International Journal of Autism

E-ISSN: 2710-3927
P-ISSN: 2710-3919
IJRSE 2023; 3(2): 25-27

www.rehabilitationjournals.com/autism-journal/
Received: 10-05-2023
Accepted: 17-06-2023

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The most unwanted patients: A commentary

Hani Raoul Khouzam

Abstract
There may be some common and general assumptions suggesting that patients with mental illness and psychiatric conditions would present to emergency care with medical complaints that are solely a manifestation of their underlying psychopathology. This commentary illustrates three case studies that describes the dire consequences and the medical complications of these assumptions and behoove emergency department clinicians to thoroughly evaluate the medical complaints of psychiatric patients to prevent possible grave complications and undesirable clinical outcome of such practices.

Keywords: Unwanted patients, commentary, healthcare

Introduction
In the daily and hectic practice of emergency medicine there may be a tendency to label patients who had prior psychiatric diagnosis or who have received psychiatric treatment as "psychiatric cases" [1]. Although this tendency has diminished over the past few years due to the implementation of various clinical guidelines and the changes associated with reimbursement by insurance companies for the rendering of psychiatric emergency care [2]; there are still existing notions that the physical and medical complaints presented by patients with mental and psychiatric conditions are only a manifestation of their underlying psychiatric disorders. In reality psychiatric patients are not immune from developing physical and medical illnesses [3].
In today's overcrowded and most often understaffed emergency rooms (ER) there are inclinations of hastily triaging psychiatric patients complaining of physical symptoms to psychiatric facilities without undergoing a thorough and comprehensive medical evaluation [4].
The following clinical case vignettes illustrate the possible grave complications and undesirable clinical outcome of such practices.

Cases Presentation
Case A: A 22-year-old single female was found unconscious on the kitchen floor of a foreclosed home. A passerby who happened to look through the window of that abandoned home noticed her. Ambulance services were summoned to the scene and transported her to the close by emergency room. While laying on her stretcher she regained consciousness. Upon arrival to the ER, she informed the emergency room triage nurses that she has been using lately "too much wine and crystal meth". After performing a cursory physical examination which was described as "unremarkable", her medical records documentation labeled her as "a drug addict" and she was transferred to the psychiatric emergency crisis intervention center. Upon arrival to that center, she became unconscious. A comprehensive medical evaluation revealed that the patient had a left temporal subdural hematoma [5] which required prompt transportation to a tertiary care medical hospital where she undergone an emergency neurosurgical operation. Fortunately, the patient recovered and received physical rehabilitation treatment to regain functioning of her left arm.

Case B: A 46-year-old homeless male who has documented history of paranoid schizophrenia went to a local ER complaining of chest pain and difficulty breathing. While waiting in the ER reception area he approached some of the staff asking for "empoisoned snack and 2% transparent milk"! This unusual request raised the concerns of the triage nurse who proceeded to ask the security officer to take protective custody of the patient and to transfer him to the psychiatric emergency department. During the psychiatric interview the patient had several episodes of coughing with profuse production of greenish-yellow

sputum. A chest X-ray was performed and showed bilateral basal infiltrate of his lungs. Due to the patient poor overall general health and malnutrition he was admitted to the hospital for hydration and treatment of atypical pneumonia [6].

Case C: A 33-year-old female was brought to the ER by her mother. The mother expressed well sounded concerns about the possibility that her daughter may be in labor. During the history taking the daughter mentioned that she is hearing voices telling her that somebody in the hospital is planning to murder her unborn baby. On appearance the daughter did not present with symptoms to suggest that she was pregnant. She did not have a physical examination she was labeled as being "psychotic". She did not express any intention to harm herself or harm others and was not gravely disabled so she did not meet criteria for an involuntary hold and her mother was advised to make an appointment with a mental health center for treatment of her auditory hallucinations. Despite the mother reluctance to accept these recommendations, she was persuaded and instructed to leave the ER with her daughter and was given the address of the mental health center. It was still early in the day, and she was able to have same-day appointment at the mental health center. During the initial psychiatric evaluation, the patient's mother informed the psychiatrist that she is sure that her daughter is pregnant and may have a premature delivery and that this was her first pregnancy. She has not had any prenatal care and there is a history of elevated blood pressure during pregnancies on her maternal side of the family. An emergency obstetric consultation was obtained which confirmed that the daughter was considered in a first stage of pre eclampsia [7] and was admitted to the obstetric department of the same hospital where she was earlier seen in its ER. Fortunately, the patient did not develop any medical complications and delivered healthy baby girl.

