

Ethical Principles in Psychiatric Practice: A Systematic Review

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Abstract

Introduction: Ethical principles play a significant role in the psychiatric practice as it influences the pattern of services. Ethical principles are likely to affect not only the clinical traditions and the service organizational structure and functioning in psychiatry, but also the expression and the interpretation of mental illness. Ethical differences create difficulties and problems related to the use of diagnosis, decision-making in diagnosis, and description of treatments on international levels in psychiatric practice.

Procedure: The search of available literature uncovered 35 published articles between 1978 and 2015. Twenty-one articles were excluded, and fourteen articles were reviewed.

Results: Topics reviewed included confidentiality, honesty and trust, autonomy and informed consent, decision-making capacity, as well as involuntary psychiatric treatment. The reviewed studies were small in scale and are limited in generalizability. The acceptance and applicability of the ethical principles are contextual due to difference in cultural or religious beliefs, economic status, political ideologies, geographical differences as well as differences in societal norms. It is challenging for universally acceptable ethical principles in psychiatric practice due to social differences. Common challenges of addressing the issues about ethical principles may be altered by cultural or religious beliefs, the political ideologies among countries, economic status, geographical locations, and the norms societies.

Conclusion: Comparative studies on the perceptions of mental health professionals regarding the ethical principles in psychiatric practice will serve as an important platform to provide contextual information on the ethical principles in psychiatric practice. A detailed assessment of the factors influencing ethical principles will also be a significant step

Keywords: Ethical Principles; Confidentiality; Honesty and Trust; Autonomy and Informed Consent; Decision-Making Capacity

Introduction

According to the World Health Organization (WHO), mental health is 'a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to his or her community' [1]. The European Mental Health Declaration also states that the promotion of mental health is a priority for the WHO and the establishment of coordination across regions and countries is considered a means to improve mental health delivery. Also, further development of mental health services should be based upon the awareness of each country's existing needs and resources [2,3]. However, the WHO has

emphasized that comprehensive standardized international comparisons of psychiatric services are one of the more important tasks. 'The identification of different patterns of services provided and of inequities within and between countries' is important to be addressed [2].

One of the major tasks that stakeholders of psychiatric practice might have also emphasized on is the issue of ethics in psychiatric practice. Ethical principles play a major role in the psychiatric practice as it influences the pattern of services based on the setting. The principles are likely to affect not only the clinical traditions and the service organizational structure and functioning, but also the expression and the interpretation of mental illness. Ethical differences create difficulties and problems relating to the use of diagnosis, decision-making in diagnosis, and description of treatments on international levels in psychiatric practice.

Paul and Elder defined ethics as 'a set of concepts and principles that guide us in determining what behavior helps or harms sentient creatures [4]'. This confirms that human behavior is influenced by ethics in the setting we are. Boundless presented a concise definition that is subject to discussion on ethical principles in psychiatric practice [5]. According to Boundless, 'ethics are therefore set of moral principles that guide a person's behavior. These morals are shaped by social norms, cultural practices, and religious influences. Ethics reflect beliefs about what is right, what is wrong, what is just, what is unjust, what is good and what is bad in terms of human behavior. They serve as a compass to direct how people should behave towards each other, understand and fulfill their obligations to society and live their lives. While ethical beliefs are held by individuals, they can also be reflected in the values, practices, and policies that shape the choice made by decision-makers on behalf of their organization'.

This is an indication that the entire life and behavior of humans is greatly influenced by the norms of the setting a person lives. Various ethical principles may be considered. Based on the focus of the present review, reference were made to three of the most widely known documents including the Declaration of Helsinki of 1964 which was revised in 2000, the Belmont Report of 1978 and the Council of International Organizations for Medical Science (CIOMS) Guidelines of 2002 [6]. The documents stressed much importance to inform the consent of individuals to benefit communities. According to these documents, there exist *prima facie* principles, at an intermediate level between universal values and practical norms of conduct. For instance, the Belmont Report introduced the idea that the principles behind moral reasoning in research with human subjects can be subsumed under general headings such as autonomy, beneficence, non-maleficence, and justice. Further, this survey about the present review unveiled that each of these principles may have different expressions and interpretations in different settings, for instance, in the African and Islamic communities and even Asia although some principles may be applicable.

