EDITORIAL

SOCIAL ETHICS AND PSYCHIATRY

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The exponential growth of scientific technology has radically altered the practice of medicine and psychiatry and its relationship to society. Medicine and the health care system have become truly a social institution in this country. Because we know more, we can do more. What we do, therefore, is of more consequence. As a result, our profession is drawn increasingly into considerations of unprecedented ethical questions.¹ It has been my experience from participating in discussions of ethical issues in recent years that the physician (and I believe the profession ethicist as well) feels on surer ground when tackling ethical problems having to do with the doctor-patient relationship: confidentiality, genetic engineering, issues of death and dying. There is no consensus on these problems, but they are ones with which we can identify. That is not the case, it seems to me, when it comes to issues having to do with broader social need; in other terms, with social ethics. For example, what is our profession's responsibility for the system in which we work? Is that system fair and just? It is difficult even to get people to agree on a definition of what justice and fairness mean, let alone discussing what would be a just and fair system of health care for this country. Psychiatric educators find themselves in the middle of these problems for which no simple solutions may be found..

Traditionally, medicine's ethical norms and rules deal with personal rather than social issues.² The Hippocratic oath deals almost exclusively with the doctor-patient relationship. The ethos of medicine in America stands firmly within our society's tradition which em-

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phasizes individualism more than social responsibility. The problem we face, however, despite Phillip Rieff,³ is not so much excessive individualism or that social concerns do not exist in medicine, but how to strike a balance between and to integrate individual and social values.

This problem goes deeper than politics and vested interests. A profound dislocation exists between individual and social values, a dislocation reflected in practice and theory. There are problems integrating psychological theory as it applies to the dynamics of the individual, including dyadic and family relationships, on the one hand, and of social psychology on the other. In ethical theory, the same dislocation is found. As Schrag has noted, values associated with social ethics, such as equality of opportunity, eventually must collide with more personal commitments having to do with one's immediate family. Borrowing from Martin Buber, Schrag argues that the perspective required by social justice is different from, and opposed to, that required for intimate relations. His point of view is consistent with what is found in psychological theory, where different laws govern the behavior of people in dyadic relationships as opposed to group relationships, especially large groups.⁴⁻⁶

Tension and value conflict are inevitable between human allegiances and commitments involving the doctor-patient relationship on the one hand and social justice on the other. These conflicts are givens and must be faced. They are reasons for challenge, not despair or avoidance. Despite their apparent contradictory nature in the most fundamental sense the individual and social in ethics are inseparable. Healthy individual ethics cannot exist independent of the social dimension. The opposite is equally true. Both are primary. What is true ethically is equally true psychologically. The developing individual learns to care first for a single other person, but healthy development invariably involves extension into a broader context of relationships; indeed, to some sense of the communal. We cannot amputate considerations of the individual self (including the body), of personal relationships, or of social context, without a sacrifice of the human dimension. This, it seems to me, must be the position of psychiatry.

Psychiatric education must speak to these inevitable tensions without presuming to solve them. Even so we confront difficulties: Theoretical models on which we base our practice lack an integrated psycho-social perspective. It is the social dimension, comprising the various forms of group behavior, as well as broader social influence, which is the weakest link in our theory. An improved integration of individual and social theory, perhaps through interdisciplinarity, would help to clarify problems of integrating individual and social

ethics.⁷ This poses a major scientific challenge to our profession, equal to that posed by the crucial relationship between mind and body.

The need to find a better means of integrating social ethics into medicinal and psychiatric education is by no means merely an academic issue. The system of care of which we are a part must be a just system. Although what constitutes a just system can be argued, the *quest* for such a just system must be evident in the educational process. If it is not, if educators and those who speak for the profession come across as defensive and self-serving, there is danger that the vitality and idealism of students will be corrupted. In fact, the very best may be turned off and not enter our profession to begin with, and those who do enter our profession in the hope of becoming a part of something good and noble which transcends individual and professional needs (as I believe some do) will be disillusioned (as I think some are) if they find the values and ideals of the profession suspect. When an ideal which encompasses a social ethic is not reflected in the educational experience, or is not manifest in the way the profession is practiced, there is a risk that latent idealism and search for meaning beyond the self in students may be corrupted into narrow, self-serving professionalism and self-advancement. This eventually may lead to professionals believing themselves to be gifted and productive participants of a system which is actually ineffective and unjust.⁸ These are the risks of any social institution. There is nothing inherent in the medical profession to protect us from such risks, and there is nothing inherent which prevents us from overcoming such dangers.

How are we to teach social ethics? Without denying importance of effectiveness of rules and principles, nor the value of a curriculum on ethical issues in psychiatry (both are needed), I would emphasize that social *and* individual ethics must also be reflected in the thinking of the teacher. That does not require that he become a political activist or social reformer. But it does mean that psychiatric training directors and other faculty must find other ways of integrating the fundamental ethical values of the doctor-patient relationship with the values related to the social context in which the teacher, student and their patients find themselves.

Simply stated, the most powerful influence on students for such an integration of individual and social ethics is personal example. Obviously, the role model is not the only vehicle for enunciating ethics. The point to be emphasized is little more than a truism: Students, especially in psychiatry, are going to be influenced far more by the example of their teachers than by their verbalizations, however eloquent. The importance of models has been emphasized in religious ethics and

especially in atheistic existential ethics. For example, Camus wrote a trilogy of novels, each of which gives a living portrait of an ethical stance. In *The Stranger*, *The Plague*, and *The Fall*, three different ethical stances are articulated in the form of a character novel. Sartre does the same thing in his novels, *The Age of Reason*, and *Nausea*, as well as in his autobiographies of Jean Genet and others.⁹

The psychiatric educator represents, among other things, an example of moral sensitivity (or insensitivity) regarding ethical issues. This is not even a matter of choice, for the particular moral stance of the teacher will be communicated sooner or later, just as a therapist's values will be inevitably communicated in the course of psychotherapy.

When we reflect on our greatest teachers, we have no difficulty knowing where they stood on the important issues and almost always they conveyed moral values which had more impact on our lives than we perhaps realized at the time. It has always been a curious thing to me that, among psychiatrists, we appreciate deeply those colleagues who become ideals, who come closest to being committed human beings of outstanding moral integrity, but this appreciation is often neither articulated nor fully valued until their demise. Sensitive to the nuances of human personality, we then write magnificent obituaries! As W. H. Auden said:

Let us honor if we can
The vertical man
Though we value none
But the horizontal one.

Whatever the content of ethics that are taught, the value commitments and moral attitudes of the teacher, together with the perceived values and ideals of the institution he or she represents, will invariably influence how students will frame ethical questions regarding their professional life and work. The central ethical issue of psychiatry and medicine is the need to address the dislocation between the ethics of social responsibility and the ethics of respect for the individual person. How that is resolved is a matter of major practical and theoretical importance to our profession.

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