

## Ethics of the psychologist working in the field of clinical psychiatry

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**ABSTRACT:** The ethics of the clinical psychologist who gets involved with psychiatric patients are a peculiar form of professional ethics and its limitations is not always clear. The relationship of the clinical psychologist with his patient is a peculiar confidential one during which the patient can be easily manipulated. The patient whose autonomy is not always clear is totally in the hands of his psychologist, trusting him with confidential personal data. Since clinical psychologist is also a part of a mental support team, he should cooperate with the other members of the team while maintaining his scientific freedom, ethic autonomy and dignity. We believe that the unclear ethic frame of the clinical psychologist commands the use and the respect of the Medical Ethic Code and Medical Bioethics. Equally important is the “Moral of Virtues” which agrees with our Mediterranean and Hippocrates Bioethical thinking where the clinical’s psychologist’s virtues and traits are the most useful tool in the resolution of frequent ethical dilemmas.

*Key Words: Clinical Psychology, Psychiatry, Ethics, Bioethics.*

### INTRODUCTION

The science of psychology evaluates, diagnoses, traits and studies behaviors and mental processes. It is divided in several branches. Clinical practice is associated with applied or research-oriented psychology. The clinical psychologist is considered to be a mental health worker, especially if he works at a psychiatric clinic, where he holds a supportive but also substantial role in the fulfillment of the psychiatric purpose. Nowadays, mental health services, are provided not only by psychiatrists, but by an interdisciplinary group of mental health professionals, [2] where psychologist may play the crucial role among paramedics. Contemporary psychiatry is extended to mental health sustenance with pro-/re-active measures [3], in an individual community (solidarity, social support) or social (marginalization restriction, psychosocial restoration, reintegration) level. [4] Mental health care “contains an appropriate quality spectrum of services, which is able to treat the mental illness and which takes under consideration the different needs of the different patients, so

that they can have equal access in such services”. [5]

It is well known that the concept of health is no longer approached in a negative way (absence of illness), but in a positive and holistic one, as it contains besides the physical, the mental and spiritual well-being, as well as the well-being of the individual. [6] The assault of the person’s well-being, something that might have psychosocial causes and that mainly concerns the psychologist, is considered itself an assault of the person’s health.

The clinical psychologist’s ethics, is neither exactly related to the doctor’s (psychiatrist’s) ethics, nor to the one of different health personnel. Psychology, as well as psychiatry, is a healthcare profession with particular characteristics in comparison with other healthcare professions. [7] The ethics of the clinical psychologist tends to become a separate scientific branch. In that framework, the ethics of the clinical psychologist who supports the psychiatric therapy tends to become independent comparing to the others medical personnel ethics.

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It is important when it comes to the ethics of clinical psychiatry, the precise determination of the “clinical psychology” concept, something that has to do with the studies and the conditions under which one receives such a specialization and the separation of clinical psychology from clinical psychiatry, something that is not that clear, at least when it comes to some aspects of healing treatment and support of the mentally ill (or disturbed) person.

## 2. ETHICS OF THE CLINICAL PSYCHOLOGIST

### 2.1 Ethical settings and authorities

Among the individual settings that concern the Greek clinical psychologist are: International proclamations about the provision of services that concern mental health and are accredited by Greece (for example UN declaration 1991, Madrid declaration 1996), the Bill of Human Rights and Biomedicine (Oviedo 1997) as well as the Medical Ethics Code (Law 3418/2005) whose lawful acts (that extensively refers to Mental Health Care as well as to the information and the cooperation of the patient) can be applied, covering a law gap (where it exists) and serving the meaning of other Acts when they are applied in different situations. Psychologists are, of course, neither psychiatrists so as they can be covered by certain medical laws like article 28 of the Medical Ethics Code, nor “wannabe psychiatrists”. [8] Considering them as healers, in the wide medical spectrum medical laws like article 28 of the Medical Ethics Code, can be applied on them, as well. In addition, there are other principles concerning the psychologist’s ethics like the ones in Law 2472/1997 on how to manage sensitive personal data, or the ones in the Penal Code (as well as the ones in the Medical Ethics Code), about medical confidentiality (article 371 of the Penal Code and article 13 of the Medical Ethics Code).

