IN A NUT SHELL

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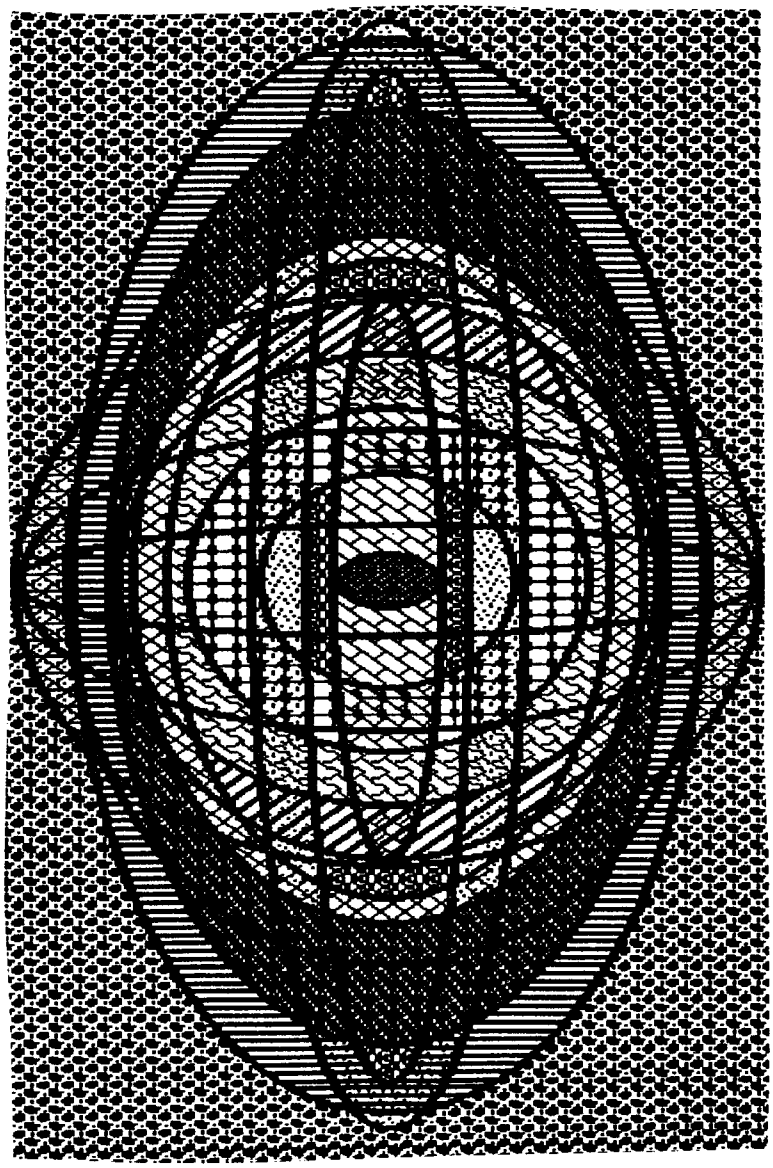

MENTAL PATIENTS' ASSOCIATION

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EDITOR'S NOTE

Dear Reader,

This is the fourth issue of a rejuvenated 'In A Nutshell'. We plan to publish 6 times a year and welcome viewpoints and ideas from various perspectives by mental patients, ex-mental patients and concerned and interested persons. Your input is greatly appreciated.

The previous 'Nutshell' died due to financial restraints. We would appreciate any monetary help. Donations over five dollars are tax deductible. Write or phone us at the M.P.A.

Thank you for your participation. We are looking forward to an active and successful magazine.

M.P.A. FOCUS

The M.P.A. currently offers a variety of programs in the areas of HOUSING, VOCATION, RECREATION and SOCIAL ACTIVITIES.

Our HOUSING presently consists of 5 supervised group homes, one supervised apartment block, 9 satellite apartments with an additional 10 units for independent living coming on stream October 1990.

Regarding VOCATION, the M.P.A. today operates a woodworking shop and a retail store.

RECREATION includes a variety of inside and outside leisure activities such as pool, computer training and bingo. Outside members go on camping, skiing and other day trips.

SOCIAL events such as Christmas dinner, a Halloween dance and videos are a few of the enjoyable gatherings experienced.

The M.P.A. also operates a COURTWORKER PROJECT which assists mental patients who have become involved in the judicial system.

For more information on any of the above programs or housing waiting lists, please phone the office at 738-2811.

