

Chapter 27

Diagnosis: Paranoid Schizophrenia

The patient appears to be hallucinating.

The patient seems to hear voices.

The patient seems distressed.

On February 11, 1994, Luise was diagnosed with schizophrenia.

Luise became a 'schizophrenic' within two hours of being admitted to the National Hospital.

What happened was that on February 8 she again absconded from the National Hospital and came home to me.

I well remember your arrival home. It was very strange. You could hardly stand on your feet. You sat down, threw up all over the place, and then fell into a deep sleep that lasted hours.

As soon as you woke up, I immediately started trying to persuade you to return to the hospital. I tried to convince you of how dangerous it could be to suddenly stop the medication. And you hadn't brought your pills home with you.

You wouldn't go back. You got mad at me, went over to your own apartment and locked yourself in.

You never told me the reason why you ran away. I first learned this later from your chart: For three weeks you'd been strapped down and forcibly medicated – and you'd just had enough.

Had I known this, I would have better understand your decisive response.

I'd visited you during the three weeks you'd been strapped down, but no straps were visible during visiting hours, so I didn't have a clue.

You ran home, where I, oblivious of what you'd been through, asked you to go back to 'your hell'.

Why wasn't I allowed to know that you'd been strapped down?

No wonder you often felt I didn't help you.

Now I understand why you reacted like that

That you went to your apartment and locked yourself in.

I now know your anger was a reaction to my wanting to send you back to the appalling conditions you'd just escaped from.

But I got scared when you wouldn't open your door for me during the next three days.

I saw your anger and rejection as a product of your desperation. I was petrified at the thought that you might try to take your own life for a third time in the 18 months you'd spent at St. Hans Hospital.

Our family doctor, who knew of your previous suicide attempts, couldn't get you to open the door either. She suggested forced hospitalization.

I must admit I was relieved at this proposal, because I was afraid of losing you, my sweet.

The doctor phoned the National Hospital, and you were admitted with 'yellow papers', the procedure used when it is thought the chances of improvement would deteriorate markedly without in-patient treatment.

Luise was picked up by the police after lunch and taken to the National Hospital. The officers were friendly. They came back and told me everything had gone calmly.

Luise was at the hospital for at most two hours before being transferred to St. Hans Hospital. Yet the psychiatrist could write two and a half pages of chart notes about what she supposed had happened. She could have asked Luise, or me, or Luise's doctor.

The two pages of chart notes resulted in Luise being diagnosed with a very serious condition – paranoid schizophrenia.

According to the February 11 chart: Diagnosis at admission: paranoid psychosis.

The same day two hours later: Diagnosis at discharge: paranoid schizophrenia.

I will try to shed light on how easily one can be stigmatized by a diagnosis that can never be erased from one's paperwork. In Luise's case, as far as I can see, it happened in the absence of any real conversation between her and the psychiatrist.

For example, it says in the chart: 'As far as we know, the patient was found by the police.' The psychiatrist surely must have known that Luise was picked up by the police in her apartment by arrangement with her doctor.

Regarding her medical history, the chart says, 'Medical history cannot be detailed. The patient has a toothache and overall body pains, but doesn't wish to talk about it.'

Later it says: 'Badly compromised contact capability, both formal and emotional. Seems tormented by her condition, appears hallucinatory, looking for things in the street. Looks as if she's hearing voices. Appears to be severely psychotic.'

This may well be a competent description of someone who is severely mentally ill. But it is just a standard description that most likely appears in all the medical records of patients diagnosed with schizophrenia or psychosis.

It was clear from the February 11 chart note that the only thing Luise had said during this short stay was that she had toothache and body pains. The rest was the psychiatrist's assumptions about how she felt.

If the psychiatrist had tried to talk with Luise, she would have learned why Luise had run away from St. Hans Hospital, namely, because she had been forcibly medicated and strapped in her bed for 20 straight days.

The psychiatrist could have learned when Luise had run away, and then know how long she had been without medication. The psychiatrist did not know and apparently never investigated what medication Luise normally took. So she gave Luise a random dose of four antipsychotic drugs plus a sedative. Among the four preparations were Cisordinol, from which Luise had already been seriously poisoned and therefore should not be taking.

To me it's very disturbing that care providers, the very people who should be alert to the effects of these strong brain medicines, go handing it out just like candy. This is the exact opposite of what the Board of Health regulations stipulate. The rule makes it clear that you only administer one antipsychotic at a time. However, it is acceptable to administer two drugs if there are well-documented reasons.

When Luise returned to St. Hans Hospital, they put her in a different ward from the one she had taken flight from. In the new ward, they didn't know what medicine Luise had been on at the National Hospital or in the other ward, so she was again given four new, powerful anti-psychotic drugs. This meant that within five days her medication had radically changed three times. It is not particularly reassuring that doctors are so blasé about these dangerous drugs.

Luise, through all these years you've personally experienced psychiatrists prescribing antipsychotic drugs far too casually. You've always been given more prescriptions at a time, and in larger doses, than recommended. When you still felt bad after a heavy dosing, they just added a little more medication. The medical specialists never seemed to consider the fact that you got worse from the side-effects of large doses of medication, and therefore should have the dosage reduced rather than increased.

Luise's diagnosis was 'paranoid schizophrenia' after this two-hour stay at the National Hospital on February 11.

A brief stay that generated plenty of guesswork about your presumed hallucinations.

A stay where they guessed wrong about what had happened in the days before your admission.

A stay where they wrote up the classic standard description of a schizophrenic.

It does not seem important to the specialists that their chart notes are correct. On the other hand, it is important that something is written down that demonstrates they have 'rendered service'.

The chart is the authoritative document about a patient. If it is enshrined in the record that a person is schizophrenic, it is incontrovertible, whether right or wrong.

A psychiatrist may at any time – and apparently without talking to the patient – issue a diagnosis that can have dire consequences in the patient's future life. This is not very comforting.

The sad thing is simply that this slipshod handling of cases happens all too often, according to what I have since heard from other people.

