Is Coercion in Psychiatry Avoidable?

Abstract

Incarceration and coercion have no place in psychiatry. All people enjoy equally civil and human rights as reflected in the Convention of Rights for People with Disabilities and its interpretation. This article argues that one goal for the service survivor movement and allies should be to eliminate all non-consensual measures against people in the Psy system.

Citation

Hauksson, S. R. (2015). 'Is Coercion in Psychiatry Avoidable?', *The Journal of Critical Psychology, Counselling and Psychotherapy,* 15 (3), pp. 172-179.

Full-Text

Is Coercion in Psychiatry Avoidable?

Sveinn Rúnar Hauksson

SUMMARY: Incarceration and coercion have no place in psychiatry. All people enjoy equally civil and human rights as reflected in the Convention of Rights for People with Disabilities and its interpretation. This article argues that one goal for the service survivor movement and allies should be to eliminate all non-consensual measures against people in the Psy system.

KEYWORDS: Medical compulsion, psychiatric coercion, medication, medical ethics

As my friend who used to be my shrink said to me last week: The doctors should be reminded of their Codex. In the Icelandic *codex ethicus* the rules are clear about good doctors' manners: a doctor gives advice, not orders (or commands).

I have been a family doctor in Iceland for 25 years and regard myself as a bipolar survivor for the same period of time, being free and without any incarceration for quarter of a century. (I know Professor Thomas Szasz would have hated to see the use of meaningless words such as bipolar and survivor.) Before that I had the experience of five compulsory admissions in five years, from 1980–85, plus one 10 years earlier. Each time incarceration began with involuntary injections of Haloperidol (16mgx4, 64 mg daily), at that time the routine treatment. It was performed by five or six male workers who held me while a nurse injected. On the other hand, I have through the years also been the doctor on duty a few times every month and was once called upon three times in the same evening shift to admit people on an involuntary basis in the presence of the police. It would be utterly distasteful to brag about such a job, but I will however claim that it all went smoothly, perhaps in part because the doctor was an insider when it came to such encounters with an understanding of the feelings and situation of the one who was put away.

Sveinn Rúnar Hauksson is a family doctor/GP at the Domus Medica, a center for nearly 80 specialists and 4 GP´s in Reykjavík. He has a special interest in mental health and addiction and has been an activist for Palestine since 1987.

I am sharing with you my experiences, not only because I am egocentric but because I believe that my experiences are not unique. I believe they illustrate the principles and lack of principles that dominate the scene, where people are put away as criminals for having a 'disease', or for being suspected of having one ('deemed highly probable'), or 'if the person´s condition is reasonably deemed analogous', as it says in the still valid Icelandic law from 1997.

Often a visit to the psychiatrist leads to involuntary admission, if that visit takes place within hospital premises. I remember bringing my 25 year old son to the psychiatric ambulatory services. He had just returned from China with the assistance of the Embassy. He had sounded on the phone like an old recording of my manic self from 25 or 30 years back. We were received at the psychiatric ambulatory services of the University Hospital by a young woman, a specialist in psychiatry, who cut the talk short and let us, my son, myself, my ex-wife and my wife, quickly understand that we had no say in the matter. She had decided after only a few minutes evaluation that our 'obviously bipolar son' in manic phase should be admitted and neither my son nor we could change her decision. Hers was the power within the hospital´s facilities. By Icelandic law the sole power lies with the doctor to decide for at least 48 hours. This was my son´s first encounter with the psychiatric ward and the diagnosis was made instantly. For me it was a discount purchase of diagnosis, he got it cheap because of my history. Unlike me, he did not put up any struggle and after the 48 hours had gone he was easily persuaded to stay without being formally committed ('sectioned' in the UK).

Legal framework and procedure

We do not have a separate law for psychiatry, 'a mental health act' as many have. The rules are actually hidden in the framework (legislature) of the human rights laws, in the ACT ON LEGAL COMPETENCE. The second chapter contains the rules for Deprivation of legal competence. It defines who can request it, on what grounds, conditions and decision-taking. Section 19 includes Conditions for Involuntary Commitment, etc. Suggestion for incarceration can be made by the spouse, his or her direct relatives and siblings; guardian or administrator and social security office if the request is considered advisable as a result of his or her own petition or next of kin, physician or friends, or, 'by reason of knowledge of his or her situation otherwise obtained.' Who cannot suggest incarceration? Even a rumor is enough for the social security office. In my case the requests have come from the family (mother and sister were forced to sign, against their better judgement), the town´s social committee, and twice the ministry of justice itself.

