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Grounds for admitting a mentally ill person without their consent to a psychiatric hospital under the application procedure

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Summary

Placing a mentally ill person in a psychiatric hospital without their consent, in a situation where the person does not pose a direct threat to their health and life, or to the health and life of third parties, and does not pose a threat to public safety, is quite a specific restriction of the human right to freedom, sanctioned by the state. This compulsion is used as a means of preventing the occurrence of specific threats to the mentally ill person in the near future.

Key words: admission to a psychiatric hospital, Mental Health Protection Act

Introduction

The purpose of this article is to present the authors' comments on the analysis of the conditions for admitting a person to a psychiatric hospital against their will on the basis of a judgment issued by a guardianship court as part of proceedings initiated at the request of an authorized entity, and the assumptions contained therein are based on applicable normative acts.

The method of analyzing the current provisions of medical law was used and the provisions of the social security law were also referred to. The judicature of the courts, in particular the Supreme Court, which constitute a practical guide in assessing whether or not the conditions for admitting a patient to a psychiatric hospital without their consent have been met, was collected, presented and considered. The literature on the subject as well as comments on the analyzed provisions of the Mental Health Act were presented.

Results

The method of analyzing the current provisions of law was used, taking into account the following legal acts: the Act of August 19, 1994 on the protection of mental health (hereinafter referred to as the Act or the Mental Health Act) [1], the Act of November 6, 2008 on the rights of patients and the Patient's Rights Ombudsman (hereinafter referred to as the Patients Rights Act) [2], the Act of August 27, 2004 on health care services financed from public funds (hereinafter referred to as the Health Care Services Act) [3], the Act of November 17, 1964 – the Code of Civil Procedure (hereinafter referred to as the Code of Civil Procedure) [4], the Act of April 23, 1964 – the Civil Code (hereinafter referred to as the Civil Code) [5], the Act of December 5, 1996 on the professions of doctor and dentist (hereinafter referred to as the Medical Profession Act) [6]. The analysis of the provisions of the above-mentioned legal acts allowed for the following findings.

In accordance with the wording of Article 29 (1) of the Mental Health Act, a mentally ill person may be admitted to a psychiatric hospital without their consent, if: the previous behavior of this person indicates that not admitting them to the hospital will cause a significant deterioration of their mental health, or the person is unable to independently satisfy their basic life needs and it is justified anticipating that the treatment in a psychiatric hospital will improve their health [1]. Admission of a patient to a psychiatric hospital is also understood as the admission of a patient to a psychiatric ward in a general hospital, a psychiatric clinic, a sanatorium for people with mental disorders and another medical facility of a medical entity within the meaning of the provisions on medical activity, providing 24-hour psychiatric or drug addiction care, regardless of the entity that creates and maintains them (Article 3 (2) of the Mental Health Act) [1]. The need to admit a mentally ill person to a psychiatric hospital is ruled by the guardianship court of that person's place of residence, and the basis for initiating proceedings in this case is an application submitted by an authorized entity.

In Article 29 (2) of the Mental Health Act, the legislator defined a closed list of people who may submit the above-mentioned application to the guardianship court, these are: the spouse of a mentally ill person, their relative in a direct line, i.e., descendant (son or daughter, grandson, great-grandson) or ascendant (parent, grandfather, great-grandfather or grandmother, great-grandmother), siblings, statutory representative of the person, and the person taking care of them (Article 29 (2) of the Mental Health Act) [1]. It is worth noting here that the person providing actual care for the mentally ill person is indicated as a person statutorily authorized to apply for hospital treatment of their ward in the analyzed manner. It is certainly not a random solution. The analysis of the provisions of the Mental Health Act in many places equates the legal position of the actual guardian and the statutory guardian in order to help protect the rights of a mentally ill person (also in: Article 10a (2); Article 10b (2) (3); Article 18b (3); Article 25 (2); Article 36 (2); Article 41 (1) and (3), and Article 4 (1) of the Mental Health Act) [1]. At the same time, the analyzed act does not explain who should be understood

by "the person providing actual care" for a mentally ill person. Therefore, it should be assumed that it is appropriate to refer to the provisions of the Patient Rights Act as a legal act *lex generalis*, applicable to the rights of mentally ill persons in the scope not otherwise regulated by the provisions of the Mental Health Act as a legal act *lex specialist.* Pursuant to Article 3 (1) (1) of the Patients Rights Act, the actual guardian is a person who, without statutory obligation, takes permanent care of a patient who requires such care due to age, health or mental state [2]. Actual care is seen here as a kind of transitional state, without the expectation of establishing formal relations between the guardian and the mentally ill person by the guardianship court. Constant care should be understood as constant care over a person who requires constant stay with them (not leaving them) and taking care of all their daily care activities, as well as constant readiness and the ability to provide help when such a need arises at a given moment. The term *constant care* indicates that it cannot be provided on a non-daily basis, and even if every day, then only for a part of the day, therefore sporadically [7].

