COOKING UP IDEAS

Creative Therapeutic Working In Psychiatric Intensive Care

Janet Woodhouse

Jenny Connolly

Overview…

- Why is Engaging In Activity Therapeutic?
- How Occupational Therapists Facilitate Positive Change
- Considerations when Providing Activity in the PICU Setting
- Kitchen Therapy

Why Is Engaging In Activity Therapeutic?

- Promotes Learning
- Provides Role Identity
- Promotes Well-being
- Promotes Change
- Provides Structure
- Promotes A Balanced Lifestyle
- Provides Meaning
- Can Reduce Awareness Of Physical And Psychological Symptoms

How Therapists Facilitate Positive Change

- Naming and Framing Problem Situations
- Recognising Negative Cycles
- Supporting Developing Skills
- Compensatory techniques

Media and Methods of OT in PICU

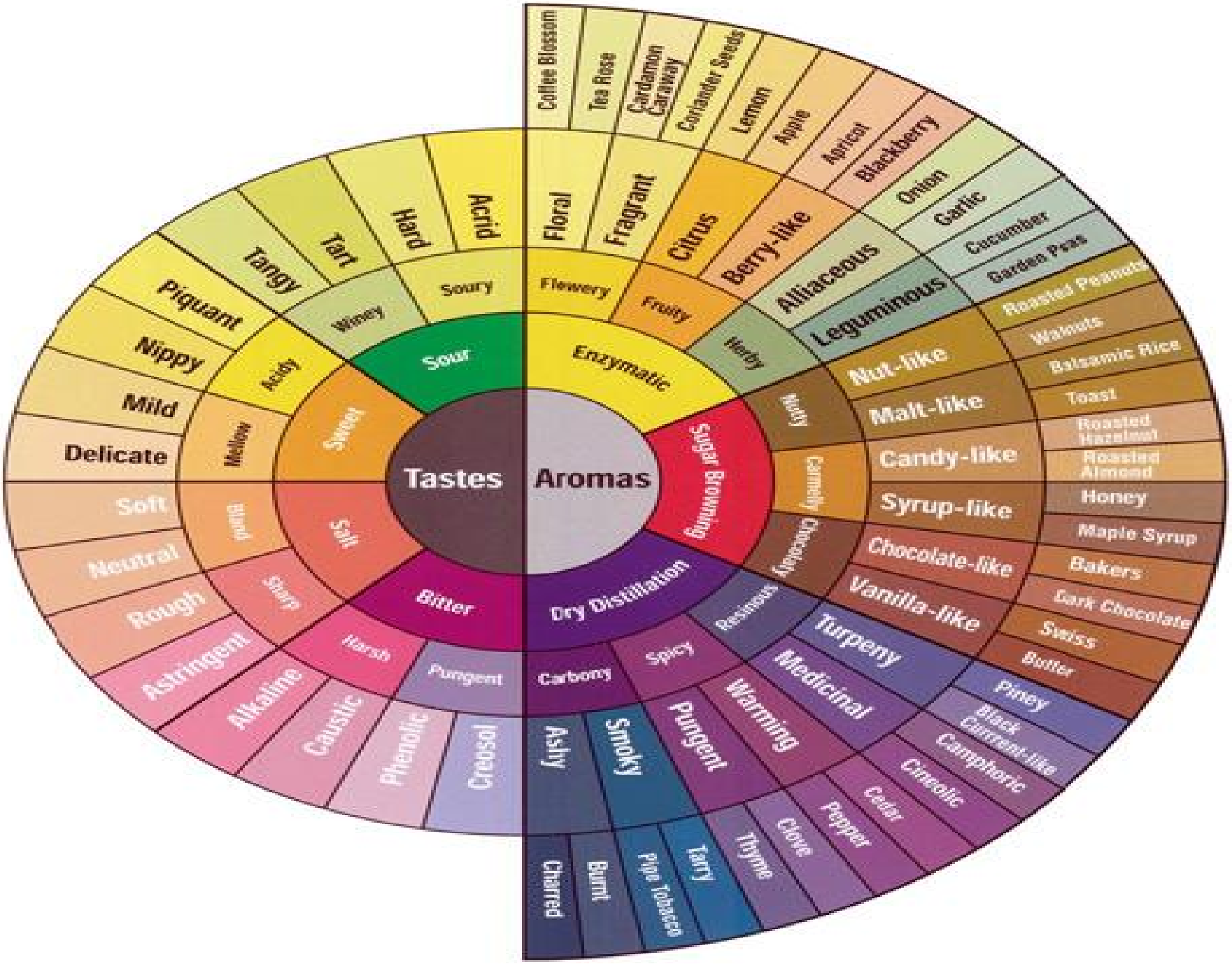
1. Vocational Support
2. Open Groups
3. Cognitive Approaches
4. Creative Activities
5. Individual Support
6. Life Skills
7. Physical Activity

Issues Involved when Providing Activity in PICU Settings

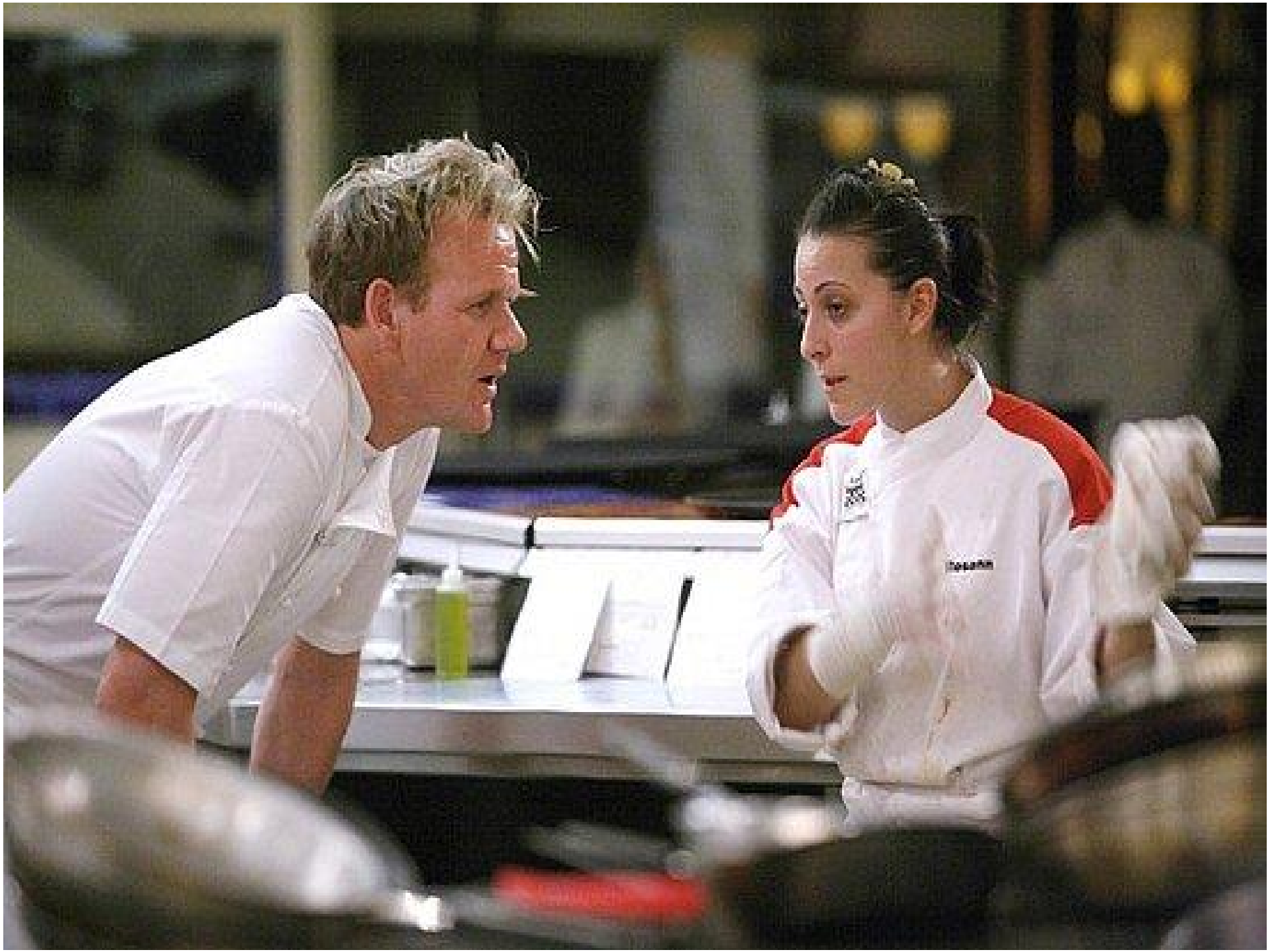
- The Physical Environment
- Clinical Risk Management
- Detained Client Group
- Variable and Changing Needs
- Staffing Resources
- Health and Safety – Environmental Risk Management
- Maintaining a Therapeutic Environment

