

Remarks and Points To Be Added to the *Declaration of Madrid* (World Psychiatric Association)

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Psychiatrists have to reflect that their measures can only suppress 'symptoms' with medical methods, because treated persons regularly suffer from emotional problems of a social nature and not from bodily diseases. To call all subjects 'infirm' or mentally ill is libellous.

To base ethical behaviour on the psychiatrist's individual sense of responsibility allows him/her to act arbitrarily. Ethical psychiatric behaviour should be based primarily on the treated subject's individual ethic, on the Universal Declaration of Human Rights and other UN documents, especially the right of freedom from bodily harm, and on the civil and criminal law.

At any given facility, the space should be sufficient for the number of inmates/patients admitted. There should be phones-boxes for inmates/patients in every psychiatric ward. There should be easily visible coin-operated telephones in the entrance hall of each psychiatric institution. In each psychiatric ward there should be an easily visible notice, that inmates/patients can get writing-paper, envelopes and stamps if wanted. There should be notice-boards in every ward, on which local, regional and national organisations of (ex-) users

and survivors of psychiatry can put uncensored information. For each inmate/patient there should be the offer to have a daily walk in the open air for at least one hour. On each ward there should be a kitchen where inmates/patients can prepare food and drinks around the clock. The non-smokers' right to have good air to breathe should be guaranteed. The smokers' right to smoke as long as they want should be guaranteed too.

Meals served to inmates/patients should meet recommended minimum nutritional requirements. The needs of people who want special diets should be met.

Psychiatrists should provide not only relevant information to empower the subjects to come to a rational decision; they should give all information about risks of the treatment, which are possible and not to be excluded.

It should be acknowledged by psychiatric associations and/or by reforms of the law, that declarations in advance (during not-doubted states of normality) about wanted and not-wanted treatments are respected. Treatment agreements should be possible too.

Psychiatrists who treat without informed consent should lose their medical approbation.

The national psychiatric associations should have a section particularly dedicated to human rights. No decision should be made without the consent of the national organisations of (ex-) users/survivors of psychiatry.

(Ex-)users/survivors of psychiatry should be involved in the education (including the boards of examiners) of psychiatrists meaningfully and on a well-paid level. Organisations of (ex-) users/survivors of psychiatry should be acknowledged as organisations of subjects with a high level of expertise. There should be ombudsmen/ombudswomen who are (ex-)users/survivors of psychiatry at national levels.

There should be bodies including (ex-)users/survivors of psychiatry specifically charged, at national levels, with monitoring the respect of human rights of people with mental disorders or who are said to have mental disorders. The task of these bodies should include the registration of new treatment measures and decisions of ethics' commissions in research fields.

Help and support should be available by staff to family members, friends and persons of trust.

Treatment, if ethical, should be primarily based on nonpharmacological measures such as psychotherapy.

Psychosurgery and other intrusive treatments with possibly irreversible damages such as psychiatric drugs, electro and insulinshock should never be carried out on an involuntary inmate/patient and without informed consent.

Sterilisation, abortion or any treatment that can be harmful for the inmates/patients' (future) children should never be carried out on people with mental disorders or who are said to have mental disorders.

Clinical trials and experimental treatments should never be carried out on an involuntary inmate/patient without informed consent. The institutions and persons carrying out these measures should be obliged to prove that possible damages are not due to these measures.

Information obtained in the treatment-relationship should in principle be kept confidential. Written records should be appropriately maintained for all inmates/patients, who should be entitled to have access to their own records at any time and without justification. Copies of records should be available. Inmates/patients should have the right to revise records or to add commentaries.