PREVENTION OF MISUSE & ABUSE OF PSYCHIATRY IN THE ARMED FORCES

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ABSTRACT

The year 1997 is a historic year on many counts. It is on the one hand the Golden Jubilee year of our Nation, as also of the Indian Psychiatric Society. Our meeting here today is a historic event which marks an important epoch in the development in this field of specialisation - as it is the first ever meeting of Military Psychiatry section of Indian Psychiatric Society. However the world of today has moved far from the ideals which we upheld on our path which brought us to this important point. Unfortunately, moral and ethical values have deteriorated across the body politic. Apprehension of this state affecting our profession also, has prompted me to speak today on the subject of, "Prevention of Misuse of Psychiatry in the Armed Forces".

Key Words: Golden Jubilee Year, deterioration of moral values, misuse of psychiatry and its prevention

1997 happens to be the Golden Jubilee Year of our Independence, and we should all be happy and proud of this fact. We the Military Psychiatrists meeting here today, are also members of Indian Psychiatric Society, and are proud of our Society celebrating its Golden Jubilee, having been born a few months prior to the Independence of our Nation. However, today we are aware that the moral, religious, and ethical values which we as a people have had a tradition of upholding, are at present at their lowest ebb, in all spheres of life, as evidenced by the innumerable cases of scams and corruption which appear to have become the order of the day.

PSYCHIATRY AND LAW

The terms "Lunacy" or "Insanity" are legal terms which are often used as a plea in the defence of an accused charged with a serious crime. In such cases the professional opinion of a psychiatrist is sought by the court. Similarly, the civil rights of an individual e.g. his competence to make a valid will and to enter into a contract, or the validity of his marriage, may be questioned on account of his alleged mental ill health and he may be referred to a psychiatrist (Modi, 1993). In civil life, cases of wrongful declarations of a person as insane, where a conniving relative has managed to usurp the property of that person, have been reported in the national press from time to time.

Similarly, international medical journals have reported on extreme cases of psychiatric misuse, concerning political dissidents in communist countries, before the catastrophic break up of the Russian Empire. Many such dissidents are reported to have been detained in mental health institutions and ill treated there with the connivance of unethical psychiatrists, thereby violating their basic human rights. Many of these cases were brought to light when they were
taken up by Amnesty International and individual human rights activists and made a global issue.

But no case of misuse of psychiatry in the Indian Armed Forces has yet been published. Being an old timer and concerned with the possibility of degradation of ethical values entering the field of military psychiatry, I have selected this subject for presenting before this important meeting. I have had the privilege of working in the Armed Forces Medical Services for almost three decades before my retirement in 1968 and have again had the privilege of being an Honorary adviser since 1973 and have been in constant contact with my younger serving colleagues.

I believe that cases of unit commanders trying to get rid of a “difficult” junior by filling an AFMSF-10, the prescribed form for referral to a psychiatrist, instead of taking a disciplinary or administrative action, are not a rare occurrence. I have also come across instances of the Armed Forces Hospital Authorities not abiding by the existing regulations in the disposal of psychiatric patients, during World War II and the immediate period thereafter.

I would now like to cite two cases, which exemplify such misuse, in chronological order. Both happened to be officers of our own medical fraternity.

CASE 1

In 1946, one Captain, "X", 52 years, IMD (Indian Medical Deptt.) Medical Officer, working as a pathologist in a command Laboratory, in a large cantonment now in Pakistan, was referred as an out patient by the Commandant of the British Military Hospital to which he was attached. The history showed, of his writing several letters to General headquarters, complaining of being constantly followed by his enemies (about 1200 in number), who had been threatening to kill him, through code insertions in newspapers. He had also jumped off a running train, fearing harm to his life, and sustained a fractured leg. At the time of examination by me, his wounds had healed. He had systematised delusions of persecution, with no organic disability. The delusions had been there for more than a year. I therefore concluded that a diagnosis of Paranoid State was justified (WHO, 1975).

Accordingly, I informed the British commandant of the hospital and recommended his admission to hospital as required by the Regulations for Medical services in India (Min. of defence, 1995) for further observation and invalidation from services. However, the commandant overruled this suggestion and the patient was invalidated out of service without being admitted. The invalidating board proceedings were approved by DMS (Army) and the patient was sent home. But because of the partition of the country, he had to migrate to a small cantonment in north India where he was able to secure the job of a medical officer in the Cantonment General Hospital. He filed a civil suit against the Govt. of India for his alleged wrongful removal from service, in the court of the civil judge. His counsel contested the diagnosis of paranoid state and said his client was a normal person who had been wrongly invalidated out of service when he was carrying out his normal duties and to “add insult to injury” he was not even admitted to hospital which was a requirement in the regulations (Ministry of defence, 1995). After several hearings where I appeared as an expert government witness the verdict went against the Government. The court held that Capt X continued to be in service and should be paid all the dues. The Government appealed but the case was kept pending for a very long time. Ultimately the matter was settled out of court after the plaintiff had passed away.

CASE 2

In 1956, at a small station, B, there were four officers of the rank of major, in different units. One of them, Major Z who was the administrative commandant was disliked by the other three. These officers decided to fix him up through major Y, the OC of the hospital in
station B.