On the other hand, if a mentally ill person is covered by social support, an application for admission to a psychiatric hospital may also be submitted by a social welfare authority, such as a commune, a poviat support center for people with mental disorders, a social welfare center (Article 29 (3) of the Mental Health Act) [1]. The applicant cannot be a social worker contacting a mentally ill person who is alone, or a person providing specialist care services [8]. Social support is provided to people who, due to mental illness, have serious difficulties in everyday life, especially in shaping their relations with the other people, in terms of education, employment and living matters (Article 8 (1) of the Mental Health Act) [1].

The applicant is required to attach to the application the opinion of a psychiatrist justifying in detail the need for treatment in a psychiatric hospital. Following a literal interpretation, only a specialist in the field of psychiatry or a specialist in the field of child and adolescent psychiatry is a doctor who may issue an opinion on the matter in question (Article 3 (7) of the Mental Health Act) [1]. Therefore, there is no statutory consent that such an opinion may be issued by a doctor in the course of specialization path in psychiatry, or a doctor of another specialty, e.g., a primary care physician. The decision referred to above is issued by a psychiatrist at a justified request of a person or body authorized to submit a request to initiate proceedings under the application procedure for admitting a mentally ill person without their consent to a psychiatric hospital (Article 30 (1), second sentence) [1]. The phrase "at a justified request" is a vague expression, it can at least be expected that entities entitled to refer to a psychiatrist with such a request substantiate that the lack of hospitalization of a mentally ill person causes a significant deterioration of their mental health or that the treatment in a psychiatric hospital will improve their mental health condition. Substantiation does not have to provide certainty, it is recognized as the lowest degree of certainty [9]. The essence of substantiation implies that the findings do not have to be consistent with reality, but only highly probable. It is a role of the psychiatrist to assess whether the reported observations have this characteristic. Knowingly misleading a psychiatrist

by providing false information is a crime punishable by a fine, restriction of liberty or imprisonment for up to one year (Article 53 of the Mental Health Act) [1].

In a situation where a psychiatrist receives information substantiating the legitimacy of treating a mentally ill person in a psychiatric hospital and assesses it as credible, they are obliged to prepare a decision, which is to be attached to the application for admission to a psychiatric hospital. With a literal interpretation of Article 30 (1), first sentence of the Mental Health Act, it is not clear whether the psychiatrist is obliged to examine the patient who is the subject of the application before issuing this decision [1]. Nevertheless, in line with the general rule expressed in Article 42 (1) of the Medical Profession Act, the psychiatrist decides about the health condition of a given person after prior personal examination or examination via teleinformation systems or communication systems, as well as after analyzing the available medical documentation of that person [6]. On the other hand, with regard to a mentally ill person whose behavior indicates that due to mental disorders they may directly threaten their own life or the life or health of other people, or are incapable of satisfying basic life needs, they may also be subjected to a psychiatric examination without their consent, whereas in the case of a minor or a completely incapacitated person also without the consent of their legal representative. In order to carry out this examination, direct coercion can be used (Article 21 of the Mental Health Act) [1]. Before starting the examination, the examined person is informed about the reasons for conducting the examination without consent, with the use of direct coercion. As noted by the Supreme Court: "A person subjected to a psychiatric examination is its subject and should be treated in this way while maintaining a procedure enabling them to become aware that they are undergoing a psychiatric examination for a specific purpose" [10]. The psychiatrist who conducted the psychiatric examination is obliged to record this activity in the medical records, indicating the circumstances justifying the initiation of compulsory proceedings. The legislator imposes on the psychiatrist who conducts the examination of the patient without their consent the obligation to report this fact to the pertinent authorities in order to assess the legitimacy of the application of direct coercion (Article 18 (10) of the Mental Health Act) [1]. If the examination of the patient was performed in a medical entity, such assessment is carried out within 3 days by the head of this entity, if they are a doctor, or by a doctor authorized by them. On the other hand, if the examination of the patient was performed outside the medical institution, e.g., at the patient's home, such assessment should be performed, within 3 days, by a specialist in psychiatry authorized by the voivodship marshal.