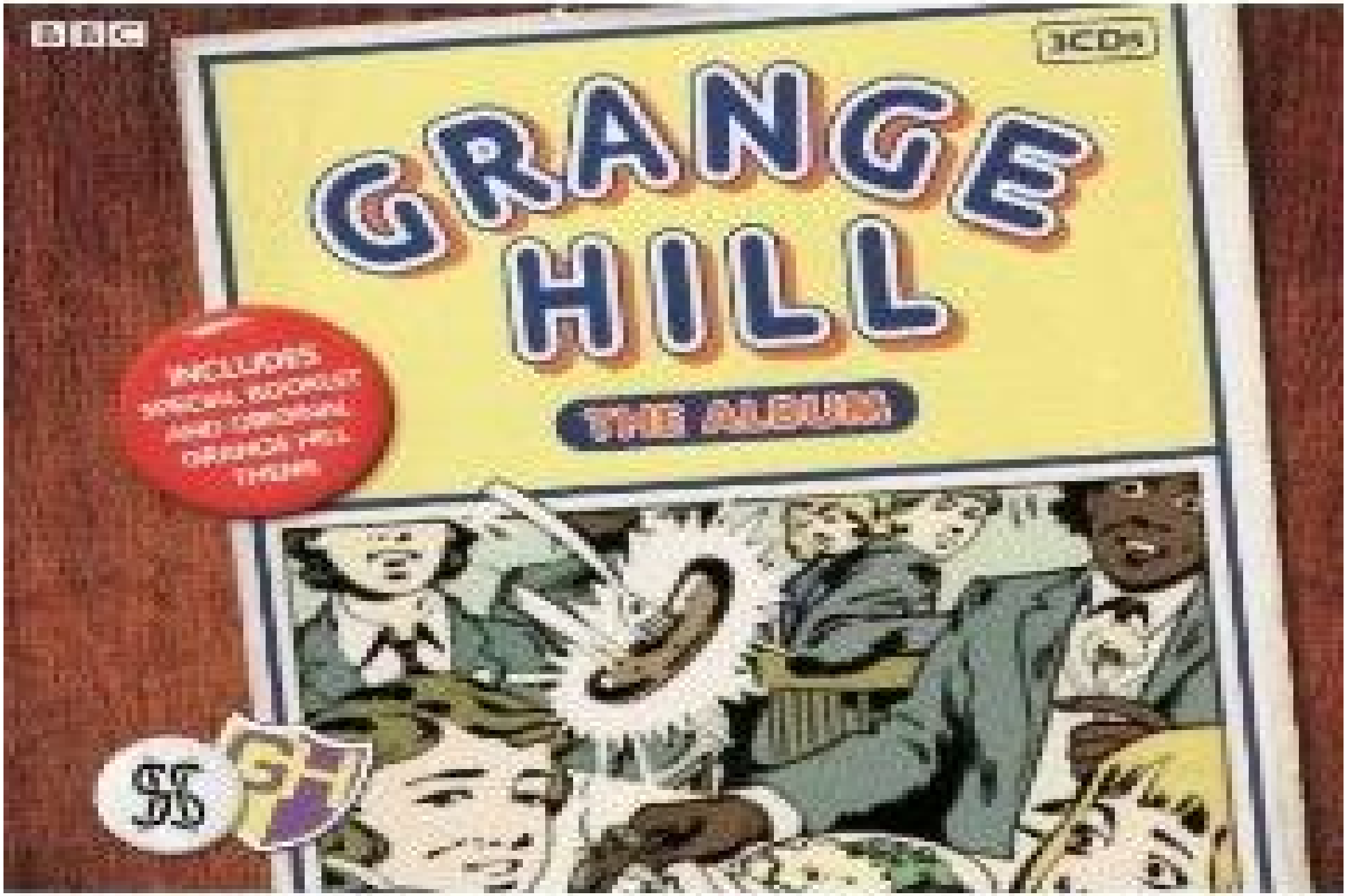
Kitchen Therapy

- What is it?
  - Food Preparation
  - Eating Together
- How is it Applied?
  - Assessment
  - Intervention
  - Experiential


Tastes
Aromas
Sour
Sweet
Salt
Bitter
Umami
Enzymatic
Sugar Browning
Dry Distillation
Acidy
Watery
Flowery
Fruity
Herby
Mellow
Nutty
Caramely
Chocolaty
Resinous
Spicy
Carbony
Harsh
Pungent
Acrid
Hard
Tart
Tangy
Piquant
Nippy
Mild
Delicate
Soft
Neutral
Rough
Astringent
Alkaline
Caustic
Phenolic
Creosol
Soury
Floral
Fragrant
Citrus
Berry-like
Alliaceous
Legumineous
Nut-like
Malt-like
Candy-like
Syrup-like
Chocolate-like
Vanilla-like
Turpeny
Medicinal
Warming
Pungent
Smoky
Ashy
Coffee Blossom
Tea Rose
Cardamon
Caraway
Coriander Seeds
Lemon
Apple
Apricot
Blackberry
Onion
Garlic
Cucumber
Garden Peas
Roasted Peanuts
Walnuts
Balsamic Rice
Toast
Roasted Hazelnut
Roasted Almond
Honey
Maple Syrup
Bakers
Dark Chocolate
Swiss
Butter
Piney
Black Currant-like
Camphoric
Cineolic
Cedar
Pepper
Clove
Thyme
Tarry
Pipe Tobacco
Burnt
Charred


A QUARTER OF
Tooty Frooties
WURLY
LOVE HEARTS
LOVE HEARTS
SPARX
Fruit Gums
DRUMSTICK
Tooty Frooties
A QUARTER OF




BBC
3CDs
GRANGE HILL
THE ALBUM
INCLUDES ORIGINAL SOUNDTRACK AND ORIGINAL OPENING AND CLOSING THEMES
£5.99

Sensory Exercise

- Please take a few minutes to circulate the pots and to identify the contents.

- In discussion with the person sitting next to you, please consider the following…
  - What do you notice about this smell?
  - What feelings and memories are evoked?

