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BOOK REVIEW

Psychiatric Ethics

by Brian V. Johnstone, C.SS.R.

Edited by Sidney Bloch and Paul Chodoff. (New York: Oxford University Press, 1985), viii + 368 pp. \$12.95.

This collection of 17 essays was first published in 1981, and is now made available, with corrections, in paperback. The editors document the growing interest of psychiatrists in the ethical foundations of their work, as evidenced by the volume of literature on this subject. The increased interest in ethics has been sparked, in a special way, by the medical consumer movement and the civil liberties approach to mental illness. The psychiatric profession has responded, for example, at the 1977 World Psychiatric Association, where the Declaration of Hawaii was formulated. An appendix provides a useful collection of codes of ethics, including the Declaration of Hawaii. The perspective within which the collection is conceived is set by the historical outline contributed by David Musto. This author argues that we are at a peak of conflict over the role of psychiatry in modern society. Essentially the conflict is between an attitude which accorded psychiatry a great deal of control of the destinies of persons, and powerful movements seeking to limit that control in the name of personal autonomy and rights. A central question concerns the proper point at which these limits should be drawn.

The one essay on ethical theory is that by R. M. Hare who defends a form of rule utilitarianism. He distinguishes two levels of ethical thinking. The first is the intuitive level, at which level *prima facie* duties and principles have their place. Our intuitions inform us that we have duties to others; for example, to tell the truth, to protect innocent life. However, these intuitions are not self-justifying. To provide a justification for the intuitions, we must move to the second level. At this level we can argue, for example, that a person who has such dispositions (to tell the truth, to protect life) is much more likely to do, on the whole, what is best, than someone who does cost benefit analyses on each particular occasion. One who makes such calculations would lack time or information to make them adequately and would probably cook the results to suit his own convenience. Thus, adherence to such intuitions or dispositions can be justified on the basis of their utility. In the case of conflicts between duties, for example, between the duty to relieve pain and the duty to preserve life, we cannot resolve the difficulty by appeals to intuitions, but must move to the second level of ethical reasoning. For example, a psychiatrist has duties to his/her patient and also duties to respect the interests of other members of society. On the second critical level of thinking, one should be impartial to all those affected by our actions. But the interests of all, considered impartially, will be likely to be better served if psychiatrists absorb the principle to do the best one can for one's own patient. This is because the relationship between psychiatrist and patient has immense utility, and the destruction of this relationship is likely to do much more harm than good. This argument does not seem to be adequate. How do we determine that the relationship between psychiatrist and patient, given priority over the relationship of the psychiatrist to all concerned, will have greater utility than the relationship of the psychiatrist to all concerned, given priority over the relationship to a patient? The only answer Hare provides seems to be that, under the pressured circumstances of actual decision-making, we would lack time, information and perhaps virtue, to make an adequate assessment of utility in respect to all concerned. Hare argues that if the psychiatrist follows the principle of doing what is best for his/her patient, this will be productive of great utility and more utility than would be produced by more complex and probably seriously flawed calculations of cost benefit for all. On the critical level, however, given time and access to more information, we can make

satisfactory assessments of the latter kind of utility. However, it is not clear how, at this level, we determine what is to count as benefit and cost. In other words, how do we determine what is good for patients and for all concerned? Is this to be done by intuition? Hare explicitly rejects intuition on the critical level of ethical rejection. Is it to be done by a further calculus of utility at a higher level again? This would leave us with the same problems again on this level of reflection. Further, if there is no clear way of determining what is to count as good on the critical level of reflection, it is difficult to see how reasoning at this level can provide any adequate resolution of conflicts.

However, the major concern of the book is not with ethical theory, but with the concrete issues and dilemmas which arise in the practice of psychiatry. The significant contribution of the volume is in the judiciously selected range of topics covered. These are the social dimension (David Mechanic); the ethical aspects of diagnosis (Walter Reich); psychotherapy (Toksoz Karasu); drug treatment (Gerald Klerman and Gail Schechter); physical manipulation of the brain (Harold Merskey); sexuality and sex therapy (John Bancroft); suicide (David Heyd and Sidney Bloch); involuntary hospitalization (Louis McGarry and Paul Chodoff); confidentiality (Jerome Beigler); child psychiatry (Philip Graham); forensic psychiatry (Jonas Rappoport); psychiatric research (John Wing); as well as ethical training in psychiatric ethics (Robert Michels) and the social responsibility of the psychiatrist (Paul Chodoff). A final chapter by Sidney Bloch is concerned with the political misuse of psychiatry in the Soviet Union.

All but three of the authors are psychiatrists (the others being professors of philosophy and of social work). The articles provide valuable information on the state of psychiatry, its current internal disputes and its interaction with social policy and law. The authors, as would be expected, address the ethical issues from the perspective of psychiatric professionals. This provides a dimension of considerable importance to non-psychiatrists, including students of ethics. It brings clearly to the fore how the conflicts appear to those who actually have the conflicts. The conflicts are dealt with frankly and perceptively. In a chapter on the responsibility of the psychiatrist, one of the editors, Paul Chodoff, argues that accountability obliges the profession to be clear about what it is, what it does, its abilities and limits, and to make a reasonable amount of this information available to the interested public. Such an exercise of accountability is a guiding concern of this collection. This raises an acute difficulty, as psychiatrists are not in agreement about these matters. Indeed, as Chodoff writes, psychiatry is at present involved in an identity crisis. The differences are frankly acknowledged by the authors. At the same time, the reader may well wonder whether she or he is being provided, in all cases, with a sufficient range of current opinion. For example, the account of leucotomy given in the chapter on the physical manipulation of the brain, is more favorable than that given by some other authors.

A more general question is suggested by one of the contributors (David Mechanic). Psychiatrists work with models of the human person, which have broad ethical implications for all aspects of their craft. What are the models of the human person implicit in the diverse modes of contemporary psychiatry? Here further questions arise which would be the proper concern of philosophical and theological ethics. But such questions could not be adequately framed without the contribution of psychiatrists themselves, such as those provided in this collection. The collection is a valuable resource both for specialists in psychiatry and for all who are concerned with study and teaching in the field of ethics.

— Brian V. Johnstone, C.S.S.R.
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