My first involuntary commitment was December 15th 1970 in Nervenklinik der Universitat Tübingen in Germany. I had gone for a visit and found that without any direct connection there had been the same kind of social voluntary work that

I had organized in Iceland from Feb 1966. I was then 18 years old and remained involved as the organizer of TENGLAR ('contacts') for several years to come. The aim was to break down the walls of social isolation and the stigma against psychiatric patients. We pursued all kinds of activities towards this end, and fought for equal rights; civil and human. Through our presence at the institutions we demanded respect and dignity for the people that had been admitted and often involuntarily committed at Kleppur, the mental hospital. To increase public knowledge and lessen stigma we ran an extensive campaign in the media and schools. The preparation brought me in June 1968 to England as guest of the National Association of Mental Health, forerunner of Mind. I was graciously received and supported in my work as I was allowed to bring material back home that could be adopted for our 'Eight Days Mental Health Week, Work to be done.'

Two years later, with the help of unmeasured amounts of cannabis products and just occasional acid (LSD), I found myself in Berlin, München and Tübingen preaching not only hashish but also nudism as the keys to wellbeing and freedom. I was mad, feeling myself directed by signs in the environment, the center of the universe, and constantly under surveillance via the radio and TV. I walked barefoot, hitchhiking back and forth between Berlin and Tübingen. It was later diagnosed as a case of hashish psychosis, which I thought ridiculous at the time, but I accepted the diagnosis in order to speed my release.

On a visit to the Tübingen Nervenklinik I suddenly found myself in a closed ward. When I asked to be let out I was attacked by five or six men while the seventh person injected some substance that was supposed to make me more likeable to the staff. I am sure there was no paperwork, or court ruling. When I left I received a letter to take to doctors in Iceland. I had lost everything, including clothes and passport and was escorted out of Germany by an Icelandic girlfriend. What was important was to get out as quickly as possible, and I knew how to comply and act sane.

I relived the same scene when I managed to get back home to Iceland. I got the same treatment in Kleppur. Again five or six men and a nurse ready with haloperidol, lots of it and, again, no paperwork. It was January 1971, the winter was very cold and I was waiting in my cell to be picked up by a small spaceship that was to take me to Eritrea. My role was to bring about peace with Ethiopia, but the spaceship could not land because of the weather, and the war went on. There was one problem with my first incarceration at Kleppur; so short a time had passed since I was the organizer of voluntary work there, my friends, the chronic patients who were still there, would not accept me as a patient. They took it as a new phase in TENGLAR´s work. Now we were not just visiting on a regular basis; now we had moved in with them.

After my release from this first incarceration, which lasted about five weeks, a continuation of the two weeks in Tübingen, I was free for many years, nearly a

decade. I smoked cannabis quite often and it made me paranoid, but I had learned to live with the madness, or on the edge. I raised a family and had three children with a wonderful wife. I studied medicine, at least the nurse´s version of it. I was socially active, was a leading activist in the Student Left, founded and chaired the Vietnam Solidarity Committee in Iceland, and chaired for a while the Campaign Against Military bases in Iceland (our CND), and so on.

It was not until I decided to become a man of abstinence again, quit tobacco smoking, abstained from cannabis and alcohol that I found myself in serious trouble. This was 1979, seven years before I was led into Alcoholics Anonymous. I tried to become sober on my own.

I was 32, returning from successful studies in Denmark to Iceland, finally starting my career as a doctor, and I did not like the idea of being a hashish smoking doctor. So I tried to turn the clock back to the time when I was twenty and was teetotal. In spite of my medical education I was not familiar with acute or chronic withdrawal symptoms, at least not when they were my own. I soon found myself in a deep depression, a situation unknown to me. I did not seek help for it, but kept on with my work in geriatrics. I knew a cure, and that was to start smoking cannabis again. So I did after abstinence for about six months. Not only did it provide a quick relief, but it brought me to new heights. The sky was clearer than during the madness of 1970, without illusions and hallucinations. I was just very clever and very fast. I sought help this time, but no psychiatrist would have me. There were different excuses; that they knew me too well, were personal friends, neighbours or old school comrades.

I then asked for admission to the new psychiatric ward but after only a few days I was thrown out for organizing a hunger strike among the in-patients against the locked doors in the psychiatric ward of the University Hospital. It was not taken well that I also asked to have a say in what drugs I was to take. After being dismissed I immediately asked for admission to Kleppur, the old mental hospital. They would not accept me except 'on paper' as it was called ('sectioned'), that is with Deprivation of my legal competence (on paper). I was to be incarcerated by force, even though I asked for the admission. This meant there was no need for discussion with me when I arrived. I was brought in by the police and for 10 days there was a double police guard on me day and night. After a week I received 'pavement permission' with police escort, to go outside and walk on the pavement around the building for 15–20 minutes in the company of policemen. It was as if I was a very dangerous, violent person.