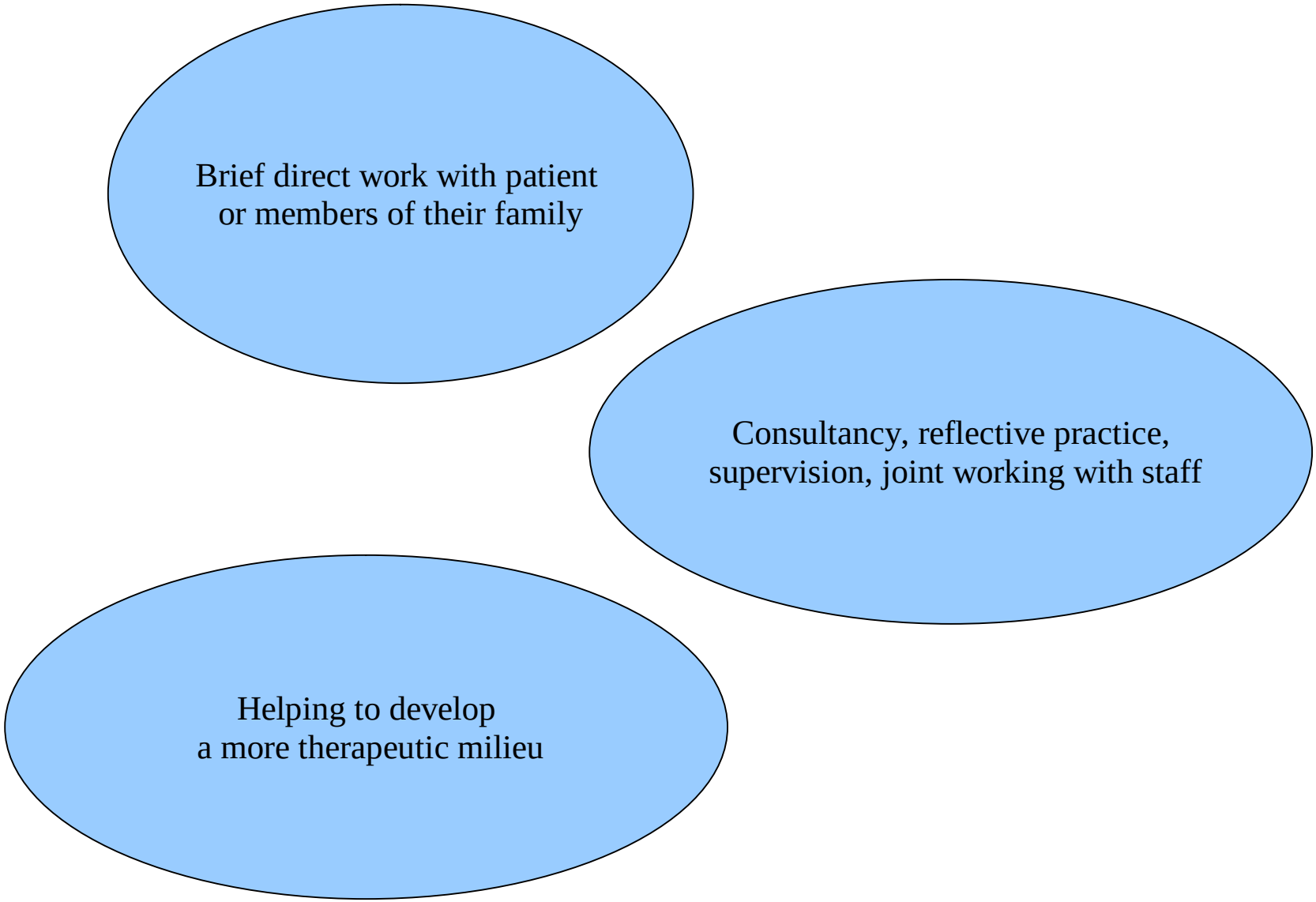

Laireſſe 1668

References

- Model of Human Occupation, 4th Edition
- Tools for OT Practice, R. Hagedorn
- Groupwork in OT, L Finlay
- Psychosocial Practice of OT, L. Finlay
- The Vivaio Model in the relationship of Doing (MOVI), Gibertoni and Piergrossi

Psychologists in PICUs

- Early days .... limited resource
- VERY challenging ... psychological work relies on co-operation
- Briefest window of opportunity for direct therapeutic work
- New Ways of Working places emphasis on integrated working with the multi-professional team


Brief direct work with patient
or members of their family
Consultancy, reflective practice,
supervision, joint working with staff
Helping to develop
a more therapeutic milieu

Direct clinical work

- Each referral so far has been fairly unique
- One theme has been looking at the extent to which the patient is able to reflect on their situation and behaviour
- Looking at the drivers and management of violent behaviour or of a self harming pattern
- Formulation with staff or service user

Engagement

- People on PICUs are often unco-operative... they are preoccupied, and feel intensely frightened, angry, suspicious, confused, powerless
- The Psychologist can be seen as a more neutral member of the team so there can be less defensiveness, and sometimes a mutually acceptable goal can be found

Psychological Formulation

- Occasionally a neat diagram or clear formulation is possible. More usually it's an interrupted and unfinished process
- Working alongside a service user on a formulation can reduce their sense of alienation, help engage them in clearer, more productive thinking and hook into their motivation

Psychological Formulation

- Often the process counts more than the end result – the patient knows their views are being carefully listened to and they are participating in their recovery plan
- They receive a copy
- Working with a team on a formulation can help the team understand the patient's emotional world and the psychological triggers for the episode, the admission and the current presentation on ward

Formulation: mapping of perspectives

- Service User Led
- Background Factors
- Triggers
- Sticking Points
- Positive Factors
- Coping Strategies
- Way Forward

- Team Led
- Background factors
- Precipitating factors
- Perpetuating factors
- Strengths and resources
- Coping strategies
- Next steps

Formulations in a PICU

- Need to be very flexible
- Need to find someone who understands what's going on – this could be patient, nurse(s) from PICU, psychiatrist, CPN, family member, friend or *ideally, everybody involved*
- *Psychologist's job is to pull it all together, check it out with patient whenever possible, and present it back to relevant people on team*

Spiky formulation Clarke 2008

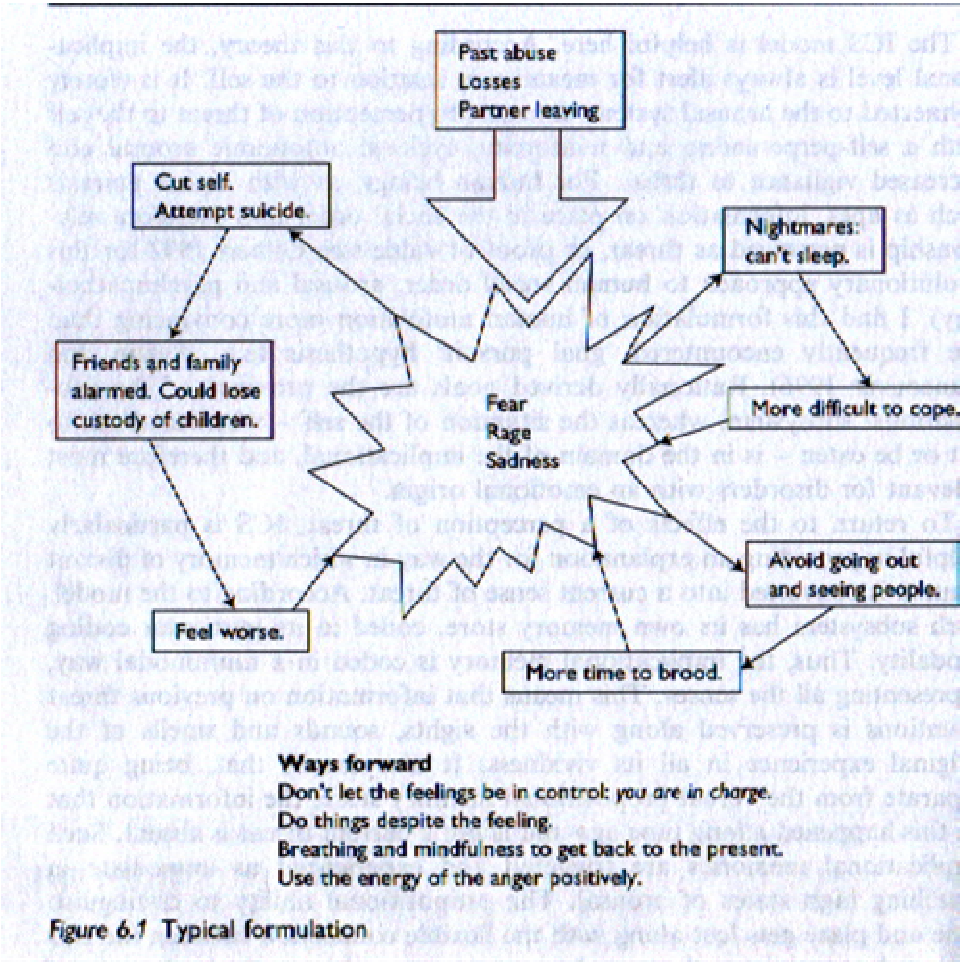


Figure 6.1 Typical formulation

Neuropsychological and psychometric assessment

- Is it wise *at this point?*
- Is sufficient co-operation possible?
- Is it likely to be valid?
- In exceptional circumstances, it can help to cast light on someone's diagnosis or presentation
- For example, might this person's violent behaviour be primarily of organic origin?