EDITOR: JIM GIFFORD COMPUTER COVER GRAPHICS BY BRAHM

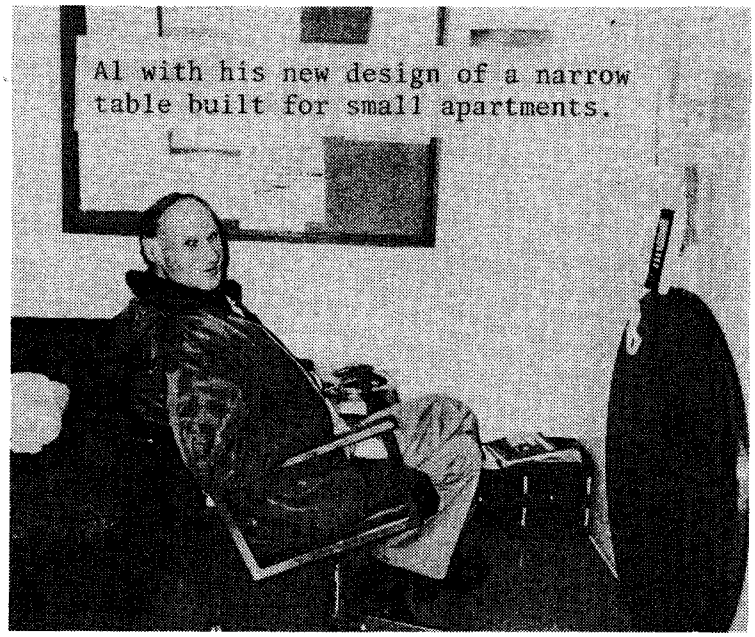
ANDREW FELDMAR GUEST SPEAKER

The General Meeting of the MENTAL PATIENTS ASSOCIATION was held Monday, September 24 at Heritage Hall located at 15th Avenue and Main Street. Following Association business psychologist Andrew Feldmar gave a talk and then led a question-and-answer period.

Feldmar noted that in North America psychiatrists never see unmedicated patients. They are psychophobic, fearing their own and others minds. He feels psychiatrists become psychiatrists because it is better to be on one side than the other. Thus they can deal with their terror of madness.

Andrew Feldmar is not against medications just against how they are often used. The moment someone makes up your mind for you, politics enter. In a BBC interview, R. D. Laing said he would take drugs for depression but he must be a full participant in making the choice.

Feldmar discussed the difficulty in finding allies when disturbed or disturbing. The therapist or psychiatrist should be an ally not an enemy. As R. D. Laing said " we are afraid of our souls". As an advocate of alternative asylums, Andrew Feldmar says "nobody is to tell anybody what to do". Most psychiatrists don't ask "what to do when they don't know what to do". They are afraid to admit they don't know.



Al with his new design of a narrow table built for small apartments.

by Brahm

On a recent trip to his native Hungary, he visited an institution in Budapest for the physically crippled. The hospital, in operation for 45 years, recently released information about astonishing recoveries. Feldmar said there wasn't one wheelchair in the place and everyone, from young and old, was walking with various degrees of struggle and assistance. The secret was an immense investment of love, care and attention. He remarked "love is an act of will not an emotion". It is work. I invest energy and time to make your life easier and richer.

What can we do for others asks Feldmar? First, provide shelter. Second, listen and help each other by demystifying "what's what!". Third, encourage each other. "One can't wake another up but one can stop singing lullabies," he says.

CONSENT & THE LAW

Reprinted by permission from the Health Care News the author, Kim Thorne, B.Ed., LL.B., who is a lawyer with "Davis & Company in Vancouver

The law concerning consent can seem to the caregiver to be somewhat complex and illogical, but the consent requirement is an important safeguard of a patient's legal right to determine his or her own treatment. Caregivers must recognize that, prior to administering treatment, they have a duty to inform the patient of the treatment, and to obtain the necessary

consent. An awareness of this duty will help ensure that the rights of both the patient and the caregiver are respected.

The touching of another person without a valid consent is called battery and is actionable at law, even if the touching caused no actual harm. Indeed, the plaintiff in such an action may be awarded compensation even if the touching was for the plaintiff's benefit. Therefore, it is critical for health care workers to understand the basic legal principles concerning consent.

The easiest type of consent to recognize is express consent. The patient, either verbally or in writing, specifically agrees to the particular treatment.

The consent of a patient to treatment may also be inferred from their actions. This is called implied consent and is frequently the type of consent given in the caregiver/patient relationship. For example, if a nurse approaches a patient with a syringe and the patient holds out his arm and rolls up his sleeve, he is consenting to receive an injection. Verbal consents should ideally be recorded in the caregiver's notes or in the patient's chart.

In order to be an effective justification for treatment, any consent must be an informed consent. the caregiver should explain to the patient in clear, understandable language the nature and quality of the treatment. Risks that are integral to the treatment (as determined by such factors as the probability of the risk and the severity of its consequences) must also be explained. Caregivers should not assume patients have consented to treatment. Failure to do so might invalidate the consent or constitute negligence. Direct questions asked by the patient must be answered specifically and truthfully.

General consents to treatment, such as those routinely signed upon admission, may not be specific enough to be relied upon as consent to a particular aspect of treatment. Caregivers should not assume that patients have previously consented to any treatment but should personally obtain consent before each aspect of treatment.

