

## PATIENTS' RIGHTS

### where are they ?

For better care of mental patients, a Charter of Mental Patients Rights, and the rotation of staff through the mental health system.



The present Mental Health Act of B.C. is designed to protect the COMMUNITY from the MENTAL PATIENT. We want legislation - particularly a CHARTER OF MENTAL PATIENTS RIGHTS - to protect as well the mental patient from the community.

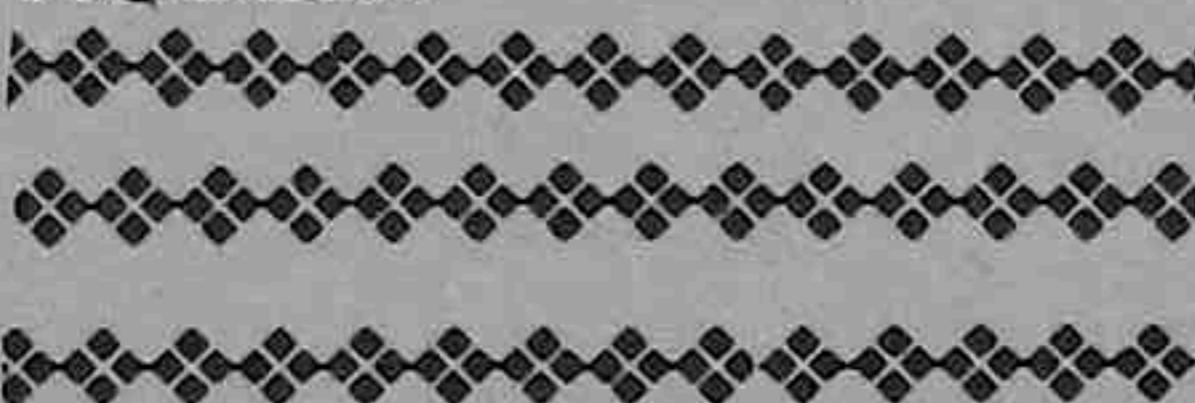
We want a Mental Health Act which serves both patient and community as fairly as humanly possible.

We want an Act which spells out specifically the fine phrases of the Canadian Council on Hospital Accreditation of Mental Health Facilities in Canada: The Mental Health Service SHALL ACKNOWLEDGE THE PERSONAL DIGNITY OF AND PROTECT THE RIGHTS OF THE CLIENT AND THE COMMUNITY; and the Canadian Bill of Rights: ...the right to life, liberty, security of the person and the enjoyment of property and the right not to be deprived thereof EXCEPT BY DUE PROCESS OF LAW.

We want a Charter of Mental Patients Rights and a new Act to incorporate the best ideas and legislation now available to us from Europe, the U.S. and the rest of Canada, because we view this province as in the psychiatric Dark Ages vis a vis mental health legislation reform.

At a well-attended Workshop on Patients Rights held at MPA, May 13, 1977, we put forward a number of Patients Rights for discussion. Throughout this issue of the Nutshell you will find more Patients Rights - from the State of Alabama, from Montreal's Douglas Hospital, from MPA, from the North American Conference on Human Rights and Psychiatric Oppression. We are supplying

our readers with this information hopeful that the government will act on it to bring B.C. mental health legislation and mental health care up to the highest standards.



At the Future Role of Riverview Hospital Seminar, May, 1976, Dr. K. C. Li's paper spoke of psychiatrists who by working in both the community and the mental hospital setting gain an advantage in being able to continue to work with people they have admitted to hospital. Dr. Li also saw the advantages of exchanges between mental health facilities and the community, of social workers, nursing personnel and O/T personnel. He advocated exchange on a rotational basis, filling the gaps in the community/hospital service and removing obstacles to the admission waiting list to Riverview.

Dr. Ralph Shulman of Vancouver General Hospital also told of the importance of rotation of staff through the system because of Riverview's role in treating the more difficult patient.

At the seminar MPA reiterated this stand. MPA's feeling is that institutionalized, entrenched staff in a hospital setting like Riverview resist change; and that being only human they either suffer emotionally in the difficult Riverview environment or become callous and sometimes abusive in their treatment of patients.



A physician is obligated to consider more than a diseased organ, more even than the whole man - he must view the man in his world.

Harvey Cushing.

#### REVIEW PANEL

Any time after admission, an involuntary patient may apply for a hearing by a Review Panel, to which he or she is entitled after 30 days from the date of admission. Most patients, however, are simply discharged on their physician's order.

1.

IN B.C.  
THIS IS  
ALL WE  
HAVE.

#### COURT REVIEW

Anyone, patient, relative, friend or any interested person who believes the patient should not be admitted to, or kept in hospital may apply to the Supreme Court to have the admission reviewed by the court. One is well advised to consult a lawyer with respect to this procedure.

2.

## here they are

MPA, Coast Foundation and VCLAS collected the following "rights" into legislative form from perusing other mental health acts from both Canada and the U.S.

We hope that those in decision-making positions in government will read these rights and others re-printed in this issue of the Nutshell when they formulate a Charter of Mental Patients Rights in B.C.

No person by reason of being a patient shall forfeit the right to civil or criminal legal redress for neglect, mistreatment, assault or any other form of negligent or wilful misconduct.

Emergency medical care shall be given within an institution if in the written opinion of the attending physician of a patient a true medical emergency exists and surgery is necessary to save the life, physical health, eyesight, hearing or member of the patient. The "Director" may give consent if no proper relatives or guardian is available and he cannot obtain the appropriate judicial authority.

Every person detained for evaluation or treatment shall have the right to be visited by his personal physician, attorney and clergyman or any other person, between the hours of 9 a.m. and 9 p.m. except that this right may not interfere unreasonably with the operation of the agency.

A patient shall have the right to enjoy religious freedom and the right to continue the practice of his religion in accordance with its tenets during the detainment, except that this right may not interfere unreasonably with the operation of the agency. Provision for religious worship shall be made available on a nondiscriminatory basis. A resident shall not be coerced into engaging in religious activity.

Any type of photography including video-tape cameras used for providing services or research material shall require the patient's written consent, unless precautions are taken to conceal the patient's identity.

At all hearings a person shall have the right to an analysis of his psychological condition by an independent evaluator who is a licensed physician selected by the patient or by his attorney.

Every person undergoing treatment or evaluation shall be entitled to the rights set forth in the Act and to rights that the department specifies by the rules. A list of patients' rights shall be prominently posted in English and French in all facilities providing evaluation or treatment. In addition, a copy of the list shall be furnished to every patient upon admission to a mental health facility.