

While the arguments are well-articulated, several broader issues must be addressed to ensure affordable healthcare for all. The reviewers firmly believe that healthcare is a social good and that the government must play a pivotal role as both policymaker and provider. There are wider lessons to be learned from other countries where the complete onus of providing primary healthcare has been owned by the State. As far as India is concerned, the disproportionate influence of the private sector, the rise of super-specialty services overshadowing primary healthcare, and the growing dominance of private medical education require urgent re-evaluation to establish an affordable healthcare system.

The overarching question, however, remains: how can a neoliberal environment, where neoliberal economics guides public policy decisions, address the challenges brought out by the book? The challenge seems to create a path where the government's programme for providing universal affordable healthcare is well-addressed despite the pressure from corporate interests on government programmes. The Covid-19 pandemic has underscored the urgent need to address the issue of affordable and universal health provision with affordable medicines. We must learn lessons from such pandemics. In this context, the book reminds us that the pharmaceutical industry must truly become a partner in health, rather than a distant, profit-driven entity.

The reviewers are of the view that universal healthcare is not just a social imperative but also an economic opportunity that can drive sustainable development and improve the quality of life for crores of people. We believe that the drug industry must play its part in this larger vision. There are examples elsewhere of how the government can take a lead in public health provision. The UK implemented the National Health Service (NHS) in 1948, where the latest figures show that patients contribute about 1% towards prescriptions and dental charges. Similar affordable universal health provision models elsewhere need to be studied to address the market asymmetries posed by the health sector in India.

There is a need to review the health infrastructure, including the availability of skilled manpower. Creating a cadre of super-specialty doctors does not seem to be the answer. Enabling institutional structures in the form of affordable health insurance, a National Health Service, addressing regional disparities through rural infrastructure, and provisioning skilled human resources appropriate to requirements may be areas the States need to work towards. Priority must be given to primary health infrastructure over privately-led super-specialty services. An enabling requirement will be to increase the health expenditure-to-GDP (Gross Domestic Product) ratio on a priority basis. We believe that these policy frameworks, along with the measures suggested for the drug industry by the author, will go a long way in ensuring affordable medicines, apart from reducing the OOP expenditure on healthcare and medicines.

To conclude, we believe the book is a compelling and timely contribution to the discourse on India's pharmaceutical industry. Its comprehensive analysis and actionable recommendations make it a must-read for anyone interested in healthcare policy and the pharmaceutical industry. Let us hope that pharma is "*not far maa*", as we have seen in a recent advertisement.

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Conflict of Interest: None

Funding: None

To cite: Vyasulu V, Arunkumar AV. Profits over people? *Indian J Med Ethics*. 2025 Oct-Dec; 10(4) NS: 338-339. DOI: 10.20529/IJME.2025.053

Submission received: January 8, 2025

Submission accepted: April 9, 2025

Published online first: July 5, 2025

Manuscript Editor: Sanjay A Pai

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BOOK REVIEW

Psychiatric 'care' and the question of consent

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Wipond R. *Your Consent Is Not Required: The Rise in Psychiatric Detentions, Forced Treatment, and Abusive Guardianships*. Dallas, TX: BenBella Books; 2023. 304 pages. ISBN: 9781637741481.

Rob Wipond's *Your Consent is Not Required: Rise in Psychiatric Detentions, Forced Treatments, and Abusive Guardianships* lays

bare the ethical and legal dilemmas in psychiatric practice in the US and Canada that make the book disturbingly enlightening. It foregrounds stories of how psychiatric diagnoses strip off a person's autonomy and consent making psychiatry no less than a coercive force exerted over the vulnerable and powerless. Even though Wipond started his career in freelance investigative journalism in 1988 to uncover social issues, he frequently returned to the issue of

psychiatric detentions. Wipond focused on calls for reforms in mental health laws and practice by amplifying the voices of those with lived experience of forced psychiatric treatment.

