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On 23 May 2019, the CPME Executive Committee adopted the 'CPME reply to Council of Europe's Committee of Bioethics consultation on the preparation of an additional protocol to the Convention on human rights and biomedicine' (CPME 2019/057 FINAL).

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**CPME reply to Council of Europe's Committee of Bioethics consultation on the preparation of an additional protocol to the Convention on human rights and biomedicine**

*The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.<sup>1</sup>*

**1. Do you consider that the provisions in the draft are suited to reach the following aims:**

**a) Minimizing the use of involuntary measures by promoting the use of voluntary measures in mental healthcare?**

YES

Please specify

NO

The draft protocol should be clearer on the opportunities to prevent involuntary measures by ensuring the appropriate balance of and access to both hospital and community-based outpatient care.

**b) Providing appropriate safeguards to ensure that involuntary measures are only used as a last resort?**

YES

Please specify

NO

The draft protocol could be more explicit on the need to ensure adequate alternatives to involuntary measures which should be the preferred options. This includes, as mentioned above, an appropriate balance of and access to both hospital and

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<sup>1</sup> CPME is registered in the Transparency Register with the ID number 9276943405-41. More information about CPME's activities can be found on [www.cpme.eu](http://www.cpme.eu).



community-based outpatient care. In addition, safe staffing levels and evidence-based training of health professionals are further measures which can help limit involuntary measures.

There also remains a contradiction in making a difference between involuntary placement and involuntary treatment. There must be a therapeutic objective behind every decision to put a patient in involuntary placement, as provided in Article 10 ii, therefore it is not coherent to differentiate between the two concepts.

**c) The person concerned receives appropriate support and procedural safeguards that enable them to effectively exercise their rights?**

**YES**

CPME agrees with the control function of the court, following a medical assessment.

**NO**

CPME believes that there should be an assessment by two psychiatrists, who are independent from each other. If the doctor proposing the involuntary treatment is not a psychiatrist, there should thus be two additional assessments.

**2. Do the situations addressed in the protocol reflect a reality in your professional experience (see in particular Article 10 i.a and b. and Article 11 i. a. and b.)?**

**YES**

**NO**

Please specify

**3. Are these situations sufficiently and adequately addressed in the draft text?**

**YES**

CPME would however like to underline the need for proportionality in decision on involuntary treatment. It is crucial to ensure that the treatment must be scientifically proven and its side effects must be proportionate and acceptable.

**NO**

Please specify

**4. Do you consider that the role of the medical professionals and other staff in charge of the patient's<sup>2</sup> care and treatment is sufficiently addressed in the draft?**

**YES**

Please specify

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<sup>2</sup> i.e., person with mental disorder



NO

As mentioned above, safe staffing levels and evidence-based training of health professionals are further measures which can help limit involuntary measures. This applies not only to facilities specialised in providing mental health care, but extends to the wider healthcare system and long-term care.

As affirmed in the protocol, CPME underlines the absolute need for an examination by two psychiatrists independent from the doctor proposing the involuntary treatment to make the decision to implement involuntary measures. It is also important to ensure their involvement in the regular review and assessment of the need to continue such measures.

5. Do you consider that the terminology used in the draft protocol is appropriate to the subject matter?

YES

NO

6. Please provide your opinion on the following terminology:

- a. Is “mental disorder” is the appropriate term in this context?

YES

Please specify

NO

CPME believes the term ‘mental illness’ would be more appropriate in the context of involuntary treatment, as ‘mental disorder’ describes too broad a range, including disorders which are not clinically relevant.

- b. During consultations on the draft, representatives of patients’ organizations expressed their preference for the term “psychosocial disability”. Do you consider this term synonym to “mental disorder” or what is the distinction, in your opinion?

YES

Please specify

NO

See above, mental illness goes beyond psychosocial problems.



**7. If you wish to highlight any additional issues in the context of this draft Additional Protocol, please indicate them below with a brief explanation of the main concerns.**

We make reference to the World Medical Association's Declaration of Geneva, as updated in 2017, as a reference for the medical ethics which underpin professional standards. Please find the full text at <https://www.wma.net/policies-post/wma-declaration-of-geneva/>