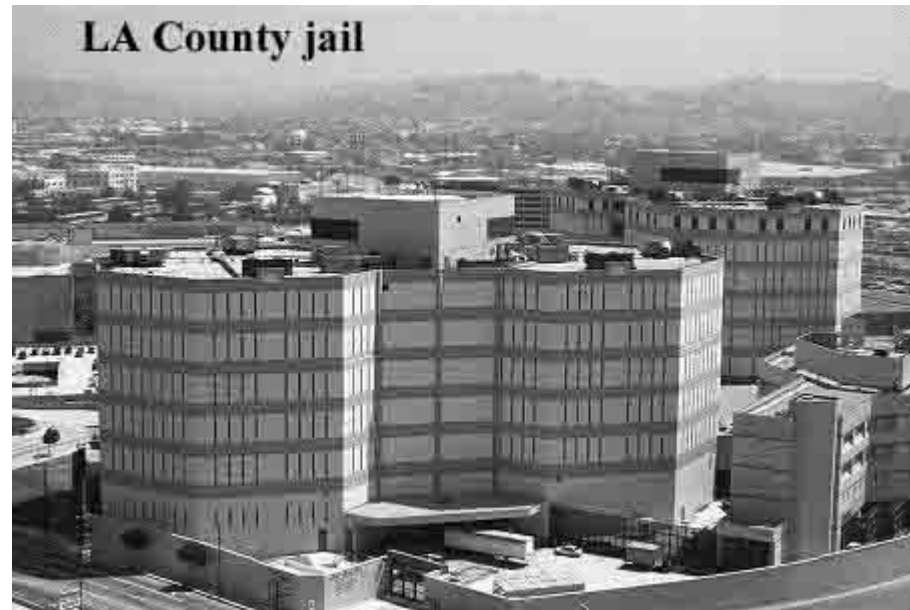




CAN WE FORCE THOSE AT SERIOUS RISK?

