
Involuntary Medications

Last updated March 2024

Introduction: A feature of many psychiatric illnesses is a lack of insight into the need for treatment.

You may need to secure a court order for involuntary treatment if a patient refuses medications and their symptoms put them or others at risk or hinder their ability to meet basic needs.

Criteria for involuntary psychiatric medications

You'll need to present evidence supporting these criteria:

1. Patient's incapacity to consent: the patient is unable to understand the need for treatment due to their psychiatric condition.
2. Anticipated Benefits of the Medication: there's a clear likelihood of benefit from the medication that outweighs any harm.
3. Lack of Less Intrusive Effective Alternatives: other less restrictive options (e.g., psychotherapy) are unlikely to suffice or be effective.
4. Risk to Self or Others/Inability to Meet Basic Needs: The patient's symptoms place them or others at significant risk, or severely hinder their ability to care for themselves.

Court Order Considerations

- Remember, patients have a right to refuse treatment, no matter how delusional they may be. The standard of evidence for court-ordered medication is higher than for involuntary commitment. A court might uphold the involuntary commitment but deny the request for involuntary treatment, unless you're able to convincingly demonstrate all four criteria mentioned above.
- The court will review the efforts you made to inform the patient about the treatment, so make sure you've provided written materials about risks/benefits/side effects/alternatives.

Informed Consent Process

- Give patients easy-to-understand written material. Keep it simple and provide translated versions if needed to accommodate patients' diverse backgrounds.
- Offer reasonable alternatives. A patient's refusal of olanzapine over concerns of weight gain doesn't warrant involuntary treatment as you can offer an alternative medication without that side effect. But if a patient refuses an antipsychotic due to delusions, like believing there's a chip in their head that they have tried to remove with a knife, this justifies involuntary treatment for their safety.

Administering Involuntary treatment

- Always try the polite "would you like your medication?" approach first. If the patient refuses and you've got the green light for involuntary treatment, you can order a backup IM medication, e.g. "Administer olanzapine 5 mg IM for each refusal of oral olanzapine."
- If there's no IM option for the prescribed med, you'll need to have a backup plan with an equivalent that does come in IM form. For example, if you prescribe Risperidone and it is refused, you can administer an IM formulation of olanzapine or haloperidol as an alternative.

Patients' rights

- Throughout this whole process, keep the patient's rights front and center.
 - In many states, patients have the option to appeal the court's decision through a second hearing. Assist with the necessary paperwork for this appeal if requested by the patient.
 - Review the patient's situation regularly to see if involuntary medications are still justified.