DO RITUALS VIOLATE THE RIGHTS OF THE MENTALLY ILL PATIENT?

[1]G.S.S.R. Dias & [2]Induwara Gooneratne
[1]Department of Psychiatry, [2]Department of Forensic Medicine,
Faculty of Medicine, University of Peradeniya

Introduction

Health seeking behaviour of Sri Lankan psychiatric patients is influenced by traditional practices and cultural beliefs. Though the bio-psycho-social model accommodates the cultural aspects to some extent, in many cases, family members subject their sick for ritualistic management in out of proportion as ascribed by the model. However, these rituals involve rigorous physical procedures which could be abusive, thus, leading to violation of rights of the individual.[1]

A study carried out on the pathways to care for mentally ill patients has revealed that up to 45-55% of patients seek ritualistic managements before embarking on allopathic treatment.[2] There are instances where the ritualistic healers have referred the patient to the clinics for allopathic medication[2]. The type of ritualistic treatments ranges from tying of a cord around the wrist or neck, a ceremony of "*dehi kapeema*" to charms and ceremonies carried out at temples, kovils, mosques or churches to Thovil ceremonies. Many care givers in the context of ritualistic treatment do read charts of their patients as a guide towards the management, of the mental illness.

Medical negligence is an active process where the treating medical team, omit or commit an act with the intensions, otherwise to the recovery of the illness, which cause complications or detrimental effects to the patient. There are legal processes directly concerned on these issues where an allopathic doctor may need to stand trial. This process safeguards the patients' rights due to which the patient is indeed explicitly or implicitly benefits from the treatment process.[3]

There are many issues of negligence in terms of ritualistic practices. For example the question regarding the consent of the patient to be subjected to the ritual is a very basic issue. There are rituals which are physically demanding such as walking on live charcoal, hitting the body by objects, introducing foreign bodies and physical exhaustion. There are no regulatory bodies to control these activities as these are performed on good faith. The only scaffolding the legal system of the country offers in this context is the criminal justice system.

This study therefore, aims to identify violations of rights, ethical issues and medico legal implications of ritualistic management of the psychiatric patient.

Materials and Methods

Findings from the assessment of four cases referred to the Psychiatric Unit of the Teaching Hospital, Peradeniya and a case published in local news papers are included in the study. In order to illustrate the gravity of the problem, each case is analyzed for issues of violations of rights, ethical issues and medico legal implications of ritualistic management.

Case One

The first case is that of a 35 year old female who presented with a history suggestive of depression, hospitalized subsequently and was treated accordingly. Physical examination of the patient showed several 5-6 cm long, linear abrasions over the scapulae on both sides. On questioning it was revealed that she was forced to undergo a ritual against her will. In this process she was physically assaulted by the ritualistic healer with the inflorescence of the areca nut tree.

Case Two

The second case is a 35 year old widow, presented with severe depression, after being subjected to a severe abusive ritual. She was physically restrained by six men, neglecting her cry for help, was forced to hold burning camphor until it was completely burnt off. This treatment was performed with the proxy consent of her family, against her will.

Case Three

This is a diagnosed schizophrenic patient who was stable on medication. A healer has stopped all the medications and requested to only consume a vegetarian diet and mainly to eat fruits. Due to the lack of continuity of the medication the patient relapsed and attempted deliberate self harm.

Case Four

A 24 years old female who presented with acute symptoms of mania had burn marks impregnated on her soles and in between her toes, due to burning of camphor tablets by the ritualistic healer.

Case Five

A middle aged woman was reported dead due to an assault by a ritualistic healer while performing a "charm" during a trance state. The post mortem confirmed that there had been intracranial hemorrhages' due to blunt trauma.

Discussion

Healing is a process for which there are many stake holders. [4, 5, 8] Allopathic medication is only one of them. It is a common practice in Sri Lanka, when a loved one is ill, to sought alternative treatment options, such as Aurvedic medication and even to consult astrological charts of the patient. These diverse health seeking behavior is conceptualized in the Bio-Psych-Social model of illness, is common for any illness. Therefore, there is no disagreement regarding the different modes of remedial approaches such as ritualistic healing, alternative methods and allopathic practices of treatment for a person's diagnosed as ill, even mentally ill. The discussion focuses on the issues pertaining to consent for the procedures and the physical abuse carried out in some systems of treatment and their medico-legal implications.

Informed consent is defined as having a clear and a full understanding of the nature of the condition to be treated: the procedures available and their probable side effects. The agreement for a procedure should be free to receive the treatment. Also should be competent to take decisions having legal capacity. The consent is a process that should cover the whole procedure and at any stage of the remedial procedure the patient should be able to withdraw.[8]

In the light of the above definition ritualistic mode of treatment has a very blurred view of consent. Due to the extreme faith placed in part of the family on the ritualistic healer especially in a very desperate state, for a cure of the mental illness family often disregards the consent of the patient. For example the case reports one, two and five all are examples of such practices. The mere fact that the patient had to be held by force indicates that the patient did not give consent or could not reverse the consent perhaps been granted unknowingly of the procedures the ritual involves. It is sad that the patient in case five had to pay the price by her life.

The physical abuse which is traumatic both physically and emotionally has been illustrated in all the above cases. The grievous nature of these rituals is justified by a "promise'' of a miraculous healing. These cases illustrated could be considered as a random sample of what is happening in the population of ritualistic remedial seekers in the community. This could be a group of silent sufferers who have no voice to let the world know that the patients' rights and their human rights are impinged upon in the name of "healing''. [6,7]

In the context of psychiatry, the reason for a person to approaches a ritualistic healer is because that would curtail the issues of stigma associated with attending a psychiatric service. In addition, less awareness of the available services and the relative scarcity of the allopathic service provision compared to the ritualistic healing is another important attribute. Whatever the cause there is a very real problem associated with these ritualistic healing.

The fourth case illustrates the fact that some ritualistic healers give contradictory message which is an omission than a commission of malpractice. If a patient is stable on medication and if one advises contrary, to the factors which maintains remission, should be considered as a very serious issue. The more pragmatic way in this instance should be to mutually respect each system and to function in a complementary manner, rather than to be reprimanding.

Unfortunately, there is no legal safeguard within the Sri Lankan law which addresses these issues. It is the criminal justice system finally deals with the extreme cases which is the tip of the iceberg. The great majority are not recognized nor addressed adequately in terms of judicial system. As the treating psychiatrist is the person responsible for the well being of the patient there may be instances where the court may summon the treating psychiatrist to explain the injuries, for which the psychiatrist may not be aware of nor responsible.[9]

In conclusion there should be an active discussion leading to a policy change paving the way to legislative reforms in terms of the functioning of the ritualistic healing practices in Sri Lanka, to safeguard the patients' rights and their human rights also giving due emphasis to cultural values and relativism. This invariably will provide ample space for multiple systems of healing including ritualistic healing processes to work together in harmony to bring the best for the patients. This is truly be the actualizing of the Bio-Psycho –Social model of ill health in Sri Lanka.

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