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Emergency Medical Aid to Psychiatric Patients

E.Y. Tyavokina*, I.M. Barsukova

Somatopsychic Department
I.I. Dzhaneldze St. Petersburg Research Institute of Emergency Medicine
3A Budapeshtskaya St., St. Petersburg 192242, Russian Federation

* **Contacts:** Elena Yu. Tyavokina, Head of the Somatopsychic Department, I.I. Dzhaneldze St. Petersburg Scientific Research Institute of Emergency Medicine. Email: amor-patriae@yandex.ru

ABSTRACT The issues of providing medical care to patients with mental disorders are of exceptional medical and social importance. The aim of the study was to analyze the current state of medical care for psychiatric patients under emergency medical care (EMC) conditions. We used regulatory, statistical and analytical methods. The gaps of the normative legal support of the activities of the teams in the provision of ambulance care for patients with mental disorders and behavioral disorders are considered. In order to improve legislation in the field of ambulance care, it was proposed to amend the Procedure for the provision of emergency, including specialized medical care, approved by the Order of the Ministry of Health of Russian Federation dated 06.06.2013 No. 388n "On the Approval of the Procedure for the Provision of Emergency Care, Including Specialized Medical Care".

Key words: emergency medical care, emergency psychiatric care, medical law

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Affiliations

Elena Yu. Tyavokina	Head of the Somatopsychic Department, I.I. Dzhaneldze St. Petersburg Scientific Research Institute of Emergency Medicine; https://orcid.org/000-0003-1158-8404 , amor-patriae@yandex.ru; 50%, research concept and design, material collection and analysis, writing and text editing, revision and correction of articles for publication
Irina M. Barsukova	Head of the Department for Organization of Emergency Care and Telemedicine; https://orcid.org/0000-0002-5398-714X , bim-64@mail.ru; 50%, statistical data processing, collection and analysis of materials, writing and editing the text, final approval of the article for publication

The issues of providing medical care to patients with mental disorders are of exceptional medical and social importance. They acquire particular importance in the conditions of emergency medical services (EMS), when the regulated criteria of efficiency, time deficit and limited therapeutic and diagnostic capabilities determine special requirements for the organization of the process.

The aim of the study was the analysis of the modern state medical assistance to psychiatric patients in terms of EMS. We used normative legal, statistical and analytical methods.

RESEARCH RESULTS

According to the Order of Ministry of Health of Russia dated June 20, 2013 No. 388 n "On approval of the procedure emergency care provision, including specialized medical care" [1] (procedure of EMS) emergency and specialized emergency care is delivered in diseases, accidents, injuries, poisonings and other states, requiring urgent medical intervention. Ambulance teams are directed to attend an emergency according to the profile of a visiting team and forms of rendering medical assistance (emergency, acute). Occasions to call the EMS in emergency form are sudden acute illness, condition, life-threatening aggravated conditions of chronic diseases, in fact including *mental disorders, accompanied by the actions of the patient, representing an immediate danger to him or other persons*. Occasions for call EMS in acute form are sudden acute disease, condition, exacerbation of chronic diseases, requiring urgent medical intervention, without obvious life-threatening signs.

Specialized psychiatric visiting team includes a psychiatrist, a paramedic, nursing assistant and driver or a psychiatrist, nurse, nursing assistant and driver. For the organization of the activities of the specialized psychiatric visiting team EMS class «B» vehicle is used. Recommended established standards station EMS, departments of EMS include positions, characteristic exclusively for this type: psychiatrist and nursing assistant (6,0 rate to provide 24/7 operation of specialized psychiatric team). Standard equipment of EMS, departments of EMS provides and especially and equipment Car EMS class «B» for specialized psychiatric visiting, which includes a set of tools for the practice of physical restraint.

