

BOOK REVIEW

Psychiatric Ethics 4th Edition

Sidney Bloch and Stephen A. Green (eds)

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Reviewed By: Thomas Mathien PhD

Transitional Year Programme

University of Toronto, Toronto, Canada

This volume is the latest version of what must now be regarded as the standard reference text in the very small field of psychiatric ethics. Its contributors include many of the prominent established contributors to the subject: besides Bloch and Green one finds contributions from K.W.M. Fulford, Paul Chodoff, Glen O. Gabbard, Thomas G. Gutheil, and George Szmulker, among others. It is divided into three main parts. The first of these places the field in a social and historical context, and provides techniques to aid resolving ethical questions in the field. Then a second section discusses some of the major core issues in the field, including confidentiality, involuntary treatment and hospitalization (and connected issues of competence and consent), the response to the suicidal patient, boundary violations, and research ethics. The section also includes contributions that explore implications for the field of psychiatric genetics and neuroethics (by Anne Farmer, Charlotte Allen and Peter McGuffin in the first case; by Stephen J. Morse in the second). Contributions in the third section address ethical issues specific to, or specifically difficult in, various therapeutic practices.

The second and third sections provide much of the book's utility for practitioners: they provide a helpful overview of current common ethical issues, along with extensive references to the discussions of these matters in the published literature. Three chapters from the Third Edition (on electroconvulsive therapy and psychosurgery, on diagnostics and on the teaching of psychiatric ethics) have been left out of this edition, but moved to a related website. The editors give the impression that the old chapters adequately cover the issues (presumably because there are not many new problems in these areas since 1999), and may be readily consulted there or in the Third Edition (p. 7). This may reflect the intended role of the book as a work of reference, the increasing importance of web-based publishing, increasing costs of book publishing, the danger that the work could expand into unwieldiness or (overdetermination!) many or all of these.

Given the diversity of contributors, and the range of subjects it is as difficult with this text as it is with many collections to say much about the book as a whole. Nevertheless one general point can be made, along with a number of observations to

about particular contributions. The overall comment comes from a trained philosopher, and occasional teacher of a course on ethics and mental health. Anyone who would seek complex philosophical discussion in this book will be largely disappointed. While there is a nod to several approaches to ethical theory in the introduction, it is scarcely more than a list with brief descriptions. Tom Beauchamp's four-principle approach to medical ethics is presented (by Tom Beauchamp) in a chapter in Part One in which he also surveys a variety of common approaches to ethical theory. The virtues of the four-principle approach as a mid-range theory that allows for identification of ethical issues in a medical field and at least a first approximation of a description of what is at issue are well known. The approach is used as a tool by many of the other contributors. Unfortunately the principles (beneficence, non-maleficence, respect for autonomy, and justice) can conflict. For example, cases where paternalistic treatment options are open are cases where benevolence is at odds with respect for autonomy. How those sorts of conflicts can be resolved may vary: utilitarians might prefer to take beneficence over respect in cases where deontologists could prefer to honour autonomy. Beauchamp suggests that sensitivity to the nuances of particular cases will aid in resolution (42), but I suspect that sensitivity to nuances of autonomy might lead to different results than would a sensitivity to the dimensions of benefit received from a particular treatment. Being aware of both kinds of complexity in a case, will lead us to the same concern about the role of fundamental principles in governing decision making.

In a similar manner, the discussion of confidentiality (by David I. Joseph, *et al.*) alludes to the *Tarasoff* and other decisions in establishing legal limits to psychiatrist/patient confidentiality in some US jurisdictions. However, it misses an opportunity to use these decisions as a starting point for an inquiry into the role of confidentiality in various forms of psychiatric treatment, whether there are reasons to impose limits on it (perhaps an occasion when a duty of justice, or non-maleficence or protection from reasonably anticipated harm to a broader public trumps the duty maintaining the trust of the patient) and what sorts of limits would be justifiable. These have been matters of some dispute among authorities.

Some contributions are particularly narrow in focus. Thus, the discussion of ethics in psychiatric research (by Franklin G. Miller and Donald L. Rosenstein) concentrates on testing of pharmaceuticals. There is little said about investigations of other therapeutic techniques. This limitation is not so damaging as one might think, however, since some of the most pressing ethical issues in research have to do with the design of studies of the effect of various types of drug treatments on human subjects. In this regard the role of double blind controlled studies of a treatment on subjects who are in need of treatment in any case, is a matter of some concern. They are the gold standard for understanding the value of a treatment, but randomly deprive subjects of existing medications of proven effect. Studies that contrast the results of a new treatment with those currently in use, are less ethically objectionable, but also less informative. The authors consider the former type of test ethically acceptable providing that there are potential benefits (with risks properly discounted) to be generated from the study. They also note that the ethical framework for research is not the same as that which applies in treatment (272). For this reason, it is particularly important that when subjects are capable of informed consent to participation in a study, they understand that they can expect no personal benefit from the procedures undergone. This is not always easy for potential research subjects. Moreover, since many conditions for which new treatments are studied are conditions that can involve reduced capacity to make decisions, deciding how to recruit subjects ethically is a considerable problem.

This article is well read in close conjunction with the discussion of drug treatment by Linda Kader and Christos Pantelis and with the truly frightening account of the relation of the pharmaceutical industry with psychiatry by Stephen A. Green. The latter makes a good case that the industry's economic power gives it the means and a motive, frequently exercised, to corrupt both research into psychotropic drugs, and treatment using them. The moral message to be drawn from this is that researcher and clinician must be wary of the damaging effects of the conflicts of interest that can attend their relations with the industry.

The articles in the collection that many will find most useful address the concerns and needs of recipients of particular psychiatric services, or those who practice particular forms of therapy. All the articles in the third part of the book do this, as does the marvelously sensible discussion of boundary violations by Glen O. Gabbard. On the other hand, while Stephen J. Morse's discussion of neuroethics does address some specific moral problems that can result from the research program (for example, the ethics of capacity enhancement), much of the piece is about the implications of the program for judgements about agency and responsibility (Morse holds that they are minimal). This discussion has some philosophical weight, but would be better placed in a general discussion of determinism and human agency rather than in what is primarily a reference work.

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Address for Correspondence:

*Dr. Thomas Mathien
Transitional Year Programme
University of Toronto, Toronto, Canada
49 St. George Street
Toronto, Ontario, Canada M5S 2E5*

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