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MERE ZA SPROVOĐENJE PRINUDNE HOSPITALIZACIJE DUŠEVNIH BOLESNIKA — ISKUSTVA PSIHIJATRIJSKOG ODELJENJA ZC VALJEVO

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Apstrakt: U radu je analizirano sprovođenje mera prinudne hospitalizacije duševnih bolesnika, na psihijatrijskom odeljenju ZC Valjevo, u skladu sa zakonskim propisima kod nas. U periodu od godinu dana beležimo povećanje broja prinudnih hospitalizacija u odnosu na ranije godine, a smanjenje broja ponovnih prinudnih dovođenja i zadržavanja na psihijatrijskom odeljenju. Sva prinudno dovedena lica pregleda psihijatar psihijatrijskog odeljenja, koji odlučuje o njihovom prinudnom zadržavanju. Nakon obavljenog psihijatrijskog pregleda 9,58% pacijenata se ne zadržava na bolničkom lečenju. Najčešća životna dob prinudno hospitalizovanih pacijenata je od 40 do 49 godina života.Veliki broj dijagnostikuje se kao F20-F29. Sledećeg dana, a u slučaju praznika ili vikenda prvog radnog dana, konzilijum psihijatrijskog odeljenja odlučuje o daljem lečenju prinudno zadržanih pacijenata. U 3% slučajeva, kada pacijenti i nakon 72 sata nisu prihvatili ovakav način lečenja, obaveštava se nadležni opštinski sud, koji u roku od 24 sata izlazi na psihijatrijsko odeljenje i u najkraćem zakonskom roku donosi odluku o daljem zadržavanju pacijenata. Pri ZC Valjevo ustanovljen je Nadzorni stručni organ koji se obaveštava o svim prinudnim dovođenjima, prinudnim hospitalizacijama i svim eventualno nastalim problemima.

Ključne reči: *prinudna hospitalizacija, zakonski propisi, nadzorni stručni organ.*

Uvod

Hospitalizacija duševnih bolesnika samo je jedna od faza u njihovom lečenju i socijalizaciji. Ona može biti dobrovoljna i prinudna. Prinudna hospitalizacija je prinudno dovođenje i zadržavanje duševno bolesnih osoba u psihijatrijsku ustanovu, bez njihove saglasnosti.

Prisilni prijem bolesnika, ili prisilno zadržavanje, predstavlja jedan od najdelikatnijih problema u psihijatrijskoj praksi. Problem prinudne hospitalizacije specifičan je za psihijatrijske bolesnike i jedan je od najčešćih povoda za oštre kritike javnosti koja psihijatriju optužuje da je represivna delatnost i da ne poštuje ljudske slobode i prava (1, 2). Prinudna hospitalizacija je granični problem između psihijatrije i prava (3). Prinudna hospitalizacija nije ni u jednoj zemlji zakonski ukinuta. Naglašava se da je to jedinstven postupak u zakonodavstvu, gde se vrši preventiva bolesti, zbog dela koje nije učinjeno (4). Za ovako delikatnu intervenciju potrebni su jasni kriterijumi i zaštita, jer prinudnim dovođenjem i prinudnim zadržavanjem duševno bolesnih osoba u psihijatrijsku ustanovu, bez njihove saglasnosti, grubo se narušavaju prava čoveka i osnovne slobode pacijenta.

Postupak primanja duševnih bolesnika u duševne bolnice, njihova prava i obaveze, regulisani su zakonima. Zakon određuje kompetencije, garancije, dužnost suda i psihijatrijske institucije. Zakoni koji regulišu prinudni prijem duševnih bolesnika u psihijatrijsku ustanovu kod nas su: Zakon o vanparničnom postupku SR Srbije, koji je u upotrebi od 4. marta 1982. godine i Zakon o zdravstvenoj zaštiti Republike Srbije od 25. marta 1992. godine. Osnovni dokumenti koji služe kao parametar za evaluaciju prava mentalnih bolesnika u svetu su Havajska deklaracija (1977), Madridska deklaracija (1996) i Deklaracija Ujedinjenih Nacija (1991) o pravima mentalnih bolesnika. One obavezuju sve psihijatre sveta da je poštuju u radu sa duševnim bolesnicima. U Havajskoj deklaraciji naglašava se potreba poštovanja dostojansta svih ljudskih bića da samostalno raspolažu vlastitim životom i zdravljem, da imaju pravo na medicinski tretman, na zaštitu u krivičnom postupku i sva građanska prava (5).

Cilj našeg istraživanja je donošenje i uspostavljanje mera za sprovođenje prinudne hospitalizacije duševnih bolesnika na psihijatrijskom odeljenju ZC Valjevo, u skladu sa važećim zakonskim propisima, kao i analiza sprovedenih mera prinudne hospitalizacije u periodu od godinu dana.

U cilju regulisanja zaštite osnovnih sloboda, ljudskih i građanskih prava mentalnih bolesnika i uspostavljanja efikasnih mehanizama za njihovu primenu i kontrolu, a u skladu sa važećim zakonskim propisima, doneseno je niz mera za sprovođenje prinudne hospitalizacije duševnih bolesnika na psihijatrijskom odeljenju ZC Valjevo. Osnovni dokumenti koji su nam služili za predlog mera su: Havajska deklaracija (1977), Deklaracija Ujedinjenih Nacija (1991), Zakon o vanparničnom postupku SR Srbije (1982) i Zakon o zdravstvenoj zaštiti Republike Srbije (1992).

