UNIVERSITY HOSPITAL

SHAUGHNESSY

UBC

SUMMARY OF HOSPITAL ADMISSION

SIGNATURE OF RESIDENT

AO, FERG

0196329

DR HARRIS.J G 29 JAN 59 N 33 YRS PHN 9120140136 32-07649 P2EI P2E 20

20 JAN 93

SIGNATURE OF ATTENDING PHYSICIAN

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MOST RESPONS	IBLE DIAGNOSIS (The ONE	diagnosis responsible for greate	est portion of hospital stay)	. *	3001
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takeing

KM2-4-88 Rev. 1

Occupation, Race 2. Complaints

6. Personal History 7. Fr onal

History of Present

Illness 4. Past Illness 5. Family History

8. Physical Examination

 Differential Diagnosis Provisional

Diagnosis 0. Progress Notes

1. Summary and Fir Diagnosis

DATE TIME	as " they made him sleepy". He continued to acre on his delusional welless, resulting
	to act on we decostonal decree, resolving
	in his recent confrontation with the police. He atates that he tried to contact by
	Remick but he wouldn't beturn his call.
	Corrently we admits that most
	or wis actions were likely actuations.
S S S S S S	He states he does not believe the multoney
	covernment is conspiring against him. He
	believes he was wrongfully dis massed from
e e e e e e e e e e e e e e e e e e e	the University, but feels that his lawsuit
	1's the best approach to dealing with this.
	he attributes his "bew enlightenment"
	to the Haldol Which was restarted & to
	his police experience & CRCE refusal to see him
-	the devices any visual, auditory hallucinations,
	any thought disorders, or succedar or homicidar
and a second state of the second seco	ideations.
	he was dressed in hospital pajamas,
	and appeared well groomed. He appeared very
	arxious and despite my assimances he insists
	that we "is better mon to only wants to go home"
	He states that he will not leave without a
	Dr's permission & has been advised of the
and allower with the contract of the contract	
. 1	Consequences of doing so
	@ Persistent Delusional Disorder, @ Admit 28- D- Harris Level IT
	restart Haldol / Ativan.
	Dr DGBAYEWA to see @ 17:50.
	Dr Harris to see ON Friday.
	full 150
	Baffay USA

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0196329

DR HARRIS, J G 9 JAN 59 H 33 YRS HN 9120140136

HISTORY AND PROGRESS NOTES

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1. Age, Occupation, Race 2. Complaints 3. History of Present Illness 4. Past Illness 5. Family History 3. Personal History onal

€. 8. Physical Examination 3. Differential Diagnosis Provisional Diagnosis 0. Progress Notes 1. Summary and Fip" Diagnosis

KM2-4-88 Rev. 1

appt to see Dr Remick, it seems show he stopped his sheds and did not see Dr Remick. He can very limited social Support, on Vh Conver, espel, prints le in line, le cos a Sister i New York. He was Contra or Was not relieved . No before De C'32. He is costified. No subska above. MST young prole, alert, ande to express self, quite argumentative, circumstantial excited but not englaric or apprente. Not apitated, no other mannerion specel is language or OK. Affect is flat Stable not depressed or saileday.
No hallocination but admitted to calif on his false consclusions - delusions. No bizzareness but, lægit is idiodyn-cratic. Indjent & reach festig are imprired. No copytive Imprir mes. Imp Paranor D'Sorder Pl schipping pla keep on Hardot Regulaterial forig Needs to be a squite meeter this time since he is white to 1) la 48 by jour

