

Ethical Issues in Psychiatrist Practice

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Medical ethics is at the centre of medical practice. It is rightly gaining much needed renewed focus and attention in the evolving scenario. The impetus for it may be attributed to the revelations that arose through Nuremberg trials, the framework elements that define research and publications related compulsions, and indeed the context and state of affairs of present day medical jurisprudence.

The psychiatrist's practice cannot remain untouched by the moral and ethical dilemmas faced in today's world. Although the pillars of the specialty are grounded in the principles of bioethics, i.e. autonomy, beneficence, non-maleficence etc., psychiatric practice has been at times facing dilemmas in patient care and research. Some of the areas of concern include a key domain concerning the principles of patient autonomy which heavily depends on the ability to take independent decision which may not be possible in certain situations. The very fact that there is a need for a rehabilitation team at the intersection of the confidentiality issues sought in patient care, brings to the fore arenas of conflict of opinion in the management support for patients across the different contact points of interaction constituting professionals across specializations. As personal issues are involved in addressing the complex range of problems at the core, where the sum of initiatives and efforts contributed by various practitioners and counselors keeping the patients interest would make a difference to quality of outcome, the risks embedded and inherent in the process as viewed from various quarters cannot be denied.

As the rehabilitation outcome may not be known at the initiation of rehabilitation, true autonomy in goal setting may not be possible and it may be difficult to adhere to purely ethical approach to treatment based on patient autonomy. This issue gets further complicated in certain conditions wherein decision making capacity of a patient gets restricted and sometimes limited such as in brain injury, Mental retardation etc. The psychiatrist has to resolve these patient related issues along with issues relating to intra team conflict and patient team conflict on the road to acceptable recovery. The process of rehabilitation is a continuous long term process requiring multiple settings and interactions with multiple third parties such as spouse, children, family members, employers, funding agencies etc. seeking engagement and who are needed to be involved in the goal setting for improved outcomes. Patient's personal belief systems and spirituality related issues present complex outlines that need to be addressed by the psychiatrist while taking decisions on the management process and these also involve inclusion of traditional systems of medicine and alternative medicine that patients and circumstances can bring to the fore, raising the contours of ethical demands on the practice and practitioners.

Another area of concern is the substance and nature of resource allocation towards rehabilitation medicine vis a vis acute care, where contradictions pertaining to the basic principles of medical care have become increasingly visible

as categorized into preventive, curative and rehabilitative domains. In an era wherein acute care services continue to expand and evolve and rehabilitation continues to be positioned as an optional area in policy decisions, the constraints within the structure of resource allocation poses complex ethical issues for psychiatrists.

There are other dilemmas that influence the psychiatric treatment decisions and practice. The policy shift towards CBR (community based rehabilitation) also invokes attention towards treatment satisfaction experienced by the patients where demand for better access to psychiatric services has been emerging. In this age of state of the art research in aids and appliances, the prescription choices between the modernising and conventional equipment options, in due consideration of efficiency and effectiveness in the context of the situations involved pose additional ethical considerations. As the nature of reimbursement policies come into consideration, the difficulties in shaping choices is shared by the person with disability seeking appropriate care and the medical establishment provisioning the same. A case in point here is also issues pertaining to donated aids and appliances which may not have the desired standard patient friendly specifications matching a given circumstance but may have to be accepted as something which is better than nothing scenario. Another issue increasing the complexity involved is the expectation of internet enabled patients, themselves identifying treatment options and technology devices and therapies for importation, which patients may wish to obtain and accordingly seek psychiatrist's opinion or prescription.

Other disease specific issues also keep surfacing daily such as neuropsychological issues in litigation in brain injury sequelae, long term ventilator support for high cervical injured quadriplegic patient, futility of treatment in certain cases and end of life and palliative care issues. HIV and AIDS related disabilities may also affect medical and rehabilitation goal setting. Research areas such as stem cell, bionics, robotics etc., further pose certain ethical issues which need to be resolved.

Thus it appears, the way out of this ethical maze is to inculcate a habit of analyzing each situation according to the case specific options encompassing considerations of medical condition, patient preferences, quality of life issues, and other contextual features in the given situation. Convergence of medical opinion in complex situations may help in arriving at objective analyses and conflict resolution. The psychiatrist training should include the basics of ethics training, emphasis on good communication and interaction with the patients and exercises on ethical conflict resolution. There are no specific answers to ethical dilemmas as it varies in every situation and the conflicts of values cannot be resolved to the satisfaction of all. It is evident that ethical issues are assuming increasing importance in present day patient care and psychiatrists should take the lead in addressing rehabilitative medical care.