REVIEWS AND PERSPECTIVES

An Ethical Framework for Global Psychiatry

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ABSTRACT

Existing literature addresses the ethical considerations of global health work and how medical school curricula can help prepare students for them, but little has been written regarding an ethical approach to global psychiatry. In this paper we summarize prominent ethical issues that arise in global health psychiatry in order to provide a foundation for a framework in global health psychiatry. These issues include obtaining informed consent in the face of language barriers, diagnosing and treating for mental illnesses while navigating communities where such conditions are heavily stigmatized, and justifying the cessation of proving care to current patients for the sake of providing care to new patients abroad. To help prepare psychiatrists and students for work that engages these issues, we propose a multi-step process to assist the practicing global psychiatrist in recognizing ethical dilemmas and evaluating potential courses of action based on their respective ethical merits.

Key Words: global psychiatry ethics, global health ethics, global psychiatry, global mental health, mental health ethics, medical ethics, philosophy of psychiatry

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INTRODUCTION

As medical students and professional health care workers increasingly demonstrate enthusiasm for participating in global health experiences, ethicists have begun to examine and grapple with the moral complexities of providing medical care in foreign settings.[1,2] Existing literature on the ethical considerations of global health work has both highlighted the potential for ethical dilemmas while serving abroad—such as unintentionally harming patients both physically and psychologically—and has gone as far as to propose medical school curricula and ongoing training specifically targeted toward understanding the ethical dilemmas apparent in global health work.[3,4] Although there has been development in suggested frameworks for ethical approaches to global health in general, little work has been done to advance an ethical framework specific to global psychiatry. Global psychiatry, also known as global mental health, refers to the practice of mental health care abroad and in foreign settings. Following the World Health Organization's stance that there can be "no health without mental health," the global health community is placing more emphasis on global psychiatry.[5] For example, China has recently adopted its first national health legislation, which went into effect on May 1, 2013 and will increase the demand for mental health professionals by placing greater restrictions on involuntary treatment, and requiring that psychiatric treatment be voluntary in the majority of cases.[6]

Still in its early years, global psychiatry is uniquely positioned in the field of medicine as being exposed to distinct, and often intensified, ethical predicaments.[7] Because the field is still young, there is a great opportunity to fill an unmet need for an ethical framework for global psychiatry. In this review, we examine what sets psychiatry apart from other disciplines when it comes to ethical considerations while practicing abroad, and as a result of our findings we propose an ethical framework to assist the practicing global psychiatrist and students of psychiatry to recognize and resolve ethical dilemmas as they arise prior to, during, and after working in the field of global mental health.

PSYCHIATRY AND GLOBAL PSYCHIATRY ARE ETHICALLY UNIQUE

The realm of ethics plays an increasingly important role in the medical field as social norms continue to change and develop, and technology and global consciousness generate opportunities for delivering care that have never before been seen or even imagined. Although all areas of health care require rigorous ethical evaluation, we believe that global psychiatry by its very nature is more

susceptible to the occurrence of frequent, concurrent, and complex ethical dilemmas than other medical fields.

Global psychiatry stands apart from other areas of health care when it comes to ethical considerations for at least 6 distinct reasons:

1. There is a paucity of resources to enable and support psychiatric care abroad and a greater demand for psychiatric health care professionals relative to other fields of medicine.
2. Longitudinal treatment is usually necessary for successful psychiatric care.
3. Psychiatry inherently places more emphasis on care rather than cure.
4. The effects of mental illness are often intangible.
5. Language barriers are more imposing on psychiatry than on other areas of health care.
6. Culture, spirituality, and other belief systems have an effect on psychological mindedness.[8] This should be a separate paragraph starting with "Existing literature"…Existing literature on the ethical considerations of global psychiatry supports these 6 essential differences. In order to lay the foundation for an ethical framework for global psychiatry, and reinforce the real need for such a framework moving forward, we must elaborate on these defining characteristics.

