GATE was honored to meet with Dainius Pūras, the United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of health. Mauro Cabral, GATE’s co-founder and co-director, interviewed Mr. Pūras last week about psychiatry, trans people, and depathologization as a human right.

GATE: In your opinion, what are the most pressing challenges today in the field of psychiatry and human rights?

Special Rapporteur: Throughout its history, Psychiatry has been struggling with human rights challenges and has been unable to avoid practices which have later appeared to be serious human rights violations. Although there has been progress in the field of Psychiatry over the last decades of the 20th century, violations of human rights are still too often happening while practicing Psychiatry. Psychiatry has also been used or misused by authorities and by society at large, but instead of only criticising and demeaning Psychiatry, it should be understood that traditional practices of Psychiatry are not the best way of addressing individual variations and diversities in behaviours and identities. The fact that many of these variations are not in conformity with the prevailing concept of “normality” leads to the trap of criminalizing or medicalizing, often on the basis of psychiatric diagnosis supported by outdated concepts of “mad” or “bad”. There is an urgent need for the global community, including the global psychiatric community, to implement modern public health and human rights approaches. In line with these approaches, human beings are not normal or abnormal, which would imply applying white-black criteria. There is a spectrum of variations and diversities in terms of physiology and psychology.

I think that the psychiatric professional community has too easily accepted the role of diagnosing any kind of diversity as a mental disorder. While this makes the profession of Psychiatry powerful, there is an increasing understanding that this does not add credibility and reputation to the profession. This situation gets more complicated with the fact that the diagnosis of mental disorders often leads to discrimination and even humiliation, while not so convincingly leading to effective treatment, which on the other hand is supposed to be the mission of Psychiatry as a medical specialty. Another complicating element is Psychiatry’s agreement with engaging in the use of force and deprivation of patient’s liberty through placement in closed facilities against their will and through the provision of forced treatment.

The CRPD committee has interpreted the Convention on the rights of persons with disabilities by considering all these forced measures as violations of human rights that should be abandoned. I agree that basic changes are needed in these situations. But my position is that the profession of Psychiatry should reconsider itself the role of Psychiatry and assess whether it is really satisfied with the current role of the
profession. It may be a precious time for a shift of paradigm and a timely opportunity for Psychiatry to separate from the tradition of institutional violence (which has become a rule and not the exception) if it wishes to remain a respectful medical specialty.

GATE: All around the world trans people are legally forced to be diagnosed as mentally disordered individuals in order to have access to basic human rights, including the right to legal recognition and the right to health. What's your position in regard to this imperative? Can the human rights system contribute to de-psycho-pathologize the Law?

Special Rapporteur: I see this issue as a part of a concerning tendency in which Medicine and Psychiatry have been involved in during the last centuries and decades. This could be called medicalization and pathologization of different patterns of human conditions and behaviours. We could also discuss whether pregnancy, delivery, menopause, rebellious adolescence, dying in the terminal stages of cancer or in later stages of aging, should be medicalized to the extent that it is needed to provide special and even obligatory medical assistance and interventions. The issue becomes especially delicate when it comes to diversity of sexual orientation and gender identity. I think that very often the decision to diagnose a person in the case of diversity of sexual orientation or "mental" diversity (such as having autistic features) makes more harm than good as acts of discrimination (de jure and/or de facto) may arise after assigning the diagnosis to the concerned person. Many psychiatrists will argue that it is the society, and not the Psychiatry that tends to stigmatize people who have been diagnosed with mental disorders. However, the sad truth is that many psychiatrists are contributing to stigmatization through paternalistic approaches which still prevail in many regions and countries.

Today, gay and lesbian persons are not diagnosed any more, as homosexuality has been removed from medical and psychiatric classifications -a decision I am in agreement with- and they have actually enormously benefited from this de-pathologization. I hope that the same will happen to trans people.

GATE: In many countries of the world children and adolescents are forced into psychological and psychiatric treatment -including conversion therapy- to "correct" their gender identity and expression. In your opinion, what is still needed to ban this practices as human rights violations? What is, in your opinion, the place of survivors of psychiatric violence in this process?

Special Rapporteur: This is a logical outcome of what we have discussed just before. The classical biomedical doctrine claims that the main purpose of making a diagnosis is to provide a treatment which should lead to cure or at least to alleviation of suffering. This is how medicalization of diversities may lead to grave human rights violations. This tendency is strengthened by a tradition of medical education which promotes aggressiveness in the therapeutic thinking and behaviour of medical doctors. All too often doctors forget about the principle of do no harm and prefer the principle of doctors’ duty to do at least something, to act or to try to address the diagnosis in order for the symptoms of the disorder to be eliminated or reduced.

Conversion therapies are still used in many countries. This is a sad example of a grave violation of human rights. These violations cause a lot of suffering to adolescents; they
are humiliated and often led to suicidal behaviours. These therapies may also amount to torture. It is absolutely unacceptable that in the 21st century we are witnesses of such harmful practices that have no scientific grounds and further violate human rights.

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About Dainius Pūras

The United Nations Human Rights Council appointed Mr Dainius Pūras from Lithuania as Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health at its twenty-sixth session in June 2014. Mr Pūras, a medical doctor with notable expertise on mental health and child health, took up his functions as Special Rapporteur on 1 August 2014. Mr Pūras is a Professor and the Head of the Centre for Child psychiatry social paediatrics at Vilnius University, and teaches at the Faculty of Medicine, Institute of International relations and political science and Faculty of Philosophy of Vilnius University, Lithuania. He is also visiting Professor at the Ilia State University, Georgia. As a medical doctor, he serves as a consultant at the Child Development Center, at Vilnius University Hospital. Dainius Pūras is a human rights advocate who has been actively involved during the last 30 years in the process of transforming public health policies and services, with special focus on the rights of children, persons with mental disabilities, and other vulnerable groups. He was the founder of Lithuanian society of families with children who have intellectual disabilities; the first President of Lithuanian Psychiatric Association; the Dean of Faculty of Medicine of Vilnius University; and the Chairman of the board of two non-governmental organizations in Lithuania, the Global Initiative on Psychiatry and the Human Rights Monitoring Institute.

As a researcher, Mr Pūras has led and actively participated in projects at the national and international level in areas such as mental health policies and services, policies and services for children and families at risk, rights and needs of children with developmental disabilities, and prevention of violence. Mr Pūras works closely with different stakeholders for the translation of scientific evidence into effective policies and practices through the application of modern human rights and public health approaches.

Between 2007 and 2011, Mr Pūras served as a member of the UN Committee on the Rights of the Child. He has been an independent expert and consultant to numerous Governments, NGOs, and UN agencies and programmes in the field of the right to health. He is author of over 60 scientific publications covering issues such as public health, mental health, public health policy, disabilities, and prevention of violence.

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Global Action for Trans* Equality (GATE) is an international trans organization. We work promoting trans* people’s human rights, producing and making available critical knowledge on trans* issues, and supporting trans* organizing worldwide.

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