

NSSS RECOMMENDATIONS ARISING FROM THE REVIEW OF THE MAREK
KWAPISZEWSKI CASE
NSSS July 26, 2010

1. VCH establish with all clinical personnel, through a program of workshops and the sharing of clinical experience, (a) the broad, pro-active character of Section 22, which broadness is there for a purpose, (b) the understanding that, because of the wording of the section, a person who is ill and deteriorating, but who doesn't have the necessary insight, can be helped under Section 22, and (c) the medical duty of clinical personnel, under their Hippocratic oath, to pro-actively use the section in such circumstances, to meet clinical need.
2. VCH establish with all clinical personnel, through a program of workshops and the sharing of clinical experience, that (a) involved family members are integral members of the treatment team, bringing to the table specialized knowledge of their own, and to be considered as equals although they have a different role than clinical staff, and (b) family members are often the best judges that deterioration is taking place. Similarly, with the participation of experienced family members, work out and clinically integrate the best ways of using observations by family members to make an optimum assessment of the patient.
3. VCH establish as policy, and fully in operations, that (a) where family members are involved –and ipso facto are part of continuity of care – that clinical information be openly shared with them, in the same way that information is shared among physicians, nurses and case workers, even when there is no permission from the patient, (b) protocols be established so that, for the patient, this sharing is understood as just part of the ordinary routine of hospital and/or team care.
4. That a major change be made to senior management of Vancouver Community Mental Health and Addiction Services in keeping with the major change in culture implicit above, in order that implementation is optimized and clinical need is more fully met.