SWAMP RAT

One of the tasks I least like in clinical practice is to be asked to certify that a patient requires an assessment to decide whether or not they should be given compulsory treatment for a psychiatric disorder. I suppose that it is now less difficult than it was prior to 1992, when two doctors could commit a patient for treatment, but I still find the situation uncomfortable. I am, after all, responsible for setting off a process that will, in many cases, deprive a person of their rights as an individual. I need to be quite certain that, from their perspective, the outcome will be beneficial.

This is a story from the swampy lowland.

I first met Ursula about two years ago when she came in breathless, having had chest pain a couple of days previously. She was in her early 80s but had not required medical treatment for many years. She had not been sick, she didn't drive a car and she was not receiving any government benefit. I treated her left ventricular failure at home and made several visits during her recovery. When she ran out of pills a few months ago, having been stable for at least a year, she went back into LVF and one of my colleagues admitted her to hospital. Recently, I was asked by a psychologist working with the Mental Health Care for the Elderly team, to meet him at her house in order to 'section' her.

Ursula is of German extraction and lives on her own with no family members living in the same town. When I first met her I was impressed by her garrulity. Even her breathlessness did not stem her stream of stories. I learned that she had personally helped with the establishment of the Deutschbank in New Zealand. She told me tales of intrigue about dealings with lawyers and high officials concerning financial deals that were strictly hush-hush and that I was not to share with anyone (my story therefore records generalities rather than specifics).

She let me into the secrets of her many winnings in various overseas competitions and lotteries, she showed me the jewellery she had been sent as prizes and pointed out the certificates of membership of various institutions framed on the walls of her lounge. She had shelves full of Readers Digest encyclopaedias and books of the month and records and CDs, mostly unopened, as I did not see a CD player. She even had some cartons of wine that had been sent to her although she didn't drink. Her home visits could not be brief.

At the consultation for her 'sectioning' she and the psychologist and I sat around her table. Her house, as always, was tidy and clean. She was well dressed and well nourished (her meal-on-wheels arrived while we were there) and she was clearly

This is a column written from the swamp. The term is taken from the book by Donald Schon[1] where he talks about the crisis of confidence in professional knowledge thus:

In the varied topography of professional practice, there is a high, hard ground overlooking a swamp. On the high ground, manageable problems lend themselves to solution through the application of research-based theory and technique. In the swampy lowland, messy, confusing problems defy technical solutions.

1. Schon DA. Educating the reflective practitioner. Jossey-Bass Publishers 1990.

Contributions

We invite amusing contributions to this column which should be relevant to the swamp and not more than 600 words.

looking after herself. However, she could not sit still for long. She had struck the jackpot, more than a million US dollars, and she was just waiting for the bank to make the final arrangements. Of course this was top secret. She had all the documents on her table beside a copy of *The Economist* which had her name headlined on the front cover. On the reverse side was a subscription form, which had not been completed. The psychologist, who had remained very quiet, muttered something about clever marketing. I spent half an hour chatting or, more correctly, listening. When I asked her how she felt about spending so much money on competitions and subscriptions her response was appropriate: *'You don't get anything for nothing!'* I thought that I might 'have' her when she admitted that she was a prisoner in her own house. *'How is that?'* I asked. She replied, *'What would I want to go out for?'* She was right up-to-date with the political situation and the latest news. She knew more about why Norgate was sacked from Fonterra than I did, probably more than he did. She knew exactly when she had last been in hospital and cleverly blamed this on me for letting her run out of pills.

I have no doubt that she is eccentric, deluded and hypomanic. Her family have baled her out financially for a considerable debt. But is she mentally disordered as defined by the Section 2 of the Mental Health Act? Does her delusional state pose a serious danger to the health or safety of herself or others? Is she unable to take care of herself? The answer to these questions is clearly tilted to the negative. I declined to complete Sections 8A and B. The psychologist understood.

I left with a promise that I would call again to see how she was getting on and, as I walked to the door, she pointed to the psychologist who was still sitting at the table, and said, *'You know, he thinks I'm mad,'* and burst out in loud laughter.

General practice is certainly entertaining, even if it is not always easy.