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What to do When your Patient Goes Berserk -

- Manfred Teichler

I was reminded recently that we need to think this through again: what to do when confronted by violent patients. Sensible, normal people had organized strong security for the hospital. There was a huge supply of guns that needed storage – the safest place was the Psychiatric section. One of the patients – he is what is called Mentally Confused, or MC, for short, managed to get into this room and steal one of the guns.

Everything was under control. He didn't know how to use the gun and they caught him anyway. What upsets me about this story is that he was heading straight for our section of the hospital when he was caught. I wasn't asked to help catch him or even to give the injection.

This made me real homesick for my old rural hospital. We did things differently there. We had a large psychiatric wing and had a proper open door policy. Patients went everywhere. The uninformed members of staff complained bitterly about this. How can "these people" just roam around here?, they would ask. Others knew that this was an opportunity to be exploited: the MCs got blamed for everything that went wrong – stolen linen in the laundry, stolen tools in the workshop and out-of-stock items in the central stores.

How does one start recognizing who is who, you might ask, meaning the normal from the abnormal. It takes years of experience. There is that smile, for example: a bit too much and over friendly. There is the clothing. The ones with the white coats are safe – they are doctors. The white dresses are the nurses. After that one cannot be sure.

The lack of clothing gives you a spot diagnosis. I had one such case one evening. I was at home, which was on the hospital premises, when I heard the dogs barking. I had forgotten what cowards the dogs were: when things were really dangerous, they would bark at a safe distance. In this instance it was behind the house.

I ran out of the front door, without a torch and not bothering to put the lights on, not suspecting anything.

He was next to the front door: big and naked. I was three paces past him, before it registered in my brain. By then I had a severe case of cold showers down my back and great trouble stopping the warm showers down my legs.

My heart was in my shoes and saying: "Run!" My brain was racing fast to try and figure out what was going on. Then it reassured me: "He is harmless. They usually are." My brain won over my heart, legs and bladder. All that was needed was to take his hand and lead him to the ward.

The lack of clothing can have therapeutic implications. Gerrit found Mrs MC in his fruit tree: stark naked and not moved by his pleas to come down. Pulling her down didn't work. He did it with serial showers: first cold, then gradually hotter buckets of water. She came down long before 100 degrees.

The doctor's wife can play a role in the management. Leo was in charge of the Psychiatric ward. They loved him. The result was that they visited him at home. His wife was nice to the one frequent visitor, until she found out about his past: (in Leo's words: "He only killed his mother-in-law!")

Since I am now a member of an academic department, I thought I should approach this thing academically. I asked my fellow-intellectuals over tea, how they thought one should deal with this problem.

Peter's reply sounded like real patient-centered stuff: "I always take the MCs seriously and listen to what they say. I might learn something from him or he could make a valuable point."

This could be called the *"point-to-ponder"* – approach. Does it work? Let us test it on real live patients.

Peter told us of one he met while in a rural hospital: it was Dr MC, a colleague. He had been imported from a distant civilized country at great cost. The first sign that something was amiss, was when he pulled out two nails at teatime and said to Peter: "Dr Smuts, you are so crooked that when you swallow this nail, it will come out like a corkscrew." He proceeded to try and swallow one nail just to prove his point.

This approach didn't work either for Dave, who had just arrived at the remote hospital, with little experience and no reputation to help him. He was called to come and see this troublesome MC who had arrived with a whole army of relatives.

Armed only with his white coat and Adrenaline pumping through his veins, he approached the patient to listen to his point. The big patient was quick to make it: a forceful kick into the groin.

Dave sank to the ground without a

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gasp or a sound – the recommended thing to do to protect the dwindling supply of dignity in such circumstances.

The relatives of the MC were quick to make a few points of their own: they beat him up thoroughly. After all, they wanted to make sure he stayed in hospital.

What happened to Dave? He recovered well and he and his growing family can laugh about the incident today.

The real academics in their ivory towers would insist that the only proper thing to do is to do a good mental and physical examination. That is what John tried, when he asked his patient: "Do you sometimes hear voices when there are no people around?"

"Yes, all the time", he replied. "What do they tell you?", John pressed on eagerly, thinking his approach is working. "Calling Dr McCutcheon. Please contact the switchboard." (He had heard the hospital intercom.)