



MATTI ISOHANNI

## MENTAL HEALTH OF HIGH-LEVEL POLITICIANS AND SOLDIERS IN FINLAND: DIAGNOSTICS, PUBLIC DISCUSSION AND TREATMENT

### ABSTRACT

*The presence of psychiatric disorders among high-level politicians and military leaders has been noted in historical studies and in the media. This article focuses on political and military leadership in Finland during the wartime period of 1939-1944 and to 1981. The historical literature contains well-described cases, but lacks properly designed studies focusing on epidemiological and medical issues. High-level leadership is demanding and stressful during wartime, but has also been in general over the past several decades. Leadership positions do not necessarily facilitate early detection of and intervention in mental disorders. In the media, psychiatrists should ensure that people with mental illness are treated in a manner which preserves their dignity. Commonly accepted ethical principles stress that psychiatrists should not make announcements to the media about presumed psychopathology and diagnosis of any individuals. For a psychiatrist, the care of these eminent persons presents a clinical challenge that requires experience, clinical skills and multidisciplinary team work, usually within the occupational health system.*

*Emperor Nero burned Rome – modern leaders may burn the whole world. While unstable dictators mainly belong in history books, democracy and decentralized power do not always offer protection against such leaders. This article focuses on Finnish heads of state and military leaders, particularly from 1939 to 1981.*

*The state of health of those working in demanding positions, such as soldiers, can be monitored; the President of Finland is also the commander-in-chief of the Finnish Defence Forces. The state of health of soldiers, including their mental health, must fulfil specific requirements. Most likely, no standard models to monitor or treat the mental health of high-level leaders exist. Only limited research data is available in this area.*

*I have previously written an article in Finnish of the mental health of top executives (1). The bibliography of this article lists key sources (in Finnish) of the medical records of Finland's Presidents and military leaders during Finland's wars.*

**KEYWORDS: MENTAL DISORDERS, DIAGNOSIS, HIGH-LEVEL LEADERSHIP, ETHICS, TREATMENT**

## FINLAND'S GOVERNMENTAL AND MILITARY LEADERS

In Finland, the president has held significant powers since our independence (1917). The term of office is a long one (six years) and it is limited to two terms. The president was previously elected by an electoral college or, in irregular situations, by members of Parliament. Since 1991, the president has been elected by a direct popular vote. The president's powers have decreased, in particular, through the amendments to the Constitution of Finland in 2000 and 2012, while the powers of the prime minister and Parliament have increased.

Finland has had 12 presidents. The significant power, together with the state of health and functional capacity, of Finland's presidents with their long terms of office have had a significant impact, especially on decisions made during times of crisis and war. Previously, the health of a president was largely taboo, a forbidden topic, even though presidents were often elderly men with different illnesses. Following President Kekkonen's term (1956–1981), which was coloured by major health problems during the final years, the state of health of Finland's presidents has been discussed more openly in public and some presidents have even reported on their health.

During the most recent presidential election in 2018, a test of cognition and resistance to pressure, the general state of health of the eight candidates was discussed, but their mental health was not. Should it have been discussed? Yes, and no. Mental health may have a significant impact on the president's ability to work. However, people in high-level positions also have the right to personal protection, including privacy.

Being a small country, Finland has been in a difficult geopolitical position between large superpowers. The key mission of politicians and soldiers has been to protect and maintain their country's independence and the freedom and welfare of its citizens. In this article, I will discuss the health not only of top politicians, but also of leading soldiers during Finland's wars.

## MEDICAL RECORDS IN BIOGRAPHICAL RESEARCH

An expert description of the medical history of influential persons can offer valuable information about the content of diagnoses and treatment and the impact of illnesses. In Finland, the obligation to keep medical records confidential

continues even after the patient has died. Descriptions must be based on public documents and their strict source criticism.

One methodological challenge is to find reliable sources and reduce the inaccuracy of retrospective diagnoses (2–6). Finnish historical research of the health of top leaders has been relatively exhaustive (1, 6), while epidemiological and medical research and descriptions of symptoms have often been incomplete (3, 4). Therefore, precise diagnoses (e.g. psychosis, neurocognitive disorder, memory disorder, stress disorder or normal exhaustion/fatigue) are not often easy or possible retrospectively.