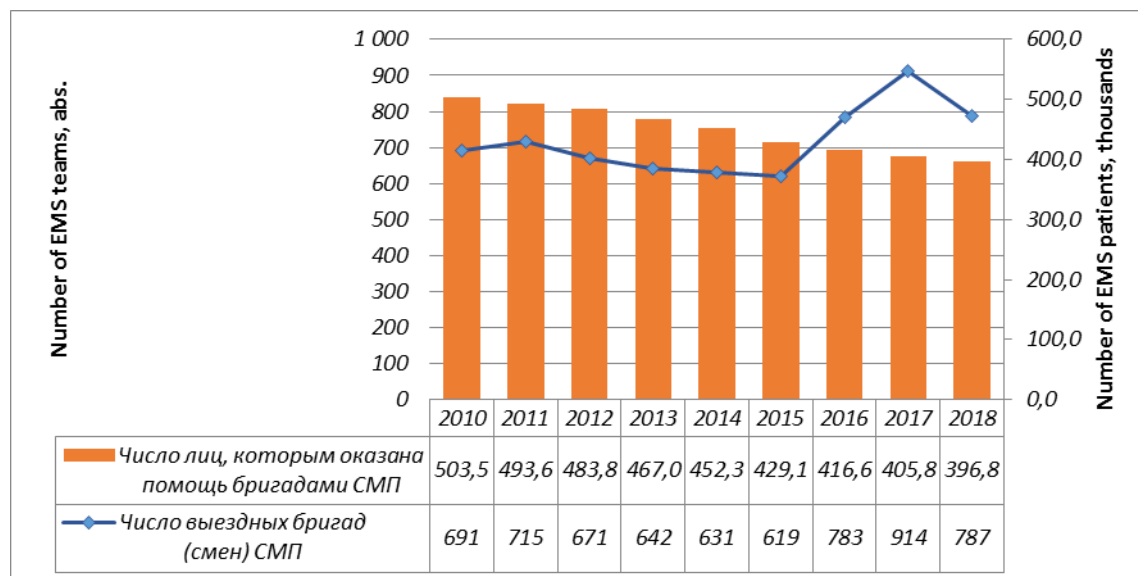
Creating EMS departments in multidisciplinary hospitals is inevitable stage of development of the EMS system, ensuring continuity in the provision of medical assistance, the unity of the technology of its organization and increase the efficiency of the work of hospitals. Notably, that even non-psychiatric medical organizations are focused on the possible arrival of patients with mental disorders. The structure of such a department is recommended to provide wards for temporary accommodation of patients with inadequate behavior (in the state of psychomotor excitation) medical treatment room for patients with inadequate behavior (in a state of psychomotor excitation), as well as nurse post for a ward with inadequate behavior (patients in a state psychomotor in excitation). However, features of their equipment are not specified. And in the recommended staffing standards of inpatient department of EMS there are no specific positions of staff for the provision of aid is this category of patients, and the main specialist here is EMS doctor, providing medical and diagnostic process (5.25 staff for 20 patients daily (24/7); 2.25 staff for 25 patients daily (24/7 clock operation of EMS beds for dynamic observation and short-term stay).

At the same time, the rules for organization of EMS physician function (as well as stations, department, and inpatient EMS department) provide for the organization of consultations, board of doctors, including remote meetings of doctors, with the involvement of specialists from other health care organizations when needed.

To assess the volume of rendering psychiatric assistance with specialized psychiatric teams, we conducted an analysis of data of the federal statistical reporting (form number 30 "Data on the medical organization" approved by Order of Rosstat dated Dec 25, 2014 no 723) for the 2010-2018 for all constituent entities of the Russian Federation - RF (table).

Table

Emergency medical care delivered by specialized psychiatric emergency medical teams in the Russian Federation, 2010–2018



When reducing the total amount of EMS teams at the country (2010-2018) by 0.8% (90 units.; $r_{\text{year}/\text{index}} = -0.3$, from 11 269 in 2010 to 11 179 in 2018) (r – Pearson's correlation coefficient) number of specialized psychiatric teams decreased to 13.9% (96 units ; $r_{\text{year}/\text{index}} = 0.6$; from 691 in 2010 to 787 in 2018), which correlates between each other: $r_{1/2} = 0.8$ (strong, direct relation).

The number of individuals, who received EMS care (2010-2018) in the whole country decreased to 7.4% (3,5 million ; $r_{\text{year}/\text{index}} = -1.0$; from 47.5 millions in 2010 to 43.9 millions in 2018), and the specialized psychiatric EMS team - by 21.2% (by 106.6 thousands, $r_{\text{year}/\text{index}} = -0.9$, from 503.5 thousands in 2010 to 396.8 in 2018), which correlates with the ratio $r_{1/2} = 0.9$ (strong, direct relation).

It should be noted, that specialized psychiatric emergency teams are absent at the considerable part of the country, and often quick assistance to patients with disorders of behavior is given by general (medical, paramedical) teams or anesthesiology – resuscitation teams. 787 teams (six-hour shifts, 2018) correspond 196.75 brigades in daily calculation (or about 2.3 brigade on the subject RF), that is not enough, and distributed them extremely uneven.

