

IMPACT OF DESTRUCTION OF CLASSIC MORAL PRINCIPLES ON ETHICAL QUESTIONS IN PSYCHIATRY

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SUMMARY

Society's treatment of psychiatric patients was always a reflection of social development and social awareness, as well as of ethical principles dominating a certain time period in that society. Over the last two and a half millennia, during which principles of Hippocratic ethics applied, attitudes towards psychiatric patients, from an ethical and practical standpoint, were and still are controversial to say the least. During this period thousands of people with mental disorders were abused, tortured, or killed, all of this in accordance to the existing ethical and legislative norms (Malleus Maleficarum, eugenic laws of totalitarian regimes...).

In the last forty years many international organizations and associations brought forth a number of resolutions and declarations warning of the position and of the rights of psychiatric patients and giving instructions on the humane, that is to say ethical, treatment of this category of patients. In almost all the western countries laws are passed to protect the rights of people with mental disorders. Thanks to this and maybe even more to the development of psychiatry as a medical and scientific profession, the position of those with mental disorders is improving.

However, at the same time over the last 40 years we are witnesses to the destruction of the classic moral principles and the establishment of certain "new" ethics which put psychiatric patients at a disadvantage, only in a more subtle way than before. This is why it is important to reexamine many of the ethical questions in psychiatry in the context of present ethical controversy.

Key words: ethics - psychiatric patients – psychiatrist - psychiatry

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INTRODUCTION

In the past few years many psychiatric seminars have focused on ethical issues in psychiatry^{*1}, as have many professional and scientific articles and books^{*2}. Ethics in psychiatry, or psychiatric ethics, has developed into a discipline separate from medical ethics and ethics as a philosophical discipline (Jukić 2007a). The reason for this is the fact that mentally ill patients, due to the nature of mental illness, can be in a state where they are unable to make basic rational, or what is considered psychologically normal, decisions in order to protect their character, their interests and rights, developing legal and ethical norms that will protect them is therefore necessary. Ethical problems in psychiatry are

common in situations where mental disorder damages the personality to a certain degree but does not completely nullify the person's capacity to understand their position and protect their rights and interests. This approach to ethical problems in psychiatry is of a newer date. For decades, before and after Hippocrates and his oath^{*3} ethics in psychiatry was part of medical ethics as a whole. Ethical norms which determine guidelines of conduct towards patients then slowly become legal norms. In certain fields of medicine, psychiatry for one, the logical relationship between ethics and legal norms has in newer times been inverted- first the legal norm is established from which ethical principles are then derived. The impression is that legal norms precede ethical norms, instead of the other way around!

*1 So for example in our area two such seminars have been held- the first was held on the 25th of April 2006. in Zagreb, University psychiatric hospital Vrapče, under the heading "Ethics in psychiatry" and the second on the 25th of June 2011. in Mostar (Mostarska subota) under the heading "moral disorders and morality in modern medicine and society".

*2 The Clinic for psychiatry Vrapče has published books in the past few years on ethical-legal issues in psychiatry - Miroslav Goreta is the author of three such books- – Primjena fizičke sile u psihijatriji, (2009.) Profesionalna odgovornost psihijatra, (2010.) Načelo razmjernosti u psihijatrijskoj teoriji i praksi (2012). Author Bartul Matijaca – Stramputice i putokaz. Ogleđi: Medicina/psihijatrija/ društvo, 2009.

*3 Hippocratic oath " I swear by Apollo Physician and Asclepius and Hygieia and Panacea and all the gods and goddesses, making them my witnesses, that I will fulfill according to my ability and judgment this oath and this covenant: To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art-if they desire to learn it-without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but to no one else. I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice. I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and my art. I will not use the knife, not even on sufferers from stone, but will withdraw in favor of such men as are engaged in this work. Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves. What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself holding such things shameful to be spoken about. If I fulfill this path and do not violate it, may it be granted to me to enjoy life and art, being honored with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot."

Ethical becomes that which is determined to be a legal norm; law precedes ethics, instead of ethics preceding law, as has been the way during the development of society! To further emphasize, even exaggerate this fact, this could mean that an amoral law could become a guideline for ethical procedure*⁴.

THE MOST COMMON ETHICAL QUESTIONS IN PSYCHIATRY

When speaking of ethics in psychiatry we must consider what makes it unique. The reason it is so unique, hence the pronounced importance of ethics in psychiatry, lies in some of the characteristics or symptoms of mental illness*⁵. These are, for example, the loss or impairment of insight into reality, delusions, hallucinations, impairment of volition, drive and impulses, disturbances of affect in terms of (psychotic) mania and depression, cognitive deficits and so on... All of this, without a doubt, puts mentally ill patients in a very specific position regardless of society (environment) and time. The specificity of their position is caused primarily by patients' reduced capacity to represent their own interests in attaining the universal rights and freedom of every person. They are therefore, temporarily or permanently, exposed to possible manipulation and unethical treatment which they cannot oppose. Due to this they are sometimes in need of special legal help and an adequate ethical attitude must be developed in relation to them. It must be noted that many questions with ethical-psychiatric connotations do not apply to psychiatric patients that are not psychotic or cognitively impaired.

