

AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY

ETHICS

Overview

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Brief overview of ethical issues relevant to child and adolescent psychiatry with annotated references

Table of Contents

Introduction	4
General Information	4
AACAP Code of Ethics	4
Principle I, Development Perspective	5
Principle II, Promoting the Welfare of Children and Adolescents (Beneficence)	6
Principle III, Minimizing Harmful Effects (Non-Maleficence)	6
Principle IV, Assent and Consent (Autonomy)	7
Principle V, Confidentiality (Autonomy/ Fidelity)	8
Principle VI, Third party Influence (Fidelity)	9
Principle VII, Research Activities	9
Principle VIII, Advocacy and Equity (Justice)	10
Principle IX, Professional Rewards	10
Principle X, Legal Considerations	11
General Issues	11
Professionalism	11
Children’s Rights.....	12
Advocacy	12
Practitioner Issues.....	12
Boundaries/ Relationships	12
Practitioner Responsibilities/ Competence/ Bias	13
Organizational Relationships/ Agency	13
Treatment and Related Issues	14
Psychotherapy	14
Psychopharmacology	15
Inpatient Psychiatric Care	15
Pediatric Consultation Liaison	15
School Consultation	16
Electroconvulsive Therapy	16
Alternative Medicine	17

Innovative Treatments.....	17
Medical Records.....	17
Managed Care.....	17
Risk Management	18
Vulnerable Populations.....	18
Child Protective Services	18
Community	19
Disability.....	19
Disasters	20
Juvenile Justice	21
Technology.....	21
Biotechnology	21
Reproductive Technology	22
Electronic Communication.....	22
Media.....	23
Ethics and Forensics Relationships	23
Scholarly Activity.....	23
Presenting/ Publishing.....	23
Research.....	24
Training	24
Conclusion.....	25
Annotated Bibliography.....	26

Introduction

Ethics is the discipline that focuses on moral principles or values that guide attitudes and behaviors. Being an ethical and professional practitioner has been a fundamental tenet of medical practice throughout its history and remains an essential aspect of medical practice. The ethics of medicine generally has concerned itself with upholding patients' best interests and societal good while respecting the patient's individual rights as a person.

The ability to understand and abide by ethical principles relevant to the practice of child and adolescent psychiatry (CAP) is an essential aspect of being a competent, capable child and adolescent psychiatrist. Learning and maintaining an ability to identify, analyze, and make decisions about ethical dilemmas is a key set of skills for all medical students, residents and physicians. Ethical child and adolescent psychiatrists have not only the knowledge of ethical principles and how to use them but more fundamentally possesses the belief that this is an important thing to do. All of this is reflected in their behavior. A key aspect of ethical practice of CAP is developing and maintaining self awareness of one's beliefs and actions as an individual and practitioner and their impact of these beliefs and actions on one's position and practice.

CAP has its own set of ethical standards which specifically address the unique aspects of working with children and adolescents. Children and adolescents are not developmentally mature, usually do not have decision making powers about seeking or obtaining care, may have different opinions than their guardians, require considerable coordination of care between various caretakers and often need significant advocacy as individuals and as a group. To facilitate ongoing ethics education of trainees and practitioners working with psychiatrically ill children and adolescents, the AACAP Ethics Committee has developed a curriculum to provide concise overviews of essential topics, relevant references and related self study questions. This content outline has been organized to provide a framework to understand important ethical constructs underlying the quality practice of CAP and to conceptualize one's own perspective on these principles.

AACAP. AACAP Code of Ethics. Washington DC: American Academy of Child and Adolescent Psychiatry, Adopted in 2009.

Sondheimer A, Jensen P. Ethics and child and adolescent psychiatry. In: Bloch S, Green SA, editors. Psychiatric Ethics. London: Oxford Publishing; 2010. p. 385-407.

General Information

Ethical principles have been a foundation of medicine for centuries. For many years, it was agreed that physicians held the core belief that the best interest of the patient was priority, and practiced by this principal. This conviction was based on fundamental moral and philosophical principles reinforced by medical education and practice. However, with the considerable changes in medical practice and views of health care in recent decades, the conceptualization and implementation of this imperative has become more ambiguous, reflecting tensions to balance patient wishes, the possibilities and limitations of new medical interventions, societal needs, economic parameters, and diverse religious, ethnic and cultural values. Bioethics, a distinct field which systematically addresses issues related to the interface of ethics and medicine, has become an increasingly important area of modern medicine.

Practitioner self-examination of practices, attitudes and behaviors is a fundamental and essential aspect of analyzing all ethical issues or dilemmas. Various frameworks have been employed in medical ethics, but all emphasize the values of autonomy, beneficence, nonmaleficence and justice. Virtue ethics

AACAP Ethics Overview

consider the essential element to be character; physicians should possess, demonstrate and enhance desirable qualities such as fidelity to trust, compassion, practical wisdom, justice, fortitude, temperance, integrity, self-effacement, intellectual honesty, humility and therapeutic parsimony. The ethics of the caring perspective emphasize prioritizing the well being and nurturing of others. Care is a process worthy of attention with an emphasis on the interaction between those receiving and giving.

One approach to ethical analysis, casuistry, consists of analyzing cases on an individual basis, utilizing relevant ethical principles to develop an opinion appropriate to the specific clinical situation. One current model uses the categories of medical indications, patient preferences, quality of care and contextual features such as religious, spiritual, financial, legal and cultural factors to examine all aspects of an ethical dilemma in a systematic, structured manner.

Dell ML, Kinlaw K. Theory can be relevant: An overview of bioethics for the practicing child and adolescent psychiatrist. *Child and Adolescent Psychiatric Clinics of North America*. 2008;17(1):1-19.

AACAP Code of Ethics

Principle I, Developmental Perspective is an aspect of ethics unique to our profession, emphasizing the obligation to understand the developmental context of children and adolescents when providing clinical care, conducting research studies or making consultation recommendations. All aspects of development should be considered and optimal development should always be facilitated.

Brief Overview

Understanding and working effectively with children, adolescents and families relies on an appreciation of their developmental characteristics and context. Awareness and knowledge of about the child's developmental stage and cognitive abilities is of priority when considering ethical issues. Children can participate in treatment decisions in a meaningful way once they have acquired sufficient cognitive functioning consistent with the ability to understand the world based on reality, and a capacity for logical reasoning. Assessing the child's understanding of any situation and the relevant options is an essential component of psychiatric care, especially when ethical concerns are paramount. However, it is essential to consider that physical, cognitive, social and emotional aspects of development interact and impact each other. For example, children who have an adequate cognitive capability to understand the dilemmas and choices for a particular situation may not be able to effectively use such capability due to emotional or social developmental factors.

Knowledge of the capabilities of the child's family or caretakers is highly relevant to the developmental understanding of any child. Due to their developmental and legal status, children rely on others for the care and protection that ensures their well being and safety. A family's developmental level influences its ability to care for and make reasonable decisions about the children. Likewise, children in the care of those who are not family members are significantly impacted by the qualities and characteristics of those responsible for them.

Davies D. Child Development: A Practitioner's Guide, 3rd edition, The Guilford Press, New York, 2010.

Gemelli R. Normal Child and Adolescent Development, American Psychiatric Press, Inc, Washington DC, 1996.

Principle II, Promoting the Welfare of Children and Adolescents (Beneficence) focuses on the obligation to promote the optimal wellbeing, functioning and development of youth, both as individuals

and as a group. This commitment should be prioritized over familial or societal pressures. The actions of the child and adolescent psychiatrist should be based on solid scientific knowledge, including properly conducted research, clinical experience and sound judgment, and an understanding of the significant relationships between the child, adults, and agencies. In situations in which the practitioner has obligations to entities other than the child or adolescent, these responsibilities should be clear to all. The welfare and needs of the child should be paramount.

Brief Overview

Child and adolescent psychiatrists consistently should examine their reasoning behind decisions and recommendations, asking themselves who benefits and why. Determining which course of action will best promote the welfare of a given child can be complicated. Considerable differences in social, economic and cultural environments for children add to the complexity to such decisions. In addition, what is considered best for children and adolescents has changed significantly over time. Taking the time and devoting the resources to obtaining the most comprehensive and accurate understanding of the child, family and environment increases the likelihood that subsequent decisions will be the most appropriate for any given child.

Sondheimer A, Jensen P. Ethics and child and adolescent psychiatry. In: Bloch S, Green SA, editors. *Psychiatric Ethics*. London: Oxford Publishing; 2010. p. 385-407.

Principle III, Minimizing Harmful Effects (Non-maleficence) focuses on the importance of “do no harm”. Practitioners should strive to avoid any and all actions that may be detrimental to the optimal development of children and adolescents. They should also strive to minimize the harmful impact of the behaviors of others on children at the individual, family, local community, and societal levels. The vulnerability of youth and their families should never be exploited for personal gain. Relationships outside of professional interactions should be carefully considered prioritizing the responsibility to prevent any adverse impact on patient care. Some types of relationships, such as sexual interactions with current or former patients are never appropriate.

Brief Overview

Ethical concerns can arise when the therapist, patient and guardian(s) do not agree about the goals of treatment. This can happen when the psychiatrist’s goals are in conflict with the patient’s or family cultural or religious beliefs such as when a child is brought to treatment to “fix” his or her homosexuality. It can also occur when the clinicians’ reactions (countertransference), personal issues or beliefs interfered with their ability to objectively conduct treatment (such as a perceived need to protect or save a child). Boundaries between the therapist and family always demand vigilance. Whether to give or accept gifts, attend various activities (e.g. graduations, baseball games, religious events) or whether to treat relatives or friends of the patient should always be carefully considered. Factors such as the location and type of practice (e.g. a small town) are relevant. Sexual relationships between physicians and patients are always unethical and unprofessional, and usually illegal. Sexual and non sexual boundaries between the clinician and a child’s caretakers also always demand vigilance. Potential non sexual boundary concerns include other professional relationships, gifts, and social relationships. Other relevant areas impacting on education and patient care include the integrity of boundaries between residents and faculty, and residents and staff.

Koocher GP. Ethics in child psychotherapy. *Child and Adolescent Psychiatric Clinics of North America*. 1995;4(4):779-91.

Schetky D. Boundaries in child and adolescent psychiatry. *Child and Adolescent Psychiatric Clinics of North America*. 1995;4(4):769-78.

Principle IV, Assent and Consent (Autonomy) focuses on respecting the rights of patients and caregivers to make their own informed decisions without pressure. Youth under the age of 18 years should be involved in the decision making about their care and assent should be obtained. Guardians must always consent to treatment except in emergencies. Practitioners should always provide full communication about all relevant issues for informed decisions to be made. Particular care should be taken when youth and guardian disagree.

Brief Overview

Informed consent requires that adequate information is provided, the decision is voluntary and the individual making the decision is competent. The legal age of consent for medical and psychiatric care varies by state in the United States. Research suggests indicates that 14 year olds have the same ability to make complicated decisions that adults do. Under certain circumstances, such as family planning or drug treatment, some states allow adolescents to consent for treatment at a younger age. Adolescents may also become legally emancipated, making them legally able to make decisions like competent adults. Criteria to become an emancipated minor differ between states but usually require marriage or the ability to care for oneself financially. For most children and adolescents, competence to give consent is related to the assessment of the patient's decision-making abilities specific to the choice at hand (capability). Factors to consider include the patient's developmental status, the medical or psychiatric diagnosis, and their understanding of the benefits and risks of treatment, no treatment and alternative treatments, consequences of possible decisions, and their ability to make and express a decision. Contextual variables include cultural and community background, health care literacy, family involvement and resources, and possible clinician biases.

Informed consent has been defined as having three elements: information sharing, decision-making capacity and voluntariness. Information must include the purpose, involved procedures, possible risks, potential benefits, standard of care and alternatives. Decisional capacity consists of being able to communicate a preference, to comprehend the information necessary for the decision, to appreciate the significance of the decision for one's life, and to be able to reason. Voluntarism is the ability to make a free, uncoerced decision. This ability is influenced by factors related to development, illness, culture, psychological status, spiritual beliefs, and environmental factors.