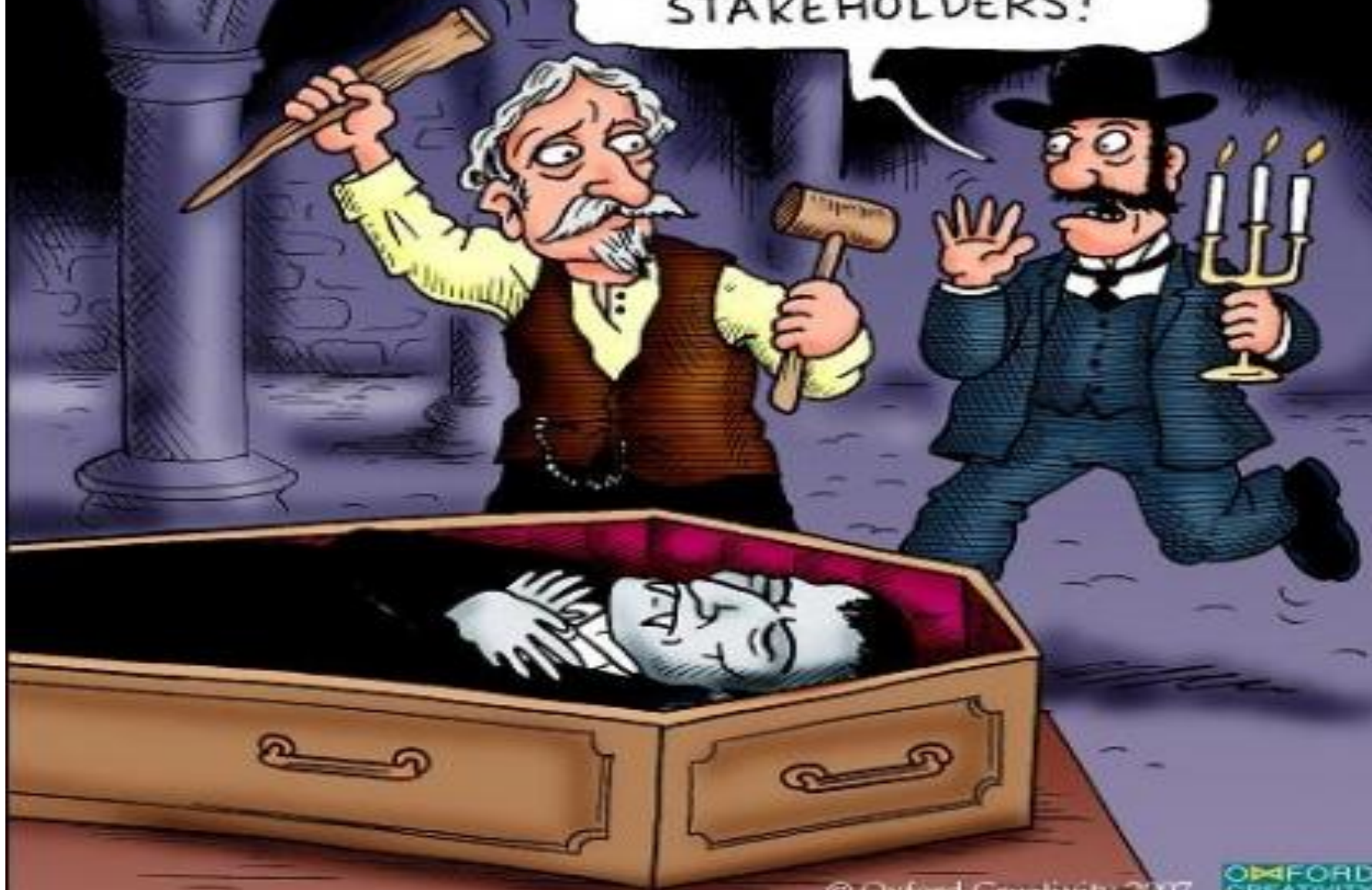
Dr. Pall Matthiasson MD MRCPsych PhD

Can we **FORCE** those at
serious **RISK**?





WAIT! WE NEED TO
CONSIDER **ALL** OUR
STAKEHOLDERS!



Stakeholders

1. Medicine/psychiatry
2. Law
3. Legislative bodies
4. Executive branch of government
5. The Police
6. Accrediting bodies
7. Lay advocacy organizations

Stakeholders

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Law vs. Medicine

1. Conflict – consensus
2. Formal – informal
3. Error
4. Free will – determinism
5. Least restrictive setting – reducing suffering

Stakeholders

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A close-up, high-contrast photograph of an elderly man's face. He has a weathered, wrinkled complexion, a prominent white beard, and intense, piercing eyes. The lighting is dramatic, highlighting the textures of his skin and the intensity of his gaze. The background is dark and out of focus, suggesting an indoor setting with patterned wallpaper.

How do we best help vulnerable people?

