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STATE OF NEW YORK
SUPREME COURT MONROE COUNTY

In the Matter of the Application for an Order
Authorizing the Involuntary Treatment of

KEVIN SAUNDERS

a Patient at Rochester Psychiatric Center

AFFIDAVIT IN SUPPORT OF APPLICATION TO TREAT OVER OBJECTION; PATIENT BELIEVED TO LACK CAPACITY TO MAKE REASONED DECISIONS CONCERNING TREATMENT

STATE OF NEW YORK
COUNTY OF MONROE ss:

Christopher Deakin, M.D., being duly sworn, deposes and says:

1. I am a physician duly licensed to practice in the State of New York.

2. I submit this Affidavit in support of the application of Steven Schwarzkopf, M.D., Clinical Director of Rochester Psychiatric Center, to treat KEVIN SAUNDERS over his objection.

3. I am familiar with said patient in that I have provided a second opinion consultation by reviewing the patient's medical records and interviewing the patient.

4. It is my opinion and belief that said patient is not competent to make reasoned decisions concerning his treatment.

5. My opinion is based upon evaluation of the patient as described in the "Evaluation of Treatment Over Objection", which is appended hereto and incorporated herein by reference.

6. I respectfully request this Court grant the application for treatment of KEVIN SAUNDERS in accordance with the treatment plan described in the attached Evaluation.

Christopher Deakin, M.D.
Resident Physician

Sworn to before me this 28th
day of August, 2003.

NOTARY PUBLIC

JANE G. NORTHRUP
NOTARY PUBLIC, STATE OF NEW YORK
MONROE COUNTY
My Commission Expires
January 31, 2007

EVALUATION FOR TREATMENT OVER OBJECTION

Patient Identifying Information:

Name: Saunders, Kevin
Ward: Admit Date: 05/23/03
DOB: 05/01/56
Consec. #: 085-274
Legal Status: CPL 330.20

SECTION 1- CLINICAL ASSESSMENT

Clinical Summary:

Mr. Kevin Saunders is a 47 year old, white male with a long history of psychiatric illness. On May 23, 2003, he was admitted to the Rochester Regional Forensic Unit (RRFU). In February of 1996, he psychotically decompensated. He set fire to his girlfriend's home and subsequently was found Not Guilty by reason of mental disease or defect. In May of 1998, he was released from the RRFU on an Order of Conditions and was followed at the Tompkins County Mental Health Center for the next four years. In April of 2002, he was "kicked out" of Tompkins for noncompliance and refusing to submit to toxicology screens. He reported that around this time he was arrested for DWI with a blood alcohol concentration of .15. He expressed dismay about the concentration of alcohol because he reports drinking only "four beers in four hours". When asked what he thought about this, he replied "someone spiked my drink". Because of his continued marijuana use and refusal to take recommended medications, it was decided that his care would be transferred to Elmira Psychiatric Center (EPC). Before this transfer could take place, he ended up being admitted to the Cayuga Medical Center after exhibiting bizarre behavior. He stated that at the time he was "psychotic and delusional" but he attributed this to medications (Prozac and Trazodone) which had been prescribed a few days earlier. He was not able to recollect the events surrounding this admission.

In May of 2002, Mr. Saunders began receiving treatment at the EPC Outpatient Clinic and was followed by a new psychiatrist, Dr. Belsare. While there, he continued to refuse to take medication that was recommended for him.

In April of 2003, Mr. Saunders was again brought to the Cayuga Medical Center for bizarre behavior. He said that he was walking around "barefoot and naked" but he did not think he was psychotic. He said that he often walked around naked outside and this was "natural". His friend called an ambulance after he told her that he was the "reincarnation of Hitler". He also stated that he believed he was a "robot". He was transferred to the EPC Inpatient Unit. While there, he continued to refuse medications and reportedly assaulted a staff member although he did not recall this event.

