THE DILEMMA OF COMPULSORY TREATMENT FOR ANOREXIA NERVOSA

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Introduction

- Anorexia nervosa (AN) is a serious mental illness, associated with high morbidity and mortality rates when compared to most other psychiatric disorders.

- Patients with AN are prone to refuse treatment despite life-threatening complications, sometimes invoking compulsory treatment.

- Involuntary treatment of eating disorders by means of legal commitment is a controversial issue.
According to the current law in Israel, as well as in many other countries around the world, it is legally impossible to enforce involuntary treatment on patients with severe AN.

Recently, the public discussion has lead to a new debate in Israeli parliament on this complicated matter, in order to regulate the law.
The Lecture Plan

- The Israeli law regarding compulsory treatment for AN.
- The outcomes of compulsory treatment.
- Competence to refuse treatment, decision making abilities and drive for death, in patients with AN.
- Compulsory treatment – patients’ point of view.
A case study

1). **Liat** (False name)
- A severely ill patient with AN (binge/purge type).
- 27 years old.
- Age of illness onset – 11.
- No. of previous admissions - 8.
- Current admission’s weight – 29 kg (BMI- 10.3).
- Refuses to treatment!
A case study

2). **Keren** (False name)
- A severely ill patient with AN (restrictive type).
- 20 years old.
- Age of illness onset – 14.
- No history of previous admissions.
- BMI at admission - 13.5.
- Refuses to treatment!
The current law in Israel

There are 3 circumstances that provide for compulsory hospitalization for AN;


3). An appeal to the court to appoint a legal guardian for the patient’s body.
A glimpse to the world . . .

This subject is a matter of conflict in many other countries around the world.

Involuntary hospitalization is more for the benefit of the therapist than for the patient.

The concept of “grave disability” is used in order to emphasize the patient’s impaired judgment.
The outcomes of compulsory treatment for AN.

A summary of the main findings.
The outcomes of compulsory treatment cont.

Serfaty et al. (1998)
The legal implications, psychotherapeutic management and follow up of severely ill patients with AN.

- If intervention is pursued in a structured and caring manner, **compulsory treatment and/or feeding may not adversely affect the therapeutic relationship.**
The outcomes of compulsory treatment cont.

Ramsay et al. (1999)

- Involuntary treatment led to satisfactory short-term results but increased long-term morbidity.
- The mortality at follow-up for the detained patients was 12.7% compared to 2.6% for the voluntary patients.
The outcomes of compulsory treatment cont.

Watson et al. (2000)
Examination of nearly 400 patients admitted voluntary and involuntary over 7 years.

- At admission, the involuntary patients had a lower body weight and required a longer hospitalization.
- However, there was no statistically significant difference between the groups in rate of weight restoration.
- The short-term response of involuntary patients was just as good as the response of the voluntary patients.
Ayton et al. (2009)

Comparison of adolescents patients treated under parental consent with those detained under the Mental Health Act.

- Detained patients had an earlier age of illness onset, more previous hospitalization, a worse psychosocial functioning, a higher level of co-morbid depression and a higher rate of suicidal behavior.

- Physical and psychosocial measures improved substantially and clinically significantly by discharge in both groups.

- There was no evidence of higher mortality in the detained group.
In conclusion . . .

- Only limited number of controlled trials with limited scope explored compulsory treatment and its outcomes world-wide.
- Comorbidity at admission tends to be more severe, yet the therapeutic relationship does not worsen.
- Hospitalization treatment duration was longer among patients who got compulsory treatment, yet the results at discharge were similar.
- The long term effectiveness is not yet clear.
Competence to refuse treatment in AN.

Is decision making really impaired?
Competence to refuse treatment

- Little research (only 2) has been done regarding mental competency in patients with AN, and present different results.

- The pathological eating behavior of patients with AN reflects impairment in planning real-life strategies.

(?) Decision-making impairment depends / doesn’t depend on physical and clinical modifications after treatment.
Patients can experience ambivalence in several ways:

1). There may be advantages to having anorexia.

2). The patient may feel that changing behavior is not a choice he/she can make.

3). The patient wishes to coerced before he/she can comply with treatment.

4). Simultaneous wishes to have and not have treatment.
Drive for death in patients with AN

- “The patient as an individual who is too afraid to live fully, yet too afraid to die”. (Lifton, 1969) “Dying to live“.

- Patients with AN are characterized by a rejection of life rather than a contemplation of death or attraction to it. (Bachar et al., 2002)
Compulsory treatment – the patients’ point of view

TRY TO SEE THINGS FROM MY POINT OF VIEW.
The patients’ point of view

- Patients with AN experience levels of ‘perceived coercion’.
- Some of the patients change their views in hindsight.
- All participants agreed that it is right to impose treatment in order to save life.

Indeed, within a trusting relationship compulsion may be experienced as care (Tan et al., 2010).
On the other hand, we must listen carefully to the patient’s refusal of therapy.

At least some sufferers from AN may be competent to refuse treatment.

Whilst feeding may be life-saving, it does nothing for the underlying condition.

Respecting a patient’s autonomy is also about accepting that it is the patient who is responsible for the consequences of his decisions.
A case study – treatment’s outcomes

1). **Liat** (False name)
- A severely ill patient with AN

Chronically ill – suicide threats, referred to a psychiatric ward.

- Current admission’s weight – 29 Kg (BMI - 10.3).
- Refuses to treatment!
A case study – treatment’s outcomes

2). Keren (False name)

- A severely ill patient with AN (restrictive type).
- Complete remission.
- No history of previous admissions.
- BMI at admission - 13.5.
- Refuses to treatment!
Conclusions and future research

- All that said sheds light on the complicated conflict of compulsory treatment.
- Without a doubt, a well establish method for coping with this unique legal situation might help in saving at least some of these patients’ lives.
- There is an urgent need for further research, with emphasis on the long-term effectiveness.
*Take home message*
Thank you for listening!

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