Mere su se počele primenjivati od 1. novembra 2002.godine.

Mere za sprovođenje prinudne hospitalizacije duševnih bolesnika (psihijatrijsko odeljenje ZC Valjevo)

1. Psihijatrijski bolenik mora da bude upoznat sa načinom i vrstom lečenja koje će biti preduzeto. On se slobodno izjašnjava i svojevoljno prihvata ili odbija lečenje.
2. U slučajevima kada pacijenti, koji zbog mentalne bolesti nisu u stanju da prosude šta je u njihovom najboljem interesu, a ako bi bez lečenja mogle da nastupe ozbiljne štete po pacijenta i druge, primenjuje se lečenje mimo volje pacijenta.
3. Po prijavi porodice, prijatelja, komšija ili nekog drugog lica, a kada specijalista neuropsihijatar ili psihijatar proceni da je priroda duševne bolesti takva da može da ugrozi život bolesnika ili život drugih lica, ili imovinu, može se napisati nalog za prinudno dovođenje pacijenta na psihijatrijsko odeljenje ZC Valjevo. Ako nalog daje lekar opšte medicine, ili specijalista druge grane medicine iz Doma zdravlja, onda je on dužan da pismeno obrazloži razlog prinudnog upućivanja i dovođenja pacijenta na psihijatrijsko odeljenju ZC Valjevo i dostavi svu raspoloživu dokumentaciju.
4. Kad se lice prinudno dovede na psihijatrijsko odeljenje, neuropsihijatar ili psihijatar psihijatrijskog odeljenja ZC Valjevo, nakon obavljenog psihijatrijskog pregleda donosi odluku, koju će pismeno obrazložiti, da li će se prinudno dovedeno lice zbog teške mentalne bolesti i poremećenog rasuđivanja (ako postoji opasnost da će naneti štetu sebi ili svojoj okolini), prinudno zadržati na psihijatrijskom odeljenju ZC Valjevo.
5. Lekar ima pravo da na osnovu svoje stručne procene i preuzimajući svoj deo odgovornosti, primi pacijenta ili odbije zahtev za hospitalizaciju.
6. Ukoliko je pacijent koji je prinudno doveden na psihijatrijsko odeljenje zadržan na istom, tehničar na odeljenju u poseban protokol unosi sledeće podatke: podaci o pacijentu: ime (očevo ime), prezime, broj lične karte, lični broj, adresa stanovanja, posao koji obavlja i mesto zaposlenja i radne organizacije. Podaci o lekaru koji je primio pacijenta, dijagnoza pod kojom se prima. Podaci o licu koje ga je dovelo: ime i prezime, broj LK, (službeno lice – broj legtimacije), u kojem svojstvu dolazi.
7. Narednog dana, konzilijum psihijatrijskog odeljenja, a ako je prinudna hospitalizacija obavljena za vreme vikenda ili praznika onda prvog radnog dana nakon obavljenog pregleda pacijenta i upoznavanja sa njegovim pravima, odlučuje da li se bo-lesnik

zadržava na bolničkom lečenju na psihijatrijskom ode-ljenju ZC Valjevo, ili se upućuje na lečenje u neku od psihijatrij-skih ustanova zatvorenog tipa.

8. Formiranje Nadzornog stručnog organa ZC Valjevo u kojem su pravnik, neuropsihijatar ili psihijatar, socijalni radnik i upravnik bolnice u Valjevu.
9. Psihijatrijska služba ZC Valjevo dužna je da svakih 15 dana pismeno obaveštava Nadzorni stručni organ ZC Valjevo o prinudnim dovođenjima i prinudnim zadržavanjima pacijenata na psihijatrijskom odeljenju ZC Valjevo.
10. Ako pacijent i dalje ne prihvata lečenje (a u cilju nadzora i zaštite od agresivnog ponašanja prinudno lečenje je i dalje neophodno), psihijatrijska služba ZC Valjevo dužna je, tri dana nakon prinudne hospitalizacije, da prijavi prinudno zadržavanje pacijenta nadležnom Opštinskom sudu.
11. Prijava mora da sadrži podatke o licu koje je primljeno, licu koje ga je dovelo u zdravstvenu organizaciju i, po mogućnosti, o prirodi i stepenu bolesti, sa odgovarajućom medicinskom dokumentacijom.

Diskusija

Postupci kod prinudnog dovođenja i prinudne hospitalizacije duševnih bolesnika su složeni i puni dilema, jer psihijatrijska nauka nema validne istrumente pomoću kojih bi se moglo predvideti da li će se pojaviti opasnost po pacijenta ili okolinu.

Uvođenjem mera za sprovođenje prinudne hospitalizacije duševnih bolesnika u ZC Valjevo od 1. novembra 2002. godine, a u skladu sa važećim zakonskim propisima, sve veća pažnja posvećuje se ovom problemu. Počinje se voditi detaljna evidencija o svim prinudnim dovođenjima i prinudnim hospitalizacijama pacijenata, kao i o zaštiti njihovih prava.

U periodu od 12 meseci, sa Hitnom pomoći i u pratnji pripadnika MUP-a, prinudno je na psihijatrijsko odeljenje ZC Valjevo dovedeno 146 lica, i to: 58% muškaraca, 42% žena, što je u skladu sa dobijenim podacima iz ranijih godina (7), kao i sa podacima drugih autora (7, 8). Tako, u periodu od godinu dana imamo 132 (17%) prinudne hospitalizacije i 628 (83%) dobrovoljnih hospitalizacija.

