

Commissioner Zeid Ra'ad Al Hussein
United Nations High Commissioner for Human Rights
Office of the High Commissioner for Human Rights
United Nations
CH-1211 Geneva 10
Switzerland

12 October 2017

Dear Commissioner Ra'ad Al Hussein,

We are writing on behalf of the Board of the European Brain Council as we take issue with the “Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” (A/HRC/35/21) that was submitted to the thirty-fifth session of the United Nations (UN) Human Rights Council, 6-23 June 2017.

The European Brain Council (EBC) is a coordinating council formed by patient groups together with European organizations in neurology, psychiatry, neurosurgery, neuroscience, as well as companies from within the pharma and biotech industries. It represents a vast network of patients, doctors and scientists, and these stakeholders make it eminently suited to work in close partnership with the European Parliament and Commission, national governments as well as other international organizations policy making bodies.

Whereas we applaud the prioritization of mental health as a global public health priority and efforts to increase the access of individuals with mental illnesses to humane and effective treatment, we wish to express our strongest possible objection to the report's misrepresentation of both the aims and overall impact of biomedical approaches to mental illness.

Accordingly, EBC shares the concerns expressed in the report on the right of everyone to enjoy the highest attainable standard of mental and physical health. As presented, the report establishes a comprehensive list of all the obstacles responsible for inadequate health care. EBC therefore fully supports the denunciation of the violation of human rights as identified in the report. However, in this document, psychiatry seems to be described as a discipline marked by right violations, characterized by a reductionist approach and as almost enslaved to the pharmaceutical industry and therefore appearing to bear a strong responsibility for the violation of those rights.

This assumption is absolutely slanderous as it attacks an entire professional community without distinction and –what is more- is absolutely not evidence-based. It seems that the report is deliberately confounding what would be psychiatric malpractice with the general rules and code of ethics of psychiatric care.

The systematic therapeutic alliance of psychiatrists, physicians, patients, families, nurses, social workers and caregivers is totally ignored.

Also ignored is the great progress in psychiatric care in recent years and the satisfaction of the large number of people treated every day in mental health services.

In addition, the main obstacles to the development of satisfactory mental health care are the lack of parity between mental health and physical health funding, the paucity of resources and the lack of parity of esteem.

On the contrary, the main obstacle repetitively and obsessively mentioned in the report is the “biomedical model” of psychiatry. It remains unclear on what basis this restricted view is formulated. Moreover, citations of the scientific literature are largely biased in the direction of purely ideological perspectives, again with no scientific evidence.

The EBC as a whole is committed to supporting European research in the field of brain and mental disorders and is therefore highly concerned by the assumptions raised in the report which are erroneous, anti-scientific and detrimental to the future development of most efficient treatments for brain and mental disorders.

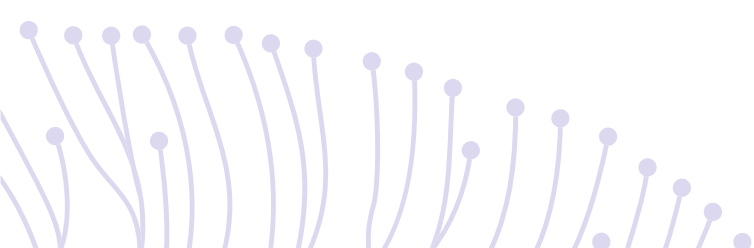
We, therefore, provide a detailed explanation of our arguments:

Psychiatric practice

- To state that “decision making power in mental health is concentrated in the hands of biomedical gatekeepers, in particular biological psychiatry backed by the pharmaceutical industry” is extremely insulting and slanderous. Most of the mental health workers –who are making decisions on a daily basis – are not “biomedical gatekeepers” and more and more frequently decisions are shared by physicians, families, patients, nurses, social workers and caregivers.
- To systematically claim that psychiatrists are under the influence of drug companies (the pharmaceutical industry “promotes asymmetries in power relationships” between doctors and patients) is a totally unfair stigmatization of the profession. In psychiatric practice, the only guide to choose a psychotropic medication is the potential benefit it could have for the patient. It is in the reciprocal interest of the patient and the physician to do so and no psychiatrist would be so irresponsible to behave in a different way. Medical regulation then exists and would be applicable would such extreme situations occur.
- According to this report, psychiatry is considered as responsible for gender orientation discrimination, which in reality is entirely the contrary. Most psychiatric societies and psychiatric congresses have specific sections, events, symposia, etc. dedicated to the fight against discrimination and to promote the right of women, LGBT and people belonging to minority groups.

Treatment and care

- Treatment with psychotropic medication is presented as useless– even harmful– which is in total contradiction to the facts. It is the introduction of antipsychotic medication in the late 1950s that marked the end of the old psychiatric asylums and dramatically halted the prior, almost constant, fact of chronic hospitalization for patients suffering from psychotic states. The introduction of mood stabilizers has also completely changed the lives of patients living with bipolar disorders. The list of examples of this kind is extremely long.
- Moreover, a poor adherence to drug treatment is, in many major mental disorders, responsible for significant relapses. The more frequent the relapses, the worse the long-term prognosis. In this respect, the data from the scientific literature are absolutely concordant. As a consequence, encouraging psychotropic drugs withdrawal would have dramatic consequences for people living with mental health problems.



