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On the Ethical Problems of Psychiatry

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ABSTRACT

The author touches upon many aspects of the relationship between ethics and psychiatric practice. He points to the need for proper evaluation of the person at hand not only the disease process. The psychiatrist should know his limitations and direct the patient to the appropriate therapy or colleague if the patient's interest calls for it. He should beware that if he could not be useful he should at least be harmless. Whenever possible he should guarantee the patient's cooperation, if not he should not expose him to hazardous therapeutic measures without his or his guardian's consent. Confidentiality, in all aspects of the relationship, especially during psychotherapy, is emphasized, together with respect for the patient's attitude and beliefs. The abuse of the psychiatric hospital, drug treatment, and psychosurgery should be avoided. Due respect and concern should be given for the patient's legal security versus society's interest, his right to terminate his life, the problem of abortion, and freedom in choosing his sexual object.

The author calls for more effort in the domain of linking ethics to psychiatric practice.

The relationship between the doctor and the patient seeking his help is not one of equality. The patient is not always able to appraise either his own condition or what can perhaps be done on his behalf. The patient cannot but give himself to the care of the doctor and trust in him. There are maxims and rules accepted by the medical profession that help doctors to treat their patients appropriately and proceed in an ethically correct manner in dealing with them. The ethics of the medical profession has varied from country to country and from one culture to another. It has come into existence on an empirical basis, and its aim has been to have the doctor always act in the way that is best for the patient (Kosonen, 1970).

One of the most important questions in medical ethics has to do with the doctor's awareness of the limitations and possibilities of his own ability. The over-rating of oneself and failure to ask for consultative help are against professional ethics also in the field of psychiatry. Lack of a knowledge of the fundamentals of the doctor — patient relationship is not only a shortcoming in the training of doctors but also one in the doctor's skills. The doctor's attitude toward the patient should be humane and he should avoid causing unnecessary suffering to the patient (Kosonen, 1970). The skills to be expected of a doctor include that he shall be able to find the correct treatment method. If the psychiatrist criticizes his patient or exhorts the patient to pull himself together, this can almost be considered a lack of skills, and the same applies to the doctor's unjustified bad behaviour toward the patient. Neither the patient's position in society nor other comparable factors must have an influence on the way he is cared for.

One aspect of medical ethics is that the doctor should promote international friendship and co-operation and establish good personal relationships with his colleagues in other countries, as well as to improve the co-operation between his colleagues in his own country and those abroad.

Ethics is concerned with the concept of man. Man is not only a biological being, nor is he a machine, but his entire personality has to be taken into consideration. Life is a value in itself. Being a man entails a possibility for development. Man is a limited being. He lives the span between birth and death. Pain and suffering are impediments to humanity. By counteracting pain and suffering, medicine promotes humanity. Nevertheless, pain and suffering are part of human existence. Being human involves various emotions and ambivalences, such as love and hatred. These may also give rise to ethical problems. A certain degree of control is necessary because of these,in order to avoid misuse. The doctor's professional ethics amounts, in a sense, to the supervision of the standards of medical treatment (Lindqvist, 1974).

The development of medicine and, also, psychiatry creates new ethical problems, with which those under medical or psychiatric training and in the various fields of medicine ought to familiarize themselves. The United Nations and (CIOMS) have considered the current

problems associated with medical ethics. In what follows, I am going to touch upon a few issues that would perhaps merit further, more detailed consideration.

The Doctor's Relationship to Illness and Suffering

In his work the doctor treats illnesses. In psychiatry we may be easily led to one-sided thinking, so that psychic disorders and the disturbances of mental health will be seen solely as diseases, without paying enough attention to the patient's suffering and to his interpersonal relations and the difficulties occurring in these. This is another level for the consideration of the suffering human being and his disordered mental health. If the doctor considers the disturbances of mental health exclusively as if they were manifestations of this or that disease entity, without according attention to the entire human being and, in particular, to the suffering of this human being, which forms the very core of mental disturbance, he may assume an excessively mechanistic way of relating to the suffering human individual. This applies to physicians' attitudes toward illness generally, but may need particular emphasis in the case of psychiatry.

