

Mental illness and legal discrimination

Sir: Tony Zigmond's editorial is categorical in condemning the detention of people who are competent but mentally ill (Zigmond, 2009). He notes that the driver for this is risk, in both UK and international legislation. He contrasts this with physical treatment, for which he, and the judicial authority he quotes, believe competency gives an absolute right to refuse.

I would point out that this overlooks the widespread international use of public health legislation to detain, and even treat, individuals with infectious diseases, on the basis of risk to others. Consequently, Dr Zigmond is wrong, in part, that there is discrimination here. Where they pose a risk to others, physical and mental health patients are both liable to detention. A more interesting question is whether risk of suicide is a sufficient reason to override competency.

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Zigmond, T. (2009) Mental illness and legal discrimination. *International Psychiatry*, 6, 79–80.

Author's reply

Sir: I am a little surprised by Professor Sugarman's letter, as my editorial does not condemn, categorically or otherwise, the detention of people who are competent but mentally ill. Furthermore, I am not aware (I accept this may be my ignorance) of any country having a law which permits treatment of, to use Professor Sugarman's example, infectious diseases, in the face of capacious refusal (my editorial refers, at this point, to treatment rather than detention). It is certainly not permitted in England and Wales.

I have merely asked why we need different laws for the two populations of ill people. There may be good reasons. I really want to know.

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UK Foreign and Commonwealth Office (2009) See <http://www.fco.gov.uk/en/about-the-fco/country-profiles/europe/lithuania?profile=all> (accessed October 2009).

Visulis, I. (1990) *The Molotov–Ribbentrop Pact of 1939*. Praeger.

Ziugzda, D. (1999) Baltic states in the perspective of Russia's security policy. See <http://www.lfpr.lt/uploads/File/1999-4/Ziugzda.pdf> (accessed October 2009).

Many of the faults you see in others, dear reader,
are your own nature reflected in them.
As the prophet said,
'The faithful are mirrors to one another.'

Jelaludin Rumi
1207–73

Language, politics and psychiatry

Sir: In psychiatry as in politics, it is important to use terms correctly, to be precise. One sentence, one phrase or sometimes even one word can destroy a doctor–patient relationship, or can cause a war between two countries.

I have no intention to start a verbal war or an endless discussion, but in the January 2009 issue of *International Psychiatry* I came across one term which made me think again about the importance of using terms correctly. I am referring to the term 'former Soviet Union', which was used for the 'Thematic papers' section ('Mental health services in the former Soviet Union', vol. 6, pp. 2–10).

On 10 March 1997, the then British Foreign Secretary, Malcolm Rifkind, speaking in Washington, DC, to the Carnegie Endowment for International Peace, said that Western leaders should stop referring to the group of countries that emerged from the collapse of the USSR as the 'former Soviet Union'. Rifkind argued that such references are 'unwise' because they carry with them 'the unconscious legitimisation' of the possible return of Russian rule there in the future (Ziugzda, 1999).

The problem is that some people see 'former Soviet Union' not only as a term but also as an idea. Moreover, when people write 'former Soviet Union', I am not sure if that is intended to include my country (Lithuania) and the other two Baltic states. Yes, the Baltic states were occupied by the Soviet Union on the basis of the secret protocols of the Molotov–Ribbentrop Pact (Visulis, 1990). However, the UK (along with other countries) did not recognise *de jure* the incorporation of the Baltic states into the Soviet Union (UK Foreign and Commonwealth Office, 2009). Thus the term 'former Soviet Union' is even more confusing and in my personal opinion politically incorrect.

Why we should look at the complicated history when we want to name those countries? Why we should bring more confusion and maybe even mislead our younger colleagues? I would recommend that authors follow the international media and use terms which are based on the countries' geographical locations, such as the Baltic states (Estonia, Latvia and Lithuania), trans-Caucasian (Armenia, Azerbaijan and Georgia) or Central Asian (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan).