Ethical Psychiatry and Bio-social Humanism

BY LOUIS JOLYON WEST, M.D.

In discussing the ethical issues of special relevance to contemporary psychiatry, the author raises some provocative questions, ranging in subject from the practitioner's responsibility for the maintenance of professional competence to the ethical ramifications of some current treatment concepts. He concludes that psychiatry's task includes the development of a more satisfactory statement of human nature, from which a new and comprehensive ethical system can be derived.

In the psychiatry of today there are many ethical questions that have never been clearly resolved, either within the profession or between the profession and the public. Even an issue about which there would seem to be little question at first glance, such as confidentiality, reveals areas of confusion upon closer inspection. For example, should information be revealed at the patient's request when his mental or emotional state is in doubt? What about revelations made by excited patients under the psychiatrist's responsibility during group therapy? If a nonpsychotic patient reveals that he is planning something dangerous or antisocial, where does confidentiality leave off and social responsibility begin? What do you do when your records are threatened with subpoena—destroy or "lose" them?

In matters of treatment there are even knottier problems. Is it ethical to recommend electroconvulsive therapy for migraine? Lobotomy for hysteria? LSD for alcoholism? Psychoanalysis for senile Painful aversive conditioning for autistic behavior in children? Nude group marathon sessions for marital discord? Personal manipulations by the physician, or coach, intercourse, for frigidity?

In preparing this paper I began with the assignment to discuss issues relevant particularly to contemporary psychiatric practice. Two of the most troublesome areas are undoubtedly those just mentioned, to which I shall return. However, there are many other problems faced by the ethical psychiatrist today, problems that cannot be dealt with here in detail but must be mentioned.

For example, all practitioners of psychiatry should aspire to the fulfilment of the standards and responsibilities set forth by the American Psychiatric Association in its Pledge of Fellowship. A Fellow of the Association promises:

To further the study of the nature, treatment, and prevention of mental disorders to promote mental health; to promote the welfare of the mentally ill; to further the interest of maintenance, and the advancement of standards of all hospitals for mental disorders; outpatient services, and of all other agencies concerned with the medical, social, and legal aspects of these disorders; to advance psychiatric education and research, and to make available such information.
Furthermore, what is our ethical position, individually and as an organization, in relation to public policy? If we know that protein deficiency, social isolation, and cultural deprivation can produce lasting and significant mental and emotional damage, and millions of children in our prosperous land are malnourished, isolated, or deprived, what action is incumbent upon us when antipoverty programs are cut back by the government? Or when it is agreed that ghettos should be perpetuated by racism of any color for any reason? Or when enriched education for those who need it most remains unavailable because of political inertia? Must the psychiatrist who would be truly ethical persevere in himself in the stubborn and unrewarding arena of public affairs and even in (loathsome word!) politics?

Perhaps our own professional trends and styles may have ethical ramifications if we view the problem of responsibility in terms of historical continuity. Is lobotomy ever ethically recommended for schizophrenia nowadays? If so, are there cases in which it is ethically withheld? Are certain patients, hospitalized for long periods of conservative treatment for involutional depression, properly denied the statistically more promising electroshock therapy that the staff may not enjoy administering?

It is possible to raise ethical questions even about some ramifications of our seemingly most progressive programs. For example, with the emphasis today upon community psychiatry and the control of schizophrenia by drug maintenance, there will be more carriers of the putative genetic defect going about their business in the outside world instead of spending long periods within the sheltering walls of the hospital (which may also serve as both a prison and an asylum.) Even with relatively good symptom control by medication, many of these people will manifest poor judgment, make bad marriages, and produce children for the wrong reasons. This, combined with the relative poverty and ignorance of the schizophrenic population, will mean an increasing number of offspring genetically predisposed to the disease.