DISCUSSION

Presented data allow to consider a number of gaps of normative - legal provision at providing EMS to psychiatric patients.

The current edition of EMS Procedure[1] considers "mental disorder, accompanied authorizing actions of the patient, presenting an immediate danger to him or other persons" as the reason for calling the ambulance. Together with the fact there are a number of mental disorders, with different etiology, according to its gravity and severity of requiring the provision of medical assistance in the emergency form, which clinically manifested precisely inactivity, immobility, mutism, significant violations of will and thinking, and, as a consequence, the helplessness of the patient.

It should especially be emphasized, that the ambulance, in fact including ambulance specialized, *medical assistance with mental disorders and disorders of behavior turns out to medical professionals visiting teams (EMS)*. EMS Procedure [1], as well as the order of the Ministry of Health dated Sept 13, 2018 No. 620 "On making changes in the provision of medical assistance to patients with mental disorders and disorders of behavior, approved by the Order of the Ministry of Health of Russia dated May 17, 2012 No. 566 n"[2], as well as professional standards for EMS doctor (Order of the Ministry of Labor and Social Protection of the Russian Federation dated March 14, 2018 No. 133 n "On approval of the professional standard of "emergency physician" [3]).

To the question of the legality of actions of medical workers of visiting EMS teams, providing care for patients with mental disorders and disorders of behavior:

Article 18 of Chapter 4 of the Federal Law dated November 21, 2011 No. 323-FL" On basics of health protection of citizens of the Russian Federation" [4] duplicates article 41 of the Constitution of the Russian Federation, referring to affordable and quality health care as one of the elements of health protection. Part 2 of Article 11, Chapter 2 of the Federal Law dated November 21, 2011 No 323-FL" On basics of health protection of citizens of the Russian Federation" [4] points to the inadmissibility of the failure in the provision of medical aid: "Medical care in emergency form is a medical organization and a medical worker to a citizen without delay and free of charge. Refusal to provide it is not permitted." Parts 9 and 10 of Article 20 of Chapter 4 of this Law provide for cases when the decision on medical intervention is taken without the consent of the citizen or his legal representative. On the grounds of Part 4, Article 23 of the Law of the Russian Federation No. 3185-1 dated July 02, 1992 [5] "psychiatric examination of a person may be carried out without his/her consent or consent of his/her legal representative in the case, when according to available data the person performs actions, giving reasons to assume that he/she has a severe mental disorder, which causes:

- immediate danger to himself/herself or others, or
- helplessness, that is, the inability to independently meet the main living needs, or
- significant harm to his/her health due to the deterioration of the mental state, if the person is left without psychiatric care."

Medical worker of a visiting EMS team, providing care for patients with disorders of the psychic and behavior, must take into account the possible consequences of non-fulfillment or violation of normative legal acts of the Russian Federation.

On the one hand, the appointment of measures of physical restraint and isolation is the exclusive competence of a psychiatrist and is regulated by the Law of the Russian Federation No. 3185-1 dated July 02, 1992 "On psychiatric care and guarantees of citizens' rights during its provision" [5]. On the other hand, responsibility for the illegal deprivation of freedom is provided by Article 127 of the Criminal Code of RF No. 63-FL dated June 13, 1996 [6], wherein "illegally deprived freedom is expressed in the limitation of human freedom of movement in space and time, keeping him/her in a certain place by locking, tying... ". The person is not moved in a different place, and duration of the illegal deprivation is of no importance.

Therefore, "the appointment of the methods of non-pharmacological therapy", "performance of indicated measures of physical restrictions of the patient" repeatedly appearing in the list of duties and the necessary skills of professional standard of medical emergency doctor do not have a legitimate reason, and with the absence of the consent of the patient can be regarded as illegal.

Refusal in rendering emergency medical aid is a crime, which is provided by the Criminal Code of RF No. 63-FL dated June 13, 1996 [6]. The objective part of the crime is characterized by the refusal of assistance to the patient without valid reasons, regardless of the type of the disease and its stage (it may be a failure to attend to the patient on a call, the refusal to take the patient to the medical organization, and so on); the subject of the crime is the person, obliged to provide medical assistance in accordance with the law or with the special rule (in particular, medical staff); it should be noted that the guilty party is aware, that he/she is not providing assistance to the patient, and wants to escape from the performance of duties, even having the opportunity to provide such assistance.

