Ethics in Psychiatry

Outline

- Introduction & history
- Objectives
- Theoretical bases
- Ethical issues in various scenarios
- Informed consent and confidentiality
- Medical negligence
- Summary

Introduction

- Ethics – "*Ethikos*" – "which is customary"
- Moral principles that determine rightness/wrongness of particular acts/activities

1. A set of rules laid down by the government
2. Socially imposed rules
3. A set of principles
4. A person ought to do.

- Earliest code of medical ethics by Hippocrates in 5th century BC

Introduction

- Ethics – science of norms of behaviour for any group; a code of conduct designed by a group of persons in a particular society; provides a framework to guide one's own behaviour in a particular setting
- Relative, changing with time
- Moral duties which cannot be unilateral

History

- Need for medical ethics is becoming more important with rapid advancement of medical knowledge
- Organ transplantation, euthanasia, artificial prolongation of life – clear ethical guidelines are required
- 1970 – American Psychiatric Association – appointed committee to develop code of ethics
- 1977 – World Psychiatric Association – developed code of ethics known as "Declaration of Hawaii"
- 1989 – Indian Psychiatric Society adopted its own ethical code

Importance

- Line of demarcation between normal and abnormal is hazy; psychiatric diagnosis and treatment can be easily questioned
- Treatment aims at modifying behaviour, perceived as an implied threat, as the psychiatric treatment occasionally may be utilized for controlling behaviour for certain vested interests
- Involves close relationship between patient and therapist; leads to intense transference which may be maliciously utilized.

Objectives of Professional Ethics

- Provide guidelines of conduct among professionals themselves
- Formulate guidelines in dealing with patients, their relatives and third parties in areas of:
  - Psychiatric diagnosis
  - Informed consent
  - (In)voluntary treatment & hospitalization
  - Confidentiality
  - Respect for patient and his human rights
  - Third party responsibility
  - Research

Theoretical Bases for Ethics Formation

Utilitarian Theory

- Produce greatest amount of happiness to the greatest number of people
- One should study carefully the needs of the people and then devise policies/laws to produce greatest benefit to maximum number of people
- Paternalistic behaviour

Autonomy Theory

- Sharing of decision
- Relationship b/w 2 people should be based on equality and every decision should have the consent of both

Morals, Laws, and Ethics

- Morals – derived from religious and cultural practices of a given group, unchangeable, any deviation evokes guilt
- Laws – framed by states to regulate behaviour of the people; rigid; violation leads to punishment
- Ethical guidelines – evolved by professional groups or amongst their own members; keep evolving with time; formulation of standardized treatment
- Examples:
  - American Psychiatric Association guidelines, 1970
  - World Psychiatric Guidelines (Hawaii Declaration), 1977
  - Indian Psychiatric Society guidelines (Cuttack), 1989

Moral issues in Psychiatry

- Earlier non-judgemental, avoided moral issues
- Moral dimension – important area of study
- Sensitivity to moral issues in management
- Focus of therapy – assessment of values, deficiencies/conflicts
- Eg: Truthfulness – respect patient's autonomy in medical decision making

Ethics and Law

- Both required to regulate behaviours of therapist and patient to achieve maximum reduction of suffering
- Therapeutic relationship based on trust and mutual respect
- Patient participation to choose the best possible solution
- Law – ethical & continuously updated
- Ethics – respect legal boundaries

Ethical Issues in Psychotherapy

- Informed consent
  - Explaining psychotherapy
  - Expectations from the patient and therapist
  - Limitations
  - Fees
  - Alternative modalities with efficacy
- Therapeutic contract explaining Do’s and Don’ts
- Confidentiality and exceptions
- Boundaries and their violation
- Seek treatment again/referred

Managing Difficult Behaviour – To Do List

- Acknowledging personal/professional limits
- Documentation
- Avoiding argumentative stances
- Handling intimidation
- Seeking help
- Redressal from others
- Termination

Managing Difficult Behaviour – Not To Do List

- Asking pt. to run errands
- Non-therapeutic contact outside clinic
- Using pt. as unpaid volunteer
- Giving/accepting gifts/loans
- Using data for personal gains
- Talking about therapist's problems
- Disclosing personal problems
- Dressing seductively
- Inappropriate touching
- Promoting own religious beliefs