Early on in the book, Wipond asks, "Was this normal?" ".... Was modern involuntary psychiatric treatment frequently so aggressive, invasive, ineffective, and harmful?" (p 6). The author's investigative journalism takes a critical look at the current scenarios in the US and Canada where the authority to detain and forcibly treat individuals is expanding under mental health laws. The book examines and analyses such laws, viz, civil commitments law, guardianship laws, community treatment orders, etc, retrospectively. The book is divided into 28 chapters, broadly focusing on five themes — expansive reach of psychiatric power, core drivers of civil commitment, mass funnels into psychiatric incarceration, institutional management, profiteering, and political oppression, and science, lies, and other possibilities.

Wipond highlights a myriad ethical and legal issues that need to be addressed within the psychiatric system. For instance, previously, the emergency number 911 was used as a resort to mental health emergencies, but it allowed anyone to express concerns about someone's emotional well-being, often resulting in police intervention. This was found problematic and the US federal government in 2020 mandated that calls to 988, a national hotline, will be routed to the National Suicide Prevention Lifeline (NSPL). Authorities advertised this as confidential, but they nevertheless covertly traced it, often leading to police involvement and involuntary psychiatric detentions. Similarly, the 2018 and 2019 reports by the National Council on Disabilities showcased the misuse of guardianship laws. They stated that the mental capacity evaluations are "deeply problematic," making guardianships ripe for abuse in family relationships and even for elderly (p 171). Wipond further exposes how organisations retaliate against dissenting employees using psychiatric screening tools and assessments to proclaim them mentally unfit, hence nullifying their voice. This happens despite laws like United States Code 5-2302, which prohibits mandatory psychiatric examinations as workplace retaliation. Wipond elucidates the depth of the problem through examples from the US and Canada where this systemic misuse has destroyed people's careers. Additionally, categorisation systems like the "potentially dangerous taxpayer" (PDT) and "caution upon contact" (CAU) in the US Internal Revenue Service employee manual prepares the ground for thousands to be put under surveillance and forced treatments each year through its flagging system. These PDT and CAU cases employ subjective risk assessments, showcasing another layer of coercive state authority to deem people mentally unsound and dangerous. The ethical violations inherent in these forced psychiatric practices are often justified through widespread stereotypes like "mentally ill people are dangerous to society".

Wipond's writing style is enriched by narratives of survivors of involuntary psychiatric treatment, including those of his own father. After retirement, his father felt a void in his life. With

deteriorating health and emptiness after retirement, he gradually fell into the darkness of depression. The family found themselves helplessly stuck in an overpowering psychiatric system which, instead of providing support and care, subjected his father to involuntary and coercive treatments, stripping him of everything that he had — and provided excessive medicines and a profound loss of autonomy. What his family faced was not an isolated incident. This harrowing journey is just a microcosm of the broader issue in psychiatric care — consent, or more specifically, the lack of it.

Wipond raises the issue of the over dominance of pharmaceuticals in psychiatry. Stories of people who face iatrogenic effects of psychiatric medicines, coupled with long-term polypharmacy, underline the need for judicious use of medicines that prevent dependency and foster recovery. Wipond notes that the psychiatric business of over-pharmacueticalisation has flourished as it has successfully propagated the narratives of making even normal human responses to difficult life events a diagnostic category. This has indeed created a culture in which distress is often viewed through a clinical lens and "across North America, awareness raising campaigns in schools, workplaces and mass media encourage us to talk about our problems, spot signs and symptoms of mental disorders, and get ourselves or others into early treatment." (p 8). Wipond describes how the DSM (Diagnostic and Statistical Manual of Mental Disorders), considered as the gospel of diagnosis in mental healthcare, is based on a not-so-concrete and confusing set of symptoms, which many might consider normal-like "too little appetite" or "drastic changes in sleep pattern". However, the dominant psychiatric discourses have glorified the credibility and validity of diagnoses accomplished through DSM. This shift in perspective, which has come about through extensive campaigns and awareness programmes delineated mainly by the state, is a significant contributor to the alarming rise in involuntary detentions in Canada and the US. At the same time, a marked decline in psychiatrists' commitment to the ethical aspects of their profession and their clients' well-being is observed by Wipond, with many prioritising financial gains over client care. This trend was further exacerbated by the increasing recruitment of biomedical psychiatrists in hospitals, who focus on medication-based interventions, rather than those specialising in talk therapy, psychoanalysis, or other therapeutic approaches.