He was transferred to the Rochester Regional Forensic Unit on May 23, 2003 and has continued to refuse medication. When asked why this is the case, he replied, "I don't know what they're for." When asked if he had a diagnosis, he replied, "I don't know, I think it may be temporal lobe epilepsy." He believes past treatment providers have conspired against him to falsify his records. He stated that his RRFU Social Worker "lied" about him in her assessment. When asked what treatment would be best for him, her replied, "marijuana helps me focus and be productive." However, he did state that he may be willing to take a "low dose" antipsychotic, like Zyprexa, after conferring with a psychiatrist of his choosing. It is my opinion that this may be a ploy to avoid a court ordered treatment over objection.

MENTAL STATUS EXAM:

Mr. Saunders appeared stated age, with long curly graying hair and glasses, mildly disheveled with fair hygiene. He was cooperative with the interview and had good eye contact. There is mild psychomotor agitation evidenced by fidgeting. Speech was spontaneous, slightly pressured and he would often "ahem" at the end of the sentence. Affect was expansive with frequent gesturing, mood appeared slightly elevated. Thoughts were circumstantial and occasionally tangential which necessitated frequent redirection. There was no overt delusional content elicited, however, paranoid ideation was evident (.e.g. his girlfriend conspired against him in the 1996 Arson, past treatment providers falsified his records and deliberately tried to harm him, someone "spiked" his drink which resulted in a DWI). He denied any auditory or visual hallucinations and denied any homicidal or suicidal ideation. Cognition appeared to be grossly intact. He appeared to have normal to above average intelligence. Insight and judgment are poor.

Patient Diagnosis:

Axis I: Psychotic Disorder NOS
R/O Bipolar I Disorder
R/O Schizoaffective Disorder
Cannabis Abuse
Alcohol Abuse

Axis II: Personality Disorder NOS with Cluster B Traits

Axis III: Obesity, mild

SECTION II- PROPOSED TREATMENT

Course of treatment recommended by treating physician:

Mr. Saunders suffers from a psychotic illness with mood instability. He would benefit from an oral antipsychotic medication (e.g. Olanzapine, Risperidone, Quetiapine, Ziprasidone, or Aripiprazole), however, if he refuses to take oral medication. Injectable forms of Ziprasidone, Haloperidol and Fluphenazine can be utilized. The mood component (i.e. Mania) can be effectively treated with a mood stabilizing agent such as Valproic Acid, Lithium, or Carbamazepine.

2. Reasonable alternatives, if any:

None

Has patient been tried on proposed treatment?

Mr. Saunders has refused to take oral medications recommended by past and present treatment providers, however, he did receive injectable Haldol when he posed a danger to others

if yes, state when:

April 2003

state result:

His psychosis cleared and his functioning improved significantly

Has patient been tried on other treatments?

I am not aware of any adequate trials of medication

a. if yes, state which:

Anticipated benefits of proposed treatments:

It is anticipated that Mr. Saunders will regain normal functioning which will allow him to be maintained in a less restrictive environment. He will become less delusional and paranoid which will make him less prone to dangerous behavior. It is hoped that the medication will improve his insight into his serious mental illness and therefore decrease the likelihood of future decompensations.

6. Reasonably foreseeable adverse effects:

The oral medications listed above (Olanzapine, Risperidone, Quetiapine, Ziprasidone, or Aripiprazole) are newer "atypical" agents that have significantly less side effects than the older "typical" agents such as haloperidol or Fluphenazine.

Olanzapine can cause weight gain, predispose to diabetes, mild cardiac effects, and sedation. Risperidone can cause Extrapyramidal symptoms such as restlessness, tremor, and stiffness particularly at high doses. Quetiapine can cause hypotension, sedation, and mild weight gain. Ziprasidone can cause restlessness, headache, and irregular heart beat. It is important to note that not all patients experience side effects and for those that do they are usually mild and tolerable. The more serious side effect such as Neuroleptic Malignant Syndrome (NMS) and Tardive Dyskinesia (TD) are rare especially with the newer agents. Haloperidol and Fluphenazine can cause extrapyramidal side effects such as tremors, stiffness, and restlessness, sedation, cardiac side effects such as palpitations and dizziness/lightheadedness on arising from a sitting or lying position, weight gain, sexual dysfunction, and rarely NMS and TD. Fortunately, the side effects can be monitored and treated with adjunctive agents (e.g. Lorazepam, Benztropine) or, if serious, the medication can be discontinued.