Furthermore, such
parents, will be less likely to receive the prophylactic benefits of superior child-rearing practices that might counteract the biological predisposition. Thus, despite fine prospects for continued progress in genetics, child development, and psychopharmacology in the future, society may well face an increasing schizophrenic population, concentrated more and more in the lower socioeconomic segment of the population, and for the first time in history no longer naturally limited by the natural (untreated) gross psychopathology of schizophrenia (6). Confidentiality and Privacy

After pondering such global issues it is almost a relief to return to matters such as privileged communication or the question of whether the benefits of group therapy in the nude outweigh its potential risks. The whole subject of privacy and its ethical implications (including the confidentiality issue) has fortunately just been reviewed, briefly and clearly, by Modlin (3). Therefore I shall not discuss it here at any length. Naturally Modlin, like myself, raises more questions than he—or anyone—can settle at this moment in history.

For instance, it remains unclear whether psychiatrists can simultaneously follow the dictates of professional conscience and the requirements of social conscience as embodied in the law. The pending appeal of Dr. Joseph E. Lifschutz in California is a case in point. Dr. Lifschutz is a psychoanalyst. He has refused to answer any questions concerning a former patient who, having filed a damage suit, waived the confidentiality of his medical records automatically under a state law.

There are two issues in the Lifschutz case. The first is whether a psychiatric patient can in fact give informed consent for such a waiver, since he cannot know what the psychiatrist's records may reveal about him. Second, such a breach of confidentiality may impair public confidence in the psychiatrist and in the profession, because the assurance shall have been belied that psychotherapeutic communications are forever inviolate. It remains to be seen whether the Supreme Court will clarify the position.

Meanwhile, there are certain propositions concerning secrecy, privacy, and privilege that Modlin does not even attempt to explore. For example, as various forms of group therapy become more widely employed by psychologists and demanded by the public, instances of devastating or otherwise regretted revelations by one member of the group to the others will surely lead to serious problems. The psychiatrist's commitment to confidentiality, even to the extent that the law supports it, obviously cannot be made binding on all participants in a T group, or a confrontation group, or a transactional analysis group, or a marathon group. Can the psychiatrist waive his responsibility to the members of such a group when they enter it expecting to receive help under the aegis of a medical professional specialist but find that they have revealed more to more people than they had bargained for?

Ethical Standards—Timely or Timeless?

Even the most widely accepted ethical standards in psychiatry may come under challenge as times change. Here again I am spared the necessity for a discussion of the recent publication by Torrey of his fine book on ethical issues in medicine. Twenty authors cover topics including ethical implications of medical knowledge, contraception, abortion, artificial insemination, sterilization, elective death, telling patients the truth, professional secrecy, human experimentation, relations with the drug industry, artificial and transplanted organs, social conflict, changes on the campus, war, poverty, and the doctor's right to strike (4). Torrey, a psychiatrist, concerned about what the future will bring and how we can struggle toward solutions. But I sought in vain through more than two pages for something that might have helped the Ethics Committee of this Association with one of its most recent knotty problems.

A member of the APA was expelled because he publicly described and justified sexual intimacies with female patients as beneficial therapeutic procedures (7).
Common Sense and Philosophical Ethics

It is this common sense understanding that brings us finally to the question that should have come first but for some reason is seldom raised in discussions of this sort. What are ethics, medical or otherwise? How can they be fairly defined? And whence are they properly derived?

Ethics is the systematic study of the nature of value concepts and of the general principles that justify the application of value judgments to human affairs. While the philosophical theory of ethics must be distinguished from the everyday task of making moral decisions, it has usually been held by philosophers that the chief test that can be applied to an ethical system is to ask whether it can be harmonized with what is often called common sense ethics: i.e., with the ethical judgments that at our best we are constrained to make, apart from philosophical argument in our normal lives.

The Evolution of “Biosocial Humanism”

It is the present and future task of modern psychiatry to employ a growing knowledge of neuropsychological functions toward the development of a more satisfactory statement of human nature. The life sciences and the behavioral sciences are the stuff from which a new biosocial psychiatry will evolve. From it we shall hopefully derive laws defining the inevitable development in mankind and in each ethical man of such characteristics as empathy, foresight,
Historical Perspectives of the Ethical Practice of Psychiatry

BY FRANCIS J. BRACELAND, M.D., SC.D.

It is evident that we, as a nation and a culture, are now well into the great period of rapid change that man has known. Something is happening to the whole structure of human consciousness. Teilhard de Chardin has pointed out, and

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