

嚴重病人強制住院出院後的社區治療與社區照顧

Community Treatment and Community
Care of Severe Patient after the Duration
of Mandatory Hospitalization

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摘要

精神病人因生活功能障礙，最缺乏也最需要的是人我細緻關係的陪伴，此乃精神醫療去機構化、全人照護的本旨，也是回歸社區治療與社區照顧的前提。嚴重病人的強制住院治療與出院後的社區治療，應在此基礎上規劃連續、整合性的治療階段，針對嚴重病人個案醫療照顧需求，提供其適應社區生活、克服就醫障礙所需的服務。這不僅是嚴重病人社區治療所應確保的社區安全，同時也是積極實現精神病人醫療健康權益的開始。

Mental illness patients due to impairment in the daily function, lack of and need most the refined care of social relationship. This is the original purpose of metal medical

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treatment with the idea of deinstitutionalization and holistic health care, also the precondition of the community treatment and community care. With this understanding, continuous and complex treatment phases for severe patient should be planned in the mandatory hospitalization and later community treatment. Offering to severe patient as regards their need of mental treatment and care, therefore to adapt to living and overcome their barrier of taking treatment, is not only for the community security, but as a beginning of active realization of their mental care and health right.

壹、前言

近日屏東縣精神病人攻擊超商店員造成嚴重傷害，引起社會輿論關注。據媒體報導，該行為人患有思覺失調症，先前曾傷人而強制住院一個半月出院，為屏東縣衛生所列為社區訪視高風險病人，事發前社工訪視達數十次未遇，家屬亦不清楚其是否規律服藥、持續醫療。因此，我們不禁對此疑問，究竟社區是精神病人自主生活的治療資源，還是生活功能的障礙來源？現行精神衛生法將醫療照護歷程區分為精神醫療、社區復健治療、生活照顧，服務場域分別為醫院、社區、居家。醫院強制住院治療後出院的嚴重病人，回歸居家生活與社區治療，往往因欠缺病識感或不願忍受藥物副作用而自行停藥、中斷社區醫療，直到發病造成社區傷害事故後緊急送醫、反覆進出醫院。這般現象倒似乎成為醫療常態。

現行精神衛生法規劃的強制住院治療與後續治療，係以維護嚴重病人醫療自主權、確保社區生活安全、還是以促進病人醫療健康權益為目標？如果嚴重病人因傷人事故而有強制住院