Paucity of Resources

Current research shows that the need for mental health care severely outweighs the resources capable of delivering the necessary services. A 2007 report on mental health systems in low-income and middle-income countries, which together make up 85% of the world's population, suggests that "most of these countries allocate very scarce financial resources and have grossly inadequate manpower and infrastructure for mental health."[9] The report further found that support for resourcing mental health care is prioritized less than in other areas of health care.[9] Additionally, "nearly 70% of countries in Africa and 50% in Southeast Asia spend less than 1% of their health budget on mental health care. In comparison, more than 50% of European countries spend more than 5% of their health budget on mental health care".[9] The high incidence of nontreatment of serious mental disorders in developing countries seems to directly correlate with a deprivation of psychiatrists in developing countries. According to the World Health Organization, "there is less than one psychiatrist for every 100,000 people in much of South-East Asia, and less than one psychiatrist for every 1,000,000 people in sub-Saharan Africa."[5,9] For example, Sierra Leone and Liberia have each suffered grave mistreatments of human rights, such as the conscription of children as soldiers and sex slaves, yet each country only has 1 retired psychiatrist for a country of 4 to 6 million individuals.[1,6] The scarcity of resources has resulted in the unfortunate reality that in developing countries, estimates for untreated mental illness range from 75%–85%.[5,10]

It is clear, therefore, that developing countries in particular suffer from a paucity of resources concerning mental health. This reality has several ethical implications, such as deciding where to direct additional resources when they become available, choosing how to allocate such resources, and ultimately determining whether or not available resources are best used on supplementing global mental health care or instead supporting other areas of health care. Indeed, moral questions such as, "How can we justify not providing food to a starving child because we are instead spending the money on trying to improve the mental welfare of someone with bipolar disorder, who is likely to never fully improve?" lie at the core of the ethical considerations for global psychiatry with respect to the reality of a paucity of resources.

Longitudinal Treatment Is Usually Necessary for Successful Psychiatric Care

Successful psychiatric care typically involves frequent and consistent treatment courses planned out over a long period of time, which stands in contrast to the potentially faster-fix solutions such as surgery and antibiotics found in other fields of medicine. Psychiatry in particular relies on fostering long-term patient-physician relationships that often are critical to the success of the treatment.[11] According to some studies, the estimated lifetime prevalence of mental disorders among adults "range from 12.2%–48.6% and 12-month prevalence rates [range] from 8.4%–29.1%."[12] These findings support that treating mental health illnesses, many of which are chronic and suffered throughout one's life, requires prolonged treatment. This is crucial when ethically evaluating global psychiatry services, as much of global health in general is practiced across relatively short increments of time. Thus, students or practitioners performing global psychiatry run the risk of bringing a smaller benefit than expected or intended to the at-need population.[13,14] Ethical questions, such as "Is it moral to begin treatment that will eventually have to cease before the patient is better?" therefore arise in respect to global psychiatry.

Psychiatry Inherently Places More Emphasis on Care Rather Than Cure

As alluded to previously, psychiatry is a field currently dedicated more to caring for and managing chronic illness, than fully curing the underlying disease. Of course, curing a patient of his or her mental illness is of great importance to the practicing psychiatrist, but in general emphasis is placed on generating best practices and treatment plans that, when correctly and consistently used, maximize the ability to live a high-quality life with

mental illness. Because psychiatry tends to place an emphasis on care rather than cure, several subsequent ethical dilemmas may arise in the context of global psychiatry. For example, it may be difficult to determine how to resource psychiatric care and prioritize which illness to treat first if resources are limited. How does a global health practitioner reason through dilemmas such as whether to engage in psychiatric treatment or to deliver antimalarial drugs to suffering communities in need if only one option is feasible?

The Effects of Mental Illness Are Often Intangible

The effects of mental illness are often less tangible and more difficult to discern than other areas of health care. Mental illness manifests itself in personality and temperament, moods, and perceptions of reality, and cannot be pointed out as easily as other physical ailments and diseases. Additionally, limited knowledge of the causes and treatments of mental illnesses in developing countries "often leads to common but erroneous beliefs that these conditions are caused by individuals themselves or by supernatural forces, possession by evil spirits, curse or punishment following the individual's family or is part of family lineage."[15] Because of this reality, the global psychiatrist is likely to run into ethical dilemmas surrounding the difficulty with which it may take to explain the reality of mental illness and persuade patients and their families to accept psychiatric treatments in communities abroad. For example, an authority figure of a prison may request that the visiting psychiatrist maintains stability in the prison, without regard to treating the psychiatric health needs of the inmates. It is important to recognize this reality of psychiatry and how it differs from other medical fields to ensure an ethical approach to global practice.

Language Barriers Are Even More Imposing on Psychiatry Than on Other Areas of Health Care

Psychiatry is further made distinct as a hot spot for ethical dilemmas as the effect of language barriers is even more imposing on psychiatry than in other areas of health care. Since the effects of mental illness often are intangible, it is crucial for mental health care professionals to establish strong communication with psychiatric patients. A major ethical dilemma that the global psychiatrist may be confronted with is obtaining informed consent, which relies heavily on the ability of the treating physician and the patient to understand one another.[16] Another ethical dilemma contingent on the ability to communicate is the act of diagnosing; if a practicing psychiatrist is not confident in the ability to understand the patient, there is a heightened risk for an incorrect diagnosis, potentially leading to inadequate or even detrimental treatment.

