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October 29, 2004

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Dear Doctor Milliken:

If you're reading this, I guess it means you went ahead as promised. I've already packed and I'm wearing pajamas. You'll probably have me changed anyway once you get me to the bin and trade handcuffs for even more cuddly restraints. I know how you guys prefer your charges in sickly blue and bionic orange; they play off so nicely against the vomit green walls.

As you are aware, I scheduled our extra appointment on the 21st because I had been experiencing insomnia and my husband was concerned that this might be the beginning of "mania," to use the popular label. My intention at the time was to obtain a prescription for a few days' worth of Ativan to get my sleep back on track and to go on my merry way.

I thought it was also time for us to address the side effects of the drugs you had been forcing me to take. Since I never got the chance, here is the list:

- Difficulty maintaining my balance, e.g. I couldn't put on my shoes without sitting down;
- Unquenchable thirst – I was drinking gallons of water;
- Dehydrated skin (in spite of my water intake);
- I was constantly running a temperature;
- Severe bouts of diarrhea, sometimes lasting ten days or more;
- Ringing in my ears;
- Bizarre and sometimes frightening changes in my vision;
- Inability to drive safely due to hallucinations, especially at night;
- Very strange and upsetting dreams (I mentioned this to you at one appointment);
- Difficulty reading/concentrating for more than 15 minutes at a stretch;
- Weird twitches in my legs and face;
- Severe memory lapses, e.g. inability at times to remember my own phone number;
- Hugely increased appetite and subsequent 50 pound weight gain that could not be reversed, even on a starvation diet;
- Dampening of all of my senses, as if I were viewing the world through cotton gauze.

Doctor, we couldn't discuss these issues reasonably because our conversation was somewhat hijacked when you presented me with the choice of either taking yet another drug or refusing and thus forcing you to "*send the police out to bring [me] to the hospital in handcuffs.*" Talk about a show stopper! I'm not sure what your purpose was in making this ultimatum so naturally I can't rate your success. If it was your intention to get this obstreperous patient back into the line-up, then you bombed. However, if it was your intention to cause me to get my affairs more or less in order, phone both employers to say "I might not be in next week but can't tell you why," research the consequences of dying intestate, consider Sealand's immigration policies, and throw out some of the more frightening residents of my refrigerator, then you did very well. Bravo.

Also, as you have years of experience as a psychiatrist, but presumably none as an involuntary patient, I wanted to pass on to you these impressions from the "other side of the table":

- When you threatened to incarcerate me *in spite of your acknowledgement of my current mental health*, you caused me fear and stress to a degree that I had never before experienced. The only reason that I didn't commit suicide (although I certainly researched my possibilities) is because I convinced myself that you could not have meant what you said;
- When you advised me that you have kept me committed all this time in order to keep the upper hand (despite your claiming at our last meeting that you were completely unaware of my certification status), you broke the last remaining spider web thread of trust between us;
- When you threatened to contact my parents, you knew perfectly well that this might be an effective coercion method (as is, or so you appeared to hope, your thinly veiled threat of electroshock treatment). As you ought to be aware, my parents are in their 60s and have been caused immeasurable pain over the years by the establishment's "treatment" of my "illness," and I am trying to prevent them any further grief. As an aside, perhaps you might cite for me the authority under which you contact various of my family members, without my consent, to discuss your latest brilliant interpretation of my mental status;
- When you told me that you were ready, willing and able to incarcerate me based *solely on the possibility of hypothetical future events*, you rocked my understanding of civil liberties.

Obviously, through years of bitter, bitter experience, I know the game very well and thus presume that your usual roster of good cop, bad cop, scary cop, abusive cop, cop with spittle running down his face (well, actually, that one's the first in my roster, not the last one in yours), has stood you in good stead lo these many lucrative years.

Your problem is not the system. It's a great one. You know it. I know it. No, doctor, the problem isn't you; it's me. You just picked the wrong one. As you should have learned from the Tylenol incident, I'm virtually indestructible. And if you want me to devote the rest of my life to writing a legally workable interpretation of "*in imminent danger of harm to one's self or others,*" then I will. I wasn't busy anyway.