Additionally, the ethics of the clinical psychologist is constructed by basic bioethical principles similar to the principles that were stated by Beauchamp and Childress [9] : a) the principle of autonomy, b) the principle of beneficence, c) the principle of non maleficence, d) the principle of justice. According to the European Society of Psychologist Meta-Code (Moral Knowledge: article 2, provision 3.2.1.) the psychologist has the obligation to hold good knowledge of the moral laws.

### 2.2 The clinical psychologist-patient (“client”) relationship

The relationship of the clinical psychologist with his client is mainly based on trust. Similar to the doctor-patient relationship [10], it is combined of law and out-of-law (humanistic) traits. It is a “sui generis” relationship. It is an equal cooperative relationship (where the psychologist and the client experience shared mind decision making), of a mutual strongly confidential character [8]. Relatively according to the declaration of Hawaii (II, paragraph 3) and the Declaration of Madrid (paragraph 3), when it comes to psychiatry we use the term “client” and not “patient”. This applies to the Greek Medical Ethics Code , as well as to the European Psychological Association’s Moral Meta-Code. The term “client” is conceptualized in broad sense, as it includes all the psychologist’s professional counterparties (article 3 of the Meta-Code).

The psychologist that has been involved in a relationship which is based on trust with one of his clients has the ethical and legal obligation to mentally support his patient.[10] This “special ethical obligation” can be upgraded to a “special legal obligation” in order to prevent the client to harm himself or another person (in such cases the medical confidentiality is also suspended by the psychologist). The psychologist is obligated to do whatever he can to prevent such an act. The psychologist holds a similar “special legal supervision obligation” when he possesses the role of the guardian of a patient with self-destructive behavior who is institutionalized. For the clinical psychologist the important role is the one of the healer ( health worker) , and not the one of the guardian . [8] This is generally applied for all the medical personnel, where in our opinion the clinical psychologist should be included. The psychologist can easily take advantage of the therapeutic relationship (an act forbidden by the application of paragraph 8 of the Medical Ethics Code and by the Hawaii/II declaration, paragraph 7). The mentally ill (or psychologically disturbed) person is a particularly vulnerable person due to his well-being which is at risk. [11] The psychologist can easily take advantage of the power that he holds over his client who is possible engaged in an addictive relationship with him. Crossing but not violating of some boundaries may be permitted. [12] It is well known that an “emotional transference” between the psychologist and the client is possible. This transference forbids the psychologist and his client to become sex-

ually involved, even if we are referred to an ex client [13] (a questionable opinion) [8]. This is one of the many issues where the psychologist should show his virtue ethics.

### 2.3 “Beneficence, nonmaleficence”

Particular attention must be paid in order not to break the “no-harming” principle. Thus the clinical psychologist shouldn’t take part in the treatment of a mentally ill (or disturbed) person group when the «minimal restriction» principle is crossed. This principle was stated in article 8 of the European Council 2004 [10] and in national level in article 98, paragraph 4 of the Law 2071/1992. It states that the restriction of a person’s freedom during treatment should be combined with respect for the balance principle (article 25 paragraph 1 of the Constitution) and that it must be applied with respect to the law and to the medical/ psychiatric evidences. The Special Committee for the Protection of the Rights of People with Mental Disorders, declared the same (30.01.2008). The “do-no-harm” principle can be also broken by the disruption of the duty of confidentiality (and the duty to protect personal data) and the oversight of the client’s autonomy which is often difficult to prove. Clinical psychologist, in exercising his/her profession should be respectful to the principle of beneficence. It is worth noting that moral reasoning and ethical decision-making constitute inextricable components of psychologist’s service.

