

A 病院の医療観察法病棟における司法精神科医療の実践

—MDT による多職種協業アプローチから—

南 庄一郎^{1)*}, 高橋晃²⁾, 田中聡子¹⁾, 尾崎真紀¹⁾, 土井清¹⁾, 沖好子¹⁾

1) 国立病院機構鳥取医療センター第 10 病棟

2) 国立病院機構鳥取医療センター第 3 病棟

The practice of forensic psychiatry in the ward in Hospital A for medical care and treatment for persons who have caused serious cases under the condition of insanity

— Through collaboration approach by multidisciplinary team —

Shoichiro Minami^{1)*}, Akira Takahashi²⁾, Akiko Tanaka¹⁾, Maki Osaki¹⁾,

Kiyoshi Doi¹⁾, Yoshiko Oki¹⁾

1) The 10th Ward, NHO Tottori Medical Center

2) The 3th Ward, NHO Tottori Medical Center

*Correspondence: minami-shoichiro@tottori-iryo.hosp.go.jp

要旨

本報告では、はじめに医療観察法とその入院処遇、専門的多職種チーム (MDT: multi-disciplinary team) における各職種の役割について概説した。次に、A 病院の医療観察法病棟と、そこで実践されている治療プログラムについて紹介し、最後に A 病院に入院処遇となった 1 事例に対する MDT による多職種協業アプローチの実践を報告した。医療観察法における多職種協業アプローチは、対象者に提供するケアの性質や MDT 内における意見の相克といった困難さも有する。しかし、単一職種のみでは到底成し得ない興味深い実践が可能となること、その大きな「醍醐味」であると考えられる。鳥取臨床科学 5(2), 122-131, 2013

Abstract

We first here outline the contents of the Act on Medical Care and Treatment for Persons Who Have Caused Serious Cases Under the Condition of Insanity, the methods of dealing with such persons for admission based on this Act, and the role of each occupation in the multi-disciplinary team (MDT). Second, we describe the ward in Hospital A for patients admitted based on this Act and the treatment and care program carried out there. Finally, we report the actual practice by the MDT for a 20s-year-old male patient with schizophrenia admitted to Hospital A based on this Act. In the multi-disciplinary collaborative approach, there are several problems that the opinions and intentions of members of MDT tend to take precedence over the opinions and demands of patients to which this Act is applied; and the staff members need to keep a balance between the contention of their own opinions based on their respective speciality and their coordination with other occupations; however, MDT can carry out the treatment and care program based on this Act, which a single occupation can never achieve. This is the most positive aspect of MDT activity. Tottori J. Clin. Res. 5(2), 122-131, 2013