The development of biomedical ethics in Russian psychiatry

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The development and practical application of modern ethical principles in Russian psychiatry is rather edifying from moral, professional and historic perspective. In the former Soviet Union there existed a well organized and regulated system of psychiatric care, built on territorial ground. One of the disadvantages of this system was its excessive centralization and this disadvantage is not completely overcome in modern Russian psychiatry. A more serious disadvantage was the lack of special law on psychiatric care in soviet psychiatry as this system was based on the principle of paternalism. In the '70-'80s of the last century this system was found to be connected with misuse of psychiatry for political purposes. Political persecution was exchanged for psychiatric examination and hospitalization in psychiatric clinics. In the beginning of the '80s the threat of exclusion of All-Union society of neurologists and psychiatrists from the World Psychiatric Association, because of opposition from international human rights organizations, led the All-Union Society to suspend its membership by itself. At the same time this painful process had its positive side: because of criticism from abroad and growing discontent among the majority of psychiatrists in the middle of the '80s, that is during the period of changes (so called "perestroika"), work on the law in psychiatry has begun. In 1991 the Soviet Union fell apart and several other countries were formed (the former Union republics). Russia was the first country where the Law about psychiatric care was passed. In 1992 this Law was confirmed by the Parliament and took effect in January 1993. The obligatory registration of mentally ill in psychiatric centers was canceled. All assistance is given confidentially. In 1993 the membership of the Russian . Society of Psychiatrists in World Psychiatric Association was completely restored. In 1994, the Russian Society of Psychiatrists accepted the Code of psychiatric professional ethics. In 1996, after the World Congress of Psychiatry in Madrid, the Russian Society of Psychiatrists accepted the Madrid Declaration. Of course, the rudiment of excessive centralization in patient mental health care still exists. The number of mentally ill who are disadvantaged in the public health system is growing, due to the difficulties of providing employment and adaptation in the settings of market economy, as well as due to a large reduction of sheltered jobs for mentally ill. Unfavorable conditions of living in many psychiatric clinics (rooms for many beds, lack of space and equipment) are serious ethical and legal problems. Expensive remedies remain unavailable to many patients, especially for out-patients. These problems are being actively discussed and part of them is being gradually solved.

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The development and practical application of modern ethical principles in Russian psychiatry is rather edifying from moral, professional and historic perspective. To appreciate the particular importance of this process (the development of psychiatric ethics), it is worthwhile to present a short reference on the development of psychiatry in Russia during the last decades.
In the former Soviet Union there existed a well organized and regulated system of psychiatric care, built on territorial ground. This system included territorial outpatient clinics - the so called psychiatric dispensaries, which attended to particular cities and districts, and psychiatric inpatient clinics, also attending to particular cities, clusters of districts or regions. The advantage of this system was that treatment was free for everyone who addressed for help and this advantage is still used in Russian psychiatry for patients with especially severe forms of psychic disorders. One of the disadvantages of this system was its excessive centralization and this disadvantage is not completely overcome with in modern Russian psychiatry. There are huge clinics for up to 1-2 thousand of patients in regional centers, while remote regions often lack psychiatric clinics. Another disadvantage is a relative isolation from general medical service.

But from ethical and legal point of view the still more serious disadvantage was the lack of special law on psychiatric care in soviet psychiatry, though professional instructions which regulated the rights of physicians and patients have always existed. At the same time the rights of psychiatrists in expertise and hospitalization of a patient were exaggerated while patients' rights were limited.

This system was based on the principle of paternalism when physician was completely responsible for the patient, his treatment, the defense of his social and working rights, his rights of social grants if working was impossible due to the seriousness of sickness. The physician took care of the patients' living conditions if his lodging was lost or unfit. The physician also solved the patient's psychosocial problems and sometimes the problems of his family. It was very far from partnership: the clinician had a dominant and patronizing position in all aspects of psychiatric care. Clinical psychologist never took part in therapeutic work and solved only diagnostic problems. The number of clinical psychologists in psychiatric facilities was very few as well as the number of social workers.

Besides, since the end of the 50es of the last century the system of obligatory registration of everyone addressing for help was introduced, even if patients needed just a consultation of a psychiatrist or insignificant psychiatric treatment. For example, it included people with transient short neurosis-like disorders, behavior disturbances. Registration in a psychiatric dispensery could become a barrier to enter some educational institutions, to find a job in some companies if their administration had the right to make requests about the presence or the absence of a person's registration in psychiatric dispensery. We can say that a psychiatrist protected the interests of the state and society, sometimes to the detriment of the patient's interests.

In the 70-80es of the last century this system was found to be connected with misuse of psychiatry in political purposes. Psychiatric facilities and separate psychiatrists were involved in psychiatric expertises and cases of involuntary hospitalization and treatment of so called dissidents, that is those who criticized and opposed Soviet political system. The matter concerns famous politicians such as General Grigorenko, publicist Vladimir Bukovski, geneticist Jores Medvedev and others. Political authorities imposed on psychiatrists the way of conducting forensic psychiatric expertise with persons who made antiSoviet statements or had anti-Soviet publications. So, political persecution was exchanged for psychiatric examination and hospitalization in psychiatric clinics. From the point of view of modern diagnostics in some cases experts' conclusions were connected with hyperdiagnostics of schizophrenia, psychopathy or other mental disorders.