Consent must also be genuine and voluntary. Misrepresenting the nature of the treatment, tricking, coaxing, or pressuring the patient to obtain consent will likely invalidate any consent so obtained. Voluntariness may also be affected by other factors such as pain, or pressure from the patient's family.

Finally, the patient must have the legal capacity to give a consent. A number of circumstances including age, illness, impairment from drugs, or mental retardation may result in a patient losing the authority to make decisions concerning care.

Legal capacity may also be affected through court orders or the operation of certain statues. Caregivers must be alert to the possibility that such persons may appear to be expressly consenting to treatment when in fact the consent cannot be relied upon. If there is any doubt about the patient's capacity to authorize treatment, the caregiver should try to obtain a second opinion from a colleague. Good note taking about the patient's mental state can also prove invaluable in establishing that a caregiver acted reasonably in relying upon the patient's consent.

The above principles do not apply in a true emergency situation. However, the presence of an emergency does not necessarily permit the caregiver to treat the patient as she sees fit. The onus is again upon the caregiver to prove the existence of the

emergency. The caregiver will also have to show that the treatment was necessary to save the patient's life, that reasonable skill was exercised, and that the patient gave no instructions forbidding treatment.

Silence should never be construed as consent. Implied consent must be clear from the patient's conduct and silence should never be interpreted as consent. It is the caregiver, not the patient, who must prove that consent was given, and this can be difficult. Consequently, those relying upon an implied consent as justification for treatment may be exposing themselves to liability. It's recommended that prior to touching a patient, caregivers should clearly explain the proposed treatment and obtain an express consent.

THEY STILL BEAT MENTAL PATIENTS
by GEORGE FINDLAY

As an out-patient at a mental hospital , I know that hospital staff still use beatings and other forms of violence to get patients to do as they want. Sometimes violence is used for its own sake, not as a way to motivate a patient.

These are people who say they condemn violence.
Doctors, nurses, hospital public relations staff, the fact-finding reporter all want what is best for the patient. But the mental patient is considered irrelevant. So who listens to us? Most people dismiss what a patient has to say.

Ten years ago, after serving a prison sentence, I was sent to an institute for the criminally insane in Pentagon, Ontario. I was only there two days when I saw attendants beating a patient to get him to do as they wanted. "Brush your teeth." No answer from the patient. One of the attendants hauls back and punches the dissenting patient squarely in the mouth. I reported it.

A few days later a patient would not get up and leave his 'room' (we were not allowed to call a cell a cell) An attendant went in and twisted the patient's arm until the person screamed in pain.

"Now get up when I tell you" attendant said, then he twisted the man's arm again. Again, I reported it and I wrote to the Toronto Star about it. Reporters from the Star came to the Institution. Because I was a person who complained of violence by attendants I was kept locked in my room, so I could not speak with the reporters.

I complained to the head psychiatrist. He said, "If the patients hit us, we hit back harder." It is not us hitting the attendant," I said, "It's them hitting us to get us to do as they want."

(And the following was reported to me.)

I saw a nurse stick fingernail clippers under an old lady's fingernail. The old lady yelled and the nurse said menacingly, "Now shut up or it can happen again."

"Sure, I'm a creature — and I can accept that ... but lately it seems I've been developing into a miserable creature."

I reported it. I have also watched an inmate of the Forensic Psychiatric Institute in Port Coquitlam being dragged down the hall by the hair.

I have witnessed a nurse at the University of British Columbia hospital

karate chop a cerebral palsied patient in the throat for acting up, not doing what she wanted.

A friend of mine entered hospital to report she had been raped. She was bruised and no one listened. Mental patient's comments are irrelevant.

Most mental patients are too ashamed at being in a mental hospital to want to talk about beatings and brutality. They don't want people to know they were there or they don't want to talk about it because it upsets them to think about or remember it.
Mental patients have to start talking about this violence and people have to start listening and doing something about it.

IT HAPPENED!

STOCKHOLM - Two Swedish nurses who were to accompany a mental patient on vacation lost the man at the airport but went on the holiday anyway. "He can cope by himself," newspapers quoted the nurses. The patient was later found at the airport and taken back to the hospital "in worse psychological condition than before," according to airport spokesman Jan Martensson.
The patient had paid with his own money to travel to Turkey. The government was to have reimbursed the nurses for the cost of their trip, but officials said yesterday they probably wouldn't get their money.

UNDERDOG
BY JIM GIFFORD

Today I was having a conversation with an old friend who is a psychiatric nurse. She mentioned a comment by a nine year old patient that struck a chord in me. He said, "There are so many things happening, and I have to act upon every one of them."

In the past months, I have reflected on the nature of my "illness": manic depressive psychosis. One of the key factors is lack of focus or concentration regarding sensory input. An over-capacity of peripheral experience thrives, resulting in the "scatterbrain activity" my companion's client simply stated.

