Abstract: This paper deals with the ethical dilemma faced by psychiatrists in their double allegiance and with the conduct standards set by society. While it is true that psychiatrists cannot always act in the best general interest of a patient, especially in a forensic context, they can never abandon the Hippocratic ethical principle of beneficence and nonmaleficence. This means that a psychiatrist cannot jeopardize the health and life of a patient.

This paper reviews three major scandals: the extermination of the mentally ill in Nazi Germany, the commitment of political dissenters in mental hospitals in the former Soviet Union, and the participation of psychiatrists in the process of executing persons convicted and sentenced to death in the United States.

Résumé : Patients et société : la double allégeance des psychiatres
Cet article traite du dilemme éthique auquel font face les psychiatres dans leur double allégeance et les normes de conduite fixées par la société.

Bien qu’il soit convenu qu’un psychiatre ne peut pas toujours agir dans le meilleur intérêt général d’un patient, surtout dans un contexte médico-légal, il ou elle ne peut jamais laisser tomber les principes éthiques d’Hippocrate de bienfaisance et de non-malfaisance. Cela signifie qu’un psychiatre ne peut pas mettre en danger la santé et la vie d’un patient.

Cet article passe en revue trois grands scandales : l’extermination des malades mentaux en Allemagne nazie, l’internement involontaire des dissidents politiques dans des hôpitaux psychiatriques dans l’ancienne Union soviétique et la participation de psychiatres à l’exécution de personnes condamnées à mort, aux États-Unis.

Key Words: abuse psychiatry, Nazi, Soviet, death penalty

The most difficult ethical dilemma confronting psychiatrists is this: on one hand, they are obligated to protect and improve the health and life of their patients according to the 2,000-year-old Hippocratic ethical principle of beneficence and nonmaleficence. On the other hand, they are often called upon to protect society from the deviant behaviour of persons who threaten or disturb the social order. Psychiatrists are physicians. Under no circumstances are they allowed to abandon the principle of beneficence and nonmaleficence by jeopardizing the health and life of their patients. In a forensic context, they may not always act in the general best interest of a patient; still, they must never harm the health or contribute to the death of a person. Their primary allegiance must always be to the health of the patient, even if a third party has retained their services.

A psychiatrist who is retained by an insurance company for an independent medical evaluation to determine whether an employee can return to work may make such a recommendation, but always with the conviction that the return will not jeopardize the employee’s health. This is common practice among psychiatrists who provide services to the insurance industry, with most adhering to the ethical standards of their profession.

I will not develop this problem further in this paper. Rather, I will concentrate on three major scandals in recent history, wherein the double allegiance of psychiatrists has had tragic consequences indicting organized psychiatry:

- the extermination of persons with mental illness or deficiency in Nazi Germany in the 1940s
- the abusive, involuntary hospitalization in psychiatric hospitals of political dissenters in the former Soviet Union
- the active involvement of American psychiatrists in the process of executing convicted criminals sentenced to death

What all of these scandals have in common is that psychiatrists have abandoned the ethical principle of beneficence and nonmaleficence to the patient.
The Extermination of Persons with Mental Illness or Deficiency in Nazi Germany

In 1948, the German psychiatrist Alice Ricciardi von Platen published a book in German on the murder of 70,000 persons with mental illness or mental retardation carried out in Germany under a program of involuntary euthanasia ordered by Hitler. Unfortunately, this book was shelved, and the extermination of this population remained a taboo subject, not only in Germany but elsewhere as well.

Not until the late 1980s and early 1990s did this subject come to the international forefront, with the publication of *The Nazi Doctor* by Robert Jay Lifton (1). Works by Singer and Garabé published in French (2) and the reprinting of Von Platen’s 1948 German edition (3), which was translated into French in 1998, also contributed to international awareness.

It should be pointed out that the eugenic alarm in the late 19th and early 20th centuries, which led to the compulsory sterilization of those with mental handicaps, set the stage for the extermination of this population in Nazi Germany. In October 1939, one month after the beginning of World War II, Hitler ordered the mass extermination of inmates considered “incurable” in German psychiatric hospitals.

Philip Bouhler directed this operation, known as T4 (its head office was located at 4 Tiergartenstrasse in Berlin). He was assisted by three professors of psychiatry: Nitshe, Heyde and Hannecke.

All psychiatric hospitals in Germany were ordered to file a questionnaire that would identify three groups of patients:

1. patients afflicted by schizophrenia, epilepsy, senility, general paralysis of the insane, mental retardation, encephalitis, Huntington disease and all other terminal-stage neurological diseases;
2. all patients hospitalized for more than five years; and
3. all patients with a criminal past, of alien nationality, or of Jewish origin.

Decisions on who would die were based on these questionnaires and carried out independently by committees comprising three psychiatrists, mostly from academia, recruited by the state. In general, the consensus was strong, and most patients reported on questionnaires were put to death by gas after being bused to special hospitals where gas chambers had been installed.

Interestingly, most psychiatrists working in psychiatric hospitals collaborated, either passively or actively, with operation T4. However, certain eminent German psychiatrists, such as Bonhoeffer, Ewald, Creutzfeld, Bumke and Kleist, resisted this criminal endeavour. Notably, it was organized religion, not organized psychiatry, that finally mobilized public opinion and forced Hitler to end operation T4 in 1941. Clearly, many psychiatrists at that time abandoned their ethical allegiance to patients, transferring it either passively or actively to the current ideology of the state.

