THE APA COMMENTARY ON ETHICS
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DISCLOSURE
Employment
Massachusetts General Hospital
Harvard Medical School, Center for Bioethics
  Director, Master of Bioethics Degree Program
Other
  Expert Panel, Beacon Health Options
  Royalties, Lexis Nexis, MA Guardianship Textbook
  Councilor, Academy of Psychosomatic Medicine

INTRODUCTION
The “Document”
  Work began many years ago
  Comprehensive educational document on ethics
  Key Players and History
  Essentially no work since 2008
  Revive and revise, 2015
THE TASK: DETERMINING PURPOSE

People

- Comprehensive document

What next?

- History
- Initial phone and in-person meetings

Goal = product, ambitious time line

- Process important
- Many stakeholders

THE LANDSCAPE OF APA ETHICS

The Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry, 2013

- Based on AMA Principles as of 2001
- Address unique features of psychiatric practice
- Guidance, not absolute, with revisions over time
- Central document and guiding principles, but broad and hard to apply to day to day practice
LANDSCAPE: OPINIONS

Opinions of the Ethics Committee on the Principles of Medical Ethics, 2014

Questions raised by APA members
Opinions prepared by APA Ethics Committee
Represent perspectives of the particular time written
Do not represent APA
Help members and DBs in understanding the principles

More specific, case-based guidance
Based on questions submitted, points in time

LANDSCAPE AND UTILITY

Ethics Primer
Residents/trainees and teachers of ethics
Last edition, 2001

Need for a comprehensive resource document
Practical guidance on major topics
Tools to manage ethical challenges
Based in and referenced to Principles

COMMENTARY: PROCESS

Review of existing document
A lot changes in a decade
But not everything

Challenges in creating a new document
Timely and timeless (relatively)
Some, but maybe not so many, bright line rules
Providing tools, rationale, resources to engage challenges
COMMENTARY: APPROACH

Practical approach
Rules and tools (skills)
- Some situations have clear guidance
  -- exploitation, boundaries
- Others are more nuanced
  -- involuntary treatment
Identify sources of principles and rules
What values are at stake?
AND
How can we think about them?

KEY CONCEPTS

Role/utility of identifying key ethical theory/ principles/ concepts at stake

Deontology, deon, gr. duty
Consequentialism, e.g. utilitarianism
Virtue ethics, professional ethics
Principlism
  Autonomy
  Beneficence
  Non-maleficence
  Justice

Be explicit about challenges: ethical dilemmas occur when important values are in tension

OVERVIEW

Introduction and Principles

Ethical/ Professional Basis of Psychiatrist-Patient Relationship

Ethical/ Professional Practice

Ethical/ Professional Basis of Relationships with Colleagues

Other ethically important topics
PSYCHIATRIST-PATIENT RELATIONSHIP

Duty to patient
-- autonomy, relationship by mutual consent, partnership
-- when does it start?
Competent Care
-- care within standard practice
-- innovation? subspecialization?
Overlapping roles/dual agency
-- competing obligations are a reality

ETHICAL/PROFESSIONAL PRACTICE

Confidentiality
-- EMR, Rx database, limits
Informed Consent
-- based in respect for persons, ongoing process
Honesty/Integrity
-- truthful and full as rule
Non-participation in Fraud
-- even when helps the patient?
Boundaries
-- many practice areas and models
Philanthropy
-- institutional vs. patient perspectives

RELATIONSHIPS WITH COLLEAGUES

Consultation
Non-psychiatrists on teams
Supervision
Impairment and unethical conduct of colleagues
OTHER ETHICALLY IMPORTANT TOPICS

Organized systems of care
Clinical innovation
End-of-life
Industry
Small communities
Technology
Public statements
Civil disobedience
Execution
Interrogations

SELECTED TOPICS

Address three sections:
-- Managed Care
-- Execution
-- Internet

Themes
-- The world changes, how do we remain ethical?
-- How can we keep our practice in line with ethics?
  -- and vice versa
-- How do we retain the identity of our profession (and our ethics) in the setting of change/need

SELECTED TOPICS

Managed Care
-- Practice constraints
-- Potential and actual conflicts
-- Psychiatrists in two broad categories:
  -- Providing care to contracted patients
  -- Working in systems of managed care

What’s at stake
-- Honesty
-- Patient as paramount
-- Competent care
SYSTEMS OF CARE

Managed Care → Accountable Care

Features of ACOs
-- More than cost containment

Integrated systems of care
-- teams
-- indirect forms of participation in care
-- information
-- financial risk

Ethical considerations
-- Responsibility to patients? Non-patient members? Organization?
-- How do roles of psychiatrists within ACOs affect ethics?
-- consultative participation
-- Anticipate new models of care

SYSTEMS OF CARE: ETHICS

Teams
-- professional responsibility – colleagues and patients
-- supervision
-- competent care
-- caution re relationship to patient if not seen/ balance

Integration
-- confidentiality
-- patient paramount

Financial considerations?
-- level of system vs. patient

Anticipate new care models

SELECTED TOPICS

Execution
-- No direct participation
-- Competency to be executed – evaluation? Restoration?
-- Other phases of trial?
-- Respect for law?