The Roles of Doctor and Patient

The most important aspects of the doctor's role are involved in the Hippocratic oath and in the code of medical ethics. The doctor is obliged to help the patient, without doing harm to him. In cases of emergency, the doctor has to help the patient, irrespective of whether he is or is not paid for it. In the absence of compelling reasons, the doctor ought not subject the patient, without the patient's own or his guardian's consent, to measures involving a risk of death or invalidity. It is not correct to compel a psychiatric patient to undergo a treatment measure, unless the measure is absolutely necessary. Electroshock treatment should not be administered against the patient's own will. Over and above the fees ordinarily paid, the doctor must not gain any sexual, political or financial advantage from the treatment given by him. This all applies to medicine in general and, in particular, to psychiatry (Achté, Alanen & Tienari, 1973).

On the one hand the doctor should resort to old, tried-out methods of treatment and avoid taking unnecessary risks by experimenting with new ones, but on the other hand he should be capable of renewal and able to give up his previous attitudes and old treatment methods and even abandon his former views concerning illness. Especially in psychiatry, the views about illness and its nature have changed and developed in the course of the decades. For the patient, a psychic disorder is often an alternative he has chosen either consciously or unconsciously, and it is by no means self-evident that he could or should abandon it if no changes took place in his life situation. In psychiatry one can only rarely help another person against his own will or a sufficient treatment motivation on his side, whereas in several other fields of medicine the state of affairs is different in this respect. The psychiatrist should assess his own position correctly and respect the patient's views, instead of carrying through what conforms with his own views of treatment (even if these were correct).

Ethical Problems Associated with Psychotherapy

The psychotherapist has an opportunity to base his activity on a scientific foundation : on the knowledge available on the functioning of the personality, the nature of psychic processes and the development of psychic life. This kind of knowledge is in fact a self-evident prerequisite for anyone practising psychotherapy. Just as the case with the acquisition of any kinds of occupational skill whatever, theoretical knowledge and theoretical studies are not enough but must be supplemented with guided practical training. Increasing self knowledge essentially improves the psychotherapist's success in his work and sometimes forms a necessary condition for psychotherapeutic activity (Rechardt & Achté, 1972).

An unexperienced psychotherapist may be compelled to admit numerous failures, alongside some good results, particularly if he does not observe caution and obtain expert guidance. It is in fact important for any therapist — whether an experienced one or a new-beginner — to know the limits of his capabilities and act within the bounds set by these. Though self evident in other occupational fields, this is a rule of which the validity is not always accepted or realized in the

case of psychotherapy. The psychotherapeutic methods are not very widely known and their demonstration in a concrete fashion is difficult. This is partly why psychotherapy is liable to give rise to various unrealistic images and attitudes, which are only dissipated with increasing knowledge and experience.

Numerous kinds of psychotherapy are being practised in the world. One ethically doubtful feature is the widespread tendency that there is to underrate psychotherapy : as a result of this, people without an adequate training may practise it now under this and now under that name. The lack or deficiency of supervision may, incidentally, be one sign of this under-rating. The medical ethics are extensive. The doctor should not interfere with the patient's religious, political or other convictions, neither should he try to shake them. From the point of view of ethics, interesting aspects in psychotherapy are the doctor's attitudes toward the patient's aggressiveness, marriage and sexuality. The recommendation of loose relations as a means of treatment of certain disorders shows a lack of professional skills and is not an ethically correct way of dealing with the patient. As a rule, the patient should be permitted to decide himself the question of divorce. A decision concerning such an important matter is not the doctor's business, even though it will be important to consider it in psychotherapy. When a psychiatrist practising psychoanalysis commits himself to the membership of some particular political party or religious community, he will limit his field of action. This does not apply to general psychiatry, and, generally speaking, it would be useful to increase the part played by psychiatrists in social life and social planning.

As the doctor is able to exert much influence on the patient he may perhaps induce the patient himself and his family to take important decisions with which economic interests are associated. It does not seem advisable for the doctor to guide the patient's views concerning, say a testament or other family affairs, but he should try to serve as his patient's trusted helper only in matters actually related to his work as a physician or psychiatrist.

