



PA juvenile offenders given psychiatric drugs at high rates

Psychiatric drugs flow at the state-operated secure youth correctional facilities, where chronic and violent juvenile offenders are sent. Are they drugged into behaving?

By Halle Stockton | PublicSource | Oct. 25, 2015

It's the end of the line for these kids. They've fallen through every safety net, and they keep making the same mistakes or more violent ones.

The kids — nearly all black or white teenage boys — are sent hours away from their families to youth correctional facilities, sterile lock-downs surrounded by barbed wire or cabins so far out in the wilderness they're considered secure even without a fence.

They are the toughest kids in the juvenile justice system. And, in some ways, the most vulnerable.

In the months they spend at correctional facilities, they receive mood-altering psychiatric medications at strikingly high rates, particularly antipsychotic drugs that expose them to significant health risks.

Psychiatric medications are prescribed to manage mental health and behavioral symptoms; antipsychotics are a type of psychiatric medicine approved to treat schizophrenia, bipolar disorder and irritability with autism.

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DINA RUDICK/GLOBE STAFF

The Lunder Building at Massachusetts General Hospital, which opened in 2011, is where orthopedic surgeons operate.

Clash in the name of care



This story was reported by Globe Spotlight Team reporters Jenn Abelson, Jonathan Saltzman, Liz Kowalczyk and editor Scott Allen.

Dr. Kirkham Wood arrived in the operating room at Massachusetts General Hospital before 7 one August morning with a schedule for the day that would give many surgeons pause.

Wood, chief of MGH's orthopedic spine service at the time and a nationally renowned practitioner in his specialty, is a confident, veteran surgeon. He would need all of his talent and confidence this day, and then some, as he planned to tackle two complicated spinal surgeries over the next many hours — two patients, two operating rooms, moving back and forth from one to the other, focusing on the challenging tasks that demanded his special skills, leaving the other work to a general surgeon, who assisted briefly, and two surgeons in training.

In medicine it is called concurrent surgery, and the practice is hardly unique to Wood or MGH. It is allowed in some form at many prestigious hospitals, limited or banned at many others. Hospitals that permit double-booking consider it an efficient way to deploy the talents of their most in-demand specialists while reducing wasted operating room time.

For patients, however, it can come as an unsettling surprise — especially when things go

wrong.

Waiting for Wood in operating room 72 that day in 2012 was Tony Meng, a 41-year-old father of two from Westwood who had been diagnosed that summer with a serious degenerative condition that constricted his spinal cord, causing pain, tingling, and numbness. To relieve the symptoms, the surgeon would have to slice through the front of Meng's neck, navigate around arteries that supply blood to the brain, and remove parts of his vertebrae.

Then, he would turn Meng over onto his abdomen and operate some more.

Wood later testified that he performed this particular procedure only once or twice a year, working in a delicate space where the difference between recovery and ruin is sometimes a scalpel's width. The risks are real; the benefits can be huge.

Down the hall in room 64 was Wood's other patient, an elderly woman awaiting her own complex surgery, a spinal fusion that would also require precise work spanning much of the day.

Wood's cases were scheduled to start within minutes of each other. Great skill and stamina would be required for the long hours of medical ballet ahead, as Wood timed his moves between the two ORs to match the ordinary progress of each procedure and both patients' needs.

Wood was known among his peers for taking on some of the most challenging cases, sometimes as the surgeon of last resort for suffering patients who had been turned down by other doctors. That's exactly why Meng had brought his troubles to MGH: He wanted a star surgeon, someone who could help him put aside his pain medications and comfortably play soccer again with his two young children.

Tony Meng had no idea he was sharing Wood with another patient that morning. Double-booked surgery patients often didn't at the time, and sometimes still do not. Surgeons are "encouraged and expected" to tell patients when they'll be absent for part of the surgery, an MGH spokeswoman said, but they are not explicitly required to do so. Some doctors, Wood among them, consider disclosure of double-booking a case-by-case call.

Meng wouldn't know until long after he woke up in a recovery room following the 11-

hour operation to hear a medical resident say, "Mr. Meng, can you move your arms or legs, or squeeze my fingers or wiggle your toes?"

He could not.

All Meng could do, when the resident asked, was "wince."

It was a battle pitting a star surgeon against a great hospital, MGH, and the question at root was this: Is it right or safe for surgeons, as some commonly do, to run

TWO OPERATIONS AT ONCE?

Is it right that their patients may have no idea? The conflict ran for years, with careers and reputations at risk. And it isn't over yet.

No one knows why it happened to Tony Meng, or how, or even exactly when. Nothing in the medical record indicates that Meng's sudden paralysis — a known risk of the surgery — had anything to do with Wood's decision