2ND ANNUAL CHAIRS IN PSYCHIATRY SUMMIT
The Master Class for Psychiatric Professional Development
What’s Ethical? Ethics in Psychiatric Practice

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Learning Objective

Demonstrate competency in applying ethical skills to clinical care of patients with mental illness
Professionalism and ethics

Key ethics skills for the practice of psychiatry

Safeguard examples: confidentiality, therapeutic boundaries, informed consent
Professionalism

- Use of specialized knowledge and expertise in serving a distinct role or purpose in society
- Obligation to adhere to ethical standards and to assure the ethical conduct of colleagues
Ethics

- Ethics is a scholarly discipline that examines, evaluates, and seeks to more deeply understand moral aspects (the right and wrong) of human nature and action.
- Bioethics is the application of this field to the work of medicine and biological science.
Key Ethics Skills in the Practice of Psychiatry

- The ability to **identify** the ethical features and tensions in a patient’s care

Altruism       Honesty
Autonomy       Integrity
Beneficence    Justice
Compassion    Nonmaleficence
Fidelity       Respect for persons
A psychiatrist advocates for insurance “parity” for mental illnesses, stating that mental illnesses are prevalent, severe, and stigmatized, and a major public health concern. He argues that mental illnesses do not receive the insurance benefits that physical conditions receive in our society.
Key Ethics Skills in Psychiatric Practice

- The ability to **anticipate** and work well in ethically risky or problematic situations
- The ability to gather **information** and to **seek consultation** and additional expertise in order to clarify and resolve the conflict
- The ability to build additional ethical **safeguards** into the patient care situation
Hierarchy of issues to be considered prior to making a clinical ethics decision

**Clinical Indications**
- How serious is the patient’s illness?
- Is there a need for medical intervention?
- What is the optimal standard of care for this patient?

**Preferences of Patient**
- What preferences are expressed by the patient?
- Is the patient capable of making this clinical decision?
- What factors may be impinging on the expressed preferences of the patient?

**Quality of Life**
- What is the patient’s quality of life, given his or her illness process?
- What impact will clinical intervention have on the patient’s quality of life?

**External Considerations**
- What external factors exist that may affect the patient’s care (e.g., legal issues, limited programs)?

Case Illustration #2

- A 36-year-old patient with chronic paranoid schizophrenia and type II diabetes declines his monthly depot antipsychotic medications
  - He then stops taking his diabetes medications
- Over the next several weeks, he is hospitalized three times with diabetic ketoacidosis
- On the fourth hospitalization, the patient is placed on a medical hold and transferred to the psychiatric unit
  - Emergency clinical care is initiated
The ethical obligation to not reveal the personal information (history, findings, observations) of a patient without permission

A privilege, not a right
A psychiatrist has carefully cultivated a therapeutic relationship with a paranoid patient who has a history of violence.

The patient slaps his 8-year-old daughter in front of the psychiatrist, just prior to a family evaluation session. The child has many visible bruises.

The psychiatrist intervenes and contacts the local child protective services agency.
“…the edge or limit of appropriate behavior… in the clinical setting”

Imperative to set aside one’s own “interests” (e.g., for self-gratification) in the service of the patient’s well-being

Examples of worrisome signals
- Touching
- Favors
- Gifts
- “Exceptions”
- Self-disclosure
Boundary crossings are behaviors within the therapeutic relationship that push the limits of acceptable professional conduct but may serve to advance the treatment.

Boundary violations, on the other hand, are behaviors that go beyond the parameters of appropriate conduct and have clear potential for exploiting the patient.
A psychiatrist attends a neighborhood picnic and is approached by an acquaintance with a high-ranking role in the community.

The neighbor says that she is depressed, occasionally has thoughts that life is no longer “worth it,” and wonders if she could drop by the psychiatrist’s home every week or so to see the psychiatrist “off the record”
Safeguard Example

Informed Consent

**Information**
- Dialogue/process
- Rationale
- Risks/benefits and likelihood
- Alternatives
- Future choices

**Voluntarism**
- Developmental
- Illness-related
- Psychological/cultural
- Contextual factors

**Decisional Capacity**
- Communication
- Understanding
- Reasoning
- Appreciation

**Informed Consent**
- Therapeutic relationship
- Nature of decision
A person diagnosed with schizophrenia understands the risks, benefits, and alternatives to an antipsychotic regimen that his psychiatrist recommends.

He says “that sounds great for other people, but...I don’t have schizophrenia”


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