Attitudes toward Colleagues

Doctors' attitudes toward their colleagues form an important

ethical problem. We ought to respect each other, instead of regarding, in a way typical of one Finnish brand of Pietism, our own school as the only right one. Patients may become helped in a variety of ways and by kinds of treatment taking place within a variety of frames of reference. If a doctor belittles his colleagues and speaks of them disparagingly to his patients, this is an indication of poor morals. A point related to this is the responsibility of medical faculties and decision-makers for the fact that too little instruction is given to medical students about the doctor — patient relationship, despite the fact that this relationship is one of the most important aspects of medicine and also of medical ethics. How long have we to wait before time is ripe for a sufficient valuation of this side of medicine; A doctor's inappropriate attitude toward his colleagues always finally does the most harm to himself. It is often a sign of a lack of professional skills and self-esteem, and it is liable to damage the patient by weakening his trust in doctors. What a doctor sows he will have to reap. Many a young doctor automatically first replaces another doctor's prescriptions by his own ones, to emphasize his own knowledge, as it were. Objectively, such replacement may of course be either a right or a wrong measure -- often it is a wrong one.

Misuse of the Psychiatric Hospital

Formerly the psychiatric patient was isolated in a locked ward, from which it was difficult for him to get away. Attention was not given to the possibilities of rehabilitating him, and the institutionalization syndrome was developed by many a patient and he became chronically ill because of treatment errors and the absence of outpatient facilities.

One of the most central ethical problems in hospital treatment still concerns the respecting of the patient. An effort is usually made to avoid undertaking treatment measures against the patient's will Detention and compulsory help are in bad repute, and they cannot be recommended except as temporary measures in cases where the patient is dangerous to himself or other people. In the new law concerning mental health that is now being prepared, the patient's legal security will be radically improved. I here refer, to the special

boards that are likely to be established to serve in the future as the first instances of appeal and to supervise that the patient's detention in hospital is well-founded. The board would also include a person authorized to represent the patients before the law. It has been maintained that in certain countries politically troublesome persons are placed in mental hospitals. It can also be said that the hospital is misused in cases where some other hospital, following the line of least resistance, refers to a mental hospital a patient who is not in need of psychiatric hospital treatment but is regarded as troublesome or difficult to care for. Though respecting the patient, as he is respected in a modern hospital following the therapeutic community and co-operation approach, an attempt is made to relieve suffering and to avoid, in a broad sense of the word, any ethically incorrect use of the hospital.

Drug Problems

Both an excessive or unnecessary use and abuse of drugs are serious questions. The doctor ought to bear this in mind in writing prescriptions and to protect the patient against these dangers. If compounds of which enough is not known and which may be dangerous are used experimentally as drugs, this is considered to be ethically wrong. The patient's normal positive reaction to placebo is usual. If such reaction is regarded as showing that the patient is neurotic, this is an indication of deficient professional skills. There are those who do not approve of the use of placebo in double-blind experiments. The justifiability of this method depends on the nature of the disorder concerned. The patient must not be harmed.

On the other hand, a religion-like, negative attitude toward drug treatment may cause harm to the patient. The blackening of treatment methods, such as the electroshock, that are useful in certain rare disorder conditions, as well as the insulting and ill-founded criticizing of those who use them, are ethically wrong attitudes typical of our time, just as are, on the other hand, the neglect of the patient's needs through excessive drug treatments or other kinds of treatment doing harm to him. A background for such attitudes may have been created by the misuse or excessive use of treatment methods of this kind in the recent past. Doctors do not always have enough courage to treat

with adequate anxiety relieving drugs those patients living a continued state of anguish who cannot be helped by altering the circumstances, and who do not have an opportunity to receive psychotherapy or are unable to benefit from it sufficiently. Oftener, however, the patient is damaged by excessive dosages of drugs, which may lead to the development of persistent side-effects, such as have been shown to result from the use of neuroleptics. It is ethically wrong to accustom the patient to the use of hypnotics or to an excessive use of sedatives. A doctor who abuses drugs himself is ethically dangerous.