This present review considers looking into the ethics in psychiatric practice with consideration to the American Psychiatric Association (APA) Ethical Principles. A study indicated that the immense suffering associated with psychiatric illness is greatly increased by stigma, societal disadvantage, and coexisting conditions among countries. Unlike general practice, psychiatrists share common ethical principles which may include compassion, fidelity, beneficence, trustworthiness, fairness, integrity, scientific and clinical excellence and respect for persons [7]. However, (Roberts., *et al.* 2002, as cited in APA, 2001), psychiatrists endeavor to embody these principles in diverse roles as diagnosticians, treating physicians, therapists, teachers, scientists, consultants, and colleagues [7,8].

The APA (2001) also indicated that the therapeutic alliance between psychiatrists and patients struggling with mental illness thus has a special ethical nature. This is an indication that psychiatrists have been entrusted with unique professional ethical obligations to prevent patients from causing harm to themselves, others and within the nearest society. Sometimes, psychiatrists are required to treat clients against their wishes and breach the expectations of confidentiality. At the societal level, psychiatrists are called upon to deliver services that are also in the fulfillment of ethical roles within psychiatry. This is predicated on the fulfillment of ethical principles that ground the field of psychiatric service. This is the cardinal feature of the psychiatric profession where special knowledge is applied in the service of others and is part of a distinct group that affirms a code of ethics and engages in self-governance. Additionally, ethical principles according to (Robert and Dyer, 2003 as cited in APA in 2001) affirms the psychiatric practice as an important resource aligning ethical

knowledge with professional behavior. This guides the psychiatrist to identify and resolve ethical dilemmas in their profession and also help in assessing professional conduct [7,8].

Further, ethical conduct according to (Robert, 2002 as cited in the APA in 2001) does not only rely on mere knowledge of ethical principles but also requires moral skills and habits [7,8]. The moral skills and habits influence ethical sound judgment and the actions that follow fall within acceptable ethical bounds within a particular society. In fulfilling sound judgment, it is expected that the skills and habits of the importance of the ethical practice in psychiatry are observed. Most importantly, such skills may require the recognition and evaluation of the ethical aspects of professional situation including legal information to safeguard ethically complex situations in psychiatric practice. Also, the most important habit may be maintaining clear professional boundaries and identifying and preventing issues that may pose conflicts in psychiatric practice. These skills and habits may contribute to minimizing the likelihood of ethical breaches. These skills and habits may only be exhibited based on the setting because there may be diversities to the approaches of demonstrating the skills and habits due to differences in cultural or religious beliefs, political ideologies among countries, economic status and geographical locations.

One debatable concern is whether all ethical principles are universally acceptable or applicable irrespective of cultural, religious or geographical differences. This is a 'challenging' concern for further discussion. Based on the findings of this review, the application of ethical principles is influenced by how societal institutions have been structured in a setting, regional location, political ideologies, cultural or religious belief, economic or other societal norms. These factors have an influence on psychiatric practice in almost all settings and affect the way psychiatrists express and intemperate mental illnesses.

In psychiatry, there should be ethical commitment dealing with people with mental disorders which can be ethically complex depending on the setting. This can make some ethical principles challenging to be applicable in some settings. The ethical complexity is derived from how psychiatric disorders affect the experience of individuals and a sense of self. Mental disorders influence beliefs, feelings, perceptions, behaviors, and motivation across time which help to define individuals as persons. The findings of this review indicated that there have not been any concrete data showing the applicability of ethical principles in psychiatric practice at the international scene. Ethical principles in psychiatry are observed with the norms of a setting. And, as norms differ in most settings so are ethical principles. While some ethical principles maybe applicable and acceptable, others may not be acceptable or applicable based on the norms of a setting. The overall objective of the present review was to describe common and significant ethical principles in psychiatric practice to inform and understand whether the ethical principles are applicable irrespective of geographical boundaries, political ideologies, religious beliefs, and differences in the economic status of settings.

