

The debasing of medicine in the Soviet Union

Psychiatry is not the only medical specialty being debased in the Soviet Union. Irina Grivnina was a dissident held in internal exile who became pregnant after the Soviet authorities permitted a visit by her husband. When she presented a specimen of her urine to her gynaecologist she was told that she had serious kidney disease and that abortion of the fetus was imperative. A second sample of urine, taken from her daughter, produced the same prognosis.

This was one of the cases described at a recent meeting convened by the Royal College of Psychiatrists and intended to make clear to doctors from other specialties that the abuse of medicine in the Soviet Union is not a matter just for psychiatrists. Representatives came from the other royal colleges as well as from the Department of Health and Social Security, the BMA, the General Medical Council, and the Royal Society of Medicine. The meeting hoped as well to find ways of bringing pressure to bear on the Soviet authorities at a time when a change in leadership might make for greater clemency towards dissidents.

A more familiar case is that of Irina Kaplun, a prominent campaigner for human rights in the Soviet Union. When she protested to a psychiatrist that her husband was not mentally ill she was told: "What may be a symptom of opinions in a normal person is a sign of mental illness in your husband. Maybe he was unlucky; he is down on our register."¹ People all over the world are persecuted for their beliefs, customs, and colour, but the Soviet Union continues to attract attention because of practices that Dr Peter Sainsbury, chairman of the special committee set up in 1978 to review cases of political abuse of psychiatry, considers, "patently offend against accepted codes of clinical practice and ethical standards."

The obvious problem in acquiring hard evidence impedes verification of case histories and accurate assessment of the numbers of people detained throughout the Soviet Union in the dozen or so psychiatric hospitals, many of which are former prisons. Estimates vary from several hundreds to 2000. Dr Sidney Bloch, a member of the special committee, thought that half of all psychiatrically abused detainees were human rights and peace campaigners, 30% people who wanted to emigrate, 10% those who advocated the rights of ethnic groups such as Ukrainians and Latvians, and 10% those who refused to change their religious beliefs. The harm done to a healthy person by being detained for an indefinite period (the maximum is 37 years) in a psychiatric institution surpasses, Dr Bloch emphasised, even that from a sustained period in labour camps, where at least the comradeship of other similarly detained prisoners affords some support.

Russia has a long history of politically motivated psychiatric abuse. It began under the tsars 150 years ago when Pyotr Chadayev was detained under house arrest for one year after writing an article criticising the regime. The tsar termed his conduct "a farrago of a diseased mind." Nowadays it is termed "agitation or propaganda carried out with the purpose of subverting or weakening the Soviet regime" under the terms of the Russian criminal code, or behaviour likely to represent a social danger under the civil code. While there were cases of abuse up until the second world war,

Stalin's purges were a more immediate way of dispensing with the opposition. Psychiatric abuse then seemed to peak in the mid and late '60s.

In 1977, some six years after a dissenter had detailed his internment in a Russian psychiatric hospital to the World Psychiatric Association, the general assembly of the association formally condemned the use of psychiatry for political purposes and called on all professional organisations of psychiatrists "to renounce and expunge those practices from their country." Meanwhile evidence was accumulating from the clandestine press, official bodies such as Amnesty International,¹ and the émigrés themselves. One of the last was Dr Yuri Novikov, who, until he left the Soviet Union, was the first secretary of the Association of Soviet Psychiatrists. Just five months before the seventh congress of the World Psychiatric Association was due to meet in Vienna, when the Soviet Union would most certainly have been expelled, the Russian Psychiatric Society withdrew its membership. Another link with the West was thus severed.

All those present at the conference were aware of the anomalies of trying to bring pressure to bear while preserving dwindling contacts, and of the importance of being seen to be fair rather than sanctimonious and professional rather than political. Much discussion focused on whether British doctors should concern themselves with abuse in other countries, but it was decided that a lack of hard evidence from other countries inevitably narrowed the terms of concern. In addition, concentrating efforts might achieve better results. Perhaps, the conference thought, there was room for a standing body that could explore psychiatric and medical abuse, and perhaps the World Health Organisation should take a stand on the issue.

Meanwhile, it was suggested, individual doctors should spread information and correspond with doctors in the Soviet Union, making as many contacts as possible with Soviet doctors both here and abroad. When substitutes were sent instead of invited Soviet doctors to present papers in the West those delegates should be refused permission to attend; journeys should be made to visit the families of the detained; and governments all over the world should be informed of the violation of medical skills. While the mood of the conference ultimately expressed extreme frustration at the slow and often negligible effect of practical and peaceful measures that can be taken, these are all that remain. A change in Soviet leadership has not changed the lives of the dissidents.

CAROLINE WHITE

Technical Editor,
Journal of Clinical Pathology,
BMA House,
London WC1H 9JR

¹ Amnesty International Briefing. *Political abuse of psychiatry in the USSR*. London: Amnesty International, International Secretariat, 1983.

Correction

Urinary incontinence after stroke

We regret that an error occurred in this article by Dr C T Currie (22 November, p 1322). The third sentence in the last paragraph should have read: "The doctor looking after a patient with a stroke should not ask simply 'Is she incontinent?' but, if she is, go on to ask himself which of several predictable factors may be contributing."