

compulsion, harassment and discrimination)

Organisations of (ex-)users and survivors of psychiatry

- Political and financial reinforcement of independent organisations representing (ex-)users and survivors of psychiatry and their projects (e.g. alternative crisis centres, counselling centres, public relations work, research projects, peer coaching, self-help centres) at all levels
- Participation of legitimised representatives of (ex-)users and survivors of psychiatry in decision-making bodies and in congresses and other events (at least for two, work should be paid)
- Financial support for networking and international exchange of organisations representing (ex-)users and survivors of psychiatry

Boards of appeal

- Organised nationally, regionally and locally
- Legally covered, controlled by (ex-)users and survivors of psychiatry, low barrier (anonymous upon request)
- Independent from medical and psychiatric institutions
- Paid work
- With powers and structural guaranteed possibilities to sanction institutions and to influence the decision-makers

Any comments please send to:
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The Psychiatric Will – A Special Advance Directive

by Peter Lehmann

Advance directives are one possibility to create equal opportunities. To explain its functioning, I repeat here parts of the lecture »Le testament psychiatrique« given in the name of ENUSP at the

Conference RESPONSABILITE, DROITS ET PROTECTION DANS LE CHAMP DE LA SANTE MENTALE EN EUROPE, Madrid 7. – 9. October 1994, organized by the Comité Européen: Droit, Ethique et Psychiatrie (C.E.D.E.P., Seccion espanola)

In 1983 I received an article from USA about legal protection against involuntary psychiatric treatment. The author, a psychiatrist, had written in 1982, that a new legal mechanism accommodating the interests of both those who support and those who oppose such interventions was proposed. Referring to the model of the last and the living will, the psychiatric will would provide a mechanism, so that individuals could plan, while undoubtedly rational and sane, how they wish to be treated respectively not treated in the future, should others consider them to be irrational or mad. Individuals who dread psychoses and desire protection from them by embracing, the use of involuntary psychiatric interventions could execute a psychiatric will in keeping with their beliefs. Individuals who dread psychiatry and desire protection from it by rejecting, regardless of »need«, the use of involuntary psychiatric treatment could execute a psychiatric will in keeping with their wishes and beliefs. Thus, no one who believes in psychiatric protections would be deprived of its alleged benefits, while no one who disbelieves in it would be subjected to its policies and practices against his or her will. So psychiatric patients would have equal possibilities like so-called normal patients.

The legal situation in the psychiatric institution

You all know the legal situation in psychiatry. There is a wide violation against the European Human Rights' Convention. The important one here is the mistreatment with chemical substances and with electroshocks: The neurotoxic psychodrugs, used too in totalitarian states to torture political opponents, lead to a reduction of the absorption of oxygen of the brain cells. The hormone system and the transmitter system are blocked; there is an organic disease of the brain, nearly identical to the symptomatology of encephalitis lethargica. Under neuroleptics about 90% suffer from brain atrophical states, brain cells die; 90% suffer from movement disorders; 30% from fever attacks; up to 100% from pathological changes of the electroencephalogram; 50% from inflammation of the gums, often combined with loss of teeth. And there are other damages of the autonomous system, like liver disease, diabetes, obesity, sterility, absence of menstruation, impotence, pigment deposition in the eyes and in the

heart muscle, breaks and splits of chromosomes, which may lead to identical mutations as caused by thalidomide (Contergan). Other damages are psychic deadening (called »zombie-effect«) loss of will, states of desperation and danger of suicide, dizziness and delirium. All these disorders are caused by all neuroleptics, low and high potent ones, by low and »therapeutical« doses, by short and prolonged duration of administration. It is an illusion to separate dangerous doses from harmless ones. Even minidoses, one time administered, can lead to extremely dangerous dystonic attacks, i.e. means people might die of suffocation.

Electro- and insuline-shocks are still in use; they are just as bad or probably even worse. Neuroleptics like these shocks lead to an artificial brain-organic psychosyndrome. Electroshocks cause epileptical fits. There is an internal damage to the brain cells by electrical current and by bleedings in the brain; nerve cells are damaged and die.

In the psychiatric institution

If you are committed in the psychiatric institution and claimed to be mentally ill, you cannot decide freely to accept or reject offered treatment methods, as it is in a normal hospital for normal ill people. In the psychiatric institution the legal situation looks like this: If you accept the administration, you are called »understanding the illness«. They accept your decision. There is no information about risks, no informed consent. The same situation, another scenario: You say no, but now they do not accept your decision, they call it »lack of understanding the illness«, typical symptom of mental illness, they may give you a special additional diagnosis »Noncompliance of medical treatment« (DSM-III-R [Revisited] No. V15.81, and forcibly they administer their injections. No information, no decision, no consent. You have no choice there. – You have to decide previously. In form of the Psychiatric Will. But be careful, there are

Special Psychiatric Wills

Since 20 years psychiatrists write about the necessity to previous-decisions about psychiatric treatment

- to give previously consent to trials with new chemical agents
- to give previously consent to forced treatment with neuroleptics and electroshocks
- to give previously consent to forced commitment

- to annul previously all declarations of will, done later in the psychiatric institutions.

You may laugh about these special forms of Psychiatric Wills. But in any way: even typical psychiatrists see the possibility of previous decisions, and of course each decision includes a pro- and contra-tendency.