Procedure

A comprehensive literature search was conducted between January and May 2018. Key data-based were searched, mainly from medical journals in Europe, America, and other national and international studies. An online search of SCRIED, World Psychiatry and Pubmed using MeSH terms 'ethics, ethical principles, and law', 'ethical guidelines', 'legislation and psychiatry', 'ethics and decision making', 'ethics and mental health.' as well as online library search from the American Psychiatry Association and the Institute of Psychiatry, UK. The search process for this review uncovered 35 published articles between 1978 and 2015.

Results

Thirty-five articles published between 1978 and 2015 were identified. Twenty-one articles were excluded (Table 1) and Fourteen articles were included in this review which was grouped based on the focus of this study (Table 2). There was an overlap in some of the articles.

Reason for exclusion	Number	Author(s)/ date
Depression	3	Billings and Moos (1993); Breslau, Davis and Prabucki (1988); Brown, Ahmed, Gary and Milburn (1995)
Race, ethnicity and culture	1	Brown, Sellers, Brown and Jackson (1999)
Suicide, racism and discrimination	4	Burr, Hartman, and Matteson (1999); Fernando (1984); Jackson, Brown, Williams, Torres, Sellers and Brown (1996); Klonoff, Landrine and Ullman (1999)
Behavioral, health services and health care	5	Andersen (2008); Andesen (1995); Lin, Goering and Offord., <i>et al.</i> (1996); Parslow and Jom (2000); Steele, Glazier and Lin (2006);
Service utilization	3	Andrews, Henderson and Hall (2001); Bland and Newman (1997); Laroche (2000)
Intersections, race and gender	5	Campbell, Gatto and Schwart (2005); Crenshaw (1989); Kalilani and Atashili (2005); Marcellin, Bauer and Scheim (2013); Sen and Lyer (2012)
Total	21	

Table 1: Papers excluded and reason for the exclusion.

Topics for inclusion	Number	Author(s)/ date
Ethics, ethical principles and law	6	American Psychiatry and law (1995); American Psychiatric Association (2001); Boundles (2015); Paul, Richard, Elder and Linda (2006); American Psychiatric Association Commission on AIDS Policy (1993); National Commission for Protection of Human Subjects of Biomedical and Behavioral Research (1978)
Ethical guidelines and decision making	4	America, Psychiatric Association (1998); American Psychiatric Association (1982); Council of International Organization for Medical Science [CIOMS], (2002); Paul, Richard, Elder and Linda (2006)
Legislation in psychiatry	3	American Psychiatry and law (1995); American Psychiatric Association (1982); National Commission for Protection of Human Subjects of Biomedical and Behavioral Research (1978)
Ethics and mental Health	2	World Health Organization Mental Health Action Plan for Europe (2005);World Health Organization European Ministerial Conference on Mental Health (2005)
Total	15	

Table 2: Reviewed papers.

Ethical principles in psychiatric practice

The main ethical principles uncovered in psychiatric practice are presented here. Overall, five ethical principles in psychiatric practice were uncovered, namely: confidentiality, honesty and trust, autonomy and informed consent, decision-making capacity, as well as involuntary psychiatric treatment. These ethical principles are further highlighted below.

Confidentiality

Confidentiality is the obligation regarding revealing information of a patient or client without his or her permission. The special nature of confidentiality derives from a long and cherished history that predates modern medicine and privacy laws which is part of the

foundation of the physician-patient relationship as indicated by the American Psychiatric Association Commission on AIDS Policy [9]. It is expected that psychiatrists focus on the interest of the client rather than on mere compliance with privacy regulations.

Respecting confidentiality is important for psychiatrists because clients entrust them with highly personal and often sensitive information. Disclosure of embarrassing information depends on their trust regarding the psychiatrists-client relationship. Also, there are ethical duties that arise from principles of fidelity (promise-keeping), beneficence (doing good, seeking benefit), non-maleficence (avoiding harm), autonomy and justice which must be considered [9-11]. Explicit informed consent should be the basis for sharing client information (diagnosis or treatment) with families and when it is consistent with the psychiatrist's best clinical judgment. Family members may have been excluded from treatment discussions in the past, evolved conceptualization of patient autonomy now recognizes the importance of the patient's relationships more fully. So, the exclusion of families and significant others may not be ethically justified. But psychiatrists should be sensitive to the feelings of information disclosure of patients and maintain good communication with them when it occurs [12].