U periodu pre donošenja mera o prinudnoj hospitalizaciji na psihijatrijskom odeljenju u ZC Valjevo, godišnje smo imali od 8,9% do 15,5% prinudnih hospitalizacija. Porast broj prinudnih hospitalizacija objašnjavamo i povećanjem broja pacijenata koji se javljaju u našu službu, kao i efikasnijom registracijom, uvođenjem posebnih protokola, kao i obradom svih prinudnih dovođenja i zadržavanja na našem odeljenju.

I u svetu su zastupljene prinudne hospitalizacije. Tako istraživanje Centra za mentalno zdravlje u Manhajmu pokazuje zastupljenost prinudne hospitalizacije u evropskim zemljama od 2,8 do 44% (9), a nordijska studija ukazuje na zastupljenost prinudne hospitalizacije od 32% do 53% (8). Prema podacima Turčina (1), broj prinudnih hospitalizacija je od 30 do 90%. Nakon prinudnog dovođenja na psihijatrijsko odeljenje ZC Valjevo, prinudno se hospitalizuje 115 pacijenata, životne dobi od 19 do preko 60 godina života. Najviše zastupljena životna dob je od 40 do 49 godina, što je u skladu sa podacima psihijatrijskog odeljenja ZC Valjevo iz prethodnih godina (6), kao i podacima drugih autora (7, 14).

U Zakonu o zdravstvenoj zaštiti Republike Srbije, u desetom članu navodi se: „Kada specijalista psihijatar, odnosno, specijalista neuropsihijatar proceni da je priroda duševne bolesti takva da može da ugrozi život bolesnika ili život drugih lica ili imovinu, može uputiti bolesnika na bolničko lečenje, a nadležni doktor medicine odgovarajuće stacionarne zdravstvene ustanove primiće na bolničko lečenje." (10)

U 28% slučajeva u našoj službi pisan je nalog za privođenje na osnovu prijave rodbine, komšija, ili lekara sa terena. U 55% slučajeva lekar nadležnog Doma zdravlja napisao je potrebne podatke o pacijentu koji se prinudno upućuje i dovodi na psihijatrijsko odeljenje. Služba psihijatrije je napravila potrebne obrasce o upućivanju pacijenta protiv njegove volje na psihijatrijski pregled, sa svim potrebnim podacima. I pored detaljnih uputstava koja smo poslali nadležnim Domovima zdravlja, kod 17% privedenih nemamo potrebnu dokumentaciju o razlogu prinudnog upućivanja na psihijatrijsko odeljenje.

Sve prinudno dovedene pacijente pregleda nadležni neuropsihijatar, ili psihijatar psihijatrijskog odeljenja, i on odlučuje o prinudnom zadržavanju lica. Velika je dilema da li pacijenta zadržati prisilno na bolničkom lečenju. Medicinski radnik mora da bude obazriv kada donosi odluku šta je ispravno a šta pogrešno, šta je dobro a šta loše za pacijenta i društvenu zajednicu (11).

Jedno od osnovnih ljudskih prava je i informisanost pacijenta o bolesti i mogućnosti njenog lečenja. Psihijatar treba da proceni da li pacijent može da shvati informacije o svom oboljenju, da bi kompetentno mogao odlučiti da se hospitalizuje. Svaki pacijent, pri prinudnom dovođenju i zadržavanju na psihijatrijskom odeljenju, upoznaje se sa načinom i vrstom lečenja. U slučaju kada pacijent nije u stanju da izrazi volju, da proceni vlastite interese, ili ugrožava sebe i druge, dozvoljena je prinudna hospitalizacija, u cilju opservacije na osnovu nalaza i mišljenja lekara (5).

Zakonski propisi u mnogim zemljama regulišu prisilnu hospitalizaciju. Tako u Ontariju (12), da bi se neko prinudno hospitalizovao, traži se da se utvrdi da li je mentalni bolesnik pretio, ili pokušao naneti zlo sebi, ili se ponašao nasilno prema drugima, ili je uzrokovao ili uzrokuje strah i poka-

zuje manjak sposobnosti da se brine o sebi. U drugim delovima Kanade, da bi se neko na silu zadržao u zdravstvenoj ustanovi moraju se ispunjavati sledeći uslovi: mora se raditi o mentalnom bolesniku, osobi mora biti potreban takav tretman koji će verovatno poboljšati stanje, osoba mora da odbije tretman, oboljenje mora biti takvo da rezultira opasnošću za bolesnika ili neku drugu osobu, ili će oboljenje rezultirati trajnom promenom duševnog zdravlja.

U našem slučaju, po prinudnom dovođenju, a nakon obavljenog psihijatrijskog pregleda, 14 (9,58%) pacijenata nije zadržano na bolničkom lečenju. Nadležni doktor je smatrao da ne postoje indikacije za njihovo prinudno zadržavanje na psihijatrijskom odeljenju. Na daljem lečenju zadržano je 132 lica (90,42%). Sledećeg dana, a u slučaju vikenda ili praznika onda prvog radnog dana, konzilijum psihijatrijskog odeljenja odlučuje o daljem lečenju prinudno zadržanog lica.

U zakonu o vanparničnom postupku Republike Srbije, u članu 46, predviđeno je da se prinudni prijem može obaviti u prisustvu dva poslovno sposobna i pismena svedoka, koji nisu radnici u toj organizaciji, i nisu krvni srodnici primljenog lica (13). Na psihijatrijskom odeljenju ZC Valjevo svi prijemi su obavljeni bez traženih svedoka, jer je to bilo nemoguće realizovati.

