Two doctors say Pennhurst uses drugging as program substitute

A team of two outside doctors who investigated medical and related services at Pennsylvania's Pennhurst Center for the mentally retarded found serious inadequacies in treatment, poor record-keeping, and heavy emphasis on drugging which appears to be carried out on a haphazard and irrational basis. They said drugging is "used as a substitute for programs on a large scale."

Dr. James D. Clements and Dr. John W. Cooledge said they found:

• Gaps, sometimes of several months, in decedents' charts (these gaps were often just prior to death);

• Progress notes that were fragmented and multidisciplinary, "creating hazardous situations" (for example, one "discipline" staff member would note that the resident appeared ill while on the same day, on the same record, another would state that the resident was doing well);

• In many instances, in the records of deceased residents, signs of problems present long enough before the death which, if they had been heeded and acted upon, could have prevented death or mitigated the threat of serious accident or disease.

The two physicians listed several case histories which they said typified the standard of medical care shown in the records they reviewed. They commented:

"Problems of this kind could surely be ameliorated by better coordination and standardization of medical and medically-related care at Pennhurst, together with more consistent efforts by all staff members to identify and respond in a more sensitive and individualized manner to each resident's needs."

In literally all the records reviewed, Drs. Clements and Cooledge said, "documentation of the process of medical diagnosis and treatment is scandalously poor."

They said multi-handicapped patients "regularly receive long lists of medications of various kinds while having no stated diagnoses, signs, or symptms which would explain the drugs' use."

In one ward the doctors investigated because of its "rather high" incidence of resident deaths, they commonly found residents receiving from six to 12 or more medications, "of which many have serious known adverse side effects, with literally no identifiable justification for using them."

The physicians noted that Pennhurst uses an "after hours" (night and weekend) medical-coverage system hich places a premium upon the abil-

part-time physicians to assess reat acute problems in residents long-term medical conditions, ationale for medications being at those conditions, are "at and obscure."

true, the doctors said, of medical staff when a assigned physician reason. "The reus situation for hose medical said. They

had some relevance to medical problems are being prescribed without continuing evaluation of the client's present needs."

The physicians' report said the use of psychotropic medications poses a particular problem.

"Orders for these drugs are regularly written without a precise statement or description of behaviors which they are intended to control.

"The result is that staff who provide day-in, day-out care have no specific information concerning behavioral observations need to assist physicians in assessing the effects of these drugs.

"Consequently, behavioral observations, when recorded at all, are couched in vague and highly subjective terms."

The report said the problem extends even to clients who are regularly seen by a psychiatrist.

"This consultant's notes consistently contain recommendations for psychotropic treatment based on sketchy information whose source is not documented.

Drs. Clements and Cooledge said that "psychotropic medication is overused, and used as a substitute for programs on a large scale at Pennhurst."

In one ward, the doctors reviewed 12 records and found 11 individuals were on psychoactive drugs, and one of these was on five psychoactive drugs simultaneously.

"In no instance of any record examined," the doctors said, "was there documentation of less restrictive methods of behavior modification being tried."

Nor, they said, "did any of the annual program reviews reflect any serious attempt to address the issue of replacing psychoactive drugs with more constructive forms of behavior management.

"Indeed," the two doctors continued, "the annual reviews are so lacking in medical input... that we have the impression that Pennhurst physicians are not really looked upon as part of the program team, but rather as detached professionals whose actions are beyond the realm of team discussion."

The report said the Pennhurst infirmary is used as a "last resort" placement for residents who continue to exhibit unmanageable behaviors despite drugging.

They said that "in the absence of even a trial of a program of carefully designed behavior management, this practice is clearly highly restrictive and inappropriate."

One of the most serious problems observed and noted from the Pennhurst records, the physicians found, was "their universal and all-pervasive idleness.

"While ultimately affecting resi-

dents' emotional and intellectual development," they said, "the most immediate and obvious effects are accident, injury, self-abuse, and abuse by staff."

Drs. Clements and Cooledge saw a number of problems while observing one lunchtime meal in a ward:

"Many wheelchairs were not properly adapted either for posture or for use at mealtime. Some were too high to fit under the tables, requiring their users to reach far to feed themselves comfortably. In others, a built-on tray was so high as to make self-feeding awkward.

"Unsupervised stealing of food was

"Non-self-feeding residents were being fed hurriedly, using the dangerous technique of raking food off spoons by drawing them upwards over the upper teeth — an open invitation to choking and aspiration.

Rarely could we locate prescriptions for proper amounts of fluid intake, or records of urinary output."

The two physicians were also sharply critical of record-keeping practices at Pennhurst.

Drs. Clements and Cooledge offered 15 recommendations:

- "There must be a careful orientation of the new medical director to problems of Pennhurst's medical program.
- A continuum of "sensitivity"-raising medical grand rounds should be provided monthly for one year.

- A mandatory continuing-education program for all physicians should be conducted.
- Physicians' caseloads should be no more than 100 clients.
- Use of separate, part-time physicians for night coverage should be discontinued.
- Verbal orders by physicians should be minimized.
- A critical review of long-term medication should be done at least monthly, stating the purpose of the drug, results, and reason for continuing the drug.
- There should be a monthly review of accidents, injuries, etc., for the purpose of instigating general preventive measures.
- "A clearer definition of use of outside resources such as outside hospitals, consultants, elective surgery, restorative surgery, etc., should be developed by the medical staff."
- "Ward records should be regularly reviewed for continuity, clarity, and pertinence."
- "The services of a nutritionist should be obtained to assist in ordering individualized diets..."
- "Staff who feed residents need special training in feeding techniques."
- "Provision should be made for adaptive equipment" such as wheelchairs, walkers, crutches, braces, and feeding devices.
- Monitoring of the use of psychotropic drugs should be considered.

Retarded man must undergo tests on keeping his driver's license

Maryland transportation officials have decided that a mentally retarded man with a perfect driving record must undergo medical tests to determine whether he will retain his driver's license.

Michael Epstein, an office worker th the U.S. Dept. of Education, ad "definite signs of mental ren" when he was interviewed ring officer, according to an the department.

summoned to the April accident in and seriously in-

But the department's administrative adjudication board ruled that Epstein must undergo extensive tests to determine his driving capabilities.

Epstein's attorney, Victor M. Glasberg, said there was "nothing in the proceeding that warrants taking the matter any further."

The case is one of only a few instances in which mental retardation has been used as a possible ground for the revocation of a driver's license.

If Epstein loses his license through an administrative process, those close to him say he is prepared to fight the matter in court, according to the Washington Post. An official with the medical advisory board of the Maryland Motor Vehicle Administration said Epstein will be required to submit to the board the results of medical examinations conducted by his own physicians.

The board will then analyze the information and will decide if it wants to meet with Epstein before making a decision on his fitness to drive.

The board heard 14,000 cases last year and approved licenses in 12,000 cases, including two people who were retarded. One retarded person seeking a license was rejected.

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