- Long-term facilities are regarded as incompatible with the respect of human rights. We totally agree that long term hospitalizations should remain the exception. But in certain cases, there is no other solution for people with no social or family support who require long-term housing and assistance due to their severe mental and physical conditions.

- Involuntary treatment is considered in the report as definitely unacceptable. All professionals in this field of work adhere to the principle that involuntary treatment should be used only when appropriate and when it is established that other interventions –which are always prioritized– will not be successful. In these cases –and only in these medically severe cases–can involuntary treatment be of benefit for the patients themselves, in the effort to restore their functional and decisional capacities, which is the main aim of any psychiatric treatment. We would like to remind you, also, that failing to protect a patient posing an imminent threat to themselves or others is considered major medical misconduct.

- Even “inpatient treatment” is considered by the rapporteur as “inconsistent with the principle of doing no harm” (see p 13 of the report). This implies that no hospitalization should exist in psychiatry. Such a claim no longer belongs to the field of clinical or scientific debate but is in fact purely ideological. “Inpatient treatment” has, on the contrary, saved the lives of countless patients in the midst of acute suicidal crisis, and the same is true for patients whose life was threatened by extreme anorexic behavior, only to name a few examples.

Non-scientific claims

- The “reductionist biomedical model” is repetitively presented as being responsible for the lack of efficiency of psychiatric care. In the report, the example given relates to Autism and is, historically, entirely wrong. In the past, for many decades, the predominant model for Autism has not been a biomedical one (and has even been an “antimedical” and “anti-neurodevelopmental” one, see: works of the school of Bruno Bettelheim and his followers). We know the dramatic negative consequences such an approach has had for patients and families. We sincerely hope that the rapporteur is not pleading for a return to this period.

- More generally, it is hard to understand in which way a “biomedical approach” would be detrimental to progress in psychiatric care. This assumption is reiterated more than twenty times in the report and is claimed to be based on the most recent scientific literature. However, the large majority of research projects currently developed in the mental health field are combining basic science, clinical description, sociological analyses and determination of the role of environmental factors (see the Horizon 2020 programme as an example in Europe). The main outcomes of such research projects are to define a holistic approach for the benefit of end users, i.e. patients and the wider community. As a consequence, the fear expressed in the report (the “reductionist medical paradigm has contributed to the exclusion, neglect, coercion and abuse of people with disabilities”, p.4) is entirely unfounded. Biological, psychological and sociological approaches are, of course, complementary, and biomedical hypotheses do not, at all, contribute to coercion or abuse!

- Finally, the WHO is referred to –in many instances– as sharing exactly the same position as the special rapporteur. We wonder if this is actually the case, since the report severely condemns the WHO International Classification of Diseases (ICD) (“...the International Classification of Diseases and the Statistical Manual of Mental Disorders continue to expand the parameters of individual diagnosis often without a solid scientific basis”, p.5). We naturally take issue with any assumption that the work of the WHO is not based on solid scientific evidence and we leave it to the WHO to demonstrate the extent to which the statements of the report are incorrect.

What is more alarming still is that this document, first presented to the Human Rights Council, now feeds into a follow up report of the same name but with a focus on corruption (A/72/137), which was transmitted by the Secretary-General to the 72nd Session of the UN General Assembly. The report made sweeping



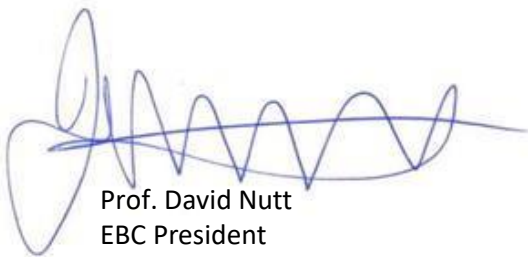
generalizations of corruption in healthcare, as well as a vast amount of unmerited accusations of heavy corruption against psychiatry and the pharmaceutical industry, again without any concrete referencing.

In conclusion, if any of the recommendations of the current report were to be applied, the first victims of it –in a very immediate future– would be, without any doubt, people living with mental health issues and their families. As such, it has no merit and does a great disservice, first and foremost, to the UN as an institution, but also to the millions of committed people involved in mental health care around the world.

We therefore call on you, in your capacity as United Nations High Commissioner for Human Rights, to withdraw this document, in order for the Special Rapporteur to carefully reconsider the controversial parts of its content. We trust that we have demonstrated the magnitude of these controversies and remain available to the United Nations, as well as any other international organization with a stake in this issue, to provide further documented details on the arguments raised in this letter.

We would also like to inform you of the call that we shall be launching officially to the UN and WHO to dissociate themselves from this report in order to maintain their reputation as credible organizations at a global level.

Yours sincerely



Prof. David Nutt
EBC President



Prof. Patrice Boyer
EBC Vice-President



Frédéric Destrebecq
EBC Executive Director

