

Forced Medication: An Out-of-Control Abuse of Patient Rights

What [medicine](#) should you take? How should you treat any given illness? What preventative measures are most effective for you? Which vaccines do you need?

These are questions that patients face every day. While many simply go along with the doctor's "orders," others find themselves making decisions about their health that are at odds with the medical establishment.

Dr. David J. Alfandre, an associate professor in the Department of Medicine at New York University has described patients going against medical advice as a "[common and vexing problem](#)," expressing a sentiment many clinicians feel.

But American law actually requires physicians to respect patients' autonomy. A federal court case decided in 1972, "[Canterbury v. Spence](#)," specified that doctors must give patients all the information needed to understand the risks and benefits of a recommended medical intervention, as well as reasonable alternatives—including doing no intervention.

Despite these ethical stipulations, there seems to be a growing trend toward forcing people to take medicine they feel is harmful to them as well as to take vaccines they do not want. Medicating people against their will appears to be an ominous tendency, according to both the peer-reviewed scientific literature and

people's recent experience with the COVID-19 vaccines.

Forced to Take Antipsychotics

In an [article](#) published in 2020, two Danish researchers assessed the medical records of 30 people who had been forced to take antipsychotics against their will.

In many of the cases, the patients reported having suffered from side effects of the antipsychotics, which, they felt, did not help their mental well-being. However, their doctors disagreed.

According to [the study](#), the harm caused by these medications was not taken into account, other gentler options—including anti-anxiety medicine and talk therapy—were never offered, and “the power imbalance was extreme.”

All 30 patients had appealed the medical orders forcing them to take antipsychotic medication to the Psychiatric Appeals Board in Denmark. However, they were afforded no legal protection. In every instance, the judges sided with the psychiatrists.

Patients felt misunderstood and ignored, the study found.

“Their legal protection was a sham, and the harm done was immense. The violation of patient rights is a global problem. We suggest that forced medication be abandoned,” the authors wrote.

While this study was done in Denmark, forcing or involuntarily medicating a person against their will affects anyone who needs

psychiatric care.

The Right to Refuse

The concept of informed consent is encoded in the [American Medical Association's Code of Ethics](#).

According to the AMA, your health and well-being depend on a "collaborative effort" between you, the patient, and your physician, "in a mutually respectful alliance."

In order to have a respectful alliance, your doctor must inform you of the benefits, risks, costs, and alternatives to the treatment—whether that is a [medication](#), [operation](#), or [vaccine](#)—that he is recommending to you.

One of the options your doctor is required to discuss with you is the benefits and risks of doing nothing.

The Right to Force Medicine

But when someone is struggling with their mental health or has been diagnosed with a severe psychiatric disorder, providing informed consent becomes much more difficult.

As a [30-page overview](#) published by the Washington State Department of Social and Health Services explains, someone who has a psychiatric disturbance may not be aware that they are ill, and when they are not taking their medication they may become [dangerous to themselves](#) or endanger other people.

In addition, if someone is at risk of self-harm, they may also need emergency medication to which they may not be able to consent.

In 2003, the United States Supreme Court ruled that the government is allowed to administer antipsychotics involuntarily to a criminal who is mentally ill in order for that criminal to be well enough to stand trial.

That decision, "[Sell v. United States](#)," led to "Sell Hearings"—hearings where lawyers request a judge to involuntarily medicate a person in order for them to be mentally competent to stand trial.

'Not Ethically Defensible,' Danish Doctor Says

Danish physician and medical researcher, Peter C. Gøtzsche, is one of the most cited medical scholars in the world. A [prolific and well-published researcher](#) with a long track record, Gøtzsche has published over 500 peer-reviewed scientific articles, been cited nearly 200,000 times, and has also written several books on the subject of corruption in medical ethics and treatment.

The former director of the Nordic Cochrane Center, Gøtzsche is a level-headed but outspoken critic of the pharmaceutical industry in general and of psychiatric drugs in particular.

"Is force ethically defensible? Certainly not. It violates informed consent, and antipsychotics kill and cripple many people ... So to force people into treatment with something like this against their will is not ethically defensible," Gøtzsche insisted in a [2015 talk](#).