### 2.4 Confidentiality, professional secrecy and respect to client’s personal data.

The duty of confidentiality is the basis of clinical psychologist’s profession (confidentiality and Secrecy: article 3.1.2. of the Meta-Code, article 5 of the Greek Psychologist’s Ethics Code). Breaking the confidentiality is allowed only for similar reasons to those concerning the medical confidentiality. In cases of child maltreatment one should break the confidentiality following the accusation, according to the law. [14] In addition, the above is also allowed in cases that, according to the psychologist, the life of his client or of a third person is in danger (Declaration of Madrid, paragraph 6, Medical Ethics Code, article 28, paragraph 9, Greek Psychological Association Ethics Code). Such an estimation is really difficult to be done from the perception of the person who is under treatment. [14], [15] Such laws exist in the Greek Constitution (article 9 of the Law 991/1979). Even if there

hadn’t been such ethical laws concerning the psychologist’s duty of confidentiality, such a duty should be recognized as a secondary obligation derived from the trustworthy relationship between the clinical psychologist and the client.

The psychologist should respect the law 2472/1997 which protects the sensitive personal data of the client. It is prohibited for a clinical psychologist to announce (especially to persons not involved in the therapy team) the data indicating the IQ level of the client. It is also prohibited for the clinical psychologist to go public with the tools of his/her science (e.g. psychological tests, scientific terminology etc). Otherwise, the effectiveness of clinical psychology is threatened.

### 2.5 Scientific freedom and moral autonomy of the psychologist

In case that the team where the psychologist takes part in, violates his/her moral autonomy, the psychologist can exercise a “conscientious objection” according to the article 2, paragraph 5 of the Medical Ethics Code that concerns doctors. [10] Such a case can occur if the psychologist denies to participate when he detects a violation of the “minimal restriction” principle during treatment. The violation of the “minimal restriction” can be subjective at least in some cases. Such an objection can also be exercised by the psychiatrist when, for example the “maximization of autonomy” principle of the patient is adhered, or when the confidentiality principle is violated. The “conscientious objection” is an expression of the psychologist’s status, dignity, autonomy, integrity and -most importantly- scientific and moral independence. The status of the psychologist’s profession is highlighted in the Greek psychologist Ethics Code. In the medical field the “contentious objection” is certainly accepted. [10] Some people also include it in the moral medical principles as a basic one. The scientific autonomy of the psychologist should be guarded and defined by the psychiatrist’s autonomy, who can supervise the psychologist of his team. [8] The psychologist shouldn’t restrict the psychiatrist’s role as this would oppose to his scientific dignity.[13] This goes vice versa for the psychiatrist as well, who is obligated to define but allow the psychologist’s scientific freedom.

### 2.6 Respect to the patient’s rights

The mentally ill person should share all the rights of

a healthy person who hasn't been characterized as mentally ill. [14] The World Health Organization (WHO) pinpoints the frequent violation of the mentally ill persons' rights [16], [17]. Among others this can refer to discrimination based, for example, on sex, race, religion, social/ financial condition etc) and unequal chances in healthcare, the unlawful imprisonment, the disobedience of the "minimum analogical freedom" restriction principle during treatment, the restriction of bioethics or the principle of maximum respect in the autonomy of the mentally ill etc. ( article 98, paragraph 3, Law 2071 paragraph 4). In any case human dignity and free development of human personality should be respected according to the law. The psychologist should particularly respect the autonomy of the mentally ill which, nowadays, is in doubt. He should inform the patient in any possible way even with some potential risks. [18] In case where the above is not possible, his close relatives should be informed. In any case the basic principle is, according to psychologist's (as well as psychiatrist's) ethics, the maximum autonomy of the mentally ill which should be kept by the psychologist with every effort. [8] Towards this principle comes the Oviedo Manifest (article 5, Law 2619/1998) along with the articles 11 and 12 of the Medical Ethics Code, the article 96 paragraph 4 of law 2690/1992 and the article 2 paragraph 3 Law 2716/1999 and the article 5 paragraph 1 of Law 2690/1999. The mentally ill patient should be adequately informed, like any other patient. Towards this comes also the Declaration of Hawaii/II paragraph 7 and the article 98 paragraph 3 of the Law 2071/1992. Additionally is not allowed for the psychologist to try to enforce to his patients his own ethical, political and cultural ideas. [12]

The psychologist has to cooperate with the rest of his scientific team members.

