

NURSING OBSERVATION NOTES

1-1-74. Pt seems fine today. P. Kelly depressed. Pt usually behaves appropriately on ward & entrance & other staff well. Pt. absent today until lunch. Pt rarely in unit, prefers to sleep until lunch time. Personal appearance good. *Mrs. Matthews*

1-7-74. Pt seems to have no real problems during this shift seems to rest fairly well most of the time usually very quiet. Lower lip over 1-8-74. Disoriented in Dr. Chapman's office today. Returns at 14-2. Pt can be cooperative. *Dr. Matthews*

1-9-74. Pt was in Maternity hall at closing. Security light on in the closed of did not call for 1-10-74. Pt went to gym. Has the admission in the book. Pt a good Pt. not to be 11/17/73 reported as being @ 9:59. Used staff said Pt had not been in ward. Wearing shirt. Dr. Chapman, Nurse and Dr. P. Kelly. Contact family since we do not have a health record. *Dr. P. Kelly*

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Name Franklin, ErnestUnit Number 10A-2Doctor ChapmanHospital Number 41448

What Is the True Picture?

A picture of Tennessee reporter Frank Sutherland is superimposed over one of the sheets from his medical file at Central State Psychiatric Hospital. This page shows some of the observations made by aides, who are not required to have a high school education to work there.

By FRANK SUTHERLAND

The story of my personality as viewed by "professionals" at Central State Psychiatric Hospital is contained in a thin brown cardboard folder—number 47 441—in the hospital's files. Because I posed as a patient named "Ernest Franklin"

From Dec. 14 until Jan. 13, Tennessee reporter Frank Sutherland posed as a patient at Central State Psychiatric Hospital to observe conditions and treatment there first hand.

No member of the hospital staff was aware of the role he was playing. Following is the fifth in the series of articles about his experience there.

with suicidal tendencies during my month's stay at the hospital, this file does not paint a true picture of my personality.

BUT MORE IMPORTANTLY, because this file is an unprofessional patchwork of sketchy, skimpy jargon, I wonder and worry about the files of other patients there.

After my release from Central State, I submitted the contents of this file, compiled by unlicensed doctors and untrained aides, to three licensed psychiatrists practicing in Nashville.

Because these professionals sometimes deal either with Central State, its patients, former patients or with doctors who work there, they insisted on anonymity. Here are some of their quotations about the file:

● First psychiatrist: "This is not really a chart. The most important thing is not what is in the chart but what is not in here. There is not really a diagnosis. If I got this chart in the mail and saw you, I would have to start from scratch

because this doesn't tell me a thing it is supposed to . . . The drugs given are no treatment."

● Second psychiatrist: "A chart like this should have a complete history, a psychological examination's results and follow-up notes by a psychiatrist rather than aides' notes. What we have here is an admission note that is very short and no follow-up."

● Third psychiatrist: "This chart is very unprofessional. The notes read more like gossip than psychiatric observation. A label stuck on the patient at admission seems to be parroted by everybody, even when there is some evidence to the contrary."

I also showed my file to a licensed medical records librarian. That librarian said my record would "not be acceptable" under standards in an accredited hospital.

CENTRAL STATE Hospital is unaccredited.

Among the deficiencies found in my records:
● Staff members who made observation notes did not all give

their titles, so it is not possible to determine whether the person making evaluations has had any professional training.

● Each dose of medication given to a patient should be recorded, but was not on this chart.

● Therapeutic results of the medication are not listed.

● The physical medical status of the patient is incomplete. The physical examination and history should be on the chart within 48 hours.

● Normally, doctors' notes should contain progress notes as patients gain privileges. (I underwent three such changes in privileges while a patient.)

Central State had no accredited medical records librarian when I entered the hospital. Since that time, an accredited librarian has been employed.

THE STATE commissioner of mental health, Dr. Richard Treadway, has said that progress has been made "gradually" at Central State during the past three years and that more

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Skimpy Patient File Paints False Picture

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improvements are planned. But the judgments I have made in this series of articles are based on what I saw during my 31 days there as a patient, and I found much room and much need for immediate progress.

In addition to the problems with medical records, I found the hospital is unaccredited, and of the 14 doctors paid by the hospital, eight are unlicensed to practice in Tennessee. I found unsanitary conditions, many outmoded facilities and a shortage of staff, equipment and supplies.

MY MEDICAL file discloses not so much the treatment I received but the lack of it. The pages of the record of my comprehensive physical examination are all blank. My file shows no record of any psychological examination or a psychiatric examination after my admission.

My diagnosis, made by Dr. Werner Edzard, one of the unlicensed physicians at the hospital, said: "1. Acute psychotic episode of a very basically schizoid person. 2. Severe depressive episode. Suicidal."

A registered nurse, Mrs. Lazarka Johnson, whom Edzard told to talk to me before he interviewed me, made her own diagnosis for the file. She wrote my condition

as "suicidal schizophrenia." A schizoid and a schizophrenic are different.

THERE IS NO record of medication administered to me except for a shot of valium (tranquilizer) I received the first night I was there.

For my "illness," Dr. Adolph Siegmann, one of the two unlicensed psychiatrists who treated me, prescribed for me a total of 50 milligrams of elavil, an antidepressant, twice a day, but I "palmed" all but two of those pills and did not take them.

Two of the three licensed psychiatrists I contacted yesterday said this dosage would have almost no effect on me. The third said he would rather not comment on that area. The Physicians Desk Reference considered the standard, although conservative, reference for the prescription of drugs, recommends 150 milligrams of elavil per day.