I feel that manic-psychosis is scattered psychic energy, the sensitivity to all incoming waves of life-force (both internal and external) so overpowering as to appear to conventional mind-sets as disorienting and, by implication, debilitating. Unlike the masses who differentiate and select image-patterns according to "survival and interest molds," the manic-psychotic has the mammoth task of assimilating, integrating, and giving meaning to vast impressions of information constantly flooding the brain like a tidal wave. He invariably uses symbols as a unifying tool: telephone poles are sacred crosses; stars are neurons of God's Mind: birds are angels.

These metaphors, that make sense of this mind-swamping, also derive from falling into the dark recesses of the mind, often without any guides or maps. The manic-depressive psychotic penetrates the sources of being that have been coated over in mankind's evolutionary history with layer on layer of the "civilizing syndrome." In this dark side of the psyche, they discover many things: terrifying demons: dynamic archetypes of humanity; intuitive magic haunting with its occult power; even God Itself. Psychotic delusions, voices and hallucinations are the perceived madness that is actually the acting-out, in relationship to daily surroundings, of these newly-discovered beings of the awakened psychological depths.

These individuals must go through cycles of expressing these omnipotent images of inner reality until he or she comes to an acceptance and reconciliation of these mystical influences seeking to control and possess him or her. The natural downward cycle of depression is really rest and recuperation from these complex goings-on. The mind's awakened state shuts down in a life-preserving retreat from this double-whammy of internal-external complexity. Sleep is the answer and is excessive in this phase of moodswing. It is a rejuvenating absorption into the ordering of the mind, resulting in quantum leaps of insight.

An ancient Chinese parable tells of the man who dreams he is a butterfly. Everafter, he is not sure whether he is a man dreaming he is a butterfly or a butterfly dreaming he is a man. Perhaps our daily lives are an illusory dreamscape and these deeply-imbedded entities are basic reality, emanating from prehistoric times, even to creation of the universe. For the vast majority, these beings are manifested symbolically only in sleep.

Cosmic consciousness is actualized when the subconscious emerges to the surface of the mental iceberg. Like the sun's heat, "The Light" inflames this person. Yet he vacillates from darkness-to-light to darkness-to-light until he conquers the forces within and becomes as the poem "Invictus" states: "master of my fate/captain of my soul". In this healing process, the mental icebergs light-and-dark melt back into the ocean of enlightenment. "Peace of mind beyond understanding of the knowledge of good and evil" prevails. He or she is truly childlike as Jesus commanded we be. Transcendent ignorance is bliss and the true joy of paradise on earth is realized.

The psychiatric profession takes great satisfaction, and a great deal of liberty, in labelling so-called abnormal behavior as manic-depressive, psychotic, schizophrenic. Thus, they take a deeply-felt experience and bastardize it into a disease.

Naturally, there is dis-ease in any major transformation of the psyche. There is bound to be upheaval; a rite of passage is never easy. But are shock treatment, pills, therapy, and hospitals, for the benefit of the person undergoing the change or for the express purpose of removing that person from the mainstream of the community, as he or she is considered a danger to the status quo of a materialistic populace?

Perhaps this majority, who are the accepted norm, ought to be committed to mental hospitals and rigorously monitored due to the prevalent illness of our day...consumer-mania. (It is interesting to note the new jargon for mental patient is "consumer.")

The way these people are treated is an indictment of how we look at life in this shallow, conformist "I want" mentality. Let's hope society comes around to allowing and encouraging these unique human beings to grow in the specially gifted way that are their birthright.

I am reminded of the quote " a mind is a terrible thing to waste." In this new conserver world, we must reveal our humanity by salvaging and redeeming from the psychiatric garbage heap, our fellow man.

LAUGHS WITH LEWRY
BY DAVE LEWRY

First person who says he's going to give me a lobotomy gets a piece of my mind.

The reason I had my lobotomy was I wasn't thinking at the time.

I'd rather have a bottle in front of me than a frontal lobotomy.

AN EMPTY HEART
BY SUSAN BROWNELL

Pieces of past dreams haunt my mind,
as if they are a part of my soul.
I feel empty, small and barren;
seemingly forever.
Unexpectedly the past creeps up on
me, like old age.
I realize I will be old and alone.
Accomplishing nothing except an
eternity of darkness and fear.
I'm afraid of death, yet I'm dying.
Then from nowhere a happy memory fills
my soul, the fear and pain are gone;
maybe forever.
God's there guiding my mind and soul,
and the emptiness is gone; I pray it's
forever.
My life has a purpose, and I have a
purpose in life.
My heart, soul and conscience are one,
and now at peace.
I know my heart wants to try and perfect
itself till all the imperfections are
eliminated.
Reality dawns and I can reason.
I perceive religion in my life is not
some myth, it is a state of mind.
So for me it's facing reality, so my
love will shine, like a new heart.
I feel clean and free to try to learn
and feel real love, from my heart and
soul.
I can now use this new knowledge: that
I hold the key to my life; and God holds
the key to my soul.

