

LES ABUS DE LA PSYCHIATRIE ET L'ASSOCIATION MONDIALE DE
PSYCHIATRIE
PSYCHIATRIC ABUSE AND THE WORLD PSYCHIATRIC
ASSOCIATION

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L'Association Mondiale de Psychiatrie fut fondée il y a une trentaine d'années dans le but de promouvoir une coopération internationale dans le domaine de la psychiatrie en cordonnant sur une base mondiale, les activités des sociétés membres afin de promouvoir les activités propres à développer la connaissance de la maladie mentale et, par implication, une meilleure qualité de soin.

"L'Association" compte présentement 72 sociétés-membres. Elle tient deux congrès régionaux chaque année et une assemblée scientifique générale tous les six mois. Elle couvre, à travers ses vingt-quatre sections affiliées, tous les domaines touchant au dérèglement de l'humour et à leurs conséquences morbides chez l'être humain, lors de symposia à thèmes plus spécifiques.

During the last twenty years, complaints about abuse of psychiatry came from all over the world, but more particularly from the countries governed by "totalitarian-regime". The concern that had developed mainly since the General Assembly meeting, held in Mexico city in 1971, reached a peak on the occasion of the VIth world congress in Honolulu, August 1977, with the Declarations of Hawaii, modified at the VIIth world

congress in Vienna July 1983 (appendix A). A motion to develop a committee on ethics and a committee to review the abuse of psychiatry was passed on the occasion of the Honolulu meeting, after a great deal of discussion and opposition mainly from the U.S.S.R. representatives and those of the satellite countries. Since the early sixties, working groups to help the victims of abuse of psychiatry for political reasons have developed, though many of them have been either dismantled or paralysed in their actions through prison sentences, exile or other forms of punishment. Dissidents from such countries who had emigrated to the west were supportive of allegations that dissidents had been sent to special psychiatric hospitals aimed at "specially dangerous patients" because of their political opinion and not for reasons of mental illness or special dangerousness.

Both the Committee on Ethics and the Review Committee, developed shortly after the Honolulu meeting along with a group of six legal advisors, matching the geographical distribution of the Review Committee members.

Our first task has been to develop a working document with the precious legal assistance of Mr. Anthony McNaulty C.B.E., currently director of the British Institute of Human Rights and a former director of the European Institute of Human Rights. The Review Committee was definitely organized in the fall of 1979 with six members, each one representing a different part of the world namely Western Europe, Eastern Europe, Middle East and African Countries, Central and South America, Far East Countries, and North America. Its main task was to review the individual complaints of alledged abuse of psychiatry

In reference to the accepted clinical criteria for a given diagnosis, treatment plan and rehabilitative process.

The majority of individual complaints came from U.S.S.R., twenty-six of them had been accepted for consideration by the Review Committee. Because the U.S.S.R. representatives had been opposed, in Honolulu, to the development of the Review Committee, they refused to recognize its existence and to collaborate with the chairman of the Review Committee, in his requests for clarification and guidance in the cases of alleged abuse. The Soviets misjudged the nature of the committee and its commitment to the scientific examination of the evidence; we sought conciliation, not confrontation in our role. The documents addressed by the Soviet colleagues in seven cases at the request of the President of W.P.A. after they had failed to acknowledge sixty nine letters or telegrams addressed by the chairman of the Review Committee, did not provide enough information to assist us in reaching an opinion in any of the alleged victims.

In the last six months preceding the Vienna Meeting, not only did the Soviets resign as member of W.P.A. but so did other allied countries who had one psychiatrist actively involved with W.P.A. In one case of alledged abuse from Austria, we enjoyed the total collaboration of the Austrian Society of Psychiatrists. That patient was examined by three independant experts who produced a report to the satisfaction of the Review Committee.

Nous avons aussi reçu une abondante correspondance de plaintes individuelles ou de groupes de différents pays dont l'Afrique du Sud, plusieurs pays de l'Amérique Centrale et de l'Amérique du Sud. Ces plaintes ne

rencontraient pas les critères d'acceptation du comité de revision, ou elles étaient si pauvres en informations qu'il était impossible d'établir quelqu'opinion que ce soit et souvent notre interlocuteur ou bien ne pouvait fournir aucun renseignement supplémentaire ou ne répondait pas à notre demande d'information en ce sees.

Les problèmes qui nous sont présentés sont multiples et s'adressent non seulement au patient, mais parfois à sa famille, ses amis, au psychiatre traitant puni ou promu dans les rangs du parti politique selon qu'il conserve son objectivité clinique ou qu'il se rallie à l'idéologie politique qui prévaut. Dans certains cas, des psychiatres auraient même participé directement ou indirectement au processus punitifs ou à la torture de certaines victimes du régime en cours. De telles allégations furent à nouveau portées récemment. (cf. Toronto Star A.20 - Aug. 3. 84).

La définition des droits de la personne, tout comme les règles d'éthique médicale, varie d'un pays à l'autre, parfois ces mêmes droits cèdent le pas à ceux de la collectivité et le dissident peut se voir arrêté, sous prétexte "d'agitation et de propagande anti-nationale" voire être même considéré comme spécialement dangereux.

