

REFUSING TREATMENT IN MENTAL HEALTH INSTITUTIONS: VALUES IN CONFLICT. Edited by A.E. Doudera and J.P. Swazey. Ann Arbor MI: AUPHA Press, 1982, 212 Pp.

Reviewed by Michael A. Solomon, MD  
 Director, Forensic Treatment Program, Western State Hospital  
 Assistant Professor of Psychiatry, University of Virginia

One of the most heated controversies that arises in the dialogue between lawyers and psychiatrists concerns the right of the involuntarily hospitalized psychiatric patient to refuse treatment. Efforts have been made however, to move beyond the stark and sensational imagery held by each side in this dialogue. In *Refusing Treatment in Mental Health Institutions: Values in Conflict*, Doudera and Swazey present an attempt by a group of lawyers, judges, psychiatrists, and patients, most of whom have had extensive experience as participants in the controversy, to discuss the issues involved.

The editors begin with psychiatrist Barry Blackwell's moderate and responsible presentation of the substantial benefits of antipsychotic medications, their limitations in the treatment of schizophrenia, and the all-too-frequent undesirable consequences of their long-term use. This is followed by Richard Bonnie's survey of legal aspects of the right to refuse antipsychotic medications. Bonnie, a law professor, asserts that the primary question to be answered is whether the patient is competent to make treatment decisions. This emphasis on competency is problematic. Does it really make any sense to commit people to mental hospitals and then deny them the most effective form of treatment available simply because they don't want it?

In chapter three, Eugene J. Comey, a lawyer, argues that when a patient has been duly committed, the state has a *parens patriae* duty to provide treatment. Comey also discusses the considerable differences between Judge Brotman's approach in *Rennie v. Klein* and Judge Tauro's proposed remedies in *Rogers v. Okin*. Judge Brotman, in his own contribution to this volume, invites the reader to sit next to him on the Federal bench as he deliberated over the appalling conditions cited in *Rennie v. Klein*.

Richard Cole, a lawyer for the plaintiffs in *Rogers v. Okin*, contends in his chapter that psychiatrists seek a power that other medical doctors do not have. Somewhat paradoxically, he then invokes the therapeutic alliance between psychiatrist and patient. A very different view is presented by Michael J. Gill, MD, a senior psychiatrist at Boston State Hospital. He discusses the destructive consequences of the lengthy suit on the ward therapeutic milieu and on staff morale. Gill concludes: "The benefits of this legal action to the people it was designed to help, or to the institution it was designed to guide, remain obscure, and the plaintiffs throughout the long and arduous process did not produce a shred of evidence that the suit helped any patient."

Among other contributions, Judge Alfred Podolsky gives a detailed legal review of civil commitment and competency determination; Jonathan Brant calls

## Books Reviewed

for more legal proceedings and increased representation of patients and institutions by lawyers; and William J. Curran, like Bonnie, stresses the importance of competency determination, concluding with "All of their discussion, however, is a hollow legal argument unless we look to improvements in the quality of the system, . . . the people in it, . . . and treatment."

Dr. Michels, a psychiatrist, delineates the complex mixture of values and attitudes that are necessary to assess a patient's competency to make treatment decisions. He also points out that the issue of competency arises only as a step in resolving conflicts between physicians and their patients; it is rarely an issue for compliant patients. Drs. Thomas Gutheil and Mark Mills address clinical and psychological aspects of medication refusal and propose an alternative legal framework for balancing patients' rights with their need for treatment. Doctors Loren Roth and Paul Appelbaum present the gaps in our empirical knowledge of the long-term effects of involuntary treatment and stress the need for documentation of the effects of granting treatment refusal and due process.

Among other contributors deserving mention are Judi Chamberlain and her fellow members of the Mental Patients' Liberation Front. These "ex-psychiatric inmates" as they prefer to call themselves occasionally sound shrill. This is unfortunate, for their statements bring out the inadequacies of the present system far more persuasively than do the arguments of lawyers and advocates who have ideological axes to grind. It is upon the statements of the ex-patients that the reader must focus.

One suspects that the real issues lie in the tangled skein of power relationships. The right to refuse treatment controversy is just the latest reverberation of the twenty-year struggle over the ideological legitimacy of the concept of mental illness. Is the real issue that of the social construction of madness? Or is it rather a battle over allocation of privilege? □

**RIGHTS AND ADVOCACY FOR RETARDED PEOPLE.** By Stanley S. Herr. Lexington, MA: Lexington Books, 1983, 257 Pp.

Reviewed by John McGee, PhD  
Nebraska Psychiatric Institute

This book examines the civil rights movement, which evolved primarily during the 1970s, for disabled persons. It examines the legal changes that have resulted from a number of class action and individual lawsuits at both federal and state levels. It gives an excellent overview of the historical underpinnings and current legal issues related to appropriate services for developmentally disabled persons. It examines the legal frameworks that have perpetuated and continue to perpetuate, to some degree, the residential segregation of mentally retarded persons. It considers the extent to which lawmakers can undo a segregationist legacy and the