I would like to remind you here that I have already served more time inside than most convicted felons do, yet I have never committed anything more serious than occasionally being an idiot and worrying my friends and family. You, doctor, are now going to be an idiot and worry them for me instead. But you're not going to get incarcerated, are you? No, you're going to get paid, and paid handsomely.

Are you afraid that if you let me go that I'll commit suicide and you'll be sued? Who do you think might sue you? My husband or my parents? They're completely non-litigious. But if I am in the hospital when you read this, and you have caused me to lose my two part-time jobs, freaked everybody out, and are now trying to destroy what little you and your ilk have left me of my brain cells, who do you think will get sued then? It will be a class action in reverse: me vs. everybody.

I also want you to know that since I threw your poisons away immediately after our last appointment, here's how I've been feeling:

- Most of the last few glorious autumn days I've happily spent at the barn;
- I can 'talk' to horses again, meaning I can handle them just through eye contact;
- I interrupt my day all the time just to stop and look around at the beauty of it all;
- Twice while driving I've had to pull over to look at the sunset;
- When I'm out walking our dogs, I am completely blown away by the colour and the sound of the leaves;
- I sleep when I'm tired (9:00 p.m.) and get up when I'm not (5:00 a.m.). I sleep so soundly that my back is usually sore for a few minutes in the morning because I have not moved for the entire eight hours;
- I'm writing again. I'm trying to put together a fiction contest entry that is due in September 2005, and I've put together some ideas for a book;
- I've spent these early mornings happily puttering around and waiting for the dawn; and
- I started playing the piano again.

I'm grateful for these experiences, however fleeting, because I'm going to need them to get me through the horrors that will surely come next. I'm not up to the task of determining why you want to take these gifts away. The only plausible scenario that I've ever been able to come up with is that you forgot what you were fighting for and so just kept fighting. Just as, I will no doubt be reminded all too soon, in the bin they forget to assess your mental health and treat your behaviour instead. *Made your bed? Opened up your mouth for your drugs? Been strapped down so voltage can run through what's left of your brain? Zoned out in front of the TV? Security escorting you out for smokes every hour on the hour? Checked in your sharps at the nursing station? Good girl, have a biscuit!*

What are your thoughts, doctor? Do you really think I'd be better off, health-wise, bargaining for privileges (*"But you have to earn your clothes, Francesca, you don't just get to wear them!"* – actual quote, 1987) than doing what I'm doing now? As you didn't seem to comprehend the point at our meeting, I'll say here that when Thomas Szasz called involuntary treatment a "crime against humanity," he wasn't, as you suggested, referring to any particular treatment rampant in the USA in the 1950s. Szasz meant the very notion of involuntary treatment. You know: my body, my choice, all that kind of shit.

Aside from the niggling issues suggested by the Canadian Charter of Rights and Freedoms, there are financial considerations too. Fifteen years ago, they told me it cost \$500 per day to incarcerate me and I'm guessing this might be up to \$1,000 by now. So, as every horrifying day

drags by, you will be stealing \$1,000 directly from little Timmy's kidney transplant fund. And, of course, the above cost estimates are for rooms on the regular wards while I have no doubt you'll be treating me to my usual complimentary upgrade to the luxury wing. I've seen my husband in tears only three times: once at his mother's funeral; once upon learning two of his cousins had been killed in a horrific accident; and once upon contemplating the inside of your Psychiatric Intensive Care Unit for the very first time. Think about Timmy, doctor. That is the decent thing to do.

The long-established psychiatric model, as so clearly demonstrated at our last appointment, with its treasured notion of preventative incarceration, flies in the face of every principle we raise our kids on in this great and free country of ours. Sadly, had I been granted US citizenship when I applied (1994), I might have been able to avoid this predicament merely by letting my health insurance lapse.

As our last meeting was scheduled on the ward rather than at your office, I had the opportunity to notice that the majority of those drooling into their cornflakes still appear to be:

- Female;
- 40ish;
- Middle-class;
- Timid; and
- Treatment-compliant.