Wipond's investigation indicates how the state has promoted the idea that forced psychiatric treatment is a necessary evil, essential for the long-term betterment of both the individual under treatment and society. These paternalistic narratives deeply embedded in public consciousness, often obscure the reality that behind these legal frameworks are real people who suffer simply because they are different or have been labelled as having a psychiatric condition.

In chapter six, Wipond elaborates on the historical roots of psychiatric power and prejudice. The power dynamics in psychiatric systems, with authority figures often choosing control over compassion, is explained by tracing the historical evolution of psychiatric treatments. He cites the work of Michel Foucault to explore how psychiatry works as a tool for social control, tracing its roots to the prison-hospital institutions in 17th-century Europe. During this era, people were incarcerated under state “hygiene” laws that controlled their presence in public life. Over time, psychiatry’s power became more subtle; Wipond notes its role in eugenic movements like Nazi Germany’s sterilisation practices based on American psychiatrists’ work (p 62). Wipond notes that many of these ideas are still put forward even in the 20th century, as psychiatry had the understanding that homosexuality was diagnosable as a mental illness up until the 1970’s. Similarly, psychiatry pathologised African Americans during the Civil Rights Movement in order to rationalise systemic control and forced treatment. Prior to the civil rights movement, the African Americans were often diagnosed with drapetomania to rationalise and exert that the “inferior race” (p 62) were “psychologically unfit” for freedom. Hence, we need to be cognizant of the role of psychiatry in reinforcing power hierarchies in society by creating diagnostic criteria that justify social exclusion based on gender, race, and sexuality and forcefully treating the marginalised as “mentally ill”.

Also, in chapter 16, Wipond shows that guardianship laws initially designed for the welfare of isolated children and incapable adults with conditions like dementia have turned out to be tools for the abuse and exploitation of the vulnerable population. With this law, the court has the power to declare a person incapable of rational decision making, and gives this authority to a guardian, who can be a professional or a relative. Media discussions and articles regarding the laws of guardianship, which strip away citizen rights as fundamental as the right to vote, are exponentially increasing. The book illuminates the fact that the state often treats these legal proceedings as mere formalities, overlooking the voices and rights of those affected. “Anyone who doubts that the nets of involuntary treatment laws have expanded enormously need only look to Britney Spears” (p 169). The court placed Spears, the popular American singer, under her father’s guardianship for almost a decade after a psychiatric hospitalisation following personal struggles. Despite two psychiatrists declaring her mentally capable, a

third didn’t, leading to forced guardianship. The court denied her the right to hire her own lawyer as she was deemed to be mentally incompetent. In 2021, in a testimony to a judge, she described herself as a slave to her father and others under the guardianship and revealed that she was forced to take psychotropics. Anyone across the social spectrum including celebrities and the privileged could be tied to the chains of guardianship laws by a single psychiatrist’s verdict that they are “mentally unsound”.

Apart from his elegant integration of facts and lived experience, Wipond’s bold attempt to confront the issues of intersectionality in mental health needs to be appreciated. The disproportionate impact of forced psychiatric treatment and many legal frameworks on the marginalised is often overlooked. Often, the isolated voices of the few psychiatrists who speak out against these issues are also deliberately suppressed.

Advocating for reforms in this skewed, oppressive system which fails to protect its vulnerable members, *Your consent is not required* is essential reading for mental health practitioners, activists and researchers working on public health in general, and mental health jurisprudence in particular.

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Conflict of Interest: None declared

Funding: None

Acknowledgments: We acknowledge the use of Grammarly for checking spelling and grammatical errors in the manuscript. Additionally, we extend our gratitude to Ms Prasadita L Raveendran, research scholar, department of humanities and social sciences, IIT Palakkad for her assistance in proofreading the manuscript.

To cite: Ebrahim N, Kottai SR. Psychiatric ‘care’ and the question of consent. *Indian J Med Ethics*. 2025 Oct-Dec; 10(4) NS: 339-341. DOI: 10.20529/IJME.2025.057

Submission received: December 5, 2024

Submission accepted: April 11, 2025

Published online first: July 25, 2025

Manuscript Editor: Sanjay A Pai

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