

BOOK REVIEW

Everyday Ethics: Voices from the Front Line of Community Psychiatry

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Medical ethics continues to firmly establish its place as an important tool necessary for clinicians to have available in their day-to-day work. National accreditation bodies have deemed ethics to be an essential aspect of care that health care institutions must now embed into daily organizational practice. Health care agencies and organizations now have ethical frameworks ready for clinicians to draw on as tools to frame clinical decision-making within care teams.

In mental health care, there is an increasing need to consider ethical decision making processes, given the frequency with which clinicians face dilemmas when balancing such issues as autonomy of the person with the rights of society when dealing with issues of risk. Complicating this further is the expansion of treatment of persons with serious mental illness into a wide variety of community-based settings rather than in institutions. Providing treatment and care to a person who has expressed their unwillingness to participate is a challenging concept, especially when it comes to requiring that person to take treatment in their own home.

This book is an ethnographic study of ethical decision-making that attempts to bring clarity to these issues from the front line perspective. It examines the clinical routines of a 10 person Assertive Community Treatment (ACT) team, working with clients with severe mental illness and addictions in a poor urban neighborhood in America's Midwest. The author describes spending considerable time with the team's front line workers, sitting in on daily meetings, listening to clinical discussions, and watching their interactions with the team manager and the psychiatrist. His research focuses on these clinicians who, from his perspective, have the least specialty training and least influence over patient outcomes. Despite this, they regularly discuss issues of influence, paternalism and confidentiality, struggle with engagement and clinical impasses, and make difficult care decisions before going out to see clients and assuming daily responsibility for their well being.

The book is divided into three sections. The first provides necessary background and context. The role of the ethnographer is clarified,

and the purpose of the book is highlighted: "to amplify the voice of frontline workers, who have the most intimate knowledge of clients but the least influence in broader conversations about mental health services" (p. 13) and to further demonstrate the utility of an ethnographic approach as a means of advancing ethics within the context of clinical care. The first part of the book also provides an overview of ACT, describing team functioning and differences in the perspectives of the psychiatrist and case manager. Case managers are described as generalists and extensions of the psychiatrist. The psychiatrist is described as working in a biomedical model, and the case managers' work is defined as focusing on daily assessments, medication and money drops, a role that is felt to create a sense of frustration for those case managers who in fact have more specific training in areas such as social work or counseling.

The second part of the book focuses on the day-to-day work of case managers on the ACT team. It describes in detail the "tools of the trade", in particular the use of standardized treatment plans, the role of the team as a "representative payeeship" or money manager, and the use of outpatient treatment orders in requiring patients to participate in ACT. It questions how much these aspects of ACT influence client behaviour and potentially foster dependency.

The third part of the book gets into more detail about issues of coercion and confidentiality, which front line workers wrestle with on a daily basis. It reviews four key areas, including the question of whether or not ACT is inherently coercive, and whether it successfully balances the principles of patient autonomy and professional beneficence. It poses the question of whether or not Ulysses contracts may be an effective tool in establishing patient consent such that they might resonate with front line workers. Finally it discusses issues related to confidentiality and the potential ethical challenges that arise when front line workers repeatedly show up at clients' homes with medication and money.

Strengths of this book include the description of ethnography and its relationship with more formal medical bioethics. It brings to the clinician's attention the different approaches possible in trying

to develop an ethical approach to patient care, and emphasizes the need to value the considerable experience that front line workers can bring to ethical discussions. Their observations may not be firmly embedded in theoretical ethical constructs. However their day-to-day consideration of treatment decisions that may unduly influence patients in a way that does not reflect personal choice brings to life the necessity for everyday ethics in the front line. The book will also resonate with community based mental health care providers in its detailed descriptions about daily challenges in an environment where resources are so limited.

One of the limitations of the book is that it is based within the American health care system, and as such there are some issues described that are not specifically relevant to clinicians practicing in other jurisdictions. Specifically, the concept of representative payee is not necessarily seen in other settings and, for the clinician where this does not occur, it seems quite evident that this is a system that would quickly complicate the treatment relationship. Additionally, given the principles of ethnographic research, the book is based on the interactions with one ACT team. This is both a strength and a weakness. Some of the book's observations lead to more general statements that may not resonate completely with all ACT teams, in terms of team functioning and dynamics. That being said, there are very helpful generalizations that would certainly cross all teams, and as such will stimulate thought and consideration for how to drive change in decision making processes and operations within these highly dynamic teams.

The book does not speak to many of the positive encounters that happen between a community case manager and a client, and how rewarding for many this type of work can be. It does not comment at length on the positive perspective that many clients have with respect to their relationship with their ACT workers, and does not reflect how they have been able to maintain what they perceive as a significant improvement in their quality of life.

This book reminds us that community mental health is the "poor cousin" of hospital-based systems of care. This is in light of community agencies being responsible for some of the most complex patients in the system. This is despite the dire under-resourcing they receive and having significantly less access to those professionals who have been trained for many years to deal with such clients. This book leaves the reader with more questions than answers, but candidly highlights issues that many health care systems are wrestling with, as more and more people with complex mental illness and addictions issues can no longer rely on hospital-based systems of care with their relatively rich resources, and who end up in care settings where both medical and social issues feel overwhelming and difficult to address.

Finally, it highlights the importance for teams to take time to reflect on team work, role clarity, and to consider the complexity of marrying issues of certification, mandatory outpatient commitment and client confidentiality with a recovery focused, person centered approach to care, which continues to be the basic tenants of community care for those with significant mental illness.

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