## DIAGNOSTICS OF MENTAL DISORDERS AND THEIR IMPACT ON FUNCTIONAL CAPACITY

Current psychiatric classifications of diseases and disorders (mainly DSM and ICD) have been prepared for diagnostics and treatment. Psychiatric diagnoses are criteria-defined questions based on symptoms, the amount of suffering and decreases in functional capacity. In the world of politics, any irregular behaviour is not mainly regarded as a mental disorder. Psychiatric diagnoses can rarely explain political insanity. There are exceptional leaders who do not meet diagnostic criteria for certain disorders. Such exceptional individuals seem to be increasingly successful when new leaders are selected.

Psychiatric diagnoses should be applied to clinical work, study of the mental state, assessment of the ability to work, privilege and responsibility, the development of treatment, the assessment and comparison of prevalence, and to scientific research. Any improper use will lower their value and limit their application. A proper diagnosis is based on reliable documented data, clinical competence and thorough clinical research: psychiatrist William Carpenter interviewed John Hinckley, who tried to kill President Reagan, 45 hours before his testimony in court.

Different forms of psychosis often involve the loss of the sense of reality and cognitive deterioration. These usually have a significant impact on functional capacity. Non-psychotic disorders are common and they may involve a notable decrease in functional capacity. Post (4) analysed the mental health (DSM-III-R criteria) of 50 top politicians using biographical data and discovered a significant amount (58%) of mild-to-severe psychopathology, mainly depression (41%), somatic symptom disorders (33%) and anxiety (22%).

The prevalence of brain disorders, such as strokes and

memory disorders, or of their pre-condition, cognitive impairment, increases among the older population. The older age and long terms of top leaders also expose them to increased risks of these disorders during their term of office. Common symptoms among the older population include a mild memory loss, an uneven or impaired cognitive state, impulsiveness and mood swings. These symptoms can be part of the normal ageing process, but also as signs of a memory disorder, substance abuse or depression. Expert psychiatric, neurological and neuropsychological examination offers more information about the health and performance of the brain.

### MENTAL HEALTH AND FUNCTIONAL CAPACITY OF US PRESIDENTS BETWEEN 1776–1974

A study of US presidents (3) was based on biographical data and the fulfilment of diagnostic-based criteria. Two experienced evaluators defined diagnoses and prepared a structured and independent estimate of their reliability and impact on functional capacity.

In this study, half of all US presidents (between 1776 and 1974) were diagnosed with a psychiatric disorder (DSM-IV), which adversely impacted on the job performance of half of those who were affected (i.e. one quarter of all presidents). The most common diagnoses were depression (24%), anxiety (8%), bipolar disorder (8%) and alcoholism (8%). These figures do not largely differ from the prevalence of these conditions in the general population.

### WHAT ABOUT THE HEALTH OF FINNISH PRESIDENTS BETWEEN 1919 AND 1981?

As a researcher of psychiatric diagnostics and an enthusiast of political history, I conducted a diagnostic assessment, similar to that carried out in the study of US presidents (3), of Finland's first eight presidents, from Ståhlberg (term of office from 1919 to 1925) to Kekkonen (from 1956 to 1981). I obtained information about the state of health and functional capacity from biographical studies that I considered to be reliable (1).

Finland's presidents have been strong personalities, some even peculiar, such as temperamental Paasikivi (from 1946 to 1956). I did not discover any disorders that would have satisfied the DSM-IV or ICD-10 criteria, especially at the beginning of the term. Some presidents had difficulties

towards the end of their term, mainly due to physical illnesses, stress and ageing.

Older age and poor health started to put a strain on hard-working, poorly educated but politically experienced Kyösti Kallio (1873–1940, term of office 1937–1940) after he turned 60. He had been plagued by illness since the spring of 1938, and was ill or recovering for a total of six months during his term. After the Winter War (1939–1940), Kallio suffered cerebral infarction in August 1940 and was unable to work for four months. His substitute was Prime Minister Risto Ryti, who forced Kallio to step down from his position in November 1940.

Risto Ryti (1889–1956, term of office 1940–1944) faced extreme pressures during his presidency, especially during the final stages of the Continuation War (1941–1944), when the Soviet Union launched its major assault and the process of finding peace was difficult. He did not lose control over his nerves or break under pressure, but he felt tired, became passive and relied on the spiritualism that was important to his wife, but this interest probably did not influence his political decisions.

The presidency of Carl Gustav Emil Mannerheim (1867–1951, term of office 1944–1946), Marshal of Finland, commander-in-chief 1918 and 1939–1944, was characterized by Finland's withdrawal from wars and heavy peace negotiations. Nervousness, capriciousness, indecisiveness, states of fear, continuous illnesses, impaired memory and defective judgment, in particular, shadowed the end of his term. His physician, internal medicine specialist Lauri Kalaja, already found Mannerheim to be unable to continue in office at the end of 1944 and at the beginning of 1945. However, Mannerheim stepped down from office, reluctantly, in March 1946. During 1946–1951 he was often in poor health but wrote his memoirs supported by a small team – and had until his death a new girlfriend, Countess Argo Valley.

