

Time for Training in Psychiatric Ethics

Siow Ann Chong,¹ *MBBS, MMed(Psychiatry), MD*, Mythily Subramaniam,¹ *MBBS, MHSM*, Alastair V Campbell,² *MA, BD, ThD*

Abstract

Psychiatry is often fraught with uncertainties and complex situations which give rise to particular ethical issues. However, there is still a dearth in formal training in psychiatric ethics. In this perspective by a clinician, researcher and bioethicist, a case is made for a special status in medical ethics and the need for the incorporation of a structured educational programme in psychiatric ethics during residency training. This educational process should also include the acquiring of certain virtues and competencies.

Ann Acad Med Singapore 2013;42:538-40

Key words: Bioethics, Medical education, Psychiatry, Residency, Virtues

One of the leading lights of modern psychiatry, Nancy Andreasen, once wrote this about the practice of psychiatry:¹

We chose psychiatry because we want to understand the human mind and spirit as well as the human brain. We chose to join a very clinical specialty because we are interested in people and we like to work with them as individual people. We like to think about them within the context of the social matrix in which they live, to skillfully elicit a "life narrative" that summarizes their past and current experiences, and to use that information in order to understand how their symptoms arise and can be treated. Every person whom we encounter is a new adventure, a new voyage of discovery, a new life story, a new person. Although some patterns generalize across individuals, each patient is unique. This is what makes psychiatry challenging, intellectually rich, complex, and even enjoyable — despite the fact that we often care for people who suffer intensely and for

whom we wish we could offer even more help. We are privileged to explore the most private and personal aspects of people's lives and to try to help them become healthier.

Implied within this rich and lyrical description, is the uniqueness of psychiatry among the medical disciplines which can be said to be the most “human” of all medical disciplines, and at times more art than science, and most times rather messy too. Arising from this uniqueness are particular problems that are encountered in mental health. These include issues emanating from the effects of mental illness on mental capacity and autonomy, on manifest behaviour like self-harm and suicide, threat to others; and aspects of managing patients like the need for involuntary treatment with the corollary of depriving a patient of his personal liberty, and the aspired therapeutic outcome of psychotherapy which “could be re-forming the patient’s whole self or character...akin to the responsibilities of raising children”.² Compounding all these is that deep and pervasive stigma that clings ever so tenaciously to mental disorders.

¹Research Division, Institute of Mental Health, Singapore

²Centre for Biomedical Ethics, Yong Loo Lin School of Medicine, National University of Singapore, Singapore

Address for Correspondence: A/Prof Chong Siow Ann, Research Division, Institute of Mental Health, Buangkok Medical Park, 10 Buangkok View, Singapore 539747.

Email: siow_ann_chong@imh.com.sg

Attendant to these are troubling issues like paternalism and being a double agent. The latter is often encountered in the dilemma where the psychiatrist faces a conflict between providing confidential care to a patient and safeguarding the safety of the public when the patient might pose a danger to others—a situation that might necessitate involuntary commitment or breaching of patient confidentiality.

These issues have led to the assertion that psychiatric ethics should have a special status and that the more general principles enshrined in biomedical ethics are often too limited for the myriad of unique quandaries in psychiatry.^{2,3}

But yet the study of and training in psychiatric ethics has been generally minimal. One leading textbook of psychiatry described the study of ethics as the Cinderella of psychiatry: “although of great importance, it is often given relatively little attention.”⁴

Here in the local context, there has never been any structured or formalised training in psychiatric ethics that has been incorporated into the training of a psychiatrist. The result might be that generations of psychiatrists would be even more challenged to deal with any ethical quandary. When they do encounter one, the usual step would be to consult a colleague or an expert, or the hospital ethics board if they are practising within such a setting, or look up the Singapore Medical Council’s Ethical Code and Ethical Guidelines, which (incidentally) has no separate section on psychiatric ethics. It is also uncertain just how many do understand the theoretical foundation of these ethical guidelines and appreciate the underlying values. The lack of knowledge of these moral theories makes it difficult to have the ability and skills to draw from the general theoretical concepts and apply them to particular practical situations. The risk is that, as a consequence, practitioners might act inappropriately or “resort to personal preferences which may be ill-founded”.³

Despite calls for psychiatric ethics to be an integral component of professional education,⁵ most training programmes including those in Singapore, the United States (US),^{6,7} the United Kingdom (UK) and Australia still do not have a well articulated and structured teaching curriculum for psychiatric ethics.⁸

Associated with this unmet need, is the challenge of deciding on the pedagogical objectives of such training programmes. Bloch and Green have grouped these into 4 broad objectives: “promoting moral character, developing skills in moral reasoning, moral consciousness-raising, and becoming familiar with what the psychiatric profession regards as desirable ethical norms”.⁸ They, however, cautioned against being too ambitious in achieving all these and recommended that the first priority should be the setting of coherent realistic goals and the attainment of certain key competencies. These would include acquiring a body

of knowledge with the ability to appreciate the relevance and importance of ethical aspects of clinical practice, and the skills in moral reasoning to handle the ethical issues in particular situations.⁸

