

ST. LOUIS STATE HOSPITAL

The Outlook



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A SENSE OF WORTH



Dr. Moheemmed Basheeruddin Ahmed first came to SLSH as Director of Unit One in January, 1968, and with his advent have come a few changes, also. Dr. Ahmed received his BS degree in India, his MD in Pakistan, and studied in Glasgow for his DPM (Diploma of Psychological Medicine), which he was granted from both Glasgow and England.

Having completed his studies, Dr. Ahmed returned home where his parents were, according to Indian tradition, to select him a wife before he came to this country. Unknown to anyone involved, the girl who was selected had a brother-in-law who was from the same college as Dr. Ahmed. More eerily still, his new wife's sister, an M.D., was at the time practicing in St. Louis. So, if Dr. Ahmed did not feel at home immediately upon his arrival in January of this year, at least he had some family living here.

Dr. Ahmed is a very earnest man; and never more so than when he speaks of Unit One. He believes thoroughly in his philosophy of treatment, and cares intensely about the people he is treating. In this way, he is representative of what the late President Kennedy called "a bold new approach" to psychiatry. One demonstration of this new approach on Unit one is that now nine wards are open, and only two are locked; in the past, only two of the eleven wards were open, and all the rest were locked.

Another example of change is the Admission Ward. Older practice combined on one ward both newly admitted patients and chronic cases. Now, on Unit one, as on more and more other units, there are only short-term patients on Admission Ward. Those who appear to have a chronic illness are, after a two or three

week period, moved to another ward. The rest remain on the Admission Ward for the duration of their hospitalization, the average stay being about nine or ten weeks.

Also, the Admission Ward now contains both male and female patients. Of course, as Dr. Ahmed explains, rooms for the men and women are in separate sections but they are together during the day. And, as a complete reversal of older tradition, the new patients start out with full privileges. They do not have to work up to such things as telephone calls and free access to the grounds; but rather receive them automatically, until it has been proven that they cannot handle the privileges.

Dr. Ahmed's philosophy of treatment can be summed up in the word teamwork. And a most important part of this attitude is that the patient is a working member of the team. Each morning there is a group meeting of all patients on each ward. They discuss problems with each other, and allocate duties around the ward. Not only do they decide who is to clean what part of the ward, but they understand why it is important to keep the ward in shape. The patients also pass decisions on which of them receives privileges.

A patient may apply for any privilege whenever he thinks he is ready for it. The request is then presented at the ward meeting, and the rest of the patients decide whether the request should be granted. The reason, Dr. Ahmed explains, is that as the patients are with each other constantly, they have often better knowledge of how fast one of their group is ready to be on his own. Of course, the doctor may override the opinion of the group; but if he does, he must have, and be able to present, a good reason for his decision. For in this new atmosphere, the staff member who says no will probably be challenged; and cannot put the patients off with a terse yes or no. "The patients," Dr. Ahmed says, "have learned to ask why."

Group therapy, becoming a larger part of all areas of hospital work, it also vital on Unit One. The patient, after all, must be able to function as a member of a group when he leaves the hospital, whether at work, in his family or in society in general. The hospital should function, not, in the image of the last century, as a prison-like place merely to keep sick people, but as an artificial community. Here the patient can learn to cope, first with himself, then with others, as he must do all his life.

The reaction of the staff to these innovations has been extremely cooperative, Dr. Ahmed reports. Once his team philosophy was explained, the staff was eager to put it into action. This could have been difficult, but the training required by staff tends to set up a rather rigid line of authority. After all, the young doctors have spent long years working for the day when they would gain the respect given to a doctor; and the attendants, at the other end of the scale, traditionally had little authority, except over some areas of the patient's activities. Now, however, the doctors must be willing to have their authority challenged, their reasons demanded by the patients; and they must also accept suggestions from the attendants who in fact spend more time per day with the patients. And the patient, too, must be willing to accept responsibility for his actions and decisions as part of the hospital team.

Dr. Ahmed encourages visits by interested people, especially during the morning ward meetings. And any visitor who does come will see how many doors have been opened, in more ways than one. The new and very dynamic director has given to all on Unit one - most especially the patients, but the staff as well - a deeper sense of their own worth, as individual, important human beings.