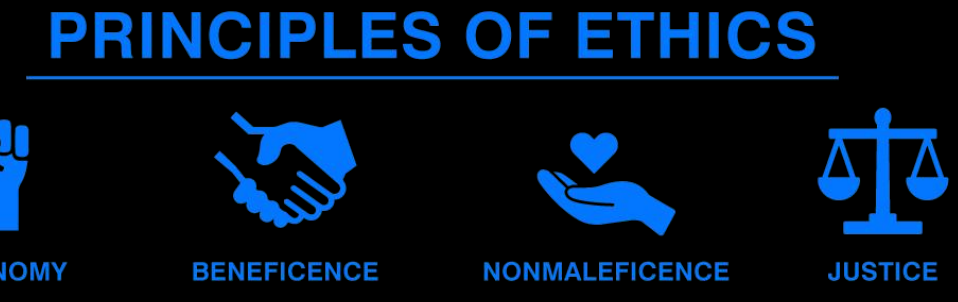
Ethical Issues in Psychiatric Research

- Pts. – poor decision making capacity & cognitive dysfunction
- Research methods shouldn’t infringe on rights of pts.
- Therapeutic misconception – common in research trials
- Need for biomedical ethics principles

Basic Biomedical Ethics Principles

Beauchamp & Childress – Principles of Biomedical Ethics

1. Autonomy – Notion of self-rule; capacity to make authentic decisions related to one's body and mind
2. Beneficence – Doing good; commitment to seek to bring about benefit
3. Nonmaleficence – Avoiding harm/injury to others
4. Justice – Equitable distribution of benefits and burdens in society



Basic Biomedical Ethics Principles

Belmont Report on human research ethics & ethics scholarship:

1. Respect for the law – Obligation to adhere to the law
2. Respect for persons – Fundamental regard for dignity, sacredness and value of individual

Basic Biomedical Ethics Principles

Others:

1. Compassion – Deep regard for the experiences and suffering of others
2. Confidentiality – Legal privilege a/w right of privacy
3. Fidelity – Loyalty to ethical ideals
4. Integrity – Capacity to adhere wholly to the principles of the profession
5. Veracity – Positive duty to tell the truth & negative duty to avoid deception

Causes of Erosion of Principles

- Health care fragmentation & academic pressures
- Cultural issues
- Alternative health care systems
- Privatization – Profit > Pt's interest

Regulation of Research

- Nuremberg Code:

1. Voluntary consent
2. Results – useful, unobtainable by other means
3. Study – based on knowledge of the disease/condition to be studied

- Declaration of Helsinki: 35 clauses in 3 sections

1. Human research – well-being of the individual takes precedence
2. General principles of medical research
3. Principles to be followed when research is combined with care

Ethical Guidelines & Regulations for Research in India

- Indian Council of Medical Research (ICMR): 8 chapters – general principles of ethics in relation to Indian cultural values and context
- Drugs and Cosmetic Act, Schedule Y – applications for clinical trials should be in accordance to Declaration of Helsinki
- Good Clinical Practices (GCP) guidelines – design, conduct, termination, audit and documentation of studies in humans; based on Declaration of Helsinki & ICMR ethical guidelines

GCP Guidelines for Clinical Research in India

Study Design

- Clearly described in research protocol
- Incorporate procedures to minimize bias and confounding
- CONsolidated Standards of Reporting Trials (CONSORT statement)

GCP Guidelines for Clinical Research in India

Ethical Review

- Research proposals cleared by Institutional Ethics Committee(IEC)/Institutional Review Board(IRB) as per ICMR guidelines

Responsibilities

- Protect dignity & rights of participants
- Follow universal ethical values
- Assist in development & education of research community
- Evaluation of risk benefit ratio

GCP Guidelines for Clinical Research in India

- Trials registered in a publicly accessible database
- Adverse events & amendments to be notified to IRBs
- Obtaining informed consent on IRB/IEC approved consent forms
- Reimbursement for reasonable expenses
- Results made publicly available
- Formulation of policies to prevent research misconduct
- Declaration of conflict of interest

Indian Psychiatric Society Ethical Guidelines

- IPS Annual Conference, January 1989, Cuttack
- Committee comprising of Prof JS Neki, Prof DN Nandi, Prof AK Agarwal, Dr. VN Vahia & Dr. JK Trivedi proposed ethical guidelines

1. Responsibility
2. Competence
3. Benevolence
4. Moral Standards
5. Patient's Welfare
6. Confidentiality

Principles

1. Responsibility – social responsibility to deal with disturbed human behaviour and has to contend with intimacies of life; serve society through observation, investigation & experimentation & well planned & ethically carried out research
2. Competence – maintaining high standards of professional competence in the interest of public and profession; responsible for updating themselves
3. Benevolence – interest of the patient and his health is paramount; personal interest is secondary; financial arrangements never contravene professional standards; safeguard pts' and profession's interests