Valproic acid can cause weight gain, GI upset, sedation, and rarely hepatoxicity or pancreatitis. Carbamazepine can cause sedation, nausea, skin reactions, and very rarely blood cell abnormalities. Lithium can cause tremor, thirst, GI upset, weight gain, renal and thyroid dysfunction, and is toxic in overdose. All three mood stabilizers mentioned above can be monitored through blood levels and routine laboratory tests (e.g. liver function, kidney function).

patient at additional risk?
Some of the medications may exacerbate Mr. Saunders mild obesity. This can be monitored and controlled through diet and exercise.

Prognosis without treatment:

In light of Mr. Saunders past history of grossly disorganized, psychotic, and assaultive behaviors his prognosis without treatment is poor.

SECTION III - PATIENT'S CAPACITY

Explained to Patient:		Yes	No
a.	condition	X	
b.	proposed treatment	X	
c.	anticipated benefits of Treatment	X	
d.	risk of adverse effects of treatment	X	
	availability (if any) of other treatments and comparison of benefits and risks with proposed treatment		

Did not explain condition and/or treatment to patient for the following reasons:

2. State nature of patients objections to treatment. Use patient's own words wherever possible.
Mr. Saunders does not believe he has a mental illness and, therefore, medications are not necessary. It is his belief that a past medication (Trazodone) caused him to become psychotic. He would prefer to use Marijuana as a treatment for his mood instability.

3. Opinion on patient's capacity:

___ a. The patient appears able to make a reasoned decision relative to the proposed treatment, its risks, benefits and alternatives. (State basis for opinion, based on knowledge of patient including patient's response, e.g. the patient expressed understanding of condition, asked pertinent questions, etc.)

_X_ b. The patient does not appear capable of making a reasoned decision about the proposed treatment in that

__X__ (I) the patient does not appear to understand his/her condition or proposed benefits, risks, or alternatives of proposed treatment. (Based on knowledge of patient, including patient's response, e.g. patient was mute, made irrelevant comments, patient stated that voices are real and medication will poison them.)

_____ (ii) the patient has persistent severe cognitive defects (e.g. dementia; mental retardation)

_____ (iii) the patient's condition otherwise precludes his/her making a reasoned decision. (State basis for opinion based on knowledge of patient including patient's response, e.g. patient is acutely depressed and although he expresses understanding of condition and treatment, states that he deserves to feel bad.)

I SECTION IV - POTENTIAL FOR DANGEROUS BEHAVIOR (To be completed only if the patient is considered likely to be dangerous to self or others without the proposed treatment.)

The patient is believed to be potentially dangerous to others.

_X_ YES ____ NO

If yes, provide basis for opinion: Mr. Saunders has exhibited dangerous behaviors in the past including the instant offense where he set fire to his girlfriends home in 1996 and more recently, assaulting a staff member at the Elmira Psychiatric Center. These events occurred as a result of untreated mental illness. He also has a history of driving while intoxicated.

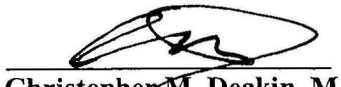
The patient is believed to be potentially dangerous to himself/herself

_X_ YES _____ NO

If yes, provide basis for opinion: Mr. Saunders has displayed poor judgment when decompensated as a result of untreated mental illness. The recent event of walking around naked in his bare feet resulted in a foot infection that required treatment. He also smokes marijuana and drinks alcohol to "feel better" which increases his impulsivity and further diminishes his judgment.

SECTION V - ANY OTHER PERTINENT INFORMATION OR COMMENTS

Date: 08/29/03



Christopher M. Deakin, M.D.
Forensic Psychiatry Fellow
Rochester Regional Forensic Unit