Due to all of this, many of the questions in psychiatry have a very specific ethical connotation. Such problems and questions are for example (Jukić 2006, Jukić 1996):

- Involuntary treatment and hospitalization (the "innocent person in a madhouse"*⁶ problem) (Jukić 1998b, Kozumplik et al. 2003, Jukić 2007b).
- The right for psychiatric patients to refuse treatment and diagnostics (problems of stigmatization, loss of pension...)
- Specific methods of treatment (electroconvulsive therapy, psychosurgery...),
- Biomedical research on mentally ill patients
- The specificity of doctor-patient confidentiality in psychiatry (access to patient histories, medical documentation) (Jukić et al. 1997)

- The specificity of the doctor-patient relationship (Jukić 1998a)
- Legal competence and work competence as well as invalidity in mentally ill patients
- Ethical questions in the field of forensic psychiatry
- Questions related to suicid(ality)
- Other "trivial" concerns (use of cell phones during hospitalization, storage of dentures and other prosthetic for patients with dementia, weekend leaves from hospital...).

INTERNATIONAL RESOLUTIONS, CONVENTIONS AND RECOMMENDATIONS ON THE REQUIREMENT OF ETHICAL TREATMENT OF MENTALLY ILL PATIENTS

Many international institutions acknowledge the specific position of psychiatric patients and the necessity for the care of this category of patients.

In 1991 the general assembly of the United Nations, passed a resolution titled "UN Principles for the Protection of Mentally Ill Persons and for the Improvement of Mental Health Care". The title conveys the resolution's content. In 1984 the European council passed the "Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment" in which a significant portion of content refers to mentally ill patients. In 1994 the European council passed the "Recommendation 1235 on psychiatry and human rights" and in 2004 the Recommendation Rec (2004)10 of the Committee of Ministers to member states concerning the Protection of the Human Rights and Dignity of Persons with Mental Disorder.

Many non-government organizations passed many declarations and resolutions on (ethical) conduct and the rights of mentally ill patients, here are some:

World Health Organization (WHO): Declaration of Caracas (1990), The protection of persons with mental illness and the promotion and protection of mental health (1991) and Guidelines for the Promotion of Human Rights of Persons with Mental Disorders) (1996); World Medical Association – WMA: Statement on Ethical Issues Concerning Patients with Mental Illness (1995) and World Medical Association Recommendations Guiding Physicians in Biomedical Research Involving Human Subjects – Helsinki Declaration (1996); World Psychiatric Association - WPA: The Declaration of Hawaii (Honolulu, Hawaii 1977, Vienna 1983.) and Declaration of Madrid (1996).

*4 Don't advocates of euthanasia count on the fact that one day it will become an ethical norm!

*5 When referring to the uniqueness of mentally ill patients, we are referring to those suffering from psychosis or schizophrenia.

*6 Cases of misuse of psychiatry are well known, especially for political purposes. Many dissidents of the totalitarian systems were pronounced-as being mentally ill and are isolated in psychiatric hospitals. Authorities were and are always able to find psychiatrists willing to serve them and, misusing psychiatry as a profession, be involved in isolating such individuals from society. In the psychiatric hospital Vrapče in Zagreb, during the period from Sept. 1969 to July 1987. there were 49 „isolated“ dissidents (46 male, 3 female) or other individuals unadapted in society. During the above mentioned period they were detained ("isolated") in the hospital Vrapče 123 times-some only once, one individual 13 times. As a rule they were brought to hospital by police with a short memo from the chief of "SUP" (office of internal affairs) in which was stated that the individual is being sent to the hospital Vrapče for "isolation", according to arrangements made with the hospital's director. They were most often released from hospital after a few days, rarely longer than that, with a diagnosis of "isolation"...

Among documents that pay special attention to the rights of mentally ill patients and request ethical conduct towards them is the Statute of the Royal earthly institution for the mentally ill in Stenjevac (which was the name of the University psychiatric hospital Vrapce, Zagreb, at the time) the statute was declared on the 6th of June in the year 1880 (decree number 11.324) by the Croatian government of the time (Royal earthly government, internal division) (Iz statute 2000). This Statute, dating back to the year 1880, with many of its resolutions, could from a professional and humanistic standpoint be valid today. Upon suggestion^{*7} of the Croatian Psychiatric association, the Croatian association for psychiatry and law and the Clinic for psychiatry Vrapce, the Croatian congress declared the 6th of June as the Day for the rights of persons with mental disorders in Croatia.