Culture, Spirituality, and Other Belief Systems Have an Effect on Psychological Mindedness

Stigmas against mental illness exist in varying degrees throughout the world, and appear to be even more pronounced in developing countries. For example, "23–40% of Nigerian medical students in one study endorsed supernatural causes of mental illness, such as charms, evil spirits, and witchcraft."[17] As Song explains in her piece on the ethics of global psychiatry, "The importance of local beliefs and spiritual forces in the causation and healing of mental disturbances is profound. This calls for alternate constructions of understanding and flexible, responsive approaches when current models of understanding are uncertain."[18] Additionally, certain stigmas and spiritual beliefs have historically led to abuses of psychiatry by the state to manipulate the mentally ill, giving this largely unique reality of mental illnesses the potential for particularly complex ethical dilemmas when operating within, and as an outsider to, a foreign mental health setting. Lastly, cultural norms play a particularly strong role in identifying behavior that may or may not be evidence of psychiatric illness. In some communities, certain types of behavior are more culturally acceptable than in others, which may make it especially difficult for the global psychiatrist to make a diagnosis that does not conflict with prevalent belief systems and instead can be valued and appreciated by the local community.

AN ETHICAL FRAMEWORK FOR GLOBAL PSYCHIATRY

As we have described, global psychiatry is wrought with ethical complexities. Psychiatrists working in an unfamiliar setting can be faced with layered and difficult ethical questions: Who deserves help first? Is this health problem more important to treat than another health problem? When does the existing authorities' power extend beyond that of the volunteers' in making appropriate health decisions? Do service time constraints lessen the value of treatment or make the treatment actually harmful? Despite increasing ethical recommendations for research and health care delivery in low-income and international settings, no ethical framework for global psychiatry currently exists.[18,19] Without sophisticated guidance on how to identify and grapple with these issues, global psychiatrists run the risk of causing more harm than good, and potentially jeopardizing future service work in this emerging field.[2]

The ethical framework we envision fits in the wider context of a robust curriculum in the ethics of global health outreach. To practice ethically, psychiatrists must

Figure 1. The ethical practice of global psychiatry requires understanding of motivators for participation in global health outreach and the social determinants of health as well as skills in the collaborative resolution of resultant psychiatric health disparities.[14]

understand the values that drive their engagement, the social determinants of health, and also what those social determinants of health are. Then, psychiatrists must be able to translate the desire to redress these contributors to global psychiatric illness into effective and collaborative interventions. Figure 1 depicts the larger context surrounding the purpose of global psychiatry. Our focus will be on the shaded area—the ethics of global psychiatry.

In any ethical dilemma, competing schools of moral theory will often produce conflicting solutions.

Therefore, it is the responsibility of the ethical global psychiatrist to have an understanding of the main schools of moral theory in order to weigh the differences, along with the ethical entailments specific to global psychiatry, when ultimately forming a resolution to the problem. The main ethical schools of thought that often pertain to practical ethical dilemmas as seen in global health are utilitarianism, deontology, and consequentialism. The utilitarian argues for the maximization of good when forming a decision, whereas the deontologist defers to an ethical code of rules. The consequentialist evaluates the decision based on the effects of his or her actions. Although all 3 of these philosophies aim to guide moral decision making, they often are at odds.

