

Provide patients asylum

It is refreshing to see Dr. Nasrallah challenge the notion that deinstitutionalization benefits our patients. Discharge planning for our schizophrenic patients is the biggest obstacle my colleagues and I face.

We all have similar stories of managing an acute psychotic episode only to have the patient return within a few weeks after not taking prescribed medication or suffering the wraths of homelessness and poverty. Most of our schizophrenic patients lack necessary psychosocial and occupational necessities that would give them the best hope for recovery.

In an institution compliance is addressed, shelter is provided, and patients can hold a job, which gives them self-confidence and allows them to contribute economically to society. Also in an institution we can address patients' comorbid substance use, which would increase the efficacy of our biologically based therapies. If we do not stand up for our patients they will continue to be victimized on the streets and many eventually will be institutionalized in the correctional system.

The dictionary defines asylum as "a place of retreat and security." Shouldn't psychiatrists fight for security in our patients' insecure lives?

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