

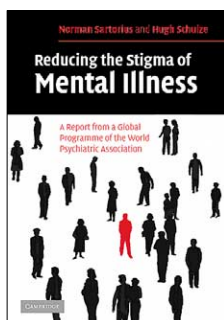
international initiatives, such as to have the United Nations ban therapeutic cloning and to have the UNESCO Universal Declaration on Bioethics include a principle of “respect for life”.

Annas addresses the manipulative US debate on what opponents describe in a non-medical term as “partial birth abortion”. After the first Partial Birth Abortion Ban Act was passed by Congress in March, 1996, President Clinton vetoed both the bill and an October 1997 re-enactment, because it failed to provide a defence for acting on the belief that delivery posed a serious risk to the health of the pregnant woman. Comparable legislation was enacted in several states, and a challenge to an Act from Nebraska reached the US Supreme Court in 2000. The Supreme Court, however, affirmed the decisions of lower courts that the Act

was unconstitutional. Nevertheless, under the Bush administration, Congress passed a further bill in 2003, with no exception for the health of the pregnant woman, which the President signed into law. Annas observes that “[t]his seems to be consistent with the Bush administration’s view of women—which is that it is much more important to protect fetuses than the health of pregnant women”. The legal challenge against the constitutionality of this Act may well reach the US Supreme Court. Indeed, the Court’s composition may affect whether it addresses human rights values more generally, including the right to “the highest attainable standard of physical and mental health” under Article 12(1) of the Covenant on Economic, Social, and Cultural Rights, which the USA has signed but not ratified.

The principled, instructive bioethical analysis that Annas brings to this feature of modern US political debate is representative of the analysis of other topics he addresses. These include responses to threats of bioterrorism; genetic diagnosis, engineering, and enhancement; the management of HIV/AIDS; capital punishment; storage and use of embryos and human tissues; and embryo research. With references to classical and contemporary literature and cinema, Annas provides a lively text with many entertaining anecdotes that do not distract a reader from the serious, reformative policies he advocates. Their relevance extends far beyond US borders.

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Reducing the Stigma of Mental Illness: A Report from a Global Programme of the World Psychiatric Association
Norman Sartorius, Hugh Schulze.
Cambridge University Press,
2005. Pp 264. £30.00.
ISBN 0-521-54943-4.

In brief

Book Sartorius on stigma

When Norman Sartorius was 8 years old, growing up in wartime Croatia, his mother took him on a hazardous journey to join Tito’s partisans. As they lay by the side of a road, infested with German and Ustase patrols, waiting for a safe time to cross, the young boy saw a funeral cortège drawn by white horses slowly coming down the road. There was no doubt in his mind that this was real, but no one else could see it.

Now, nearly 60 years later, Sartorius, who went on to be one of the most influential of modern psychiatrists, director of the WHO’s mental health programme, and much else besides, speculates on how things might have been if his childhood vision had been taken as evidence of mental disorder. As it was, his mother told him to stay silent, the vision passed, and later that night they crossed the road to safety.

The point of Sartorius’s story is to highlight the fine line between normal

emotional reactions and mental illness, yet the consequences of being on one side of the line or the other can be profound. What, Sartorius now reflects, are the effects of mental illness on the sufferer? And how much of these effects are caused by our reactions to the person, as opposed to the features of the illness itself?

Sartorius is too well informed to believe that addressing social reactions to mental disorder will cure the problem. Instead, his is a more modest aim—to reduce the distress and isolation of those who by virtue of their illness are already sufficiently distressed and isolated. He has championed a global campaign by the World Psychiatric Association to reduce the stigma associated with one particular mental illness, schizophrenia.

In this slim volume we learn about various national initiatives, which range from a theatre production in Canada to educational efforts

directed at Egyptian medical students. All of it excellent stuff, but what effect has it had? Some, but not much. Studies done before and after some of the many campaigns show some changes in attitudes to mental illness. But one wonders just how much this reflects not a true increase in acceptance, but an increased unwillingness to admit to prejudice. Stigma may have become stigmatised, but no less present.

But there have been successes. When I was in training we had senile dementia, now we have Alzheimer’s disease. A once neglected subject is now at the cutting edge of research and investment. Why? Because we now have a reasonable understanding of its pathology, and a chance of making breakthroughs in basic treatment. Science seems to be a better antidote to stigma than rhetoric.

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