Papers were prepared for a Deprivation of Legal Competence request and a medical certificate. But even if the act was performed legally the person was treated as if he or she had no rights. In my case my mother and my sister were pressed to sign something they knew was false. They were forced by the threat that I would

not receive any treatment if they did not sign a request form stating that I was dangerous to myself and others. Their request was then submitted to the district court. Attached was a medical certificate which also had to include the same lie. When the judge had this in his hands he opened his drawer and put the papers there, no further procedure, no investigation and he never resolved the matter with a court order. The defendant was treated as if he had been deprived of legal competence but the treatment not based on a legal resolution. This lawlessness was supposedly out of consideration to the patient, because as was said: it is easier to lose the legal competence than to regain it. So much for the Deprivation request in the judge´s drawer.

1984–1997

In 1984 the Icelandic Parliament passed an Act on Legal Competence. Importantly for service users instead of the former practice of involuntary commitment with the judges' drawers' Deprivation of Legal Competence with no time limit, there came an alternative involuntary admission for two weeks, or 15 days. People had previously been put away, having no idea how long they would be kept in a locked ward. With the Act of 1984 came a paragraph which legalized the 48 hours confinement which was for the hospital´s doctor to decide.

If the patient had not been tamed in those 48 hours a procedure started – most often involving the family – for the request together with a medical certificate. This brought about an equivalent to a court order, an approval of the Minsistry of Justice, now named the Ministry of Justice and Human Rights, to commit a person for 15 days on an involuntary basis.

With the Act of 1984 medical certificates no longer had to state that the person was dangerous to himself and others, but only that he or she suffered from a serious mental disorder or an excessive use of alcohol or addictive substances and that in the doctor´s opinion admission was unavoidable.

1997–present

A new Act of Legal Competence was passed in 1997. Here, not only a physician´s description is to be in the medical certificate but also a diagnosis is requested, if available. The age when a person becomes legally competent had changed from 16–18 years. For users and survivors of psychiatry the period of involuntary treatment was lengthened from 15 to 21 days. The conditions for involuntary commitment are even more loosely defined than in 1984. The person is to be considered as suffering from a serious psychotic disorder in the English translation of the Ministry but in the original Icelandic text the term psychotic is not used, just serious mental disorder as in 1984. But now he or she can also be incarcerated 'if this is deemed highly probable' OR 'if the person´s condition is reasonably

deemed analogous to that leading from such disorder'. This applies also if a person suffers from a serious craving for alcohol or excessive use of drugs of habituation and dependence. According to the law it is in the hands of the hospital physician in charge (on duty) to decide if one is put away for 48 hours. For 21 days more the Ministry´s approval is needed. The police have the duty to assist a doctor in transferring a patient to the hospital.

The 1997 Act is much more exact, actually limiting the use of forced medication: 'A person can only be subjected to involuntary administration of medical preparations [injections] or involuntary medical treatment (in general) … if the patient presents a danger to himself or others or if the patient´s life or health is otherwise endangered'. The meaning of the legislators is clear: compulsion is only to be used under life-threatening circumstances. 'Forceful injection of medications shall only take place by decision of the chief physician' is also specified in a paragraph.

It reminds me of a situation in 1981 when I once more was incarcerated and it was time for a routine violent injection of Haldol. I felt sorry for my friends who worked there and suggested a deal. I demanded that the chief physician himself, Professor Tomas Helgason, would come and administer the injections thus making it clear that this was involuntary treatment which I protested against. The professor came within 15 minutes, alone and respectful, in a short-sleeved shirt, without a tie, carrying the steel plate with the injection of 16 mg Haldol, the first of four for that day. He probably had not administered injections for years, but he did it there. I always respected him for this. This was 16 years before the chief physician's responsibility was detailed in the law.

In the winter of 1985 I had taken some days off after three years as a district doctor in Husavik in the northeastern province of Iceland. I said goodbye to the family and went to the beautiful area of Myvatn and checked into a country hotel with a typewriter and some tags and leaflets of the Peace Movement. I went on a long awaited work-place visit to the disputed sicilium factory in the nature´s paradise of Myvatn. We, the doctors at Husavik served this community but had never looked at the polluting factory, instead waiting patiently for the silicosis to turn up at the annual check-up of the workers.

