



**College of Psychiatrists
of Ireland**

Wisdom • Learning • Compassion

Professional Ethics for Psychiatrists

Human Rights and
Ethics Committee

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Introduction

These ethical principles have been drawn up by the Human Rights and Ethics Committee of the College of Psychiatrists of Ireland, following a request from the Medical Council of Ireland to each of the Colleges to draw up their own Code of Professional Ethics.

These principles are based on a number of documents including the Royal College of Psychiatrists' *Good Psychiatric Practice; Code of Ethics* (Royal College of Psychiatrists, 2014), the *Declaration of Hawaii* (World Psychiatric Association, 1977), the *Declaration of Madrid* (World Psychiatric Association, 1996, updated 2011), documents from the UK, Canada and Australia, and from an email survey of College members, the responses to which were collated by the committee.

These are general principles which reflect international ethical guidelines and complement the Medical Council's *Guide to Professional Conduct and Ethics for registered Medical Practitioners* (Medical Council, 2016). These principles may be subject to change over time to reflect changing societal attitudes and norms, and changes in relevant legislation.

It is important to stress that this guide is not a legal code; rather it sets out the principles of professional practice and conduct that psychiatrists are expected to follow and adhere to, for the benefit of the patients they care for, themselves, and their colleagues. This document is designed to underpin more detailed practice guidance for doctors, who also have a duty to ensure compliance with all laws and regulations pertaining to their practice.

Summary of Principles

- Principle 1** Psychiatrists shall treat every patient with respect.
- Principle 2** Psychiatrists shall not exploit patients.
- Principle 3** Psychiatrists should continue to develop, maintain, and share their professional knowledge and skills.
- Principle 4** Psychiatrists should provide the best possible psychiatric care for their patients.
- Principle 5** Psychiatrists shall respect the right to confidentiality of patients and their families.
- Principle 6** Psychiatrists shall seek consent with due regard to capacity.
- Principle 7** Psychiatrists should ensure patients and their carers are provided with adequate and sufficient information to make informed choices with respect to available treatment.
- Principle 8** Psychiatrists shall not misuse their professional knowledge and skills.
- Principle 9** Psychiatrists should comply with ethical principles embodied in both national and agreed international guidelines governing research.
- Principle 10** Psychiatrists should promote and support the wellbeing and mental health of their colleagues, including trainees and students.
- Principle 11** Psychiatrists shall maintain the compassion, honesty, moral principles, and probity of the medical profession.
- Principle 12** Psychiatrists should work to improve mental health services and promote community awareness of mental illness and its treatment and prevention, and reduce the effects of stigma and discrimination.

Principle 1

Psychiatrists shall treat every patient with respect.

- 1.1 It is at the core of medical and psychiatric practice that doctors respect the humanity and dignity of all patients. The *Hippocratic Oath* (Miles, 2004) outlines the aims of beneficence and non-maleficence, and the Medical Council Ethical Guidelines (Medical Council, 2016) state that a doctor's paramount responsibility is to act in the best interests of the patient and that patients must always be treated with respect for their dignity.
- 1.2 Psychiatrists must recognise the human rights of their patients, and their families, 'without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status' (UN General Assembly, 1948).
- 1.3 Psychiatrists must be aware of their own biases and beliefs and strive to ensure that these do not impact on their practice in a way that would influence patient care, and they must strive to ensure the best interests of the patient are paramount.
- 1.4 Psychiatrists should work in collaboration with their patients, respecting their patients' right to privacy and confidentiality, autonomy, and self-determination.
- 1.5 If their patients lack capacity, either transiently or permanently, psychiatrists must strive to ensure the best interests of patients are considered as a priority and that patients receive appropriate treatments with regard to their expressed will and preference.
- 1.6 Psychiatrists must be aware of the quality of care being received by their patients, and where there are deficits in the quality or delivery of care; psychiatrists must bring this to the attention of the appropriate authorities.

Principle 2

Psychiatrists shall not exploit patients.

- 2.1 Psychiatrists hold a privileged position of trust with their patients, their patient's relatives, and their carers.
- 2.2 This position of trust must not be abused or exploited.
- 2.3 A fundamental tenet of psychiatric care is the maintenance of clear professional boundaries, and psychiatrists must ensure these boundaries are not violated. Serious boundary violations may include acts such as sexual relationships with patients, or the acceptance of large gifts or bequests.
- 2.4 Psychiatrists must be aware of the nature of the doctor-patient relationship and must remain vigilant that their actions do not affect the integrity of the doctor-patient relationship.
- 2.5 Psychiatrists must create and maintain a safe therapeutic environment that supports the doctor-patient relationship and which allows patients to have their needs met appropriately.
- 2.6 Patients have a right to be free from all forms of abuse, neglect, and exploitation by others, including from professionals, and if a psychiatrist becomes aware of abuse or exploitation being perpetrated on any patient this must be addressed promptly.

