

## Review Article

# Ethical Dilemmas, Needs and Unmet Needs in European Psychiatry – A Survey Made by the European Psychiatric Association (EPA)

Rutz Wolfgang

Senior Consultant, EPA's Committee on Ethical Issues, Member, Stockholm

Kastrup Marianne

Senior Consultant, Chairperson, EPAs Committee on Ethical Issues, Copenhagen

### ABSTRACT

During the present decade matters of ethics have been increasingly the focus of European National Psychiatric Associations and on the agenda of the European Psychiatric Association (EPA).

Discussions in the association's ethical committee have scrutinized the problems and elucidated the range of ethical dilemmas. A questionnaire sent by the Committee in 2011 to the National European Psychiatric Associations has given a panorama of the ethical problems in European Psychiatry and shown their diversity and even communalities. This overview has been presented at different meetings of the EPA and has recently been reviewed, updated and additionally commented by all committed European national associations. Hereby, new problems in European psychiatry have emerged or became again underlined e.g. the demand on psychiatry's ethical involvement in end of life issues as well as the consequences of financing routines in times of resource limitations and changed

prioritizations within medical care and mental health support systems implied by an ever more predominant market economy.

Other re-emerged problems are questions and problems in contact with private sectors of users' organizations, care providers or pharmaceutical industries and the need and strategies for multidisciplinary involvement in psychiatric education and research support.

In this article these newly emerged ethical challenges will be elucidated and some positions of national psychiatric associations and their recently updated priorities regarding ethical challenges will be reviewed. Activities and structures regarding a continuous ethical sensitization as well as needs of a sustainable ethical agenda in European psychiatry are addressed.

**MeSH Headings/Keywords:** Psychiatry; Ethics; Ethical dilemmas; European mental health

### Introduction

There is a context of ethical considerations that grasps the topics complexity, from the "Nil Nocere" emanating from the Oath of Hippocrates to the "human right" for treatment and health as formulated by The United Nations and the World Health Organization [1-5]. This right includes access to the determinants of health, as they are a sense of existential cohesion, of control and self-determinacy, of social significance as well as the experience of autonomy and integrity. These determinants of health and health prerequisites result in morbidity and mortality due to a "community syndrome" of depression, violence, suicide, risk taking behaviors and lifestyles, cardiovascular disorders and death as well as anomy and moral disorientation, both on an individual as well as an aggregate level. As experiences from WHO work especially in the Balkan Countries show, it even seems to lead to phenomena of intolerance, scape goating, black and white thinking, marginalization and regressive fundamentalism in the society. Thus, not only individuals' mental health but even the maturity and democratic potential of a community is linked to the mental health of its citizens and should as such be a topic of ethical considerations regarding the level and quality of mental health services and even psychiatry.

### The EPA's Ethical Committee

Trying to find its identity and a feasible responsibility, the

newly established Ethical Committee of the EPA decided in 2011 to carry out a European survey including all the national psychiatric associations. The aim was to start a process of mutual interaction on ethical issues, a process of continuous ethical sensitization with regard to the necessity of a not only evidence based but also value-based psychiatry and to complete the list of ethical issues identified by the committee in dialogues and discussions [6-10].

In these discussions the committee had identified problems such as interaction with the private sector; user involvement; coercion; treatment gaps; the access and design of mental health services; matters of diagnosis and evidence conceptualizations; the right to community based support in low threshold services as well as topics related to end of life issues including euthanasia and assisted death. Other topics were patients' advocacy; the role, identity and respect of professional psychiatry; matters of stigmatization and self-stigmatization regarding users as well as professionals; ethics in research and finally problematic prioritizations in times of restricted resources and an increasing market economical governance of mental health support services.

### The 2011 Survey - Background

The background of the committee's considerations was the current European situation where stress and mental ill health

related morbidity, mortality and suffering clearly could be related to a stressful societal burden in Eastern and Central European countries during the nineties, as well as Southern European societies in economic stress during the last years [11].

In consequence of this, a first inquiry was sent out in 2011 and answered by 24 European national associations, reaching from Azerbaijan to Great Britain, from Norway to Cyprus and Spain.

The questionnaire asked for the existence of a national ethical board and its accessibility, the organization of a patient “ombudsman” or other structures for patient advocacy, eventual national or International ethical codes of conduct and lastly nominating the five most important ethical problems experienced on a national level.

Finally, a question for general remarks and comments as well as for the willingness to nominate a person as counterpart and network member to the EPAs committee on ethical issues was asked for.

## Results

One fifth of the countries had no specific body dealing with ethical issues. In the vast majority of countries, however, a specific ethical committee was established, sometimes even on a regional level. 14 countries had made this body open and accessible for both professionals, users and the rest of society, whereas four countries accepted only professional use [12,13]. Nine countries had established an ombudsman function open for patients and patient’s organizations. Moreover, one country had established a specific “Court of Honor” dealing with ethical issues, mainly individual professionals, feeling marginalized or having to meet complains about by ethical misbehavior related to codes of conduct etc. [14-20].

All but two countries relied on international codes of conduct – UN conventions, Helsinki declaration on research, Madrid and Hawaii declarations, Council of Europe recommendations, the World Medical Associations declaration of ethics, Athens declarations and even still the Hippocratic Oath [21]. Two countries referred explicitly to guidelines regarding psychiatrist’s participation with procedures of torture and death penalty, as well as one to specific international guidelines on sexual abuse. Two countries did declare that they did not refer to international codes at all [22].

