

Nowhere else to go

Laura Drake, The Ottawa Citizen
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It costs \$400,000 a year to keep David Murray in hospital because, as a 'dual-diagnosis' patient, he falls into a jurisdictional no-man's land and no one will take responsibility, Laura Drake reports.

On Monday night, David Murray called his parents, sobbing, to tell them that he wanted to die. The 46-year-old, who suffers from a developmental disability and mental illness, was calling from his hospital bed at the Queensway Carleton Hospital where, due to a lack of resources and funding for people with his condition, he has lived for the past nine months.

"He'll look at us and say, 'You're my parents, surely you can do something about this.' How do you answer that?" his father, Gil, said yesterday.

David Murray is one of at least a dozen people with what is referred to as "dual diagnosis" -- who are taking up Ottawa-area hospital beds because they have nowhere else to go, said Brian Tardif, the executive director of Citizen Advocacy Ottawa.

In light of this week's declaration by Ontario Hospital Association president Tom Closson that a bed crunch is the most serious problem facing Ontario hospitals, Mr. Tardif said it is absurd that dual-diagnosis patients take up short-term beds for months and years at a time simply because of a lack of community support, while emergency rooms become backed up and elective surgeries are cancelled due to a lack of acute-care beds.

"David is a perfect example of somebody who is costing our medical system enormous amounts of money and they are doing nothing for him but giving him a safe place to live and three meals a day," Mr. Tardif said. Mr. Tardif estimates it is costing the provincial government about \$400,000 a year to keep Mr. Murray in the Queensway Carleton.

In contrast, Joyce Lundrigan, a planning facilitator with Citizen Advocacy, presented a plan to the Ministry of Community and Social Services for David Murray that would have seen him released from the hospital into a one-bedroom apartment near a group home with the nutrition and social supports he needs.

That plan would have cost \$85,000, but it was rejected.

The problem, according to Mr. Tardif, is that dual-diagnosis patients have fallen into a no-man's land between the Ministry of Community and Social Services and the Ministry of Health and Long Term Care, with neither really taking responsibility. Since hospital beds are funded regardless of who occupies them, that is often exactly where dual-diagnosis patients end up after their mental illness triggers a crisis -- and where they stay.

Yet life in hospital often only exacerbates the problems facing dual-diagnosis patients in the first place, Mr. Tardif said.

Before being admitted to hospital, Mr. Murray had held down several jobs for long periods. He was adept at fixing electronic equipment and was learning how to drive a car.

"Here's a guy who has capacities, who has been productive and now just seems to be lost, and he's lost because our community doesn't have the resources to support him and he's stuck in hospital," Mr. Tardif said.

Unable to either read or write because of his developmental disability, Mr. Murray's days are long and tedious.

"The last three months have been worse. He's getting more desperate," said his mother, Betty. She'd take him home, but she is simply unable to do it without help, for which there is no funding.

"This has an impact on the family, on his sister, on his brother, on his nephews. We wake up in the morning and where are our thoughts?

"They're with David and it's having, more than I'd like to admit, an impact on us," said Gil Murray. "David's not the only one. If this is the way they're handling everyone, it's wrong."