Of course, only a trained psychiatrist would be qualified to thread together anything based on these loose observations, but here comes my analysis anyway. What your machine requires is an influx of easily maintained fodder that won't gum up the conveyer belt. Ideal candidates appear to be selected along the following guidelines:

- Those more likely to fear physical abuse. Chicks flinch;
- Those matured well beyond their parents' watchful eyes yet still possessing many happy, carefree, bovine and obedient years ahead of them;
- Those practicing hygiene sufficient to not offend your henchmen when it's time for strap-down, and those less likely to return physical force in kind (When I told you I spent my early years in London, I should probably have warned your security guards that we lived in Islington, in the South End. Go, Arsenal!!!);
- Those so beaten down by their miserable lives that they have no fight left in them; and
- Those so compliant that attaining your ultimate goal of streamlined herd control is a snap.

I am currently, by anyone's standards, functioning well. I am (or was) gainfully employed, happily preoccupied and very optimistic, almost giddy, at the prospect of putting my life back together. Against this backdrop, you continue to threaten my liberty. What you term my "hostility and belligerence" might in the circumstances more reasonably be interpreted as my "righteous indignation." And FYI, doctor, my hostility and my belligerence are the only reasons I have survived your assaults thus far.

When I request ownership of my own life, I mean that I want the freedom to:

- Live undisturbed in my own home;
- Associate with whomever I wish;
- Decide what foods and/or drugs I want to ingest;
- Go to work or not, as I choose;
- Make my own health care choices; and
- Spend my time however I wish.

I think you'd have to agree that I'm really not asking for a lot anymore. Why, in the past, I've bid as high as a university education, a decent career and a successful marriage, for crying out loud! If you were somehow able to gather all the human feelings in the world and magnify them an infinite number of times, you would still not be even close to understanding the depth of my hatred for you and everyone like you and my rage over what I've had stolen from me.

You can drag me in, you can drug me, you can shock me, you can put me in solitary, you can keep me inside for the rest of my life, you can do *anything* that you want, but you will never, ever, ever get me to come around. Your diagnosis and, um, "offer" of treatment are touching, but this is where it all falls apart: I don't believe manic depression is a disorder, and if it is a disorder, I don't believe I have it, and if I have it, I believe it is a net positive to me, and thus I don't want to have it "fixed."

But let's bring in an angel here to grant you the right of way anyway, and we'll assume for a moment that I'm ill and don't know it. We'll refer to the "*Expert Consensus Treatment Guidelines for Bipolar Disorder: A Guide for Patients and Families*" extracted from *J Clin Psychiatry* 1996:57 Supplement 12A, which you thoughtfully provided to me. So let's see what the experts have to say and then I'll let you know what I think:

- "*Bipolar disorder usually begins in adolescence or early adulthood, although it can sometimes start in early childhood or as late as the 40s or 50s.*" **So the danger zones have been skillfully whittled down here to ages 4 through 25 and 40 through 60. If the average female lifespan is 80ish, we've got approximately 39 safe years and 41 danger years.**
- "*This biochemical problem makes people with bipolar disorder more vulnerable to emotional and physical stresses. If there is an upsetting life experience, substance use, lack of sleep, or other excessive stimulation, the normal brain mechanisms for restoring calm functioning don't always work properly.*" **I am curious as to whether you would consider being guaranteed an arrest, using handcuffs, followed by an unwarranted hospital visit, with unwanted drug therapy and unwanted electroshock treatment, as I was so threatened at our final appointment, to fall within the category of "upsetting life experience."**
- "*The theory of an inborn vulnerability interacting with an environmental trigger is similar to theories proposed for many other medical conditions.*" **And bipolar treatment, as for most medical "conditions," focuses on the ultimate symptoms, real or imagined, rather than the management of environmental triggers or investigation into the cause of existing vulnerabilities. I'm thinking here that we never talk about how trouble always seems**

to appear for me every October. Why doesn't anybody ever ask me what happened during my very first bad October?