In this regard, *specialized psychiatric EMS teams* are the only opportunity of providing emergency specialized psychiatric care for patients with mental and behavioral disorders. The Law of the Russian Federation dated July, 02, 1992 No. 3185-1 "On the psychiatric help and guarantees of the rights of citizens at its rendering" [5] ensures the provision of emergency medical assistance, including specialized care, specifying *the psychiatric examination* as its mandatory part (according to the Article 65 of the Federal law dated Nov 21, 2011 No. 323-FL (ed. on March 06, 2019) [4]: "Medical examination is a set of methods for medical examination and medical research, aimed at the confirmation of the state of health, which entails for constitute the onset of legally significant consequences "). In accordance with the Part 1 of Article 23 of the Law of the Russian Federation No. 3185-1 dated July 02, 1992 [5], the psychiatric examination is conducted to determine: if the examinee has mental disorder, whether he/she needs psychiatric assistance, as well as for solving the question of the form of such care. Psychiatric examination is each examination of a patient with the psychiatrist, because each time the psychiatrist assesses the presence or absence of a mental disorder, its type and the need for any assistance. The organization, providing emergency specialized psychiatric care, must have a license to execution of works and services, components of medical activities for psychiatric examination.

In real life the actual issue is the delivery of the patient with disorders of the psychic and behavior in the medical organization, where you can carry out examination, and provide adequate medical care if necessary. In connection with these *cases the provision of EMS to patients with mental and behavioral disorders, without his/her consent, the application to him measures of physical restraint of medical staff visiting teams must be accompanied by the observance of the legal algorithm:*

- 1) *specialized psychiatric team is called;*
- 2) *when it is impossibility to call a specialized psychiatric team, remote consultation with the participation of a doctor – psychiatrist is performed.*

Part 3 of Article 48 of the Federal Law No. 323-FL dated Nov 21, 2011 [4] gives a *definition of doctors meeting* as a "meeting of several doctors one or several specialties, necessary for the establishment of the state of health of the patient, diagnosis, determining prognosis and tactics of medical examination and treatment, expediency direction to specialized branches of medical organizations or other medical organization and to solve other issues in cases, prescribed by the present Federal Law"; Part 4 of the same article states: *"The meeting of doctors is performed on the initiative of the attending physician in a medical organization or outside of medical organizations (including the remote consultation of physicians). The decision of the doctors ' council is drawn up in a protocol, signed by the participants of the doctors' council and entered into the patient's medical documentation."* The protocol contains the names of doctors, information about the reasons for carrying out a consultation of doctors, during the illness of the patient, the state of the patient at the moment of this consultation, including the interpretation of clinical data, laboratory, tools, and other methods of investigation and decision of a consultation of doctors. If there is a differing opinion of a member of the council of doctors, a corresponding entry is made in the protocol. *The opinion of remote consultation participants is entered in the protocol by the medical staff, located next to the patient".*

It should be remembered that the powers of a psychiatrist as a subject of law are exclusive. In this regard, returning to the article 20 of the Law of the Russian Federation No. 3185-1 dated July 02, 1992 [5], we note, that the decision about the state of mental health of the person, given by the other specialist (not a psychiatrist), is preliminary and is not a basis for solving the issue of the limitation of its rights and legitimate interests, and also to provide guarantees, etc. provided by law for persons, suffering mental disorders, and requires confirmation of a psychiatrist or a committee thereof.

The inclusion of tele -, radio - and video - surveillance, video recording and storage of information, the system of access control to office premises and on the territory of the institution, into the standard equipment of EMS department, is established by the state, public or other public interests.

The EMS department implies the conditions for the provision of emergency care to patients with disorders of the psyche and behavior. For the provision of emergency specialized assistance to patients in an acute psychotic state and expressed psychomotor excitation and with a view to implementing prescriptions of a psychiatrist it is advisable to include kit tools for the practice of physical restraint in the list of equipment.

The Annex No.10 to the Procedure for the provision of emergency care, including emergency specialized care, approved by the Order of the Ministry of Health and Russia dated June 20, 2013 № 388 n (ed. on July 1, 2016) [1], provides medical psychologist from the calculation of 1 position for 150 patients daily, with a working space requiring corresponding equipment (the Order of the Ministry of Health of Russian Federation No. 566 n dated May 17, 2012) [2].