In practice, however, the question arises whether it is always justified and necessary to examine a mentally ill person in person before issuing a decision. The application procedure for admission to a psychiatric hospital applies to patients who have already been diagnosed as mentally ill and, as a rule, are covered by medical care, and thus have medical documentation in which, in particular, their current health status and the course of treatment to date should be recorded. Additionally, persons entitled to submit an application, when applying to a psychiatrist for a decision, must substantiate

their request. In our opinion, it cannot be ruled out that in order to issue a judgment for submission to a guardianship court only for the purposes of initiating proceedings, a sufficient source of information for a psychiatrist may be the existing medical documentation of a mentally ill person, and the scope of information provided to them by authorized persons who applied to them with a request to prepare this judgment. We would like to note that having sufficient knowledge about the patient's health condition on the basis of the two above-mentioned sources, the use of the direct coercion procedure only for the formal fulfillment of the obligation to conduct a personal examination immediately before issuing the judgment may not be medically justified. In every situation, the mentally ill person should be treated not only in accordance with the indications of current medical knowledge (Article 6 (1) of the Patient Rights Act) [2], but also the methods of treatment that are least burdensome for this person should be chosen (Article 12 of the Medical Health Act) [1] .

The general rule is that the premise for the initiation of proceedings by the guardianship court regarding the placement of a mentally ill person in a psychiatric hospital under the application procedure is to attach a psychiatrist's judgment within the statutory time limit. A specific guarantor of the protection of the rights of mentally ill persons is the obligation of a psychiatrist to provide a detailed justification for the existence of medical indications for admitting this person to a psychiatric hospital. A negative decision of a psychiatrist has the same effect as the one the act associates with the lack of a decision (i.e., the guardianship court will not start the proceedings). A positive decision of a psychiatrist must be issued no later than within 14 days prior to the date of submitting the application. The decision is handed over to the entity that asked the psychiatrist for its issuance. A positive opinion of a psychiatrist is not binding on the guardianship court, a decision on the need to admit a patient under this procedure may only take place if the opinion attached to the application is not challenged in the course of the proceedings [11]. The premise for issuing such a judgment cannot be only clarifying doubts as to whether the person against whom the proceedings are pending is mentally ill at all and there are further conditions under Article 29 (1) of the Mental Health Act [11].

According to the general rule, if a psychiatrist's decision is not attached to the submitted application, or if it was issued more than 14 days before the date of submitting the application, the court returns the application to the applicant (Article 30 (2) of the Mental Health Act) [1]. The legislator indicates that in the event of the above-mentioned formal shortcomings the provisions of Article 130 of the Code of Civil Procedure do not apply, i.e., the court returns the application without examination, without the obligation to first summon the applicant to remedy the formal defects within the prescribed period (Article 30 (2) of the Mental Health Act) [1, 12].

At the same time, in Article 30 (3) of the Mental Health Act the legislator introduced an exception from the above-mentioned rules [1]. The guardianship court may not return the application due to formal deficiencies, i.e., failure to attach a psychiatrist's decision to the application, if the content of the application or the docu-

ments attached to the application justify admission to a psychiatric hospital, and it is not possible to submit a psychiatrist's decision. The created exception requires the guardianship court to maintain an active role at the stage of assessing the submitted application, which may not be limited only to formal aspects, but also to a preliminary substantive assessment.

Firstly, the court is obliged to read the content of the application and the documents attached to it, which substantiate the admission to a psychiatric hospital. Secondly, the court is required to examine the reasons for the failure to attach a psychiatrist's decision. It should be assumed that the applicant, without being summoned, must prove why the submission of a psychiatrist's decision is "not possible." The act does not define the procedure and form of informing the court about the reason for the impossibility of attaching a psychiatrist's decision to the application, but nevertheless it seems reasonable to include relevant explanations in writing. Thirdly, the court makes an independent, but not arbitrary, assessment of the reasons indicated by the applicant which make it impossible to attach the psychiatrist's decision. There is no guidance in the act on what circumstances may be considered as the fulfillment of the above-mentioned premises, however, they must certainly be exceptional, real and irremovable situations, which may lie on the part of the mentally ill person or the applicant. Fourth, the court orders that the requested person be subjected to appropriate examination.

