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The Moral Rights of Mental Patients

By: Zeinab Loutfi

ABSTRACT

This study was conducted on 35 female mental patients hospitalized at Abbasia Mental Hospital in an attempt to know their opinion about circumstances of their hospitalization and how they feel about it.

A questionnaire was given to patients containing questions related to their moral rights. It was found that on becoming a mental patient a person often loses adult entitlements from family members and hospital staff as these patients complained that they are deprived from their right to honesty, their right to expect promises to be kept, their right for privacy and freedom.

The results of this study brings us to the need to rehumanize our medical and nursing delivery system and to continually see our patients as human beings who deserve the best care possible consistent with their rights.

INTRODUCTION:

There appears to be a conviction among psychiatric nurses and other workers in the mental health field that the protection of the rights of mental patients lies primarily in the hands of the law. Relevant standard textbooks confirm the impression, since the only reference to patient's rights occurs in sections devoted to legal aspects of psychiatric care.

The right of mentally ill people according to Scrock (1980) must be seen in the context of the rights other adult members of their society enjoy. Respect for other people cannot be legislated for, nor can it be enforced by a court of law. It is conscious and often painful feeling of fellow humanity applied consistently and without personal bias. Respect according to Campbell (1975) implies a relationship with other persons of such a nature that our choices and intentions are governed by their aims and aspirations as well as by our own. It is a matter of resolve and not of resources.

The right to honesty:

Few nurses may deliberately lie to patients but the common use of half-truths and denials often as a result of the nurse's inability to cope with a potentially stressful situation at the time is actually anti-therapeutic.

Nurses who know perfectly well that the patient is not going to recover, or have all his problems solved in a short time, are quite capable of telling him that it will not be long before he will be all right and home once again.

The right to expect promises to be kept:

Much as in the case of spontaneous lying or telling of half truths, nurses frequently make promises to patients to avoid a difficult situation.

Often however, nurses promise to do something for a patient in a general way. A nurse may promise to post a letter or to look for a lost article. If these promises are not kept, because of forgetfulness, nothing more than an explanation and an apology are needed.

The right for privacy:

Issues of privacy are often confined to considerations of protecting information about the patient from misuse. Few nurses seem to be aware of the need of people for emotional privacy. The helplessly crying adult is not protected from the stares of other people, and inquiries which should be made in private are conducted in crowded places. Very rarely are patients allowed facilities for intimate encounter with spouses, children, or friends.

The right to adult entitlements :

On becoming a mental patient, a person often loses usual adult entitlements, irrespective of their significance to his illness, as they are denied the financial privacy most adults take for granted.

The wearing of one's personal choice and taste, skipping a meal or part of it because one is not hungry or simply does not like it so much, taking a shower when one feels like it, eating or drinking between set mealtimes, making a cup of tea or coffee, deciding to have a long lie or after noon's nap on one's bed are normal adult rights.

Reading in bed before going to sleep or when unable to do so, sitting up watching a late night TV programe, going for a walk, making a telephone call, having visitors or visiting others at acceptable times, and making friends with whoever one wishes are also normal adult entitlements.

The study was conducted to know the opinion of hospitalized mental patients in relation to their moral rights. A questionnaire was constructed consisting of 27 questions concerning circumstances related to their hospitalization, with the patient's will or not, was the patient told the truth or not on admission to hospital, and the types of lies that were said to him. The questionnaire also investigated if the patient

was victim to promises from the staff that were not kept, and the types of promises. The questionnaire also contained items related to the privacy and freedom of the patient during hospitalization.

The questionnaire was given to a female section at the state mental hospital (Abbasia Hospital). This section comprises fourty one patients, six were excluded from the sample as one patient was aphasic, one was excited and aggressive and one was withdrawn and refusing interaction and three patients were just admitted to hospital when the questionnaire was given to the patients, and they could not at this point formulate an opinion or verbalize their feelings about hospitalization. The remaining were hospitalized for a period that varied from one to twelve weeks, and they are all psychotic patients. The thirty five patients were asked to answer the questionnaire.

RESULTS

Among the 35 patients, it was found that 19 patients (54.2%) of the sample did not know that they will be hospitalized, among these patients, the following lies were given to them (Table 1).

TABLE I

Types of Lies Told to Patients to enable Them Go to the Hospital.

Types of lies	No.	%
— You are going for a check up only	3	15.79
— You are going for a visit	4	21.05
— You will be hospitalized for 1 or 2 days only.	1	5.26
— You are going to get married	1	5.26
— Your are going to pick up your sheet from the hospital.	1	5.26
— Nothing was said to the patient	9	47.38
Total	19	100

It was found that among the 19 patients who were not told that they will be hospitalized, almost half of them (47.38%) nothing was said to them as they were taken to the hospital and were surprised to find themselves hospitalized. 21.05% of the patients were told that they are going to visit some friends, 15.79% were told that they are going to the hospital for a check up, then would go home. Other lies told to patients were "You will stay in hospital only for one or two days", or "we are going to pick your papers up from the hospital" or even "you are going to get married".

TABLE II

Types of Promises from the Nursing Staff to Patients That Were not Kept (According to Patients).