Prinudno hospitalizovane pacijente smo dijagnostikovali prema MKB-10 klasifikaciji SZO. Spadali su u sledeće kategorije: F00-09, F10-19, F20 –29, F30-39, F40-48. Veliki broj pacijenata, 86 (74%) dijagnostikovan je u kategoriju F20-29, a najmanji broj 2 (2%) je dijagnostikovan kao F40-48. Dobijeni podaci odgovaraju našim podacima iz prethodnih godina, kao i podacima dobijenim u svetu, koji ukazuju da dve trećine prinudno hospitalizovanih ima psihotični poremećaj, a velki broj pacijenata boluje od shizofrenije (7, 8, 14, 15, 16).

U ovom periodu od godinu dana, veliki broj pacijenata se prinudno dovodi i prinudno hospitalizuje jednom, a dva i više puta prinudno se dovodi i prinudno hospitalizuje 10% pacijenata. U prethodnim godinama, 10% – 23% pacijenata se prinudno privodi i zadržava na odeljenju više puta (6). Česte prinudne hospitalizacije dovode do toga da se mentalni bolesnici češće izoluju, napuštaju svoje porodice, i žive sami (16). Njima se sada posvećuje veća pažnja u cilju smanjenja broja prinudnih privođenja i hospitalizacija. Mnogi autori naglašavaju da će sa sve većom otvorenošću psihijatrij-skih ustanova i uvođenjem lečenja u društvenoj zajednici, doći do smanjenja prinudnih hospitalizacija (18).

Nakon svakog privođenja i prinudnog zadržavanja, a po završetku bolničkog lečenja, nadležne Centre za socijalni rad i Domove zdravlja obaveštavamo pismenim putem o otpuštanju pacijenata iz bolnice. Sve je u cilju stimulacije bolesnika da dolazi na redovne kontrolne preglede, da uzima lekove i da se unapredi njegovo socijalno funkcionisanje. Nakon jed-

nogodišnjeg iskustva, to se pokazalo kao efikasno, jer imamo manji broj ponovno prinudno dovedenih pacijenata, kao i njihove učestale dolaske na ambulantne kontrolne preglede.

Po Havajskoj deklaraciji, predviđeno je osnivanje nezavisnih multidisciplinarnih tela za poštovanje i dalje poboljšanje principa i garancija za zaštitu mentalno obolelih. Pri ZC Valjevo formirali smo Nadzorni stručni organ u koji ulaze pravnik, neuropsihijatar ili psihijatar, socijalni radnik i upravnik bolnice u Valjevu. Na svakih 15 dana, psihijatrijska služba pismenim putem obaveštava Nadzorni stručni organ ZC Valjevo o prinudnim dovođenjima, prinudnim hospitalizacijama i svim eventulano nastalim problemima. Preispitujući zakonitost prinudne hospitalizacije, na taj način o prinudnoj hospitalizaciji ne odlučuje samo psihijatar, nego i odgovorna lica zdravstvene ustanove. Šest meseci nakon početka sprovođenja mera prinudne hospitalizacije, nadzorni stručni organ je organizovao radni sastanak. Učešće su uzeli svi predstavnici Domova zdravlja Podrinjsko-kolubarskog okruga, Centara za socijalni rad i MUP-a, kao i psihijatrijskog odeljenja ZC Valjevo. Time je uspostavljena bolja saradnja sa odgovornim institucijama i licima i ukazana veća pažnja problemu prinudnog dovođenja i prinudne hospitalizacije duševno obolelih lica.

Velika je dilema da li o prinudnoj hospitalizaciji treba da odlučuje samo psihijatar, ili je potrebna i sudska kontrola, i kada izvršiti prijavu sudu (1, 19). U pojedinim oblastima Nemačke, različito je zakonom regulisano prijavljivanje prisilnih hospitalizacija sudu. Istraživanja pokazuju da prijavljivanjem sudu prisilne hospitalizacije, u periodu od 72 sata po prinudnom dovođenju, broj sudski zadržanih pacijenata se umanjuje za oko 50% (20). U razgovoru sa sudijama opštinskog suda u Valjevu dogovoreno je da, kako se sud ne bi dodatno opteretio, ako pacijenti nakon 72 sata nisu u stanju da procene šta je u njihovom interesu, a po mišljenju konzilijuma bez daljeg lečenja bi nastupile ozbiljne posledice po pacijenta i druge, pismenim putem se obavesti sud, da bi se moglo primeniti lečenje mimo volje pacijenta. Tri dana nakon prinudnog dovođenja i prinudnog zadržavanja na psihijatrijskom odeljenju 4 pacijenta (3%) nisu prihvatila dalje lečenje. U tim slučajevima obavešten je nadležni opštinski sud, koji je u roku od 24 sata došao na psihijatrijsko odeljenje, i u najkraćem zakonskom roku doneo odluku o daljem zadržavanju duševno obolele osobe. Sud je sa svoje strane pridao dužnu zakonsku obavezu i postupio u skladu sa zakonom. Iako su mnogi psihijatri protiv sudskog postupka, iz našeg iskustva kontrola je potrebna i zbog pacijenata, rodbine, kao i zbog sprečavanja eventualne zloupotrebe.