- “As with heart disease and other medical conditions, treatment for bipolar disorder focuses on taking the right medications and [emphasis in original] making life-style changes to reduce the risk of mood episodes.” Yet, in my experience, it is very rare to be invited into a discussion about life-style changes with a psychiatrist. It just doesn't happen. Why bother making changes when you can just pop a few of these instead?
- “Over the course of bipolar disorder, four different kinds of mood episodes can occur: ... mania ... hypomania ... depression ... mixed episode.” I prefer the terms up, not quite so up, down, middle, and believe they are just as scientific and useful.
- “In hypomanic episodes, the individual may have an elevated mood, feel better than usual, and be more productive.” True, so let's get that patient in the loony bin and onto lots and lots of the happy sauce.
- [from the listed symptoms of depression] “... trouble sleeping or sleeping too much ... loss of appetite or eating too much ... feeling slowed down or feeling too agitated to sit still” Does anybody but me see the comedy in this kind of all-encompassing symptom definition?
- [from the description of Bipolar II] “... often hard to recognize because hypomania may seem 'supernormal,' especially if the person feels happy, has lots of energy, and avoids getting into serious trouble.” Indeed.
- “For all three mood stabilizers, blood tests are used to determine the correct dose and to monitor safety.” This has not been my experience outside of the psychiatric hospital, although my prescribed dose of Lithium was substantial, and the potential risks of toxicity were concerning, to say the least.
- “Fortunately, antianxiety and antipsychotic medicines work rapidly and can be given by mouth or by injection. If you are so severely manic that you don't recognize the symptoms of your illness and refuse medication, injections may literally help save your life by preventing you from acting in impulsive, irrational, or dangerous ways.” Injections may also help if you are so severely healthy that you won't admit that you are ill and need treatment. Injections generally do prevent you from acting in impulsive, irrational, or dangerous ways, but unfortunately they achieve this only by preventing you from acting at all.
- “Although electroconvulsive therapy (ECT) has had a lot of unfair publicity, it can be a life-saver and is often the safest and most effective treatment for psychotic depression ... Remember ECT is much safer and more comfortable than it has been portrayed in Hollywood movies and can be remarkably effective. Like all treatments, ECT has potential side effects. Although there is usually short-term memory disturbance, most ECT patients feel that the benefits far outweigh the prospect of suffering from long-term severe, unremitting depression.” [emphasis mine] These are not merely potential side effects, and it is negligent of the psychiatric establishment to suggest that they are. Of the literally dozens of ECT patients that I've talked to, I've never met one who didn't have devastating memory problems. And you are glossing over the hundreds of reports of permanent memory loss. And if most ECT patients feel the benefits outweigh the risks, then why do so many of them have to be dragged there by security guards?
- “Hospitalization can be essential to prevent self-destructive, impulsive, or aggressive behaviour that the person will later regret. Manic patients often lack insight that they are ill and require hospitalization.” But of course it does not prevent such behaviour that occurs within the hospital. And if

that's your definition of "insight," I'd prefer not to be so gifted. That's not "insight"; what you are describing is obedience.

