MY NAME
HOSPITAL ADDRESS
ADDRESS LINE3
ADDRESS LINE4
ADDRESS LINE5

ADDRESS LINE6

Dr H. P. Kluge
Regional Director for Europe
World Health Organisation
World Health Regional Office for Europe
UN City
Marmovej
DK-2100 Copenhagen Ø
Denmark

05 March, 2020

Dr Kluge,

1. Last week I telephoned your offices in Copenhagen. The purpose of my telephone call was to seek clarification on the WHO's definition of a delusion.

(i) I spoke with a woman in the non-communicable diseases department, she identified herself as X. The conversation was bizarre and unproductive:

(ii) She would not engage in any sort of dialogue, insisting that it would not be proper for her to explain the definition of a delusion, the responsibilities of the WHO, with respect to the use of the its definitions and any other matter. She then excused herself and ended the telephone call; It was a short conversation.

2. The matter which occasioned my telephone call to the WHO being one of great moment, I am obliged to bring it to your attention.

(i) In this letter, I have put to you several questions. Please provide clear and complete answers to each of those questions. Purely for your convenience, I have set the questions in heavy type.

3. I shall begin by offering an account, in the abstract, of my situation: I am of good character and have never suffered any mental health problems or had any previous contact with the mental health services.

(i) In November, 2014, I was diagnosed with a delusional disorder and sectioned. Several psychiatrists have diagnosed me with a delusional disorder and I have been detained for all of the last five years.

(a) The problem is that the diagnoses are deficient: they fail to meet even the most fundamental conditions demanded by the definition of a delusion (DSMIV, see Nos.6 and 13 and 14, below)

(ii) I am able to provide a large amount of evidence in documentary form (perhaps more than a thousand (1000) pages), a lot of it incontrovertible and all of it compelling, to support my claims of misdiagnosis. I have elected not to do so at present, the purpose of this letter being to seek clarification regarding your (WHO's) definition of a delusion.

(iii) Should you require more details or proof to support my assertions, I should be glad to provide them upon request.

4. I should like to know the WHO's definition of a delusion. I anticipate that you may say that a delusion is an erroneous belief that is unshakeably held. But:

(ii) How do we make the determination that the belief is wrong?

(iii) Is it a mental illness merely to be wrong, or is more required?

(iv) Should a person not first be provided with proof that he is wrong, and given the opportunity either to alter his beliefs or to explain them, before he is declared to be delusional. For it is possible that, in explain his beliefs, a person will show that they are not wrong after all. **I suppose I am asking if a person has the right to be informed, before a diagnosis is made, why his beliefs are deemed to be wrong, and to be given a meaningful opportunity to defend his beliefs against his accuser (the psychiatrist).**

(a) If it is explained to a person why his beliefs are wrong, he may accept the explanation offered, and alter his beliefs, in which case, is it not correct that he merely held an incorrect notion and was not mentally ill?

(b) If it is explained to a person why he is wrong, he may observe weaknesses in the logic offered, point out those weaknesses and thereby show that his beliefs are no wrong after all: a misdiagnosis is avoided.

5. The point of No.4, above, is that there are cogent arguments that it is not sufficient, and that indeed it is dangerous, merely to define a delusion as an erroneous belief. I request from you a clear explanation of how the World Health Organisation's definition of a delusion determines that a belief is wrong in the first place.

(i) If, on the basis of observations I have made, I have arrived at conclusions with which practitioners happen to disagree, and yet those practitioners, upon close questioning, are unable to show that my conclusions are wrong, and they are unable to offer plausible alternative interpretations of those events (in many cases they are unable to offer any alternative explanations at all). Are the practitioners right to declare me to be delusional? If so, why? I offer one example:

(a) In my case, I believed that my laptop computer had been hacked into. My belief was

based on the incontrovertible evidence of the logs of that machine which showed that such a thing had happened.

(b) I made a report to the police and took the machine with me. I offered to leave it with the police as evidence. The police refused even to record the matter as a crime. In a report they wrote that they thought I was “paranoid”, because I had consulted the logs: normal people do not do that, they wrote.

(c) A psychiatrist who had access to that report, and knew why I believed my computer had been hacked into, declared me to be delusional. He said that the fact that the police did not act on the report I made was proof that my belief that my computer had been hacked into was *“clearly a delusional episode”*. Other psychiatrists agreed with him. None of them was able to explain why the logs of the machine were wrong and they (the psychiatrists) were right. **Would you agree with the assessment of the psychiatrists? If so, why?**

6. The Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSMIV), defines a delusion as: *“A false belief based on an incorrect inference about external reality that is firmly sustained despite what almost everyone else believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary. The belief is not one ordinarily accepted by other members of the person’s culture or subculture (e.g. not an article of religious faith).”*

7. Do you agree with the above definition? If not, why not, and with which part do you disagree?

8. I am of the opinion that the DSM definition is correct and important because, among other things, it requires that a person be provided with an explanation and with proof.

(i) Proof is merely evidence which establishes a fact, or the truth of a fact. It may take the form of a logical explanation. For example: mathematical or physics theorem are proven.