Major Y, without revealing the identity of the patient, telephonically obtained permission from the ADMS of the area headquarter concerned, to transfer a patient to psychiatry department of a larger hospital. Thereafter major Y, wrote to major Z, directing him to get admitted to the local hospital for onward transfer to the larger hospital, giving the reference of verbal orders from area headquarter as an authority. At this major Z was greatly perturbed and he contacted his superiors in command headquarters. In the Medical case sheet, major Y referred to major Z as a case of "Psychopathic personality". However, an enquiry was ordered and a detailed psychiatric evaluation was conducted by the Advisor in Psychiatry as an out-patient in the same hospital at station B. No evidence of any psychiatric disorder was found. Following a summary of evidence being recorded, a general court martial was ordered and major Y was brought to stand a trial, He engaged a retired JAG officer as his defence counsel who argued that Maj. Y was duty bound to take into consideration the so called "temperamental instability" and other "undesirable personality traits" which he had found in his social interaction with the patient and was thus justified to refer him for psychiatric consultation. But the court found major Y guilty of malicious referral of Maj Z for psychiatric consultation and sentenced him to 5 years loss of seniority which was later reduced to 3 years.

DISCUSSION

As the procedure for referral, treatment and disposal of psychiatric patients had not been codified, I was asked to draft a comprehensive memorandum in 1962 and after its approval, this resulted in DGAFMS Medical Memorandum No. 36 of 1963. In its para i (g), it is stated that if a medical officer, otherwise than during his normal duties (e.g. social contact) suspects that a person may be suffering from a mental disease, he should report his confidentially to his OC and should not take any other action on his own.

EXAMPLES FROM OTHER COUNTRIES

While looking for literature on misuse of psychiatry in other countries I found two interesting cases in a book called "Law Psychiatry and Morality" (Stone, 1984).

CASE 1

The first is the case of a General in erstwhile Soviet Union - General Petrov Grigorenko, who criticised Mr. Khruschev and his cult of personality, in a communist party meeting. The government lawyers questioned his sanity and eminent soviet psychiatrists cooperated in diagnosing him as being paranoid. He was therefore confined to a special institution for the "criminal insane".

As a result of growing pressure from agencies outside the country, in 1974, one day prior to president Nixon's visit to Russia, he was released and allowed to migrate to USA. In 1978, at his request he was examined by an eminent American psychiatrist, who found no evidence of paranoid personality, paranoid ideation or paranoid schizophrenia.

CASE 2

The second case is also of a general, one who belonged to the American Army, Major General Edwin Anderson Walker, a well decorated soldier. He had openly opposed Federal troops being involved in racial integration and criticised President Eisenhower's decision and openly sided with the right wing political causes and groups. He was relieved of his command and referred to a psychiatrist, Dr. Smith, who gave the opinion that "there was a real possibility that there has been a deterioration in mental process of General Walker in past year or two" but that he was responsible for his actions. General Walker was charged and compelled to stand trial but the Government was unable to get a Jury in the State of Mississippi to indict him, and the case was therefore dismissed in 1963.

Due to such a colossal difference in the judicial systems of the two countries, General
Walker was spared a wrongful stay in a mental health institution.

In conclusion, many popular works of fiction, have taken the conflict of interest between the two major world powers, and several have painted an ominous picture of discipline by "Brain washing", where dissent is squashed by using chemicals, subliminal message transmission, carefully created disorientation, which lead a sane person to doubt his own sanity. The famous film, "One flew over the Cuckoo's nest" shows the use of lobotomy to "tame" human beings to a more docile, pliable personality. Are these real scenarios or fiction?

Psychiatry, both in the civil or the military setting, is a well developed branch of medicine, it can provide enormous help to people with deep seated problems of mental origin, where the doctor uses his knowledge of the human mind to analyse the problem and with the use of extremely potent drugs that are now available, can help to heal a person, sometimes slowly, and sometimes miraculously, pulling the patient out of deep shadows back to normal life. Military psychiatry in particular helps to deal with men and women in the armed forces, often undergoing tremendous psychological pressures in their work and their lives, often separated from their families for long periods and being under the stress of long stay in an inhospitable climate and environment e.g. serving at lonely and uncomfortable locations at high altitude like the Siachin Glacier or in desert conditions.

It will be seen from the above instances that the possibility of misuse or abuse of psychiatry in the armed forces is real and every effort should be made to see that referral for a psychiatric assessment is controlled by updated instruction, for example DGAFMS medical memorandum No. 111 of June 87(DGAFMS, 1987) which incidently is much more liberal, in view of more efficient methods of treatment available now.

We should always strictly abide by the instructions that the authorised medical officer is the only authority to refer a patient to a psychiatrist. Dealing with psychiatric patients should be considered a medical matter and we should not be a party to an administrator who is either too "timid" or too "lazy" and wants to get rid of an individual under his command through medical channels, instead of taking an appropriate administrative or disciplinary action.

ACKNOWLEDGEMENT

The Almighty Lord in His benevolence and grace has allowed me to participate in this historical meeting inspite of my old age and I most humbly thank him for this. I am deeply honoured that I have lived to see this day when the discipline that I helped to develop in this country, military psychiatry, has finally got this official recognition and formal sanction by our parent body, the Indian Psychiatry Society. I am grateful to the organisers, for inviting me to participate in this event and to avail of my services, while I am still around. Lt. Col. Saluja has provided valuable assistance in procuring information on regulations for preparation of this paper and I thank him for his help.

I must publicly thank my daughter Harsaran Bir Kaur of UNICEF for accompanying me to this historic occasion. She has taken leave to join me, perhaps to prevent her father from doing the 'vanishing trick' if allowed to go out of Delhi alone!

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