Discussion

Several patients with mental illness and underlying psychiatric disorders could be hastily discharged from ERs due to the assumption that their physical or medical complaints are not genuine and are just a manifestation of their underlying psychiatric conditions. Additionally, many patients with mental illness may frequently visit ERs and are considered a burden on staff and providers of ER services are busy and concerned about providing immediate care to real "medical emergencies" [8]. Consequently, psychiatric patients may be undesirable" psychiatric cases" [1] and" unwanted patients" due to their odd behaviors or unreliable symptoms presentation. It is saddening to know and to realize that many of these "unwanted patients" are frequently relegated back to the streets or placed under temporary custody of security officers and in many cases, sent to mental health centers or psychiatric facilities without an adequate medical evaluations of their presenting physical complaints and declared medically cleared [9].

With the rising cost of healthcare and increased number of individuals who do not have mental health insurance or are under insured the list of unwanted patients and "psychiatric cases" could steadily increase. Subsequently this would have profound implications on the wellbeing of these patients if they were referred to mental health centers and psychiatric facilities prior to undergoing a comprehensive medical evaluation of their presenting symptoms which may not be necessarily a manifestation of their underlying psychiatric disorders. The practice of conducting cursory medical evaluation could be based on the assumption that the physical complaints of patients with psychiatric disorders are not related to underlying medical conditions but just a manifestation of their mental illness.

The cases illustrated in this commentary fortunately all ended with a positive outcome and eventually the patients received proper medical care. This outcome is considered an exception rather than the rule and one is left wondering about what could have happened if the urgent medical interventions were delayed or were not readily available. It would have been morally and humanely unsociable to imagine the fate of these patients.

Conclusion

It is sobering and encouraging to realize that most providers of ER care perform comprehensive evaluation and intervention of the patients that seek emergency and urgent care [9]. The concept of patient with mental illness as being "unwanted patients" is not wildly prevalent however it continues to exist in the mind of some medical providers. Physicians are and in need to remain the forefront advocates of the patients they care for regardless of their underlying mental illness. Physicians have the moral and ethical obligations to function to the best of their abilities despite the burden of a high volume of patients, the increasing demands of electronic medical records documentation and the ongoing staff shortages. The best possible interest of the so-called "unwanted patients" and psychiatric cases is fundamental to the practice of medicine that focuses on "who is the patient as opposed to what is that patient's diagnosis". The "unwanted patients" could be the disfranchised, the destitute, the abandoned and the mentally afflicted of our society. It is possible that society in general would find excuse to reject the notion that it is its responsibility to care for these unfortunate individuals, however physicians are bound by the tenants of their time-honored profession to always serve the sick [10], who are fearful and may be at a dire need of care even if they are "unwanted". Physicians should and must base their clinical decisions on their patients presenting complaints regardless of their status or their underlying mental illness.

It is hoped that medical practice will continues to abide by its mission as a profession of care, compassion, and healing and that there will be no more "unwanted patients" despite the assumption that patients with mental illness and psychiatric disorders initially referred to as "psychiatric cases" do not have acute or emergent medical emergencies. Conventional wisdom that is grounded in reality and clinical prudence confirm the very simple fact that mental illness does not grant its bearer an immunity from the development of medical or physical illness.

Conflict of Interests

The materials described in this article are those of the authors and do not reflect the views of the Department of Veterans Affairs, the VA Central California Health Care System, THE VA Palo Alto Health Care System, or the UCSF Fresno Medical Education Program, California.

Acknowledgements

Sincere appreciation, thankfulness and gratitude to family, friends and colleagues for their support and encouragement.

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