

Book reviews

Russia's Political Hospitals. The Abuse of Psychiatry in the Soviet Union

Sidney Bloch and Peter Reddaway
Foreword by Vladimir Bukovsky
London: Victor Gollancz Ltd, 1977.

On the 22 July 1975, *The Times* wrote in an editorial: 'There is now overwhelmingly convincing evidence that the Soviet authorities quite deliberately use their mental-health service to punish or intimidate political dissidents, a horrible and wicked act of state. Just as it is impossible for a national medical body to ignore irregular behaviour by individual members, it is also impossible for a world body to turn a blind eye to deliberate malpractice; the Soviet psychiatrists who lend themselves to this vile conduct are every bit as guilty as the politicians who order it.'¹ In the book under review Dr Bloch and Mr Reddaway provide a full documentation of the facts on which *The Times* based its strictures. It is compulsively readable from start to finish, and is supported by 114 pages of appendices detailing the facts, and 35 pages of references giving the sources. Dissidents are interned in psychiatric custody, the evidence of their mental illness being provided by their political views alone. In the special psychiatric hospitals for the criminal insane there are unnecessary and unjustifiable restrictions or deprivations of air and exercise, occupation, books, writing materials, visits, human contacts. The worst feature is that the orderlies are themselves non-political criminals of a violent type; brutalities, beatings, forced medication and over-medication do occur.

Bloch and Reddaway mention the existence of some 15 or so of these special psychiatric hospitals; and they say there are no doubt others, as well as special criminal wards in ordinary psychiatric hospitals, and special psychiatric wards in

ordinary prisons. They know of some 210 dissidents who have been interned in mental hospitals since 1962 for reasons connected with their beliefs. There are no doubt others they have never heard of. The cases of Grigorenko, Gorbanevskaya, Shimanov, Medvedev, Plyushch, Bukovsky and Borisov are discussed at length, and the 50 pages of Appendix I gave a catalogue resumé of the victims of Soviet psychiatric abuse known to them.

Schizophrenia and paranoid psychopathy are the two principal diagnoses used to stigmatise the dissident. Professor Morozov has authoritatively stated that 'schizophrenia is a disease in which patients are, with rare exceptions, deemed not responsible'. According to Professor Lunts, another leading forensic psychiatrist, the 'sluggish' form of schizophrenia may have no clear symptoms. The disease may be 'theoretically' present even when not clinically demonstrable. It is not necessary for any change in personality to be noticeable to others. Morozov likes to say 'It's no secret to anyone that you can have schizophrenia without schizophrenia'. An emigré Russian psychiatrist has allowed Soviet teachers, such as Professor Snezhnevsky, an honest belief in the concept of dissent as mental illness. It is only the internment in special hospitals that he sees as utterly indefensible. Bloch and Reddaway do not agree. They find all too much evidence of cynical disbelief. For instance the more benign psychiatrists may be quite ready to certify recovery after only the most formal recantation of past 'erroneous' views. Again, in psychiatric reports to the courts there is much false evidence: the patient's words are twisted against him, and positive evidence in his favour, such as good social adjustment and a solid work record, strangely fail to find mention. Some psychiatrists may be mistakenly doing what they feel is the best thing for the patient, believing that

a year or two in a mental hospital under reasonable conditions may be less punitive and less traumatic than a long period of imprisonment. But this cannot be so if it is a special psychiatric hospital.

The reviewer does not share the view of *The Times* in 1975 that the psychiatrists are as guilty as the politicians; they are the slaves of the machine, not its masters. The system of ethics in a tyranny is not as ours, but runs along a different dimension. The state religion in Soviet Russia maintains that the particular variety of Marxism-Leninism which is the official guide contains all wisdom and truth, and any form of dissent is antisocial. It is the ideas that have to be crushed; the men who hold them are crushed too; incidentally, the danger of unorthodox ideas is that they may penetrate into the party leadership causing political splits that might be disastrous to the machine. The armed forces are part of the machine and their personnel are necessarily dehumanised. So are the police. They must be too the instruments of law and justice. Soviet judges commit every kind of illegality, even in the terms of existing Soviet law, ensure that the dictates of the party machine are executed. It is little less than a miracle that advocates appearing for the defence are permitted to say as much as they do even if cogent arguments are blandly ignored. The special hospital psychiatrist must inevitably be as much a creature of the machine as the Soviet judge, who for reasons unknown incurs far less obloquy from the West. 'But you had an apartment, a family, a job. Why did you do it?' The words, spoken by doctor to dissident, could just as well be said to anyone in an official position who took one step out of line.