According to J. Idänpaan-Heikkilä (1974) 21.5 tablets of hypnotics or sedatives were used in Finland per inhabitant in 1973. Thanks to the active control measures of the National Medical Board, the use of hypnotics and sedatives has diminished in Finland in recent years. Such drugs are used to the same extent in Finland and Norway or less by a half compared with Sweden. In the same year, 2.1 tablets of antidepressants and 6.0 tablets of neuroleptics were used in Finland per inhabitant. Neuroleptics form the only group of drugs of which the use has slightly risen, whereas the use of psychopharmaca, considered as a whole, has been clearly on the decrease since the 1960s. Thus, in this respect we cannot yet speak of a national danger. Nevertheless, it is no doubt advisable for us to be on our guards regarding this question.

A central feature about the doctor's professional ethics is that he has to do everything he is able to for the benefit of his patient. This is not always easy in practice, since numerous alternatives are open in medicine. The patient may be in need of appropriate drug treatment (Kosonen, 1970), but this often causes side-effects. By caring for the patient the doctor shoulders a great responsibility. Medical ethics prescribes that psychopharmaca should not be used during the early part of pregnancy unless their use is absolutely necessary. The doctor must have knowledge of the possible deleterious effects of drug treatments, so that he may not expose his patient to risks. He must be able to refer his patient elsewhere if he cannot master the patient's treatment.

Comparing Society's Interests and the Individual's Legal Security

Society's interests and the individual's legal security may sometimes be in conflict with each other. A good example of this is provided by the detention of a patient assumed or found to be dangerous.

It has been observed in forensic psychiatry that the rate of recidivism for psychotic persons committing homicide is about 5 per cent, whereas the corresponding rate for alcoholics with character disorders is much higher. Only the former may be ordered to be detained for the rest of their lives in mental hospital, which is often experienced as a worse place of detainment in comparison with a prison,from which the offender is released after a specified length of time.

Where should the line of division between the protection of society and that of the individual be drawn? schuld alcoholics be subjected to compulsory treatment and sent against their will for prolonged periods of time to labour camps or other corresponding institutions, as is done in the Soviet Union? Or should people be permitted, in a free country, to drink themselves dead? What should be done with the skid-row alcoholics populating the centre of Helsinki? How should the living of the family of a gravely alcoholic person be safeguarded?

Psychosurgery

A stereotactic brain operation may sometimes be called for in the case of gravely anxious or aggressive patients who have become chronic hospital inmates, as well as in the case of their gravely anxious patients, when it is impossible to relieve their unbearable suffering by any other means and when the risk of suicide is high.

It has been maintained that stereotactic brain surgery has been misused, not only in the sense that use has been made of too loose indications but also, abroad, in such a way that a criminal patient placed in a mental hospital as a person considered dangerous to society may have been released on the condition that he submits to it.

Lobotomy proper already belongs to history, despite the fact that its inventor was given the Nobel Prize in the 1930s. Typically enough, no representative of psychotherapy has been awarded this prize.

The Right to Die

Despite the fact that suicide prevention has a well-founded justification of its own, it seems fair in certain cases to let people decide themselves about their own lives and about whether they wish irrevocably to die (Kerppola, 1974). Nobody should forcibly be kept alive. However, suicide prevention has for its starting point the fact that an overwhelming majority of those attempting suicide wish to die only during a temporary depression but would like to continue living once their depression is over.

The Duty to Keep Information Secret

The patient has right to speak to his doctor frankly about all his difficulties. The doctor must not unnecessarily talk to anybody about matters concerning his patient. In writing a medical certificate, the doctor should avoid including in it information which is not needed for an appropriate decision in the matter. It is against the rules of good conduct and professional ethics to include in medical certificates items of information that are not pertinent or are derogatory to the patient. Information concerning the patient must not also be revealed, without the patient's permission, either to the patient's relatives or to the members of the doctor's own family. The duty to keep confidential information secret ought not to be violated within the sphere of the sickness insurance or in any other circumstances, either.

Television is nowadays used as an aid for instruction at the universities and elsewhere. In Finland, the patient is not asked for written permission, but almost all patients give their consent to this orally. If the patient later wants that the tape concerning him be destroyer, it will be destroyed immediately. As far as is known, in the United States the patient is asked for written permission. Neither interviews between patient and doctor nor family therapy interviews must be tape-recorded unless the patient or all the members of the group give their consent.