At the same time, if during the proceedings it is found that a person against whom the application procedure has been initiated directly threatens their own life or the life or health of other people as a result of their mental illness, they may be placed in a psychiatric hospital without the patient's consent in an emergency under Article 23 of the Mental Health Act in connection with its Article 31 [1].

The admission of a mentally ill person to a psychiatric hospital on the basis of an application is decided by the guardianship court, applying the provisions of the Code of Civil Procedure on non-litigious proceedings, as amended, resulting from the provisions of the Mental Health Act (first sentence of Article 42) [1, 12]. The court has the power to use coercive measures against a person whose mental health condition requires an examination by a court expert, and the person refrains from such examination (Article 46 (2a) of the Medical Health Act) [1].

It is up to the marshal of the voivodship to ensure the implementation of the court decision on admitting a person to a psychiatric hospital (Article 46 (2b) of the Mental Health Act) [1]. The guardianship court *ex officio* takes steps to refer the decision for enforcement, regardless of the activity in this matter of entities and bodies that initiated proceedings for compulsory treatment of a mentally ill person (Article 578 (3) of the Code of Civil Procedure in conjunction with Article 46 (2) of the Mental Health Act) [1, 12], with the possibility of ordering the detention and forcible bringing of a mentally ill person to a psychiatric hospital by the Police (Article 46 (2c) of the Mental Health Act) [1]. The court, when deciding to place a mentally ill person in a psychiatric hospital, does not indicate the duration of treatment, but the provisions of the Mental Health Act define the rules and dates of constant verification of the mental

health of a person [13]. In order to control the legality of the admission and stay of people with mental disorders, the observance of their rights and the conditions in which they are staying, the judge has the right to enter the hospital at any time (Article 43 of the Mental Health Act) [1].

Discussion of the results

As a general rule, hospital treatment can only take place if the treatment goal cannot be achieved by outpatient treatment (Article 58 of the Health Care Services Act) [3]. With regard to a mentally ill patient, it is also important to take into account not only health goals, but also the interests and other personal rights of these people when choosing the type and methods of treatment, and to strive to improve health in a way that is least burdensome for this person (Article 12 of the Mental Health Act) [1].

The mode of application for admission to a psychiatric hospital may only apply to a mentally ill patient, i.e., suffering from psychotic disorders (Article 29 of the Mental Health Act with connection to Article 3 (1) (a)) [1]. At the same time, the mere fact of the occurrence of a mental illness does not deprive the patient of the right to self-determination. The provisions of the Mental Health Act are based on the assumption that the legal status of a psychiatric patient should not differ from that of other patients. The concept of consent provided for in Article 3 (4) of the Mental Health Act is of key importance for respecting the dignity and autonomy: "Whenever the provisions of this Act provide for […] consent, this means the freely expressed consent of a person with mental disorders who, regardless of their mental health condition, is actually capable of understanding the information provided in an accessible manner about the purpose of admission to a psychiatric hospital, their health condition, the proposed diagnostic and therapeutic activities, and about the foreseeable consequences of these activities or their omission." The effectiveness of the consent expressed by a mentally ill person is not influenced by Article 82 of the Civil Code, which states: "A declaration of intent made by a person who for any reason was in a state excluding conscious or free decision-making and expression of will is invalid. This applies in particular to mental illness, mental retardation or other, even transient mental disorders" [14]. In the light of Article 17 (2), Article 32 (2) and Article 34 (3) of the Medical Profession Act, mentally ill patients are not considered "incapable of giving consent" [6]. On the contrary, the need to obtain the consent of such a patient, as long as they retain a real ability to understand the transmitted information, is a rule [15]. The Polish legislation has never provided for the loss of the ability to make declarations of will only due to the fact that a given person suffers from a mental illness [16].

Therefore, in order for a mentally ill person to be admitted to a psychiatric hospital without their consent, one of the following must exist:

(1) the previous behavior indicates that not admitting to the hospital will significantly deteriorate their mental health (Article 29 (1) (1) of the Mental Health Act) [1] or

(2) the person is incapable of independent fulfillment of basic life needs, and it is reasonable to expect that, in the case of treatment in a psychiatric hospital, it will improve their health (Article 29 (1) (2) of the Mental Health Act) [1].

The provision of Article 29 (1) of the Mental Health Act contains two different premises for placing a mentally ill person in a psychiatric hospital without their consent, and they are much broader than the conditions that must be met when a patient is admitted to an emergency psychiatric hospital without their consent, they go beyond the limits of a direct threat to health and life (referred to in Articles 23 and 24 of the Mental Health Act) [1].