Arguments against coercion

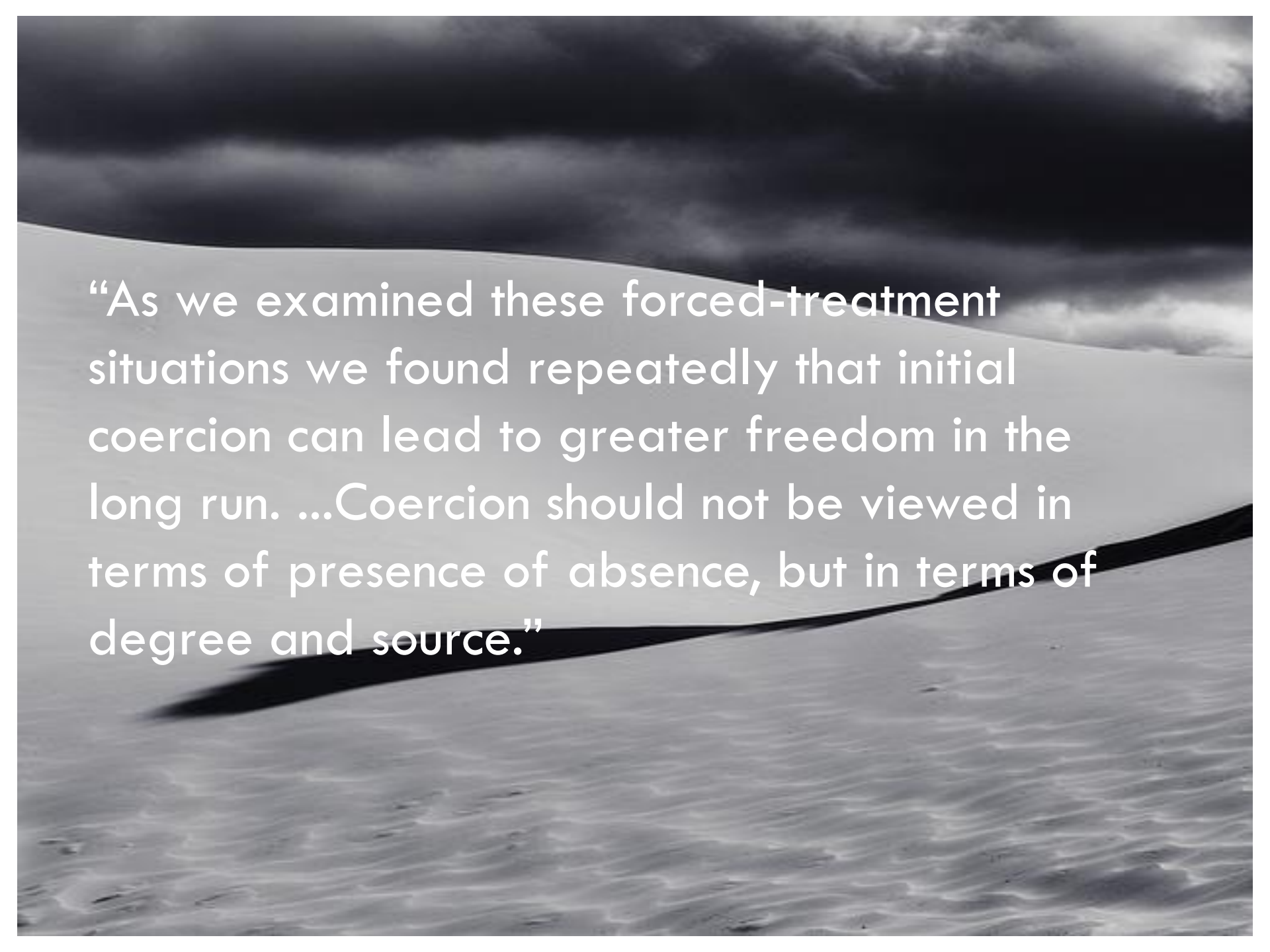
1. Problems with living – should not be seen as mental illness
2. Mental illness exists but coercion is wrong
3. Mental illness exists - treatment can be helpful – coercion is unethical and ineffective
4. Mental illness exists - treatment can help - coercion can help – but if society offered decent clinics coercion would wouldn't be necessary

Arguments for coercion

- Mental illness exists
- Treatment can be beneficial
- Coercion is often humane and effective
- Attractiveness and accessibility of treatment facilities cannot always replace involuntary treatment



Parents patriae



“As we examined these forced-treatment situations we found repeatedly that initial coercion can lead to greater freedom in the long run. ...Coercion should not be viewed in terms of presence of absence, but in terms of degree and source.”



In summary, systematic data about the benefits of involuntary treatment at times, is convincing enough to make involuntary treatment acceptable, within a legal framework, with careful scrutiny, in most countries.



Is there a need for involuntary
treatment ?

If so – should the treatment
decision be made by someone
other than the prospective
patient ?

The paternal view of past...



