ED QUICK QUIZ
WHAT IS THE DIAGNOSIS?

BACKGROUND

58 year old man is brought to the ED by police at 0200. He had phoned NHS 24 after allegedly taking over 100 Paracetamol 500mg tablets with suicidal intent. He has a history of Borderline Personality Disorder (BPD) and polysubstance ODs and is awaiting further psychiatry.

When you go to see him he states his reason for the overdose as, “I want to see a Psychiatrist and it’s not happening quickly enough.” He takes a belligerent attitude and refuses to allow IV access, bloods or treatment. He denies taking any other substances- prescribed or otherwise. When asked about suicidal intent he states, “If I wanted to do it, I know how to do it right.”

QUESTIONS

1. What are you going to do if he continues to refuse treatment?
2. Is there any legislation you could invoke?
3. How do you decide if these are appropriate?

ANSWERS & DISCUSSION

Unfortunately there is no clear cut answer here!

One could argue that someone with a Personality Disorder (PD) has variable capacity and that it is a Psychiatric diagnosis- their core problem is an inappropriate emotional or behavioural response to stressors, which clouds their judgement. When they are in an agitated state they aren't capable of making a rational decision and their otherwise occult psychiatric diagnosis comes to the fore, therefore they are a vulnerable adult.

So potentially there are three pieces of legislation which could be applicable:

- The Adult Support and Protection (Scotland) Act 2007 (ASP)
- The Adults with Incapacity (Scotland) Act 2000 (AWI)
- The Mental Health (Care and Treatment) (Scotland) Act 2003 (MHCT)

In reality however, there is no clear legal precedence.

Best practise is to try and de-escalate the situation, both verbally and non- verbally. Avoid getting involved in an argument, often patients with PD have major issues with authority and it only serves to make the situation worse.

Do **NOT** use any of the above pieces of legislation as a threat, i.e. "If you don't get treatment I will detain you." This constitutes an emergency detention, as no matter what they decide to do, they cannot leave i.e. their liberty has been taken away from them. Now you have a patient who cannot leave until being seen by a consultant psychiatrist, you can't actually treat their physical condition because you haven't proven incapacity and they will become increasingly irate at being forced to stay somewhere they don't want to be.

The majority of PD patients who take an OD do so in small amounts, often seeking the attention that they get as a result of their treatment refusal or admission. Some even have management plans from psychiatry stating not to detain them, unless absolutely necessary. If you phone the first on for psychiatry/ CPNs they can often give you some useful information about the patient's background.

In this case the patient initially didn't believe that Paracetamol was a dangerous medication in overdose. The potential consequences were explained and also that while he could be seen by psychiatry during his medical admission they would not admit him to their ward, even if they thought it necessary, until he was medically fit. He allowed blood tests and the first dose of N- acetylcysteine.
His paracetamol level at four hours was almost 500mg/L and he wisely agreed to continue treatment.