Honesty and trust

Honesty and trust are derived from the core principles of trustworthiness, integrity, and respect for persons and they are fundamental expectations for the patient seeking psychiatric care. Psychiatrists may occasionally be tempted to skirt or soften the truth to avoid harm to a patient. The omission and evasion may undermine a trusting and constructive relationship which is not appropriate. The APA (1993) reported that releasing inaccurate or misleading clinical information to employers is dishonesty and may constitute fraud. Further, it may be confirmed based on the finding of the present review that such behavior undermines trust in the profession as a whole and third-party interaction in particular and also out of respect for patient privacy, the ethical psychiatrist should reveal only the minimum information necessary for the third-party review.

Autonomy and informed consent

Informed consent has largely been evolved since 1950. This is an ethical and legal process involving information-sharing and knowledgeable authentic decision-making about patient or client health. According to the APA (2001), this also places much emphasis on the patient's ability to disclose information and making decisions voluntarily as well as the patient autonomy which is a 'reasonable person standard' requiring psychiatrists to disclose what a reasonable person would want to know [7]. Realistically, this review showed that these standards include an accurate description of the proposed treatment, its potential risks and benefits, any relevant alternatives and their risks and benefits, and the risks and benefits of no treatment at all.

According to (Robert, 2002 as cited in APA in 2001), psychiatrists are encouraged to maintain a high standard of informed consent when they become familiar with and endeavor to honor, the specific authentic and enduring personal values of their patients [7,8]. Informed consent affirms the autonomous and valueshaped decision making of the individual and it prohibits coercive pressure in the consent process. In psychiatric practice, these issues may be particularly salient because some symptoms of certain mental illnesses can prevent an individual from discerning, expressing and enacting his or her specific authentic and enduring personal values in some circumstances.

Decision-making capacity

This is the ability of a patient to reach an informed, reasoned and free choice when making a specific decision. Assessment standards expressed in ethics and law include evidencing a choice, understanding relevant information, manipulating information rationally and appreciating the situation and its consequences which are necessary to a competent decision that can be applied to a specific task at hand.

The American Academy of Psychiatry and Law indicated that psychiatrists have a special preparation for the mental status examination and certain cognitive evaluation procedures [13]. For instance, they may be asked to perform capacity assessment when patients exhibit cognitive deficits, appear to lose decision-making capacity, or manifest typical behaviors and decisions. This is so, because, psychiatrists are professionally trained to identify the vulnerabilities of persons with mental retardation, delirium, and hopeless outlook as well as to identify cognitive strengths of even severely persons. Capacity assessment is relevant for determining the wishes of patients who want treatment after they become incapacitated.

Involuntary psychiatric treatment

This comprises psychiatric hospitalization or court-ordered outpatient treatment. According to the APA, mandated treatment generally uses the state's enforcement apparatus to place individuals into psychiatric care and is justified by the doctrines of 'police power' [14]. This creates inherent ethical tensions for psychiatrists as it requires great sensitivity to principles of respect for persons and social responsibility because psychiatrists contribute to decisions directly control patient choices. This form of treatment and decision is generally exercised by careful balancing of principles that value both the patient and the community.

However, separate authorization is often required for treatment with psychiatric medications in collaboration with the patient (and/or surrogate decision-makers). Ethical psychiatrists discuss those treatments that are most likely to restore the patient's freedom if necessary, in an incremental fashion. Treatment and effort to engage in collaborative decision-making have been insufficient to prevent harm while administrative or legal appeals may be available to review treatment and may require a showing of impaired capacity.