BY DALE M. KUSTER

Re-arrange tenderly
That which displeases you
Willingly give more
That you may receive
Rejoice in the subtly
Of an offer shyly proferred
Strive to become
More sensitive
More perfectly aware
In your search
For serenity
A friend to share with
To meld pathways with
Through this life
And far beyond

ninety by the count
of ten
by gfindlayschultz

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I had a Lifestyle Before I Went In
by georgefindlayschultz

Don't play with me
my mind
my body
my food
Don't play with me
The doctor's given me
a brand new rubber room
to play in
I'm happy
So they've taken my strait jacket away
why couldn't it be you
so I sat on his needle
to go to sleep -
So I could be with
be like
play with
you sheep - out there

...and I'll have a lifestyle
when I leave

OH, THE NEED FOR LEAVES OF GRASS
BY JIM GIFFORD

Oh, the need for leaves of grass
As we daily ply our trades.
Behold, the world as it does pass
And, into night, it fades.

The moon is out; the moon is full.
Passions of the heart surge.
Outlaw wizards and witches rule
As light and darkness merge.

The Silence is shocked with sounds
Let hounds howl.
The masquerade of Reality abounds,
Let black cats prowl.

'Tis All Hallow's Eve,
Spirits dancing in the womb
Of humanity as it bereaves
Its destiny is the tomb

The dirge of death wails
Decrying the passing stage
The world and its time flails,
Struggling material rage.

Yet All Things fade way,
Change is the Rule of Law
And, in the flux, the light of ray
Reveals all is straw.

G.K.CHESTERTON ON MADNESS

The last thing that can be said of a lunatic is that his actions are causeless. If any human acts may loosely be called causeless, they are the minor acts of a healthy man; whistling as he walks, slashing the grass with a stick, kicking his heels or rubbing his hands. It is exactly such careless and causeless actions that the madman could never understand; for the madman (like the determinist) generally sees too much cause in everything. The madman would read a conspiratorial significance into these empty activities. He would think that the lopping of the grass was an attack on private property. He would think that the kicking of the heels was a signal to an accomplice. If the madman could for an instant become careless, he would become sane.

Every one who has had the misfortune to talk with people in the heart or on the edge of mental disorder, knows that their most sinister quality is a horrible clarity of detail; a connecting of one thing with another in a map more elaborate than a maze. If you argue with a madman, it is extremely probable that you will get the worst of it; for in many ways his mind moves all the quicker for not being delayed by the things that go with good judgement. He is not hampered by a sense of humor or by charity or by the dumb certainties of experience. He is more logical for losing certain sane affections. Indeed, the common phrase for insanity is in this respect a misleading one. The madman is not the man who has lost his reason. The madman is the man who has lost everything except his reason.

The madman's explanation of a thing is always complete, and often in a purely rational sense satisfactory. Or, to speak more strictly, the insane explanation, if not conclusive, is a least unanswerable; this may be observed specially in the two or three more common kinds of madness. If a man says (for instance) that men have a conspiracy against him, you cannot dispute it except by saying that all the men deny that they are conspirators; which is exactly what conspirators would do. His explanation covers the facts as much as yours. Or if a man says that he is the rightful King of England, it is no complete answer to say that the existing authorities call him mad, for if he were King of England, that might be the wisest thing for the existing authorities to do. Or if a man says that he is Jesus Christ, it is no answer to tell him that the world denies his divinity, for the world denied Christ's.

"THE LITTLEST SHRINKS" BY KIM OLIVER

Many of us fail to see the importance of pets in our day-to-day lives. As well, we often don't realize how they affect us. There are two ways that pets benefit our lives--the obvious and the not-so-obvious. We know about the former group: the "working animals" -- seeing-eye dogs, hearing ear cats, and spider monkeys that assist the paralyzed to name a few. But the second group is just as important: these are our "regular" pets. To someone who is alone, disabled and perhaps elderly, a pet can be a vital companion to someone who's usual link with the outside world is their television set. Studies have shown that people in hospitals, and nursing homes tend to be much faster in recovering and feel much better when animals are

around -- even when the animals are brought in once a week by volunteers.

Of course, nothing can substitute authentic human affection but it's still nice to have something that gives freely of itself without asking for anything in return except the basic needs of life (food, water, shelter, etc.)
The pet needn't be large; a guinea pig, birds and even , fish can give hours of enjoyment to a person. A small pet is best for a person who does not have much money and can't walk a dog. Pets, though they don't always understand what you are telling them, are excellent listeners. They are understanding and compassionate, their therapeutic value is great and for this reason, I refer to pets as "the littlest shrinks".
I myself own a pet; a baby guinea pig named "Milkdud" (don't laugh!). He is clean, quiet and well-behaved. Milkdud only costs me around five dollars every month to feed him and for his bedding. Five bucks isn't much to pay for love and good therapy.

