
Introduction for Psychiatric Residents

Daniel S. Polster, M.D.

It has truly been a pleasure to spend the last two years collaborating with the American Psychiatric Association Ethics Committee on the development of ethics education materials for psychiatric residents. This primer represents one aspect of that project, one that we hope will take its place as essential reading for every psychiatric resident for years to come.

Many of us feel that too little time is devoted to teaching physicians in all medical specialties about ethics pertinent to that discipline. Indeed, beginning in medical school, finding room to teach an ethics course is challenging alongside the constantly expanding knowledge base. In some instances an ethics course might be sacrificed to make room for the more concrete science of medicine. When ethics courses are designed, they rarely focus on issues specific to any one field but, rather, on those pertinent to all medical students: end-of-life issues, confidentiality, and many others.

Yet psychiatry—without sounding too self-absorbed—is special. The practice of psychiatry is different from other fields of medicine. The general ethics issues taught in medical school continue to apply, but the doctor–patient relationship in psychiatry is much more complex than in other disciplines. As such, multiple ethical issues arise that other physicians may not routinely face. Boundary violations? Duty to warn? Involuntary hospitalization? These issues may not arise to the same degree outside of psychiatry and are sometimes ignored by the rest of the medical world.



So when is a psychiatrist to learn these principles? Residency is the time when these lessons should be taught and enforced so that any psychiatrist is well versed in them by the time he or she goes into practice. The reality, however, is that residency—like medical school—often devotes too little time to teaching about psychiatric ethics. Our constantly evolving psychopharmacological armamentarium keeps residents constantly busy learning the latest in medications, whereas financial pressures and service obligations limit the amount of time that faculties have to teach courses on ethics. Once again, the ethical issues pertinent to psychiatry may be sacrificed in young residents. And once those residents have completed their education and are in practice, it may be too late. The rest of the profession and society expect them to know the principles and to behave in an ethical manner.

The foregone conclusion, then, is that ethics education in psychiatry must take place during the residency. Or no ethics education may take place at all. We have developed this primer to help guide residents through many of the complex ethical issues that psychiatrists may face every day. Although this primer may not guide you through every ethical challenge that you may face in your career, these chapters are a starting point. We want you to be aware of standard ethical principles, but also to begin to think in a way that will help you solve future ethical dilemmas. In addition, we hope that this primer will be a springboard for further discussions among your residency programs and an educational tool that you can use to complement any existing ethics training you may have.

Last, we hope this primer is fun and interesting to read, with some clinical vignettes and examples to bring the principles themselves into a real-life clinical context. This primer should not be limited to residents only, but may be helpful to medical students and early career psychiatrists alike. In fact, we hope you find it helpful throughout your careers and wish you all the best of luck in them.