Teaching Ethics

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ETHICAL ISSUES CUT across all aspects of the practice of medicine yet only recently has the formal teaching of ethics been incorporated into medical school curricula. The teaching of ethical issues is now mandated in psychiatric residency programs and the APA Ethics Committee has appointed a Task Force to Develop Model Curricula for Teaching Ethics. No such model exists yet for child and adolescent psychiatry. The AACAP developed its own Code of Ethics (1980) which recognized that the psychiatric care of children and adolescents presents unique problems not addressed in the codes of ethics of the APA. As noted by Sondheimer and Martucci (1992), these include: **1)** Conflicts of interest that arise between parents and children; **2)** The child's developing competency and ability to make decisions for himself over time; and **3)** The exchange of information that occurs between the child's therapist and schools, courts or other agencies which may compromise confidentiality.

I like to conceptualize the teaching of ethics along three tracks. First, is a didactic component in which trainees familiarize themselves with our ethical codes and their origins and approaches to analyzing and resolving ethical conflicts. Next, is the clinical application of ethical principles which should become a routine part of clinical conferences and supervision. The third level is teaching ethics by example in which faculty members and supervisors serve as role models. Here, I refer to the Socratic maxim primum non tacere — first do not be silent. Dwyer (1994) notes that many medical students fear voicing their concerns about ethically troubling medical practices because they lack self confidence, fear jeopardizing their grade, or being perceived as trouble makers. He stresses "they must speak up if they are to meet their responsibilities to patients, colleagues, and the profession of medicine." Trainees, who see that their seniors are not afraid to speak up on these issues, will gain courage to do so themselves. We can also help by taking their concerns seriously and encouraging open discussion of ethical issues. Sharing our own ethical dilemmas will give them license to do likewise.

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I teach a forensic child psychiatry seminar to child psychiatry residents and law students in which we often grapple with the fact that our disciplines have different ethical codes. A referral was made from the law clinic to the child psychiatry clinic for what appeared to be a routine custody evaluation. The case involved two warring fundamentalist parents and possible parental alienation. Upon learning that the father's church preached that animals, children and women must obey the father, I said I would not be comfortable evaluating such a case because I felt I would enter into it with a bias against the father. Two female residents echoed my feelings. The case was assigned to an Indian resident of the Jain religion who felt he could remain objective. In his effort to be impartial he interviewed both parents in parallel fashion. However, he failed to inform the referring student attorney of his plan to see the father as well as the mother. She, in turn, felt he had compromised her position with her client, the mother. We discussed the fact that the trainee's evaluation belonged to the referring attorney not the court, but that by virtue of the father's involvement in the assessment, he might now gain access to it through his attorney. Meanwhile, the mother's student attorney was experiencing her own ethical conflicts around whether she could continue to advocate for the mother when the children clearly had a better relationship with their father and wished to remain with him. The discussion then branched off into whether one can undo parental alienation, whether it is ethical to capitulate to it, and how much weight to give the custody preferences of children, ages 10 and 12. Although this was billed as a forensic conference, the ethical issues were integral to processing and trying to resolving this case. The children's mother ended up deciding to relinquish her parental rights and move out of state with her new husband.

Primum non tacere becomes more difficult when the ethical practices of one's colleagues are at issue and, as with medical students, there is fear of repercussions if one questions or reports behaviors. Our willingness not to look the other way is essential to maintaining the integrity of our profession. At times we may have to report ethical violations. As with reporting child abuse, the more one does it the easier it becomes, although it is never a pleasant task. If in doubt as to whether there has been an ethical violation, one may confer with the local District Branch ethics committee of the APA. ■

Dwyer, J. (1984), Primum non tacere: An ethics of speaking up. Hasting Center Report, Jan-Feb.

Sondheimer, A. and Martucci, L. (1992), An approach to teaching ethics in child and adolescent psychiatry.

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