loved one and have come up against this type of scenario. The more we talk about these experiences the more opportunity there is for change. Issues have to be heard before they're adequately addressed and adjustments are made to ensure best practice. Please email us with your stories: info@pathwayssmi.org.