Complicating the ethical consideration is the fact that the minor is often not the one initiating the evaluation or treatment. Also, many of the psychopharmacological treatments lack rigorous data supporting their efficacy and effectiveness for children and adolescents or information on their potential neurodevelopmental impact. In situations in which parental consent is required for an intervention, children and adolescents are expected to be able to give assent. There is considerable variation between jurisdictions as to whether youth are legally allowed to refuse treatment despite parental consent to the treatment and whether they can consent to treatment against their parents' wishes. Finally, some children and adolescents may have restrictions on their ability to assent or consent depending on their circumstances. For example, children and adolescents in state custody often cannot decide with whom they live and those incarcerated may not be able to make decisions about treatment. When minors are included in research protocols the issues of permission, consent and assent take on more complex meanings. Investigators conducting such research along with research sponsors and Review Boards (Ethics Committees) must fully understand ethical obligations to insure that when minors are incorporated into such protocols their rights are fully protected.

AACAP Ethics Overview

AACAP Policy Statement: Family and Youth Participation in Clinical Decision-Making (add link to policy on website)

Hoop JG, Smith AC, Roberts LW. Ethical issues in psychiatric research on children and adolescents. *Child and Adolescent Psychiatric Clinics of North America*. 2008;17(1):127-48.

Ratner RA. Ethics in child and adolescent forensic psychiatry. *Child and Adolescent Psychiatric Clinics of North America*. 2002;11:887-904.

Sondheimer A, Jensen P. Ethics and child and adolescent psychiatry. In: Bloch S, Green SA, editors. *Psychiatric Ethics*. London: Oxford Publishing; 2010. p. 385-407.

Unguru Y, Coppes MJ, Kamani N. Rethinking pediatric assent: from requirement to ideal. *Pediatric Clinics of North America*. 2008;55:211-22.

Principle V, Confidentiality (Autonomy/ Fidelity) focuses on the patient's right to have information kept private and confidential. Practitioners should inform children and adolescents about confidentiality and any known limits to their confidentiality at the beginning of the treatment relationship. Patients and their families should always be told, preferably in advance, about possible disclosures of information, such as the reporting of abuse. Release of information to outside parties must involve the guardian's consent and the patient's assent as capable.

Brief Overview

Confidentiality and privacy are essential aspects of medical care, especially in psychiatry. When providing care for children and adolescents, providers must balance the patient's desires to keep information between themselves and the physician and their caretakers' requests to be informed. Many children and adolescents are unaware of what information their legal guardians can access. In addition to respecting the patient's decision making, consideration of the child's privacy is integral to trust and the therapeutic alliance. Often, children and adolescents fail to realize the amount and type of information that may be shared to facilitate health care, billing and insurance coverage. Federal regulations as set forth in the Health Insurance Portability and Accountability Act (HIPAA) also govern what information may be disclosed. State laws vary on what providers are permitted to keep confidential and private. All states mandate the disclosure of imminent serious harm to self or others. Child and adolescent psychiatrists also can face the challenge of deciding whether the patient's revelations constitute a serious problem such as abuse warranting unilateral breach of confidentiality. Even in these situations openness with the child and their caretaker about the obligation to report and involving them in the reporting process is usually optimal.

Campbell AT. Consent, competence, and confidentiality related to psychiatric conditions in adolescent medicine practice. *Adolescent Medicine Clinics*. 2006;11:25-47.

Koocher GP. Ethics in child psychotherapy. *Child and Adolescent Psychiatric Clinics of North America*. 1995;4(4):779-91

Racusin R, Felsman JK. Reporting child abuse: The ethical obligation to inform parents. *Journal of American Academy of Child Psychiatry*. 1986;25(4):485-9.

Sondheimer A, Jensen P. Ethics and child and adolescent psychiatry. In: Bloch S, Green SA, editors. *Psychiatric Ethics*. London: Oxford Publishing; 2010. p. 385-407.

Principle VI, Third Party Influence (Fidelity) focuses on issues related to the influences of outside entities. Practitioners should always place the welfare of the patient above competing interests. Monitoring to keep professional judgments and opinions regarding the interests of children and adolescents above improper influence by competing interests is paramount. Child and adolescent psychiatrists should fully disclose and describe all possible conflicts to all involved parties. [These concerns also are addressed in the separate COI documents on CAP practice and CAP research.]

Brief Overview

Child and adolescent psychiatrists may have conflicts of interest related to their responsibilities to their patients and their responsibilities to other agencies such as schools, courts, child protective services, managed care organizations or their employers (i.e. hospitals, clinics). Other situations that may produce conflict of interests are child custody disputes or research goals. In such cases the primacy of the patient's interests can be threatened by the other roles and responsibilities of the child and adolescent psychiatrist. Practitioners must be vigilant to potential conflicts of interest related to their various roles and responsibilities and the potential impact of such competing interests.

AACAP Guidelines on Conflict of Interest for Child and Adolescent Psychiatrists (add link to website)

Belitz J, Bailey RA. Clinical ethics for treatment of children and adolescents: a guide for general psychiatrists. *Psychiatric Clinics of North America*. 2009;32:244-57.

Sondheimer A, Jensen P. Ethics and child and adolescent psychiatry. In: Bloch S, Green SA, editors. *Psychiatric Ethics*. London: Oxford Publishing; 2010. p. 385-407.

Soulier MF: Ethics of child and adolescent forensic psychiatry, in *Principles and Practice of Child and Adolescent Forensic Mental Health*. Edited by Benedek EP, Ash P, Scott CL. Washington DC, American Psychiatric Publishing Inc, 2010, pp 13-27

Walter G, Rey JM, Thomas CR, Martin A. Conflict of interest. In: Martin A, Scahill L, Kratochvil CJ, editors. *Pediatric Psychopharmacology Principles and Practices*. 2nd ed. New York: Oxford University Press; 2011. p. 738-51.

Principle VII, Research Activities focuses on the value of research with emphasis on the importance of minimizing risk. While scientific advancement of the field is essential, the priority of researchers must be to protect the child or adolescent from risks. The safety and well being of the participating youth is always paramount. The level of risk should always be fully disclosed. Children should not be forced to participate against their will and assent should always be obtained; Children and adolescents always have the right to rescind assent and parents and guardians always have the right to rescind consent. Research should always be conducted in accordance with all ethical standards. All investigator and organizational conflicts of interest should be clear and thoroughly discussed.

Brief Overview

Children and adolescents are recognized as vulnerable research subjects. They may not always be competent to voluntarily participate, their guardians may have reasons other than the child's best interests for consenting, and they may have institutional or state guardians who may have less than an

optimal investment in the child's best interests. There is historical precedent for youth not being treated well as research subjects. Current federal regulations on a child's participation in research require a delineation of the risk and benefit involved with most research projects falling into the category of minimal risk or potential benefit to the individual participant. Parents must give permission and, when appropriate, children and adolescents must assent. Most discussion on research related to children and adolescents has concentrated on safety or welfare issues rather than children's rights.

CITI, University of Miami internet module on research ethics.

Glantz LH. Conducting research with children: legal and ethical issues. *Journal of American Academy of Child and Adolescent Psychiatry*. 1996;34(10):1283-91.

Hoop JG, Smith AC, Roberts LW. Ethical issues in psychiatric research on children and adolescents. *Child and Adolescent Psychiatric Clinics of North America*. 2008;17(1):127-48.

Levine R. Children as research subjects: ethical and legal considerations. *Child and Adolescent Psychiatric Clinics of North America*. 1995;4(4):853-68.

Principle VIII, Advocacy and Equity (Justice), focuses on the importance of the availability of competent mental health care for all children, adolescents and families. Practitioners should support efforts to improve access to care for all children. Practitioners should also attempt to minimize youth's exposure to injustice. Research risk should not be borne disproportionately by vulnerable groups and its benefits should be shared equally.

Brief Overview

Children's' unobstructed access to care, and particularly unobstructed access to mental health care, continues to be a major challenge. Obstacles include a lack of parity of insurance coverage for psychiatric illness; managed care restrictions, uninsured youth, poverty, poor awareness and recognition of mental illness in children and adolescents, inadequate private and public funding for a continuum of services, and a shortage of child and adolescent psychiatrists. A number of regions of the country do not have any child and adolescent psychiatrists, and a number of child and adolescent psychiatrists in private practice do not accept any form of insurance.

Ptakowski KK. Advocating for Children and Adolescents with Mental Illnesses. *Child and Adolescent Psychiatric Clinics of North America*. 2010;19(1):131-8.

Principle IX, Professional Rewards focuses on issues relevant to the tangible and intangible reinforcements of aspects of CAP practice. Practitioners should be aware of the possible influence of rewards on their judgments and actions. Child and adolescent psychiatrists should not exploit their influence or relationships for improper personal aggrandizement. The pursuit of personal rewards must not interfere with or negatively impact youth, families or communities. When such rewards compromise the integrity of the child and adolescent psychiatrist the public trust in the CAP profession is damaged.

Brief Overview

Child and adolescent psychiatrists must keep in mind that self monitoring and self awareness are crucial to safe and ethical practice. It is normal to seek positive responses and benefits from activities and interactions. Given the intimacy and nuances of psychiatric relationships with children, adolescents and

families, child and adolescent psychiatrists must constantly examine their behavior and priorities to ensure that the best interest of the child remains center. There are many forms of exploitation, some subtle, which can occur and cause harm.

Schetky D. Boundaries in child and adolescent psychiatry. *Child and Adolescent Psychiatric Clinics of North America*. 1995;4(4):769-78.

Sondheimer A, Jensen P. Ethics and child and adolescent psychiatry. In: Bloch S, Green SA, editors. *Psychiatric Ethics*. London: Oxford Publishing; 2010. p. 385-407.

Principle X, Legal Considerations focuses on the importance of understanding the local, state and federal laws that impact CAP practice. For example, in some circumstances, adolescents manage consent and confidentiality, not their parents or guardians. However, legal standards do not replace ethical ones. Practitioners should be knowledgeable in both areas, striving to integrate them effectively in practice.

Brief Overview

Ethical and legal principles are related. Both are important. Depending on the situation, the ethical and legal standards may be identical, complementary or antagonistic. However, they have different purposes. Laws define minimally acceptable behavior in society. Ethics aims to identify the optimal action or plan. Laws often do not accommodate the subtlety and complexity to medical situations which ethical approaches grapple with. Child and adolescent psychiatrists engaged in forensic work often prioritize the principle of justice over that of beneficence.

Soulier MF: Ethics of child and adolescent forensic psychiatry, in *Principles and Practice of Child and Adolescent Forensic Mental Health*. Edited by Benedek EP, Ash P, Scott CL. Washington DC, American Psychiatric Publishing Inc, 2010, pp 13-27

General Issues

Professionalism

Several definitions of professionalism are in common use. All share common ideas that detail the qualities and behaviors of a virtuous physician. These attributes include subordinating one's own interests to those of the patients, adhering to high ethical and moral standards, responding to societal needs, being humanistic and accountable, demonstrating a commitment to excellence and scholarship, and being responsible. Key aspects are self-awareness and the capacity for reflection. Professionalism is a broader concept than ethics, though ethical behavior is often described as an essential attribute of professionalism.

Leach DC. Professionalism: the formation of physicians. *The American Journal of Bioethics*. 2004;4(2):11 - 2.

Rogers W, Ballantyne A. Toward a practical definition of professional behavior. *Journal of Medical Ethics*. 2010;36:250-4.

Children's Rights

The United Nations' 1959 Declaration of the Rights of the Child formalized the position that children have certain needs and should be cared for. Approximately 20 years ago, the UN Convention on the Rights of the Child built on this foundation to promulgate the conviction that children and adolescents

have rights. It is recognized by international law and mandates that the best interest of the child is paramount. Children and adolescents should have access to the highest possible mental and physical health care, participate in decisions impacting them and be provided the necessary information to make decisions with the nurturing and involvement of their parents. Basically, children and adolescents should have access to and involvement with care and other resources because they have a right to such services.

UN Convention on the Rights of the Child, <http://www.unicef.org/crc>

AACAP Bill of Rights for Children with Mental Health Disorders and Their Families

Koelch M, Fegert JM. Ethics in child and adolescent psychiatric care: an international perspective. *International Review of Psychiatry*. 2010;22(3):258-66.

