

Primum Nocere

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Although the phrase “First, Do No Harm” is not in the Hippocratic Oath, in the opinion of many scholars Hippocrates did originate it. In his book, *Epidemics*, he wrote: “As to diseases, make a habit of two things — to help, or at least to do no harm.” This principle, usually expressed in its Latin translation, *Primum non nocere*, forms the traditional basis of medical ethics. In the modern therapeutic state — where condemned conduct is conceptualized as disease and its punishment is defined as treatment — the first principle of psychiatric ethics is *Primum Nocere*, though it is defined, both in ethics and in law, as *Primum Beneficere*.

The physician’s job, among other things, is to help: cure disease with the consent of the patient. The judge’s job, among other things, is to harm: punish lawbreaking without the consent of the defendant. (Physicians and judges have other jobs as well, such as performing autopsies and protecting due process.) When judges sentence lawbreakers to treatment — “drug rehab,” “counseling,” “therapy” — they punish the subjects. When psychiatrists and other mental-health professionals implement the sentences, they harm the “patients.”

Let us keep our language and ideas clear. Wardens who carry out sentences imposed by judges harm their prisoners, regardless of the outcome of the intervention. Psychiatrists who carry out sentences imposed by judges also harm their patients, regardless of the outcome of the intervention. In each case, an agent of the state — prison or mental health personnel — forces a subject to submit to legally mandated coercion. The difference is that jailers do not claim to be their prisoners’ benefactors, whereas psychiatrists insist that they are the benefactors of their involuntary patients. Herewith a few recent examples.

Wisconsin — Audrey Seiler, 20, a student at the University of Wisconsin in Madison, is found guilty of faking her own abduction, a crime that led to a “massive manhunt shown live around the nation. . . . She first told police she had been abducted from her apartment at knifepoint, then later said she had left on her own but was abducted elsewhere in Madison. . . . She never fully admitted to police that the story was a hoax, but was seen on a convenience store security video purchasing rope, duct tape and other items she had claimed her kidnapper used to restrain her.” Her attorney said, “Seiler was suffering from depression triggered by the death of a close aunt a year and a half ago, as well as her transfer to Madison, which took her too far away from her family.” She is sentenced to “continue therapy” (and to some restitution and community service). (See www.cnn.com/2004/LAW/07/01/missing.student.sentence/; July 1, 2004.)

California — Singer Courtney Love, found guilty of “trying to break into her ex-boyfriend’s home while high on cocaine,” is sentenced to 18 months in “drug rehab.” (*International Herald Tribune*, July 29, 2004, p.9)

France — Marie-Leonie Leblanc, found guilty of falsely claiming “that she had been a victim of a vicious anti-Semitic attack,” is ordered “to undergo psychiatric treatment.” (*International Herald Tribune*, July 27, 2004,p.3)

Scotland – A teenage girl giving evidence in a courtroom swears at the judge and tells “him where to go.” Her sentence? Probation for a year and an order “to attend anger management classes.” (<http://news.bbc.co.uk/1/hi/magazine/3569250.stm>; August 16, 2004)

Sweden — The lawyer for Mijailo Mijailovic, who killed Swedish Foreign Minister Anna Lindh, “argued that his client — under the influence of a cocktail of antidepressants when he stabbed Lindh — did not intend to kill her. . . . Anders Forsman, an expert with the National Board of Health, said Mijailovic was seriously mentally ill.” In a unanimous decision, the Swedish Court of Appeals rules that the defendant “had acted on an impulse. . . . No motive for the deed has emerged.” Sentenced “to psychiatric care, Mihailovic will be moved to a hospital forensic psychiatry ward for analysis [sic]. . . Hypothetically, he could be set free in six or seven months.” (*International Herald Tribune*, July 9, 2004, p.3)

Therapeutic Jurisprudence

The idea of using psychiatric treatment as punishment is not new. Only the practice of it is. Two hundred years ago, Benjamin Rush (1746-1813), the father of American psychiatry, declared: “Were we to live our lives over again and engage in the same benevolent enterprise [politics], our means should not be reasoning but bleeding, purging, low diet, and the tranquilizing chair.”

In recent decades, this brutality masquerading as humanism has been elevated to a special branch of legal studies. Law professors David B. Wexler and Bruce J. Winick call it “therapeutic jurisprudence” and define it as “the study of the role of the law as a therapeutic agent.” However, therapeutic jurisprudence is not about studying the law; it is about perverting justice and law. The practice of therapeutic jurisprudence epitomizes the ethics of *primum nocere* — harming patients but defining it as helping them.

Most persons experience their coerced psychiatric treatment as punishment. That is why psychiatrists insist that the persons subjected to psychiatric coercion are psychiatric patients, not psychiatric victims; that psychiatric coercion is treatment, not punishment; and that individuals who oppose their “benevolence” are wicked enemies of caring for the sick, not defenders of liberty and justice. He who controls the vocabulary controls social reality.

The erosion of our liberties is not a mystery. Overwhelmingly, it is the result of the alliance between medicine and the state, intensifying people’s dependency on pharmacratic authority and psychiatric controls, fostering and fostered by a hyperinflationary definition of disease and treatment.

When the government controls religion, not only religious liberty but all liberty becomes a chimera. When the government controls health, not only medical liberty but all liberty becomes a chimera.

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