Involuntary Hospitalization of Political Dissenters in the Former Soviet Union

In 1956, Khrushchev denounced Stalin’s reign of terror in the USSR. Following this condemnation, the Communist regime and the KGB had to come up with subtler means to repress political dissent. They turned to psychiatry, using it as a means to silence opposition to the state by labelling political dissidents as mentally ill and committing them to psychiatric hospitals.

Anatoly Koryagin, at the time a young psychiatrist in Siberia, describes how he was pressured by the Ministry of the Interior to write expert reports on “mentally disordered" individuals who were simply vocal political dissenters (4). When he resisted their demands, Koryagin himself became the object of persecution by the KGB.

As reported by Cohen (5), one of the best-known victims of psychiatric abuse was major general Grigorenko, who had been assigned to testify in favour of Tatar nationalists in a trial in Tachkent. Anticipating that his testimony would be damaging to the state, the KGB referred him to a commission that included three psychiatrists who found him sane and not in need of hospitalization. The KGB then referred him to another commission of three psychiatrists. Presided over by Dr. G. Morosof, the commission diagnosed Grigorenko as suffering from “paranoid development of the personality associated to reformist ideals” and committed him to the infamous Serbsky Institute in Moscow. Grigorenko never testified in the trial of the Tatar nationalists.

Many similar cases received international attention at meetings of the World Psychiatric Association (WPA) in Honolulu in 1977 and Vienna in 1983. The WPA ordered an independent inquiry under the auspices of the American Psychiatric Association (APA) and the Royal College of Psychiatry in the United Kingdom. The Association of Neuropathologists and Psychiatrists of the USSR refused to cooperate and resigned from the WPA.

At that time, the USSR had two networks of psychiatric hospitals: the first, under the Ministry of Health, was integrated with health services for the general population, and the second comprised a network of specialized forensic hospitals under the Ministry of the Interior and the KGB, where political dissenters were detained. To this end, Soviet psychiatry introduced strange new nosological entities such as “schizophrenia forme fruste” and “paranoia with delusion of reform.”

Under Gorbachev’s Perestroika, more liberal mental health legislation was enacted, and Soviet psychiatry was
reintegrated with the WPA at its 1989 congress in Athens. However, new Soviet legislation continued to place the interests of society ahead of patient rights: “A person whose behavior permits to conclude that he suffers from a mental disorder and that he perturbs the social order or violates the rules of the socialist community and presents a danger for himself and others can be submitted to a psychiatric examination without his consent.”

Involvement of American Psychiatrists in the Process of Executing Persons Sentenced to Death

So far, the abuse of psychiatry has been examined in two totalitarian states. There have been other abuses, (for example, the role of psychiatry in the process of torture in Chile under Pinochet).

What is more troubling today, however, is the form of abuse taking place in the United States, wherein psychiatrists are being asked to participate in the process of executing persons sentenced to death. Texas is a case in point, as reported by Pearlman (6). Before sentencing a convicted first-degree murderer to death, the state must answer the following three questions in the affirmative to the satisfaction of the jury:

1. Did the accused clearly intend to cause the death of the victim?
2. Was the conduct of the accused a reasonable response to the provocation of the victim?
3. Is it probable and beyond a reasonable doubt that the accused is likely to relapse in violent behaviour that would endanger the safety of society?

Psychiatrists have to answer these questions, and if these three questions are answered in the affirmative, the death sentence becomes mandatory.

However, a more ethically vexing question for American psychiatry is that of fitness to be executed. Interestingly, the American Medical Association maintains that physicians should not participate in the process of execution. However, they exempt forensic psychiatrists from this principle on the grounds that they are not governed by the same code of ethics as treating psychiatrists. By implication, forensic psychiatrists are exempt from the obligation of beneficence and nonmaleficence. This is wrong. Even if one agrees that forensic psychiatrists need not always act in the best general interest of a patient, they must never jeopardize the health and life of the patient. To this effect, two eminent American psychiatrists, Alfred M. Friedman and Abraham L. Halpern state the following:

“Many of us hold that clinical assessment of an inmate’s competence to be executed is unethical because it gives the medical profession a decisive role with respect to the final legal obstacle to execution.

Clinical examination and testing bearing on competence for execution because of the proximity of this clinical role and the act of killing can and should be distinguished from other forensic activities” (7).

In 1996, the WPA passed an unequivocal resolution in Madrid:

“Under no circumstances can psychiatrists participate in legal executions or to the evaluation for fitness to be executed.”

Unfortunately, neither the APA nor the Academy of Psychiatry and the Law have followed suit.

In the past, the Canadian Psychiatric Association (CPA) has resisted federal government pressure on the issues of hunger strikes in correctional institutions and the commitment of pedophiles to psychiatric institutions after they complete their sentences in the corrections system. Canadian psychiatry must remain vigilant in resisting state-imposed pressures that serve only the interests of society and violate the ethical obligation of beneficence and nonmaleficence. Perhaps it is time for the CPA to adopt a position supporting its American colleagues in their struggle against this current abuse of psychiatry.

References