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Formal Previous-Consent and Previous-Rejection of Psychiatric Drugs and Electroshock

Theory and Practice of the Psychiatric Will

In 1983 Thomas Szasz sent me his article "The Psychiatric Will" (about a legal protection against involuntary psychiatric treatment) to translate it into German. It was discussed in the Berlin movement of users and survivors of psychiatry and then published (Szasz 1987). Szasz had written in 1982:

> "After briefly reviewing the traditional justifications for involuntary interventions and previous objections to them, a new legal mechanism accommodating the interests of both those who support and those who oppose such interventions is proposed. Fashioned after the model of the last will and the living will, the psychiatric will provides a mechanism whereby individuals could plan, while rational and sane, for how they wish to be treated in the future, should others consider them to be irrational or insane. Individuals who dread the power of psychosis and desire protection from it by embracing, in case of "need", the use of involuntary psychiatric interventions could execute a psychiatric will in keeping with their beliefs. Individuals who dread the power of psychiatry and desire protection from it by rejecting, regardless of "need", the use of involuntary psychiatric interventions could execute a psychiatric will in keeping with their 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." (p. 762)

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 psycho-drugs, 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. You can read about all these things in detail in my book "Der chemische Knebel" (1993; *"The chemical gag"*) or in Peter Breggin's "Toxic psychiatry" (1993). Under neuroleptics about 90% suffer from brain atrophic 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 "therapeutic" doses, by short and prolonged duration of administration. It is an illusion to separate dangerous doses from harmless ones. Even minimal doses, one time administered, can lead to extremely dangerous dystonic attacks, i.e. means people might die of suffocation.

Electro- and insulin-shocks are still in use; they are just as bad or probably even worse. Neuroleptics like these shocks lead to an artificial brain-organic psycho-syndrome. Electroshocks cause epileptic fits. There is an internal damage to the brain cells by electrical current and by bleeding 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 "Non-compliance 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 previously decisions, and of course each decision includes a pro- and contra-tendency.

In Germany, where the Psychiatric Will now is quite famous, after the magazine *Spiegel* published about it in 1993 ("Chemische Knebel"), 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 incarcerations, 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.

Together with lawyers we developed a model declaration, which you can use as basis for the declaration of your will. The time is to short to read the whole 12 pages. You may have a look in the German text later. This form, which we sell in Germany for 5 Deutschmark, includes a general information how to use the Psychiatric Will, a general model text including a 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 fulfil 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 seven years, 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 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; for example, 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 statement, 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 premise 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 are 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 dependent 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 therapeutic value and may result in a decrease of danger becoming 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 – further developed in the articles "Theorie und Praxis des Psychiatrischen Testaments" (Lehmann 1993a) and "Das formelle Psychiatrische Testament: Gebrauchsanweisung und Mustertext *(instructions and model text)*" (Rolshoven & Rudel 1993) – the international movement of users, victims and survivors of psychiatry took on this exemplary strategy of self-defence and self-responsibility. Hope you support us.

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