BIT OF WIT

Jackson went to a psychiatrist. "Doc", he said, "I've got trouble. Everything I get into bed I think there's somebody under it. * get under the bed, I think there's somebody on top of it. Top, under, top, under. I'm going crazy!" "Just put yourself in my hands for two years," said the shrink. "Come to me three times a week, and I'll cure you." "How much do you charge?" " A hundred dollars per visit." "I'll think about it." Jackson never went back. Six months later he met the doctor on the street. "Why didn't you ever come back to see me again?" asked the psychiatrist. "For a hundred bucks a visit? A bartender cured me for ten dollars." "Is that so! How?" "He told me to cut the legs off the bed."

THE POVERTY OF PSYCHIATRY AND THE FOREVER MENTALLY ILL BY LANNY BECKMAN (He is the publisher of New Star Books and a semi-retired anti-psychiatrist)

Every ten years or so, the Vancouver Sun discovers mental patients. Its latest discovery, "Out on Their Own," ran as a four-part series in mid-March and focused on the plight of the "chronic mentally ill." These are "real" mental patients, not the kind who squeeze a shrink appointment into their lunch break. Many of them have had a Riverview address for decades. Riverview Mental Hospital, officially a "lunatic asylum" in its early days, began scaling down in the 1960's, when its population stood at 4,800. Today, fewer than 1,100 patients remain. Over the years, thousands have been discharged into what's called the community. (If "fast food" is two misnomers, "community" must be at least five.) The community, in this case, is made up of private boarding homes and rooming houses, the street, jail and the morgue. A plausible case can be made that even the snake-pit vintage Riverview is sometimes preferable to the existing alternatives. Sun reporter Kim Pemberton climbed to the bottom of the economic ladder to uncover neglect and destitution reminiscent of the third world and urban America. Aside from life on the street, she found private boarding homes over-flowing with revenue-producing bodies. Inessential areas, like dining rooms, were converted into sleeping quarters. As many as 15 residents shared a single bath. The profit was private at these neighbourhood warehouses, not much else. According to the City of Vancouver health department, at least 18 of the 26 boarding homes in the city fall "significantly below requirements for specialized care." Rooming houses are worse. Pemberton visited one occupied by 80 residents, ex-

patients among them. The place was infested with cockroaches and reeked of urine. The beds were outfitted with tattered mattresses and no sheets. It would be possible to design a more efficient system for keeping crazy people crazy, but the existing one seems well past the point of diminishing returns. Pemberton poked her nose into places where it wasn't always welcome, and her series often has the fell of investigative reporting. What's striking about her findings, however, is their similarity to those published in the Sun ten and 20 years ago. There are new and significant wrinkles in 1989, but much of the investigation could have been conducted in the Sun morgue. Among the things that haven't changed are the wrecked lives and maltreatment of the most pathetic souls in the country. They're so pathetic, in fact, that they're routinely kept off the Less Fortunate Industries' Christmas list During the festive season, poverty and broken bodies can be charitably marketed to the public, but mental patients who hear voices and talk to themselves in the street arouse more consumer indigestion than Christian charity. The chronic mentally ill are normally done in the off-season. Reading Pemberton's articles, I wondered where all the psychiatrists had gone. Representatives of organized psychiatry don't appear at all. And while a few individual psychiatrist do, their total contribution to four full-page articles amounts to less than 12 inches. The ball is carried mainly by lower-level workers in mental health and related fields, and by unpaid volunteers. For instance, more space is devoted to the views and activities of a police constable and psychiatric nurse who work together in crisis intervention than is given to those of all psychiatrists combined. The scarcity of psychiatrists is odd because they are the undisputed kingpins in the mental health field. They give the orders, they write the prescriptions, they commit patients. While they don't run the show on a day-to-day basis (head nurses usually do that),they are the mental health board of directors. Little of consequence happens, or doesn't happen, without their consent. On the whole, psychiatrists are not advocates for mental patients, particularly not for the chronic patients in Pemberton's report-those usually labelled "schizophrenic." In fact, psychiatrist rarely have contact with schizophrenics. In institutions, they act mainly as consultants to lower-echelon,front-line staff (nurses, psychiatric nurses, psychiatric aides), those who deal with patients daily. In general, the more education one has about the mentally ill, the less time one is required to spend with them. If the same system applied in the field of surgery, practical nurses would perform heart transplants, consulting with surgeons when complications arose. Psychiatrists in private practice, where the great majority are found, prefer to take on patients who suffer from relatively minor distress, sometimes called "healthy patients." Private psychiatrists tend not to treat those who live with cockroaches and seldom take baths. It might seem peculiar that medical doctors would choose to treat the healthy and not the sick, but they're only human. Public opinion polls show that nobody likes being around schizophrenics, and in this respect at least, psychiatrists are not different from the rest of us. The whole thrust of Pemberton's series is that the system has utterly failed the chronic mentally ill and needs a complete overhaul. However, one of the psychiatrists whom she

