

## This Month's Special Section Ethics

### Ethical Psychiatry and Biosocial 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 senility? Painful aversive conditioning for autistic behavior in children? Nude group marathon sessions for marital discord? Personal manipulations by the physician, or coached 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 fulfillment of 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 interests of the maintenance, and the advancement of standards of all hospitals for mental disorders; to support 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 the results of such research to the

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branches of medicine, to other sciences, and to the public. . . .

To place the welfare of his patients before his own; to maintain the dignity of his profession and the practice of medicine; to supplement his own judgment with the wisdom and counsel of specialists in other fields; to render assistance willingly to colleagues; to be generous in giving professional aid to the unfortunate; to enhance his knowledge by continuing study; by attendance at professional meetings; by association with physicians of eminence, and by freely exchanging experience and opinion with colleagues. . . .

To avoid commercialism in his professional life; to refrain from seeking the public eye for self-aggrandizement; to set fees commensurate with his services and adjusted to the patients' circumstances; and otherwise to avoid any financial practice whatsoever that might debase the profession. . . .

Suppose a Fellow of the APA quietly sins by omission against this pledge. He limits his practice mostly to psychotherapy, prescribing a few drugs when necessary, charging by the hour what the traffic will bear. He does not go to meetings, seldom reads, never discusses his cases with anybody, is not really available to colleagues or to the impecunious, and promotes no causes whatsoever. About two-thirds of his pledge goes unfulfilled. Is there anyone who would call him unethical?

#### Competence, Responsibility, and Public Policy

If it is difficult today for the practitioner of medicine to remain competent in the face of the information explosion, it will obviously become even more difficult in the near future. Is the maintenance of competence an ethical responsibility of the practitioner, imposing a stern requirement for constant study, postgraduate and refresher courses, and periodic objective examination to avoid self-deception? Or are we in fact becoming what the bureaucratic jargon of the day would have us appear to be: mere vendors of a commodity known as health services to a body of consumers, no more responsible to them than any other merchant under the standard of caveat emptor, limited only by the going state of the market place and the minor risk of

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 racists 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 perforce involve himself in the sticky 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 unethically 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 DNA . . .

Schizophrenic children born to ambulatory



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 decide the question

whether or not it was legal (much less ethical) for Dr. Lifschutz to defy the law of the land.

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 psychiatrists 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 because of the recent publication by Torrey of his fine book on ethical issues in medicine. Twenty authors cover topics including ethical implications of new biomedical 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, is concerned about what the future will bring and how we can struggle toward solutions. But I sought in vain through more than 400 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 hospital therapeutic procedures(17). But



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no complaint had been made by a patient  
in this case. What, therefore, was the written  
and published criterion for ethical behavior  
that this physician violated? Was it the Oath  
of Hippocrates? Other facets of that oath  
have recently fallen in the face of legal  
reforms, for example, concerning abortions.  
The former member in question could not  
really be accused of advertising, since his  
revelation was made in a professional  
journal. Even a challenge that he was  
administering a valueless procedure in the  
name of therapy could be argued, since  
clinicians from Hippocrates to Freud have  
noted the beneficial effects of sexual inter-  
course in certain cases.

Even if the Ethics Committee turned to  
the community for support in the form of  
laws forbidding extramarital sexual con-  
gress, it appears that such statutes may soon  
fall before the growing acceptance of the  
principle set forth in the Wolfenden Report  
that sexual acts between consenting adults  
in private are not a matter for concern  
under the criminal code. Nevertheless, I feel  
certain that the overwhelming majority of  
psychiatrists would agree that it is unethical  
to seduce patients and foolish (if not  
outrageous) to call it treatment.

### 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  
those ethical judgments that at our best we  
feel constrained to make, apart from  
philosophical argument, in our normal lives.

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It can hardly be maintained that common  
sense ethics is infallible, but its relation to  
philosophical ethics may be compared to  
that between ordinary perceptions and  
physical science. As the scientist must start  
with perceptions of physical objects, so the  
moral philosopher must start with common  
sense ethical judgments, for he has no other  
data. Both try to bring their data into a  
system, and in the process they must amend  
some data in order to make them coherent  
with other data (2).

Given pluralistic views of what is intrinsi-  
cally "good," and a theory of obligation  
that stresses both prima facie duties and  
utilitarian outcomes, one comes to the  
necessity for deriving modern ethical judg-  
ments from some yet undefined amalgam of  
objective decisions based on intellectual  
formulations about right and wrong and  
subjective decisions based on intuitive  
insights.

Thus it might be said that ethical  
constructs derive from an integration be-  
tween digital and analog information that is  
somehow creatively unified within the brain  
of individual man. Elsewhere (5) I have  
described this integrative task in neuropsy-  
chological terms. The digital information  
processing (ego-like) functions of the cere-  
bral lobes, and the analog information  
processing (id-like) functions of the limbic  
system or "visceral brain," seem to be  
interactively modulated by the reticular  
system through certain septal and hypo-  
thalamic connections, whereby (superego-  
like) emotional meanings and values be-  
come related to perceptions and ideas.

### 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 satisfac-  
tory 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 develop-  
ment in mankind and in each ethical man of  
such characteristics as empathy, foresight

→ COMPASSION, WISDOM, JUDGMENT, INSIGHT, AND LOVE.



These qualities tend to develop spontaneously in the normal, undamaged, healthy human individual, despite the universal instinctual heritage from our animal progenitors. Gradually, in spite of every setback and disaster, these humane tendencies are changing the pattern of life on this planet, as well as the planet itself. One example should suffice. It has finally come to pass, after perhaps 20 million years of human evolution, that in our lifetime there is finally defined, by every government of men in the world, the principle that human slavery is *wrong*.

Here is an ethic. Its derivation will, I believe, be demonstrable through basic biosocial research on human development. From such studies a proposition like the following might follow. The child passes through the stage of master in his infantile omnipotence and then through the stage of slave when his rapidly maturing brain chafes at his childish body's weak and helpless dependence upon adults who—to whatever extent they choose—are his rulers. Adolescent rebellion is man's eternal struggle for freedom. Every normal person experiences these phases, thus knowing in his heart the anguish of slavery, the sickness of desiring it for others or oneself, and the health of casting it off. If human misery is termed "bad," and health "good," then slavery is unethical and

everyone knows it. Ultimately we may find that sociogeny recapitulates ontogeny, which recapitulates phylogeny. Whatever we find, however, its applications to the development of a more complete and universal ethical system will be based on a more profound and scientific understanding of man and his nature. In a way it is paradoxically logical and fitting that our infant science, growing out of man's decision to care for his most tormented brothers, should thus provide a matrix for the development of a new, more comprehensive ethical system, for which the term "biosocial humanism" is hereby proposed in advance.

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## Historical Perspectives of the Ethical Practice of Psychiatry

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*That subtle governing of the relations between physician and patient designated as medical ethics is, in the author's opinion, of the essence of medical practice. The ethical principles passed down from generation to generation of physicians are derived from the simultaneous pursuit of knowledge and love of one's fellow man. As such, they determine the nature of the art of medicine and cannot be altered or ignored lest the profession itself lose the qualities that have made it a noble art.*

IT IS EVIDENT that we, as a nation and a culture, are now well into the great period of rapid change that man has never known. Something is happening to the whole structure of human consciousness. Teilhard de Chardin has pointed out, and

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