The later years of the excessively long presidency of Urho Kekkonen (1900–1986, term of office 1956–1981) was coloured by an increasingly visible memory disorder. Its progress into severe brain disease and impact on Kekkonen's ability to work are described in the statement of professor and neurologist Erkki Kivalo issued on 1st February 1992 (1).

At the end of their terms, Kallio and Kekkonen suffered from a brain disease that led to a neurocognitive disorder. Somatic symptom disorders, stress and older age had a significant impact on Mannerheim's presidency and led to a notable loss of cognitive performance. According to my evaluation, Ryti's symptoms do not meet the criteria set for DSM-IV or ICD-10 disorders.

The presidency was particularly stressful during Finland's war years and when presidents were in possession of significant powers. Three of the eight studied presidents (Kallio, Mannerheim and Kekkonen) were ill during the final stages of their presidency in a manner that decreased their performance and the fulfilment of their duties. This is roughly the same percentage as in the study of US presidents (3) and among the general population. Physical illnesses were the main causes of a deteriorated functional capacity, not psychiatric disorders, as was observed among US presidents.

Ryti's well-timed resignation was mainly based on political reasons, but also partly on health-related reasons. The resignations of Kallio, Mannerheim and Kekkonen were delayed due to severe illnesses, as well as indecisiveness, a difficult political situation, strong powers and a lack of support from advisors and political decision-making system.

## PRESIDENTS FOLLOWING KEKKONEN

Since Kekkonen stepped down from office in 1981, Finland has had four presidents: Mauno Koivisto, Martti Ahtisaari, Tarja Halonen and Sauli Niinistö. I do not consider it to be ethically acceptable to evaluate their state of health. I do not have proper authorisation: they and their relatives are not mere historical figures. What is more, the amount of publicly available medical records is fairly limited, even though some of them have made some medical records and statements public. However, the publicly available information strongly suggests that health has not limited their functional capacity during their term of office. The first three fully served presidents had a strong societal presence after their presidency. Ahtisaari also won the Nobel Peace Prize. Three of these four were elected for a second term, while Ahtisaari decided not to run for re-election.

Kekkonen's problems with his health and functional capacity during his later years led to extensive political debate, even innovations, and discussion in the media about the state of health of his successors. Some presidents made brief medical statements public from time to time. Health factors may have also had an impact on the decrease in the president's powers and the corresponding increase in the powers of the prime minister and Parliament during the 2000s.

The challenges facing Finland's president, prime minister and other top leaders have not decreased, despite a decreased threat of a war: global problems, climate change, terrorism, external, internal and military tensions, media, round-the-clock readiness, elections and rapid changes in the

operating environment. Normal physiological exhaustion (not a diagnosis or illness) may be a consequence and, if untreated, the cause of more serious problems. Six years is a long time to serve, particularly for older people. Therefore, it should be considered that the term of office of Finland's president be reduced to four years.

The position of the prime minister has strengthened in Finland. The goal is that a single government and prime minister would rule throughout the four-year term, although this has not always been the case. An increasing amount of attention has been paid to the health and functional capacity of the prime minister, other ministers, top civil servants and military leaders.

## MENTAL HEALTH OF MILITARY LEADERS DURING FINLAND'S WARS

Finland's challenging history and geopolitical position are main reasons for the many wars: Finnish Civil or Independence War in 1918, Winter War from 1939 to 1940, Continuation War from 1941 to 1944 and Lapland War from 1944 to 1945. The military institution and military leaders have been integral parts of society. The health problems and symptoms of individual military leaders have been reported in historical studies (1,5,6), whereas not much epidemiological nor medical research data is available.

Warfare is cognitively and emotionally demanding and stressful. Stress comes from the complexity and unpredictability of command (5), responsibilities, chaos, a lack of sleep, the nerve-racking basic mission (killing and ordering people to kill), poor leadership and people skills, fear and a lack of nutrition, physical exercise, human relations and hygiene. The heavy use of alcohol had an impact on the functional capacity of Finland's top military leaders, all the way to commander-in-chief Mannerheim (6). In war, the goal is victory and defeating and destroying the enemy, and even victory can be very stressful. There are rarely any winners in a war.