Principles

4. Moral Standards – responsive to moral codes and expectations of the community; not allow their behaviour to malign profession
5. Patient's welfare – not treat a case not falling within their competence; treat cases with best of their ability; terminate clinical/consulting relationship with pt. if he is no longer benefitting; referrals: responsible for pts' welfare until responsibility has been formally transferred

Principles

6. Confidentiality – safeguard information about pts. for their interest and protect from social stigma, discrimination & harm; not reveal information unless certain ethical conditions are met or in case of clear and imminent danger to an individual/society to the appropriate authorities; not revealing identity in scientific communication; not revealing data without consent of pt./family

Informed Consent

- Voluntary & continuing permission of the patient to receive a particular treatment based on an adequate knowledge of the purpose, nature, likely effects and risks of that treatment including the likelihood of its success and any alternatives to it
- Permission given under any unfair or undue pressure is not consent
- 2 legal principles based on which action may be taken against doctor for not obtaining valid consent
    1. Right of self determination
    2. Fiduciary nature of doctor-patient relationship

Requirements of Consent

1. Fair explanation of procedure/treatment
2. A description of expected benefits
3. Disclosure of alternative procedures and their risk, discomforts and side effects
4. Assurances that the person is free to withdraw consent and discontinue participation
5. A statement that withdrawal will not result in loss of benefits to prejudice treatment
6. Likely consequences of a failure to be treated at all
7. An offer to answer any queries

Principles Relating to Consent Laid Down by Supreme Court

- Obtain consent of patient before starting treatment
- Consent – real, valid, voluntary, based on adequate information concerning nature of treatment procedure
- Information provided should enable pt. to make a balanced judgement regarding treatment
- Consent for a diagnostic procedure cannot be considered consent for therapeutic treatment
- Common consent for diagnostic and therapeutic procedure when contemplated
- Nature and extent of information need not be stringent & high degree

Precautions

- Do not take consent from relatives/attendants except in emergencies/incompetent patients
- Discuss/explain possible additional problems which may arise when pt. is unconscious or unable to make a decision
- Take consent to treat any problem that may arise; ascertain whether there are any procedures to which the pt. might object/rethink before proceeding
- Do not exceed the procedure for which consent has been given

Elements

1. Competency
2. Information
3. Voluntariness

Competency

- Adult pt. – legally competent unless adjudicated incompetent/temporarily incapacitated d/t medical emergency
- Incapacity – obtain substitute consent
- 4 standards for determining incompetence:

1. Communication of choice
2. Understanding relevant information provided
3. Appreciation of available options & consequences
4. Rational decision making

Information & Voluntariness

- 5 areas of information:

1. Diagnosis – Description of condition/problem
2. Nature & purpose of proposed treatment
3. Consequences – Risks and benefits of proposed treatment
4. Alternatives to proposed treatment with risks and benefits
5. Prognosis – Projected outcome with(out) treatment

- Consent given freely without presence of any form of coercion, fraud and duress that impinges on the patient's decision making process

Treatment without Consent

- Unconscious pt. to save life or prevent serious harm unless there is clear evidence that the pt. did not want that treatment
- Non-consenting mentally disordered pt. to prevent behaviour causing serious danger to himself or other
- Incompetent pts. likely to be informal pts. with a learning disability, organic brain disorder or severe depression

Scenarios

1. Admission of a person to a psychiatric hospital on a voluntary basis
2. Procedures: ECT, Psychosurgery, invasive procedures
3. Narcoanalysis
4. Drug treatment: Disulfiram, Clozapine
5. Administration of any research drugs (Drug trials): Ketamine
6. HIV screening

Confidentiality

- Right of an individual not to have communication that were important in confidence revealed to the third parties
- Subtle of confidentiality, those within the circle may share pt's information, outside the circle require the pt's permission to receive the information

Staff supervisors
Nursing & support personnel
Some consultants

Patient's family lawyer
Outside therapist
Previous therapist
Police

Exceptions

- Pt./legal advisor gives valid consent
- Undesirable on medical grounds to seek the pt.’s consent, information may be given to a relative or other person
- Information required by law
- Disclosure in public interest
- For medical research

ICMR Guidelines (2006)

- Research data may be disclosed under the following circumstances:

1. Court of Law under orders of the presiding judge
2. Threat to a person's life
3. Severe adverse reaction may be required to communicate to Drug Registration Authority
4. Risk to public health, may be communicated to Health Authority

Confidentiality v/s Privilege

- Issues of confidentiality arise outside court room or with the investigating police; privacy created typically by State Law that governs psychiatrist-patient relationship
- Testimonial privilege issues arise inside court room; operates as a limitation on the power of the court to compel a psychiatrist to disclose communications b/w psychiatrist & pt. cloaked by privilege .