Laraque D. A moral imperative for children. *Journal of American Medical Association*. 2009;302(8):892-3.

Pais M, Bissell S. Overview and implementation of UN Convention on the Rights of the Child. *Lancet*. 2006;367(9511):689-90.

20 years on: the clinical importance of children's rights. *Lancet*. 2009;374:1723.

Advocacy

Child and adolescent psychiatrists frequently practice advocacy. While there are a number of definitions, advocacy can be conceptualized broadly as educating others on issues and convincing them to care and to help with implementing interventions, solutions or strategies to change or resolve the specific concern. One common view of advocacy is vital to developing and implementing many important CAP initiatives is that advocacy involves educating and working with local or national governments. Practitioners who are not involved with these activities tend to not consider themselves as “advocates”. However, working with children and their families mandates advocacy in order to educate the adults involved with the youth of their needs and how they can be helpful. In addition to advocating for individual children, child and adolescent psychiatrists often advocate for groups of youth. All of these types of advocacy occur both formally and informally with practitioners working alone, with other physicians and with other individuals interested in the same issues.

Ptakowski KK. Advocating for Children and Adolescents with Mental Illnesses. *Child and Adolescent Psychiatric Clinics of North America*. 2010;19(1):131-8.

Practitioner Issues

Prioritizing the best interest and autonomy of the patient are bedrocks of CAP practice. In addition to developing and maintaining the necessary fund of knowledge and skills, child and adolescent psychiatrists must carefully consider their values, beliefs and behavior for possible impact on their practice and develop proficiency at monitoring and assessing these areas.

Boundaries/ Relationships

Ethical issues can arise when there is disagreement among the individuals involved in the care of a child or adolescent about the identified problems, goals of interventions, and the process of treatment. Difficulties also can occur when there is a lack of clarity or understanding about the unique features of the psychiatrist-patient-family relationship, which shares some characteristics with other physician and

social interactions but has a number of key differences. Child and adolescent psychiatrists must continuously assess, understand and manage the impact of their own and other's spiritual/ religious, cultural and personal values, beliefs and reactions on therapeutic interventions. Additionally, the nature of psychiatric treatment often means long term, intimate relationships between patients, families and practitioners. Various situations commonly occur in which the physician must make decisions about accepting gifts, attending school or other activities, managing out of office encounters or seeing individuals connected to the patient. Choices about these types of issues vary between practitioners and patients but should prioritize maintaining the therapeutic benefit of treatment for the patient and family. Sexual relationships between physicians and patients are obviously unethical and unprofessional, and would usually be illegal. While not illegal, interpersonal relationships, sexual and non-sexual, with the patients' caretakers and other involved adults can significantly negatively impact treatment and are not considered within the standard of care. Other boundaries that may interfere with patient care and collaboration are sexual or intimate relationships between providers and other staff, all of which have the potential to impact the environment and patient care. Another area that is not discussed enough are the issues and complications related to physicians treating their own family members and friends.

Schetky D. Boundaries in child and adolescent psychiatry. *Child and Adolescent Psychiatric Clinics of North America*. 1995;4(4):769-78.

Policy statement - pediatrician-family-patient relationships: managing the boundaries. *Pediatrics*. 2009;124(6):1685-8.

Practitioner Responsibilities/ Competence/ Bias

For moral, religious, personal and professional reasons, physicians may not be comfortable providing certain services or working with specific populations. While it is important to respect individual physician choice, problems occur when the patient's access to information or care is compromised. It may be easiest to understand CAP who will not offer certain types of care or work with particular populations due to a lack of competence in the skills and knowledge necessary to provide quality care. Objections by practitioners due to moral, personal and religious beliefs are more complicated. It is essential that the physicians be clear with patients and families about the limitations of their practice and the full range of treatment options available, including those they cannot or will not provide. The physician must refer the patient and family to others who are willing provide these services if failure to obtain these services will cause harm and must treat them in emergency situation if delay or referral will increase the probability of mortality or serious morbidity.

Physician refusal to provide information or treatment on the basis of claims of conscience. *Pediatrics*. 2010;124:1689-93.

Organizational Relationships/ Agency

Even when clinical work is focused on psychiatric treatment of a child with involvement of their family, negotiating and balancing the demands of and obligations to the involved parties can be challenging. There are added layers of complications when practitioners work for or with an organization. Practitioners often choose to work in these situations, such as managed care/ health care networks, school systems, juvenile justice system or child protective services to improve access to care or due to an interest in a specific population. However, these child and adolescent psychiatrists have multiple responsibilities, to the patients and their families as well as the organization. Balancing these demands requires attention and diligence with the requirement of honesty and clarity about what considerations impact and influence clinical care and decisions. Additionally, physicians, throughout their training and

careers are encouraged to have professional and organizational relationships in addition to those they may have connected to their employment. While organizations vary in their mission and potential to interfere with the practitioner's ability to put the patient first, all organizational connections may impact patient care and should be carefully examined and monitored for their potential impact on issues such as beneficence, nonmaleficence, social justice and professional rewards. Sources of compensation for the provider also may influence practice and need to be made known and carefully assessed and monitored.

Sondheimer A, Jensen P. Ethics and child and adolescent psychiatry. In: Bloch S, Green SA, editors. *Psychiatric Ethics*. London: Oxford Publishing; 2010. p. 385-407.

All physicians have an inherent connection to pharmaceutical companies if they prescribe. Understanding what may influence prescribing choices is an important dimension of practice. Decisions about the use of specific drugs, particularly those within the same class, often are difficult to make on the clinical merits alone. There is increasing evidence that physician prescribing practices are influenced by the pharmaceutical industry, often in subtle ways, even when practitioners are adamant that they are not being influenced. While relationships with the pharmaceutical companies can be ethical at any standard level of interaction, understanding the potential influence of the association is essential. This would be the case whether one is discussing new medications with the pharmaceutical representative or receiving funding for a clinical research trial. Additional conflicts of interest can exist when representatives of the pharmaceutical industry provide gifts to physicians, support for continuing medical education or use of physicians as representatives for their products.

Schetky DH. Conflicts of interest between physicians and the pharmaceutical industry and special interest groups. In: Dell ML, editor. *Child and Adolescent Psychiatric Clinics of North America*. Philadelphia: Saunders; 2008. p. 113-25.

Treatment

A core ethical principle relevant to all forms of treatment for children and adolescents is the need to distinguish what is best for the child from interventions that may be desired by others to produce a child who is more compliant or controllable. Interventions should be based on evidence and clinical care standards, objectivity about the child and family, respect for boundaries as appropriate for the child's developmental level and respect for the child's and family's culture and values. There should be clear communication about treatment with patients, families and others, and protection of the information about the child and family obtained by the clinician, all the while managing potentially dangerous or risky behaviors. Child and adolescent psychiatrists also have a mandate to collaborate effectively with a variety of professionals that may be challenging due to differing clinical and ethical perspectives.

AACAP Principles of Practice (add link to website)

Dell ML, editor. *Ethics*. *Child and Adolescent Psychiatric Clinics of North America*. Philadelphia: Saunders; 2008.

Psychotherapy

A number of psychotherapies differing in format and structure exist. All share the principle of establishing and maintaining a safe environment in which a child or adolescent can explore, understand and effectively manage their psychological world. Psychotherapy with children and adolescents is complicated by the need to include others such as caretakers in the therapeutic relationship while still

preserving the child's privacy and autonomy. Respecting boundaries and maintaining objectivity and neutrality are key elements of these interventions.

Ascherman LI, Rubin S. Current ethical issues in child and adolescent psychotherapy. *Child and Adolescent Psychiatric Clinics of North America*. 2008;17(1):21-35.

Psychopharmacology

In recent decades there has been an incredible expansion of the number of medications available to treat specific psychiatric symptoms in children and adolescents. Unfortunately, despite this explosion of knowledge, much remains unknown. Prescribing medication for children and adolescents with psychiatric illnesses remains an area that demands the vigilance of practitioners to ensure that the benefits of pharmacologic intervention outweighs the risks and that the best interests of the child remain the priority. Respect for patient autonomy, consideration of social justice concerns, managing off label prescriptions, consideration of "black box" warnings and ensuring informed consent are key challenges.

Dell ML, Vaughan BS, Kratochvil CJ. Ethics and the prescription pad. In: Dell ML, editor. *Child and Adolescent Psychiatric Clinics of North America* Philadelphia: Saunders; 2008. p. 93-111.

Inpatient Psychiatric Care

Inpatient psychiatric care for children and adolescents has been significantly modified during the course of the past few decades to contain costs, limit inpatient treatment, and to protect the patient from unnecessary or ineffective treatment and unqualified providers. Significant ethical issues can arise related to access to care, quality of care provided, integration of care across levels of care and systems, and the process by which treatment decisions are made. Child and adolescent psychiatrists and other mental health clinicians may have conflicting loyalties depending upon their place of employment and reimbursement status. In some systems, inpatient use is inevitably misused because of inadequate outpatient and community resources or difficulties patients may have accessing them. Inpatient care can also be complicated by the multiple relationships between the patient, family members and the treatment team. Balancing patient, staff and milieu demands can be challenging. Ethical concerns can occur related to the impact of patients upon one another, particularly when patients are aggressive or sexually inappropriate. The use of medication and seclusion and restraint to manage behavior raises further questions related to the child's best interest, doing no harm, informed consent and assent and autonomy.

Towbin KE, Campbell PA. Ethical conflicts and their management in inpatient child and adolescent psychiatry. *Child and Adolescent Psychiatric Clinics of North America*. 1995;4(4):747-68.

Pediatric Consultation Liaison

Ethical concerns commonly arise during the treatment of medically ill children, especially those who also require psychiatric care. When the child and adolescent psychiatrist is evaluating children in pediatric settings, particularly those in the hospital, they must consider the views of the pediatric team members in addition to balancing those the beliefs and values of the patient and family, and their own opinions and values. Consultations often involve questions about treatment and demand consideration of the child's developmental level and abilities, best interests, and autonomy. Other issues frequently encountered when evaluating the psychiatric needs of children in the pediatric setting include those related to informed consent and assent, confidentiality, the distribution of resources, and the caveat of

first doing no harm. Conflict of interests may occur when the consultant is an employee of the hospital and may experience conflicted loyalties or obligations.

Krener P. Ethical issues in pediatric consultation-liaison. *Child and Adolescent Psychiatric Clinics of North America*. 1995;4(4):723-45.

School Consultation

Schools are central to the lives of children and adolescents, not only because education has a key role towards facilitating a child's growth to become a functional, productive individual but also because school is where children and adolescents spend significant portions of their growing up time. Child and adolescent psychiatrists interact with educational systems to collaborate about and advocate for children and adolescents receiving psychiatric treatment. They also may serve as school consultants. While a number of models for school consultation exist they share the common characteristic that the practitioner has some level of obligation to the school and, depending on circumstances, may have a potential conflict of interest. Common challenges in school consultation include balancing the needs of individual children with the needs of the group, collaborating with school officials who may have different priorities, perspectives and values, negotiating between school personnel whose wishes and the desires may differ from those of the youth and family, and managing information while attempting to respect privacy and confidentiality of the individual student, their family and the school.

AACAP Practice parameter for psychiatric consultation to schools. *Journal of American Academy of Child and Adolescent Psychiatry*. 2005;44(10):1068–84.

Kriechman A, Salvador M, Adelsheim S. Expanding the Vision: The Strengths-Based, Community-Oriented Child and Adolescent Psychiatrist Working in Schools. *Child and Adolescent Psychiatric Clinics of North America*. 2010;19(1):149-62.

Electroconvulsive Therapy

While limited, the data suggests that electroconvulsive therapy (ECT) can be an effective treatment for adolescents with otherwise refractory mood disorders, psychotic disorders and catatonia. Its use is also being explored in other conditions that typically have a pediatric onset, like severe self-injurious behaviors associated with autism and Tourette syndrome. This intervention tends to be used for adolescents who are treatment resistant and have failed a number of other therapies. Concerns have been voiced about the process of obtaining informed consent and assent for the use of ECT in these patients. Educating the patient and the family about their options and the rationale for ECT as a treatment is crucial. Current data indicates that adolescents tolerate the treatment well and regard the treatment positively. There is little data on its use in children. There is significant concern among some practitioners that the access to this form of treatment is unnecessarily restricted given its effectiveness and limited negative effects.