Principle 3

Psychiatrists should continue to develop, maintain, and share their professional knowledge and skills.

- 3.1 Practising any form of healthcare without proper training and knowledge cannot be justified and failure to maintain one's skills and knowledge may result in a failure of care and a subsequent charge of clinical negligence.
- 3.2 Psychiatrists must ensure they keep their skills and knowledge up to date and ensure their practice is based on the best available evidence. This is a component of the ethical duty to do no harm to patients as well as being an aspect of the legal duty of care.
- 3.3 Psychiatrists should continue to develop, maintain and share their professional knowledge and skills with medical colleagues, trainees, and students, as well as with other relevant health professionals, patients, and their families.

Principle 4

Psychiatrists should provide the best possible psychiatric care for their patients.

- 4.1 As registered medical practitioners, subject to the requirements of the Medical Council, psychiatrists have an obligation to provide the best practicable mental healthcare to their patients. While taking account of the patient's goals and right to autonomy, the psychiatrist should act on their understanding of the true will and preferences of the patient.
- 4.2 The provision of care and treatment should be a collaborative endeavour between the psychiatrist and patient.
- 4.3 In the provision of mental healthcare, psychiatrists should support the least restrictive care option which is compatible with achieving an optimal treatment outcome.
- 4.4 All care and treatment provided by a psychiatrist should, in so far as possible, be supported by evidence. All clinical interactions should be adequately documented such that the psychiatrist can justify their practice should it be challenged.
- 4.5 The psychiatrist may ethically refuse to provide any treatment at the request of a patient or other party which the psychiatrist believes would be ineffective, inappropriate, or potentially harmful.
- 4.6 The psychiatrist has an ethical obligation to raise concern where they become aware of unethical, unsafe, or illegal practices which threaten the well-being of the patient.
- 4.7 Psychiatrists working within multidisciplinary teams (MDT) should utilise the expertise of other team members. It is important to recognise the limitations of their own expertise and to seek an appropriate second opinion where significant doubt or uncertainty exists.
- 4.8 Psychiatrists should offer patients the most appropriate treatment to their clinical needs, while being cognisant of the resources available.
- 4.9 The psychiatrist has a responsibility to advocate on behalf of their patient to ensure that the resources available are sufficient to provide adequate therapeutic care on the least restrictive basis.

Principle 5

Psychiatrists shall respect the right to confidentiality of patients and their families.

- 5.1 Patients have a right to have their personal clinical information managed in a way which respects their privacy and dignity. This is a fundamental respect for the autonomy and right to self-determination of the individual.
- 5.2 The psychiatrist is obliged to treat all information gathered in the course of clinical interaction in a confidential manner.
- 5.3 The psychiatrist should only disclose clinical information with the express, informed consent of the patient.
- 5.4 It is important for the psychiatrist to be aware that there are limits to the binding rule of confidentiality. Exceptions to this rule apply:

5.4.1 Where there is a realistic threat by the patient to harm the self or an identified other, or

5.4.2 Where there is risk of abuse of a child.

The issue of confidentiality and disclosure is nuanced and subject to both ethical and legal challenges. It is important for the psychiatrist to keep up to date with the law and professional guidance in this area. If in doubt regarding a matter of disclosure the psychiatrist should consult with colleagues and seek advice from professional indemnity bodies.

At all times the psychiatrist should prioritise the dignity of the patient and seek to facilitate the role of the patient in decisions regarding disclosure.

- 5.5 The duty of confidentiality continues after the death of a patient, except where disclosure is required by law (coroner) or where disclosure is necessary to meet a statutory duty of candour.
- 5.6 Respect for confidentiality makes it more likely that the patient will share important information pertinent to care and treatment. It also promotes public trust so that people with mental health problems are more likely to seek appropriate help. This is particularly important where on-going stigma and discrimination act as a disincentive to people seeking help.



- 5.7 The psychiatrist should be aware of the benefit of involving carers in treatment (Royal College of Psychiatrists, 2018) (Casey, 2016). Carers often know the patient best and may be the only constant support in a patient's life. In times of crisis, carers often feel that immediate and appropriate professional support is not available. Carers should be seen as an asset in care and treatment and not as a burden.

While carers often seek access to clinical information, it is important to remember that information should only be disclosed with the consent of the patient.

This issue should be discussed with the patient when well and any consent agreed should be prominently recorded in clinical notes to facilitate continuity of care in times of crisis. Any consent to disclosure should be updated frequently.

- 5.8 Psychiatrists should exercise caution in the use of social media for clinically related purposes, whether at the request of patients or others. It is important to regard social media contact as fundamentally non-confidential and to consider any information disclosed on that basis.