### **3. THE VIRTUE ETHICS DRAMATIZES A CENTRAL ROLE IN CLINICAL PSYCHOLOGIST'S ETHICS**

Virtue ethics plays a major role in the "Mediterranean bioethics". It is based on the virtues and the traits of

the person practicing it (psychologist). Among other values concerning the above are the professional sufficiency and skill, the determination, the right decision making, the responsibility, the courage etc. [20] There are cases in which the clinical psychologist comes across difficult decisions between breaking the medical confidentiality and announcing some data concerning his profession. The Meta-Code refers to the above "virtues" which the clinical psychologist should have. According to the above, human superstitions concerning mental health are nowadays mineralized and many more people seek psychological counseling, revealing that way lots of their personal data. The psychologist's virtues should, in any case exist in order for these data to be managed. [21] It is worth noting that the values of the mentally ill patient or psychologically disturbed person may be undetermined and changeable. For example, as Maibom states "psychopathy is a global disorder in an individual's worldview, including his social and moral outlook" [22]. Virtue-based ethical approach integrated into a principlism-based ethical approach may constitute an instrument particularly suitable to solve coherently ethical conflicts or face other ethical issues that occur in the field of clinical psychology, integrated into the broader context of clinical psychiatry.

### **4. CONCLUSION**

The clinical psychologist's ethics is a professional ethics with particular characteristics in comparison with other medical or paramedical professions' ethics. Under certain circumstances there may be a conflict between the principle of nonmaleficence and the principle of beneficence. A combined virtue-based and principle-based bioethical approach seems to be the only way in order to solve such dilemmas coherently. Ethical dilemmas can occur when it comes to the "no discrimination principle", the "autonomy", the "privacy" and the fundamental human rights of the "client" or to the scientific freedom and moral autonomy of the psychologist. The existing ethical and legal framework need to be clarified adequately.

## Η δεοντολογία του ψυχολόγου που εργάζεται στην κλινική ψυχιατρική

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**ΠΕΡΙΛΗΨΗ:** Η δεοντολογία του κλινικού ψυχολόγου που ασχολείται με ψυχιατρικά περιστατικά είναι ιδιότυπη μορφή επαγγελματικής δεοντολογίας. Διαπιστώνεται ασάφεια ως προς το κανονιστικό της πλαίσιο και την οριοθέτησή της (π.χ. από την δεοντολογία της κλινικής ψυχιατρικής). Η σχέση του κλινικού ψυχολόγου με τον «πελάτη» του είναι ιδιότυπη εμπιστευτική σχέση, της οποίας μπορεί εύκολα να γίνει καταχρηστική εκμετάλλευση αφού ο «πελάτης» είναι συνήθως ευάλωτος σε χειραγώγηση, εμπιστεύεται στον ψυχολόγο ευαίσθητα προσωπικά του δεδομένα, η αυτονομία (αυτοκαθορισμός) του δεν είναι πάντα εμφανής και δεδομένη όπως σε άλλες θεραπευτικές σχέσεις κ.α. Ο κλινικός ψυχολόγος εργάζεται σε ομάδα υποστήριξης της ψυχικής υγείας και αυτό απαιτεί ισορροπία αρμονικής συνεργασίας με τα άλλα μέλη της ομάδας αλλά και διατήρηση της επιστημονικής του ελευθερίας και ηθικής αυτονομίας και αξιοπρέπειάς του. Θεωρούμε ότι το ασαφές δεοντολογικό πλαίσιο που αφορά τον κλινικό ψυχολόγο που συνεργάζεται με την κλινική ψυχιατρική μπορεί να υποστηρίζεται από την αναλογική εφαρμογή συναφών δεοντολογικών ρυθμίσεων (όπως του Κώδικα Ιατρικής Δεοντολογίας) και τον σεβασμό στις θεμελιώδεις αρχές της κλινικής βιοηθικής. Επίσης, είναι σημαντικός ο ρόλος της λεγόμενης «ηθικής των αρετών» η οποία συνάδει με την ιπποκρατική-μεσογειακή μας βιοηθική αντίληψη όπου οι αρετές και τα χαρακτηριστικά του κλινικού ψυχολόγου έχουν κεντρικό ρόλο στην επίλυση συχνών οριακών ηθικών διλημμάτων.

*Λέξεις κλειδιά:* Κλινική ψυχολογία, Ψυχιατρική, Δεοντολογία, Βιοηθική.

