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Challenges faced when caring for foreign nationals with co-morbid medical and psychiatric problems in the general hospital

Rubiahna L. Vaughn MD, MPH and Theodore A. Stern, MD

Introduction

A growing number of foreign nationals are evaluated and treated in general hospitals in the United States. Of those, many have co-morbid mental and physical conditions, and some require involuntary commitment, capacity assessments, and disposition decisions. However, these decisions are complicated by United States' laws and by those of their home country. We present a case of a 40-year-old woman whose multidisciplinary care also involved social services and legal consultants to highlight dilemmas faced by patients, clinicians and systems of care when the laws of the land impact the care of foreign nationals.

Case Vignette

Ms. P, a 40-year-old single, unemployed woman from the Middle East with a history of bipolar 1 disorder (involving multiple psychiatric hospitalizations and suicide attempts), end-stage renal disease (on hemodialysis secondary to lithium toxicity and non-steroidal-anti-inflammatory drug (NSAID)-induced focal segmental glomerular sclerosis in the context of suicide attempt), secondary hyperparathyroidism, and hypertension, was admitted after missing dialysis for 10 days; she was manic and had anasarca, hyperkalemia, and pneumonia.

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