Some of these cases were made public and fairly criticized by the whole world. In the Soviet Union this course of action of psychiatric services led to stigmatization of psychiatry, to the growth of fear of registering in psychiatric centers among people. There were other less widely known but more common cases when patient's rights were violated. For example, mass 'prophylactic' hospitalizations of registered patients before major international actions such as international youth festivals, Olympic Games and others. Many patients were deprived of voting rights during elections.

In the beginning of the 80es the threat of exclusion of All-Union society of neurologists and psychiatrist from World Psychiatric Association because of opposition from international human rights organizations. To avoid the threat the All-union Society of neurologists and psychiatrists suspended its membership in World Psychiatric
Association. Unfortunately, official representatives of psychiatry who took part in political abuse of psychiatry didn’t acknowledge the groundlessness of their actions and diagnostics. At best they acknowledged indirectly their desire to "save" the dissidents from political persecution.

At the same time this painful process had its positive side: because of criticism from abroad and growing discontent among the majority of psychiatrists in the middle of the 80es, that is during the period of changes (so called "perestroika"), work on the law in psychiatry has begun. In 1988 registration in psychiatric centers was limited to the category of patients with serious individual forms of psychiatric illnesses, which needed long-term supervision and free treatment. This step was couldn’t solve all problems of psychiatry. The situation demanded to review of the whole system of activity in mental healthy sphere. Critical examination of former facts of psychiatric abuse showed very clearly how easy psychiatry can be involved in non-medical activities if there are no strict laws. Discussions in Mass Media and in professional sphere stimulated law-making activities of psychiatrists and lawyers.

In 1991 the Soviet Union fell apart and several other countries were formed (the former Union republics). Russia was the first country where the Law about psychiatric care was passed. In 1992 this Law was confirmed by the Parliament and took effect in January 1993.2 The Russian law on psychiatric care and guarantees of citizens’ rights in its provision was created taking into account modern laws of the US, Britain, Netherlands, Germany and other countries. It was accepted and appreciated by many international experts. The law considerably widened patients’ rights and restricted the possibility of unlawful actions in the course of psychiatric treatment.

The obligatory registration of mentally ill in psychiatric centers was canceled. All assistance is given confidentially. Part of patients with the most serious forms of disorders requiring systematic treatment are included in the so called group of clinic examination either at their own will or after the decision of the Court.

In 1993 membership of Russian Society of Psychiatrists in World Psychiatric Association was completely restored. Russian Association of Psychiatrists cooperates with World Psychiatric Association and other international organizations and is rather open to discuss the rights of the mentally ill.

At the same time the introduction of basic laws in psychiatry does not at all solve all problems which exist in scientific and practical psychiatry. The necessity of solving different questions at the level of biomedical ethics arises more and more often.

In 1994 Russian Society of Psychiatrists accepted the Code of psychiatrists professional ethics.3 The Ethical Committee including members of the Association’s Board was formed in 1995 at the Congress of Russian Society of Psychiatrists. During next years ethical committees were created in regional psychiatric associations.

In 1996, after World Congress in Psychiatry in Madrid, Russian Society of Psychiatrists accepted Madrid Declaration.4 Even today psychiatry (not only in Russia) is the scene of ethical collisions: between paternalism and autonomy, between the danger of non-medical abuse of psychiatry and the danger of not helping due to formal legal criteria, between confidentiality and openness, between informed consent and the difficulty of explaining the mechanisms of therapeutic actions of some treatment methods, between keeping medical secrecy and informing the patient and his relatives about the illness, between the responsibility of a psychiatrist and of a patient, between the good for the patient and for his relatives and nearest social environment.

Of course, these ethical document cannot control each step of a psychiatrists in his scientific and practical work, but they define moral guidelines in modern conditions of development of both psychiatry and society. These documents reflect modern notions of rights and freedoms of citizens, at the same time they contain rules for special situations and relationships, which can happen in psychiatric practice and in the sphere of scientific psychiatry. The rudiment of excessive centralization of in patient mental health care still exist - 20 per cent of hospitals have 1000 and more beds, another 35 per cent from 600 to 1000 beds.

The task of large hospitals reconstructing does exist, but economic difficulties hinder its accomplishment. The number of mentally ill who disadvantaged in the public
health system, is growing due to the difficulties of providing employment and adaptation in the settings of market economy establishing, as well as due to a large reduction of sheltered jobs for mentally ill. Moreover, the Law on Psychiatric Care, which is in force since 1993, impedes the institutionalization of the mentally ill persons if their behavior does not pose a threat to others. Many mentally ill appear in the streets though most of them are either institutionalized to specialized institutions (“internats”) for chronically mentally ill (without active therapy) or stay at home under the care of their relatives.

Unfavorable conditions of living in many psychiatric clinics (rooms for many beds, lack of space and equipment) are serious ethical and legal problems. Expensive remedies remain unavailable to many patients, especially for out-patients. Economic difficulties of this transition period of Russia’s social development prevent overcoming these difficulties. Until now psychiatry is not a priority in the state’s health care strategy, unlike pediatrics and cardio surgery. There are difficulties in cooperation between psychiatric and general medical institutions when helping people with somatoform disorders, somatized depressions and anxiety disorders. These problems are being actively discussed and part of them is being gradually solved.5~6 For example, the rules of informed consent became a norm when new medicines are tested and they gradually spread on all forms of therapeutic activities.