Principle 6

Psychiatrists shall seek consent with due regard to capacity.

- 6.1 The psychiatrist should assume that all patients have the capacity to consent to treatment, unless this is established otherwise. This presumption of capacity is now incorporated in legislation (Mental Health (Amendment) Act, 2018) (Assisted Decision Making (Capacity) Act, 2015).

The person seeking consent should have sufficient knowledge of the treatment or intervention, and be able to convey that knowledge effectively to the patient.

- 6.2 Consent is only valid if it is informed. This places an onus on the psychiatrist to provide information to the patient regarding the treatment proposed. This should include information on the intervention proposed along with any relevant alternatives, including the alternative of no treatment. The relative benefits and risks of the treatment and alternatives should be explained to the patient in a format which is readily comprehensible. Any explanation offered should take account of the patient's cognitive functioning at the time, together with the patient's educational and maturational level. (Adshead, et al., 2018) (Maddock, 2016).

- 6.3 Where doubt exists regarding the patient's capacity, a functional assessment of capacity should be undertaken by the psychiatrist to determine whether the patient:

6.3.1 Can understand information relevant to the decision;

6.3.2 Can retain that information long enough to make a voluntary choice;

6.3.3 Can use or weigh that information as part of the process of making the decision, and;

6.3.4 Can communicate the decision.

- 6.4 All assessments of capacity undertaken by a psychiatrist should be comprehensively documented in the patient's clinical record. Documentation should include the rationale for the assessment, the details of the assessment undertaken, and a statement of the findings.

- 6.5 If capacity is assessed as lacking at a particular time, the psychiatrist should act on the understanding of the will and preferences of the patient, taking account of the beliefs and values of the person.



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- 6.6 In seeking to establish the will and preferences of the patient, the psychiatrist should consult and take account of any person engaged in caring for the person, or any person who has been named by the patient as a person to be consulted.
- 6.7 Where the psychiatrist is assessing or treating a patient under the age of 18 they should seek the agreement of someone with parental authority. This will usually be a parent or parents, but potentially may be a guardian or statutory authority (HSE or Tusla).
- 6.8 The psychiatrist shall not act in a coercive manner in relation to issues of consent.
- 6.9 The views of those (such as family members or carers) having a close, on-going, personal relationship with the patient may be very helpful in the discussion and decision making process, particularly in establishing the will and preferences of the patient.
- Nevertheless, no other person or organisation can give consent on behalf of a patient who lacks capacity unless they have formal legal authority to do so. Designation as 'next of kin' does not confer any legal decision making authority (HSE - Quality and Patient Safety Division, 2014).
- 6.10 In emergency situations, where no valid advance directive exists, the psychiatrist should provide treatment immediately necessary to save the life, or prevent a serious deterioration in the patient's condition.

Principle 7

Psychiatrists should ensure patients and their carers are provided with adequate and sufficient information to make informed choices with respect to available treatment.

- 7.1 In diagnosing mental illness, psychiatrists should confine themselves to clinical evidence, avoiding bias according to matters of race, age, sexuality, politics, ideology, or religion.
- 7.2 There is an onus on the psychiatrist to provide information to the patient regarding the treatment proposed. This should include information on the intervention proposed along with any relevant alternatives, including the alternative of no treatment. The relative benefits and risks, including known adverse events, of the treatment and alternatives should be explained to the patient in a format which is readily comprehensible. Any explanation offered should take account of the patient's cognitive functioning at the time, together with the patient's educational and maturational level (Maddock, 2016).
- 7.3 The provision of care and treatment should be a collaborative endeavour between the psychiatrist and patient.
- 7.4 Carers may be involved in decisions regarding treatment options with due regard to the preferences of the patient.

Principle 8

Psychiatrists shall not misuse their professional knowledge and skills.

- 8.1 When the purpose of an intervention or evaluation is not inherently therapeutic, psychiatrists shall ensure that the patient or person being evaluated clearly understands the role and duties of the psychiatrist. The psychiatrist will always declare any conflict of interest or dual role.
- 8.2 Psychiatrists shall not participate, either directly or indirectly, in torture or in cruel, inhuman or degrading interrogation, treatment, or punishment; should they become aware of such treatment they shall report it.
- 8.3 In working for the armed forces, police, or other state or private agencies, psychiatrists must be aware of conflicts of allegiance, act in the patient's best interests, and inform subjects of their specific role as psychiatrists.
- 8.4 Whereas a psychiatrist may share with the public his or her expertise about psychiatric issues in general, it is unethical for a psychiatrist to offer a professional opinion regarding the mental health of an individual unless he or she has conducted an examination of that individual and has obtained consent for such a statement.

