

# **“THE PATIENT IS MEDICALLY CLEARED!”**

A TANGLED WEB OF AMBIGUITY,  
DISSATISFACTION AND PROBLEMS...

**ENTER IF YOU DARE...**

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**“MEDICALLY CLEARED” – SHOULD WE GET RID  
OF THE TERM?**

**Please complete the poll....**

# **'CHANTAL' (FICTIONAL CHARACTER)**



Hearing voices, headaches, feeling stressed, loss of appetite

**‘JACK’**



**Is she medically cleared?**

**Why does she need medical clearance?**

Case study omitted because of confidentiality

Patient was deemed 'medically cleared' for transfer back to the mental health unit.

**What does 'Medical Clearance' mean to those involved?**

## BACK TO 'CHANTAL'



Hearing voices, headaches, feeling stressed, loss of appetite

# “DR HARVARD & MEDICAL COLLEAGUES”



We've “medically cleared” her already...

# “Medically clear” – What is meant?

“Make sure her voices are not due to encephalitis”

“make sure her headaches aren’t due to a sinister cause”

“she is alert enough to be assessed by psych”

“she has no acute medical problems”

“Make sure her QTc is ok so I can start antipsychotics”



“she has no life-threatening problems”

“I need assurance that she’s medically safe to be on a psychiatric ward or discharged home”

“she doesn’t need to be on a medical ward”

“Please document ‘medically cleared’ in notes”

“Make sure she’s not dehydrated”

“predominantly psych problem, psych can take over her care”



# “Medically clear” – what may be heard?

“her only issues are psychiatric”

“she is ready to be assessed by psych team”

“can you do routine bloods?”

“She’s sober now”

“she has no physical health problems, so no need to think about these”



“she can only be moved to a psych ward if her bloods, urine & ECG are normal – why?”

“these voices are not due to physical causes”

“A&E don’t know what to do with this patient”

“psych are stalling transfer of patient to a psych ward”

“are they fit for transfer...”

~~“Medically cleared”~~

- ambiguous - unhelpful - confusing -

“please admit for investigation of delirium”

“is there a medical cause for the hallucinations?”

# IS THIS A PROBLEM?

Blanket term gives no knowledge about the extent of medical evaluation completed → risk of physical health problems being missed if not assessed

Blanket term gives no knowledge about the patient's physical health problems → risk that these won't be identified on discharge home or transfer to psych ward, resulting in SUIs

False reassurance there are no physical health problems needing attention → risk of no further proper medical evaluation on subsequent reviews

Lack of specification of what is being asked for & why e.g. 'routine' investigations → inter-professional conflict, potentially unnecessary investigations & delays

***Lack of a shared understanding of what it means... Dates back to 1979! (see Weissberg, 1979 in handout)***

# 'CHANTAL' 12 HOURS LATER...



“There’s got to be a better way...”

# IS THERE A BETTER WAY? WHAT DO YOU THINK...

1. Does 'medical clearance' cause problems where you work?
2. How are you addressing these?



# SOME THOUGHTS ON WHAT COULD BE DONE....

Defining expectations of medical assessment' i.e. Making specific requests and stating a clear rationale for these requests and considering the usefulness of 'routine' investigations with A&E colleagues in light of research findings

Considering with A&E whether all patients should have a history, physical examination & vital signs completed with investigations guided by clinical findings

Psych & medical teams working more collaboratively & holistically e.g. Face to face discussions about patient's needs, less territorial

A good working relationship where Psych staff feel able to challenge medical decisions if concerned



Medical presence in decisions about adequacy of medical assessment

Good quality verbal and written handover of medical diagnoses & care plan of the patient's physical health needs between acute hospital & psychiatric wards including nursing needs e.g. d/c summary

Increasing staff confidence in knowledge of and assessing for organic causes of psychiatric symptoms aka “medical mimics”

Stigma reduction – increasing staff confidence in medical assessments of patients with mental health problems (esp. Behavioural problems)

**“Medically Cleared” – Should we get rid of the term?**

**“The secret of  
change is to  
focus your energy  
not on fighting  
the old, but on  
creating the new”**

**Socrates**



**Thank you**