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Coercion in psychiatry: still an instrument of political misuse?

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The issue of misuse of psychiatry as a means of political coercion is invariably linked to the history of the Soviet Union after the Second World War. It was at the end of Stalin's reign that a system of political abuse of psychiatry was developed, whereby political and religious dissidents were diagnosed to be of unsound mind and sent to psychiatric hospitals, often for many years of torturous treatment. The practice became an almost exclusively socialist practice: it took on a systematic form in Romania, and quite a few cases were found in other countries of the Eastern Bloc, in Cuba in the early 1990s and, much more recently, in the People's Republic of China. With the fall of communism in Eastern Europe in the late 1980s most of the regular practice of using psychiatry to suppress political opponents ceased to exist. Some cases surfaced recently in Central Asia, and in Russia several years ago the authorities tried to use a psychiatric diagnosis to keep an Army colonel out of prison after he was charged with raping and killing a Chechen girl. Still, in most of the former Soviet republics the history of political abuse of psychiatry has not been condemned by the psychiatric associations and the establishment, and in Russia most of those in power in psychiatry try to downplay the practice by referring to it as merely an issue of different approaches or "hyperdiagnosis". The shadow of Soviet forensic psychiatry still looms heavily over psychiatric practice today. In most former Soviet republics forensic psychiatry is still a purely Soviet affair, with hardly any new concepts introduced, and forensic psychiatry is widely used to avoid long prison sentences or to get rid of "undesirable relatives". Attempts to change this are met with fierce resistance both by corrupt psychiatrists, their political protectors and the criminal community. At the same time,

the practice continues in China, although recent critical comments by Chinese bodies give hope that also here the practice might come to an end. However, as long as the concepts and attitudes do not change, there will always be sufficient psychiatrists who are willing to squander their oath and medical ethics in exchange for personal gain or protection. Only long-term, intensive and all-encompassing support programs for the development of an ethical and independent forensic psychiatry can help avert such abuse in future.