Discussion

The review aimed to describe common and significant ethical principles in psychiatric practice to inform and understand whether the principles are applicable irrespective of the geographical settings with an emphasis on the American Psychiatric Association (APA) ethical principles. Although, there are ethical dilemmas in psychiatric practice that were not the focus of this text. One major concern in this review was that the applicability of the ethical principles discussed is contextual due to differences in cultural or religious beliefs, economic status, political ideologies, geographical differences and differences in societal norms.

The findings from the present review are that the absence of comprehensive studies addressing issues about ethical principles in psychiatric practice leaves many assumptions and discussions based on scant evidence, as the psychiatric practice is heavily influenced by ethical principles. Again, the findings revealed that it may be challenging to have a universally accepted ethical principles in psychiatric practice due to socioeconomic and political differences. Further, when comparing countries on the grounds of ethical principles to enhance psychiatric practice, certain observed factors should be considered. Factors like religious beliefs, traditions, economic resources of each country, political administration, health personnel, health infrastructure, and geographical location should be considered. These factors affect how patients are handled and are provided with adequate psychiatric services by professionals during diagnosis, treatment, decision-making, and information sharing processes.

In psychiatric practice, sharing patient information may be purely contextual [15]. For instance, in Africa, where mental illness has been subjected to be influenced by supernatural forces, sharing patient information may face numerous challenges [16-19]. The finding of the present review showed that some family members neglect patients when the state of their mental illness is disclosed to them because of the perception of the ethical nature of psychiatric conditions. Given this, psychiatrists in places where the law is strongly attached to culture and traditions perceive the sharing of patient information to be unethical. The reason for family neglect may be associated with the negative perception that mental illness is influenced by supernatural forces - generating the perception that persons living with mental disorders may be potentially dangerous to themselves, others and the nearest society. More so, in some extreme cases, some persons living with mental illnesses are left under the mercy of the weather by relatives to find shelter for themselves on the streets without the

concern of any relative. The reason for such an inhuman act needs further investigation to unveil the reason for such behavior exhibited by the relatives. In some communities, it is perceived that the reason for such inhuman acts against the mentally ill is associated with the perception that mental illness is associated with supernatural forces. According to the findings of this survey, the patients mostly treated against their will to breach confidentiality when on psychiatric care after taken from the street by philanthropists. Realistically, in some settings, it may be ethically right to share patient's information with family members without any harm. This makes the applicability of information sharing dependent on the setting. In this view, issues about confidentiality as an ethical principle in psychiatric practice is considered to be associated with the norms of a setting.

On consistency to relatives of patients, similar findings indicated that as psychiatrists, trust, and honesty should be well established and consistent between psychiatrists and patients with their relatives to ensure respect to enhance treatment processes [20]. The findings also unveiled that honesty and trust are influenced by societal norms (cultural or religious beliefs) in many settings. In some settings where psychiatrists perceive that their patients could face harm by relatives and third parties, they may massage their findings in the treatment processes aiming at protecting the patients. In cases where there are omissions, it may alter the treatment processes, and this brings professional dishonesty between psychiatrists and patients depending on the setting. But, in other settings, honesty and trust are highly regarded.

Another aspect that was considered in the present review was autonomy and informed consent. This has a legal emphasis that may cast the clinical situation in an adversarial light which is seen as antithetical to ethical practice in psychiatry. According to this review, the ultimate choice to consent is made by patients, autonomy choices do not take in a vacuum but must be nurtured by continued dialogue. Ultimately, the ideal understanding of informed consent is clinical, an important reminder and respect for the strength of patients as well as the need for transparent collaboration, and during alliance [7].

The findings suggest that developing such a relationship with patients as psychiatrists could exceed the requirement of ethics and law that is based on the context or setting. Comparatively, obtaining informed consent may be very challenging in some settings and geographical regions. The experience of dependence, societal marginalization and insufficient access to clinical care may create a situation of desperation that may interfere with voluntary decision making. It was observed that irrespective of patients having the ability to make decisions, internal and external factors (patient illness, stigma and lack of resources) can make them vulnerable to coercive influence. The findings of the review also indicate that one major exception to informed consent may be a therapeutic privilege that allows a physician to withhold information if it is truly damaging to the patient, but this exception should be rare.