Family work

- Meeting family members with the aim of gathering information relevant to the admission and care of their relative
- Offering supportive counselling around having a relative who has had to be admitted to hospital

Into the lion's den

- Suggestion of a weekly group
- Aim to provide a safe and boundaried slot where interpersonal learning can occur
- Aim to increase engagement and verbalisation of feelings (reduce acting out?)
- Yalom's concept of universality - “Other people feel the same ... maybe we're not as alone as we feel in here”
- To encourgae people to make better sense of what's happening

Challenges of setting up a group in a PICU

- Patients are very ill and their behaviour can be very disturbed
- Different set of patients each week, so group continuity and cohesion will be difficult
- Need for solid ground rules; well enforced
- Staff as consistent as possible. Two anchor people to start with
- Appropriate referrals only

Working with colleagues

- Working in a PICU is often stressful for every member of the team
- Verbal and physical abuse from service users
- Seeing good work unravel – certain service users return time and time again
- Can result in high levels of staff turnover, burnout, sickness and cynicism/pessimism

Reflective Practice

- Fortnightly at shift change overlap
- Facilitated by Psychologist and/or OT
- Variable attendance
- Can be about understanding or overcoming difficulties with a service user
- Can be about team issues
- Can be about whole system issues
- OK to express frustration/concerns

CPD not training!

- PICU nurses are already highly experienced and expert at handling situations that arise
- Extra difficult for PICU staff to get off ward to join monthly CPD (continuing professional development) sessions
- Took CPD to ward: “Amber Bite-sized” 15 min slots at 1pm to catch new shift – twice a week
- Topics so far: Exercise; Food and mood; Acting out; Vicarious trauma; Asperger's syndrome and mental health; Talking with someone with psychosis; and many more

Contributing to therapeutic milieu

- A culture which values, supports and develops staff is essential
- Whyte & Brooker's (2001) survey of staff in secure units found that most job satisfaction comes from direct work with service users – seeing people change for the better
- Promoting recovery/identifying strengths
- Supporting staff by providing opportunities for defusing and debriefing when appropriate
- Reviewing difficult situations in a non-judgemental way

Three guiding questions

- What are the current priorities .. for the patient, for the team, for the ward as a whole?
- How can a Psychologist's skills be of help?
- How can a Psychologist make the most impact in the least time?

Your questions

Implementing a Mental Health Place of Safety within Langley Green

Glenne Barba
Theresa Dorey

Mental Health Act 1983

Police powers - Section 136 – Mentally disordered persons found in public places

“In immediate need of care or control”

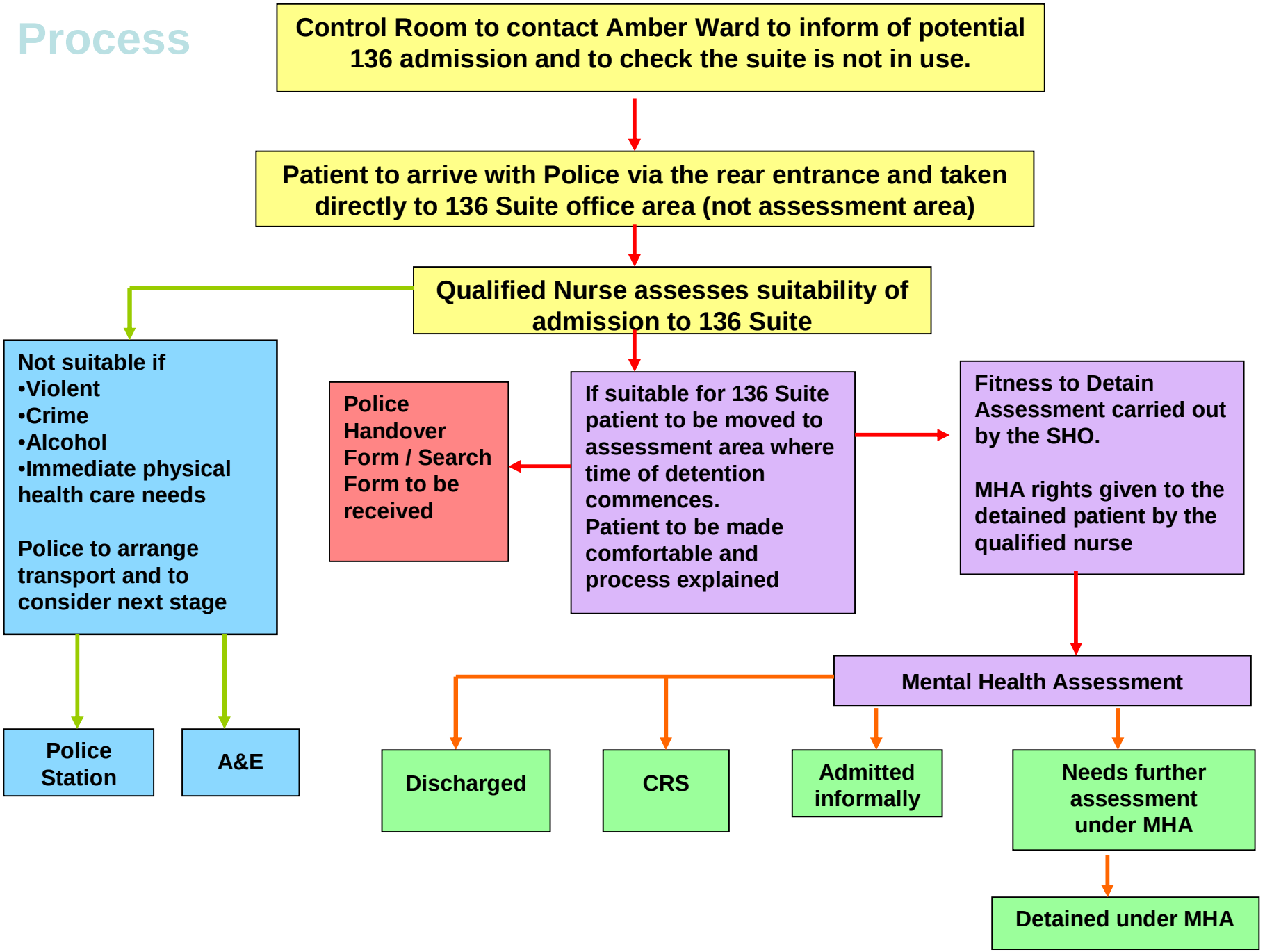
“In the interests of that person or the protection of other persons, remove that person to a place of safety”

Preparing staff.

- **Staff concerns prior to the suite opening**.
- Didn’t know the process.
- What will happen if people become violent?
- How do we say no to the police?
- Lots of ‘What if’s’.

- **Training.**
- Staff training on the process
- How to say **NO** to the police when the person is not appropriate for a Mental Health Place of Safetv.

Process


Control Room to contact Amber Ward to inform of potential 136 admission and to check the suite is not in use.
Patient to arrive with Police via the rear entrance and taken directly to 136 Suite office area (not assessment area)
Qualified Nurse assesses suitability of admission to 136 Suite
Not suitable if
•Violent
•Crime
•Alcohol
•Immediate physical health care needs
Police to arrange transport and to consider next stage
Police Station
A&E
Police Handover Form / Search Form to be received
If suitable for 136 Suite patient to be moved to assessment area where time of detention commences.
Patient to be made comfortable and process explained
Fitness to Detain Assessment carried out by the SHO.
MHA rights given to the detained patient by the qualified nurse
Mental Health Assessment
Discharged
CRS
Admitted informally
Needs further assessment under MHA
Detained under MHA

Police Entrance to the S136 Suite

Reception – Where the screening for appropriateness for Mental Health Place of Safety takes place.

Initial screening questions

PRIOR TO ACCEPTANCE into the Section 136 Place of Safety
(Screening to be completed by a qualified member of staff)

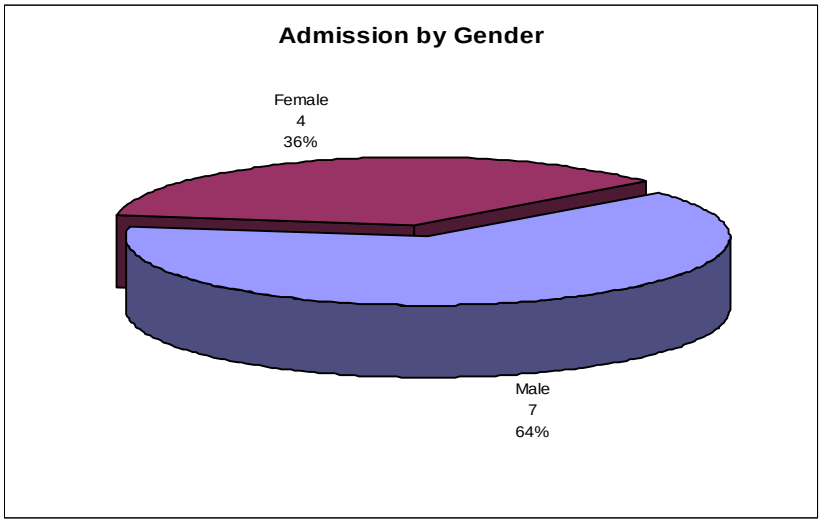
If Yes has been ticked on any of the 5 points above, a Mental Health Place of Safety is not appropriate

