

planning. Close supervision of compulsory hospitalization following emergency situations is also a role of utmost significance, which will remain in the hands of the District Psychiatrist.

The proposed legal amendment not only does not abandon the role of the District Psychiatrist, and does not limit it, but rather provides it with substantial content. In the era of the application of insurers'

(health funds) responsibility for psychiatric care, the role of the District Psychiatrist is especially important, but not for giving hospitalization orders in situations that are not medical emergencies. This legal amendment will ensure that the 50-year-old concept of the District Psychiatrist will finally achieve recognition as a crucial function in society, not in the past but in the present and the future.

Authors' Response

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We absolutely agree with reservations expressed in the commentary by Drew and Funk regarding the role of courts as the sole authority to inspect involuntary treatment. One should add that apart from the danger of becoming a "rubber stamp," the other pole of the pendulum sets danger for overemphasizing judicial and procedural matters in cases of individuals deprived of effective faculties, thus creating a "sham trial" and exposing those in need to dangers such as "dying with their rights on" (2, 3). One should note that from its very beginning the Israeli mental health law adopted the concept of a District Psychiatric Committee — a quasi-judicial authority, to rule on whether persons can be admitted or treated against their will. However, as could be understood from our previous statement, we slightly disagree with the commentators, on grounds of practicality and accessibility. Apart from the mentioned criticism, courts as well as committees are incapable of providing adequate solutions in cases of immediate emergency. We believe that the District Psychiatric Committee has a crucial role in non-urgent cases, as well as the continuation of involuntary hospitalization and treatment once the immediate emergency situation has been resolved.

In accordance with recommendations by WHO, we note with satisfaction that mental health facilities in the community, as well as hospitals, are regularly inspected by a multi-professional staff under the auspices of the DP in collaboration with the District Health Office. These include a psychiatrist, a nurse, a

social worker, a pharmacist, a dietician, an occupational therapist and an environmental health inspector. Protocols and procedures are published by the Ministry to guide both service providers and their inspectors, and there are major advances in criteria for licensure.

Concerning Schneidman's commentary, we are a bit worried by the post-modernistic relativistic approach expressed in the headline of his commentary. We still believe that some basic human concepts are valuable beyond time and fashions. We do not oppose changes; however, to abolish mental health legislation as a distinct entity would be to throw out the baby along with the bathwater. Utilizing his concretizations, it is true that neither in the past nor in the present specific laws for the rights of orthopedic patients were required. Yet, specific populations still require specific legislation that protects their rights. One can view and hear the voice of mental patients' organizations, and mental patients' families' alliances. There are no such political organizations formed by orthopedic patients. Furthermore, contrary to views expressed by Schneidman, one cannot ignore that special specific legislation was required in order to shift funds towards the rehabilitation of the mentally disabled in the community. Other special legislation was required just recently in order to shift funds for legal advocacy of compulsory hospitalized mentally ill, either in criminal or civil procedures. Another law still in preparation relates to restricting rules of interrogating people who belong

to special populations, including the mentally ill. No such law refers to orthopedic patients. Are we sliding backwards? In regard to his reservations concerning mental health legislation we would rather refer him to another article, published in the current issue of the Journal by Margolin and Witztum, and to the scholarly commentary added by Perlin. Both articles share significant views regarding the crucial importance of specific legislation in the mental health field.

All in all, we were pleased to discover that as of today Schneidman recognizes the important historical role of the DP institution and expresses his deep appreciation towards its current roles. However, we disagree with his suggestion that his authority to issue compulsory orders should be abolished. It is a major function of the District Psychiatrist to avoid any abuse of the law and to ensure patients' rights in

a state of emergency. We definitely agree that with the current situation of technological advancement, there is a place for reforms, such as shortening the time of compulsory hospitalization ordered by the DP, upgrading the District Psychiatric Committees and furnishing them with better tools, and shortening time span between the meetings.

References

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2. Obomanu W, Kennedy HG. "Juridogenic" harm: Statutory principles for the new mental health tribunals. *Psychiatric Bulletin* 2001;25:331-333.
3. Manovel W. Mental illness is not a crime. *Australasian Psychiatry* 2001;9:219-223.