Psychiatric ethics –
How much should "rationality" and "sentiments" weigh in each decision?

"What's best for the patient?" – a simple question, but a million arguments could be made upon one single case that involves ethical conflicts and dilemmas.

In the medical drama series *New Amsterdam*, a boy was diagnosed with ADHD and conduct disorder and was made to put on multiple medications to control his violent risks and unpredictable behaviors. However, the psychiatrist in-charge thought that he should be taken off these medications since many of them are unnecessary and likely masking his real problem. He thought the boy would only be "unhappier" being stigmatized and burdened by his illness and he wished to uncover the underlying cause of the boy's behaviors through non-pharmacological means. The case was taken to the court. On the other side, the school psychiatrist strongly opposed the idea since she had to protect the safety of other children. She demonstrated the risk by releasing footage of the boy hitting other kids in school until they got injured. Everyone in the court was shocked. The boy had not uttered a word throughout, keeping his head down as if trying to shut out the world around him. However, the hospital psychiatrist insisted on getting the boy to open up about his stories, feelings and thoughts, in a situation where all the adults and authorities were around and probably nobody would bother to patiently wait for the all-along-quiet boy to slowly unfold his side of the story if the hospital psychiatrist had not done so. Eventually, they learnt that behind the violent incident was a bunch of kids mocking and making fun of the boy's deceased father.

In psychiatric settings, a wrestle between beneficence and non-maleficence versus patient's autonomy and liberty is commonly seen. In Hong Kong, the Mental Health Ordinance serves as a comprehensive legal framework to safeguard the rights of individuals with mental health conditions while balancing public safety concerns. There is a question as to whether the autonomy of the patients could really be upheld and protected amongst all the existing rules and the power of the professionals (including healthcare and legal professionals). The "power" of the professionals might present as their knowledge superiority over the patients and the rights to exercise compulsory detention or treatment when certain criteria are met as stated in the official documents. Although there are systems to govern both the rights of the patient and the responsibilities of the professionals, does the voice of the patient really matter in complicated scenarios where they might lack the knowledge and ability to stand up for themselves and make changes whereas the professionals possess both, creating a situation of paternalism. [1]

In the recently-released local film *Papa (爸爸)*, a schizophrenic teenager had killed his own mother and sister. After three years of detention in the Siu Lam psychiatric centre, a meeting was called upon to discuss whether the patient could be released 2 years earlier than the designated 5 years given his well-behaved performance and positive recovery. There was a scene where the legal representatives, the doctor, other authoritative parties, the boy (the patient) and his father sat around the table to discuss the decision. The boy and the father were desperate to reunite with each other since they were each other's only family member,

they were very emotional and almost begging for an exemption to be made. However, the lawyer and the doctor appeared exceptionally calm and even urged the father to be more rational and “less sentimental”. The doctor stated the need to protect the patient and others including the father himself since the violence risks could not be fully excluded. The lawyer argued by saying the judiciary system in Hong Kong was practicing common law and therefore judicial precedents were emphasized, and there was no precedence of an early discharge of a schizophrenic homicide patient so exception would not be made for this case. The father was very disappointed and sad afterwards and left by saying “why did you authorities ask for our opinions if you guys have already made your decision, and that none of what we said would matter?” – this scene had struck a chord in my heart.

Could a balance be made between making a “rational” and knowledge-based judgement and one that carries empathetic warmth and “sentiments”? The rules are there to protect people and ensure a smooth function of the society but would the voices of the weak and vulnerable be sacrificed in such a sophisticated and well-formed system? All the knowledge we learnt allows us to make a sound clinical judgement taking the broader picture and different stakeholders into consideration. It is good in a sense that the decision would be more logical and practical. It is risky in a sense that if it becomes a routine, we might start to devalue the needs of individual patients. After all, it is our choice to determine how we make use of our “powers” – to minimize our own inconveniences or to take an extra step and help those in need.

There is no definite solution to ethical dilemmas. However, an ideal patient care model should integrate cognitive and technical expertise, ethics and professionalism. A physician should possess qualities of both the “heart” and the “head” – ethical and humanistic values in the heart, knowledge and technical skills in the head. “Conscientiousness is required to determine what is right by critical reflection on good versus bad, better versus good, logical versus emotional, and right versus wrong.” As the American physician and the writer of the book *The Care of the Patient*, Francis Weld Peabody, said a hundred years ago, “the secret of the care of the patient is caring for the patient”. [2]

References:

[1] Compulsory Admission in Hong Kong: Balance between Paternalism and Patient Liberty. (2018, December 1). PubMed. https://pubmed.ncbi.nlm.nih.gov/30563948/

[2] Varkey, B. (2020). Principles of clinical ethics and their application to practice. Medical Principles and Practice, 30(1), 17–28. https://doi.org/10.1159/000509119