AACAP Practice parameter for use of Electroconvulsive Therapy with adolescents. *Journal of American Academy of Child and Adolescent Psychiatry*. 2004;43(12):1521-39.

Ottosson JO, Fink M. *Ethics in electroconvulsive therapy*. Brunner-Routledge, New York, US, (2004).

Alternative medicine

A significant number of children and adolescents participate in alternative or complementary medicine approaches either to modify their psychiatric symptoms, prevent symptoms or promote wellness. Child

and adolescent psychiatrists may be asked for their opinion about such options. As with other treatment interventions, benefits, risks, informed consent/assent and allocation of resources are essential aspects of care to evaluate and manage. Safety is a considerable concern. An additional challenge can be collaborating and coordinating care with other types of practitioners.

Vohra S, Cohen MH. Ethics of complementary and alternative medicine use in children. *Pediatric Clinics of North America*. 2007;54:875-84.

Innovative Treatments

When children are terminally ill, significantly medically compromised, fail treatment or present with illnesses for which there are no available treatments, families often turn to innovative or experimental interventions. Assisting families in making decisions about such treatments is challenging, particularly in terms of the need to balance doing no harm with the desire to provide hope and some benefit. As these issues also can apply to families of children with tertiary psychiatric disorders it is important to appreciate the level of distress families experience and the consequent impetus to find relief. When standard and accepted interventions do not address core disabilities or still leave the youth significantly symptomatic, parents and families commonly search for remedies and ask their physician for advice. Certain guidelines offer the child and adolescent psychiatrist a frame for whether to support such kinds of treatments. The child's best interest must be at the forefront of such decisions. Other important considerations include careful, accurate assessment of the child's clinical needs, scrutiny for a reasonable scientific basis to the intervention, the likeliness of benefit to the child, the likeliness of harm to the child, the ability for the child and parents or guardians to provide informed consent/assent, the ability to withdraw, cost, and the reasonable use of resources.

Brierley J, Larcher V. Compassionate and innovative treatments in children: a proposal for an ethical framework. *Archives of Disabled Child*. 2009;94:651-4.

Medical records

Child and adolescent psychiatrists generally produce two types of written documentation: internal records such as progress notes and external communications, such as letters or reports generated for others. All documentation should be accurate and truthful with enough detail to portray the scope and depth of the assessment and treatment. When considering who may have access to medical records or when providing information to others the child and adolescent psychiatrist is challenged to balance the need for sufficient documentation against the need to guard privacy and protect patient autonomy. Clinicians should consider whether their medical record contains private information about a patient not relevant to the reason a record is being requested or contains information about individuals other than the patient before releasing the record. For example, a report that includes a family psychiatric history may not be appropriate for school officials to receive. As an alternative to releasing the full record, a summary letter that includes what is essential for school officials to know about a given patient may be far more appropriate and far more useful to the school because it focuses on their immediate needs. Electronic communications and records present additional challenges given the ease of sharing information and the higher risk of inadvertent disclosure related to potential breaches of security.

Ascherman LI, Rubin, S. Current ethical issues in child and adolescent psychotherapy. *Child and Adolescent Psychiatric Clinics of North America*. 2008;17(1):21-35.

Recupero PR. Ethics of medical records and professional communications. *Child and Adolescent Psychiatric Clinics of North America*. 2008;17(1):37-51.

Managed Care

Psychiatric practice has been significantly impacted by managed care, particularly due to the emphasis on cost containment, limited reimbursement levels, carve outs, and lack of parity with other medical benefits. The provision of care within the limitations of such systems can be complicated and challenging. Child and adolescent psychiatrists often have to confront issues related to patient autonomy, confidentiality, beneficence, conflict of interest and professional reward. Making decisions about how psychiatric problems and the need for treatment should be presented in order to obtain authorization can cause conflict between the expectation for truthfulness and accuracy and the desire to gain access to services for patients. Additionally, it is essential but challenging for clinicians to separate their personal opinions and feelings about working within managed care from the need to provide as optimal treatment to their patients as is possible. While it is possible to deliver psychiatric care to children, adolescents and families within this structure, the child and adolescent psychiatrist must carefully manage the involvement of a third party, the insurance company, in treatment decisions.

Rosenberg E, DeMaso DR. A doubtful guest: managed care and mental health. *Child and Adolescent Psychiatric Clinics of North America*. 2008;17(1):53-66.

Risk Management

Risk management structures attempt to avoid legal liability by focusing on the minimization of errors and the prevention of injury. The aim is to prevent or minimize potential economic and psychological distress to practitioners and their associated institutions given that patients or families can seek legal remedies for the redress of medical mistakes. The provision of psychiatric care to children and adolescents carries inherent risks related to the vulnerability of the patient population, the challenges obtaining adequate consent and assent, issues related to privacy and confidentiality, the relative lack of substantial evidence for many decisions and interventions and the overarching responsibility for patient safety with a population prone to disorders that pose risk to self and others. Ethical principles that include resource allocation, the priority of the patient's best interest and doing no harm underlie administrative and risk management decisions. Such decisions often relate to choices regarding service provision, staffing levels, staff training, screening and credentialing of staff and providers, documentation requirements, quality control processes, supervision, informed consent/assent, and documentation.

Sondheimer A. Ethics and risk management in administrative child and adolescent psychiatry. *Child and Adolescent Psychiatric Clinics of North America*. 2010;19(1):115-29.

Vulnerable Populations

While children and adolescents are considered a vulnerable population, within this population are sub-populations considered particularly vulnerable. These include the intellectually disabled, developmentally delayed, and those children and adolescents under the guardianship of the state. Child and adolescent psychiatrists are often key figures to advocate for the protection, needs and rights of these populations. Issues of social justice are highly relevant to the needs and vulnerabilities of these children and adolescents.

Child Protective Services

Children and adolescents in state custody often have emotional and behavioral difficulties which bring them into psychiatric care. Access to adequate treatment services can be limited. These children often have several adults and agencies involved in their care and may not have parents actively involved in

decisions about their treatment. In such situations ethical issues are clearly apparent, such as the importance of respecting patient autonomy, maintaining confidentiality, balancing benefits and risks especially when the consenting adults may not know the child well and importantly, advocating for the child in a complex and often overwhelmed system. These children and adolescents may have significant gaps in care due to insecure and multiple placements that lead to temporary relationships with a number of clinicians across time. There is a risk of medication being overused in response to a scarcity of other treatment opportunities and the provision of other interventions, such as psychotherapy and behavioral management can be challenging to implement due to relocations, difficulties with treatment adherence, lack of a sufficient alliance with the youth and lack of consistent and reliable adult involvement with treatment.

Dell ML, Vaughan BS, Kratochvil CJ. Ethics and the prescription pad. In: Dell ML, editor. *Child and Adolescent Psychiatric Clinics of North America* Philadelphia: Saunders; 2008. p. 93-111.

Burn B, Phillips S, Wagner H, Barth K, Kolko D, Campbell Y, et al. Mental health need and access to mental health services by youths involved with the child welfare system. *Journal of American Academy of Child and Adolescent Psychiatry*. 2004;43:960-70.

Community

Child and adolescent psychiatrists working in the community mental system coordinate the psychiatric care of children and adolescents with a number of other professionals and individuals in a variety of organizational structures. At its best, these collaborations are cohesive, interactive and provide adequate and coherent services using some type of systemic model. Treatment intensity is provided across a spectrum based on need and services are often received outside of the traditional clinic and may involve individuals who are not professionally trained. Patient and family autonomy, choice and participation in treatment are highly emphasized. Children and adolescents seen in these types of system tend to be economically disadvantaged, are often from minority populations, and typically have severe, persisting psychiatric symptoms. Significant environmental factors that cause, exacerbate or maintain their problems are common. Unfortunately, many of these children and adolescents are also in struggling schools, have limited access to after school or extracurricular activities, and have caretaking adults who face significant problems which interfere with their ability to effectively parent. Many of these youth are already involved with child protective services or the juvenile justice system. Clinicians attempting to treat these children and adolescents often work for public or non-profit organizations. Justice issues can be prominent. Clinicians may be faced with making decisions about what is best for individual patients while dealing with limited resources. For example, the cost of an optimal treatment for a specific child may mean that a number of others receive less care, or none at all. The child and adolescent psychiatrists may also be challenged by experiencing conflict between their role as the child's doctor and their obligations to the institution. They may also be challenged by the limited time available to advocate for youth and families who need considerable aid in other areas of their lives and face significant barriers to regular treatment participation and adherence. Practitioners who see patients outside a traditional setting as part of a community model are also challenged to understand and develop effective approaches to working with others who may have different ethical and clinical perspectives.

AACAP Practice parameter on child and adolescent mental health care in community systems of care. *Journal of American Academy of Child and Adolescent Psychiatry*. 2007;46:284-99.

Blacksher E. Children's health inequalities Ethical and political challenges to seeking social justice. Hasting Center Report. 2008;July-August:28-35.

Chenven M. Community Systems of Care for Children's Mental Health. Child and Adolescent Psychiatric Clinics of North America. 2010;19(1):163-74.

Everett A, Huffine C. Ethics in contemporary community psychiatry. Psychiatric Clinics of North America. 2009;32:329-41.

Disability

Child and adolescent psychiatrists frequently participate in the care of individuals with physical, intellectual, and developmental disabilities. Common ethical issues are encountered in the care of these children and families, including respect for the burgeoning autonomy of the minor patient, parental/guardian informed consent and patient assent, decision making capacity, substituted judgment, psychopharmacologic treatment in this vulnerable population, issues in individual psychotherapeutic and behavioral treatment modalities, and indications for voluntary and involuntary psychiatric hospitalization for acute exacerbations or chronic concerns. Children with disabilities and their families typically are poorer, less educated, more vulnerable to abuse and neglect, less likely to be employed and/or have health insurance, and, for numerous reasons, may experience greater difficulties participating in and adhering to recommended care. Outside the home, individuals with disabilities face prejudice, exclusion, discrimination, greater obstacles to adequate and appropriate education, and commonly have insufficient medical and dental care and other related services. As genetics becomes increasingly important in diagnosis and treatment, issues around diagnosis, therapies, disclosure, confidentiality and privacy, and reproductive rights will present new dilemmas and opportunities. Historically, disabled populations have been institutionalized without adequate indications, sterilized outside usual standards of care, and subjected to research without their knowledge, consent, and fair subject protections. Mental health providers often treat patients with physical medical disabilities, and should be familiar with or have access to information on ethical issues inherent and specific to those particular conditions. Children with autism and other developmental disabilities commonly pursue complementary and alternative medicine therapies, raising additional ethical issues for them and their care providers. In addition, child and adolescent psychiatrists are most qualified and often care for adults with developmental disabilities, requiring clinicians to recognize and be familiar with ethical issues those individuals over eighteen years of age encounter as they interface with their families, health care providers and systems, education, employment, housing, the legal system, and other spheres of larger society.

American Academy of Pediatrics Committee on Children with Disabilities. Counseling families who choose complementary and alternative medicine for their child with chronic illness or disability. Pediatrics. 2001;107(3):598-601.

Disasters

Most child and adolescent psychiatrists encounter cultural, social, child rearing and spiritual values that may be different than their own. Practitioners working with those impacted by disasters often have to review their usual practices in the context of major challenges that the disaster imposes and adjust them accordingly. Such issues and challenges can present in domestic and international crises. Our personal ethical framework may not match the beliefs and values of other cultures, particularly in the midst of a crisis. Confidentiality, privacy and autonomy may be conceptualized differently in parts of the non Western world, especially as concerns children. In some cultures, parents believe that they

have the right to know everything their child tells a professional and the right to make all of the decisions. Informed consent can also shift from the individual to the community. Community leaders may be expected to have significant involvement in care decisions for families and individuals. When, as may be the case of disasters, children are separated from their family, providers may face the need to make decisions without the involvement of important adults. Additional challenges may relate to the need to distribute the provision of care to lesser trained or unlicensed personnel; the need to ration access and resources when shortages exist; inadequate knowledge of the cultural differences related to the best interest of the child and doing no harm, the need to understand and clarify spiritual and culture practices and to incorporate them in to interventions when possible; the need to negotiate political demands; and the need to attend to one's own health and mental health in the face of overwhelming demands that disasters bring. Those who may have an interest in conducting research in these types of situations face unique ethical challenges. There is also the overarching demand to advocate for children and their families facing the impact of disaster in order to do whatever can be done to improve the general state of their lives. Ultimately, understanding the affected population and developing an approach that prioritizes patients while respecting their world is critical.