FAMOUS MENTAL PATIENT: VINCENT VAN GOGH, painter and artist

interviews briefly, Dr. Tom Watterson, takes the opportunity to slip in a plug for the status quo. "Vancouver has one of the best out-patient facilities for chronic mentally ill," Watterson says, "but I guess nothing is perfect." If it is possible to infer from the worst of lives that nothing is perfect, it should be equally possible to infer from psychiatrists' lives that everything is perfect. That may have been the point Watterson was driving at. Watterson's crusading zeal epitomizes the hopelessness facing those who will be forever mentally ill. Short of a revolution (which we are, to the tune of one), significant improvement in the system is unlikely to occur without the active push of psychiatry.

Psychiatry, however, seldom pushes anything except is own interests. It handles mental patients' interests the way Ronald Reagan handled South Africa, with quiet diploma. Pemberton's report drew a nice specimen of this diplomacy in the form of a letter to the Sun from Barbara J. Kane, chairman of the Section of Psychiatry of the B.C. Medical Association. It's composed in the genteel tones of a thank you note from one ancient charity to another. Kane writes, "(The BCMA) psychiatry section, representing all psychiatrists in the province, commends the Sun for its excellent portrayal of the plight of the mentally ill." On first reading, I thought Kane's letter might be a practical joke. If, as mythology has it, psychiatry's mandate is to cure the mentally ill and bear responsibility for their well being, the Sun's report is little short of slander against Kane and her colleagues, a charge of medical and ethical malpractice on a grand scale.

What would possess the chief representative of the province's psychiatrist to pen a sycophantic note of gratitude for having been publicly pilloried by B.C.'s largest paper? Why wasn't she calling her lawyer instead. Because psychiatry accepts no real responsibility for mental patients in general, Kane is able to write her letter in good conscience, probably oblivious to its contradiction, and likely proud of its diplomatic

contribution. Her myopia is symptomatic of a rot in the foundation of the mental health system, with its bloated salaries at one end, and patients at the other who have nothing and for whom nothing is being done.

FREUDIAN PSYCHOLOGY-- A SUCCESS CASE

SANITY DRUG COULD HASTEN EXECUTION

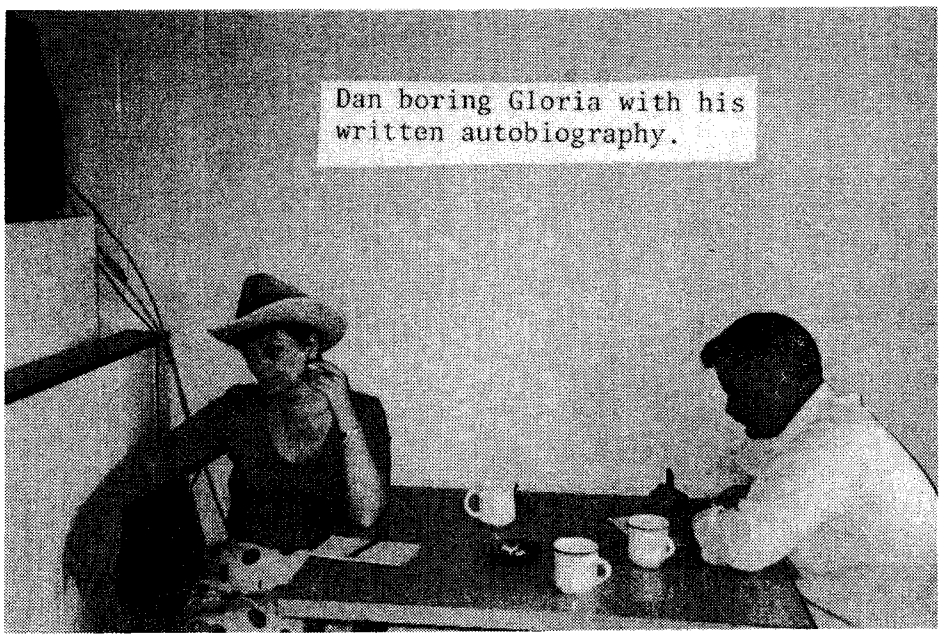
Associated Press - New York

Michael Owen Perry's medicine could restore his sanity. But it could also hasten his death by execution.

Perry is a prisoner on death row and his fate was to be argued today before the U.S. Supreme court. The state of Louisiana wants to force him to take psychiatric medication; if he is legally sane, he can be executed.

Perry's lawyers argue that forcibly medicating him would be a cruel and unusual punishment that ignores Perry's rights to avoid unwanted medication.

The American Medical Association and the American Psychiatric Association say treating Perry to aid in his execution would turn the healing art on its head. Perry's



by Brahm

sentence should be commuted to life in prison, they suggest.

