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## Foreword

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## FOREWORD

DAVID L. BAZELON\*

It sometimes happens that a system designed to protect the disadvantaged ends by oppressing them. *In re Gault* catalogued the abuses of a juvenile system whose purposes were benevolent. Protective legislation for women is under attack by those who find its benefits more hindrance than help. Similarly, the medico-legal system which can deprive the "mentally ill" of their freedom, ostensibly for their own good, can be twisted to serve only society's interest in suppressing deviance.

Last year I was asked by the American Psychiatric Association to join a special committee to examine evidence that psychiatric facilities in the Soviet Union are being used for the suppression of political dissenters. As I read the Russian case studies it became clear to me that, if authentic, they were indeed an example of the potential for abuse of the psychiatrist's power to diagnose mental illness, allegedly on the basis of his medical expertise but actually on the basis of a hidden political or social agenda. It also seemed important to me to examine analogous situations in this country. My twenty-three years of experience on the bench had persuaded me that psychiatrists here could also make judgments which carried them out of their traditional role and beyond their acknowledged expertise.

The definition of "psychiatry" in the usual dictionaries is "the medical treatment of mental illness." Psychiatry began to be practiced as an outgrowth of neurology and followed very closely the medical model in which an individual would seek out a physician, complaining of certain symptoms, discomfort or ailment, and request treatment. The physician was hired as the patient's ally or agent, and with the patient would do battle using his techniques and technology to combat the illness or discomfort. Thus in the traditional psychiatric relationship, an individual driven by inner discomfort would seek out a voluntary relationship with a psychiatrist.

We trust the psychiatrist who practices privately to evaluate mental illness which would benefit from treatment. Of course, the

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doctor's personal values and emotional makeup, along with a variety of social and familial pressures, influence his medical decisions and may cause him to abuse the patient's interests. More should be done to counteract this potential for abuse, but basically we rely on the training and traditions attached to the medical model of the doctor-patient relationship and trust that *because* the doctor is the agent of the patient, he at least will "do no harm."

When the psychiatrist enters the public arena, however, he assumes a different role. Over the last 75 years, a vast body of scientific and technical information has been accumulated about why people think and act the way they do, and how their thoughts, values and actions can be modified. Psychiatrists, along with other professionals, have been asked to apply their knowledge by a variety of public institutions to tackle problems of crime, violence, racism and poverty. In these situations, psychiatrists can be faulted only for failing to blow the whistle on the notion that they have any easy-to-take pill for dissolving these social crises.

Psychiatrists are also asked by institutions (communities, schools, the military, the courts, prisons, and industry to name a few) to administrate, label and sometimes treat individuals for institutional purposes—for example, to suppress deviance which is detrimental to the institution. This perversion of the traditional medical model of patient care raises conflicts for the psychiatrist between the individual's and the institution's interests, and often carries him beyond his acknowledged expertise. This cannot be blamed on the psychiatric profession. Rather, it reflects society's reluctance to create adequate social or legal mechanisms to deal with the problems we dump into psychiatry's lap. We prefer to assume that by labelling the process "medical" and its results "treatment" we can convert coercion into benevolence and deprivation into help.

Recognition of the problem is the first step toward reform. I do not have to agree with all the authors in this symposium to welcome its publication. Because it is aimed at the two professions—law and medicine—which have the most responsibility in dealing with the "mentally ill", I hope that it will provoke serious criticism and debate. At the very least, those who read it must take a harder look at our easy acceptance of the benevolence of the present system.