There was a wide range amongst the five mostly expressed concerns, from problems with coercion to end of life issues including euthanasia and assisted suicide, human rights in relation to research, stigma and discrimination issues, problem with the private and even the public governmental sector, patients’ rights, the predominance of paternalistic care to issues regarding child abuse, sexual abuse, resource allocation, de-psychoiatrisation, lack of continuity in care, corruption, ethical problems with “non- academic activities” to the diversity of different medical and psychiatric traditions even within the EU which were considered to be unacceptable by some countries [21,23-28].

Over all it can be stated that all answering associations expressed a deep concern about ethical issues and declared their willingness and motivation to engage in the development

and strengthening of an ethical agenda within the EPA, even though the nomination of a national counterpart for ethical issues or offering the hospitality to host an EPA event on ethical questions [29,30]. Especially countries with a past of authoritarian or totalitarian societal and governmental systems and an abuse of psychiatry as a result of this were open for the elaboration of ethical concerns both regarding the protection of professional criticism towards governmental structures as well as the protection of patients and professions human rights in research, service design and the provision of ethically motivated disobedience, including “whistle blowing” both in public and in private.

Even ethical priority settings, end of life issues, the discrimination of gender, adolescents as well as the elderly were underlined, especially with regard to cultural matters and culturally influenced ethical sensitivities [31-36].

## The 2014 survey

Following recommendations from both outside and inside the EPA board and the Ethical Committee a follow up enquiry was conducted in 2014, in order to reflect eventual societal changes in Europe as well as increasing or decreasing differences and inequalities within the European professional community [37].

Twelve countries answered that they already had participated in 2011, thirteen countries participated as “new comers”. The questions asked were similar to the ones in 2011. However, even changed or newly upcoming problems were asked for. The participating countries covered the whole European continent, from Ireland to Kirgizstan, from Iceland to Malta. Countries having answered in both 2011 and 2014 illustrated an unchanged reliance on international codices as before, two countries, however, had recently created their own national guidelines [38,39]. New was a call for European harmonization but also for culturally specific codices leading to a demand for a more intense international ethical exchange between national organizations, and a wish to get this coordinated by the EPA- Only a few countries seemed to be satisfied with the application of solely international guidelines. Most countries felt a need for national and specifically tailored ethical guidelines with complementary international and European harmonization.

The question of an existence of a common ethical denominator or a common ethical canon was both raised and problematized. Hereby, again, the need of a cultural, political and ethical sensitivity was underlined.

The following problems were described as recently increasing: The demand for more ethical sensitization and international collaboration; a strong focus on the ethics of euthanasia and the pharmacological treatment of especially children and adolescents; compulsory treatment and stigmatizing societal marginalization of psychiatric patients; ethical problems with neurosurgical techniques; the decentralization and minimizing of resources in the aftermath of economic recession; the existence but non implementation of national mental health programs, and the consecutively upcoming mismatch between expectations and resources; ethically afflicting professionals as well as users and jeopardizing the democratic potential of a society [40-42].

There were even some proposals directed to the EPA and its Ethical Committee: More education, international collaboration, reassuring the information, dissemination and implementation of already existing EU directives and policies, the establishment of an Ombudsman function open both for concerned professionals as well as users.

### **Problems Mainly Addressed by the “Newcomers”**

Here, some problems were especially actualized by countries belonging to the group of “newly independent states” (“NIS” – mostly countries of the former Soviet Union) and characterized by a focus on the active work of ethical committees in accordance to ethical sensitivities, political dilemmas and in awareness of UN conventions. They demanded protection against political misuse and ethical conflict situations and underlined problems of confidentiality, non-ethical research, ethical discrimination and the protection of psychiatrists against demands to participate in torture and repression. They raised issues regarding the diagnosis of schizophrenia, the confidentiality of patients threatened by the government, the treatment or mistreatment of religious minorities as well as the mental health of psychiatrists and other professionals.

Further inadequate, poor or non-existing mental health legislation was considered to be a major ethical problem.

Countries from Western, Southern or Central Europe however focused more on end of life issues, problems emanating from the new market economy including austerity policies and their consequences, the need of multiculturalism in psychiatry and mental health support as well as priority settings in times of restricted resources and mainly marketing directed health care. Even career aspects of young psychiatrists were in these countries an iterated issue.

### **Summary**

There was a general demand directed to the EPA and its Ethical Committee, as one country formulated it: Come out, follow up, give feedback, be acting, find resources.

Some communalities could easily be found: Demands to put ethical issues more on the agenda, focus on end of life issues, the private – public conflict, issues of dehumanization and instrumentalisation of both professionals and patients as well as human and civil rights.

Iterated suggestions were made: Continuous ethical education and sensitization, international network meetings, focus not only on evidence but even a value base. The EPA Ethical Committee became encouraged to take action in trying to establish an “ombudsman” function, on taking measures even on a political level, to establish a European network of national counterparts on ethics, to consequently support the creation of national guidelines as well as to elaborate on the question of the feasibility but also the desirability of an European canon on ethics in psychiatry and mental health.

Consequently, our future and exciting as well as badly needed ethical development will, thus, need to focus on a balance in-between and an integration of two ethical options. Focusing on well-being and “Eudemonia” vs. the solely treatment of disorder and dysfunction, on profit maximizing market principles vs.

societal solidarity, on humanistic principles outgoing from the human condition of being body and mind or a reductionist focus on solely positivistic natural science without trying to integrate both perspectives and dimensions in the ethical treatment of human beings in a person centered way.

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**Address for Correspondence:** Rutz Wolfgang, Senior Consultant, EPA's Committee on Ethical Issues, Member, Stockholm, Germany, E-mail: wolfgang@rutz.se

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