Furthermore, reminding patients of their earlier preferences can enhance their decision-making which will not overcome the primary obligation of the psychiatrist to provide appropriate information and assessment. Most psychiatric patients suffer greatly when it comes to decisionmaking in traditional and religious dominated settings or regions [21-26]. Base on observation, the sole decision depends on the psychiatrist's judgment and the patient and relatives are limited to share their opinion. Patients are made to accept treatment decisions psychiatric professionals make irrespective of violating existing protocols in decision-making in some settings without the psychiatrist being held responsible. Likewise, existing protocols in some settings are observed by psychiatrists in decision-making processes with the relatives of the patients having the liberty to share their opinion. This shows how the structures in a setting may or may not have potential influence in decision-making during the treatment processes of the psychiatric patient. Some settings may allow patients and relatives to contribute to decision-making but based on societal norms others may not. Our observation is that settings may regard psychiatric patients of courtorder as being possessed spiritually resulting in putting the patients in tight rooms, chained, poorly fed, humiliated and discriminated by the relatives instead of seeking professional treatment.

Additionally, in some settings, the laws have limited protection and provisions for the treatment rights of patients. On the contrary, there may be laws that protect psychiatric patients and their treatment rights in other settings. Again, this supports the findings for the

present review that ethical principles in psychiatric practice are contextual though there are some which may be applicable in other settings with restrictions. Based on what has been indicated, it may be challenging for a universal acceptance of these ethical principles in psychiatric practice highlighted above. For instance, in Africa or Islamic communities where the law is strongly connected to ethics, cultural, and religious beliefs, there may be differences in expressions and interpretations of these ethical principles in psychiatric practice already discussed [27]. Another limitation is that these ethical principles may not be relevant in the resolution of courtroom disputes where the law is applied rather than clinical standards and values in psychiatric practice.

These ethical principles cannot fully capture all the circumstances that alter the ethical nature of a particular decision and action in almost all settings. It may be established based on this review that psychiatric practice entails a stepwise progression approach dealing with patients. This is involved with associated ethical principles which may be complicated to be addressed in psychiatric practice based on the setting. Some challenges of addressing these ethical principles may be altered by the differences in cultural or religious beliefs, differences in political ideologies, differences in economic status, differences in geographical locations and differences in the norms societies.

Conclusion

The reviewed studies are small in scale and are limited in generalizability. However, they have provided an overview of ethical principles in psychiatric practice that may be applicable in majority of settings but may be interpreted differently. During this text, we have tried to discuss some ethical principles in psychiatric practice to allow for specific individual judgment and interest. The specific ethical principles we have discussed with examples have at least given an overview of ethical principles in psychiatric practice. Some ethical principles may be applicable in other settings irrespective of differences in cultural or religious beliefs, differences in economic status, differences in political ideologies, differences in geographical locations, and in a nutshell differences in societal norms whilst others may not.

It has to be mentioned that, psychiatric practice and ethical principles are intertwined regarding identification, interpretation, expression, and treatment processes of mental illness due to the norms of settings playing significant roles. It is recommended that if essential, but enough time is spent with patients to deal with psychiatric problems, it may prevent a breach of ethical principles in all settings irrespective of how each of the ethical principles discussed is interpreted and expressed. Achieving this will ensure a better and efficient psychiatric service provision with consideration to the ethical principles regardless of the setting.

Based on the present review, it is also suggested that conducting a comparative study between countries focusing on the perceptions of mental health professionals about the applicability of ethical principles in psychiatric practice may give a further and fair understanding and judgement. Likewise, a population-based comparative assessment of potential factors influencing ethical principles in psychiatric practice will also be significant. A recommendation is also made for capacity building among psychiatric professionals regardless of the setting with its associated ethical principles to ensure the safe delivery of psychiatric services. These are needed to guarantee a safe observation of the ethical principles to prevent harm while dealing with patients notwithstanding differences in cultural or religious beliefs, differences in political ideologies, differences in economic status, differences in geographical locations, and differences in the norms of societies.

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