The Publicity of Documents

According to the practice current in Finland, the patient is entitled to have information about that part of any psychiatric case record concerning himself that is regarded as a public document. Particularly

any other items of information ought to be disclosed to him in conversation with his doctor, rather than letting him without deliberation read the case record; one should proceed here in such a way that the patient would not be harmed. Sometimes a good patient — doctor relationship has been broken by not observing this rule, as a result of a colleague's inappropriate attitudes. The doctor responsible for the patient has not always taken the trouble to consider what about a patient's case record can be disclosed to him, without doing harm to himself and others. Psychiatry and the rest of medicine are not in a similar position here. Psychiatrists are experienced as branding people. As for the publicity of the case records concerning him, the psychiatric patient is not in a different position compared with other patients, but psychiatric case records are in a position different from that of other case records. That public part of the case record which includes, among other things, statements of opinion should be formulated so as not to hurt the patient. Unnecessarily detailed items of information concerning the patient's intimate life should best be kept by the doctor to himself, instead of writing them down in a statement which may be read by many a person for whom such information is not meant. It may sometimes be better to let a schizophrenic patient assume that he is suffering from a neurosis rather than a psychosis. In all these questions concerning publicity the central point is that the doctor should act to his patient's benefit and be careful not to harm him. The modern psychiatrist works in a group setting and often cares not only for one person but also the person's closest environment. If psychiatric case records are permitted to be seen freely and uncritically, harm may be done to the patient and his interpersonal relations.

Need to Keep a Disorder Secret

Since attitudes toward persons suffering from psychic disturbances have been negative, this has led — just as in the case of epilepsy in the field of neurology — to a need to keep such disorders secret. As far as a neurotic disorder is concerned, this is natural, considering that every human being has his own private life, which he need not reveal to other people unless he wants to. The doctor's task is to work against prejudices in all possible ways.

Homosexuality

Despite the fact that the present writer considers homosexuality to be a developmental disorder, in a sence, its inclusion within the range of normal variation may be legitimate on the other hand, considering that 2 per cent of the population are homosexual. According to the Kinsey report, homosexuality is less frequent in women than in men. According to Kinsey, 4 per cent of the white population of the United States lives after puberty a homosexual life, and about 10 per cent are more or less homosexual for 3 years or more between the ages of 16 and 65. Just as a person affected by epilepsy does not qualify for a driver or a colour-blind person for an engine driver, the view would seem well-founded that a homosexual person is not fit for the post of a youth leader, though he may be very well fit for other posts. An argument in support of this opinion is, e.g., Allen's (1962) view that young people's objects of identification may have some influence on the finding of their own sexual identity. In discussing the prevention of homosexuality, homosexual persons are not recommended in the literature for youth leader posts.

On the other hand, there may be no legal grounds for dismissing such a person, unless he is willing to leave his post. Treatment measures must not, of course, be used against the patient's will in this more than in any other disorder.

Abortion

Experience seems to suggest that abortion caused more guilt previously than it does to-day, even though there are many who maintain that every legal abortion, too, is followed by some kind of grief and state of dejection. A society - positive, liberal attitude toward abortion is apt to decrease the feelings of guilt. It is not up to the doctor to increase such feelings. The physician is not a judge. Previously, an abortion carried out for a high fee on a woman in a difficult situation was regarded as one of the most despisable crimes a physician or psychiatrist could commit. From a medical viewpoint, abortion is always a negative act. As far as abortion is concerned, the doctor's attitude toward the patient ought to be reasonable and tactful and he should avoid frightening the patient. The ethics of abortion would merit an article on its own.

The Finnish legislation no longer knows compulsory castration.

What to Tell to the Patient about His Illness ?

Ethical problems are also associated with telling the truth. What should the doctor tell to the patient of the patient's illness ? This question often arises, particularly in connection with malignant diseases. According to the practice current in Finland, the doctor has to tell his patient the truth, provided the patient asks, whereas it is not always advisable to do so if the patient does not ask. Kosonen (1974) feels that an experienced doctor's own experience will best guide him in difficult situations. Psychiatric consultation, where it is possible, may be of help.

The patient possesses his body and he has right to know the risks attaching to the treatment measures ahead. Yet it is not up to the doctor to frighten the patient unnecessarily beforehand, by listing all the possible complications that may be associated with the measure.

One of the ethical decisions of a fundamental nature is to assess the danger and harm caused by the examination or treatment measures and compare them with the benefit the measure can be expected to yield.