Nakon prinudne hospitalizacije 74 pacijenta (56%) ostaje na bolničkom lečenju do 15 dana, 39 pacijenata (30%) ostaje do mesec dana, a 19 pacijenata (14%) je na bolničkom lečenju preko 30 dana. Dobijeni podaci su u skladu i sa podacima iz prethodnih godina (6). U literaturi nalazimo različite podatke u vezi sa dužinom hospitalizacije (19). Mnogi naglašavaju da

uvođenjem savremene terapijske procedure dolazi do skraćenja hospitalizacije i brzog vraćanja u socijalni i porodični milje (14). Zahvaljujući efikasnoj saradnji psihijatrijske službe sa odgovarajućim institucijama, a u cilju bolje i efikasnije kontrole prinudnog dovođenja i prinudne hospitalizacije, naši pacijenti nakon bolničkog lečenja prihvataju ambulantni tretman, kao i kontrolu nadležnog Doma zdravlja i Centra za socijalni rad. Tako u svakom trenutku postoji dobra informisanost o svakom pacijentu.

ZAKLJUČAK

Uvođenjem mera za sprovođenje prinudne hospitalizacije duševnih bolesnika na psihijatrijskom odeljenju ZC Valjevo, a u skladu sa važećim zakonskim propisima od 1. novembra 2002. godine vrši se registracija i kontrola svih prinudnih dovođenja i prinudnih hospitalizacija.

Analiza sprovedenih mera prinudne hospitalizacije ukazuje na povećanje broja prinudnih hospitalizacija u odnosu na ranije godine, a smanjenje broja ponovnih prinudnih dovođenja i zadržavanja na psihijatrijskom odeljenju. U periodu od godinu dana, na psihijatrijskom odeljenju ZC Valjevo prinudno se dovodi 58% muškaraca i 42% žena, najčešće životne dobi od 40 do 49 godina. Za 83% prinudno dovedena lica napisan je nalog za privođenje od lekara iz nadležnog Doma zdravlja, ili neuropsihijatra psihijatrijskog odeljenja. Nakon obavljenog pishijatrijskog pregleda, 9,58% pacijenata se ne zadržava na bolničkom lečenju. Veliki broj prinudno hospitalizovanih pacijenata dijagnostikuje se kao F20-29. Nakon prinudne hospitalizacije 56% pacijenata ostaje na bolničkom lečenju do 15 dana.

Po prinudnom dovođenju, o daljem tretmanu pacijenata odlučuje konzilijum psihijatrijskog odeljena, koji na svakih 15 dana pismenim putem obaveštava Nadzorni stručni organ ZC Valjevo. U cilju zaštite ljudskih sloboda i prava psihijatrijskih bolesnika neophodna je kontrola sprovođenja zakonom regulisanih mera prinudne hospitalizacije. Nadzorni stručni organ ima važnu ulogu u kontroli rada psihijatrijske službe i sprovođenja zakonskih propisa, a ujedno prima i žalbe pacijenata i njihovih zakonskih zastupnika na sve postupke psihijatra.

Psihijatrijska služba je nakon 72 sata po prinudnoj hospitalizaciji, zbog neprihvatanja lečenja, a u cilju zaštite od agresivnog ponašanja i neophodnosti daljeg lečenja, u 3% slučajeva obavestila opštinski sud u Valjevu. Sud je u roku od 24 sata po prijavi, izašao na psihijatrijsko odeljenje i u najkraćem zakonskom roku doneo odluku o daljem zadržavanju pacijenata.

Nakon izlaska iz bolnice, nadležne Centre za socijalni rad i Domove zdravlja obaveštavamo o otpuštanju pacijenata iz bolnice, radi boljeg uvida u stanje duševnog zdravlja prinudno dovedenog i hospitalizovanog pacijenta.

General article
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MEASURES OF INVOLUNTARY HOSPITALIZATION OF MENTAL PATIENTS – EXPERIENCES OF THE PSYCHIATRIC DEPARTMENT, HEALTH CENTER VALJEVO

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Abstract: The paper analyses the application of measures of involuntary hospitalization of mental patients at the psychiatric department of the Health Center in Valjevo, according to law regulations in our country. During the one-year period, we have noticed an increasing number of involuntary hospitalizations as compared to the previous period, and a reducing number of repeated involuntary admissions and hospitalizations at the psychiatric department. All involuntary admitted patients are examined by the department psychiatrist who makes the decision concerning their involuntary hospitalization. 9,58% patients are not further hospitalized after the psychiatric examination. Involuntarily hospitalized patients are at the age of 40 to 49. Significant number of patients is diagnosed as F20-29. On the following day, and in case of holiday or weekend, on the first working day, the psychiatric department commission decides on the further course of treatment of involuntarily admitted patients. In 3% of the cases, when even after 72 hours the patients do not accept this way of treatment, the municipal court is informed; within the next 24 hours, the court sends an expert team to the department, which, in the time period prescribed by law, makes a decision on further keeping the patient in hospital. At the Health Center Valjevo a supervising board has been established, which is to be informed on all involuntary admissions, involuntary hospitalizations and all possible problems.

Key words: *involuntary hospitalization, law regulations, supervising board.*

INTRODUCTION

Hospitalization of mental patients is only a phase in the treatment and socialization. It can be voluntary and involuntary. Involuntary hospitalization implies compulsory admission and commitment of mental patients to psychiatric institutions, without their consent.

Involuntary admission of patients, or involuntary hospitalization, is one of the most delicate problems in psychiatric practice. The problem of involuntary hospitalization is specific to psychiatric patients and the most frequent motive for severe public criticism, due to which psychiatry is being accused of suppression and abuse of human rights and freedoms (1, 2). Involuntary hospitalization is a borderline problem between psychiatry and law (3).