The concept of "significant deterioration of mental health" has not been defined by the legislator, while attempts to define the scope of this concept have been repeatedly made by the Supreme Court, which allowed for the following findings. The term "significant deterioration of mental health" should be understood as a mentally ill person who, as a result of not receiving treatment, becomes unable to function in the family, at the place of residence or work [17]. Such an understanding of the concept makes it possible to limit compulsory hospitalization only to those for whom it is necessary. It should not be facilitated by its application to mentally ill people who behave in a way that grossly deviates from social requirements, but can function without major difficulties in the family, place of residence and work [18]. It should be emphasized that the prediction of "significant deterioration in health" contains a prognostic element, based on the assessment of how the lack of hospital treatment may affect the health of a mentally ill person, whereby this assessment must take into account the assessment of the patient's previous behavior and its changes in time and the impact of this health behavior in the period prior to issuing the judgment. A more reliable assessment of the prognosis of such deterioration in the future is possible thanks to establishing a causal relationship between the refusal of treatment and a significant deterioration of the health condition in the period before the judgment is issued [17]. However, just "deterioration" of the health of a mentally ill person is not enough. The prospect of "normal" deterioration of health is not sufficient to issue a judgment under Article 29 (1) (1) of the Mental Health Act [1]. It should be emphasized that the legislator is referring to a certain state of a continuous nature, and not violent behavior, which, as a one-off act, threatens the life or health of a mentally ill person [15].

The concept of "a person unable to independently satisfy basic life needs" is also an undefined phrase. The provisions of the Mental Health Act, as well as the provisions of other medical law acts, do not contain a definition of the commented concept, or indications of what elements fall within its scope. On the other hand, an indication, by way of inference by analogy, may be the provisions of the social security law in the field of certifying disability as well as certifying the right to a disability pension [19]. The provisions of the social security law assume that the occurrence of incapacity for independent existence can be stated in the case of violation of the body's efficiency to the extent that necessitates constant or long-term care and assistance of another person in satisfying basic life needs. The interpretation of the above-mentioned provisions

indicated the need to distinguish care, meaning nursing, i.e., providing a person with the ability to move, eat, meet physiological needs, maintain personal hygiene, etc., from help in dealing with elementary matters of everyday life, such as shopping, paying fees, visiting a doctor. All of the above factors together cover the meaning of the term "incapacity to exist independently" [20]. Thus, both a person who, due to the violation of the body's efficiency, requires constant or long-term care of another person, and a person who, due to the violation of the body's efficiency, requires constant or long-term help from another person, is incapable of independent existence [21].

Another way of analyzing the premise of inability to independently meet basic life needs as the basis for placing a patient without their consent in a psychiatric hospital in the application procedure is the use of the word-formation (etymological) method of the concepts of "independently" and "basic needs" [22, 23].

The origin of the word "independently" comes from the Greek language – from the word *auto*, which is one of the two elements of the word "autonomy" [24, 25]. There are two complementary aspects of the concept of autonomy [24, 25]. The positive aspect of autonomy is the ability to independently decide on the most important matters of the subject, the subject's right to freely choose the way of life and methods of their implementation, and to shape relations with other subjects. The negative aspect of autonomy expresses independence from interference by the environment and is intended to emphasize that each entity has a sphere within which it can operate without any interference from third parties. Both aspects of autonomy are intertwined and complement each other, and its core is decision-making independence, i.e., the ability to comprehensively shape one's own situation. Today, the dictionary of the Polish language does not distinguish between the above contexts and treats the word "independent" as a synonym for "autonomous" [24].

The concept of basic life needs is polemical and can be interpreted in various ways depending on the adopted axiological assumptions [26]. The scope of basic life needs is a non-permanent and changeable concept, as it depends on specific social, cultural and economic conditions as well as on the state of social awareness at a given stage of society's development:

> The higher the level of this development and the average standard of living of the citizens, the greater and more diverse are the needs considered to be basic. With a higher level of development, it becomes necessary not only to provide a minimum of subsistence in the form of livelihoods (food, clothing, housing), but also – according to age – to provide the necessary education and professional preparation, as well as the possibility of using cultural goods [27].

At the same time, the legislator indicates that a mentally ill person is already "incapable" of satisfying basic needs, so it must be clearly emphasized that it is not about being at risk of inability to meet basic life needs in the future.

