

FC90 Philosophy, ethics and psychiatry**INFORMED CONSENT AT THE
GERIATRIC PSYCHIATRY DAY HOSPITAL OF LAUSANNE**

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In December 17th 1991, the United Nations Organization approved the resolution number 46/119 concerning the protection of persons with mental disorders. In the principle number 11, this document states that "no treatment can be administered before the patient has given his consent"; the conditions to give this consent are so described.

It is difficult to geriatric patients to give their "informed consent" for many reasons: loss of autonomy and independence, familial conflicts, the feeling of end of life that is very present and all restraint of their freedom is often refused although sometimes necessary to assure an acceptable quality of life (as to accept to live in a nursing home).

Since 1994 the Geriatric Psychiatry Day Hospital (DH) of Lausanne has participated to the WHO programme "Quality Assurance in Mental Health Care". WHO has suggested as an indicator of quality that "an informed consent is obtained prior to starting a planned treatment programme". This indicator is difficult to apply during the admission process to the DH and the Psychiatric Ethical Commission of Vaud was consulted in February 1996 about the value of the informed consent prior this admission.

As at DH the hospitalisation never is imposed to patients, the risk of restrain the patient's freedom is very low. So, it was the Ethical Commission suggested to notify patients, by a written document and before the admission, about the conditions of their day hospitalisation, their rights and their duties. Such notification doesn't replace the informed consent but it is considered as a better ethical procedure than the simple oral information. This notification is also mentioned at the principle 12 of the United Nations resolution and it assures a better quality of care of geriatric psychiatry patients.

FC92 Philosophy, ethics and psychiatry**ETHICS IN FORENSIC PSYCHIATRY-DEFENSE AGAINST
ABUSE FOR POLITICAL REASONS**K. Jozef, J. Heitzman. *Department of Social Pathology Chair in Psychiatry, Jagellonian University, Kopernika 21 A, Cracow, Poland.*

With the aim of answering the question whether Polish forensic psychiatry was misused for political purposes the authors formulate several discussion questions and try to describe the conditions protecting human rights of the person who is of interest to psychiatry and law. The difficulties with formulating the concepts which define "misuse" are a result of the lack of more in-depth empirical research into the issue, the danger of using judgemental arguments and the need to retain an emotional distance in relation to the problem. While avoiding an unequivocal answer to the question several specific questions were selected which may be helpful in formulating a more general assessment. The complexity and the polymorphous nature of the conditions which must be fulfilled before the field of forensic psychiatry makes it possible to accept the notion that simply the existence of exterior laws regulating this legal issue is not enough to guard against the misuse of psychiatry. Nevertheless, the moral standards of psychiatrists, the legal functioning of the country and the adequacy of current laws in relation to medical knowledge are not less important. Final and unequivocal assessment of the role played by forensic psychiatry in the socio-political life of Poland in the past several decades may not be conducted without unbiased and scientific empirical research.

FC93 Philosophy, ethics and psychiatry**DEFENCE STRATEGIES AGAINST STIGMATISATION OF
SCHIZOPHRENIA**R. Hapghat. *Department of Psychiatry, University College London, Middlesex Site, Mortimer Street, London, United Kingdom.*

Investigation of illocutionary and perlocutionary effects of linguistic presentations of the diagnosis of schizophrenia, on the public attitudes and the patients' self-concept, which may have significant effects on the prognosis of schizophrenia. 200 patients with schizophrenia in remission were asked how they wished people to refer to them if they (the patients) develop or have already developed schizophrenia (schizophrenia sufferer, schizophrenic, person with schizophrenia or any other alternative). This led to self-reports which indicate the impact of the diagnosis on patients' self-concept. A separate questionnaire assessed any stigmatising social response towards each of the designations and towards the concept of schizophrenia. About 10% of patients fully internalise the stigmatising social response into their self-concept. Ten per cent totally resist accepting the diagnosis. Fifteen per cent accept the diagnosis but reclaim positive attributes for it. Sixty-five per cent accept the diagnosis but propose alternative linguistic formulations to reduce stigmatisation. The process of development from stigmatisation to prejudicial treatment is based not only on ignorance but on how the power of verbal categories predisposes the public to think in a way which is conducive to discrimination. Patients with schizophrenia actually employ linguistic intervention and reclaiming as defence strategies against stigmatisation. The latter should be encouraged to enhance the patients' self-esteem and cooperation with treatment.

FC94 Philosophy, ethics and psychiatry**SISMOTHERAPY AND CONSENT: A FRENCH PARADOX**A. Henry, L. de Saint-Martin, E. Baccino. *Unité de Médecine Légale, Centre Hospitalier Morvan, 5 Avenue Foch, Brest, France.*

In France where sismotherapy is widely used as efficient in melancholia, a previous written consent is required from the patient or his family. This is a paradoxical and quite unique situation in a country where psychiatrists are allowed to hospitalise, against their will, patients with mental disorders, making them unable to consent to treatments that they need in an emergency. In addition, when an informed consent is possible it is always given verbally. So why this exception for sismotherapy and melancholias whose ability to consent must be questioned in most of the cases. Some clues are suggested which are all linked to the peculiar nature of sismotherapy: Its mythical discovery by CERLETTI in a pig slaughterhouse (sex - death - therapeutic); The popular perception for sismotherapy as a tool of moral and political order; The lack of any theoretical basis to explain its clinical effectiveness; The body used as a sacrificial offering to the spirit health. In our opinion, these considerations might lead the French psychiatrists to apply to sismotherapy the same ethical rules as those used for other comparably efficient (and potentially dangerous) therapeutics