The destiny of the homeland causes worry in the face of an overwhelming enemy demanding surrender. What about one's home and relatives? Between 1939 and 1944, some 20 top politicians and soldiers lost their next of kin, mostly their sons who fought in one of Finland's wars. Even though military activities were focused on the eastern border, bombardments extended to all parts of the country, and the deployment of some half a million men had a significant impact on society as a whole.

Where do soldiers find the strength to face major challenges, even death? Key sources of strength and resilience include education (the majority of Finland's military leaders were trained at foreign military academies), collegiality, discipline, patriotism, religion, traditions, camaraderie, home and family.

During Finland's wars between 1941 and 1944, there were relatively few psychiatric disorders that required hospital care: some 15,700 people with an incidence of 15.8 per 1,000 people per year (7). Mainly, professional soldiers were well-prepared for the high stress and workload (7). Still, case descriptions show that many elite soldiers showed signs of exhaustion and stress, even at the highest level of command (6). Psychologically ill top soldiers were not usually treated by the wartime medical organisation; instead, their treatment was apparently improvised and took place in field conditions. According to Ponteva (7), the highest-ranking officer who received treatment for a psychological disorder in a hospital between 1941 and 1944 was a major. Only a few per cent of soldiers receiving hospital care (7,8) were officers.

## EXAMPLES OF PSYCHOLOGICAL PROBLEMS AMONG MILITARY LEADERS

Soldiers faced the most psychological problems, particularly during Finland's attacks on the Soviet Union (from June to December 1941) and during the critical final stages (from June to September 1944) when the Soviet Union launched its major assault (7). The three cases presented below may not necessarily be representative or typical.

A few generals suffered from exhaustion and lost their functional capacity, at least temporarily (6). General Erik Heinrichs (1890–1965) was the number two man in the Finnish Defence Forces during the wars, a competent military leader, a frontline commander, a diplomat and an honorary doctor at Helsinki University who also received the Mannerheim Cross (the most esteemed Finnish military decoration). He studied at a French military academy between 1926 and 1928. He used alcohol moderately, and he performed well under pressure (6). His son, second lieutenant Martin was killed in action in 1943. Heinrichs lost his functional capacity and sense of reality in September 1944 after returning from heavy peace negotiations in Moscow. Rest and care organized by his adjutant Sutela and three days sleep after medication ordered by doctor Kalaja (personal doctor of commander-in-chief Mannerheim) helped him to get back on his feet after two weeks of sick leave. After this episode he competently

performed major military, literary and political services to the fatherland. Heinrichs is a good example of how a mentally strong and well-trained soldier can have his breaking point, but also the ability to recover.

Urpo Viinikka (1920–1944), bachelor of medicine, was a military doctor at a dressing station and a military official. During the Soviet major assault in July 1944, he was “shell-shocked” and had “a nervous breakdown” and ran away in an apparently psychotic condition. He was sentenced to death for cowardice, and he was executed in August 1944 (a death sentence for cowardice was very rare and irregular). Viinikka was the only officer executed during Finland's wars. The sentence resulted in public debate and trials, which continued after the war. It was later found to be legally valid. This case indicates how an extreme situation in a war can lead to a psychotic reaction and a total failure of the judicial system.

Eino Polón (1892–1975) was a jaeger colonel who was trained in Germany and France and who also received the Mannerheim Cross in 1942 (6). The military career of the promising captain ended in 1922 when he was forced to receive psychiatric care after he, in a psychotic condition, raped and assaulted his maid. After his recovery, he continued his military career in 1935. During the Winter War and the Continuation War, he excelled in demanding assignments on the front, even though he suffered from exhaustion and health problems (documented as poor vision) during the enemy's major assault in June 1944, after which he was withdrawn from the frontline. His son Rolf, a young messenger, was killed in action in September 1941, and his other son, second lieutenant Tauno, died in July 1944. After the wars, Eino Polón enjoyed a significant civilian career. This case shows that it is possible to recover fully from a severe psychosis, even though it may leave more or less visible scars.

## PHYSICIANS IN MEDIA: CAREFUL OR BOLD?

Democracy, official supervision and free media do not always offer protection against illness in high-level leaders. Medical knowledge may increase self-protection through democracy. But how?

In 1964, a group of US psychiatrists stated that presidential candidate Barry Goldwater was psychologically unfit to become the president, partly due to his ideas regarding the use of nuclear weapons. The Goldwater Rule (1973) of the American Psychiatric Association states that it is unethical if a psychiatrist presents a professional opinion of a person

who they have not examined or whose mental state they are not authorised to study.