Joshi PT, Dalton ME, O'Donnell DA. Ethical issues in local, national, and international disaster psychiatry. *Child and Adolescent Psychiatric Clinics of North America*. 2008;17:165-85.

Juvenile Justice

While there is agreement that for developmental reasons (diminished capacity), youth lack the ability to be fully criminally responsible, states differ regarding the ages at which children and adolescents are considered responsible resulting in differing minimum and maximum ages for juvenile court jurisdiction. A number of states have additional specific age requirements for certain types of crimes. All states have mechanisms to transfer juveniles from juvenile to adult criminal courts (waiver). There is increasing interest in and appreciation for the importance of determining competency to stand trial in the juvenile court system. Clinicians providing clinical assessments and treatment for children and adolescents in either the juvenile or adult justice system face a number of challenges. When making recommendations, in addition to foremost considering the needs of the involved youth, clinicians also have to consider the needs and limitations of the guardians, lawyers, court and/or department of juvenile justice. Children or adolescents in the juvenile justice system may feel coerced into treatment. Nonmaleficence and beneficence may be compromised due to conflicts with the system and/or societal interests. Additional challenges may include concerns regarding confidentiality, stigma, rationales for treatment, interactions with monitoring or advocacy groups, research, and the interface with institutional practices that are viewed as questionable if not non-therapeutic. The ability to protect and maintain a professional commitment to advocate for youth also may be challenged depending on one's role and responsibilities within this system. Forensic consultation to address questions of competency or other reasons for a clinician to serve as a court appointed expert witness has clear boundaries. It becomes much more complex and potentially fraught with conflict of interest if the child and adolescent psychiatrist is asked to have both a clinical and forensic role with the same patient. This approach is strongly recommended against unless there is truly no alternative.

Ratner RA. Ethics in child and adolescent forensic psychiatry. *Child and Adolescent Psychiatric Clinics of North America*. 2002;11:887-904.

Zerby SA, Thomas CR. Legal issues, rights and ethics for mental health in juvenile justice. *Child and Adolescent Psychiatric Clinics of North America*. 2006;15:373-90.

Penn J, Thomas CR. Practice parameter for the assessment and treatment of youth in juvenile detention and correctional facilities. Washington DC: American Academy of Child and Adolescent Psychiatry, 2005.

Technology

Biotechnology

Rapid biotechnological medical advances have raised new ethical dilemmas as well as strains on limited resources. The consequences of such technology include the impact of assisted reproductive technology, improved life sustaining technology, genetic testing and the availability of highly sensitive and costly tests which can lead to unnecessary interventions. For example, magnetic resonance imaging (MRI's) on healthy pediatric volunteers have detected incidental abnormal findings, raising significant ethical issues related to the management of these findings. Current evidence suggests that the expression of most psychiatric disorders is the result of interaction between genetic vulnerabilities (usually on a multiple gene level) and the environment. This understanding leads to significant ethical implications for the practice of child and adolescent psychiatry. If tests verifying the gene(s) responsible for various psychiatric disorders become available, this would allow for screening prenatally, or prior to adoption, marriage, or insurance coverage. Clinicians will be challenged to consider how this information might be used in predicting a child's chances of having a particular disorder; how impairing the disorder would be, what level of risk is acceptable when facing critical decisions such as abortion or adoption and whether there are there potential beneficial aspects to the gene constellation that accompany the risk e.g. creativity. In addition, clinicians will need to consider whether interventions exist that could decrease the likelihood of the disorder being expressed or minimize the symptoms and how this would influence treatment decisions (e.g. serotonin transport gene). Also, there should be consideration of the personal and societal implications of carrying the gene(s) including the impact on self-image, marital and child bearing decisions, and insurance access. Ultimately the clinician will need to deal with the implications of gene identification in a given child given the possible misunderstandings, psychological impact and potential discrimination due to being a gene carrier.

Gonnella JS, Hojat M. Biotechnology and ethics in medical education of the new millennium: physician roles and responsibilities. *Medical Teacher*. 2001;23(4):371-7.

Applebaum PS. Ethical issues in psychiatric genetics. *Journal of Psychiatric Practice*. 2004;10(6):343-51.

Reproductive Technology

The era of increasing access to assisted reproductive technology (ART) has ushered in a host of clinical and ethical challenges. Child and adolescent psychiatrists are increasingly working with children brought into the world through non traditional values as a result of significant advances in reproductive technology. As this technology advances, more urgent questions arise regarding the balance of interests between individual parents turning to technology to reproduce, the children who enter their family through the use of such technology, and the needs of society. Current ethical guidelines for the practice of assisted reproductive medicine, pediatrics and child and adolescent psychiatry all maintain that the welfare of the child must be the primary consideration in making decision about implementing assisted reproductive technology processes. Relevant additional ethical concerns relate to doing no harm, autonomy, and informed consent.

Pauli SA, Berga SL, Shang W, Session DR. Current status of the approach to assisted reproduction. *Pediatric Clinics of North America*. 2009;56:467-88.

Harrison M. Reproductive technology and ethics in child and adolescent psychiatry. *Child and Adolescent Psychiatric Clinics of North America*. 1995;4(4):837-52.

Electronic Communication

Another area of technology that has dramatically impacted the practice of child and adolescent psychiatry is the ever-expanding ability to communicate and obtain information electronically through the internet, videoconferencing (telepsychiatry), e-mail and cell phone texting. While these advances have the potential to improve access to care and enhance communication with other clinicians, patients, and their families, significant ethical issues arise with regards to privacy, confidentiality, informed consent/assent, boundaries and the quality of the therapeutic relationships. These technologies also have had a considerable impact on how individuals share personal and professional information. Increasingly, patients, families and providers have the ability to easily obtain information outside of the professional relationship. Providers must consider what information about themselves they want available; there is growing evidence that many individuals seriously underestimate how accessible their personal information is to others. Practitioners also need to develop guidelines as to whether, if ever, to look up patients and families on the internet. Child and adolescent psychiatrists are also challenged to help families manage their children's use of social networking sites and other internet resources as well as consider the use and impact of various forms of media in psychiatric practice.

Ascherman, LI, Rubin, S. Current Issues in child and adolescent psychotherapy. *Child and Adolescent Psychiatric Clinics of North America* 2008;17(1): 21-235.

Alessi NE, Alessi VA. New media and an ethics analysis model for child and adolescent psychiatry. *Child and Adolescent Psychiatric Clinics of North America*. 2008;17:67-92.

Recupero PR. Ethics of medical records and professional communications. *Child and Adolescent Psychiatric Clinics of North America*. 2008;17(1):37-51.

Media

Ongoing advances in technology have led to considerable expansion of the types of media that children and adolescents are exposed to and can participate in. Increasingly, media is an interactive experience with the potential power to significantly influence the development of children and adolescents. Ethical concerns in this realm relate to the production, distribution and accessibility of media to children and adolescents as well as careful consideration of the impact of such media on them. Multiple forms of media are now integrated into the real world experience of many youth and are accepted as a usual component of their real life experience. Despite their familiarity with these technologies children and adolescents are vulnerable to be less discriminating about how these experiences impact on their development. In addition, much is not known about the impact these technologies and systems of communication may have upon social development and communication, especially on younger children. This limited knowledge further complicates the determination of ethical decisions related to the media. Most of the professional discussion has focused on the evaluation of media formats and guidance regarding the content and duration of what children and adolescents should be exposed to, and who should make such decisions.

While most child and adolescent psychiatrists are concerned with the effect of media upon youth. Some practitioners are also involved with the production and distribution of media as a means to provide information to children and families. Careful consideration should occur as to the potential impact of such material on the child, family and the community, with special attention to "do no harm."

Alessi NE, Alessi VA. New media and an ethics analysis model for child and adolescent psychiatry. *Child and Adolescent Psychiatric Clinics of North America*. 2008;17:67-92.

Ethics and forensics relationships

Child and adolescent psychiatry forensic consultants often face significant ethical dimensions related to conflicts of interest, the risk of bias, the adequacy of scientific data for their recommendations, and the major, often irreversible consequences of their recommendations. For example, consultations related to custody determinations, competence, fitness to parent, and abuse allegations are highly emotional situations demanding complex interactions with multiple parties that result in high stake recommendations. The seriousness of the consequences of such evaluations demand careful consideration of multiple ethical principles. Understanding to whom confidentiality is owed is crucial; those being evaluated need to be informed about the limits of their confidentiality. Being clear who the psychiatrist is working for also is essential.

Quinn KM. Ethical dilemmas in forensic child and adolescent psychiatry. *Child and Adolescent Psychiatric Clinics of North America*. 1995;4(4):809-22.

Soulier MF: Ethics of child and adolescent forensic psychiatry, in *Principles and Practice of Child and Adolescent Forensic Mental Health*. Edited by Benedek EP, Ash P, Scott CL. Washington DC, American Psychiatric Publishing Inc, 2010, pp 13-27.

Scholarly activity

Presenting/ publishing

Presenting and writing about clinical work and research is essential for the continued growth and development of the profession. Without shared communication about practices, successes and problems, it would be difficult, if not impossible, to create, maintain and improve a body of knowledge central to the practice of child and adolescent psychiatry. Unfortunately, as in other areas of medicine, unethical practices emerge in scholarly activity and research. As a result, concerted efforts have been made by a number of professional organizations and journals to provide guidelines and expectations for ethical scholarship, research and practice. Conflict of interest, bias, fraudulent or inhumane research, redundant publication, plagiarism, concerns about authorship, insensitive language and lack of protection of patient privacy are among the breaches of professionalism and ethical conduct such guidelines attempt to address. Conflicts of interest and bias are usually managed by acknowledgement and disclosure, but in some circumstances, that approach may be insufficient. Another area requiring vigilance is the protection of privacy and the need for consent when presenting and discussing case material. While case material can be extremely valuable in education, consent from the individuals involved is advised, as is the need to make every reasonable attempt to disguise material irrelevant to the case and to minimize the disclosure of private, personal, identifying information, particularly if it is not necessary to understand the case and situation. Establishing and enforcing a consensus among practitioners, professional journals and organizations about expected standards and behavior is crucial to the maintenance of ethical standards.

Walter G, Rey JM, Soh N, Bloch S. Publishing ethics in child and adolescent psychiatry: essentials for authors and readers. *Child and Adolescent Psychiatric Clinics of North America*. 2008;17: 149-63.

Research

Research studies must demonstrate a commitment to the ethical principles of autonomy, beneficence, and social justice. For children, the scientific value of the study must be considerable if there is no direct benefit to or there is more than minimal risk to the participants. Most studies involving youth that meet the minimal risk standard, carry the probability of no more harm or discomfort than would be encountered in daily or routine physical or psychological evaluations. Higher risks are acceptable if the children who are subjects may benefit or the risk is slightly above minimum and the study will produce generalized knowledge. While randomized, controlled trials are the desired format to examine treatment efficacy and safety, there are significant ethical concerns related to the potential risks to subjects. These include the potential to miss beneficial treatment, being subjected to a treatment which may not be safe, having unequal exposure due to imbalanced control and study groups, and the challenge of obtaining consent that is truly informed. Children and adolescents must actively assent to participate and their guardians must consent. Incentives must not be so significant that they are coercive. There is some data that parents make different decisions about letting the adolescent decide based on adolescent's gender. Issues of "therapeutic misconception", in which research participants and their families overestimate the direct therapeutic benefits, are common, making informed consent critical. Finally, the professional rewards to the researchers such as financial incentives or professional recognition need to be carefully monitored and managed so as not to influence the conduct of the study including the treatment of participants.