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OR HARRIS. J G
29 JAN 59 H 33 YRS
PHN 9120140136
92-07649
P2E1 P2E

selieved that I buin mulsoning purposely

exhausted Robert Bourassa (who was suffering from

cancer & & thus more to upaystron,

PZEI PZE 20 JAN 93 HISTORY AND PROGRESS NOTES DATE: DATE TIME أنتا نية فليا Janzo/93 ADMISSION NOTES Nr. Ling Gas is a 33 year old, General Info. single Chinese professor of Computer Science. He is surrently unemployed & lives alone in Vancouves Has sun As. Remick in the past. He is pertified & delusions about his former imployer (Head of Computer Science) and Brian Mulsoney admitted as a Transfer Pt. Is YGH-PAU. Dr. Dao was Jaken to VGH by the Gon. 18/93 after refusing to lieve station gan. 14/93 (spint 2 days ax police station + 2 days in joil! Went to CBC (for the 2nd time) in an attempt to obtain an interview express his views Concerning Brian Mulioney's the "trickery" corruption in the Refuendum and M. Dao this former employer used to privery getting a long term jub position. Ds. a bout these alusions strongly to leave he will assault & trespassing if he doesn't leave at the Charlottetown Confirmer

5. Family History 6. Personal History 7. Fur anal Er. /

. Past Illness

Occupation,

Race 2. Complaints

History of

Present Illness

8. Physical
Examination
9. Differential
Diagnosis

Provisional
Diagnosis
0. Progress Notes

1. Summary and Fir Diagnosis

KM2-4-88 Rev. 1

DATE TIME which Bourassa was not aware that Mulsoney which Stated the demands stoke Bourassa's papers of superson believes this is true of the province of Surbic. A No. Has believes that his former employer provided face information regarding the available positions for long Term employment in an attempt to prevent is sao from obtaining on of these positions. This particular belief has led him to file a law suit against UBC + +HE RCMP. Current income fr. pension - medical uic He has been unemployed since July 192. He started seeing Dr. Remick in mid Mas 192 because of the stress he was experincing from mystiating for a long turn position & his boss is Remick prescribed sluping puls (Ativan) + no other medications. Itis only other psychiatric admission was free prias on Mov. 30/92: It was admitted for the same delusional beliefs + making harassing phone call to his polleagues + CBC-TV. He was diagnosed a delusional disorder -pursuentory type & avoidant? school + obsessive personality Traits. During his stay he went AWOL X2 to his the home to makenotharassing phone calls. He was discharged DIC 21/92 after the Review Panel made the dision that ion Sas could notorphe detained. His almo supply of discharge medications were r Haloperidol 10 mg h.s., lorozipam 0.5 mg qhs, bingtropine Img po. bid. It was recommended that Dr. Has see Dr. Remiele 10) outpatient follow-up. He said he Dr. Remick's office but his hall was never betterned. He stopped taking his medications I who after he was discharged

GAO.FENG

0196329

DR HARRIS.J G
29 JAN 59 H 33 YRS
PHN 9120140136
92-07649
P2EI P2E 20 JAN 93

HISTORY AND PROGRESS NOTES

KM2-4-88 Rev. 1

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	DATE	Part Parts of the History
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Race		
2. Complaints 3. History of		
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4. Past Illness 5. Family History		
6. Personal History 7. Functional		- 34A Dande Toleria Illiano de la
E / 8. Ph, Jidal		-no psychiatric illnesses in family -parents live in China - mother- retired high school Leacher
Examination 9. Differential	and the second s	- parents live in China - mythin - retired high school Lingle
Diagnosis		(likenatu
Provisional Diagnosis		- Sister studying in the york ("himistry)
Progress Notes Summary and		- sister studying in New York (Chemistry) (literature) - fortun has hunt condition.
Fir Diagnosis		
(Past Personal 11/x
``		Nr. You was born & raised in China. He
		said he argued & his father a lot as a shild.
		The arguments subsided as he grew older. He
	AND	describes his childhood as otherwise normal. He
		says he has a tendency to speak out & voice
		his opinions but did not get into arguments C
		\cdot · · · \mathbf{v}
		classmatus or his traches. In 1982, he went to
		+he U.S. for graduate studies & objained his
		PhD in 1988. He then same 18 Canada Hijhot
		surrently involved in a relationship
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(,		tonsillictoming
		allagoral: L
		Allerques: peniculin