Involuntary hospitalization is not banned in any country. It is stressed that it is a unique procedure in legislation, where a prevention of illness is performed because of an act that has not been done (4). For an intervention as delicate as this, clear criteria and protection is necessary, since involuntary admission and detention of mental patients in a psychiatric institution, without their consent, is a serious breach of human rights and basic freedoms of the patients.

The procedure of admitting mental patients to psychiatric institutions, as well as their rights and obligations, is regulated by laws. The law determines authority, guarantees and duties of the court and the psychiatric institution. The laws regulating involuntary admission of mental patients to psychiatric institutions in our country are: The Law on Extra-Judicial Proceedings of the Republic of Serbia, in force since the 4th of March 1982, and the Law on Health Protection of the Republic of Serbia, of the 25th of March 1992. Basic documents serving as parameters for evaluation of the rights of mental patients in the world are the Hawaii Declaration (1977), Madrid Declaration (1995) and the Declaration of the United Nations (1991) on the rights of mental patients. Treatment of mental patients in accordance with these declarations is obligatory for psychiatrists all over the world. The Hawaii Declaration emphasizes the need to respect dignity of all human beings, allowing them the right to make their own decisions regarding their life and health, the right to medical treatment, protection in criminal proceedings, and all civil rights (5).

METHOD

The aim of our study is to establish and apply measures of involuntary hospitalization of mental patients at the psychiatric department of the Health Center Valjevo, according to the valid law regulations, as well as to analyze the measures of involuntary hospitalization applied in the period of one year.

In order to regulate protection of basic freedoms, human and civil rights of mental patients, and to establish efficient mechanisms for their application and control, in accordance with valid regulations, we introduced a series of measures for conducting involuntary hospitalization of mental patients at the psychiatric department of the Health Center Valjevo. The basic documents we used to draft the measures are: the Hawaii Declaration (1977), the Declaration of the United Nations (1991), The Law on Extra-Judicial Proceedings of the Republic of Serbia (1982), and the Law on Health Protection of the Republic of Serbia (1992).

The application of measures began on the 1st of November 2002.

The measures for conducting involuntary hospitalization of mental patients (psychiatric department of the Health Center Valjevo)

1. The psychiatric patient must be given information on the method and type of treatment that will be applied. He/she is free to accept or refuse the treatment at his/her own will.
2. In case of patients who, due to mental illness, are not able to judge what their best interest is, and if without the treatment serious damage to the patient and to others might occur, the treatment is applied without patient's consent.
3. On report from the patient's family, friends, neighbors or other persons, and after a specialized neuropsychiatrist or psychiatrist has assessed that the nature of the patient's mental illness is such as to present a threat to his own or other person's life or property, an order can be given for involuntary admission of the patient to the psychiatric department of the Health Center Valjevo. If the order is given by a general practitioner or a specialist in other branch of medicine in the Health Center, it is his duty to submit a written explanation of the reason for involuntary admission of the patient to the psychiatric department of the Health Center Valjevo, together with all the available documentation.
4. After the psychiatric examination of the involuntarily admitted person, the department neuropsychiatrist or psychiatrist makes the decision, and explains it in writing, concerning the further course of treatment. If there is a danger of the patient harming either himself or others, due to severe mental disease and impaired judgment, he/she will be kept for treatment at the psychiatric department of the Health Center Valjevo.
5. The doctor has the right to admit the patient or to refuse the request for hospitalization, based on his expert judgment and accepting his part of the responsibility.
6. If the involuntarily admitted patient is committed to the psychiatric department, the department technician enters the following

data into a special protocol: the patient's data: name, (father's name), last name, ID card number, personal identification number, address, present work post and place of employment and work organization. Information about the doctor who admitted the patient, the diagnosis he was admitted with. Information about the person who brought him: name and last name, ID card number (for law enforcement officers, badge number), relation to the patient.

7. On the following day, or, in case the involuntary hospitalization occurred during weekend or holiday, on the first working day, after examining the patient and informing him of his rights, the psychiatric department commission decides whether the patient should be kept in hospital for treatment at the psychiatric department of the Health Center Valjevo, or referred to treatment in some of the closed type psychiatric institutions.
8. Supervising board of the Health Center Valjevo was established, consisting of a jurist, a neuropsychiatrist or a psychiatrist, a social worker and the head of the Valjevo Hospital.
9. The psychiatric department personnel of the Health Center Valjevo is obligated to inform the supervising board, in writing and every two weeks, about the involuntary admissions and hospitalizations of patients at the psychiatric department of the Health Center Valjevo.
10. If three days after the involuntary hospitalization the patient still does not accept treatment (and the involuntary treatment is necessary for supervision and protection from aggressive and violent behavior), the Health Center Valjevo psychiatric department is obligated to report involuntary hospitalization of the patient to the Municipal Court in charge.
11. The report should contain information about the admitted person, the person who brought him/her to the Health Center, and, if possible, the nature and degree of illness, together with the corresponding medical documentation.

DISCUSSION

The procedure of involuntary admission and involuntary hospitalization of mental patients is complex and full of dilemmas, since psychiatry as a science does not have valid instruments to foresee whether a danger to the patient or to others will occur or not.

By introducing measures of conducting involuntary hospitalization of mental patients in the Health Center Valjevo, on the 1st of November 2002, in accordance with valid regulations, more attention is being paid to this problem. Detailed records are kept on all involuntary admissions and

involuntary hospitalizations of patients, as well as on protection of their rights.