OF THE TWO psychiatrists who commented on my dosage, one said he would recommend 200 milligrams a day and the other said 250 a day.

I asked my Central State physician, Siegmann, why he prescribed such a small dosage for me.

"Sometimes we prescribe medication for the staff rather than the patients," he replied. "Sometimes, in order to make the aides more comfortable with the patient, to make them not worry about whether they will be able to handle patients, I will prescribe some medicine so they will not worry."

I was shocked at this response by Siegmann, giving medicine for the benefit of the staff rather than patients. Surely, I said to him, the nurses know enough about the medicine to know that this is an inadequate dosage.

"Of course they know," he said. "Then why give it?" I asked, still in disbelief. "So the staff will know we are concerned about them," he said.

I NEVER DID take but two of the pills that were prescribed for me. I felt no effect. The rest of the pills, I pretended to take and then later disposed of them.

Other patients did not always take their pills, either. Some patients would save seven or eight of their pills — especially in the case of tranquilizers, known as "downers," — and then take them all at once. Or, they could sell the pills.

Since no records were kept to show if and when I took my medication, there was no way to keep up with the dispensing of medicine. We patients would just form a line on my ward and be handed our pills by an aide.

THE STATE requires that only licensed persons — such as a licensed practical nurse or a registered nurse — give out medicine to patients. But the state's mental hospitals are exempt from this rule, and unlicensed aides generally gave us our medicine.

Since whether the patient actually takes his medicine is never documented, it leaves an opportunity for medicine to be taken away from the hospital by staff members and sold on the black market.

Central State Supt. William H. Tragle said he is aware of this problem as well as certain drugs being smuggled into the hospital for patient use. He said he called the Tennessee Bureau of Criminal Investigation and the Metro police to the hospital last year but no proof could be obtained.

WHILE THERE were some patients going without prescribed medication, there were also some patients kept under heavy sedation. I saw one patient stay in that condition three days without eating.

There was not the bedlam, the screaming patient clanging at the walls, as some might expect. I do not know how many patients were under such sedation.

I did discover that the hospital does not give shock treatments anymore as a way

to control severe behavior problems. Siegmann, the director of my building, said he had given more than 35,000 shock treatments in his career, both in Germany and in this country, before the practice was stopped at Central State in 1972.

COMMISSIONER Treadway issued an "executive order" Aug. 22, 1972, saying, "No resident shall be exposed to electric shock or other measures which would be painful or injurious to the resident."

Treadway said the reason for this order was that "despite our best intentions some of our therapeutic measures have at times infringed upon certain inviolable rights of the residents of our institutions."

I met some of the patients who had undergone shock treatments before that order was issued. Some suffered loss of or confusion in their memory process, or their logic worked in irrational ways.

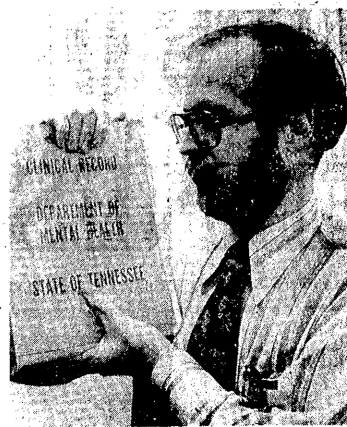
I HAD LEARNED the real name of one patient from an aide and, in introducing myself to the patient, I had called him by his real name.

"Oh, no," the patient said. "He's dead." He then gave me another name.

I asked the patient what had happened.

"Oh, he got fried," the patient answered.

MY FILE contains other information besides what little medical information was there. There is a "social serv-



Patchwork Record

Tennessean reporter Frank Sutherland holds his clinical record from Central State Psychiatric Hospital, where he posed as a patient for 31 days.

ice progress note" written by my social worker, Ann Tucker.

I found the Central State social workers there to be trained, with college degrees, and competent in their jobs, given the conditions at Central State. They led the group meetings on my locked ward where patients had an opportunity to talk about their problems or problems on the ward.

Sometimes these sessions bordered on group therapy, and Tragle told me social workers should not be leading such sessions. He reiterated his problems about staff shortages.

IN THE notes written by aides, there were remarks about whether I slept well the night before or "patient seems tense today and a little depressed."

Assistant charge aid Mike Matthews wrote on Dec. 16: "Pt. (patient) is cooperative, behaves appropriately on the ward but seems a 'little strange,' hard to describe. Eating & sleeping habits fair, personal appearance good."

Other remarks similar to these were written in my file by aides.

When I disclosed my true identity to Tragle last Tuesday, I told him I wanted

free access to my file. He said it would in his legal aspects and inform me when I met with him later in the week.

AT THAT SECOND meeting, he informed me that I could have my file if I signed an agreement that said, among other things, that the file shall not be reproduced in any form. I would not agree to sign such an agreement.

He said such language was necessary because the hospi-

tal is not allowed to give the file to nonprofessionals; and added that this was a rule for the benefit of patients as well as the hospital.

I consulted an attorney who advised me that I had a legal right to my file. After much discussion with Tragle, I signed an altered form that said the hospital could not reproduce the file but left me free to use it.

LATER THAT day, Siegmann gave me the original

file. On Saturday, Siegmann called and said he had inadvertently given me the original file. He said they were required by law to keep those records in the hospital. I returned the file that same day. I understand why the hospital did not want to violate the law.

I also understand why they did not want to make the file public.

TOMORROW—The Patients of Central State.

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