0749354 CAO. FENG UNIVERSITY HOSPITAL, UBC SITE DR HARRIS, J G 29 JAN 59 M 33 YRS PHN 9120140136 92-07649 P2E1 P2E 20 JAN 93 15.54 **HISTORY AND PROGRESS NOTES** DATE: DATE TIME mueriariae DX in the substitute to be AUS I: Paranoid Delusional Disorder AKIS II: ? 1. Age. AXISIL: non known Occupation, Race 2. Complaints AUISTE: -3. History of Present Illness AKIS I: -4. Past Illness 5. Family History 6. Personal History 7. Functional al. Ph , ...نal -admit Pt (lestified) Examination 9. Differential Diagnosis - continue 1x à current modications Provisional Diagnosis 0. Progress Notes -Harpurdol 1. Summary and Fine! Diagnosis (· Bentropine MEDIL Her UISOR

KM2-4-88 Rev. 1

DATE TIME acting on his delusions e & Dess

UNIVERSITY HOSPITAL, UBC SITE 0749354 GAO, FENG DR HARRIS, J G 29 JAN 59 N 33 YRS PHN 9120140136 92-07649 20 JAN 93 PZEI P2E **HISTORY AND PROGRESS NOTES** DATE: DATE TIME ... M. 30 - 20 - 2 1. Age, Occupation, Race 2. Complaints 3. History of Present Illness 4. Past Illness 5. Family History 6. Personal History 7. Functional 8. Ph. ___al Examination 9. Differential Diagnosis Provisional Diagnosis 0. Progress Notes 1. Summary and Final Diagnosis KM2-4-88 Rev. 1

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UNIVERSITY HOSPITAL, UBC SITE 0749354 CAO. FENG DR HARRIS. J G 29 JAN 59 H 33 YRS PHN 9120140136 92-07649 20 JAN 93 PZEI P2E **HISTORY AND PROGRESS NOTES** DATE: DATE TIME Contract to er wa Wa و ناسفنا 1. Age, Occupation, Race 2. Complaints 3. History of Present Illness 4. Past Illness 5. Family History 3. Personal History 7. Functional Ε 8. Ph, ...cal Examination 3. Differential Diagnosis Provisional Diagnosis 0. Progress Notes 1. Summary and Diagnosis KM2-4-88 Rev. 1

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0749354 GAO. FENO DR HARRIS. J G M 33 YRS 29 JAN 59 PHN 9120140136 92-07649 20 JAN 93 PZEI P2E **HISTORY AND PROGRESS NOTES** DATE TIME A STATE OF THE PARTY OF THE PAR GE/BU Bd 1. Age, Occupation, Race 2. Complaints 3. History of Present Illness 4. Past Iliness 5. Family History 6. Personal History 7. Fun Conal €r 8. Physical Examination 9. Differential Diagnosis Provisional Diagnosis 0. Progress Notes 1. Summary and Final Diagnosis KM2-4-88 Rev. 1

UNIVERSITY HOSPITAL, UBC SITE

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UBC SITE 2211 Wesbrook Mall Vancouver, B.C. V6T 2B5 Telephone: (604) 822-7121

REVIEW PANEL HEARING REPORT

P2E

MED. REC. #: 196329

PATIENT NAME: GAO, Feng

D.O.B. 29 Jan 1959

ATTENDING PHYSICIAN: Dr. J.G. Harris

DICTATED BY:

SIGNATURE

.G. Harris, M.D., FRCPO

COPIES TO:

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Dr. J.G. Harris

Dr. Gao was admitted to University Hospital - UBC Site on January 20, 1993, on a transfer from VGH PAU. He was admitted there on January 18, 1993. He had been discharged from Ward West 2 UBC around the end of December, after being decertified via a review panel. He had been in hospital approximately one month because of his delusional disorder and his acting on these delusions.