Principle 9

Psychiatrists should comply with ethical principles embodied in both national and agreed international guidelines governing research.

- 9.1 All clinical researchers must ensure that their studies are conducted in an ethical manner, in accordance with the current scientific standards and evidence-based practice, within the context of national and international guidelines.
- 9.2 Patients' participation in research should be on the basis of fully informed consent. Safe clinical procedures and information regarding the risks and benefits of taking part in research should be clearly explained. Developmental considerations and mental capacity assessments should inform all consent and assent to research projects. Patients and their families should never be coerced into studies, and a patient's refusal to participate should be respected with no repercussions for their care. The safety and welfare of patients is paramount.
- 9.3 Confidentiality should be observed, but all patients should be informed at the outset of any circumstances in which confidentiality may have to be breached. Studies must be well documented with auditable records.
- 9.4 Researchers need to be aware of potential conflicts of interest or secondary interests which may inappropriately influence patient care. These include self-aggrandisement, self-promotion or the promotion of their institutions, financial benefits, collusion with funding agencies, and personal gifts and benefits.
- 9.5 The publication of research should be conducted to enhance knowledge and science rather than to accrue personal publications. Study results must be made public irrespective of the results. Falsification or exaggeration of results is unacceptable.
- 9.6 Honesty and integrity underpin the entire research process and reporting; even more so in relation to the reporting and publication of results.
- 9.7 Intellectual property standards should be observed. These should include due acknowledgements to patients and their families, background reading sources, and all contributors to the research. All forms of plagiarism must be avoided.

Principle 10

Psychiatrists should promote and support the wellbeing and mental health of their colleagues, including trainees and students.

- 10.1 Psychiatrists should endeavour to create work environments that support wellbeing.
- 10.2 Psychiatrists should have an awareness of the health and well-being of colleagues, including trainees and students, with whom they work, and the effect this could have on the patients they come into contact with.
- 10.3 Ill health or incapacity in colleagues may adversely affect their performance and have an adverse effect on patients and the profession as a whole. If a psychiatrist becomes aware of ill health or impaired well-being in a colleague, trainee, or student, they have a duty to act.
- 10.4 The response and action may be guided by the appropriate and proportionate gathering of information and liaison with organisational governance structures, while considering confidentiality and risk to colleagues and patients.
- 10.5 This action may include the facilitation of an appropriate referral but should not include the provision of treatment unless the individual is referred as a patient. Colleagues could be encouraged to avail of professional support organisations if available.

Principle 11

Psychiatrists shall maintain the compassion, honesty, moral principles, and probity of the medical profession.

- 11.1 The Declaration of Geneva (or the Physician's Oath) refers to the broader aspects of this principle, stating: 'I will maintain by all the means in my power, the honour and the noble traditions of the medical profession' and 'My colleagues will be my brothers and sisters'.
- 11.2 The work of psychiatrists depends on a relationship of trust with their patients and their families, and an open, honest communication. Where a professional relationship is established for purposes other than therapy its nature must be thoroughly explained to the person concerned.
- 11.3 Every doctor should observe clear professional boundaries and not pursue improper or sexual relationships with current patients, and should not express their own beliefs to patients in ways which might distress or exploit them. In addition, doctors should adhere to proper consent procedures, maintain confidentiality, and ensure that they are properly indemnified.
- 11.4 Psychiatrists should support colleagues who appropriately report wrongdoing.

Principle 12

Psychiatrists should work to improve mental health services and promote community awareness of mental illness and its treatment and prevention, and reduce the effects of stigma and discrimination.

- 12.1 Psychiatrists should ensure that the patient's best interests remain at the heart of treatment, and that financial and ideological factors do not prevent the delivery of a personalised, timely, effective, and safe treatment in the least restrictive setting.
- 12.2 Psychiatrists should ensure that their service has strong links with general practitioners and their teams so that people with mental health problems can easily access appropriate levels of treatment and support to make an early recovery.
- 12.3 Psychiatrists should strive to improve the continuity of care by breaking down barriers between services such as those between mental health and other clinical services, and between child and adult services.
- 12.4 Psychiatrists should develop links with local patient and carer groups to provide information about mental health, mental illness, support and treatment provided by local services as well as listening to and taking active steps to deal with concerns about accessibility and quality of mental health services.
- 12.5 Psychiatrists should develop a public education role to try to change discriminatory attitudes towards mental illness. Psychiatrists should challenge any discrimination against people with mental ill health by employers, education services, law enforcement agencies, and other sections of health services.
- 12.6 Psychiatrists should develop strategies to promote a positive image of mental illness in the media so that people with mental illness are not side-lined or stigmatised and can have access to the full range of options with regard to healthcare, housing, education, employment, and leisure that people without mental health issues enjoy.

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