ETHICS IN PSYCHIATRY

A Thesis Submitted for Partial Fulfillment
of Master Degree in
Neuropsychiatry
By

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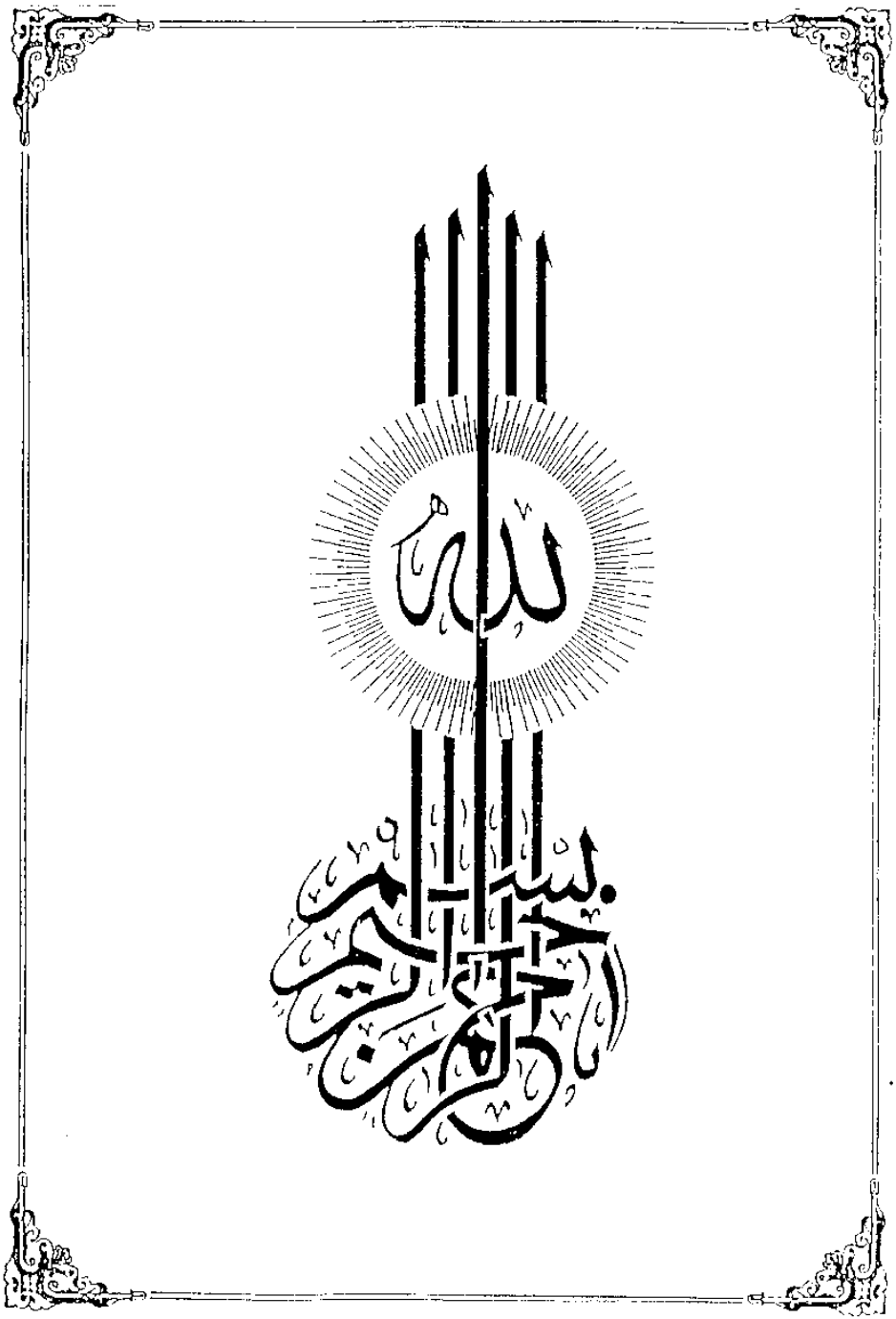
بسم الله الرحمن الرحيم

وقل اعملوا فسيرى الله عملكم
ورسوله والمؤمنون

صدق الله العظيم



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is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practice my Art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and, further, from the seduction of females, or males, of freemen or slaves. Whatever, in connection with my professional practice, not in connection with it, I see or hear, inthe life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the Art, respected by all men, in all times. But should I trespass and violate this Oath may the reverse be my lot.