CONCLUSION

Certainly, it requires further work on the improvement of the regulatory framework providing emergency medical assistance, including specialized care for patients with mental disorders and disorders of behavior.

But the reality does not exclude a situation, when helping patients with disorders of the psychic and behavior cannot be provided by the *specialized psychiatric team* emergency medical assistance. Also, the possibility of *remote consultation with a psychiatrist* may be absent. Medical staff of emergency medical services and patient with a severe mental disorder, which may be dangerous to oneself or others, still need to be legally protected and need new organization and law measures, being the alternative to the existing one. Moreover, a wide range of public relations is exposed to threat only in the result of competition, conflict and lacunarity existing normative legal base in medicine.

The avant-garde in the provision of acute and emergency assistance to the population of the Russian Federation are *health workers of visiting teams of emergency medical assistance*. The earliest possible legitimization of their professional activities is the duty of the medical and legal community. The key action in this direction is the consolidation of standard conditions and an algorithm in the norms of law that exclude, permit or hinder obtaining informed voluntary consent to medical intervention (refusal from it).

The revision of Article 20 of the Federal Law dated Nov 21, 2011 No. 323-FL (ed. on June 03, 2019) is required. This rule must define a clear procedure for actions of medical workers at the refusal of the patient by medical intervention (in a broad sense - the refusal of the hospitalization), their rights and responsibilities in those or other situations, as a personal, professional, well and determining the degree of interaction with social and law enforcement agencies.

The expansion of the list of cases is required, when medical intervention for emergency and urgent indications is allowed without the consent of the citizen, the parents and other legal representatives. When updating the named list, it is normally necessary to take into account the fact that there are no parents or legal representatives, and in a broader sense - to determine the legal nature of the duties of one or another legal representative and the scope of these duties.

According to our opinion, the most important criteria for the creation of the list of cases, which allow the provision of medical assistance without the consent of the person, are: legal status as a person, requiring emergency medical assistance, as and its representative, form of the provision of medical assistance, disorders of the will and intelligence person, the form of medical care and the conditions (stages) of its provision.

CONCLUSIONS

1. In order to improve legislation in the field of emergency medical aid an opportunity should be discussed to suggest changes in the Procedure for the provision of emergency care, including specialized care, approved by the Order of the Ministry of Health of Russia No. 388 n dated June 20, 2013 "On Approval of the Procedure for the provision of emergency care, including specialized care" while providing emergency medical assistance to patients with mental disorders and disorders of behavior:

in subparagraph "g" of paragraph 11 following changes should be made:

- "mental disorders, accompanied by actions, as well as other mental disorders of the patient, posing an immediate danger to himself/herself or to others".

- cases of provision of emergency medical care to a patient with mental and behavioral disorders without his/her consent, the practice of physical restraint to him/her by medical staff of mobile teams must be accompanied by the observance of the legal algorithm:

- a. a call for a specialized psychiatric team is made to the address;
- b. when it is impossible to call a specialized teams, a remote consultation with a psychiatrist is performed.

2. The Annex number 11 Order of the Ministry of Health of Russia № 388 n dated June 20, 2013 (ed. on May 05, 2016) "On the Approval of the Procedure for the provision of emergency care, including specialized medical assistance" should be revised to that the standard equipment of the stationary department of emergency medical assistance to would include:

- means of the tele -, radio - and video surveillance, video recorder with the ability to view and store information;
- a system of access control to service premises and on the territory of the institution, adjacent to the department;
- sets of tools for the practice of physical restraint;
- standard equipment of the workplace of a medical psychologist.

3. 3.1. The rules of organization activities stationary department of emergency medical assistance in should contain in subparagraphs "h", "g", "o" of paragraph 8:

- a. h) the ward for patients with suspected psychic and behavior disorders prior to examination of a psychiatrist;
- b. g) the treatment room for patients with suspected... psychic and behavior disorders;
- c. o) the nurse post of a ward for patients with suspected... psychic and behavior disorders;

3.2. The following changes should be made in the Rules of organization of emergency medicine department in paragraph 9: It is recommended to provide at the department:

- a.... the ward for placing patients with suspected psychic and behavior disorders prior to examination of a psychiatrist;
- b....treatment room for patients with suspected... psychic and behavior disorders;
- c.... nurse post of a ward for patients with suspected... psychic and behavior disorders.

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