The desire to catalogue or codify rules of conduct for the individual - in particular, moral standards governing the way he lives with others in his community - is of very ancient origin. In Western civilization, the earliest and best known example of such a codex is the Decalogue of the Old Testament, the latest effort is the Universal Declaration of Human Rights adopted by the General Assembly of the UN in 1948. The effects of two world wars had fundamentally affected the confidence in our traditional value system, and the global need for a new orientation had become evident. Even at the time of the League of Nations, standards for the protection of human rights were laid down only in national constitutions.

The rights proclaimed in the Declaration were set forth in two Covenants adopted by the UN General Assembly on Dec.16, 1966: the "International Covenant on Civil and Political Rights" and the "International Covenant on Economic, Social and Cultural Rights", both entered into force in 1976. The Declaration, together with the two Covenants and an Optional Protocol constitute the "International Bill of Human Rights". - Today it seems to me that the Bill is the only code of ethically founded rules for individual behaviour as well as for the relations between the individual and the community which is accepted by a broad majority within the United Nations.

A feature of all catalogues of ethical standards is their claim to be universally valid and binding. Despite this, there can no longer be any doubt that in the world of today people who practice certain professions are confronted with ethical problems of a special nature,
Insofar the medical profession is concerned, the cardinal importance of a code of ethics to govern the art of healing has been recognized in the early stages of many civilizations. Ethical problems encountered in the practice of medicine have been familiar to the ancient Greeks, therefore it is not surprising that the much quoted Hippocratic Oath - or Oath of Asclepiades - is perhaps the oldest catalogue of ethical rules of conduct drawn up for the use of members of a particular profession. The Oath, of course, was a product of its day and age and has since been subjected to all manner of criticism. It is remarkable, therefore, that its basic principles are still regarded as valid and binding.

In several declarations from Geneva 1949 to Lisbon 1981, the World Medical Association formulated guidelines for an ethical conduct of physicians. In 1977, the World Psychiatric Association adopted the "Declaration of Hawaii", containing ethical guidelines for psychiatrists all over the world, and the WPA General Assembly in Vienna (1983) accepted an amended version of this Declaration. The American Psychiatric Association approved a new concept of the AMA "Principles of Medical Ethics" with annotations especially applicable to psychiatry in 1981. Another example is the German (FRG) "Berufsordnung" of physicians (1979).

Subject of all these declarations and regulations are the obligations of the physician in reference to the supposed rights of the patient. There can be no doubt that human rights are likewise the rights of physically or mentally ill persons. No doubt also, that an ill person needs special protection. But to proclaim a "right to health" for everyone - cf. art.25 Declaration of Human Rights, art.12 International Covenant on Economic, Social and Cultural Rights - is a very problematic issue. Social rights of this kind cannot claim constitutional rank like human rights, they are always limited by reality and by the practical possibilities. The European Social Charter (1961) has formulated more careful and speaks in art.11 of a "right to protection of health".

In comparison with other patients the legal situation of some mental patients is somewhat different so, that we need special regulations for the protection of their rights. But it is only a small number of patients within the scope of Chapt.V/ICD-9, also in the DSM-III of the APA, which need special protection. In many countries legal regulations for this category of mental patients have already been adopted and psychiatrists experience considerable difficulty in interpretation of the