AACAP [Guidelines on Conflict of Interest for Child and Adolescent Psychiatry Researchers](#)

Hoop JG, Smith AC, Roberts LW. Ethical issues in psychiatric research on children and adolescents. *Child and Adolescent Psychiatric Clinics of North America*. 2008;17(1):127-48.

Training

A priority of modern medical education is the production of ethical and professional competence, at every stage from professional development from student to practitioner. Ethics is the discipline that encompasses a code of moral principles or values. Professionalism is a broader concept which describes the qualities and behaviors of a virtuous medical practitioner. While these are distinct constructs, there has been a recent trend to discuss the two concepts together and to include ethics as a component of professionalism. All United States and Canadian medical schools teach ethics as a required part of the curriculum. The challenge has been how to determine and document that students, trainees and practitioners incorporate what they have been taught in their practice. Challenges in ethics education include the fact that learners are adults with pre-existing values and beliefs; learning and practicing environments have diverse values which may not match the standards taught in the curriculum; inherent conflict between trainees providing care and prioritizing optimal care for patients; and inconvenience that may accompany behaving ethically and professionally. Currently, there is considerable interest and attention being devoted to developing assessment methods to determine if learning ethics impacts behavior and to creating effective educational methods and curricula for the range of practicing practitioners.

Dingle AD, Stuber ML. Ethics education. In: Dell ML, editor. *Child and Adolescent Psychiatric Clinics of North America*. Philadelphia: Saunders; 2008. p. 187-224.

Conclusion

Child and adolescent psychiatrists encounter and manage ethical issues as a part of typical practice whether they are clinicians, researchers or administrators. Having a basic understanding of the fundamental concepts and an approach to identify and analyze ethical concerns as they arise is essential

in any aspect of a career in child and adolescent psychiatry. The AACAP Code of Ethics describes a set of principles relevant to the practice of child and adolescent psychiatry and provides practical guidelines that can be applied in a variety of situations. Often, in practice, child and adolescent psychiatrists often integrate ethical issues in their case conceptualizations and interventions but fail to label them as such. Developing more awareness of the underlying ethical issues relevant to any given situation can help individuals develop a clearer understanding of how and why they make decisions, facilitating ongoing improvement in performance and care while reinforcing how essential ethics are to the foundation of clinical practice, education and research.

Annotated Bibliography

AACAP Code of Ethics. Washington DC: American Academy of Child and Adolescent Psychiatry, Adopted in 2009.

Overview and discussion of the ethical principles relevant to child and adolescent psychiatry endorsed by AACAP; members are required to understand and abide by these principles.

20 years on: the clinical importance of children's rights. Lancet. 2009;374:1723.

This article briefly reviews some of the history, background and implications of the United Nations Convention of the Rights of the Child (CRC) which maintains that the child's best interests should be paramount. The CRC argues that children deserve the highest attainable standard of physical and mental health regardless of the circumstances. It has been ratified by all UN member countries except Somalia and the United States.

AACAP Bill of Rights for Children with Mental Health Disorders and Their Families

Overview and summary of the organization's position on the rights of children and adolescents who are mentally ill; the emphasis is on access to treatment and type of care.

AACAP Guidelines on Conflict of Interest for Child and Adolescent Psychiatrists

Overview and review of the AACAP position on appropriate professional and ethical behavior by child and adolescent psychiatry practitioners. The document provides definitions, provides definitions and describes an approach to manage conflict of interest (awareness, assessment, acknowledgement and actions).

AACAP Guidelines on Conflict of Interest for Child and Adolescent Psychiatry Researchers

Overview and review of AACAP position on appropriate professional and ethical behavior by child and adolescent psychiatry researchers. The document lists other relevant guidelines, provides definitions and describes an approach to manage conflict of interest (awareness, assessment, acknowledgement and actions).

AACAP Policy Statement: Family and Youth Participation in Clinical Decision-Making

Overview and summary of AACAP policy on the importance of including patients and families in clinical decision making about the youth's treatment with an emphasis on considering multiple perspectives and attempting to develop consensus. The document reviews the relevant clinical and ethical issues and emphasizing the importance of child and family centered care.

AACAP Practice parameter for psychiatric consultation to schools. Journal of American Academy of Child and Adolescent Psychiatry. 2005;44(10):1068-84.

AACAP Ethics Overview

Consensus document detailing the relevant background; it then describes the standards and guidelines for practice.

AACAP Practice parameter for use of Electroconvulsive Therapy with adolescents. Journal of American Academy of Child and Adolescent Psychiatry. 2004;43(12):1521-39.

Consensus document detailing the relevant background; it then describes the standards and guidelines for practice.

AACAP Practice parameter on child and adolescent mental health care in community systems of care. Journal of American Academy of Child and Adolescent Psychiatry. 2007;46:284-99.

Consensus document detailing the relevant background and describes standards and guidelines for practice.

AACAP Principles of Practice

Adapted from the AACAP Code of Ethics, this document describes what children, adolescents and families can and should expect from child and adolescent psychiatrists when obtaining psychiatric care.

Alessi NE, Alessi VA. New media and an ethics analysis model for child and adolescent psychiatry. Child and Adolescent Psychiatric Clinics of North America. 2008;17:67-92.

This article provides basic definitions of media with description of types of media and their uses by children and adolescents. It discusses the various components of media and some of the distinctions between more traditional forms of media and those that have developed more recently. Relevant ethical concepts, particularly those related to the effect of media on children and adolescents and the responsibilities of child and adolescent psychiatrists and other involved adults are reviewed. The authors describe a model of decision-making about new media issues with children and adolescents which is then further detailed using clinical case examples. A list of media related websites is provided.

American Academy of Pediatrics Committee on Children with Disabilities. Counseling families who choose complementary and alternative medicine for their child with chronic illness or disability. Pediatrics. 2001;107(3):598-601.

This article reviews some of the concerns and issues that occur when working with patients and families who have chosen to use complementary and alternative medicine as a part of their treatment. The use of such interventions has been increasing in the United States, especially for children who have chronic physical, developmental or psychiatric disorders. Monitoring and giving advice about such treatments is challenging given the lack of data about these interventions. The authors recommend maintaining a scientific perspective, offering balanced, objective advice, recognizing potential biases and establishing an open and trusting relationship with the family.

Applebaum PS. Ethical issues in psychiatric genetics. Journal of Psychiatric Practice. 2004;10(6):343-51.

The author reviews some essential aspects of psychiatric genetics and then discusses the relevant ethical concerns. Subjects described include: implications of testing fetuses or children for disorders that they may be predisposed to later in life; issues related to dissemination genetic testing results to outside parties such as employers or insurance companies; potential expansion of physician responsibilities for explanations and notification to multiple others; level of disclosure of results during research trials; inadvertent discovery of information such as non paternity; and acquisition of detailed information about non patients (e.g. patient's family members).

Ascherman LI, Rubin S. Current ethical issues in child and adolescent psychotherapy. Child and Adolescent Psychiatric Clinics of North America. 2008;17(1):21-35.

This article describes some of the ethical and clinical dilemmas that commonly occur when children and adolescents are in psychotherapy. Managing the issues of boundaries, autonomy, safety, confidentiality and communication are reviewed generally and in reference to specific situations and patient problems. The use of ethical principles to think about these matters and manage them effectively are discussed.

Belitz J, Bailey RA. Clinical ethics for treatment of children and adolescents: a guide for general psychiatrists. Psychiatric Clinics of North America. 2009;32:244-57.

This article reveals the ethical issues related to working with children and adolescents. The authors review the fundamental ways in which children are different from adults in terms of vulnerability, developmental status, reliance on the environment and options for activities. The importance of the treating physician being competent is reviewed with examples of possible clinical dilemmas and strategies for obtaining and maintaining competence. Ethical concerns related to psychopharmacology, informed consent, confidentiality, communication with third parties, assessment, diagnosis, roles, boundary issues, reporting of abuse and research are described.

Blacksher E. Children's health inequalities Ethical and political challenges to seeking social justice. Hasting Center Report. 2008;July-August:28-35.

This review discusses the health inequalities related to disease and care that disadvantaged children suffer from. The author argues that justice requires structural changes to promote material and social conditions for children, adolescents and their families. Using obesity as an example the article summarizes and discusses the moral mandate to improve the lives of children and the relevant ethical issues involved. A model of intervention is described with suggestions for developing appropriate social policy.

Brierley J, Larcher V. Compassionate and innovative treatments in children: a proposal for an ethical framework. Archives of Disabled Child. 2009;94:651-4.

The authors discuss the issues related to balancing risk and benefit when providing innovative treatments that often lack supporting research or even much prior utilization. The article describes an ethical framework for use in clinical situations when innovative treatments are being considered. This analytic approach considers: need of the child; scientific basis for the intervention; expectation that child likely to benefit; consensus that in child's best interest and no better options; child and family able to give informed assent/ consent; child and family can withdraw at any time; resource use can be justified; and the results should be published. The authors then describe how practitioners can manage these requirements.

Burn B, Phillips S, Wagner H, Barth K, Kolko D, Campbell Y, et al. Mental health need and access to mental health services by youths involved with the child welfare system. Journal of American Academy of Child and Adolescent Psychiatry. 2004;43:960-70.

This article summarizes the evidence documenting the need for mental health care for children and adolescents who are involved with child protective services. It discusses the results of a study examining the lives of a nationally representative sample of children and adolescents involved in the child welfare system. Nearly half of the youth with completed child welfare investigations had clinically significant emotional or behavioral problems; only a quarter received any speciality mental health care. The authors recommend routine mental health screening and greater access to mental health professionals.

Campbell AT. Consent, competence, and confidentiality related to psychiatric conditions in adolescent medicine practice. Adolescent Medicine Clinics. 2006;11:25-47.

This article discusses the issues related to consent, competence and confidentiality when working with adolescents who are obtaining mental health care. The positions of various professional organizations that represent practitioners practicing in this area are summarized. A table listing the US states and their respective laws on adolescent consent is provided. Possible questions to help guide various interventions are provided.

Chenven M. Community Systems of Care for Children's Mental Health. Child and Adolescent Psychiatric Clinics of North America. 2010;19(1):163-74.

This article reviews community systems of care models for providing treatment and care for children and adolescents with mental illness and their families. In addition to describing the concepts and methods of interventions and collaboration, the author discusses how this type of care is a good fit with the core values of children and adolescents. There is increasing evidence to support the efficacy and effectiveness of these types of interventions and care.

Davies D. Child Development: A Practitioner's Guide, 3rd edition, The Guilford Press, New York, 2010.

This book provides an overview of typical development, from infancy thorough school age which provides theoretical information and detailed practical observations for each developmental stage. It has very helpful chapters on development in clinical situations and possible impact of trauma and other events on development. Unfortunately it does not cover adolescence.

Dell ML, editor. Ethics. Child and Adolescent Psychiatric Clinics of North America Philadelphia: Saunders; 2008.

Collection of review articles on ethics issues relevant to child and adolescent psychiatry. Topics include: theory, psychotherapy, medical records, managed care, media, psychopharmacology, conflict of interest (pharmaceutical industry), research, publishing, disasters, education, institutional ethics committees and history of AACAP ethics. The articles provide basic overviews of these subjects.

Dell ML, Kinlaw K. Theory can be relevant: An overview of bioethics for the practicing child and adolescent psychiatrist. Child and Adolescent Psychiatric Clinics of North America. 2008;17(1):1-19.

This review provides an overview of basic ethical concepts, some of the theoretical approaches and various strategies to understand and manage ethical issues. The history of ethics relevant to medicine is detailed as well as that applicable to psychiatric, pediatric and child and adolescent psychiatric populations. The moral, virtue, caring and casuistry approaches to ethical thinking and analyses are reviewed. The four topics model of ethics analysis (medical indications, patient preferences, quality of life, and contextual features) is described accompanied by a representative clinical example.

Dell ML, Vaughan BS, Kratochvil C. Ethical issues in pediatric psychopharmacology. In: Martin A, Scahill L, Kratochvil CJ, editors. Pediatric Psychopharmacology Principles and Practices. 2nd ed. New York: Oxford University Press; 2011. p. 738-51.