There are 5 steps to the resolution of an ethical dilemma: information gathering, identification of ethical issues, decision making, negotiation, and conversion into scholarly communication.[14] In the initial stage of gathering information, the mental health practitioner must correctly identify stakeholders and who, if anyone, is capable of speaking on behalf of the patient with a potential mental illness. Additional insights of value consist in obtaining an understanding of which behavior is deemed culturally acceptable in the community, along with how and in which ways mental illness is generally perceived in the area. After recognizing potential ethical dilemmas specific to the case at hand, the decision-making process consists in discussing and weighing options while considering any medical, legal, ethical, or political ramifications. In negotiation, it is
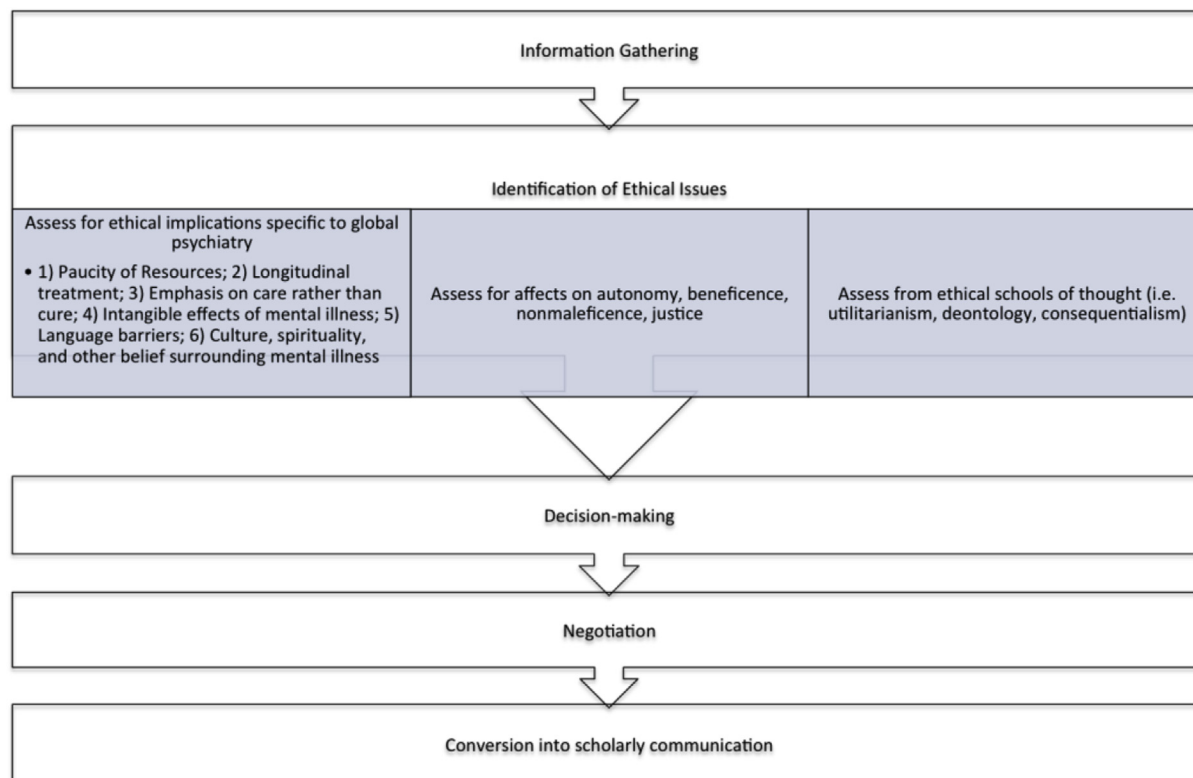

Figure 2. Ethical evaluation of decisions in global psychiatry.

immensely important to consider the stakeholders initially identified and respect the wishes of the patient, while also weighing in the implications of a diagnosis. And finally, because the nature of global psychiatry work is that it is both short-lived and builds upon itself, it is vital for the progress of the field that insights made abroad are translated into scholarly communication for the progress of future practitioners. Each of these steps should be undertaken with an understanding of the 6, and perhaps more, ways in which global psychiatry is ethically distinct from other global health care services. We envision the guiding ethical framework for global psychiatry as depicted in Figure 2.

The case examples that follow clarify how this process can facilitate to the ethical resolution of dilemmas in global health psychiatry.

CASE EXAMPLES

The framework in Figure 2 can be applied to global mental health ethics in particular when consciously taking into consideration the differences between global mental health and global health in general. In order to facilitate the use of this framework for global mental health-specific ethical dilemmas, we present and work through the following 2 samples of ethical dilemmas that the global psychiatrist could potentially encounter at some point in the field. there may be several solutions to any given ethical dilemma; these cases are meant to model how the global psychiatrist may go about making decisions when presented with a complicated ethical dilemma.

Case 1: Psychiatry as a Longitudinal Therapy

An American psychiatrist reminds one of her outpatients that she will be away for 2 weeks. The psychiatrist's longstanding patient asks if it is for work or vacation, and she explains that it is part of her periodic travel to provide psychiatric care to people in need around the world. The patient expresses the wish that the psychiatrist not do so much traveling and disrupt their weekly appointments, leaving the doctor to once more question why patients in a faraway land might deserve her professional attention any more than her own pre-existing patients.

