 DOI: 10.18231/2455-8559.2017.0014

Ethics in Psychiatric Society

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Indian Psychiatric Society-Telangana State branch. Presidential address, 24th June 2017

Ethical choices, both minor and major, confront us every day in the provision of health care for persons with diverse values living in a pluralistic and multicultural society. Several sets of principles have been drawn to guide professional behaviour; the earliest being from the 4th century BC, by Hippocrates, directed to physicians "to help and do no harm" in his book "**Of the Epidemics"**.

There is of course no doubt that ethics is much more relevant to psychiatry, as the line of demarcation between normal and abnormal is often hazy and the appropriateness of psychiatric diagnosis and treatment can be easily questioned. For example, in **"The Myth of Mental Illness: Foundations of a Theory of Personal Conduct"**, a book by Thomas Szasz, in which Szasz criticizes and accuses psychiatry of being a myth. The book quotes, "The problem with psychiatric diagnoses is not that they are meaningless, but that they may be, and often are, swung as semantic blackjacks: cracking the subject's dignity and respectability destroying him just as effectively as cracking his skull". **"Asylums"** by Goffman a renowned anti-psychiatry book criticized the mental hospitals and charged that it had a deleterious effect on patients. Understanding these distinct difficulties, the World Psychiatric Association developed a code of ethics in 1977. A committee was appointed by the Indian Psychiatric Society to prepare the **code of ethics** for the psychiatrists in India. The code was approved at its annual conference in Cuttack in 1989. It has been reviewed by Agarwal and Gupta.

Philosophical Underpinnings of the Ethical Principles

Two main philosophical schools are considered as the fundamental roots of the code of ethics. They are:

Utilitarianism: Also known as consequentialism, states "the ends justify the means". This means, if the final outcome of any act turns out to be "good", that is, whatever be the method used, leads to the betterment of the patient or the society, then the act is considered justifiable.

The problem with utilitarianism lies in determining what can be termed as "good" in an outcome. There are differences between societies and also individuals within a society as to what "good" means. For example, the outcome of experimentation on Jews during the Nazi regime, or the indiscriminate use of psychosurgery, was all carried out under the notion that they were for the betterment of humanity. People can be treated unfairly if it will benefit the society. A case in point being the institutionalization of mentally retarded and mentally ill till a few years ago, to protect the society from them. Therefore acts that would generally be considered evil are acceptable under utilitarianism if they are likely to benefit the society.

Deontologism: Also known as "rule based ethics", posits that every act has to be done according to certain rules or laws. No matter the outcome, these rules have to be followed and no transgression is acceptable at any time. A simple example of deontologism is that it is always wrong to lie and steal, no matter what the outcome is. And probably in psychiatry would be the rigid application of treatment guidelines despite it being widely known that treatment response is dependent on individual response.

Both these seemingly contrasting viewpoints on ethics have their individual merits and demerits, but can be taken together. "Rule-based utilitarianism" is what forms the foundation of contemporary medical ethics.

Apart from the ethics based on utilitarianism and deontologism, virtue based ethics is seeing a re-emergence in medical ethics. It posits that in order to safeguard against ethical problems, professionals are required to acquire certain attributes or "virtues" which are specific to their field. Radden and Sadler, authors of the book **"The Virtuous Psychiatrist",** stated the virtues necessary of a psychiatrist may be as follows- compassion, humility, fidelity, and respect for confidentiality, prudence, warmth, sensitivity and perseverance.

Culture: Its Influence on Psychiatry and Medical Ethics

In the face of diversity, ethical guidelines in medicine would need to be broadly acceptable among the religious and the non-religious and for persons across many different cultures. There is sufficient evidence now to say that culture may influence aspects of the occurrence, causes, manifestation, prognosis and course of various psychiatric illnesses. Culture affects the presentation of psychiatric illness in various ways – in the generation of symptoms, in the expression of symptoms, in the experience of symptoms, coping mechanisms, help seeking behavior, etc. In the clinical setting, culture plays a part in interaction patterns, expectations and even prescribing patterns of clinicians and the expectations of the patients. It can thus be seen that in order for ethical principle to aid in health care, especially in the field of psychiatry, cultural factors need to be taken into account. Due to the many variables that exist in the context of clinical cases, the impact of cultural variation on mental illness and acceptance of

medical ethics and the fact that in health care there are several ethical principles that seem to be applicable in many situations, these principles are not considered absolutes, but serve as powerful action guides in clinical medicine. Some of the principles of medical ethics have been in use for centuries. However, specifically in regard to ethical decisions in medicine, in 1979 Tom Beauchamp and James Childress published the first edition of "**Principles of Biomedical Ethics"** popularizing the use of principlism in efforts to resolve ethical issues in clinical medicine. In that same year, three principles of **respect for persons**, **beneficence,** and **justice** were identified as guidelines for responsible research using human subjects in the **Belmont Report** (1979). Thus, in both clinical medicine and in scientific research it is generally held that these principles can be applied, even in unique circumstances, to provide guidance in discovering our moral duties within that situation.