Ethical issues relevant to child and adolescent psychiatry prescribing are reviewed in a chapter of a textbook on child and adolescent psychopharmacology. Topics are presented and discussed within from the perspective of the importance of being a virtuous practitioner striving to do no harm, respecting patient autonomy, aiming for the best for other and working for justice within the larger community while demonstrating integrity and compassion. The importance of understanding and considering the psychological, cultural and social environment in addition to the biological factors are discussed. Informed consent, decision making capacity, competence, and assent in clinical practice are

examined in the context of prescribing medication for children as well as the ethics of off-label prescribing. Issues related to special populations are described such as children who are developmentally disabled, placed out of their homes, incarcerated or preschoolers. Finally, conflict of interest and ethical issues related to research are discussed. The chapter is a good summary of basic ethical issues with an emphasis on psychopharmacology.

Dell ML, Vaughan BS, Kratochvil CJ. Ethics and the prescription pad. In: Dell ML, editor. Child and Adolescent Psychiatric Clinics of North America Philadelphia: Saunders; 2008. p. 93-111.

This article reviews the ethical considerations that can influence and inform the recommendations, prescribing practices, and related behaviors of child and adolescent psychiatrists. The importance of: being a well informed physician; understanding developmental, psychological and social aspects of care; promoting patient autonomy; striving for beneficence, nonmaleficence and justice; and obtaining informed consent and assent is discussed. Specific concerns of children who are in state custody and developmentally disabled are described as well as approaches to managing off label prescribing and black box warnings.

Dingle AD, Stuber ML. Ethics education. In: Dell ML, editor. Child and Adolescent Psychiatric Clinics of North America. Philadelphia: Saunders; 2008. p. 187-224.

This article reviews approaches to ethics education at different levels of medical education: undergraduate, graduate and post-graduate. Content and formats for teaching are described as well as methods of assessment. Strategies to incorporate ethics into child and adolescent psychiatry training are suggested. Specific topics relevant to child and adolescent psychiatry such as decision making, confidentiality, conflicts of interest, boundaries, juvenile justice, research, access to care and research. Resources for teaching ethics and professionalism are listed.

Everett A, Huffine C. Ethics in contemporary community psychiatry. Psychiatric Clinics of North America. 2009;32:329-41.

The authors define and describe community psychiatry. They then review the ethical concepts of beneficence, nonmaleficence, autonomy, dual agency and justice. Specific dilemmas of making treatment decisions based on patient need or effective distribution of limited resources, managing boundaries when providing care in nontraditional settings, allowing patients to make less optimal choices and appropriateness of medical ethical principles for other providers.

Gemelli R. Normal Child and Adolescent Development, American Psychiatric Press, Inc, Washington DC, 1996.

This book provides an overview of typical development from infancy through adolescence with a psychodynamic emphasis. There are many clinical and case examples demonstrating the relevance of development to clinical situations.

Glantz LH. Conducting research with children: legal and ethical issues. Journal of American Academy of Child and Adolescent Psychiatry. 1996;34(10):1283-91.

This author reviews and discuss the issues related to conducting research with children and adolescents. After providing some background, the article describes relevant regulations and guidelines and then discusses issues related to pediatric psychopharmacology research.

Gonnella JS, Hojat M. Biotechnology and ethics in medical education of the new millennium: physician roles and responsibilities. Medical Teacher. 2001;23(4):371-7.

The authors discuss some of potential ramifications of the increasing availability of new, innovative and costly health care interventions due to improvements in technology. They argue that physicians should be able to perform the roles of knowledgeable and skilled clinician, effective and caring educator and efficient and prudent resource manager. In addition to caring effectively for their patients, physicians are ethically obligated to provide education to patients and others on maintaining health and preventing disease as well as to manage resources to better serve more people at the least expense without compromising quality of care.

Harrison M. Reproductive technology and ethics in child and adolescent psychiatry. Child and Adolescent Psychiatric Clinics of North America. 1995;4(4):837-52.

This article reviews the processes and procedures of assisted reproductive technology (ART) with definitions and descriptions. The importance of understanding the roles of all involved and their values is emphasized. Possible issues such as information seeking by the children, the impact of religious beliefs, the role of socioeconomic class and parental factors (age, race and ethnicity, sexual preference and marital status) are described. Ethical positions of various groups are detailed. Beneficence, nonmaleficence and autonomy issues related to ART are described.

Hoop JG, Smith AC, Roberts LW. Ethical issues in psychiatric research on children and adolescents. Child and Adolescent Psychiatric Clinics of North America. 2008;17(1):127-48.

This article provides information on the history of research ethics and guidelines, the different priorities of clinical care and research and the typical structure governing research. Specific issues related to children and adolescents are discussed. Important ethical considerations of scientific merit, benefit and risk, participant inclusion, confidentiality, informed consent and assent, incentive issues and data management concerns are reviewed.

Joshi PT, Dalton ME, O'Donnell DA. Ethical issues in local, national, and international disaster psychiatry. Child and Adolescent Psychiatric Clinics of North America. 2008;17:165-85.

This article discusses some of the ethical conflicts that can occur when providing psychiatric care to children, adolescents and families who are suffered from a disaster. The basic rights of youth to education, life and protection are reviewed. Understanding and managing ethical concerns such as confidentiality, autonomy, informed consent and balancing patient and society rights in various cultural and social environments are discussed. Approaches to comprehending illness and trauma within a cultural framework to provide clinical care and conduct research are detailed. The importance and impact of professionalism, value systems and views of children's rights are explained.

Koelch M, Fegert JM. Ethics in child and adolescent psychiatric care: an international perspective. International Review of Psychiatry. 2010;22(3):258-66.

The authors review and discuss some of the ethical issues related to children and adolescents who are receiving psychiatric care. The CRC and several ethics codes are described and ethical concerns are described within the framework of the CRC and the UN Convention on the Rights of Persons with Disabilities (CPD). The article provides an overview of issues of access of care, quality of care, autonomy, confidentiality, involuntary treatment, inclusion in activities, protection from risk and assent. The authors then make recommendations about strategies to manage some of these dilemmas.

Koocher GP. Ethics in child psychotherapy. Child and Adolescent Psychiatric Clinics of North America. 1995;4(4):779-91

This article reviews psychotherapy and some of the possible ethical issues that may arise when working with children, adolescents and families. Problems such as defining goals, reluctant patients, conflicting

values, distinguishing reality and fantasy in children's stories, interactions with patients and families outside of the office, requests to see the children of relatives and friends, therapist burnout, countertransference issues and providing advice about medical interventions are described. The author then offers a set of guidelines when confronted with ethical concerns.

Krener P. Ethical issues in pediatric consultation-liaison. Child and Adolescent Psychiatric Clinics of North America. 1995;4(4):723-45.

This article reviews some of the basic history and principles of ethics relevant to child and adolescent psychiatry and then discusses some of the issues that occur when working with children and adolescents who are receiving care in pediatric settings. The author then uses 6 case examples to discuss ethical concerns that can arise when seeing medically ill children. The cases are: parents having a baby to supply bone marrow for a child with leukemia; making decisions about an anencephalic newborn; making decisions about care for a newborn with a genetic disorder; determining how to manage a child with irreversible, severe but not terminal damage; making decision about transplantation in an adolescent refusing care; and dealing with a pregnant girl who abuses drugs. The author discusses the importance of analyzing the medical facts, clarifying the ethical concepts and recognizing the balance of relationships when confronted with these types of situations.

Kriechman A, Salvador M, Adelsheim S. Expanding the Vision: The Strengths-Based, Community-Oriented Child and Adolescent Psychiatrist Working in Schools. Child and Adolescent Psychiatric Clinics of North America. 2010;19(1):149-62.

This article reviews contemporary school mental health services and the roles and responsibilities of child and adolescent psychiatrists working within and with school systems. It discusses the increasing interest in comprehensive services and describes school mental health programs that emphasize community and strength based services. The authors discuss the possibilities of child and adolescent psychiatrists being involved in preventive care and early intervention.

Laraque D. A moral imperative for children. Journal of American Medical Association. 2009;302(8):892-3.

The author reviews some data on the United States' ranking on measures targeting the welfare of children and argues that the lack of focus on child well being in American society is related to certain cultural and societal beliefs that support decisions as no universal health care coverage. The CRC is then reviewed and the author states that it is a moral imperative to advocate for children in terms of quality health care that is child and family centered.

Leach DC. Professionalism: the formation of physicians. The American Journal of Bioethics. 2004;4(2):11-2.

The author reviews and discuss concepts of professionalism within the context of educating physicians to be competent practitioners. Various aspects of professionalism and its development are discussed and the importance of acquiring a better understanding of the individual and environmental variables that nurture and create competent physicians who are professional.

Levine R. Children as research subjects: ethical and legal considerations. Child and Adolescent Psychiatric Clinics of North America. 1995;4(4):853-68.

This article provides an overview of the ethical issues occurring when conducting research with children and adolescents. The three essential principles of respect of persons, beneficence (considered to include benefits and no harm) and justice are described. The dilemmas produced by the inability of children to consent are reviewed with a discussion of the various arguments for and against the use of proxy consent. Some of the issues related to orphan drug trials are summarized. Public policy concerns

about the least vulnerable population, assent, and permission are explained. Risk and potential benefit are reviewed. Issues related to mature minors are described.

Pais M, Bissell S. Overview and implementation of UN Convention on the Rights of the Child. Lancet. 2006;367(9511):689-90.

This article reviews preliminary results of a study examining the effects of the CRC. The largest impact was the incorporation of the CRC into the national legal systems with subsequent law reform promoting the rights of children and families. Other changes have included the creation of national independent human rights institutions for children, development of effective collaboration systems between governmental institutions. The study also has been investigating the allocation of resources, development of data collection systems and promotion of societal involvement.

Pauli SA, Berga SL, Shang W, Session DR. Current status of the approach to assisted reproduction. Pediatric Clinics of North America. 2009;56:467-88.

This article provides an overview of the medical assessment of infertility, indications for assisted reproduction technology (ART) and the major procedures of ART. Potential complications of ART and its possible use to preserve the ability of children and adolescents with cancer to reproduce are discussed.

Penn J, Thomas CR. Practice parameter for the assessment and treatment of youth in juvenile detention and correctional facilities. Washington DC: American Academy of Child and Adolescent Psychiatry, 2005. Consensus document detailing the relevant background; it then describes the standards and guidelines for practice.

Physician refusal to provide information or treatment on the basis of claims of conscience. Pediatrics. 2010;124:1689-93.

This American Academy of Pediatrics (AAP) policy statement discusses the importance of respecting physician's moral stances but that patients' access to care should not be impeded. The practice of health care practitioners to refuse to provide certain treatments due to the physicians' moral objections is known as "conscientious objection". Given that this practice may limit patients' access to information or treatment, the legitimacy of this behavior has been debated. The authors then discuss the reasons for allowing such actions such as the relationship between conscience and integrity, the potential social benefits and the potential problems including evaluating claims of conscience and issues related to assisting others. Some constraints on conscience claims are reasonable since physicians had a certain professional and societal roles and patients should have access to all clinical information and options that are available. Physicians should disclose any issues they may have and ensure that patients have access to the care that they need and want.

Policy statement - pediatrician-family-patient relationships: managing the boundaries. Pediatrics. 2009;124(6):1685-8.

This AAP policy statement reviews the issues related to physicians providing care for their own family members and maintaining appropriate boundaries with patients and patient families. Physicians should not treat their own children or other family members given the issues of objectivity, incomplete information, boundary issues and potential problems with confidentiality. While some exemptions are listed, minor care, emergencies, or no other providers, the AAP state that this practice violates a fundamental professional obligation. The statement also discusses strategies on how to think about and manage gifts from patients and families as well as non professional relationships with patients and families. Recommendations also are provided on how to manage patient situations that could be misunderstood (e.g. discussing sexual development with an adolescent).

Ptakowski KK. Advocating for Children and Adolescents with Mental Illnesses. Child and Adolescent Psychiatric Clinics of North America. 2010;19(1):131-8.