9. If we dispense with the requirement of proof, in the formulation of a valid diagnosis, we essentially create a class of people who, by making unqualified assertions, may declare others to be suffering from serious mental disorders, with all the concomitant consequences of such a declaration (including the possible loss of one’s liberty for an indeterminate period of time)

(i) We thereby open the door to all manner of abuses, including the sorts that occurred in the Soviet Union, where people who did not ‘play the game’ were declared to be delusional

and detained. I offer the infamous example of Zhores Medvedev, the Soviet biochemist who was railroaded into a mental hospital, because he dared to express opinions which some authorities would have preferred him not to express. His story was well known, it was referred to by André Lwoff, in his introduction to Julien Benda's *La Trahison des Clercs*[i]. I refer you to the book: *A Question of Madness*, by Zhores A. Medvedev and Roy A. Medvedev[ii].

10. To illustrate my point (that decisions should be explained and proof offered): Galileo Galilei landed himself in a lot of trouble by maintaining that the Earth is not the centre of the Solar System. This idea had earlier been expounded by Copernicus, and was accepted by some respectable astronomers. But what if Galileo had been the first person to declare that the Earth orbits the Sun, and he had supported his belief with the facts on which he based that belief:

(i) Rather than declaring him to be a heretic, had the Church produced practitioners who declared Galileo to be delusional, would that diagnosis have been sound? If not, why not?

(b) If you consider that such a diagnosis would have been sound, please explain why that is your position.

11. What should the World Health Organisation do, if it becomes aware that its definition of a mental disorder is being abused. That means to say: that the definition is being used to declare people or a person who is or are not mentally unwell to be mentally disordered and as the basis to detain them for an indeterminate period of time?

(i) Would it (the WHO) have a responsibility to act? And what form would that action take?

(ii) Where several psychiatrists have made such a misdiagnosis (more than ten (10)), does the WHO not have, at the very least, a duty to issue a statement clarifying its definition and stating that, in its view, the requirements of the definition have not been met? If you consider that it does not, why do you think it does not?

12. Finally: the following example illustrates my understanding of the definition of a delusion, according to the DSM. **Please let me know if you do not agree with this definition. And if you do not agree, please explain why. That means not to say: not merely if you agree that my understanding of the DSM definition is correct, <u>but rather if you agree that my explanation of the definition is one with which the WHO is in</u>**

agreement.

My Understanding of the Definition

13. According to the definition, the belief must be false and one must first be presented with incontrovertible or clear proof that he is wrong.

(i) One must then reject that incontrovertible and obvious proof or evidence, without providing logical or plausible reasons for rejecting that proof or evidence. Only then can a diagnosis of a delusional disorder correctly be made.

14. As an example: people who once believed that the Sun orbits the Earth were not delusional: they simply made observations and reached reasonable conclusions on the basis of those observations.

(i) Someone who believes today that the Sun orbits the Earth, despite being shown the incontrovertible and obvious proof that this is not the case is deluded.

(ii) If, however, there is someone today who, on the basis of direct observation, believes that the Sun orbits the Earth, and who has never been exposed to the proof that the truth is in fact the opposite, that person is not delusional. He is wrong, but he is not delusional.

(iii) If someone approaches him and says to him: “I am a very serious and important astronomer; I am foremost in my field and I command the respect of my peers. I understand that you have been observing the Sun and have arrived at the conclusion that the Sun orbits the Earth. You are wrong.” That man may indeed be a serious and respected astronomer, foremost in his field, but if he says no more, and the man who believes that the Sun orbits the Earth continues to believe so, that man is not deluded. He is wrong, but he is not delusional.

(a) That person is not delusional because he has not been provided with clear proof or evidence that he is wrong.

(b) He has the right to hold this opinion and not to be declared to be delusional, if he is not furnished with the requisite standard of evidence or proof (clear and obvious), showing that he is wrong.

(iv) We can see why this important: can you imagine a world where some people can, without saying why, declare others to be mistaken in their beliefs or in the conclusions they have reached, and say that their error is proof of insanity, without saying why they are wrong, and where that person is then legally declared to be mentally disordered and even sectioned?

(v) To say: “**X** believes such and such: he is mentally disordered.” is simply to make a

make a statement which may or may not be correct. It is not to prove that **X** is mentally ill. In fact, I go further and say: it is not correctly to diagnose him as being delusional.

(a) Consider the abuses that become possible when a person can be declared to be mentally deranged, simply because another person makes unqualified assertions to the effect that they are deranged.

15. I have enclosed a paper by David L Rosenhan, entitled: *On Being Sane In Insane Places.* The point is to show that psychiatry is by no means infallible, and thereby further to reinforce the need for robust definitions and sound diagnoses.

I have enclosed the following document:
1. Document entitled: *On Being Sane In Insane Places*, by David L Rosenhan.

Sincerely

MY NAME

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[i] Page 20 of Introduction to *La Trahison des Clercs*, Author: Julien Benda, Cahiers Rouge, by CPI Bussière, 2015, ISBN : 978-2-246-01915-2, ISSN : 0756-7170

[ii] *A Question of Madness*, by Zhores A. Medvedev & Roy A. Medvedev: Norton Paperback ISBN: 978-0-393-00921-7