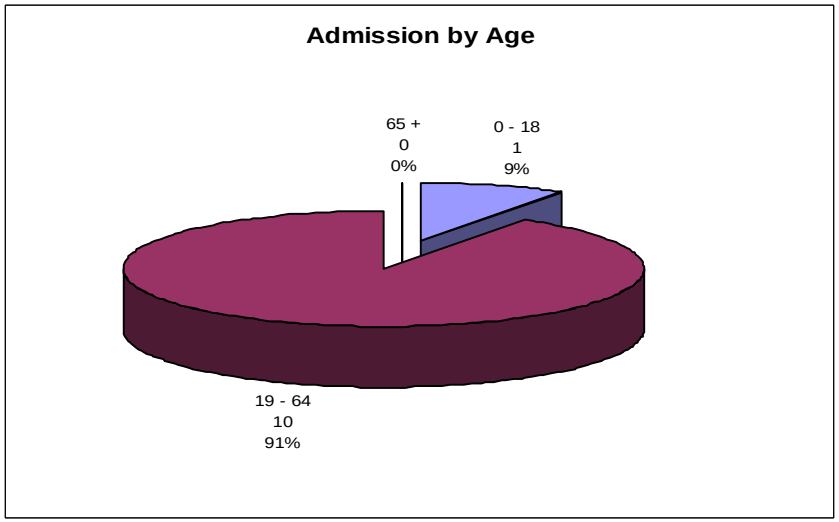
Mental Health Place of Safety

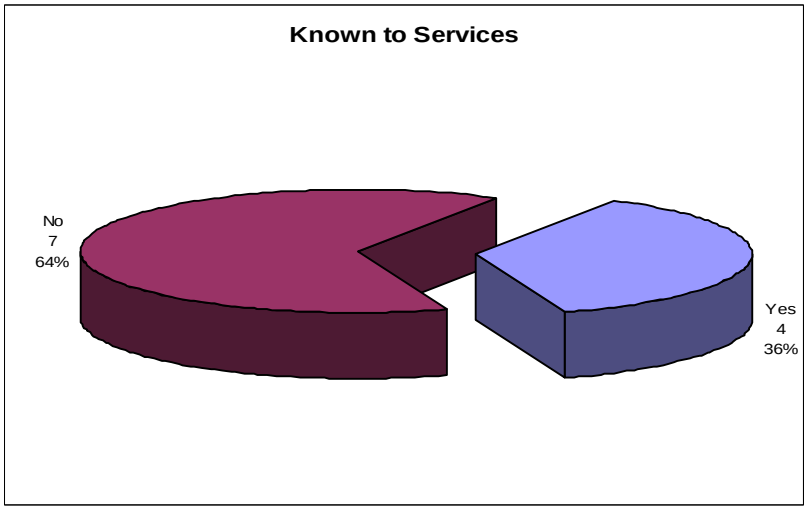
Facilities

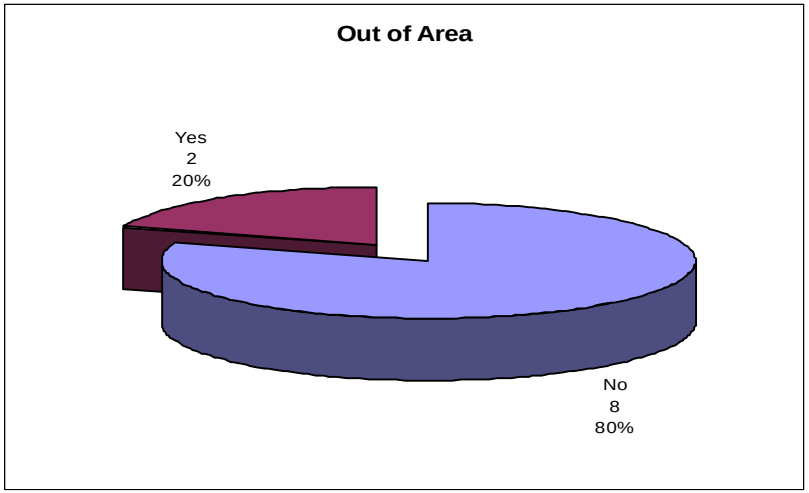
- Access to food and drink.
- En-suite bathing and toilet facilities.
- Clean clothes.
- Staffed by mental health practitioners.
- Allow visitors especially in the case of people under the age of 18.

Initial Data

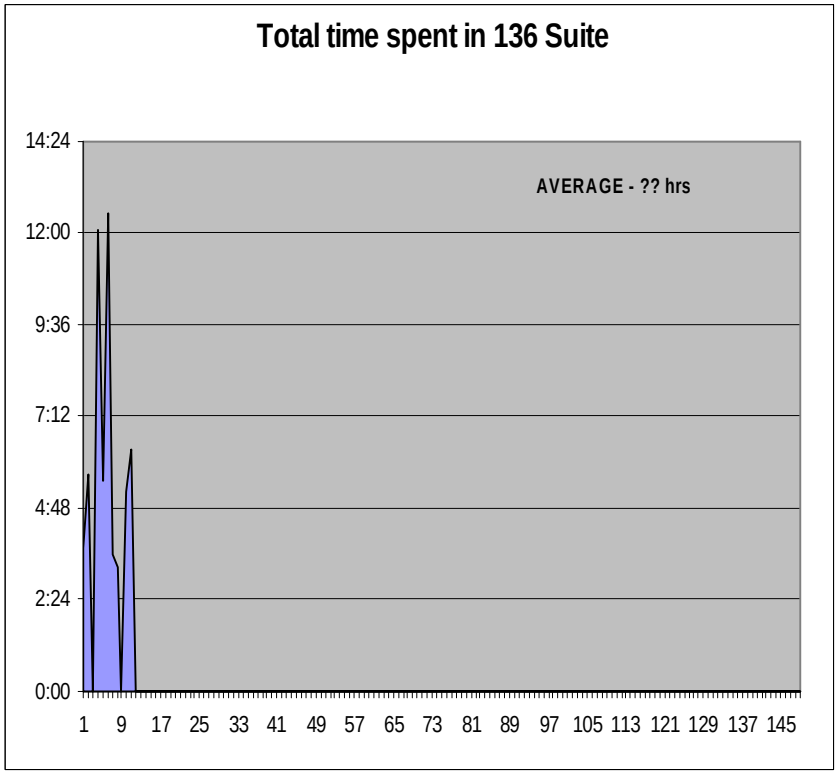


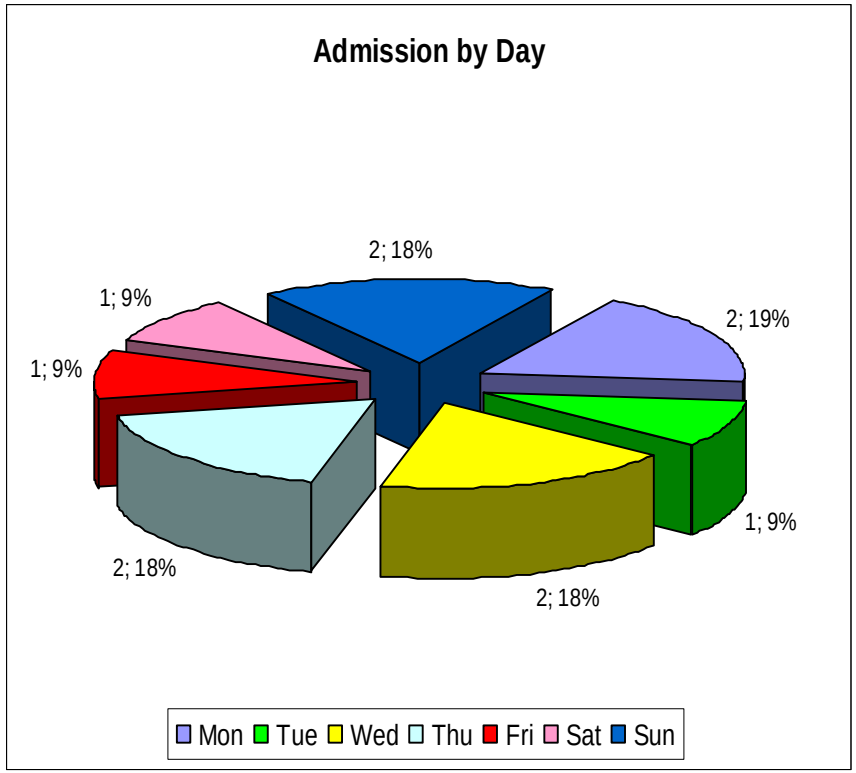






Initial Data





Staff – How they feel now.