The problem of human rights need to be examined regularly in order to assess the effectiveness of actions developed to counter act that phenonena, to develop new ideas and to encourage the development of concerned individuals or groups.

Because of the tremendous task, in that particular domain, the World Psychiatric Association, strongly encourages its member societies to develop a committee on Ethics in order to locally review the alledged abuses and

to take proper action to prevent and correct them. The review committee will continue its work conscious of the difficulties and the limits of its action.

Appendix A

WORLD PSYCHIATRIC ASSOCIATION

"Declaration of Hawaii/II" adopted by the General Assembly in Vienna on July 10, 1983.

Ever since the dawn of culture, ethics has been an essential part of the healing art. It is the view of the World Psychiatric Association that due to conflicting loyalties and expectations of both physicians and patients in contemporary society and the delicate nature of the therapist-patient relationship, high ethical standards are especially important for those involved in the science and practice of psychiatry as a medical specialty. These guidelines have been delineated in order to promote close adherence to those standards and to prevent misuse of psychiatric concepts, knowledge and technology.

Since the psychiatrist is a member of society as well as a practitioner of medicine, he or she must consider the ethical implications specific to psychiatry as well as the ethical demands on all physicians and the societal responsibility of every man and woman.

Even though ethical behavior is based on the individual psychiatrist's conscience and personal judgement, written guidelines are needed to clarify the profession's ethical implications.

Therefore, the General Assembly of the World Psychiatric Association has approved these ethical guidelines for psychiatrists, having in mind the great differences in cultural backgrounds, and in legal, social and economic conditions which exist in the various countries of the world. It should be understood that the World Psychiatric Association views these guidelines to be minimal requirements for ethical standards of the psychiatric profession.

1. The aim of psychiatry is to treat mental illness and to promote mental health. To be best of his or her ability, consistent with accepted scientific knowledge and ethical principles, the psychiatrist shall serve the best interests of the patient and be also concerned for the common good and a just allocation of health resources. To fulfill these aims requires continuous research and continual education of health care personnel, patients and the public.
2. Every psychiatrist should offer to the patient the best available therapy to his knowledge and if accepted must treat him or her with the solicitude and respect due to the dignity of all human beings. When the psychiatrist is responsible for treatment given by others he owes them competent supervision and education. Whenever there is a need, or whenever a reasonable request is forthcoming from

the patient, the psychiatrist should seek the help of another colleague.

3. The psychiatrist aspires for a therapeutic relationship that is founded on mutual agreement. At its optimum it requires trust, confidentiality, cooperation and mutual responsibility. Such a relationship may not be possible to establish with some patients. In that case, contact should be established with a relative or other person close to the patient. If and when a relationship is established for purposes other than therapeutic, such as in forensic psychiatry, its nature must be thoroughly explained to the person concerned.
4. The psychiatrist should inform the patient of the nature of the condition, therapeutic procedures, including possible alternatives, and of the possible outcome. This information must be offered in a considerate way and the patient must be given the opportunity to choose between appropriate and available methods.
5. No procedure shall be performed nor treatment given against or independent of a patient's own will, unless because of mental illness, the patient cannot form a judgement as to what is in his or her own best interest and without which treatment serious impairment is likely to occur to the patient or others.
6. As soon as the conditions for compulsory treatment no longer apply, the psychiatrist should release the patient from the compulsory nature of the treatment and if further therapy is necessary should obtain voluntary consent. The

psychiatrist should inform the patient and/or relatives or meaningful others, of the existence of mechanisms of appeal for the detention and for any other complaints related to his or her well being.

7. The psychiatrist must never use his professional possibilities to violate the dignity or human rights of any individual or group and should never let inappropriate personal desires, feelings, prejudices or beliefs interfere with the treatment. The psychiatrist must on no account utilize the tools of his profession, once the absence of psychiatric illness has been established. If a patient or some third party demands actions contrary to scientific knowledge or ethical principles the psychiatrist must refuse to cooperate.
8. Whatever the psychiatrist has been told by the patient, or has noted during examination or treatment, must be kept confidential unless the patient relieves the psychiatrist from this obligation, or to prevent serious harm to self or others makes disclosure necessary. In these cases however, the patient should be informed of the breach of confidentiality.
9. To increase and propagate psychiatric knowledge and skill requires participation of the patients. Informed consent must, however, be obtained before presenting a patient to a class and, if possible, also when a case-history is released for scientific publication, whereby all reasonable measures must be taken to preserve the dignity and anonymity of the patient and to safeguard the personal reputation of the subject. The patient's

participation must be voluntary, after full information has been given of the aim, procedures, risks and inconveniences of a research project and there must always be a reasonable relationship between calculated risks or inconveniences and the benefit of the study. In clinical research every subject must retain and exert all his rights as a patient. For children and other patients who cannot themselves give informed consent, this should be obtained from the legal next-of-kin. Every patient or research subject is free to withdraw for any reason at any time from any voluntary treatment and from any teaching or research program in which he or she participates. This withdrawal, as well as any refusal to enter a program, must never influence the psychiatrist's efforts to help the patient or subject.

10. The psychiatrist should stop all therapeutic, teaching or research programs that may evolve contrary to the principles of this Declaration.