Debate over the Goldwater Rule continues (9). The American Psychoanalytic Association considers that its members can issue a general opinion of public persons. Psychiatrist Bandy X. Lee organised a meeting over President Trump's mental health and edited *The Dangerous Case of Donald Trump: 27 Psychiatrists and Mental Health Experts Assess a President* (2017).

The rules of the World Psychiatric Association (2011) (10) consider it to be unethical if a psychiatrist presents a diagnosis-related and psychopathological opinion in public. Public comments must be scientifically sound, and they must facilitate the position of patients. According to the ethical guidelines (2014) of the Finnish Medical Association (11), when appearing in public, physicians must observe proper discretion, avoid any unnecessary focus from being placed on themselves and adopt a respectful attitude towards patients. On social media, physicians must act responsibly. Physicians must form their opinions based on medical knowledge and experience.

Every physician must abide by these ethical guidelines. In general, physicians can cautiously comment, for example, on the relationship between the state of health and functional capacity, but they cannot state any public opinions of the state of health of any individual, regardless of whether or not that individual is famous. I believe that physicians should also be reserved in private opinions.

Ethical guidelines that emphasize non-disclosure are clear. However, history has taught us that great reformers often break the rules. Physicians have the right, an obligation even, to express their views in public regarding matters that are hazardous to the health, well-being and safety of the population. A politically active physician must keep separate their role as a medical expert and their role as a political influencer.

## RELATIONSHIP AND PSYCHOTHERAPY BETWEEN A PHYSICIAN AND AN INFLUENTIAL PATIENT

The sweet taste of power can be intoxicating and psychologically harmful. Difficult decisions, conflicting expectations, failure and an unhealthy lifestyle add bitterness to power. It is lonely at the top – and power can always be lost. Backers may find someone else and competitors may become

successful. Falling “down to Earth” can hurt, and wisely stopping, ending and retiring is not easy. Many successful people do not know when to quit or how to be a good loser if they have no safety net or backup plan. However, most top politicians have suffered major setbacks during their early careers, which leads to a professional and personal maturation. A physician may be needed, particularly when failing or losing power.

Physicians require special skills when they have an influential patient. In the light of few and methodologically incomplete studies (1,3,4), the amount of unrealized treatment is high. Confidentiality, boundaries, maintenance of professionalism and limited clinical decision-making power may set challenges for the physician/patient relationship and any psychotherapy. The high self-esteem of top leaders may prevent them from adopting the role of patient, with a healthy lifestyle, and present challenges to early diagnosis and treatment. The golden rules of preventive medicine do not always come true: the diagnosis and treatment of risks or the prevention, alleviation or postponement of disease. Examples of negative attitudes towards treatment can also be found among Finland's presidents (1), and, for example, physicians of John F. Kennedy (12) and Adolf Hitler (13) were unable to subject their patients to treatment, leading to a drug addiction. The level of treatment received by Hitler and Stalin was low (14).

Adapting the patient's interests to public interests may be a great challenge. Help from a colleague and teamwork help to make difficult decisions and to convince patients to accept them; this is what happened in the cases of Mannerheim and Kekkonen (1). Often, treatment requires collaboration between different special fields and shared psychiatry coordinated by occupational healthcare. In particular, cognitive and psychological disorders among the older population may arise from a physical illness. This was also the case with three Finnish presidents described above.

The threshold of influential persons to accept psychotherapy or to evaluate its necessity may be high, and there may be particular challenges in the treatment itself (1,14). These persons are often very intelligent, determined and ready for self-reflection. These are indications of a positive response to psychotherapy (15). A brief discussion or psychotherapy to evaluate or identify the current state may clarify the situation, alleviate symptoms or help to control a complex life or work situation.

## EARLY DIAGNOSIS AND TREATMENT AS A GOAL

Psychological disorders suffered by top leaders often have serious consequences, leading to delays in decisions and actions. Models of early intervention should be improved by developing laws and occupational healthcare. The Finnish Mental Health Act is only applicable to severe psychoses. The 25th Amendment to the US Constitution has rarely been exercised in the case of any loss of the president's functional capacity (3). The consequences of a lower functional capacity are based on the estimated ability to work and on political or legal discretion. In their statements, physicians estimate the impact of an illness on functional capacity.