In Germany, where the Psychiatric Will now (1994) is quite famous, after the magazine *Spiegel* published about it in 1993 (»Chemische Knebel, Vol. 23, No. 23, p. 83), psychiatrists offer a special treatment contract: For the case, that they do not longer want to wait to administer their neuroleptics, you can set priorities previously, what they should do first and what latest. You can choose between forced carceration, forced neuroleptic administration, forced fixation and forced isolation. What a liberty of choice.

All the Psychiatric Wills, written by members of the institutional psychiatry, know only one will: their own. Never ever even they think theoretically at an opponent will. Not to confuse readers, in Germany we use the term psychiatric testament, to make clear, that we and not a psychiatrist make a decision.

By the way, the Psychiatric Will is not comparable with the Crisis Card, coming from England, where you can write down wishes, or with treatment contracts in any form: The Psychiatric Will is a declaration of your will, which is legally binding. The right of self-determination is protected by the general human rights' declarations and is more than a wish or a subject under negotiation.

The Psychiatric Will in Germany

Together with lawyers (ex-)users and survivors in Berlin developed a model declaration, which you can use as basis for the declaration of your will. The time is too short to read the whole 12 pages. You may have a look in the German separately, see: www.faelle.org/pt.pdf

This form includes a general information how to use the Psychiatric Will, a general model text including an legal information, even for psychiatrists, so that they know about their possible very illegal treatment, a declaration about persons of your own trust, who organize lawyers to fulfill your Psychiatric Will or who should take treatment or other guardianships, if a judge thinks it is necessary, and a part of declaration, where you can write down your individual wishes. May be, you can say, only 1/2 mg of thioridazine (Melleril), or anything you think you can stand, even electroshock by force (not more than 1 a day) –

it's your decision, or you say No to psychiatric treatment methods.

Experiences

In all the years from 1987 to 1994, if the Psychiatric Will was written correctly and a lawyer and the assigned persons of trust have been active to enforce the written will of the inmate, no psychiatrist has risked violating the Psychiatric Will. In 1990 the first leader of a Berlin psychiatric institution promised publicly, that in his institution Psychiatric Wills would be accepted without any discussion. Judges explained that they would not and could not impose any treatment-guardianships upon inmates, if these resist treatment but have a Psychiatric Will written well before commitment to suppose a different will of the so-called psychotic subject.

Limitations of the Psychiatric Will

Until today (2004) no court had to decide about the legal binding state of the Psychiatric Will. There was no violation, I correct: we did not hear about its violation. There could be limitations, f.e., in the text is a part, where you can decide previously, that in the supposed state of madness all your declarations you do inside a psychiatric institution are invalid. We have such a passus, to make it more difficult for psychiatrist to try any extortions of consent: What is, when, under such conditions, a subject previously rejects and later accepts? Is the consent valid then? Not to give a poor minded judge the chance to make a bad decision, and all later cases are decided in the same way, as it is typical in the law system, we advised all survivors not to fight for compensation in such a situation. And there is a paragraph in all national laws, that forces physicians to treat in case of vital indication and unconsciousness. They are allowed to suppose that the treated persons later would give their consent in the state when they can make a non-doubted rational decision. But in this case a psychiatrist had to proof that the forcibly treated person would have died in case of no treatment. I cannot imagine how a psychiatrist could give any proof that a person dies if he does not inject haloperidol in its backside.

Who can make a Psychiatric Will?

Declarations respective the own body are no legal transactions. These are most personally declarations. Even a person who is considered legally incompetent and cannot make a contract of sale, is considered by law to make his or her own decisions about the own body. The premiss is only the required ability to insight and to build a will. Not-

adults may fulfil this premiss in the same way as persons under guardianship.

What now?

The majority of psychiatric inmates is with poor legal protection against forced treatment, without information about the risks of neuroleptic and other psychiatric drugs and shock-methods. The legal situation should be the same one like in normal ill or healthy persons. But as long as our human rights are considered to be dependend from psychiatric diagnoses, and in consideration of the psychiatric assault and the lack of interest by nearly all politicians and judges in the structural human rights' violations, we have to protect ourselves foresighted planning. I mean all of us, because everybody can get mad, and in elderly homes, where we all can come to, the use of neuroleptics is very widespread.

Finally, the early reflection on possible future problems (Who will help really if help is needed? What do I need if I go crazy? etc.) has a big therapeutical value and may result in a decrease of danger becomming a psychiatric patient. And a correct Psychiatric Will makes the life still more secure against psychiatric assault. As a result of the Psychiatric Will's convincing logic – the international movement of (ex-)users and survivors of psychiatry took on this exemplary strategy of self-defense and self-responsibility.

In memoriam Hubertus Rolshoven

by Peter Lehmann

A sad information: The Berlin lawyer Hubertus Rolshoven died on February 24, 2003. It was he, who in the early 80s developed with independent (ex-)users and survivors of psychiatry in Berlin the Psychiatric Will. Unimpressed by white coats, academic degrees and psychiatric ideology not only in his job, but also as a private person, he always was on the side of the disadvantaged and discriminated people.



Hubertus Rolshoven
* July 27, 1946
† February 24, 2003