The occurrence of the first condition in the form of a significant deterioration of the state of health of a mentally ill person or the occurrence of the second condition,

i.e., the inability of a mentally ill person to satisfy basic life needs on their own, are not yet sufficient circumstances to place this person in a psychiatric hospital without their consent in the application procedure [28]. Placing somebody in a psychiatric hospital on the basis of Article 29 (1) (1) of the Act is a preventive measure, i.e., in order to prevent a significant deterioration of the mental health of the patient, which will occur when the patient is not admitted to a psychiatric hospital (for treatment) [1]. In turn, Article 29 (1) (2) of the Act is of a remedial nature, i.e., it allows the placement of a mentally ill person in a psychiatric hospital without their consent when the person is in a special situation, i.e., is incapable of independent satisfaction of basic life needs, and moreover, it is justified to anticipate that treatment in a psychiatric hospital will improve their health [1]. These regulations contain an element of anticipation assuming the hypothetical assessment of the guardianship court as to what may happen in the future. Both provisions constitute a normative whole, and it is based on predictability based on evidence in the form of opinions of psychiatrists, and not the applicant's freedom or conviction about the positive effects of hospital treatment for a mentally ill person [29].

In general, in cases conducted pursuant to the Mental Health Act, the guardianship court always has special obligations in the scope of taking evidence and therefore it cannot apply the rule expressed in Article 6 of the Civil Code: "The burden of proving the fact lies with the person who derives legal consequences from it" [14, 30]. In line with the position of the Supreme Court, the substantive and legal assessment of the condition for a compulsory admission to a psychiatric hospital requires, on the one hand, special information justifying the need to admit evidence based on the opinion of one or more expert psychiatrists, pursuant to Article 278 (1) of the Code of Civil Procedure and Article 46 of the Mental Health Act, in order to determine whether and what mental diseases a given person suffers from, what is the method of treatment, especially in a psychiatric hospital, and whether and why the lack of such treatment will significantly deteriorate the health condition [1, 12]. On the other hand, a thorough evaluation of the court is required, on what circumstances of the case, and in particular what behavior of a mentally ill person, indicate that not admitting them to a psychiatric hospital will cause a significant deterioration of their mental health and what this significant deterioration could involve [31].

It is the duty of the guardianship court which conducts proceedings regarding the placement of a person in a psychiatric hospital without their consent in the application procedure, to collect exhaustive and complete evidence, including the opinion of forensic psychiatrists, medical documentation, pension records of the insured person, description of their life situation, which are to form the basis for a proper evaluation of this material. The conclusions of the opinions of expert psychiatrists, on which the court is to base the factual findings, must be unambiguous and not raise objections as regards the assessment of the degree of independence and counseling in meeting the daily needs of a mentally ill person.

Conclusions

1. Admitting a mentally ill person to a psychiatric hospital without their consent in the application procedure may take place on the basis of two different premises specified in Article 29 (1) of the Mental Health Act. It is a special provision, and should be interpreted strictly, without referring to the principles of broad interpretation or analogy, and the supreme directive of the courts' actions should be the requirement that the ruling should be purposeful from the point of view of the good and interest of the person concerned [32].
2. In our opinion, it cannot be ruled out that in order to issue a judgment for submission to a guardianship court only for the purposes of initiating proceedings, a sufficient source of information for a psychiatrist may be the existing medical documentation of a mentally ill person, and the scope of information provided to them by authorized persons who applied to them with a request to prepare this judgment. Having sufficient knowledge about the patient's condition on the basis of the two above-mentioned sources, the use of the direct coercion procedure only for the formal fulfillment of the obligation to conduct a personal examination immediately before issuing the judgment may not be medically justified.
3. It is necessary to look for such an interpretation of the premises for admitting a mentally ill person to a hospital without consent, which, while respecting the principle of respecting the patient's autonomy guaranteed by the Mental Health Act, will make it possible to use the statutory regulation forcing hospitalization when there are factual and legal grounds for doing so.
4. The purpose of the guardianship court ruling is always to enable treatment that will most likely improve the mental health of a mentally ill person.
5. The fact of satisfying the basic life needs of a mentally ill person at the expense of a considerable effort of a person associated with personal care or state institutions does not exclude the statutory risk of being exposed to the inability to meet the basic life needs of a mentally ill person.
6. A significant degree of disability is not enough to admit the patient to a psychiatric hospital without consent.

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