involuntary commitment into a civil one, if he is still in need of supervision and treatment in a closed ward, should be considered (6).

We also agree that the District Psychiatrist should not be the law enforcing agent for the police, when a person does not comply with a court order for involuntary outpatient clinic treatment. Accordingly, we would urge legislators to change paragraph 15(5), "The statute for the treatment of the mentally ill," which gives the District Psychiatrist the authority to involuntarily admit such non-compliant persons. According to our view, the District Psychiatrist should inform the police or the Attorney General, who are the ones to enforce the court order.

The representation of involuntarily committed patient by an attorney

The opinion that the judiciary is excessively or perhaps unjustly involved in medical decisions for involuntary admittance has been expressed (7). The role of the representing attorney is not to question the medical diagnosis or treatment. His/her role is to check the existence of legal prerequisites for involuntary admittance and whether the data and evidence for *dangerousness*, on which medical decisions regarding involuntary admissions have been made, are valid ones. Also, such an attorney can compare the in-hospital medical records with the hospital request to prolong involuntary commitments by three to six months. From personal experience as chairman of DPCs I can bring cases — though not too frequently — where the request for hospitalization prolongation for three to six months specifies that the patient's behavior in the ward is unstable, irritable and even violent, while the medical charts or the nurses' reports testify to the contrary.

We do not agree with the statement that "the legal model views hospitalization strictly as denial of patient's rights and freedom." Rather, **the legal system *does approve* involuntary hospitalization for the right people who meet the prerequisite for such hospitalization**. People who are involuntary hospitalized due to insufficient or unconvincing evidence of dangerousness do not meet the statutory criteria and, therefore, their rights and freedom are abused.

References

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Authors' Response

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Wolfman asks: "How can psychiatrists make a positive diagnosis of dangerousness with so much certainty?" The answer is that they cannot. The medical profession relies heavily on probabilities and assessment. When a physician is unsure of the diagnosis he usually watches the patient for a few days until the clinical picture becomes clearer. We do not send the patient away for unavailability of enough evidence. "Some evidence" seems sufficient for a physician to suspect the beginnings of a severe disorder, although it may not be fully developed as yet. "Some evidence" is, however, not enough for the judicial system.

Furthermore, Dr. Wolfman seems to ignore the fact that the goal of a civil involuntary hospitalization is to **prevent the possible danger** rather than to take action after its harmful results. How, then, can a psychiatrist "be convinced and be able to convince others" if the dangerous behavior has not occurred yet?