“The jury in its wisdom always commits”





DIMINISHED CAPACITY

A NOVEL OF LEGAL SUSPENSE

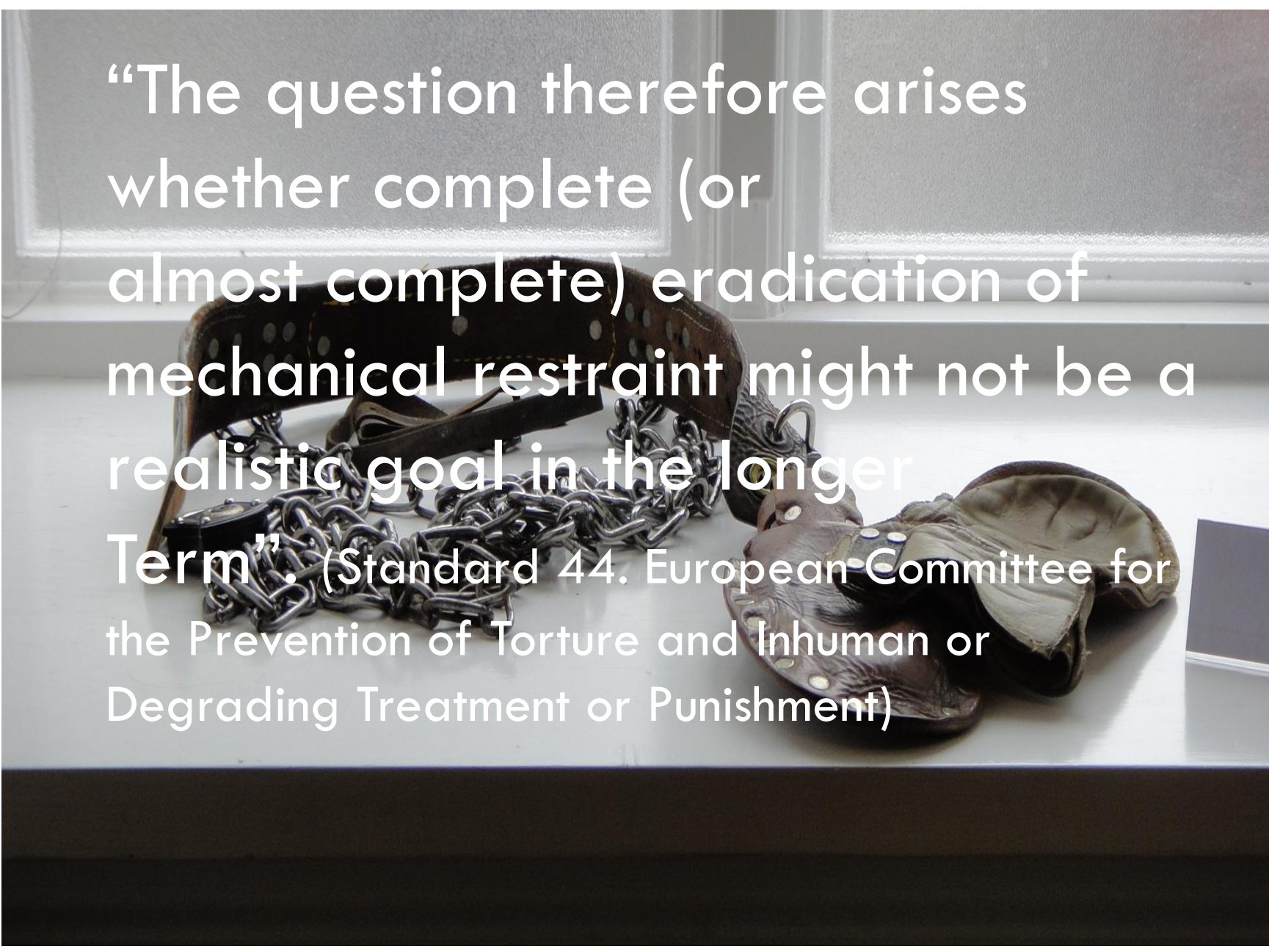
LEIGHTON ROCKAFELLOW

Abuses of involuntary treatment

1 Unnecessary hospitalization

1 Mistreatment during the period of admission





“The question therefore arises whether complete (or almost complete) eradication of mechanical restraint might not be a realistic goal in the longer Term”. (Standard 44. European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment)