Within the 12-months' period, by ambulance and escorted by the police, 146 persons were involuntarily admitted to the psychiatric department of the Health Center Valjevo, all in all, 58% male, 42% female, which is in accordance with earlier records (6), and with the data obtained by other authors (7, 8). Thus, in the period of one year, we had 132 involuntary hospitalizations (17%) and 628 voluntary hospitalizations (83%).

In the period before the measures of involuntary hospitalization were introduced at the psychiatric department of the Health Center Valjevo, there were 8.9% to 15.5% involuntary hospitalizations per year. The increase in number of involuntary hospitalizations can be explained by the increased number of patients reporting to the department, as well as more efficient registration, introduction of special protocols, and processing of all involuntary admissions and hospitalizations in the department.

Involuntary hospitalizations occur throughout the world. For example, a research of the Center for Mental Health in Mannheim shows 2.8% to 44% of involuntary hospitalizations in the European countries (9), and a Nordic study shows the percentage of involuntary hospitalizations to be 32% to 53% (8). According to data presented by Turčin (1), there are 30% to 90% of involuntary hospitalizations. After the involuntary admission to the psychiatric department of the Health Center Valjevo, 115 patients are involuntarily hospitalized. The patients are from the age of 19 to over 60 years old. The most often age of the patients is 40 to 49, which agrees with the earlier recorded data of the Health Center Valjevo psychiatric department (6), and with the data obtained by other authors (7, 14).

The Law on Health Protection of the Republic of Serbia, Article 10, states: „When a specialist in psychiatry or neuropsychiatry concludes that the nature of mental illness is such as to present a threat to the patient's life, or to life and property of others, the patient can be referred to hospital treatment, and the medical doctor in charge of the corresponding inpatient health institution will admit the patient to hospital for treatment." (10).

In 28% of the cases in our department, the order for involuntary admission was issued based on the report made by relatives, neighbors or home visiting doctors. In 55% of the cases, a doctor of the local Health Center has written the necessary information about the patient who is being referred to and involuntarily admitted to the psychiatric department. The staff has filled out the necessary forms for referring the patient to a psychiatric examination against his will, with all the necessary data. Even though detailed instructions have been sent to Health Centers, in 17% of the cases we don't have the necessary documentation of the reason why the patient was involuntarily admitted to the psychiatric department.

All the involuntarily admitted patients are examined by the department neuropsychiatrist or psychiatrist in charge, who decides if the person will be kept for treatment. There is a serious dilemma about whether the patient should be forced to hospital treatment or not. Medical workers must be careful when deciding on right and wrong, on what is allowed, and what is bad for the patient and the community (11).

One of the basic human rights is the patient's right to be informed about his illness and the possibilities of treatment. The psychiatrist should assess whether the patient is able to understand information concerning his illness and competent to make the decision to be hospitalized. Every patient involuntarily admitted and hospitalized at the psychiatric department is being informed on the method and type of treatment. When the patient is not able to express willingness, to judge what his best interest is, or when he presents danger to himself and to others, involuntary hospitalization is allowed, for observation based on findings and opinions of the doctors (5).

In many countries, involuntary hospitalization is regulated by legal provisions. For example, in Ontario (12), for a mental patient to be involuntarily hospitalized, it is necessary to establish if he has threatened or tried to harm himself, if he has acted violently to others, or caused or still is causing fear and showing lack of competence to take care of himself. In other parts of Canada, in order to forcedly commit someone to a health institution, the following conditions have to be fulfilled: the person has to be a mental patient, in need of the suggested treatment which is likely to improve his condition, the treatment has to be refused, the illness has to be such as to result in danger to the patient or to others, or in permanent change of mental health.

In our case, after the involuntary admission and psychiatric examination, 14 patients (9.58%) were not kept for hospital treatment. The doctor in charge was of the opinion that there were no indications for their involuntary hospitalization at the psychiatric department. 132 persons (90.42%) were kept for further treatment. On the following day, or, in case of weekends or holidays, on the next working day, the psychiatric department commission decides upon further course of treatment of the involuntarily hospitalized person.

According to Article 46 of the Law on Extra-Judicial Proceedings of the Republic of Serbia, involuntary admission requires presence of two witnesses, literate and able to work, which must not be court officials or health care workers, nor blood relatives of the admitted person (13). However, due to organizational problems, all admissions to the psychiatric department of Health Center Valjevo have been made without such witnesses.

Involuntarily hospitalized patients have been diagnosed according to the ICD 10 WHO classification, and placed into following categories: F00-09, F10-F19, F20-F29, F30-F39, F40-F48. A significant number of 86 pa-

tients (74%) have been diagnosed in the category F20 – F29, and the least number, 2 patients (2%), have been diagnosed as F40 – F48. The collected data correspond with the ones from the previous years, as well as with the data collected throughout the world, pointing out that two thirds of involuntarily hospitalized patients have a psychotic disorder, and a significant number of patients suffer from schizophrenia (7, 8, 14, 15, 16).

In the one-year period, a significant number of patients are involuntarily admitted and involuntarily hospitalized once, and 10% of the patients are involuntarily admitted and hospitalized two or more times. In the previous years, there were 10% - 23% of the patients involuntarily admitted and hospitalized at the department several times (6). Repeated involuntary hospitalizations cause the mental patients to isolate themselves more often, to leave their families and live alone (17). Now they are given closer attention, in order to reduce the number of involuntary admissions and hospitalizations. Many authors point out that with the psychiatric institutions becoming more open and with the introduction of treatment within the community, the number of involuntary hospitalizations will be reduced (18).

