Introduction: Ethical Dilemmas Old and New

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Bioethicists often debate whether the rapid pace of medical science truly generates new ethical questions or whether what appear to be novel dilemmas are really ancient conflicts presented in modern terms and contexts.1 The valuable essays in this Special Report offer support for each position and, more important, provide clinical wisdom for mental health professionals struggling with ethical issues both profound and prosaic in a variety of practice settings.

This 2-part Special Report on ethics brings you an update on evolving views regarding one of the historic boundary dilemmas of psychotherapy: self-disclosure. Thomas G. Gutheil, MD, presents a typology of disclosures and offers a principled yet practical approach to self-disclosure. Lisa Cosgrove, PhD, and Harold J. Bursztajn, MD, are concerned with another type of disclosure—that of financial disclosure. They tackle the difficult question of how to reduce pharmaceutical influence on psychiatric practice. They suggest a compromise that may be a solution to the dilemma facing both supporters and critics of industry ties.

In the June issue, the article by Christopher J. Ryan, MBBS, FRANZCP, presents a case-based discussion of the unique contributions psychiatrists can make to the identification and resolution of common yet multilayered ethical conflicts arising at the end of life. Steeped in the rich clinical experience of the author, the article paints a picture of the immediacy and poignancy of working in this difficult but ethically meaningful area of psychiatric care.

The other end of the generational spectrum is represented in a timely article that reviews contemporary issues in child and adolescent psychiatry. The pharmacological treatment of this age-group has increasingly been a subject of media attention and government regulation, but Adrian Sondheimer, MD, adroitly leads us through a series of case-based questions that show a far more nuanced and broader universe of ethical considerations.

Erick H. Cheung, MD, provides a fascinating look at the ethical future of psychiatry as it encounters unprecedented discoveries in neuroimaging, brain stimulation, genetics, and neuroenhancement. Dr Cheung’s lively prose captures our imagination with an article that takes us to the frontiers of the pioneering discipline of neuroethics.
The scope of this Special Report is truly diverse; it encompasses queries into the appropriate parameters of self-disclosure and explores the very limits of the self as a metaphysical concept. Yet through all the articles, there runs a unifying and unique ethical tradition, which has distinguished and guided the mental health professions since their individuation from their medical ethics progenitor.²

This flexibility and continuity of the specialized psychiatric ethical tradition is evident in the recently published revision of the *Opinions of the Ethics Committee on the Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry*.³

As shown in these superb articles, this tradition amplifies the virtues of empathy and altruism and intensifies the principles of confidentiality and nonmaleficence to protect the vulnerable patient in therapy, the dying, children and adolescents, and patients for whom the lines between experimental therapies and research are blurred. The macrocosm of psychiatric ethics is intriguing and vast, and thus the honor of chairing this Special Report presented a moral conundrum of its own: choosing which microcosms of ethical reflection and application to unfold for the ethically aware and responsive readers of Psychiatric Times.

References:


Links:
[1] [http://www.psychiatrictimes.com/neuropsychiatry](http://www.psychiatrictimes.com/neuropsychiatry)
[2] [http://www.psychiatrictimes.com/authors/cynthia-m-geppert-md-phd-mph](http://www.psychiatrictimes.com/authors/cynthia-m-geppert-md-phd-mph)