In the first place the doctor should invariably and above all appear as an understanding and considerate helper. The patient's convictions should never be hurt.

Instruction in professional ethics is needed in every field of medicine There are few patients who feel that they benefit from a mere "pill and machine" treatment; patients expect, virtually without exception, that they will meet a human being and humane attitudes in their doctor. Medical ethics consist, in a sense, of the rules of the game of good conduct.

Transsexualism and Surgical Sex Transformation Operations

By transsexualism is meant a condition in which the individual permanently possesses a sex identity opposite to his own sex and a desire to have his own anatomy changed by hormonal and surgical means so as to correspond to his sex identity. Walinder (1968) has estimated that in Sweden the frequency of occurrence of this disorder is about one per

50,000 inhabitants, whereas over 2 per cent (1 to 50) of the population are homosexual. Transsexualism is a rare condition and formerly it was erroneously classified with homosexuality. In modern textbooks of psychiatry and in books dealing with sexology, descriptions have been given of the background and treatment of this disorder and of sex transformation operations.

The doctor's responsibility in cases of sex transformation operation is great and heavy. In the light of the experience reported on in the literature, as well as that gained in Finland of 9 cases, acting on erroneous indications may do harm to people who are also otherwise unhappy, whereas the suffering and unhappiness of these people can be reduced if the measures are based on correct indications. In dealing with such cases the psychiatrist concerned should familiarize thoroughly with the matter, and it would be advisable to take the decisions in teams, in which each case could be considered many-sidedly and individually and in full awareness of the heavy responsibility the team is shouldering.

Other Aspects

Writing prescriptions of alcohol for the patient or prescribing intoxicating drugs without sufficient indications is not compatible with good professional ethics. Doctors should be particularly careful not to gain economic advantage from measures of which the therapeutic significance is questionable, prescriptions of alcohol and intoxicants belonging to this category.

It is also the doctor's ethical duty to take care of his own further training and to keep himself professionally competent. The practising of medicine is a task of great responsibility and requires life-long studying. The doctor ought to set a good example to the patient of wholesome ways of life, e.g. avoid smoking and excessive drinking.

Numerous issues touching psychiatry remain outside the scope of this article, such as euthanasia, tissue transplantation, questions of doctors' fees, their teaching responsibilities and their relationships to industrial and commercial activity.

Concluding Remarks

The problems dealt with here are old but at the same time always topical. And new problems continually arise in the course of time. Medical instruction should be made to include teaching of the ethical problems of psychiatry, and the members of the medical profession ought to be informed about them literally and in connection with various meetings and conferences of physicians. With the object of following the problems concerned, continued activity on the part of the Finnish Medical Association and meetings arranged by it from time to time may be called for. It might also be profitable to discuss these matters among psychiatrists.

REFERENCES

Achté, K. & Rechardt, E. (1972) Brief psychotherapy of the suicidal patient. *Psychiatria Fennica*. vol. 3.

Achté K. & Vauhkonen, M-L. (1970) Cancer and psyche. Part I, *Monographs from the Psychiatric Clinic of the Helsinki University Central Hospital*.

Achté K. & Alanen, Y. & Tienari, P. (1973) *Psykiatria (Psychiatry)* 2nd. ed, Porvoo-Helsinki, WSOY.

Allen, C. (1962) *A Textbook of Psychosexual Disorders*. London, Oxford University Press.

Hallituksen esitys eduskunnalle psykiatrisesta sairaanhoidosta 16572/73 (A Government Bill to Parliament Concerning Psychiatric Care).

Idänpään-Heikkilä. J. (1974) Written communication.

Kerppola - Sirola, I. (1974) The death of an old professor. *Suomen Lääkärilehti* 29, 2662—64.

Kosonen, T. (1970) On the ethics of the medical profession . In Uotila, U. (Ed.) *Forensic Medicine*, Porvoo-Helsinki WSOY.

Kosonen, T. (1974) Medical ethics calls for increasing attention. *Suomen Laakäritehti* **29**, 2228.

Ladimer, I. (1973) Clinical testing of drugs. Eight Round Table Conference on "Protection of Human Rights in the Light of Scientific and Technological Progress in Biology and Medicine" Geneva 14, 15 and 16 November 1973.