### REFERENCES

1. Wikipedia, The Free Encyclopedia, Psychology, <http://en.wikipedia.org/wiki/Psychology> (last access: 15 July 2015).
2. World Psychiatric Association. Ethics and psychiatry. Madrid declaration on ethical standards for psychiatric practice. Madrid, Spain, 2002
3. Rogers A, Pilgrim D. Mental Health and Inequality N.York: Palgrave MacMillan, 2003, pp:253-254.
4. Zissis A, Stylianidis S. Education and promotion of mental health: Clarifications and Prospects. Egkefalos, 2004; 41: 27-32. (greek article)
5. Milioni F, Tzeferakos G. Mental Health Care, in the collective work: "Interpretation of Medical Ethics Code (Law. 3418/2005)." Editor: Emm. Laskaridis, Legal Library Publications, Athens, 2013, 344-357. (greek article)
6. World Health Organization. Mental health: a state of well-being. Updated August 2014 [http://www.who.int/features/factfiles/mental\\_health/en/](http://www.who.int/features/factfiles/mental_health/en/) (last access: 15 July 2015)
7. Lolas F. Psychiatry: a specialized profession or a medical speciality? World Psychiatry 2010; 9(1):34.
8. Fytrakis E. Psychiatric Ethics. Offprint from the collective work "Medical Ethics (by article analysis of the Law 3418/2005)." Edited by Vidalis TK Papachristou TC, Sakkoulas Publications, Athens-Thessaloniki: 2013. (Greek book translation)
9. Beauchamp TL, Childress JF. Principles of Biomedical Ethics, 6th ed. Oxford University Press, 2009
10. Psaroulis D, Voultzos P. Medical Law. Bioethics Data. University Studio Press Publications, Thessaloniki, 2010, 37, 53-55, 256-264. (greek article)
11. Rogers W, Mackenzie C, Dodds S. Why bioethics needs a concept of vulnerability. International Journal of Feminist Approaches to Bioethics 2012; 5(2): 11-38
12. Siklafidou P, Zelen D, Livaditis M. Ethics and Psychiatry practice, Egkefalos 2012; 49: 103-108. (greek article)
13. American Psychiatric Association. The Principles of Medical Ethics-With Annotations Especially Applicable to Psychiatry, 2013 edition.
14. Papadodima S, Spiliopoulou C. The doctor faced with possible crime. Medical confidentiality issues. Counsel 2006: 53 (greek article)
15. Alevizos V. Confidentiality and psychiatric confidentiality - Legal and ethical implications. In: Douzenis A, Lykouras L., Psychiatrodikastiki. A version. Pashalidis Publications, Athens, 2008: 12-19 (greek article)
16. Bredimas A. Protection of mentally ill patients in the European Convention on Human Rights and other Council of Europe regulations, in: "Psychiatry and the Law: I. General background and concerns." Editor: Soldatos K, Karakostas I., Koutsouradis A., Malliori M. Ant. N. Sakkoulas Publications, Athens, 2006, pp. 207-222. (greek article)
17. Economou M. Rights of the mentally ill: Moral and Ethical Approach, in: "Psychiatry and the Law: I. General Background and concerns." Editor: Soldatos K., Kara-

- kostas I., Koutsouradis A., Malliori M. Ant. N. Sakkoulas Publications, Athens, 2006, 225-231. (greek article)
18. Livaditis M. Psychiatry and Law, Ed. Papazisi, Athens, 1994, 500 (greek article)
  19. Fountedaki K. Liability of the psychiatrist in "Psychiatry and the Law: I. Genetal background and concerns." Editor: Soldatos K. , Karakostas I., Koutsouradis A., Malliori M. Ant. N. Sakkoulas, Athens, 2006, 194. (greek article)
  20. MacFarlane B. Researching with Integrity: The Ethics of Academic Inquiry. New York: Routledge; 2008.
  21. Korsanou A, Douzenis A, Lykouras L. The medical confidentiality in the practice of Medicine with emphasis on the practice of Psychiatry. Legal framework. Greek Medicine Archives 2010; 27 (4): 686-690 (greek article)
  22. Maibom LH To treat a psychopath. Theor Med Bioeth. 2014; 35:31-42.