In Finland, the occupational healthcare system is highly advanced and partly statutory. A standard practice should be defined for monitoring the health of top leaders, consisting of regular health check-ups conducted mainly by occupational healthcare services and the evaluation of mental health and, particularly among older patients, (changes in) cognitive performance. The goal should be the prevention of, or early intervention in, serious health problems, such as psychosis, delirium, substance abuse, memory disorder, severe depression, stress disorder or impulsiveness, or other highly abnormal behaviour. Such extreme situations are unusual today: the main problems faced by top leaders are most likely associated with slowly advancing depression, stress disorders, exhaustion or substance abuse. These may result from somatic symptoms or disorders. Most top leaders are currently gifted, talented and well-trained males and females in midlife, having risks of extreme stress, exhaustion and burn-out. Earlier (as discussed in this article) top leaders were old, and often sick, males. In both groups, early diagnosis and care, even retirement, would have been needed but was not realized.

Most crises faced by top leaders are most likely mild, and they can be treated by occupational healthcare services, at least in Finnish healthcare, although no reliable research data is available. The strength of occupational healthcare is the comprehensive identification, examination and treatment of patients. Occupational healthcare service providers are familiar with the working conditions, the somatic and psychological state of health and, at best, the background and family situation of each patient. Large political and military organisations should have a psychiatric consultation team as part of occupational healthcare, consisting of an occupational healthcare physician specialized in psychiatry, an occupational healthcare nurse, an occupational healthcare psychologist and a consulting psychiatrist.

It is not publicly known whether or not Finland's top leaders have used psychiatrists as "personal physicians" or consultants, or whether or not any top leaders have been referred to special psychiatric care. The personal physician of Kallio and Mannerheim was an internal medicine specialist, as was the personal physician of Kekkonen, in addition to being a neurologist.

The health problems of top politicians and soldiers described in this article mainly took place in the past, largely during wars and under exceptional circumstances. Medicine, diagnostics and treatment were underdeveloped and different media services were tame guard dogs. Since the 1980s, some of Finland's presidents have reported their state of health in public. It is not known whether or not an illness has had any impact on the functional capacity of presidents or military leaders during the past few decades. Media services and supervisory authorities monitor the functional capacity of top political and military leaders closely, albeit fairly inconsistently from time to time. Occupational healthcare and psychiatric treatment have evolved. Voters and electors should also assess the health and life management of candidates.

Sufficient expertise, effective decision-making and privacy protection should be allocated to health monitoring and treatment. A psychological disorder or a symptom may not necessarily prevent anyone from working, and decisions should not merely be made on the basis of medical discretion. The threshold for psychiatric and psychotherapeutic evaluation and treatment should be low.

## CONCLUDING REMARKS

High-level political and military leaders who are in a significant position are often mentally strong, albeit some of them – just as among the general population – fall ill as a result of older age and stress. Knowledge of psychological problems among top politicians and military leaders is based on case descriptions or a small series of events, apart from the study of US presidents (3) and Post's (4) extensive case study. However, the literature lacks properly designed studies of the mental disorders of Finnish top leaders: only limited and relatively outdated data based on scientific rigour on the epidemiology and care of mental disorders of top leaders has been identified.

In the light of Finnish case studies (1), it is apparent that more than one third of Finland's presidents prior to 1982 had a

severe somatic illness and lost part of their functional capacity at the end of their term. Some top soldiers during Finland's wars suffered from temporary stress- and substance-induced disorders, from which they usually recovered quickly. In recent decades, health problems among top leaders seem to be mainly related to somatic symptom disorders, stress, exhaustion and substances. Responses to these illnesses (diagnosis, medical and political decisions and conclusions) seemed often to be fortuitous, delayed or lacking in quality.

This article focused on disorders, not resilience, coping or recovery. My expertise in biographies of top leaders (1) has raised admiration and amazement of how Finnish top leaders have been able to withstand stress, especially during Finland's wars, and to recover from different crises and diseases. Part of this ability to cope is associated with the supporting teamwork and collegiality in administrative and management work, which are also integral parts of research (16). However, it seems that many top leaders still carry their round-the-clock workloads alone, without support from teams or shared decision-making processes.

The role of physicians and psychiatrists in the treatment of top leaders is linked with the three basic missions of physicians: to improve the health and well-being of their patients, to act as a medical expert and to make the world a better place to live.

## Author

*Matti Isohanni*

*MD, PhD, psychotherapist, professor of psychiatry (emeritus)*

Center for Life Course Health Research, University of Oulu, PO Box 5000, 90014 Oulu, Finland

Email: [matti.isohanni@oulu.fi](mailto:matti.isohanni@oulu.fi)

Tel. +358400890024



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