"We're saying the cost, which is really a fundamental realignment of the role of medicine, is a very high cost, and the state's interest in the difference between capital punishment and life imprisonment without parole doesn't justify that cost," said lawyer Joel Klein.

The state said giving him the drug is simply a necessary step for carrying out a death sentence, a justifiable limitation on a condemned man's liberties much like strapping him into an electric chair. Besides, the state is required to provide medical care, and the medicine is good for him, Louisiana said.

Perry, 35, has schizoaffective disorder, causing delusions, hallucinations and disordered thinking.

He was sentenced in 1985 for shooting his parents and three other family members dead.

The Louisiana court ruled Perry was sane but only while on medication. It also ordered Perry be medicated even over his objection.

After the state supreme court refused to hear a challenge to that decision. Perry's lawyers appealed to the federal high court.

EULOGY FOR FRANKIE SMITH
The White Rock Sun
by Jim Gifford

YES, GIVE ME THE SIMPLE HUMBLE FOLK. One of them, a good friend of mine, died last year. He had resided in Crescent Beach for nearly 50 years.

Frankie Smith came into this life a dwarf, a handicap to hurdle for smaller men.

He was a little man in a little village, but to my way of thinking he was bigger than all outdoors.

I first met him when I was a young lad. I was playing frisbee with my brother and in he waddled to fix the plumbing in our Crescent Beach camp.

He was a big time plumber, much bigger than his size would intimate, and he was the only plumber around small enough to get under the cabin to work on the pipes.
That made sense, and Mr. Smith and I became fast and hearty friends.

Some kids made fun of Frankie Smith and I'm sure it hurt.

Although he was a couple of feet shorter than the other grownups, he had the heart of a giant.

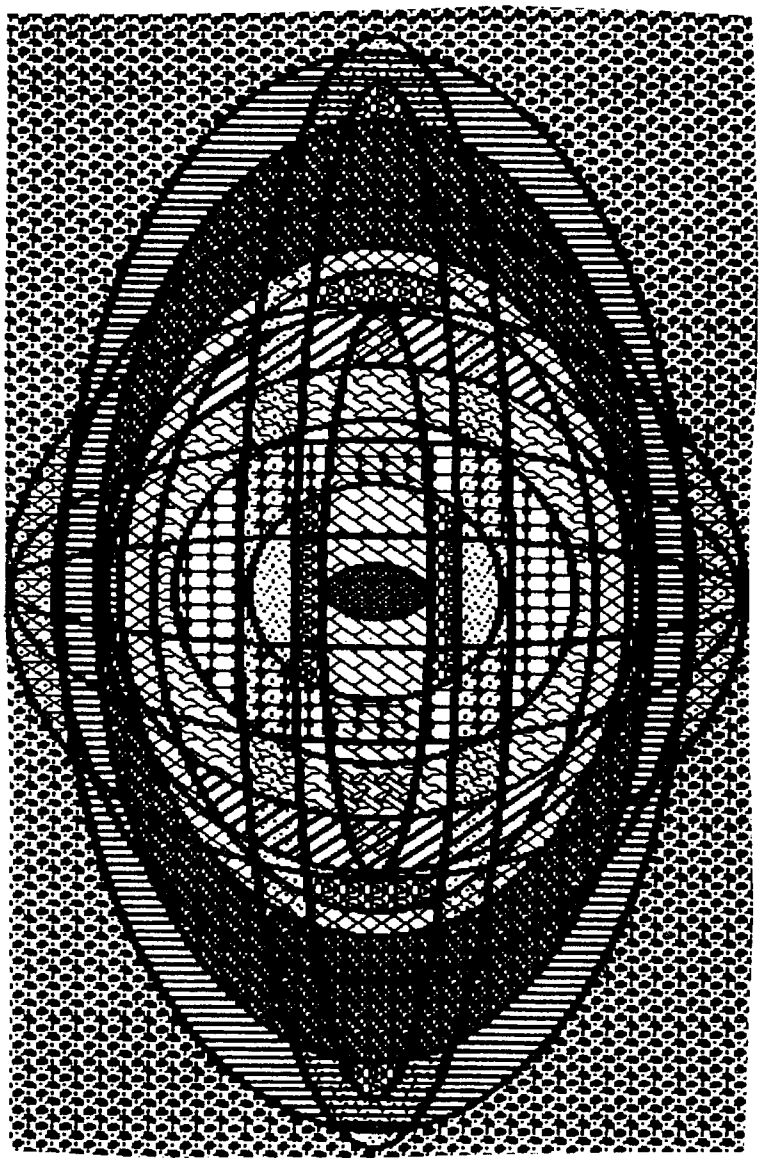
And gigantic hearts possess gigantic feelings.

They say no man is taller than when he stoops to help a child.

But Mr. Smith had a God given gift.

He didn't stoop...he looked us kids right in the eye.

And that made all the difference.



MENTAL PATIENTS' ASSOCIATION

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