Capacity versus Competence: Ethical Concerns Over Involuntary Treatment of Patients with Psychosis

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Introduction

- Psychosis is commonly referred to thinking that has lost touch with reality. Typical manifestations of psychosis include delusions, hallucinations, and disordered thinking. Patients with psychosis often end up being treated through involuntary treatment in an inpatient psychiatric setting.
- Current practices regarding implementing involuntary psychiatric treatment are widely inconsistent and unstandardized. This poses difficulties for clinicians and patients by leaving the judgment of a patient's capacity and competence up to subjective determination.
- This establishes an ethical dilemma concerning the the treatment of these patients: *how can we objectively make such a determination? How can we maintain patient autonomy while meeting the safety and medical needs of these patients?*

Ethical Dilemma

Capacity: Capacity is most often used to **denote an individual's decision-making abilities in the context of a specific choice, such as medical treatment.** Clinicians assess capacity in order to decide whether patients can make their own decisions.

Competence: Competence refers to a **legal judgment, informed by an assessment of capacity**, relating to whether individuals have the legal right to make their own decisions.

Case Study

A 37-year-old woman was transferred to a psychiatric inpatient unit from the medical unit where she had been initially admitted for hypoglycemia with her psychiatric history being unknown. On the medical unit, the patient refused food and medications, stating that she had been fasting and waiting to meet her "Messiah", who had told her not to eat. Initially, she was very guarded and would not allow the treatment team to gather any collateral information, but later noted that she was treated in the psychiatric inpatient unit against her will with involuntary administration of medications. In the past, she was forcibly injected with haloperidol, which had led to severe dystonic reactions. Given these traumatic experiences, the patient avoided future medical and psychiatric treatments entirely.

Literature Review

"Lacking capacity does not in itself negate a patient's right to autonomy." (Cody, 2023).

"One study found that more than 80% of decisions for patients lacking decisional capacity and without surrogates were made, often inappropriately, by physicians without hospital oversight." (Rubin, Prager, 2018).

"Previous research indicates that when involuntary patients feel that they are given a chance to participate in decisions regarding their care and health professionals are genuinely interested in their well-being, they find it easier to accept compulsory treatment" (Gerle, Fischer, Lundh, 2018).

"However, few countries currently stipulate the application of *standardized* risk assessment procedures as a mandatory part of a psychiatric examination. " (Zhang, Mellsop, Brink, Wang, 2015).

"An approach based on virtues focuses on the intentions of the team, which are to help the patient and reduce their suffering overall. Although this intervention would likely cause some minimal harm (and possibly some wrong), neither would be a primary intention. Such an action is an example of the principle of double effect. where it is morally justifiable to carry out an action with an intended positive outcome even if there is a known but unintended harmful outcome." (Silva, Till, Adshed, 2018)

Ethical Principles

- **Autonomy: The patient's right to make their own medical decisions/choose what is right for them.**

  Patients with psychosis may be unable to make informed decisions regarding their own medical care.
- **Nonmaleficence: Do no harm.**

  While patients may need to be involuntarily committed due to psychosis, their treatment may be extreme or unnecessary.

Pros

- Controlled environment reduces the patient's risk of harming self or others.
- Can fine-tune treatment regimens and formulate a more comprehensive diagnosis/care plan under close observation.
- Immediate access and connection to resources supporting the whole patient: social work, housing placement, family intervention(s), etc.

Cons

- Treatment of patients who do not truly require involuntary treatment.
- Traumatic experience of forced, punitive treatment.
- Permanent on medical and legal records.
- Potential to be held financially responsible for treatment.
- Stigma, discrimination.

Future Implications

- Patient gains or loses confidence in the healthcare system → affects future use of healthcare system.
- Strained family and personal relationships; social isolation.
- Development of comorbidities due to traumatic experience(s): PTSD, substance abuse, depression or anxiety, mood disorders.
- "Empowering patients in making their own health care decisions…can lead to substantial benefits such as increased adherence, clinical stability, and prevention of relapsing illness."

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