

Japanese psychiatry

Abuse for visiting scientists

Tokyo

WESTERN research workers studying such topics as neurotransmitter receptors and the mode of action of antidepressants are not used to being thought of as brutal oppressors of society, nor do they conduct research in fear of assault. But, as two visiting lecturers found recently, for workers in these fields there are real dangers in Japan.

The two lecturers, Tim Crow of the Clinical Research Centre in the United Kingdom, and D. van Kammen of the University of Pittsburgh, were due to give talks on "Genes and viruses in schizophrenia" and "Episode markers in schizophrenia" at the seventh congress of the Japanese Society on Biological Psychiatry at Gifu, in central Japan. Soon after their arrival in mid-April, however, the speakers were told that the meeting had been cancelled because of threats made by "anti-psychiatrists". Instead, a smaller private meeting was arranged at a hotel in nearby Nagoya. But, twenty minutes after Dr Crow's talk began, news came that a group of 70 demonstrators were on the way to the new location; the talk was abandoned and the meeting hall evacuated.

Behind these strange events lies a 16-year feud within Tokyo University's hospital and accusations of serious abuses within Japan's psychiatric hospitals. These accusations resulted in an inspection visit earlier this month from Disabled People's International (DPI), based in Stockholm and, two weeks ago, from the International Commission of Jurists (ICJ) and the International Commission of Health Professionals (IChP), both based in Geneva.

The Gifu meeting had itself attracted attention from anti-psychiatrists because lurid publicity had just been given to the ethics of research performed at Gifu University. In February 1984, a schizophrenic woman patient admitted to a local hospital had received an abortion; the fetus's brain had then been examined in the university to look at the effects of drugs the patient had been taking. Accusations followed this year, however, that the patient had wanted to have a child and that she had been forced into the abortion in order to provide research material for a "human experiment". Although the matter was taken up by the Diet, investigations have not so far revealed malpractice.

The "anti-psychiatrists", however, see this experiment as just one more example of the "research supremism" they claim permeates the psychiatric community and which regards psychiatrically-ill patients as being without rights, mere fodder for further scientific careers.

This view has been propagated by a radical group of doctors who, in a truly bizarre episode, established themselves within Tokyo University's hospital in the

wake of the student revolt in the 1960s. At the end of the troubles, in 1969, some radical doctors, opposed to the current form of psychiatric education and treatment, seized the in-patient psychiatric ward and used violence to prevent those who did not support them from entering the ward. Since then most of the university's neuro-psychiatrists have not been able to enter the building or see the remaining patients.

An attempt was made to solve the problem in 1972. Relatives of confined patients were asked to consider moving them elsewhere; some, but not all, did so. Eventually, as doctors and nurses left, and radical doctors from elsewhere began to work in the ward, the point was reached when there were no officially-authorized staff left. The university, however, continued to supply drugs, food and equipment and to avoid confrontation on the grounds that that would not be in the interest of the remaining patients.

This strange situation persisted until 1978, when the Diet appointed an investigatory committee. The committee put pressure on the university to solve the problem without suggesting how it might be done.

The university eventually chose to avoid a fight and to legitimize the occupiers' position. University posts were given to the radical doctors, the professor was in turn allowed to make a once-a-week token visit to the ward, and a single patient was sent there from the out-patient department.

Relations between the "orthodox doctors" in the out-patient department and the "radical" doctors in the in-patient ward have not however, improved. Out-patient doctors complain of frequent abuse and physical assaults from radicals who enter the out-patient ward, often even in front of patients undergoing treatment. No evidence of unethical conduct by members of the out-patient group has been presented to justify these assaults; instead it seems as though they are being made to answer for abuses that have occurred elsewhere — the very abuses that have led to appeals to the United Nations and visits from human rights groups.

The most notorious incident occurred last year at the Utsunomiya hospital where it was alleged that patients were regularly beaten, two of them to death, one for trying to escape and one for complaining about the food, and that unqualified staff and some patients were forced to act as nurses. The director was eventually arrested, although the case has never been completely cleared up.

The official government view, echoed by many psychiatrists, is that the Utsunomiya case is a rare exception. One person who believes otherwise is lawyer Etsuro Totsuka, who for the past few years has been working almost without pay investigating

psychiatric abuses. He stresses that there is an abnormally large number of psychiatric patients in Japan (more than 300,000), many of them hospitalized for exceptionally long periods and most of them confined against their will (more than 80 per cent, against only 5 per cent in the United Kingdom). Hospitals, the great majority of them private and generating large profits, are usually built in remote areas where land is cheap but rehabilitation of patients through integration back into the community almost impossible.

Two main factors seem to lie behind these trends. First, Japan's Mental Health Law Article 33 allows a hospital administrator to commit people without their consent so long as parents or guardians agree; expert opinion from doctors is not required. Thus, as an editorial in the *Asahi* newspaper put it, there need be no surprise at the abnormally large number of people in mental hospitals because "decisions on whether or not to put the mentally ill in hospital are made, in many cases, by the hospital managers, who stand to profit from hospitalization".

The second factor is the considerable stigma still attached to the mentally ill. All too often, families with mentally-ill kin seem to want to dump them where they cannot be seen. Complaints of ill-treatment are thus likely to be few as people prefer not to be identified as having a mental patient in the family.

Detailed reports are not yet available from the three groups that made visits to Japan following lawyer Totsuka's appeal to the United Nations through the Fund for Mental Health and Human Rights that he helped set up. But James Donald of DPI has made an interim statement that "there appears to be no requirement that the decision to commit be made by a qualified expert... there is no requirement for independent review of the decision... no effective independent counsel is provided to the patient; and there appears to be no access to information on care and treatment of patients once they are put inside and consequently no protection from abuse". Lack of appropriate laws and regulations, and the absence of government supervision, lack of financial incentives to medical professionals for treatment in the community, and lack of general recognition of these rights by the larger community are all blamed for the current state of affairs.

In the eyes of foreign experts, legal reform is thus clearly indicated. Within Japan, however, the issue has so far excited little interest, except among those whose views have already become extreme. What is particularly lacking is a broad-based reform group, like MIND in the United Kingdom, even though there is a movement towards community care among psychiatrists. Even if the true scope of psychiatric abuse can be assessed and, if abuse exists, legal reforms made to remedy it, it is hard to see psychiatrists and "anti-psychiatrists" being reconciled.

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