- *"There will almost certainly be many times when you will be sorely tempted to stop your medication because (1) you feel fine, (2) you miss the highs, or (3) you are bothered by side effects. If you stop your medication, you probably won't have an acute episode immediately in the next days or weeks, but eventually you will probably have a relapse. Don't forget the kindling model, which suggests that each episode worsens your chances of having a smooth long-term course."* **But if, as they say, 40% or more of our population is suffering from biochemical imbalances, then wouldn't any of those individuals, treated or not, "probably have a relapse"? And the long-term course you're promoting is supposed to be smooth for whom?**
- *"If you have had two or more manic or depressive episodes, experts strongly recommend taking preventive medication indefinitely."* **As, I'm sure, stockbrokers would prefer you to do. Check out some of the multinationals that are creating these "necessary" medicines.**
- *"Never be afraid to report changes in symptoms – they usually don't require any very dramatic change in treatment and your doctor will be eager to help."* **"Eager" isn't the word. I don't know what the word is. Perhaps there isn't a word.**
- *"If you are going to stop, it is important to taper the medicines very slowly (over weeks to months)."* **This is demonstrably false.**
- *"Remember: Changing medicine is a complicated decision. It is dangerous to make changes in your medicine on your own!"* **On the contrary, unlocking the chains was the simplest and safest decision that I ever made.**
- *"Do not use alcohol or illicit drugs."* **Stick with corporate revenue enhancers instead.**
- *"However, you should also realize that it is not always easy to live with someone who has mood swings."* **But it is always easy to live with someone who doesn't, thus our divorce rate.**
- [from advice on how families and friends can intervene] *"You will be thanked later!"* **False. You won't. Not by me, anyway.**
- *"If your loved one becomes ill with a mood episode and suddenly views your concern as interference, remember that this is not a rejection of you – it is the illness talking."* **False. It's me talking.**
- *"Treat people normally once they have recovered."* **But make sure that when we are "sick," that you speak slowly and annoyingly because we love that.**
- *"Patients taking medication for bipolar disorder, just like everyone else, do have good days and bad days that are not part of their illness."* [emphasis in original] **I can't remember having been this flabbergasted by a medical insight since it came about that feeding meat to herbivores before slaughtering them into steaks might not be the way to go.**
- *"Psychotherapy is much more likely to be helpful for depression than mania, since patients in a manic phase often have trouble retaining what they learn."* **Plus, depressed patients are far less likely to be argumentative, troublesome or "hostile" as my favourite doctor would say.**

Doctor, in retrospect, at the time of our showdown I wish that I had given you my updated symptom list and made you guess which of the most recent four drugs I had stopped taking. It might have gone like this:

"It was the Lamotrigine that you dropped." "No." "It wasn't? Then it was the Lithium." "No." "It wasn't? Then it was the Seroquel." "No." "It wasn't? So it must have been the Paxil."

That's just what I thought. Obviously, you interrupted the delicate interaction that I had so carefully established for you." *Bad dog, no biscuit!*

And whatever you eventually decided, we both know that your answer would have been, as it always is, to throw another chemical into the mix. This is the only way of thinking that the psychiatric establishment ever seems to use. So when a patient actually needs serious help, there is no one to tell. It's the loneliest feeling in the world.

Your circular method, by which you diagnose my denial as just another symptom, backs me into an untenable corner and here's why: **I'm not ill and I didn't do anything wrong.** The only difference between me and a certain wrongfully convicted but later vindicated felon that I know of is that I have yet to collect on my judgment (the Writ is ready to print, file and serve, though). On Thursday, I tried to gently provide you with an easy way to back down from your ridiculous ultimatum, but you declined.

So do whatever you have to do but do it forewarned that I've given you an ultimatum of my very own: You can **leave me alone** or you can set off a chain of events that will change both of our lives forever. And, since Szasz doesn't appear to help you understand my point of view, why not try a little Buffalo Springfield? "*... paranoia strikes deep ... into your life it will creep ... starts when you're always afraid ... step out of line, the man come and take you away*"

Yours very truly,

Francesca Allan

PS After I wrote this letter I talked to you on the phone and met with the case manager in person and confirm you are off the case and the plan is as follows:

1. No more medication;
2. No more appointments;
3. No more contact from the case manager;
4. No transfer to another doctor;
5. Release of the Certificate holding me on extended leave;
6. In the alternative, another appearance before the Certification Review Board;
7. You are not (nor were you ever) authorized to discuss my health with anybody;
8. If you are going to break confidentiality anyway, you will talk only to my husband;
9. You are going to "think" about what happens next.

On the phone, you also advised me that you were unable to remember guaranteeing police/handcuffs/hospital were coming next. I told you that you did in fact say it, and that the case manager had heard you. You apologized, saying that you were sorry that I "had heard that" but you didn't say you were sorry that you said it, nor did you admit any negligence in saying it, nor investigate what the direct results of saying it were. Do you

threaten your patients so often with illegal incarceration that it doesn't even register with you anymore?

Lastly, I'm also wondering how you are interpreting the phrase "*in imminent harm of danger to one's self or others*" to make it apply here (as opposed to, for example, smoking, driving over the speed limit, or watching daytime TV), but that's probably just me being hostile and belligerent again.