Of course, the expectation of psychiatric training at this relatively early stage should be more circumscribed and tempered with the awareness that it would not be possible to cover all the ethical problems in psychiatry; nor would the purpose be to turn out “amateur moral philosophers”.³

More recently, it has been proposed that what is perhaps more important than the skills in understanding and promulgating these ethical principles and rules, is the nature of the psychiatrist’s character which will enable that individual to act virtuously. This character-focused approach lies at the heart of what is known as Virtue Ethics.⁹

In their book ‘The Virtuous Psychiatrist: Character Ethics in Psychiatric Practice’,¹⁰ Jennifer Radden and John Sadler argue that virtues or special character traits such as integrity, honesty, and compassion, should be the fount for the rules and principles of bioethics. Drawing heavily on Aristotle’s ‘*Nichomachean Ethics*’, they also share Aristotle’s belief that virtues can be taught, and strengthened through “habitation”. This is a process that they liken to how our usual habits are formed and strengthened, but at the same time, it is a progress that is more deliberate and needs conscious focusing, repeating, and learning from exemplary models. Although critics of this approach have questioned whether such virtues can be inculcated in adults, Radden and Sadler are more sanguine—basing their optimism on their reasoning that most young adults would have already received “good enough” early moral education forming a foundation which can be further enhanced; and they also add the sharp reminder that those who lack this basic moral awareness should not even be admitted to any psychiatric residency programme. There also is some empirical evidence that the capabilities for moral reasoning and sensitivity, can both be enhanced through training and practice, though more research is need in this area.¹¹⁻¹⁴

We conclude that—as a matter of urgency—the following basic steps should be taken to put ethics in psychiatry on a more firm footing. First, the selection of psychiatric residents must not be based only on academic attainments and intellectual abilities, but there must be a more thoughtful and objectively verified method of identifying those with the right set of attitudes and character traits. Second, there must be a coherent and structured training programme within the residency training period tied to certain outcomes which can be assessed. On this latter point, residents who in the course of their training, have consistently shown an inability to think and conduct themselves to an acceptable ethical standard should not be allowed to qualify. And, third, there must be good role models with the right moral

qualities, who will set an example of good moral practice in their interactions with the patients, families, colleagues and residents.

We hope to have shown that psychiatric ethics is not an optional extra or just “icing on the cake”—it is a central feature of good clinical practice. No doubt psychiatry will continue in the foreseeable future to be fraught with uncertainties. But in the midst of all these uncertainties, the practitioner’s character might be the one thing that matters most. We would echo the words of the last President of the Royal College of Psychiatrists, Dinesh Bhugra: “Character formation of the psychiatrist—through mentoring, practice and an educational process that encourages personal, professional and civic development underpinned by a strong ethical and moral framework—is necessary”.¹⁵

REFERENCES

1. Andreasen NC. Diversity in psychiatry: or, why did we become psychiatrists? *Am J Psychiatry* 2001;158:673-5.
2. Radden J. Notes towards a professional ethics for psychiatry. *Aust N Z J Psychiatry* 2002;36:52-9.
3. Bloch S, Green SA. An ethical framework for psychiatry. *Br J Psychiatry* 2006;188:7-12.
4. Lubit RH. Ethics in psychiatry. In: Kaplan and Sadock’s *Comprehensive Text Book of Psychiatry*. 9th ed. Lippincott Williams & Wilkins, 2009.
5. Bloch S. Teaching psychiatric ethics. *Br J Psychiatry* 1980;136:300-1.
6. Coverdale J, Bayer T, Isbell P, Moffic C. Are we teaching psychiatrists to be ethical? *Acad Psychiatry* 1992;16:199-205.
7. Roberts L, McCarty T, Lyketsos C, James T, Jacobson J, Walker R, et al. What and how psychiatry residents at ten training programs wish to learn about ethics. *Acad Psychiatry* 1996;20:131-43.
8. Bloch S, Green SA. Promoting the teaching of psychiatric ethics. *Acad Psychiatry* 2009;33:89-92.
9. Radden J, Sadler JZ. Character virtues in psychiatric practice. *Harv Rev Psychiatry* 2008;16:373-80.
10. Radden J, Sadler J. *The virtuous psychiatrist: character ethics in psychiatric practice*. New York: Oxford University Press, 2010.
11. Hoffman M. *Empathy and moral development: implications for caring and justice*. Cambridge: Cambridge University Press, 2000.
12. Gordon R. Sympathy, simulation, and the impartial spectator. *Ethics* 1998;105:743-63.
13. Charon R. The patient-physician relationship. *Narrative medicine: a model for empathy, reflection, profession, and trust*. *JAMA* 2001;286:1897-902.
14. Larson EB, Yao X. Clinical empathy as emotional labor in the patient-physician relationship. *JAMA* 2005;293:1100-6.
15. Bhugra D. Renewing psychiatry’s contract with society. *Psychiatry Bull* 2008;32:281-3.