After every involuntary admission and hospitalization, and after the completion of hospital treatment, the local Welfare and Health Centers receive our report on the patient's release from hospital. Our aim is to motivate the patients to report to the regular control examinations, to take their medications and improve their social functioning. Our one-year experience has proved this to be efficient, since the number of repeated involuntary admissions has been reduced and the patients report to control examinations in the outpatient department much more frequently.

The Hawaii Declaration stipulates establishment of the independent multidisciplinary bodies with the purpose to observe and further improve the principles and guarantees of the protection of mental patients. In the Health Center Valjevo, we have established the supervising board, consisting of a jurist, neuropsychiatrist or a psychiatrist, social worker and the director of the Valjevo Hospital. Every two weeks, the psychiatric department informs the supervising board of the Health Center Valjevo, in written form, on the involuntary admissions, involuntary hospitalizations and all the related problems, if any.

By questioning the legitimacy of the involuntary hospitalization, it is made sure that it is not only the doctor who makes the decision regarding involuntary hospitalization, but also the officials of the health institution. Six months after introducing the measures of involuntary hospitalization, the supervising board has organized a work meeting. Representatives of the Podrinje - Kolubara region Health Centers, Welfare Centers and the Ministry of Internal Affairs, as well as the psychiatric department of the Valjevo Health Center, took part in this meeting. In that way, a better cooperation with the organizations and persons in charge was established, and more at-

tention was given to the problem of involuntary admission and involuntary hospitalization of mental patients.

There is a serious dilemma about whether the decision on involuntary hospitalization should be made by the psychiatrist only, or the court supervision is needed too, and when would the right time to report to the court be (1, 19). In Germany, legal provisions for reporting involuntary hospitalizations to the court are different in different areas. Research shows that by reporting involuntary hospitalization to court within 72 hours of the involuntary admission, the number of patients committed by court order is reduced by approximately 50% (20). In order to reduce pressure on the courts, an arrangement has been made with the judges of the Municipal Court in Valjevo: if after 72 hours the patient is not able to judge what his best interest is, and the commission believes that without further treatment serious consequences might occur, both for the patient and for others, the court is informed in writing and the treatment is applied without patient's consent. Three days after the involuntary admission and hospitalization at the psychiatric department, 4 patients (3%) did not accept further treatment. The Municipal Court was informed about it and, within 24 hours, a team of experts was sent to the department in order to make a decision, in the time period prescribed by law, regarding the further hospitalization of the mental patient. The court has observed its legal obligation and acted according to law. Although many psychiatrists are against court proceedings, our experience has shown that control is necessary, both because of the patients and their relatives, but also as prevention of malpractice.

After the involuntary hospitalization, 74 patients (56%) remain in hospital for treatment up to 15 days, 39 patients (30%) up to one month, and 19 patients (14%) are treated in hospital for more than 30 days. The data received are in accordance with the data collected the previous years (6). The references show different data concerning length of hospitalization (19). Many authors point out that introducing modern therapy procedures reduces the length of hospitalization and speeds up the patient's return to his social and family network (14). Thanks to the efficient cooperation of the psychiatric department and the corresponding institutions, with the aim to provide for a better and more efficient control of involuntary admission and hospitalization, our patients, after being released from hospital, accept treatment in the outpatient ward, as well as the control done by the local Health and Welfare Center. In that way, we always have necessary information on each patient.

CONCLUSION

After introducing the measures of involuntary hospitalization of mental patients at the Valjevo Health Center psychiatric department, in accordance with the legal provisions in force, since the 1st of November 2002,

records are kept and control is performed of all the involuntary admissions and involuntary hospitalizations.

Analysis of the applied measures of involuntary hospitalization shows that the number of involuntary hospitalizations has increased as compared to previous years, and the number of repeated involuntary admissions and hospitalizations at the psychiatric department has decreased. In the period of one year, 58% men and 42% women are involuntarily admitted to the psychiatric department of the Valjevo Health Center, most of them being at the age of 40 to 49. For 83% of the involuntarily admitted persons, the admittance order was issued by a doctor at the local Health Center, or by a neuropsychiatrist at the psychiatric department. After the psychiatric examination, 9.58% of patients are not kept for further psychiatric treatment. A highly statistically significant number of involuntarily hospitalized patients are diagnosed as F20-29. After the involuntary hospitalization, 56% of patients remain in hospital for treatment up to 15 days.

Upon the involuntary admission, the commission of the psychiatric department decides on the patient's further treatment, and sends reports to the supervising board of the Health Center Valjevo every 15 days. In order to protect human rights and freedoms of the mental patients, it is necessary to control the application of measures of involuntary hospitalization, according to law. The supervising board holds an important role in controlling the work of psychiatric departments and observing legal provisions, and, at the same time, it processes complaints on any action of the psychiatrists, lodged by the patients and their legal advisors.

In 3% of the cases, when 72 hours after the involuntary hospitalization the patients did not accept the necessary treatment and when the protection was needed from the aggressive and violent behavior of the patient, the psychiatric department informed the Municipal Court in Valjevo. Within 24 hours from the report, the Court sent experts to the psychiatric department and, in the shortest possible time, made the decision regarding further hospitalization of the patient.

After the patient's release from hospital, we inform the local Welfare and Health Centers, in order to gain better insight in the state of mental health of the involuntarily admitted and hospitalized patient.

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