Four commonly accepted principles of health care ethics, excerpted from Beauchamp and Childress (2008), include the:

1. Principle of respect for autonomy,
2. Principle of non-maleficence,
3. Principle of beneficence, and
4. Principle of justice.

1. Respect for Autonomy

Any notion of moral decision-making assumes that rational agents are involved in making informed and voluntary decisions. In health care decisions, our respect for the autonomy of the patient would, in common parlance, imply that the patient has the capacity to act intentionally, with understanding, and without controlling influences that would mitigate against a free and voluntary act. This principle is the basis for the practice of "informed consent" in the physician/patient transaction regarding health care.

2. The Principle of Non maleficence

The principle of non-maleficence requires of us that we not intentionally create a harm or injury to the patient, either through acts of commission or omission. In common language, we consider it negligent if one imposes a careless or unreasonable risk of harm upon another. Providing a proper standard of care that avoids or minimizes the risk of harm is supported not only by our commonly held moral convictions, but by the laws of society as well. This principle affirms the need for medical competence. It is clear that medical mistakes may occur; however, this principle articulates a fundamental commitment on the part of health care professionals to protect their patients from harm. In the course of caring for patients, there are situations in which some type of harm seems inevitable, and we are usually morally bound to choose the lesser of the two evils, although the lesser of evils may be determined by the circumstances.

3. The Principle of Beneficence

The ordinary meaning of this principle is that health care providers have a duty to be of a benefit to the patient, as well as to take positive steps to prevent and to remove harm from the patient. These duties are viewed as rational and self-evident and are widely accepted as the proper goals of medicine. This principle is at the very heart of health care implying that a suffering supplicant (the patient) can enter into a relationship with one whom society has licensed as competent to provide medical care, trusting that the physician's chief objective is to help. The goal of providing benefit can be applied both to individual patients, and to the good of society as a whole. For example, the good health of a particular patient is an appropriate goal of medicine, and the prevention of disease through research and the employment of vaccines is the same goal expanded to the population at large.

It is sometimes held that non-maleficence is a constant duty, that is, one ought never to harm another individual, whereas beneficence is a limited duty. A physician has a duty to seek the benefit of any or all of her patients, however, a physician may also choose whom to admit into his or her practice, and does not have a strict duty to benefit patients not acknowledged in the panel. This duty becomes complex if two patients appeal for treatment at the same moment. Some criteria of urgency of need might be used, or some principle of first come first served, to decide who should be helped at the moment.

4. The Principle of Justice

Justice in health care is usually defined as a form of fairness, or as Aristotle once said, "Giving to each that which is his due." This implies the fair distribution of goods in society and requires that we look at the role of entitlement. The question of distributive justice also seems to hinge on the fact that some goods and services are in short supply, there is not enough to go around, thus some fair means of allocating scarce resources must be determined.

It is generally held that persons who are equals should qualify for equal treatment. This is borne out in the application of Medicare, which is available to all persons over the age of 65 years. This category of persons is equal with respect to this one factor, their age, but the criteria chosen says nothing about need or other noteworthy factors about the persons in this category. In fact, our society uses a variety of factors as criteria for distributive justice, including the following:

- To each person an equal share
- To each person according to need
- To each person according to effort
- To each person according to contribution
- To each person according to merit
- To each person according to free-market exchanges

In addition to these four principles of medical ethics, there are other principles when followed ensure better patient care. These principles include confidentiality, boundaries, informed consent, relations with pharmaceutical firms and advertising of professional expertise.

5. **Confidentiality**

Confidentiality is one of the core duties of medical practice. It requires health care providers to keep a patient's personal health information private unless consent to release the information is provided by the patient.

Patients routinely share personal information with health care providers. If the confidentiality of this information were not protected, trust in the physician-patient relationship would be diminished. Patients would be less likely to share sensitive information, which could negatively impact their care. Creating a trusting environment by respecting patient privacy encourages the patient to seek care and to be as honest as possible during the course of a health care visit. It may also increase the patient's willingness to seek care. For conditions that might be stigmatizing, such as reproductive, sexual, public health, and psychiatric health concerns, confidentiality assures that private information will not be disclosed to family or employers without their consent.

6. **Boundary Violations**

Boundary issues are disruptions of the expected and accepted social, physical, and psychological boundaries that separate physicians from patients. The therapeutic relationship between a doctor and the patient is established solely with the purpose of therapy and whenever this relationship deviates from its basic goal of treatment, it is called boundary violation and becomes non-therapeutic. In psychiatry, as the therapeutic relationship is prolonged and more personal as many confidential matters are discussed, there is likelihood of developing strong emotional bonds. This may lead to non-therapeutic activity.