This scenario reflects one of psychiatry's most unique aspects of treatment: the necessity for longitudinal care. When psychiatrists with outpatients elect to do global psychiatry work, they often must decide to disrupt current treatment plans with existing patients. To follow the schematic, the predominate ethical dilemma here is whether the psychiatrist should continue to travel abroad and therefore hinder her current patient's treatment efforts, or decide to cancel plans to partake in global psychiatry and instead continue current treatment regimens

as planned. This ethical dilemma does not seem to have major effects on patient autonomy, beneficence, yet one could argue that it is causing the patient undue harm to leave them and interrupt regular care that he or she relies on. Additionally, one could argue that justice, ensuring equal treatment of all, plays a role in this example, although with a finite resource (the one psychiatrist), it is not pragmatic or possible to aim for equal treatment of all patients in need.

From a utilitarian standpoint, if the psychiatrist believes that her global psychiatry work will produce an overall greater net good than staying back to care for existing outpatients, then the psychiatrist should travel abroad. If the psychiatrist judged the outpatients to have an overall lesser degree of need than the patients she would be helping abroad, then this rule might also apply. In addition to evaluating the net good created for the patients, the net good created for the physician in terms of both personal and professional development also may apply. A consequentialist would likely take the same standpoint, while also weighing the harmful consequences of disrupting treatment. On the other hand, if the psychiatrist places great importance on strictly maintaining treatment regiments and never breaking these commitments, as deontology may support, then perhaps the psychiatrist should not travel oversees to provide care.

It is particularly crucial for the psychiatrist to consider how sacrificing continuity in care will affect her patients. It is very possible that the benefits provided to those in need across the world will outweigh the harm inflicted upon existing patients by disrupting their treatment, although this is not always a given. Depending on the situation, the best solution to this problem may be a utilitarian one, as it seems to take a more holistic standpoint instead of sticking to unrealistically strict rules that a deontologist might make. To sort through this ethical dilemma, the psychiatrist would have to individually evaluate the costs of sacrificing treatment for each of her patients, and then, with the costs in mind, determine the net benefit for traveling overseas, both in terms of personal and professional development, and the net good created abroad. In taking this approach, then communicating the decision to the affected parties, the global psychiatrist will have an increased ethical awareness of her decision making.

Case 2: Paucity of Resources

The psychiatrist arrives in a low-income African country in order to help staff a newly established psychiatric service in a major general hospital following its devastation in a civil war. She has never been there before and is struck by the level of poverty. Not only do most people in the surrounding city lack electricity or running water, but also the hospital itself does not have a functioning x-ray machine. She wonders how she can possibly prioritize mental health needs when the country's physical needs

are themselves so profound, and she thinks about how many meals could have been bought with the cost of her airfare.

This case brings to surface issues of scarcity of psychiatric resources, and the reality that many view mental health care as a luxury that ought to be prioritized below "harder" health services. The ethical dilemma here is whether the psychiatrist should be allocating scarce resources and funds toward a mental health program, while other health problems, such as hunger, run rampant in this country. The questioning of the psychiatrist regarding the value of mental health services is not uncommon, although one would greatly benefit from taking a step back and reflecting on the greater framework for best approaching global health work. In reality, cases like these are not unique to psychiatry; in every medical field there is a finite amount of resources with a seemingly infinite amount of need. It is therefore natural to doubt whether one's own medical service should be prioritized above others. However, it is crucial to take a pragmatic approach to these uncertainties so that the doubts do not become debilitating.

When evaluating schools of ethical thought and elements specific to global psychiatry, one should consider the lasting effects of the final decision. Although meals purchased with the cost of the psychiatrist's plane ticket would likely go to good use, it is difficult to argue that allocating resources in this way would have a greater lasting benefit than a strong mental health program. This ethical dilemma calls for one to consider short- versus long-term benefits. From a utilitarian point of view, it would appear that if the mental health program could create lasting benefit, then continuing to allocate resources this way would be the most ethical option. Given increased awareness and acceptance of the importance of mental health for overall health, the global psychiatrist should be encouraged that taking measures towards improving developing countries' mental health systems is extremely valuable and beneficial to society as a whole.

CONCLUSIONS

Global health, although a rapidly growing and thriving field, inherently challenges participants to recognize and resolve thorny ethical dilemmas. Although medical professionals and ethicists have explored the ethics of global health, as of yet the field of global psychiatry lacks a working ethical framework. In this review, we have explored why psychiatry, especially global psychiatry, stands apart ethically from other areas of health care. Taking these differences into consideration, we have adapted existing global health frameworks to apply specifically to global psychiatry, and modeled how to

work with this framework to approach and resolve prevalent ethical dilemmas in the domain of global psychiatry. It is our hope that global psychiatrists and psychiatry students will use this ethical framework, and continue to evolve the schematic as the global mental health field develops and strives to provide successful and lasting treatment to those in need throughout the world.

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