Destruction or change of classic moral principles in the modern world?

The question being posed is, have classic moral principles been destroyed or have they only changed. Without trying to prove one hypothesis or the other we can state that many things have changed in the field of morals and ethics. Individual attitudes will determine whether these changes are looked upon as only change ("new rules for a new time") or whether they are viewed as a destruction of moral principles. This uncertainty can however be viewed through its impact- whether positive or negative-on the object at the receiving end of these "new" moral principles.

Before considering how these changes in classic moral principles impact mentally ill patients, we can for a moment review how they affect ethics in medicine as a whole. In the past decade, and especially the past few years a change has occurred in ethical norms dating back to Hippocrates. For over two millennia doctors held true to norms such as "I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect" and " Similarly I will not give to a woman an abortive remedy" (from the hypocratic oath), on the other hand today, in certain countries, euthanasia is legal, abortion has become so common that its opposers have become a "world wonder".

Why are these changes in ethical norms occurring, ones which negatively impact individuals in society that are fragile and vulnerable, individuals who "thanks to new moral attitudes" are becoming even more threatened (and are then protected by all sorts of laws that are then never implemented!)? Mankind by nature strives to destroy boundries that restrict, ones that were

put up, throughout mankind's evolution in order to protect him/her. Until lately society punished and rejected individuals who were breaking boundries whereas today it celebrates and supports them. Until practically yesterday only persons with personality disorders (psychopaths) with their asocial and antisocial behavior broke social norms, today this is done by "normal" individuals-as if there has been a huge rise in the number of psychopaths!

In regions where war broke out twenty years ago (former Yugoslavia) this phenomenon is even more prevalent. Ethical norms are greatly violated during war, and laws detested! Those that passed laws treated them with despise (even during communistic times there was a well known phrase that said " there is no need to hold onto laws like a dunk man to a fence!"). The public started to lose faith in the legal system. Illegal acts during and after the war slowly led to the disregard of ethical principles.

To this I will add one more observation. In preparing for a symposium on ethics in psychiatry I came upon a phenomenon that I called "ethical daltonism". In speaking with colleagues about ethical issues in psychiatry I noticed that some, otherwise very honest and humane doctors, individuals that noone would describe as amoral, simply could not understand basic ethical postulates. They accept these postulates when they are pointed out but do not conclude or understand them on their own. What is very clearly perceived by most individuals they do not notice, this to the surprise of everyone who is "normally" ethical. In understanding that these ethical "goof-ups", are not the result of negligence or ill intent, but rather a selective ethical blindness, I started to call these individuals "ethical daltonists". Due to the fact that they "do not see colors and therefore pass through red lights" they tear down very strong ethical norms and sometimes this has very negative repercussions. This is especially unfortunate when such doctors/psychiatrist hold high ranking positions (this does exist!) in which they feel secure and their position discourages others from pointing out these "ethical yellow spots" and to those that are insecure these individuals become a model for identification.

THE IMPACT OF CHANGE IN ETHICAL PRINCIPLES ON PSYCHIATRIC ETHICS

All changes in ethical principles have repercussions on ethical issues in psychiatry. For example, what is the position of mentally ill patients, as a category of patients

*7 The proposal suggesting the 6th of June be pronounced as the Day for the rights of persons with mental disorders, elaborated on "the very large potential threat to the human rights and freedom of persons suffering from mental disorders", "the right to receive equal conditions of treatment as are given to all other patients receiving medical treatment in other fields of medicine, the right to be conducted towards, by individuals and institutions, without stigmatization and discrimination; the right to receive the least restrictive measures when short or long term restrictions of their rights are necessary and justifiable, the right to protect their property in a way that is equal to all other civilians, the right to receive competent representation in all procedures in which they are unable to protect their own interests; the right to treatment during criminal procedures and during imprisonment; the right to conditions equal to those that are given to all other citizens during legal procedures (trials) including both criminal and civil procedures, and so on...

who often are not able to care for themselves and protect their rights and interests, in the context of fundamental changes to Hippocrates' postulate on protecting life from conception to death. Are they threatened (maybe even their lives in danger as in the times of nazism) as are unborn children and the helpless elderly? If we regard this problem through the fact that so many laws, declarations and resolutions have been passed for the protection of mentally ill patients then the question can be answered affirmatively! If mentally ill patients are not threatened there would be no need for these laws, declarations and resolutions!

Questions of psychiatric ethics which in practice negatively impact patients can be regarded through a few different levels.