7. **Informed Consent**

Informed consent is the process by which the treating health care provider discloses appropriate information to a competent patient so that the patient may make a voluntary choice to accept or refuse treatment. It originates from the legal and ethical right the patient has to direct what happens to her body and from the ethical duty of the physician to involve the patient in her health care.

The most important goal of informed consent is that the patient has an opportunity to be an informed participant in her health care decisions. It is generally accepted that informed consent includes a discussion of the following elements:

- The nature of the decision/procedure
- Reasonable alternatives to the proposed intervention
- The relevant risks, benefits, and uncertainties related to each alternative
- Assessment of patient understanding
- The acceptance of the intervention by the patient

In order for the patient's consent to be valid, she/he must be considered competent to make the decision at hand and her/his consent must be voluntary.

Involuntary Treatment: Psychiatry is the only medical specialty where a large number of patients may not voluntarily agree for their treatment largely because they do not consider themselves to be ill due to the distorted view of themselves and or others. Peele et al states "It is perversion and travesty to deprive the needy and suffering people of treatment in order to preserve liberty which is in actuality so destructive as to constitute another form of imprisonment."

The obvious solution of this dilemma is to use involuntary hospitalization for as short duration as possible. As soon as the patient recovers he should be motivated to take treatment. But, if clinical experience is a guide, most schizophrenics and even a large number of bipolar patients are unwilling to take prophylactic / maintenance treatment, although clinical research has unequivocally established its importance. Some amount of persuasion may be required for most of them.

The Mental Health Act (1987) has not paid any attention to the treatment aspects of the mentally ill. The act is only concerned with the hospitalization of mentally ill patient but it does not take into cognisance of the existing inadequate facilities for hospitalization in this country.

8. **Relationship with Pharmaceutical Firms**

A large number of pharmaceutical firms are marketing the same drugs or drug combinations. To counter competition, their marketing strategy is to obtain prescriptions by influencing the prescriber by various means: donations and sponsorship for research, providing free travel and giving gifts of various kinds. Acceptance of these inducements can often lead to undesirable and even dangerous consequences including excessive prescription of a particular drug or an unethical endorsement of a particular firm and its products. Under the existing scenario, it is not possible to give a clear answer to this all-pervading problem, but some kind of limit setting is obviously the need of the day.

9. **Advertising Professional Expertise**

Doctors are restrained by existing ethical codes from advertising their competence or their facilities. This practice could have been appropriate, say a few decades ago when one could communicate his competence in a particular field for medical association meetings. But, in present day with limited professional contacts and everyday being busy it is impossible for a beginner to start his medical practice without a certain amount of

publicity. Hence, it is timely to reconsider the issue of non-advertisement by medical men in the current perspective.

MCI Norms

Chapter 7

7.7 Signing professional certificates, report and other documents: Registered medical practitioners are in certain cases bound by law to give, or may from time to time be called upon or requested to give certificates, notification, reports and other documents of similar character signed by them in their professional capacity for subsequent use in the courts or for administrative purposes, etc. Such documents, among others, include the ones given at Appendix-4. Any registered practitioner who is shown to have signed or given under his authority any such certificate, notification, report or document of a similar character which is untrue, misleading or improper, is liable to have his name deleted from the register.

7.22 Research: Clinical drug trials or other research involving patients or volunteers as per the guidelines of ICMR can be undertaken, provided ethical considerations are borne in mind. Violation of existing ICMR guidelines in this regard shall constitute misconduct. Consent taken from the patient for trial of drug or therapy which is not as per the guidelines shall also be constructed as misconduct.

7.24 A physician posted in a medical college / institution both as teaching faculty or otherwise shall remain in hospital / college during the assigned duty hours. If they are found absent on more than two occasions during this period, the same shall be constructed as misconduct if it is certified by the Principal / Medical Superintendent and forwarded through the State Government of India / State Medical Council for action under these regulations.

Conclusion

The essence of all these recommendations is that psychiatric patients should be treated with dignity and respect, and address specific issues such as the procedure for involuntary admissions, use of physical restraints, rights of the mentally ill, and the need for adequate resource allocation to have access to mental health care for all. Ethics helps psychiatrists to be transparent and accountable in their practice. It also helps us to protect the rights of the persons with mental illness.

Ethics is mainly learned by the imitation of one's teachers. Unethical behaviour of a teacher is likely to influence the youngsters' mind to such an extent that it may further deteriorate medical practice. Medical men should also not brush aside unethical acts of their colleagues. Quite often such practices are encouraged under the assumption that it will save their institution or profession from disrepute. Protecting such persons does more harm than good to the profession as well as to the institution.

The aim of this address was to sensitize our members regarding ethical aspects of psychiatric practice.

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