Statutory Disclosure Requirements

- Physical evidence/suspicion of child abuse
- Initiation of involuntary hospitalization
- “Duty to warn” endangered third parties or law enforcement agencies
- Commission of a treasonous act
- Intention to commit a future crime
- HIV infection

Ethical Issues in Care of Demented/Delirious

Ethical & legal issues

- Reduced capacity to give informed consent
- Involuntary hospitalization
- End of life care & decisions
- Research protocols
- Diminished capacity due to cognitive impairment
- Informed consent for medical treatment

Ethical Issues in Care of Demented/Delirious

Agreeing or declining depends on:

- Information disclosure by physician
- Voluntary participation by the patient
- Patient’s competence
- Mildly delirious/demented still capable of making informed decisions

Ethical Issues in Care of Demented/Delirious

Medication use:

- More appropriate treatment required
- Unethical to drug them too much & against their will
- “Start low, go slow”

Guidelines for Seclusion & Restraint of Mentally Ill Patients

- Hospital personnel may be authorized use of reasonable force upon pt. without consent in situations like:
  - Self-harm/suicide
  - Threat to the community due to his dangerousness due to mental illness
  - Threat to innocent third parties
  - Safe & uncontrolled access for medical procedures
  - Involuntary evaluation/treatment of incompetent

Procedure for Seclusion

- Permission of psychiatrist/medical officer required
- Reason recorded in case sheet
- Constantly monitor pt. at least once/hour by staff & once/30 mins by attendant
- Avoid secluding & restraining together, else continuously monitor pt.
- Review daily, remove at earliest sign of improvement

Procedure for Restraint

- Avoid aggravating/worsening pre-existing injuries/medical conditions
- Verbal counselling to be attempted first
- Permission of psychiatrist/medical officer required
- Least restrictive means of control to be used
- Enough help should be available (min. 5 persons)
- Reasonable force to be used
- Search pt.’s clothing and personal belongings for weapons

Procedure for Restraint

- Individualize restraints
- Restraints should not interfere with assessment/treatment of pt.
- Maintain normal blood circulation, avoid abrasions, attend to pt.’s basic needs
- Continuously monitored, remove at earliest sign of improvement
- Do not remove restraints, unless pt. becomes quiet and calm

Documentation

- Need for treatment should be explained to the pt. in their language
- Reason behind seclusion/restrain
- Pt. refused treatment/unable to consent to treatment
- Patient’s incompetence to refuse treatment
- Failure of verbal control in diffusing situation
- Continuous assessment of blood circulation

Ethical Issues in Certification

- Avoid carelessness in issuing certificates regarding patient's illness and treatment
- Potential misuse of certificates

Negligence in Medical Practice

- Breach of duty owed by a doctor to a patient to exercise reasonable care, resulting in some bodily, mental and in turn, some financial disability
- Not doing what is requested to be done (Act of Omission) & doing what is prohibited (Act of Commission)
- Establish:
  - Doctor owed a duty of care to the patients
  - Patient suffered damage as a result
  - If no damage occurred to the pt., it is not considered negligence
- Error of judgement does not amount to negligence

Defences Against Negligence

- Actual denial of negligence having taken place
- Delegation of duty for subordinate
- Contributory negligence by pt.
- Assumption of risk of pt.
- Emergency of the situation
- A wrong that is independent of the contract
- A complete case cannot be tried again (Res Judicata)

Ways to Prevent Negligence

- Updating knowledge through CME programmes
- Maintain accurate and complete case records
- Obtain informed consent
- Guard against therapeutic hazards
- Practice with reasonable skill and care
- Never criticize another doctor
- Medical indemnity insurance

Summary

- Ethics are standards by which physicians maintain their conduct or their relationship with patients, with members of allied professions and with the public
- Guidelines formulated in dealing with patients, their relatives and third parties

Summary

- One should be clear with:
  - Psychiatric Diagnosis
  - Informed consent
  - (In)voluntary treatment & hospitalization
  - Confidentiality
  - Respect for the patient & his human rights
  - Psychiatric research

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Thank You