Ethical problems in relation to psychiatrist-patient

The psychiatrist-patient relationship is much more complex than the doctor-patient relationship for somatic patients. It must be pointed out that patients in general tend to regress and become subservient to their doctors. A doctor can easily manipulate a regressive person. Manipulating a patient (i.e. seducing a patient) and this happens, is an amoral act and a serious violation of medical ethics and deontology, especially when it involves a psychiatrist and a mentally ill patient.

Doctors pledge that their most important concern will be the health and welfare of patients and that their work will be on behalf of patients. Still, do psychiatrists always work "in the patient's favor"? Is their attitude the same with every patient, is every patient equal to him/her?

Here are some observations on the psychiatrist-patient relationship that have a negative ethical dimension:

- a good (and desired) patient is an obedient patient;
- a good (and desired) patient is a rich patient;
- a good (and desired) patient is one that is easily "delt with";
- a good (and desired) patient is a "healthy patient";
- a good (and desired) patient is one that is socially important or a prominent figure, or the child of someone important or prominent;
- a good (and desired) patient is one that meets the criteria for clinical studies (which are separately paid):
- special treatment by giving sick leave;
- taking the patients side if he/she is in conflict with parents
- making unrealistic promises
- giving unrealistic prognoses

The following situations are ethically on very slippery terrain:

- disciplining patients with threats;
- the use of physical force (which is sometime necessary!) on patients;

- violating doctor -patient confidentiality;
- rejecting "annoying" and "difficult" patients;
- teaching patients to simulate or aggravate their symptoms (for secondary gain).

Ethical questions relating to psychiatrist-patient-society

A serious danger for unethical conduct exists in relation to psychiatrist, patient and society. It is here that we can best detect the earlier mentioned "ethical daltonists".

Here are some observations about common ethical mistakes:

- writing false documentation (doctors notes, "documentation for disability assessment, work ability, avoiding imprisonment);
- causing antagonism between patient and community;
- ingratiation due to ones own unresolved conflicts...
- taking on the role of interpreter of social events because of the mere fact that one is a psychiatrist;
- susceptibility (opportunism) to (political) authorities and legitimizing their views (an example in Croatia is psychiatrists taking a stand as being for or against the decriminalization of "light dugs");
- giving "relevant" psychiatric assessments on issues for which psychiatry is not competent or issues that are not of psychiatric interest;
- arrogance and an inability to control ones narcissism;
- insecurity and fear in the face of responsibility.

Ethical questions relating to psychiatrist-psychiatrist

Even though the Hippocratic oath and its Geneva version both insist on a correct relationship between doctors and their colleagues ("...my colleagues will be my brothers...") unfortunately this ethical norm is sometimes also violated. An important example of unethical behavior towards colleagues is insisting on "colleageality" and solidarity when one psychiatrist, usually a superior, violates ethical and legal norms. More common however are small acts of collegial incorrectness which can sometimes have very negative effects. Here are a few examples:

- "palming off" "difficult patients" to colleagues
- calling colleagues ignoramuses (behind their backs)
- denouncing colleagues in different ways

Other aspects of psychiatric practice hold dangerous ethical traps. It must be emphasized that lack of education is one of the biggest sources of unethical behavior in psychiatrists. Here are other situations worth attention:

- -engaging in "other work"
- -obligating to much time to lecturing
- -to many (sponsored) lectures
- -scientific research, writing papers...symposium (traveling)...

- -to much time committed to work on paid clinical studies (instead of one or two clinical studies, working on five or six at once)
- -to much commitment to professional-social or political-managerial-social aspects...

Another problem that needs to be noted is how the current order of (ethical) interests is easily shifted with an inability to perceive priorities. Every psychiatrist functions in an environment defined by different interests, these interests can sometimes be conflicting, a psychiatrist must recognize this conflict and given precedence to the interest which dominates in that moment. In one instance one's own interests are the first priority and the patient's interest are secondary. In another situation the interests of the institution where the psychiatrist works may be the first priority, yet in a third instance the primary interest is the community or humanity as a whole...interests that take first priority are constantly shifting and this must be recognized.

Opportunism can also be the cause of unethical behavior. Nobody wants to be resented by anybody by publicly speaking out, but talking "behind someones back" is not only unethical but can be a lot more harmful. An example is controversial topics in Croatian psychiatry which have mostly remained unresolved.

CONCLUDING COMMENTS

We live in a time when many values have become questioned. The destruction of general moral principles has resulted in their destruction in the sphere of psychiatry. In psychiatry we must be very cautious because the possibility of violating ethical principles is far greater than in other areas. In order to minimize unethical behavior to an acceptable level education is crucial not only in psychiatry as a profession but also in ethics. Proper education can help psychiatrists who are selectively blind to ethics "ethic daltonists" to correct their point of view and then their behavior. Achieving this requires a lot more individual engagement.

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