- Staff who have gone through the process of accepting someone into the S136 suite now feel a lot more confident with the process.
- Staff have said no to the Police and this was respected.
- Staff who have not completed the process still feel unsure.

Pavilion Ward PICU

by Kate Brady and Kevin Preston

Criteria

- Patients will only be admitted if they display a significant risk of aggression, absconding with associated risk, self harm or vulnerability. *These must be clearly stated on referring/ admission paperwork.*

- It has been demonstrated that MDT management strategies in referring acute wards have received and implemented recommendations from Pavilion's 'assess and advise' system and this has not succeeded in addressing current issues.

- The goal of admission and the positive therapeutic benefits expected to be gained from admission to Pavilion have been clearly stated.

- The admission is due to the exacerbation of the patient’s condition or a new episode which indicates issues identified in point 1. This will be evidenced on an up to date risk assessment.

- The patient is detained under a section of the Mental Health Act and is for longer than 72 hrs.

- A robust Risk Assessment procedure should take place prior to admission to Pavilion. While historical factors play an important role in assessment, current symptomatology will be the prime consideration in determining if admission is appropriate.

- Patients who are assessed as presenting with too high a degree of risk should not be admitted to Pavilion, but be considered directly for a setting that can provide an increased degree of security.

- Pavilion Ward must be the least restrictive environment as clinically possible based upon current risk, other issues and current environmental factors.

- Minimum age is 18 years.

Patients are not suitable for admission if:

- There is a known primary diagnosis of drug/alcohol misuse.
- The behaviour is as a direct result of drug/ alcohol misuse and there is no exacerbation of mental illness.
- They have a diagnosis of dementia.
- They have a primary diagnosis of Learning Disability.
- Their physical condition is too frail to allow safe management on Pavilion Ward.

Drug Prescription and Administration Chart (DPAC) comparison

Jules Haste- lead Pharmacist MH
Carol-Anne Davies-Jones – Specialist Pharmacist MH

The Two PICUs

Pavilion

10 Bed male PICU

Amber Ward

12 bed mixed PICU

Both cover Sussex Partnership NHS Foundation Trust

The whole of Sussex

Rapid Tranquillization Prescribing

	Pavilion	Amber
Olanzapine + lorazepam	4	2
Olanzapine only	1	-
Haloperidol only	-	1
Lorazepam only	-	1
Haloperidol + lorazepam	3	6
None	2	1
Also prescribed promethazine	2	1

Number of regular psychotropic medication

	Pavilion	Amber Ward
No medication	2	1
1 medication	-	6
2 medications	2	3
3 medications	4	-
4 or more medications	2	2

Number of same class regular psychotropic medication

	Pavilion	Amber Ward
1 antipsychotic	4	7
2 antipsychotics	2	1
3 or more antipsychotics	2	1
---		
1 benzodiazepine	5	3
2 benzodiazepines	-	-

Number of same class regular psychotropic medication cont

	Pavilion	Amber Ward
1 antidepressant	1	1
2 antidepressants	-	1
----------		
1 mood stabilizer	4	1
2 mood stabilizers	1	-

Over BNF maximum cumulative doses

	Pavilion	Amber Ward
Antipsychotics	6/9	4/9
Benzodiazepines	2/9	
Antihistamines	2/2	0/1
Mood stabilizers	0/5	0/1

Rapid Tranquilisation in Psychiatric Emergency setting

Trek studies 1-4

- Brief overview!

-Use of promethazine ?

Discussion points

- Use of promethazine and the doses used
- Use of high dose antipsychotics and cumulative doses
- Use of high doses benzodiazepines
- Use of valproate above 2.5g
- Use of Piportil compared with Risperdal

Legal issues associated with involuntary care and treatment for health care professionals

by
Dr Ram V Seth
Consultant Psychiatrist, DME and Bar at Law

08.05.09

Abraham Solomon 1824-1862.
Not Guilty (The Acquittal) exhibited 1857.

Law

- Rules governing individuals within the state
- Prescribe. Tell you what not to do
- Proscribe. Tell you what to do
- Common Law
- Statute Law
- European Law
- International Law

Example

'And when did you last see your father?' 1878
William Frederick Yeames (1835 - 1918)

Statute Law

- Acts of Parliament
- Mental health Act 2007 (amended 1983 Act)
- Mental Capacity Act 2005
- Human Rights Act 2000 (ECHR Strasbourg)
- Abortion Act 1967
- HFEA 1990
- HTA 2004

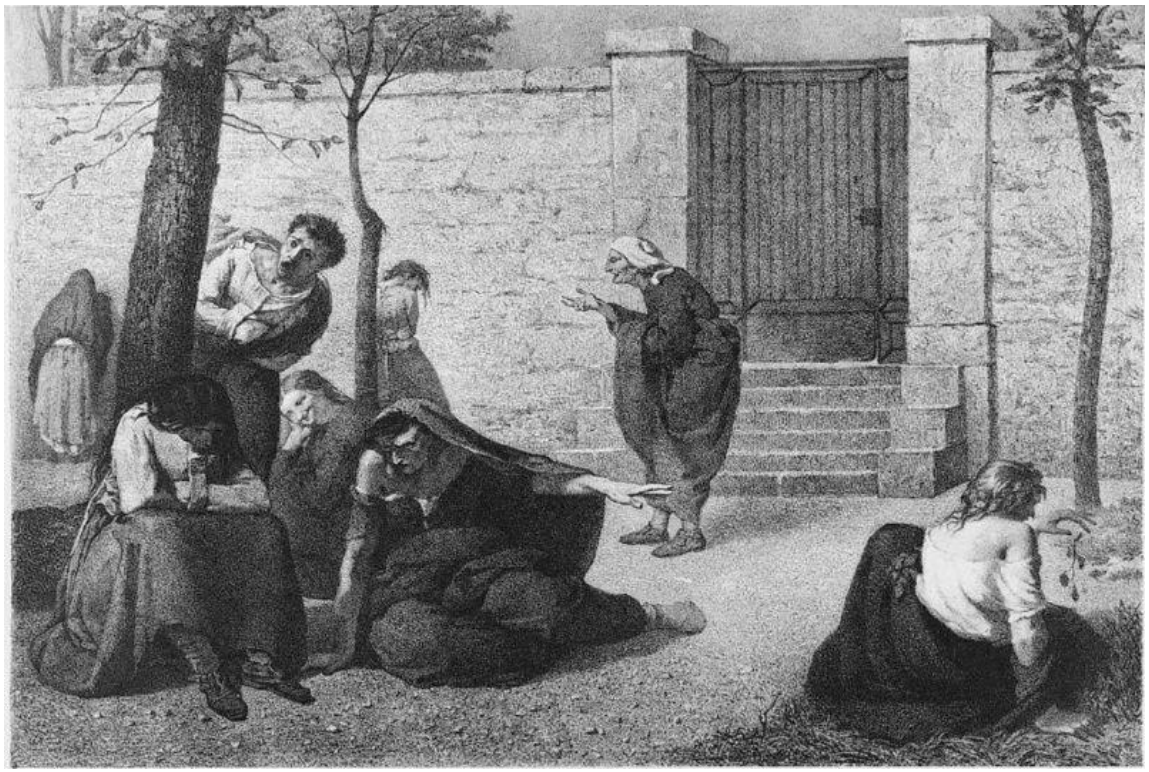
Implications for Professionals

- Criminal Offence under Mental capacity Act and when to use the Act?
- Balancing clinical care without infringing patients human rights
- Separating sound and unsound minds
- Changing roles of professionals under the MHA 2007