Then, in 2016, Gøtzsche testified in an Alaskan legal proceeding regarding the forced medication of a psychiatric patient. He reviewed four other such petitions and found them strikingly similar: he found that the courts failed to protect patients' rights, as determined by two precedent-setting lawsuits.

Disturbed by the apparent disregard for legal precedent and patients' rights evidenced in the Alaskan files, Gøtzsche decided to do a more formal investigation as to whether those legal requirements were being systematically ignored.

New Study Finds Systematic Violations of Patients' Rights and Safety

The results of Gøtzsche's most recent investigation have been published in November as a [preprint on medRxiv.org](https://medrxiv.org/): "Systematic Violations of Patients' Rights and Safety: Forced Medication of a Cohort of 30 Patients in Alaska," co-written by Dr. Gail Tasch, a

psychiatrist based in Eau Claire, Wisconsin, who has over 20 years of clinical experience, and Peter Gøtzsche.

A pre-print is a study that has not yet been [peer-reviewed](#).

This new study examines the records of 30 consecutive petitions for involuntary commitment and psychiatric medication in Anchorage, Alaska. These records are confidential, and it was very difficult for the researchers to gain access to them.

In fact, both the hospital and the Alaska Public Defender's office, which handled nearly all the petitions on behalf of the patients, objected to releasing the records. It took four years—and two trips to the Alaska Supreme Court—before they were finally able to obtain heavily redacted records.

Despite the fact that the two studies took place in jurisdictions more than 4,000 miles apart, the researchers found the legal proceedings in Alaska remarkably similar to the legal proceedings in Denmark.

We are not told why these cases were being reviewed by judges in each instance. But in both sets of patients, the courts seem to have completely disregarded patients' wishes, ignored their individual medical histories, discounted their previous [adverse reactions](#) to medication, and showed nearly complete bias in favor of the petitioning psychiatrists over the patients themselves.

According to the authors, in some cases, patients' symptoms could actually have been due to withdrawal symptoms brought on by abruptly stopping the medication. But none of the patients appear to have been warned that stopping psychosis medication can

sometimes trigger psychosis.

“It is particularly bad medicine,” the researchers wrote, “to try to force two psychosis drugs on a patient, as psychosis drugs double the risk of death and as this harm is clearly dose related.”



COVID-19 Vaccine Mandates

“We didn’t want them, but our daughter said we had to or we couldn’t see our grandkids.”

“My doctor said I had to since I was a heart patient. I didn’t know I had a choice.”

We are all too familiar with comments like these as public health authorities, educational institutions, and our employers have forced COVID-19 vaccine mandates upon us.

Public Health has insisted that the COVID-19 vaccines are "[safe and effective](#)," and that they must be taken for the greater good.

"I want to be able to travel," Benjamin Gordon Goodman told his dad and stepmom. He was pronounced dead at 6:05 a.m. the next day, 14 hours after getting a J&J COVID-19 vaccine.

Goodman was 32 years old. The cause [listed on his death certificate](#) is "febrile reaction following COVID-19 vaccination."

When you start talking to people about COVID-19 vaccines, you find out that many who got the COVID-19 vaccines did not want them. But they felt extremely pressured, given ultimatums by their family, friends, or medical providers. Many subsequently experienced [severe side effects](#) and now regret being coerced into getting the vaccine.

The Supreme Court decision "[Sell v. United States](#)" allowed forced medication only because the patient was a mentally ill criminal who needs to be cognitively competent to stand trial. Now that we know that vaccines [do not stop transmission](#) but can cause very [serious side effects](#), including [death](#), what is the justification for mandating COVID-19 vaccines on the general public?

Top lawmakers are now insisting that the Biden Administration "take immediate action to remove and prohibit" its COVID-19 mandate for the military, as [reported by The Hill](#).

These lawmakers insist that a forced medical mandate of this kind harms national security risk, leading service members to leave the military and discouraging new recruits from joining.

Drs. Gail Tasch and Peter Gøtzsche are right: Forced medication is bad medicine. It is not ethical to coerce people into taking a medication or a vaccination that may do them harm.

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Joe Wang, Ph.D., was a molecular biologist with more than 10 years of experience in the vaccine industry. He is now the president of New Tang Dynasty TV (Canada), and a columnist for the Epoch Times.