The author, on the staff of the AACAP discusses the importance of advocacy by child and adolescent psychiatrists to improve the lives of children and adolescents with mental illnesses. Advocacy is defined and described with examples of how child and adolescent psychiatrists can have a positive impact. The article reviews some of the history of mental health policy changes and approaches to effective advocacy.

Quinn KM. Ethical dilemmas in forensic child and adolescent psychiatry. Child and Adolescent Psychiatric Clinics of North America. 1995;4(4):809-22.

The author reviews the ethical conflicts that can occur in forensic child and adolescent psychiatry because of the issues related to competing interests, risk of bias, lack of scientific data to make decisions and the potentially serious outcomes. The guidelines of professional organizations that are relevant are briefly reviewed. Confidentiality and role definition are discussed with illustrative clinical case examples. Various questions such as conducting a custody evaluation without both parents, writing letters of support about custody for parents, conducting a custody evaluations, evaluating potential termination of parental rights and conducting sexual abuse assessments are posed and answered.

Racusin R, Felsman JK. Reporting child abuse: The ethical obligation to inform parents. Journal of American Academy of Child Psychiatry. 1986;25(4):485-9.

This article discusses the ethical obligations of physicians to discuss reports to child protective services with the patient and family. The authors argue that it is in the best interests of the child to talk to the parents since it increases the likelihood that the parents will get help and that the therapeutic alliance will be preserved. Also, non disclosure may leave the child at risk for a longer period of time. The authors discuss potential challenges in talking with parents and possible approaches.

Ratner RA. Ethics in child and adolescent forensic psychiatry. Child and Adolescent Psychiatric Clinics of North America. 2002;11:887-904.

The article reviews ethics and the law, various codes of medical ethics, ethics related to child and adolescent psychiatry practice, and ethics as related to forensic psychiatry. The various positions on how forensic psychiatry should conceptualize the physician patient relationship are summarized. Ethical issues related to the death penalty, managed care and electronic communications are reviewed. Resource suggestions are provided, many in terms of guidelines for forensic practice.

Recupero PR. Ethics of medical records and professional communications. Child and Adolescent Psychiatric Clinics of North America. 2008;17(1):37-51.

This article describes the use of written records, internal and external to communicate about patient care and the relevance of ethical principles such as honesty, autonomy, confidentiality and professionalism. Appropriate ethical approaches to managing dual roles, interactions with insurance companies, release of information and collaboration with others including the patient are described.

Rogers W, Ballantyne A. Toward a practical definition of professional behavior. Journal of Medical Ethics. 2010;36:250-4.

The authors describe the development and characteristics of a definition of professionalism that is distinct from medical ethics. Based on a review of the literature, the authors identified specific behaviors considered relevant to professional behavior. A working definition of medical professional behavior was created and then tested using data from the literature and disciplinary actions from a

medical board. Several domains of behavior were found to be relevant to professionalism: responsibility; relationships with and respect for patients; probity and honesty; self awareness and capacity for reflection.

Rosenberg E, DeMaso DR. A doubtful guest: managed care and mental health. *Child and Adolescent Psychiatric Clinics of North America*. 2008;17(1):53-66.

A brief history including a description of negative physician attitudes and beliefs about managed care introduce the discussion of ethical predicaments that can occur in this clinical context. Issues such as strategies to obtain care, sharing patient information, coding and billing approaches and systems of care parameters are reviewed using a framework of ethical principles to describe the problems and possible methods to handle them.

Schetky D. Boundaries in child and adolescent psychiatry. *Child and Adolescent Psychiatric Clinics of North America*. 1995;4(4):769-78.

This article discusses the fiduciary relationship between physicians and patients and the accompanying constraints and expectations that govern physician behavior in this context. The author argues that boundaries act as a safety net by keeping physicians in their designated roles, defining limits and minimizing the likelihood of exploiting the patient for personal gain. There is a discussion of potential boundary issues in general and then specifically in relation to children and adolescents. Approaches to managing setting boundaries, financial conflicts of interest, exploitation of fame and notoriety, exploitation through writing, double agency, socializing with patients and sexual exploitation are reviewed. Warning signs of boundary problems are described with suggestions on how to correct problems. The author ends by noting that having too rigid boundaries may also be problematic.

Schetky DH. Conflicts of interest between physicians and the pharmaceutical industry and special interest groups. In: Dell ML, editor. *Child and Adolescent Psychiatric Clinics of North America* Philadelphia: Saunders; 2008. p. 113-25.

This article describes and discusses a number of the issues related to physician relationships with pharmaceutical organizations and special interest groups. Guidelines and recommendations of various professional, advocacy and governmental organizations are explained. Approaches to managing these conflicts of interest and relationships are reviewed.

Sondheimer A, Jensen P. Ethics and child and adolescent psychiatry. In: Bloch S, Green SA, editors. *Psychiatric Ethics*. London: Oxford Publishing; 2010. p. 385-407.

This chapter in a book on psychiatric ethics summarizes the ethical principles and issues relevant to child and adolescent psychiatry. After providing some historical background, the authors emphasize the professional responsibilities of practitioners when working with children to prioritize their best interests and the challenges due to the children's developmental immaturity. The authors then discuss the influences of context such as culture, societal norms, available resources and personal values. The principles of not harming, providing benefit, patient autonomy, assent, consent, confidentiality, conflict of interest, advocacy and social justice issues. Ethical concerns related to assessment, diagnosis, treatment and research are reviewed. Multiple clinical examples are used to present and illustrate these principles and their application to practice.

Sondheimer A. Ethics and risk management in administrative child and adolescent psychiatry. *Child and Adolescent Psychiatric Clinics of North America*. 2010;19(1):115-29.

This article discusses the differences between ethics and risk management though both support at least adequate care in the context of medicine. After describing and defining basic concepts in ethics and risk

management, the author discusses how these concepts and practice are applied to child and adolescent psychiatry in the categories of administration (budgeting, credentialing, privileging, supervision, documentation and research) and individual clinicians (boundaries, conflicts of interest, assessment, treatment, consent, assent, refusal of care, dangerousness and confidentiality).

Soulier MF: Ethics of child and adolescent forensic psychiatry, in Principles and Practice of Child and Adolescent Forensic Mental Health. Edited by Benedek EP, Ash P, Scott CL. Washington DC, American Psychiatric Publishing Inc, 2010, pp 13-27

This chapter in a child and adolescent forensic mental health textbook reviews the ethics related to forensic practice with an emphasis on non maleficence, beneficence, autonomy and social justice. The author reviews some of the ethics controversies within forensic psychiatry and the current emphasis on social justice and determining the truth. The difficulties related to agency, working with developmentally immature individuals and dealing with children and parents who may have different priorities are discussed. The author reviews the sections of other professional organizational ethics guidelines that are relevant to forensic psychiatry. Ethical issues related to child forensic evaluations are described with a clinical example of a child custody case. The chapter ends with a list of key points.

Towbin KE, Campbell PA. Ethical conflicts and their management in inpatient child and adolescent psychiatry. Child and Adolescent Psychiatric Clinics of North America. 1995;4(4):747-68.

The authors discuss the importance of considering ethical issues routinely as a part of practice, especially in inpatient settings. They review some of the changes that have occurred in psychiatric care that have impacted how mental health care is practiced. Inpatient care is provided within systems with many participants who may not share common interests. There are multiple points in which ethical concerns may arise such as the decision to admit; type of facility care is provided in; length of stay; range of services offered; decisions about type of care; interactions during the hospitalization; and financial concerns. Various approaches to reduce unethical behavior are described, the importance of awareness, encouraging an environment of open discussion, providing appropriate role models, prioritizing informed consent and empathetic interaction, and offering adequate training. The helpfulness of research in improving the state of medical knowledge so that better clinical decisions can be made is mentioned. The authors use case examples to illustrate their points.

UN Convention on the Rights of the Child, <http://www.unicef.org/crc>

The Convention on the Rights of the Child is a legally binding international instrument that was developed to ensure that the world recognized that children have human rights and that they often need special care and protection due to their immaturity. The Convention describes these rights in 54 articles and two Optional Protocols. Children have: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The four core principles of the Convention are non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child. The Convention protects children's rights by setting standards in health care; education; and legal, civil and social services.

Unguru Y, Coppes MJ, Kamani N. Rethinking pediatric assent: from requirement to ideal. Pediatric Clinics of North America. 2008;55:211-22.

This article reviews and summarizes the difficulties with the concept and practice of assent. After reviewing the background of and the literature on assent, the authors review some of the proposed guidelines. Recommendations include: considering assent and consent as independent processes; determining the child's level of understanding and what children want to know; and having

multidimensional model which views assent as a process with roles for children, family and providers with consideration of developmental, individual and contextual factors.

Vohra S, Cohen MH. Ethics of complementary and alternative medicine use in children. *Pediatric Clinics of North America*. 2007;54:875-84.

This article reviews a number of the ethical issues related to the use of complementary and alternative medicine (CAM) to treat children and adolescents in the context of increasing utilization of these agents. The importance of applying the same standards of safety and efficacy to these compounds as are applied to prescribed medicines and of using interventions that are supported by evidence is discussed. Concepts of no harm, benefits, autonomy and social justice are reviewed. The recognition that many approaches to healing and health exist and reasonable cultural and societal practices should be respected. A model for evaluating the ethical issues related to this type of care is suggested; this approach utilizes seven factors, illness characteristics, conventional treatment response and risks, evidence of safety and effectiveness of CAM agents, degree of patient and parent understanding of the treatment and acceptance of the risks, and the intent for long term use.

Walter G, Rey JM, Soh N, Bloch S. Publishing ethics in child and adolescent psychiatry: essentials for authors and readers. *Child and Adolescent Psychiatric Clinics of North America*. 2008;17:149-63.

This article describes and discusses a number of ethical issues related to publishing in child and adolescent psychiatry and the importance of considering these concerns when reading the literature. Conflicts of interest, bias, fraud, inhumane research, redundant work, plagiarism, claiming authorship and insensitive language are reviewed and discussed. Some of the particular concerns related to publishing information on children and adolescents are described. The article concludes with recommendations to encourage ethical publishing.

Walter G, Rey JM, Thomas CR, Martin A. Conflict of interest. In: Martin A, Scahill L, Kratochvil CJ, editors. *Pediatric Psychopharmacology Principles and Practices*. 2nd ed. New York: Oxford University Press; 2011. P. 738-51.

Ethical issues relevant to conflict of interest in child and adolescent psychiatry are reviewed in a chapter of a textbook on child and adolescent psychopharmacology. Definitions, terminology, history, recent dilemmas, relevance, methods of evaluation, strategies for prevention and management are explained. The initial part of the chapter presents information on terms, history and recent events to frame a discussion of the relevance of conflict of interest to child and adolescent psychiatrists and examples of impact on the field. The authors then detail an approach to assess potential conflicts which involves: acquiring and maintaining basic knowledge of what types of conflicts exist and what the professional guidelines of the field are; analyzing and reviewing existing and potential relationships; conducting notification and disclosure processes; considering a wide of activities as being potentially problematic; and being vigilant about potential influence. The prevention and management section emphasizes relationships with pharmaceutical, device and biotechnology industries with an extensive table and additional discussion detailing constituencies, roles, examples of productive and problematic relationships, some recommendations and suggestions for relevant guidelines. The chapter is a thorough, basic review of conflict of interest and approaches to analysis and management.

Zerby SA, Thomas CR. Legal issues, rights and ethics for mental health in juvenile justice. *Child and Adolescent Psychiatric Clinics of North America*. 2006;15:373-90.

This article reviews the ethical and legal concerns relevant to adolescents involved in the juvenile justice system. A number of legal issues are reviewed, including criminal responsibility, diminished capability, assignment to adult criminal court, competency to stand trial. Factors impacting mental health care of

AACAP Ethics Overview

adolescents in this system are described. The ethical principles related to providing clinical care as well as those associated with being a forensic evaluator are discussed. Ethical conflicts associated with being in a juvenile justice setting, advocating for patients, conducting research, implementing treatment, determining role responsibilities, and using of physical or chemical restraint are detailed. The rights of juveniles are described.