Divisions of Law

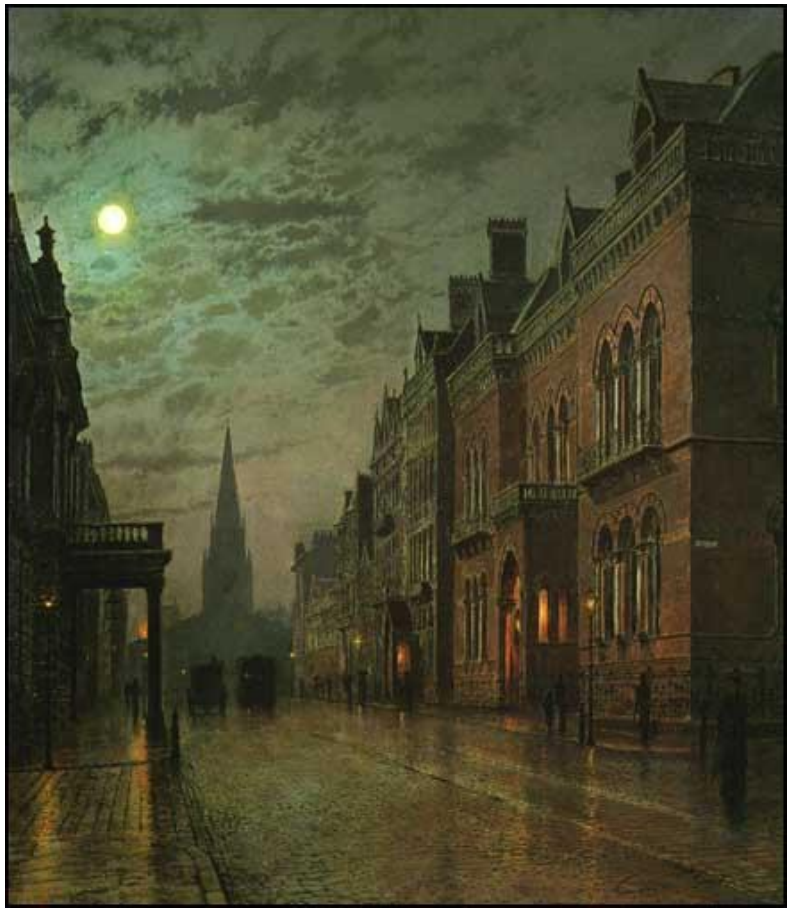
- Civil Law. Person v Person & Compensation
- Criminal Law. Person v State & Punishment
- Overlap e.g. touching without consent Trespass against the person and/or assault and/or battery
- Courts: magistrates,County, Crown, High, Appeal, Lords, European

Mental Disorders



1857 lithograph by Armand Gautier, showing personifications of dementia, megalomania, acute mania, melancholia, idiocy, hallucination, erotic mania and paralysis in the gardens of the Hospice de la Salpêtrière. Reprinted in Madness: A Brief History (ISBN 978-0192802668), from which this version is taken.

Victorian Law



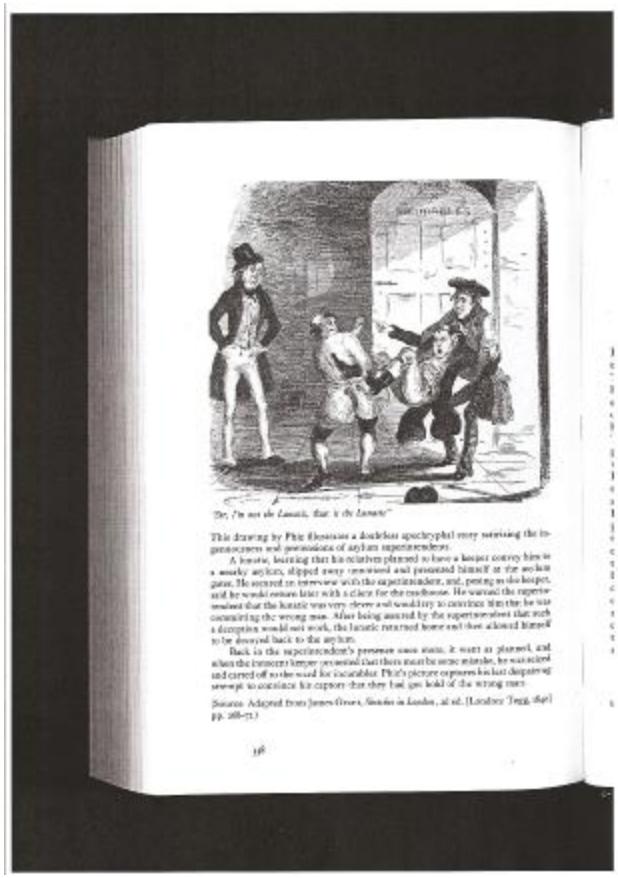
John Atkinson Grimshaw was a Victorian-era painter, born in Leeds, England, living from 1836 to 1893.

Victorian treatments

- Madhouse Act, Lunacy Law and trade in lunacy
- Alienists (Psychiatrists/Superintendents of asylums)
- Hall v Semple (1862), Everett v Griffiths (1920), Harnett v Fisher (1927) reasonable care must be exercised when certifying
- Sanity, morality and conformity
- Semantics or real substance
- Dr James Pritchard: moral insanity
- Criminal insanity: M’Naghten 1843

Defendant and Counsel” in 1895, now in Bristol City Art Gallery, a picture which prompted a newspaper of the day to run a competition for its readership to decide just what the elegant lady defendant stood accused of.

Historical Lessons



Sir, I'm not the Lunatic, that is the Lunatic!

This drawing by Phiz illustrates a doubleton apocryphal story narrating the incarceration and persecution of asylum superintendents.

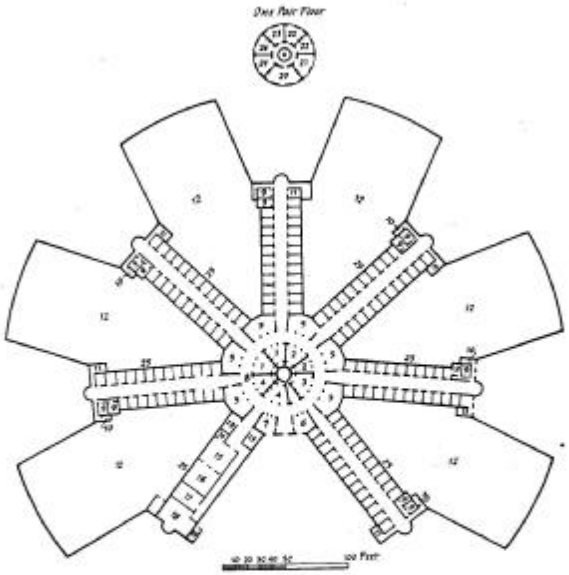
A lunatic, learning that his relatives planned to have a keeper convey him to a nearby asylum, slipped away unnoticed and presented himself at the asylum gates. He secured an interview with the superintendent, and, posing as the keeper, said he would return later with a claim for the madhouse. He warned the superintendent that the lunatic was very clever and would try to convince him that he was committing the wrong man. After being assured by the superintendent that such a deception would not work, the lunatic returned home and then allowed himself to be dragged back to the asylum.

Back in the superintendent's presence once again, it wasn't as planned, and when the innocent keeper protested that there must be some mistake, he was incited and carted off to the ward for incurables. Phiz's picture captures his last desperate attempt to convince his captors that they had got hold of the wrong man.

Source: Adapted from James Greer, *Stories in London*, ed. ed. [London: Tegg, 1840] pp. 168–73.)

Asylum Plan

Figure 1 Plan of an intended London asylum for the care and cure of the insane, by James Bevans



1 Stewards Apartments
2 Matrons Apartments
3 Surgery
4 Apothecarys Apartments
5 Day Rooms
6 Picture Room
7 Visitors Room
8 Inspection Gallery
9 Rooms for Noisy Patients
10 Patients Water Closets
11 Warm Baths
12 Airing Grounds
13 Store Room
14 Pantry
15 Kitchen
16 Wash-house
17 Drying Room
18 Straw Room
19 Servants Water Closet
One Pair Floor
20 Committee Room
21 Women Servants Bed Rooms
22 Matrons Bed Room
23 Stewards Bed Room
24 Men Servants Bed Rooms
25 Covered Walks

Law and Ethics

- Morality (Morals) Individual or a group sense of right or wrong
- Ethics (Ethical) Critical look at Morals i.e. how logical or coherent are they? e.g. it is wrong to kill ?always
- Terms used interchangeably but both concerned with issues of right/wrong, good/bad i.e. ought rather than is.