Since February 1992 Dr. Gao who had been employed at UBC in the Computer Science Department on a 3-year contract, but did not have his contract renewed. Apparently, there was some negotiation and he did get a one-year extension. However, he felt he had been unfairly treated as they did not tell him about the full-time position which he felt he could have applied for. Since this time, February 1992, he has become increasingly convinced that the head of the department somehow framed him, set out false evidence against him, and these beliefs extended quite a bit to the point where he felt that Prime Minister Brian Mulroney was somehow involved and there was a large conspiracy out. He felt to deal with this, he had to get to CBC and make them give him an interview and air this publicly, and somehow this would change things for him. He then began a campaign of pestering CBC to the point where they eventually phoned the police because of this continual harassment and their concern that he might become violent in his led to the on being interviewed. This insistence hospitalization.

He was treated with Haldol and Cogentin. He eventually was given his release after a hearing of the review panel. He did take Haldol for approximately one week, but then he stopped taking the medication even though I believe before discharge, he did say he would take medication.

In less than a month of being discharged from hospital, he was once again at the CBC building, very insistent and persistent to the point where once again the police were called and he did in fact spend some time in jail. Criminal charges were dropped on the understanding that he would be taken to hospital and treated for his ongoing delusional disorder.

When in PAU, he was once again started on Haloperidol 10 mg h.s. He was transferred to UBC on January 20, as mentioned.

Since his hospitalization here, he has continued to take medications. We have decreased the Haldol to 7.5 mg with the view to decreasing it further to 5 mg in the near future.

While in hospital, Dr. Gao has been cooperative with medications and he has not tried to leave the hospital against medical advice. He did say, fairly soon after discharge, that he was thinking differently about the whole situation, felt that there was not any point in going to CBC, and did say that possibly he was mistaken in some of his assumption about what the head of the Computer Science Division was doing. On the basis of his stated compliance, he was given a pass to go home as he only was dressed in a business suit and this was readily inappropriate for being in hospital. Further, he was concerned about some bills which were mounting and he felt he needed to take care of these.

Within an hour of being out on this pass, the ward received a phone call from the Vancouver City Police stating that Dr. Gao had gone straight to the CBC building and was creating a disturbance there, once again insisting on being interviewed to talk about the conspiracy theory. He was brought back to hospital.

The next day on interviewing, he kind of shrugged and dismissed the whole thing, and once again said that he had changed his thinking and he was not really thinking about pursuing this and he was fit for discharge. There was the ongoing situation of his needing to take care of some business, so it was arranged to give him a pass with accompaniment so that he in fact would not go to CBC and act out on his delusions which were obviously still present in spite of his statement 100% to the contrary. Even with accompaniment, Dr. Gao went to CBC once again on this pass, although he did at least go home first to get some other clothes.

It is evident then, by his actions, that Dr. Gao is in fact still believing in his conspiracy theory and is prepared to act on it. It is also clear that he is telling us contrary things to what he is in fact believing. Therefore, we cannot trust what his words say. We will have to go by his actions. The other thing that we will have to go by is our general medical knowledge that it takes 3-6 months for fixed delusions to respond to antipsychotic

medications. Therefore, I would suggest that Dr. Gao be kept in hospital for at least another month, preferably two, so that we can be assured that he will stay on medication and the medication then will have enough time to work on the delusional system. If he is discharged now, the chances are, I am sure overwhelming, that he will very shortly stop his medication and he will quickly revert back to a full-blown delusional state and start acting on these. At the very least, he will destroy any chance he has for an ongoing career in academia; however, there also is the possibility that as he gets more frantic in his belief of his delusion, that he in fact will revert to violence. It would seem that the people at CBC were somewhat concerned about his behavior and it may have escalated even more if the police had not been called. Therefore, it is recommended that this man should stay in hospital to be monitored with medications.