Promises that were not kept.	No.	%
Length of stay in hospital	18	51.43
Communicating with relatives	17	48.57
Posting letters to relatives	20	57.14
Leaving the hospital if patient behaves well.	23	65.71
Total (answers)	78	

It was found that 65.71% of the patients were promised by the nursing staff to leave the hospital if they behave properly and the promise according to patients was not kept, half of the patients (51.43%) complained that several dates of discharge were given and they were not discharged from the hospital. 57.14% and 48.57% of the patients complained that they were promised by the nursing staff to post letters to their relatives and to communicate to them respectively and promises were not kept.

TABLE III

Situations Where Patients Felt Deprived from Privacy

Situations where patients felt no privacy	No.	%
— Telling a secret to the Nurse that was not kept.	7	20
— No privacy at visiting time	29	82.86
— No privacy while bathing	2	5.71
— No privacy while sleeping	15	42.86
— No privacy while dressing	23	65.71
Total (answers)	93	

It was found that the majority of patients (82.86) complained from lack of privacy regarding visiting time, as they are not allowed facilities for intimate encounter with spouses, children or friends. The next complaint was that they were denied privacy when dressing and undressing in (65.7% of the patients), and when sleeping (42.86% of them), and when bathing (5.71% of them). 20% of the patients complained from lack of privacy regarding telling a secret to the nurse, where the secret was told to other staff members.

TABLE IV

Situations Were Patients Felt Deprived from Freedom.

Situations where patients felt deprived from freedom.	No.	%
Keeping/spending money.	22	62.86
Amount, quality & time of eating	22	62.86
Sleeping time	20	57.14
Bathing time	22	62.86
Changing clothes	20	57.14
Watching TV.	20	57.14
Total (answers	126	

It was found that 62.86% of the patients complained that they are denied from financial privacy for the most trivial expenditure out of their own money in the hospital, and from eating without one's personal choice and taste and when one feels like eating. Also the same percentage complained from not getting a bath when they felt like do it. 57.14% of the patients complained from lack of freedom as they were unable to sleep when they desire, or to watch the late night TV program or whenever they desired, or wearing their own clothes following their personal choice and taste.

DISCUSSION :

On becoming a mental patient, a person often loses adult entitlements from family members and hospital staff. Results of the four previous tables are indicators to what the mental patient feels on being hospitalized. These are just numbers that have significance, but what was observed nonverbally through the facial expression of the patients that cannot be explained in term of statistics was much more signifcant as to how these patients suffer from their deprivation.

The research indicates how these people live being morally violated of human rights. The right to know that they will be hospitalized, and for how long, the right to eat or drink when they need, the right to be dressed and the right to be respected, and to be independent. Psychiatric nursing should be not only physical care and control, but it has obligations that arise from the acknowledged rights of all adults, and to deny them to a mentally ill person is essentially a denial of another human being's dignity and self-respect.

CONCLUSION :

The law can only go so far and that patients rights must basically be protected by people who care for the patients (Dunlop 1978). We

must decide ultimately how to deal with institutions in order not to dehumanize people. It is incumbent upon all of us to do what we can to rehuminize our medical and nursing delivery system and to continually see our patients as human beings who deserve the best care possible consistent with their rights.

REFERENCES

Campbell, A. (1975) **Moral Dilemmas in Medicine.** London: Churchill Livingstone.

Dunlop, L. (1978) **Mental Health Concept Applied to Nursing.** New York: A Willey Medical Publication. PP. 60–68.

Schrock, R. (1980) The rights of mental patients. **Nursing Times, 80 :** 884 – 886.

AUTHOR

Zeinab Loutfi, B. Sc. (Nursing)., MPH., DPH (Mental Health) Lecturer in Psychiatric Nursing at the High Institute of Nursing, Cairo University.

الموجـــــــز

الحقوق الأخلاقية للمرضى العقليين

أجريت تلك الدراســـــة على ٣٥ مريضة من المقيمات بمستشـــفى العباسية للأمراض العقلية فى محاولة للتعرف على آرائهم بشـــأن ظروف أدخالهم المستشفى وشعورهم حيال ذلك .

وقد أعطيت المريضات استقصاء يتضمن أســـــئلة متعلقة بحقوقهم الأخلاقية . وقد شكت المريضات من كونهن محرومات من حقهن فى انتظار وفاء الآخرين بالوعد وحقهن فى الخصوصية والحرية .

وتوجهنا هذه الدراسة الى الحاجة لجعل النظام الطبى وكذلك نظام التمريض اكثر انسانية . كما ترشدنا الى ضرورة رؤية المرضى دائما كبشر يستحقون افضل عناية ممكنة تتمشى مع حقوقهم .

ABSTRAIT

Les Droits Moraux des Malades Mentaux.

Cette étude a été conduite sur 35 malades mentaux, femelles internées à l'hôpital mental d'Abbassia, dans une tentative de savoir leur opinion en ce qui concerne les circonstances de leur hospitalisation et leurs sentiments à ce propos.

Un questionnaire a été donné aux malades contenant des questions concernant leurs droits moraux. Nous avons trouvé qu'en devenant un malade mental, la personne souvent perd ses droits d'adulte concernant ses relations avec les membres de sa famille ainsi que le personnel de l'hôpital. Ces malades se sont plaint qu'elles étaient privées du droit d'être traitées honêtement, leur droit à ce que les promesses qu'on leur donne soit tenue, leur droit à la retraite et à la liberté.

Les résultats de cette étude nous mènent au besoin de réhumaniser notre système médicale et infirmier et de toujours considérer nos malades comme des êtres humains méritant les meilleurs soins possible, tout en respectant leurs droits.

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