Introduction

INTRODUCTION

Psychiatry can be characterized by bringing together several aspects of scientific research, clinical work, economic constraints, and ethical standards **(Karsau, 1994).**

Although ethical dilemmas in psychiatry are centred around issues of autonomy, psychiatric allegiance may be split on issues such as death penalty, surgical castration, and seclusion. Ethics must be above all pragmatics and the four basic prima facie moral committments-respect for autonomy, beneficience, non maleficience and justice stated by Gillan (1994), are good starting points to think about psychiatric ethics **(Harding, 1994).**

Arguments about the morality of the use of deception in patient's care have showed that deception can have deleterious effect on trust and can increase the emotional distance between patients and staff **(Teasdale, and Kent, 1995).**

In the United States the threat of malpractice litigation is encouraging physicians to assume responsibility for their patients. Therefore trying to avoid ethical problems of assuming responsibility for moral agents and reducing the threat of litigation can emerge this neopaternalism of feeling for patients

rather than to them; (**McMillan, 1995**).

Sexual relation with patients have long been recognized as ethics violation and an activity suitable for assessment by the ethics committee as it represents a fiduciary breach, abuse of a power asymmetry, exploitation of vulnerability, and use of undue influence (**Gutheil, 1994**).

Some authors studied the harmfulness and prevalence of sex between doctor and patient. The conclusion was that symptoms resulted from that inappropriate relationship, while other authors attributed them to childhood sexual abuse. The question is did lasting harm result and how much did sex contribute to it (**Williams, 1955**).

Some studies revealed that psychiatric treatment does not often meet therapeutic standards. The reason for this is the participation of autonomous patients in therapeutic decision making as part of their rights, the doctor's duty to inform and the risk benefit assessment on the part of patient and doctor. This will lead to a treatment decision which is less effective and less safe that can face the therapist with ethical and legal problems (**Geiselmann, 1954**).

Patient's consent has been discussed for years as his/her right to self determination within which

physician can only act. However mental diseases can impair this capacity. The physician's therapy at that time aims to remove this mental disease and to regain the patient's lost autonomy; **(Helmchen, 1994).**

Psychiatric practice has been widely intervened by third parties, so aboslute cofidentiality can not be demanded. Ethics in forensic evaluation rely on the psychiatrist. It is important to inform the evaluee of the evaluator's opinion prior to the trial; **(Nishyama, 1994).**

The trend of current social changes will lead to give more detailed information of the patient's disease and it's prognosis. Patients will decide to whom and to what extent these data on his person will be provided. legal consciousness will make people aware of the fact that provision of any information to subjects, authorities, or institution without patient's consent are defined by law as non permissible; **(Radimsky, 1995).**

Although ethical dilemmas are centred around issues of autonomy, treatment without consent, and involuntary hospitalization, forensic psychiatry is a field in which the patient is a criminal who can harm himself and others. So we have to counteract violence from an ethical point of view.

Coming to research work, could research conducted on patients who could not give consent?

These and several other issues have b challenging the psychiatric profession for decades. T difficult equation is that of respecting the hum rights of mental patients without compromising th right to therapy nor society's right to be protected fr any harmful consequences of the patient's mental health.

Aim of Work :

1- To review the codes of ethics in psychiatric practice, therapy and research.

2- To discuss ethical problems facing psychiatrists and to find ways in dealing with such problems, to narrow the gap between what is theoretically perfect and the ruggedly real.

3- Provide a broder historical perspective on the development of the professional's standards and values by recommending codes that can be applied in Egypt.

Ethics

What Is Ethics

Ethics is something we have to work at constantly, because we are never happy unless we are virtuous and it is not something we are born with like health, beauty or wealth. To know ethics we have to study principles such as confidentiality and truth telling. Their clinical application may be very hard as theories change in front of a suffering worried person seeking help. This makes the challenges of ethical practice demand a skillful approach than the theories can provide.

As the relation between the physician and the patient is a sacred one, the learning and practice of medical ethics is as important as the learning and practice of clinical medicine. In these principles the patient is autonomous, the physician is beneficient while the harmonious blending of the two duties might be justice. This distinction is greatly overworked and is very simplistic.

Mental disorder can limit or remove the patient's capacity to understand, to reason and to communicate. Various psychiatric treatment can also affect cognition adversely and thereby impair autonomy. Therefore involuntary hospitalziation and treatment are core issues in psychiatric ethics **(Bloch and Chodoff, 1991).**

The changes that have taken place in medicin over the past few decades have challenged our vie about the responsibilities and obligations of thos providing health care and about their relationshi with their patients. The demands brought up b technologic advances and economic concerns hav tested our ability to practice humane, empathic an ethical medicine. Sine health care serves human need of being comforted and cared for as much as servin organic technically defined needs, therefore if w remove this comfort of humanistic interaction b mechanization and we treat patients as mere bodie medical care would no longer serve most of the need of today's patients. Words of empathy, altruism o compassion have become to imply tolerance sensitivity and an ability to provide solace an comfort **(Model, 1980).**

Kohort, (1978) viewed "empathy" as fundamental mode of relatedness, the recognition o the self, the others, and "Human" the understandin of human echo that enable us to link with the inne experience of others.

However, **Cassell, (1991)** has suggested that v can never truly experience another's distress. It i possible to know the suffering of others, to help ther and to relieve their distress but never to become on with them in their torment. He implied that there is