Potential for role conflict
-- respect law (but advocate for change)
-- role clarity
-- avoid dual agency; respect for persons
EXECUTION

What is direct participation?
Is it possible to separate roles of care from circumstance?
  i.e. treating suffering
Is it necessary to view totality of circumstances?
  i.e. wear blinders

Dual Agency vs. Robust Professionalism (Candills, Martinez)
  -- is awareness/ balancing possible?
  -- how did we get here and why?
  -- broad view incorporating nuance, motivation, stability

SELECTED TOPICS

The Internet
  -- Now includes information technology resources
  -- Consultation required
Examples
  -- Email → Texting
  -- Smartphones
  -- Webpages/Social Media
  -- Apps, metadata
Challenges and Opportunity
  -- Tension in new technology

THEN AND NOW ...

• Paper charts
• Rotary phones
• Index Medicus
• EHRs and some paper records
• Cell phones
• Texting
• Email
• MyChart
• Google
• Online medical info
• Online ratings
WHAT SHOULD ONE DO?

Opportunity for innovation

"Today’s problems were yesterday’s solutions"

Appreciate benefits AND potential pitfalls

Approach:
-- Describe/characterize the ‘activity’
-- What core issues/principles are at stake

ONLINE SOCIAL NETWORKING (2009)

• Employ existing frameworks for thinking about what role or purpose technology might serve
• Friendship with patients isn’t a customary part of physician–patient relationship
• Significant privacy concerns
• Access to information


RECOMMENDATIONS 2009

• Avoid entering into dual relationships
• Manage any info about patients carefully – including info on social media
• Restraint in disclosing personal information
• Know about privacy settings
• Lifelong learning includes technology
RECOMMENDATIONS 2013

Online Medical Professionalism: Patient and Public Relationships: Policy Statement From the American College of Physicians and the Federation of State Medical Boards

Employs risk-benefit approach


EXAMPLES

Communications (email, text, IM)
-- benefits: access, quick turnaround
-- risks: confidentiality, impersonal, ambiguity
-- strategies: guidelines, cont' in-person contact

Social media sites to gather information
-- benefits: observe and counsel patients
-- risks: threaten trust in relationship
-- strategies: clarity of intent, implications for care


EXAMPLES

• Physician posting of personal information on social media sites
  -- Benefits: networking and communication
  -- Risks: blurring of professional and personal boundaries;
    » Representation of the individual
    » Representation of the profession
  -- Strategies:
    » Maintain separate personas
    » Scrutinize material available for public consumption

GUIDING PRINCIPLE (I)

- Physicians must consistently apply ethical principles for preserving the doctor-patient relationship
- Core responsibilities:
  - confidentiality
  - privacy
  - respect for persons

THE RELATIONSHIP, IN PRACTICE

- Patient – Physician Relationship is Fiduciary
- To Friend or Not To Friend
  - Or Google
  - Or LinkedIn
- Confidentiality
  - Patient may breach; MD shouldn’t
- Medicine and Society
  - Physicians are allowed to have a life
  - What are the limits?

GUIDING PRINCIPLE (II)

- Boundaries can blur online
- Physicians should:
  - Keep the professional and the personal separate
  ...
BOUNDARIES IN PRACTICE

- Separate online sites or identities for separate roles
- Boundaries, privacy settings
- Training physicians in training
- What about connecting with students, residents, staff?
  - Is Facebook different than LinkedIn?

GUIDING PRINCIPLE (III)

- Role Clarity:
  - Email or other electronic communication – only in established patient physician relationship
- Respect for persons
  - Use of online media only with patient consent
- Competent care
  - Document patient care communication in medical record

COMMUNICATION IN PRACTICE

- What’s appropriate in e-mail? Turnaround time?
- Encryption and secure accounts
- Legal requirements vary by state
- Texting isn’t secure
GUIDING PRINCIPLES (IV-V)

- Periodically “self-audit” accuracy of information about yourself online
  - physician-ranking websites
  - other sources online
- Online postings may have future implications for professional life

ANALYSIS

- Many of the issues posed by technological advances are old wines in new bottles
- Framework to think about using technology
  - Identify core professional values and responsibilities
  - Balance between potential benefits and risks
  - Must understand the innovation
  - Be clear about what you are doing and why
- Know your resources/ constraints
  - Colleagues
  - Professional resources – be aware of guidelines/recommendations
  - Law/regulation
  - Ethics

SUMMARY

Place and use for a comprehensive resource document

Challenges will continue to grow and change

Goal is a relevant document that is specific enough to be useful but general enough to withstand time

Importance of underlying principles and theory
  - Deliberative psychiatrist
  - Robust professionalism
Many (all?) innovations can be addressed with existing principles
  - If not, what’s the problem – identify clearly
RESOURCES

APA Commentary on Ethics in Practice: https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Ethics/APA-Commentary-on-Ethics-in-Practice.pdf

Additional references available upon request