
Introduction

Role of the APA in Developing and Enforcing Psychiatric Ethics

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“Should I accept a patient’s invitation to a party?” “Can I release sensitive information about my patient without the patient’s consent?” “Can I treat a close friend of a patient?” “Is it OK to tell a patient that I, too, have had a depression?” “Is it OK to co-treat a patient with someone I know to be less than competent?” “A local newspaper asked for my opinion about a politician’s well-known habitual drinking. Can I give it?” “Was it unethical to get angry with my patient?” “Can I give a psychiatric opinion about someone I’ve never examined?”

None of these questions calls to mind a clear “yes” or “no” answer. These questions all require careful balance among the clinical circumstances of the patient, the community and culture in which treatment is provided, the training and values of the psychiatrist, and the ethical code of our profession. With each dilemma, there are ethical principles that help the ethical physician fashion the best response. Oftentimes the principles conflict with one another, and the psychiatrist must make a judgment based on his or her weighing of the competing principles. The essence of an ethical resolution to an ethical dilemma is the process by which the principles are weighed. This process of self-inquiry and debate is the tradition upon which today’s ethical principles are built—and continue to evolve.

“Can I solicit money from my patients to help with my new on-line Web page?” “I want to create a commercial videotape of depression using my patients but not tell them of my plans for distribution...is that OK?” “Is it possible to ethically arrange a sexual relationship with my patient?” “Can I release records about deceased patients without their permission?”



Here, the ethical questions lend themselves more clearly to definitive answers, based on ethical principles. Indeed, each represents more of a moral principle of behavior than an ethical conflict. And again, you find clear guidance in seeking those moral imperatives by referring to the age-old traditions of the ethical principles of the medical profession.

From Hippocrates, through the many turns and interpretations over the centuries, to current renditions of medical ethics, we have inherited a rich legacy of principles, guidelines, and even rules to help us. Each generation of physicians has yielded new insights into those principles, and, thus, we live with an evolving set of guidelines and of conduct.

The most recent iteration of that tradition is *The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry* (American Psychiatric Association [APA] 2001). This manual, first published by the APA in 1973 and updated regularly, is based on *The Principles of Medical Ethics by the American Medical Association* (AMA). All editions of the *Principles* for psychiatry begin with the following preamble (with a shorter statement for pre-1980 editions):

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients but also to society, to other health professionals, and to self. The following Principles, adopted by the American Medical Association, are not laws but standards of conduct, which define the essentials of honorable behavior for the physician. (APA 2001)

Simply put, *The Principles of Medical Ethics* for psychiatry is a listing of guidelines and standards to guide us (see Appendix of this book). The reader who journeys through this primer will gather a richer appreciation for the wisdom and subtleties of those guidelines and principles.

Nevertheless, we are faced with the ever present realities of members of our profession who violate these principles. Section 2 states, “A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception” (APA 2001), calling on us as a profession to identify and, when necessary, discipline members who behave unethically. Although licensing boards, hospital review committees, and medical societies oftentimes tackle these issues, as psychiatrists, we have chosen to establish a system through the APA and its district branches to respond to complaints of potentially unethical conduct.

On the basis of fundamental principles of fairness and comprehensiveness, the APA, through the voluntary commitment of local ethics committees in each district branch, seeks to fully and confidentially investigate all applicable ethical complaints, conduct full and fair hearings, and decide appropriate sanctions when a finding of ethical misconduct is determined. Sanctions range from reprimand to suspension, or even expulsion from the APA and the district branch, with an overriding interest in rehabilitation and education. Throughout the process, complainants and accused members are treated with dignity and respect as the peer review process unfolds. To learn about the details of that process, interested physicians can inquire through their local district branches or the APA Office of Ethics and Professional Responsibility. (*The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry* includes a section that describes the APA's procedures for handling complaints of members' unethical conduct.)

The trends of reviewed conduct within and outside of ethical principles assist the profession in illuminating the evolving nature of these ethical principles. From case material from each disciplinary proceeding, we learn about how changing practice, societal values, and individual choices affect the application of ethical principles. The fluid interplay of these factors reemphasizes the ever changing nature of ethical principles. Many vignettes in the chapters of this primer have emerged through the formal proceedings of the APA Ethics Committee, although they are disguised to preserve confidentiality.

Another important process that helps psychiatrists develop ethical standards involves less formal endeavors, such as clinical consultations. By way of letters of inquiry, phone calls, or curbside consultations, psychiatrists are ever searching for input from one another about ethical dilemmas. All the contributors to this primer are recognized as community and national leaders in the field of psychiatric ethics and hence are exposed to a wealth of clinical dilemmas through the informality or formality of consultation. This is perhaps the richest source of information for the material presented here.

This primer helps the psychiatrist, whether in training or in established clinical practice, to develop a structure for addressing the myriad ethical and moral choices that present themselves to our field. Each chapter specifically addresses concrete ethical dilemmas in contemporary psychiatric practice with clinical vignettes and ethical principles to help guide the ethical physician in seeking ethical solutions to those



dilemmas that are commonplace in our work. From boundaries to work within managed care settings, from confidentiality to unique circumstances around treatment of special populations, the reader should find this book helpful in delineating an ethical approach to the patient.

Most important among the goals of the editor and contributors to this volume is to encourage the reader to begin discussions with colleagues and friends about the questions raised in these pages. If the vignettes and chapters serve only to answer questions with a “yes” or “no,” then the richest of our ethical traditions will themselves be violated. In the final analysis, our code of ethics is an organic, dynamic, and ever evolving set of standards, and this primer will successfully serve that process by stirring you, the reader, to carry on in that tradition of inquiry, debate, and examination.



Reference

American Psychiatric Association: *The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry*. Washington, DC, American Psychiatric Association, 2001