Article 5: Right to Liberty and Security

- Everyone has a right to liberty except in the following cases:

- Lawful detention
- Lawful detention for non compliance with a lawful detention
- Suspicion or to prevent an offence
- Prevent spreading of infectious diseases, **persons of unsound mind**, alcoholics or drug addicts or vagrants
- Prevent unauthorised entry, deportation or extradition
- Right to appeal and compensation
- Winterwerp v Netherlands (1979) ECHR true mental disorder of a kind or degree requiring compulsory confinement

Voluntary Vs Involuntary treatment

- Historical Lessons
- Clinical Dilemmas
- Law (political expectations)
- Implications for professionals
- Ethical issues
- Public expectations

Mental Capacity Test

- Understand relevant information (includes information about the reasonably foreseeable consequences of deciding one way or another or failing to make a decision
- Retain that information
- Use or weigh up that information as part of the process of making a decision
- To communicate the decision (sign language or any other means)

Mental Capacity

- Mental Capacity Act 2007
- Comprehend, retain, balance and communicate
- >16 years of age
- <16 Fraser (Gillick) Competent. Understand having or not having the treatment and consequences

Best Interests Test

- Time of making the decision or can it wait if likely to regain mental capacity
- Past and present wishes and feelings
- Beliefs and values
- Consult anyone who should be , anyone engaged in care or welfare, donee or deputy
- Acts of care or treatment have to be proportionate to prevent harm and the seriousness of that harm when using restraint
- Restraint is Use or threats to use force or restrict liberty of movement whether or not there is resistance
- But Restraint can become becomes deprivation of liberty within Article 5(1) of the HRA (whether or not public authority)
- Nothing stops necessity to provide life sustaining treatment or an act to prevent serious deterioration
- Respect advance decisions that are valid and applicable
- Neglect of a patient lacking mental capacity is a criminal offence.

Human Rights Act 1998

- Articles, rights absolute, Limited, qualified (proportionate: justifiable, balancing competing interests)
- 2:Right to Life
- 3:Prohibition of torture, inhumane or degrading treatment
- 5:Right to liberty and security
- 6:Right to fair trial
- 8:Respect for privacy and family life
- 9:Freedom of thought, conscience and religion
- 12:Right to marry and have a family
- 14:Prohibition of discrimination
- www.bma.org.uk in ethics section: The impact of Human Rights Act 1998 on medical decision making

Clinical Dilemmas

- Least restrictive v Deprivation of liberty
- Involuntary covert medication (oral) v involuntary overt treatment (depot) in those lacking mental capacity to consent for treatment
- Double effect (unintentional) v Assisted dying (intentional)
- Evidence based practice v non evidence based practice

What sort of person ought one to be?

- Socrates 4th C BC. ethics was related to personal morality and character
- Plato. a good person was guided by the “form” of the good
- Aristotle. Pragmatic approach “forms” in creatures and humans, functions and natural order
- Aquinas and Christian moralists took this a step further that human function requires the design of a creator.

David Hume

- Naturalistic theory
- Moral sentiment
- Morals essentially a matter of emotion
- Clinicians with sound sentiments to do the best for their patient can extend to paternalism
- Paternalistic clinicians make decisions based on their own value system which may be misguided and/or others don’t share leading to harm to patients.

What should a person do?

- Codes of conduct
- Kant. A person should do his/her duty
- Rights v Duties. One men’s rights is another men’s duties
- Right to life v duty to save life
- Right to information v duty to preserve confidentiality
- Where do rights originate from?
- Right v duties. conflicts and dilemmas e.g PVS

Utilitarian theories

- Create the greatest good for the greatest number
- Focus on consequences > actions
- Obligation to do our best to increase happiness and reduce suffering so as to secure net overall benefit

Resources and Clinical Practice

- NICE
- Commissioners
- Providers
- Kant v Utilitarians

Problems with Utilitarian theories

- Weighing up one individuals values against the many
- Social values “brave new world”
- “Christian’s and lions”
- Rule utilitarianism. Society or individuals should formulate rules to take account of what is likely to be of benefit
- Rules v Duties

Virtue ethics

- Moral sensitivity, integrity, sound character
- Hume’s sound sentiment
- Virtues: kindness, generosity, respect, honesty, compassion
- What ought to happen to other people?

Codes of ethics

- Hippocrates. First do no harm
- Helsinki and Geneva Declarations
- Medical School oaths US>UK
- Non-Malfeasance/beneficence (conduct)
- Autonomy (valid consent)
- Justice (non discriminatory)
- Personal Integrity (special skills, experience,knowledge, information, respect)

Cases

- Mental Capacity
- Valid Consent
- Confidentiality
- Clinical negligence
- Organ & Tissue donation
- Abortion
- Suicidal Patient
- Publication ethics
- Expert Witnesses
- Resource implications

Cases

- Acute Brain Dysfunction: e.g.Head Injury, toxicity etc.
- Chronic Brain Dysfunction: e.g Dementia’s, PVS etc.
- Mental Impairment e.g. Downs syndrome other acquired or genetic diseases

Valid Consent

- DoH, GMC, BMA guidelines available
- Capacity to Consent
- Voluntary
- Informed
- Refusal to consent
- Best Interests

Advance Directives

- What ways can advance directives (AD) be made and are legally binding?
- What are the responsibilities of the Clinician with respect to an AD?
- What can not be requested in an AD?
- What are the advantages and disadvantages of AD's
- AD requires no CPR to be performed but the relative insists, what human rights would could be contested?
- www.bma.org.uk advance statements about medical treatment- code of practice

Consent in Minors

- Who is a minor?
- 18 or over MCA 2007
- 16 & 17 years old? Family Law Reform Act1969
- Up to 15 years age: Fraser (Gillick) Competent
- Refusal of treatment?
- Role of parents/guardian or Courts?

Confidentiality

- GMC April 2004: Protecting and Providing information htpp://www.gmc-uk.org/guidance/current/library/confidentiality.asp
- DoH Nov 2003: NHS Code of Practice htpp://www.dh.gov.uk/assetRoot/04/06/92/54/04069254.pdf
- EuroSOCAP (European standards on Confidentiality and privacy in Healthcare) European Commission funded project (2003-2006) www.eurosocap.org

Breaching Confidentiality

- Sharing Information on Need to know basis
- When to Disclose?
- Professional Competence
- Professional Conduct
- Sick Colleague
- Public interest (Infections, crime, sexual abuse etc)
- DVLA

Clinical Negligence

- Duty of Care, Breach of Duty, Breach Causing Harm/Loss reasonably foreseeable, Civil and/or Criminal Remedy
- Diagnosis, investigations, treatment, follow-up, management
- Standard of care
- Proof

Withholding and withdrawing treatment

- Active treatment: postpone death
- Basic treatment
- Quality of life and prognostic difficulties
- Act v omission
- Second opinion
- Legal advice
- www.gmc-uk.org
- Airedale NHS Trust v Bland [1993] PVS and ANH
- Burke v GMC [2005]
- www.bailii.org

Organ Donation

- The Human Tissue Act 1961
- The Human Organ Transplants Act 1989
- UK opt in donor system
- Other countries Europe opt out system
- Future?
- www.uktransplant.org.uk
- www.bma.org.uk

Euthanasia and Assisted Dying

- Voluntary
- Involuntary
- Non-Voluntary
- Doctrine of double effect
- R v Adams [1957]
- Assisted dying for the Terminally ill Bill
- www.publications.parliament.uk
- www.dignityindying.org.uk
- www.prolife.org.uk

Antenatal Screening and Abortion

- Screening advantages v disadvantages
- The Abortion Act 1967
- Human Fertilisation and Embryology Act 1990 (amended above Act)
- Grounds for termination of pregnancy?
- Preventing harm (and her family) or serious harm or death of the mother

Mental Health Act

- Definition of Mental Disorder
- Appropriate treatment
- Supervised Community Discharge (CTO)
- Role of professionals
- Role of MHRT
- Role of NHS Trusts (code of practice)

Future of Law and Mental Health

- New Mental Health Act in 24 years what will it look like?
- DOLS becomes Law in April 2009
- Increasing challenges and litigation
- Less stigma?
- Better treatments less Law?
- Planet of the Apes?

Thank You

- Questions??????????????????????