The divided loyalties of the psychiatrist, to society as well as to his patient, put him at risk in the West as in Russia. The guilt of the prison doctors in Russia lies in lack of courage - and one can hardly

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expect them to show as much heroism as the dedicated dissident. The evil that they do is to imply that honest social and political criticism is so much lunacy. When all is said the cruelty and wickedness of the Soviet tyranny does not approach the monstrous cruelty and wickedness of the Nazi tyranny. Dr Bloch and Mr Reddaway hope that humane psychiatric values will ultimately prevail, when all imprisoned dissenters would be held in labour camps and none in hospitals. This would be very good for the fair name of psychiatry; but it might deprive the prisoners of some of their friends. Surely, our criticism of the Russian tyranny must go far deeper than this.

ELIOT SLATER

Doing Better and Feeling Worse: Health in the United States

Edited by John H Knowles, MD
President of the Rockefeller Foundation
W W Norton and Company Inc,
New York, 1977

Throughout the Western world there is considerable anguish about the proportion of resources spent on health services. There seems to be no limit to the treasure that can be poured into medicine, and the results in terms of better health and reduced mortality are not strikingly noticeable. Our own Department of Health and Social Security, and Scottish Home and Health Department have made their contributions both to the expenditure and to the subsequent heart-searching. They have published their opinions in red, white and blue papers.^{1,2,3} Briefly, they imply that since the care of the sick is too expensive, more effort will have to be put into prevention and, since most modern illness is the result of individual behaviour, it is up to each of us to promote our own health by stopping smoking, cutting down drinking, eating less, taking more exercise, avoiding the risk of VD, and preventing unwanted pregnancies.

No matter how effective prevention is, there will always be sick and disabled people. Some of these now get ready access to care and treatment. For the rest there are difficulties. Some may spend a time on a waiting list, others may have to forego treatment altogether. Medical

people may be unaware of the importance of their condition, or unwilling to treat it.

The medical profession collectively, knows a great deal about its successes and failures in patient care and treatment. On the other hand, patients know how they feel, what is troublesome, and what they would like made better. Some means is needed to bring these two important kinds of knowledge together, so that doctors are organised to apply their skills and technology to patients' needs.

The management of our National Health Service has completely failed to do this. It is a group of corporate bodies appointed by ministers on the statutory advice of various institutions. It looks on people as objects of pity and concern and not as co-operating subjects. Even community health councils which are supposed to represent the public, are largely appointed by the health authorities, the very bodies they are to monitor. These, as administrative arrangements, are more reminiscent of Mussolini's corporate state than institutions in a democratic society.

Evidently the United States is no better. Theoretically you can pay there for what you want either directly, with your own cash, or through one of the commercial or state insurance agencies. In fact, you can only pay for what is on offer and the ordinary consumer has no more say about what is offered than he has in the British National Health Services.

There is as little choice in the matter of prevention. Advertising and other commercial pressures help to determine much of our personal behaviour especially for those who are least educated and for those whose lives are otherwise limited. The real skill in prevention must be in helping us to overcome the need for a chemical or other veil between ourselves and reality. It is not only cigarettes and alcohol that provide this defence against the unbearable. The National Health Service with its prescriptions for hypnotics and tranquillisers plays its part.

Life should be fulfilled in work and leisure and leisure should be recreation and not self-destruction. A scientific approach to prevention seeks to identify the social pressures that determine behaviour, and to change them.

Fifteen of the twenty essays in this

book are by medical men, of the remainder, three at least are by economists. One cannot resist the temptation to say that, at least in the case of the medical men, the subject matter – increasing costs of medical technology – is love of their business. It is up to the profession to say what it can do to promote health and care for sick people and to state its material and manpower needs to do this conscientiously and honestly. It is for finance experts to count the cost and for politicians on the advice of these two groups, having ascertained their constituents' needs, to say yes or no. Democratic opportunities for choice in health services, and democratic responsibility for the determination of priorities are the answer to this particular dilemma.

This is an interesting book in that it gives valuable insights into the feelings of US doctors and their attitudes to the way they have to work. It shows a major concern for the needs and demands of patients but only as they are seen by doctors and not at all, as the title would imply, as felt by patients.

References

- ¹*Prevention and health: Everybody's business.* (1976). A consultative document prepared jointly by the Health Department of Great Britain and Northern Ireland. HMSO.
- ²*The Health Service in Scotland. The Way Ahead.* (1976). Scottish Home and Health Department. HMSO.
- ³*Prevention and Health.* (1977). Department of Health and Social Security, Department of Education and Science. Scottish Office. Welsh Office. HMSO.

DONALD CAMERON

Medical Encounters: The Experience of Illness and Treatment

Edited by Alan Davies and Gordon Horobin, Croom Helm, London, 1977.

It is not often that doctors and nurses are able to see themselves through the eyes of patients who have had a similar educational background. This book does just this for them. It contains sympathetic and challenging accounts of some of the heartless