Landsdell, H. (1973) Psychosurgery. Ibid.

Lindqvist, I. (1974) Oral communication.

Lönnqvist, J. (1975) : Written communication.

Motulsky, A. G. (1974) Brave new world? current approaches to prevention, treatment and research of genetic diseases raise ethical issues. *Science*, **185**, 653—62.

Resolutions of the Eight Round Table Conference on "Protection of Human Rights in the Light of Scientific and Technological Progress in Biology and Medicine (1973). Geneva, 14, 15 and 16 November 1973.

Selby. P. (1974) Health in 1980--1990. Basel-München. Karger,

Sivadon, P. & Lebovici S. (1973) Experiments in psychiatry and medical psychology. Eight Round Table Conference on "Protection of Human Rights in the Light of Scientific and Technological Progress in Biology and Medicine. Geneva 14, 15 and 16 November 1973.

Walinder, J.(1967) A study of forty three cases. Akademiförlaget Göteborg, Scandinavian University Books.

Walinder, J. (1968) Transexualism. *Lakartidningen*, **65**, 3381-39a.

Walinder, J. (1968) Transexualism: definition, prevalence and sex distribution. *Acta Psychiat. Scand* Suppl., **203**, 255—258 b.

الموجـــــز

حول المشاكل الأخلاقية فى الطب النفسى

يلمس المؤلف جوانب متعددة فى العلاقة بين الأخلاق وممارسة الطب النفسى . وهو يشير الى الحاجـــة للتقييم الدقيـــق للشخص ككل بدلا من التركيز على المرض ، ووجوب معـــرفة الطبيب النفسى لحدود قدراتـــه وتوجيه المريض الى العلاج المناسب او الزميل المناسب اذا اقتضت مصلحة المريض ذلك ، كما يجب على الطبيب أن يأخذ عدم الاضرار فى الاعتبار اذا لم يتمكن من افادة المريض . وبالاضافة الى ذلك تأتى ضرورة عدم تعريض المريض لأى من اساليب العلاج الخطرة دون موافقته أو موافقة القائم عليه . وأخيرا فانه يجب توافر عامل السرية فى العلاقة العلاجية ، خاصة فى مجال العلاج النفسى ، مع احترام موقف المريض ومعتقداته .

وينوه المؤلف الى مخاطر سوء استعمال العقاقير ، والعلاج الداخلى بالمستشفى والجراحة بهدف علاج المرض النفسى . كما يؤكد على ضرورة احترام الحقوق المدنية للمريض فى مقابل مصلحة المجتمع ، وحقه فى انهاء حياته وحق الاجهاض ، وحرية اختيار موضوع الجنس (الجنسية المثلية مثلا) كما يدعو فى النهاية الى تضافر الجهود لتنمية العلاقة بين الأخـــلاق وممارســـة المهنـــة .

ABSTRAIT

Des Problêmes Ethiques en Psychiatrie

L'auteur signale les différents aspects dans la relation entre l'ethiques et la pratique de la psychiatrie. De plus il signale le besoin de l'evaluation meticuleuse de la personalité comme un ensemble au lieu de se concentrer sur la maladie. Le psychiatre doit reconnaitre les limitations de ses capacités et diriger le malade au traitement qui lui convient ou à un collégue convenable tant que le bien du malade nécessite cela. De même il doit considérer la nécessité de l'évitement de l'exposition du malade à n'importe quel traitement dangeureux sans obtenir le consentement du malcde lui même au de celui qui s'en charge. Finalement, il doit y avoir une compléte dans la relation thérapeutique, spécialement dans le domaine de la psychothérapie tout en respectant l'attitude et les conceptions du malade.

L'auteur rappelle les risques du mal-emploi des médicaments et du traitement à l'intérieur de l'hôpital et de la chirurgie envisageant le traitement de le maladie mentale, De même il insiste sur la nécessité du respect des droits civils du malade s'opposant au bien de la société, son drott de terminer sa vie et son droit dans l'avortement et dans la liberté du choix de l'objet sexuel (example l'homosexualité). A la fin, il invite à rassembler les efforts pour développer la relation entre l'éthique et la pratique de la profession.