After a couple of days I was arrested by my friends in the police force who used to help me in attending to traffic accidents and play chess in between. I was not arrested for any crime, but for 'strange or distracted behavior' (for a doctor).

After a night in the cell at Husavik´s police station two colleagues and friends came from Akureyri to complete the paperwork. I was sent by private plane to Reykjavik where my psychiatrist was supposed to receive me at the hospital but he was not there. The psychiatrist in charge did not bother talking to me but ordered immediately the usual treatment of violence; five or six came gathered from the wards and the nurse was ready to initiate the standard Haldol scheme.

Two weeks later I was still angry and lively. The law decided they could not keep me longer. I was dismissed and went to the next hotel and ordered some good whiskey. The next weeks and months I travelled around in Iceland, under the influence, a mix of alcohol and mania, tried to enjoy 'wein und weib.' I went to the eastern firths to the north, visited my family, ruined my marriage, lost the job, and finally, two or three months later I gave up and turned myself into the central police station in Reykjavik. I asked if they would be kind enough to give me a lift to the mental ward. It was as if the policemen had been waiting for me. They were so kind when they said yes and brought me to the hospital without delay.

The hospital was only two minutes' drive or ten minutes' walk away. I still don´t know why I did not go straight to the hospital. Maybe there was some symbolism in this or maybe I was just so used to being brought by the police when admitted, that it had become the normal route for me. But this time it was voluntary, and it became my last admission – until now.

I got another chance in life, to raise a family again with two more children who are now grown up, to be responsible to my three older children and three grand-children, to enjoy the friendship of my ex-wife, her spouse, her family including my former and forever mother-in law, who was the main enemy in the divorce but today a dear family friend. I have continued to be an activist in more than one field, but always related to human rights, now Palestine for 23 years; chairman for 20 years. I am not forgetting my job as a GP, a family doctor for 25 years, which I enjoy even if I don´t have too much interest in medicine. And most of all I have the occasion here to celebrate and give thanks for being alive. This more than some of my friends who have not survived psychiatry, especially of one of my very dearest friends, a colleague and a psychiatrist who ended his life when everyone saw nothing but happiness and success around him. I celebrate over quarter of a century free of incarceration and forced treatment.

I sometimes have wished the psychiatrist could have kept me longer in February 1985, at least one or two weeks longer, locked up in the mental ward. Maybe then I would have spared my family from verbal abuse and divorce. Even if times are sometimes tough for patients, belittled and humiliated by psychiatry, treated violently as if we have no civil and human rights, I think that pain is little when compared with what my mother, ex-wife, children, close family and friends have had to go through.

I think I regained my balance via sobriety and a more sound lifestyle and 23 years in Alcoholics Anonymous. We also have a self-help group for people self-identifying as bipolar. This has been running in Reykjavik every Thursday evening for over 10 years, functioning mostly like an AA group.

And now?

The reader might interpret this article as a promotion of non-consensual treatment, positioning me as not all that ready to remove all coercion from psychiatry. After all I am not just a user and survivor of psychiatry but also the doctor who needs his tools to take on situations where family and friends of someone demand that someone be put away for a while.

I don´t have all the answers. When I am on duty I might find myself being a part of a system, a health service that incorporates coercion against people, just because their disorder seems to be of a mental character. Coercion, however, is avoidable and has no place in psychiatry. The fact that it is there has to do with the poorness of the profession of medicine in general and especially of psychiatry. It is as if this profession is stumbling in darkness, trying to find some ways out, but lacking both the sight and the means to progress. What is worse is that even the will sometimes seems to be lacking. The tunnel is too long and dark. But a torch has been lit – the Convention of Rights for People with Disabilities:

'Further, article 12 recognizes their equal right to enjoy legal capacity in all areas of life, such as deciding where to live and whether to accept medical treatment. In addition, article 25 recognizes that medical care of persons with disabilities must be based on their free and informed consent. Thus, in the case of earlier non-binding standards, such as the 1991 Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care (resolution 46/119, annex), known as the MI Principles, the Special Rapporteur notes that the acceptance of involuntary treatment and involuntary confinement runs counter to the provisions of the Convention on the Rights of Persons with Disabilities.' (Frá aðalritara SÞ, Interim report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment.[1])

Endnote

1. See the International Disability Alliance position paper on CRPD and other instruments of April 2008, available at: http://www.psychrights.org/Countries/UN/IDACRPDpaperfinal080425.pdf