

LETTERS

Dear Editor,

We are grateful both to Dr. Heinrichs for his in depth engagement with our book and to the *JEMH* for the opportunity to reply to his comments. As much as earlier, more laudatory reviews of our new publication have been gratifying (Deakin and Pemberton, O'Connor 2013, Castaldelli-Maia 2014), in many ways a more critical review based on such a careful reading and reflection upon our work is an equally validating and satisfying experience.

The essence of Heinrichs' critique of our work speaks to the joys and frustrations of interdisciplinary academic endeavours. The reviewer's grievance with either the excessive depth or superficiality of the text, (particularly in the book's first section), highlight the fundamental challenge we faced in preparing the manuscript. The essential question posed in such a work was 'who is the target audience?' Our mission was to provoke a more thoughtful and reflective consideration of the field of psychiatric ethics for the rank and file clinician. Many of the apparent suppressed premises in the book's later chapters are referenced to peer reviewed papers that make a more substantive case for our arguments (many of which have appeared in this journal's pages over the last decade).

In constructing our methodology for moral reasoning, we faced the daunting task of orientating the interested lay clinical reader to complex ideas that have emerged and evolved from the Enlightenment period through to post-modernity. This required a delicate balancing of providing both the neophyte and acquainted reader with a substantive account of this sizeable body of Western philosophy, whilst seeking to avoid a facile or glib cross-referencing of ideas. Our intention was that the book would provide its target audience with a sufficient reference to normative and descriptive themes in moral philosophy that allowed readers to engage in as much depth as they desired through an extensive bibliography. The case examples used to illustrate the instrumental value of our method of ethical deliberation were based on actual clinical-ethical dilemmas where a coherentist resolution was elaborated and applied with some success for all stakeholders.

The reviewer asks, quite understandably, why readers are being burdened with an account of neoliberalism in Chile, or the moral dilemmas Australian psychiatrists face in their dealings with the state over the vexed issue of the treatment of asylum seekers? This was a deliberate choice, made to compel the reader to engage with the contextual influences upon the psychiatrist's moral agency. Psychiatry straddles multiple discourses and is constructed in the setting of particular historical, cultural, social and epistemic contexts. How could the reader attempt to comprehend the particular moral agency of Argentine psychiatrists in the period following the *junta* without an account of the history of the profession and the society in which it evolved? In compelling the reader through a "befuddling" journey through different themes, ideas and histories, we seek to prompt reflection upon their particular situatedness in history, culture and society. This aspect of the text has been central to favourable responses from

the earlier reviewers, who came to the book from the perspective of the interested clinical reader.

As to Heinrichs' observation that our political views are evident in the text, this is unapologetically so. We did not seek to enter the realm of the polemic, but to aver a particular value-free position in some of the quandaries considered in the book would have been disingenuous. Our argument is that political engagement, at any level, is an extension of moral agency into the social sphere, in the spirit of Arendt's "*viva activa*" (Arendt 1958). A political call to arms as part of psychiatric moral agency requires awareness of previous political excesses by psychiatrists, whether it be the Molotov cocktails of Franz Fanon, the poisoned pens of Barry Goldwater's psychiatric critics or Eberl's gas chamber.

Ultimately, ethics is a discursive process. As we argue in the last pages of the book, our concern for the future of our discipline is that it has, in recent decades, restricted itself to a biomedical discourse that seems to have eschewed the complexities that we (and many others) argue exist in psychiatric ethics. Our recent experience in teaching ethics to future psychiatrists has been that many could expostulate at length about the neurochemistry of depression, yet could neither recognise the significance of Philippe Pinel nor explain what took place at Schoß Hartheim. In writing *Ethics in Mental Health* we sought to challenge and provoke the reader to engage in the broader interdisciplinary nature of psychiatry. Regardless of whether we seem to fail in the eyes of some to make our case successfully on various points of contention, we believe we have been successful in alerting our colleagues to the broader complexities of their discipline and have provided at least an introduction to the ideas and influences that mould their profession.

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Acknowledgements: none

Competing interests: none

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Date of Publication: April 10, 2015