JGH/gdk/8 d: 3 Feb 93 t: 4 Feb 93



UBC SITE 2211 Wesbrook Mall Vancouver, B.C. V6T 2B5 Telephone: (604) 822-7121

DISCHARGE REPORT

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PATIENT NAME: GAO, Feng

MED. REC. #: 196329

D.O.B. 29 Jan 1959

ATTENDING PHYSICIAN: Dr. J. G. Harris

SIGNATURE

G. Harris, M.D., F.R.C.P.(C)

COPIES TO:

Dr. J. G. Harris

ADMISSION DATE:

20 Jan 1993

DISCHARGE DATE:

12 Feb 1993

ADMITTING DIAGNOSIS: Delusional Disorder.

DISCHARGE DIAGNOSIS: Same.

HPI:

This is a 33-year-old single male who was admitted to University Hospital UBC Site about one month after being discharged from Ward West 2 with a similar problem. He had been working at U.B.C. as a professor in the Computer Sciences Department. He had a three year contract. When this terminated, he entered into discussions for ongoing employment. He felt he was given misleading information, and because of this, signed a one-year extension rather than getting on as a permanent employee of the university. He has become so fixated on his belief that he was plotted against and treated poorly that this has progressed now to a very systematized and elaborate delusional system.

It is unclear as to the full extent of it as he is quite guarded when talking about it, but he has made reference to the government and Brian Mulroney being involved in a plot against him. Because of this, he felt he had to go to CBC Television (specifically CBC because it was the national network) and have an interview which would alert the nation to these dangers that were going on around him. He became very persistent and in fact harrassed the staff at CBC and threatened to the receptionist there. He has had the police called a number of times to remove him from the premises.

This led to his first admission to the hospital. He was certified, but allowed out on a review panel as they felt he was not dangerous. One month after that discharge, he continued with his harrassment at CBC and once again, he was arrested. This time, he

spent several days in jail. When seen by a psychiatrist there, they felt that he should be treated in the hospital instead of having charges pressed, and he was taken to VGH PAU. He was diagnosed as having a delusional disorder and started on Haloperidol, and transferred to University Hospital UBC Site. As soon as he was in-hospital, he applied for a review panel once again.

MENTAL STATUS ON ADMISSION:

He appeared a 33-year-old Chinese male dressed in hospital pajamas and well-groomed although he was very anxious and kept insisting that he was "better now" and that he should be allowed to go home. He acknowledged some difficulty with the university, but he said that he no longer felt the need to talk to CBC, and he did not feel Brian Mulroney was involved in any conspiracy. His affect was anxious and mood seemed to be anxious, but other than that, he was certainly not depressed and there was no suicidal intent.

COURSE IN-HOSPITAL:

The course in-hospital was marked by the patient stating that he no longer had these delusional beliefs, that he was planning to go home, and that he would follow up with medications. Whenever he had an opportunity when put out on pass; he went straight to CBC and continued to harrass them. He did this on at least three occasions while on pass, even when supervised, and he left the hospital against medical advice and went to CBC when he was ostensibly just out on the university campus. It was clear that although he stated he was better, he was still suffering from his delusional disorder and felt pressed to follow through and act on We attempted to negotiate with him to it by harrassing CBC. outline how he would end up destroying his career if not getting into more serious trouble if he continued to persist on these delusions, and it was in his own best interest that he stay inhospital and on medications. However, he insisted on going ahead with the review panel. At the review panel hearing, they felt he was not certifiable. He was changed to voluntary status, and he immediately discharged himself.

FOLLOW-UP ARRANGEMENTS:

He had seen Dr. Remick in the past, and was advised to get in touch with him. Whether he will in fact make arrangements to do this and whether he will stay on medications, we will have to wait and see.

RECOMMENDATIONS:

If he persists in harrassing CBC and again comes to the attention of the police, I would suggest that there is no point in certifying him and treating him in-hospital. His treatment will take at least three to six months' duration, and we only have a one-month mandate at any given time with certification, and it becomes a charade to keep going through this mock treatment of one month at a time, then releasing him on review panel hearing. If he creates a disturbance at CBC, I would suggest that they going ahead and press charges and that he be dealt with through the legal system where they may in fact have a handle on him to continue in treatment.

JGH/jmr/4

d: 23 Feb 93
t: 24 Feb 93

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