right to liberty. (Much of this presentation is based on Joseph M. Livermore et al., "On the Justifications for Civil Commitment," University of Pennsylvania Law Review, 117 (1968).)

AFFIRMATIVE: The case for the negative is a strong one and contains a number of valid points. It would be a serious disservice to the individual patient and to society as a whole if one were to downplay the difficulties and dangers associated with the ascription of mental illness. Nevertheless, the case for the negative is overstated. It remains true that mental illness does exist, difficult as it may be in practice to determine whether a particular person is mentally ill. As Paul Chodoff has argued, "to remove the protective mantle of illness from these disturbed people is to expose them, their families, and their communities to consequences that are certainly maladaptive and possibly irreparable" ("The Case for Involuntary Hospitalization of the Mentally Ill," American Journal of Psychiatry 133, (1976)). We ought to be concerned about the freedom and autonomy of the individual patient, but it is also sometimes incontestable that a mentally ill person is simply incapable of making effective use of that freedom. To insist upon the absolute primacy of liberty even under those conditions is to insist that patients "die with their rights on." If we have determined that a person is indeed mentally ill and not capable of acting for the sake of his own interests, that institutionalization could reasonably be expected to benefit the patient himself in providing curative therapy or at least custodial care, and that these results can best (or perhaps only) be achieved by means of institutionalization, then involuntary commitment should be considered a possibility. One justification for this commitment would be the recognized principle that liberty may at times properly be curtailed for the sake of greater liberty: by compelling the patient we may be working for his future freedom. It is not an easy choice with which we are sometimes confronted, but the imposition of an absolutist solution on a complex problem will greatly increase human suffering and ultimately could lead to a reduction of human freedom.

RESOLUTION: It seems that the fourth and fifth points do not apply to the case at hand: by seeking involuntary commitment, Mr. J. would not be attempting to relieve himself of the care of his wife. It is true that the label of "mental illness" may be misused, but the potential for abuse cannot prove that the concept can never properly be applied. Nor does the third point seem relevant here, for the fact that there exist borderline cases in which we cannot be sure whether a person is mentally ill cannot itself be used to argue that there are no clear instances. Concerning the first point, it is true that ideals of proper human functioning enter into our judgments of mental illness, but ideals and values are what human living is about. In this respect the ascription of mental illness is not significantly different from the characterization of any state as "diseased." To deny the relevance of values in our assessments of health and disease is to reduce these assessments to matters of mere statistics. The second and seventh points also appear to have little relevance here. Mr. J. is presumably in a position, if anyone ever is, to say what his wife would wish for herself. Given Mr. J.'s love for his wife and his intimate knowledge of her personality, abstract and theoretical objections to involuntary hospitalization have little weight. Concerning the sixth point, it should be noted that Mr. J. has responsibilities to his children as well as to his wife. Even if it were admitted that hospitalization might not do Mrs. J. any more good than would leaving her at home, Mr. J.'s responsibilities to his children might compel him to seek hospitalization. These are matters which are perhaps best left to Mr. J. himself as he attempts to arrive at a judgment formed in conscience under the guidance of expert moral and psychiatric advice. From the brief description of the case there appears to be no compelling reason against Mr. J.'s petitioning the court for the involuntary hospitalization of his wife.