Position Statement on Identification of Abuse and Misuse of Psychiatry

Approved by the Board of Trustees, December 1998

"Policy documents are approved by the APA Assembly and Board of Trustees...These are...position statements that define APA official policy on specific subjects..." – APA Operations Manual.

Background

In May, 1994 the APA approved the following position statement developed by the Committee on Abuse and Misuse in Psychiatry in the U.S.:

“The American Psychiatric Association supports the use of psychiatric knowledge, practice and institutions only for purposes consistent with ethical evaluation and treatment, research, consultation, and education. Abuse and misuse of psychiatry occur when psychiatric knowledge, assessment, or practice is used to further illegitimate organizational, social, or political objectives.” (Amer J Psych 151:1399 (1994))

Abuse and misuse of psychiatry may occur when psychiatry is used to advance organizational purposes or the purposes of a system and not for the benefit of the patient. There may be overlap between abuse and misuse of psychiatry and ethical considerations, but there are broader concerns as well.

Psychiatrists function in their work with patients within a social, cultural and political milieu. Situations will inevitably arise in which there is tension among the interests of the individual patient, the interests of the psychiatrist, and the interest of the systems in which psychiatrists do their work. Sensitivity to what is in the best interests of the patient and how the patient’s interests are affected by these forces must be understood and considered. Also, we need to be aware of how the psychiatrist and psychiatry are influenced by these external forces.

The Committee on Abuse and Misuse of Psychiatry in the U.S. and the Committee on International Abuse of Psychiatry and Psychiatrists are charged with reviewing allegations of abuse and misuse and fulfilling an educational function. In an attempt to develop guidelines by which the Committees will pursue allegations, and to develop a better consensus within the APA as to what constitutes abuse and misuse of psychiatry, the following principles are presented in keeping with medical ethics (The Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry):

The Principles

1. The use of psychiatric knowledge, practice and institutions is only for purposes consistent with ethical evaluation and treatment, research, consultation, and education. Abuse and misuse of psychiatry occur when psychiatric knowledge, assessment, or practice is used to further morally illegitimate organizational, social, or political objectives.

2. It is psychiatrists’ primary responsibility to use their clinical skills and knowledge for the benefit of their patients. External social, political, management and economic forces should not be the primary consideration.

3. Psychiatrists shall not allow their professional opinions to be inappropriately influenced by illegitimate outside factors. It is essential for psychiatrists to consider biopsychosocial factors in their assessment of patients.

4. In certain situations (e.g. forensic evaluations, disability evaluations) the primary responsibility of a psychiatrist may not be for the benefit of the evaluatee per se. The evaluatee must be informed of the purpose of the evaluation or service, and any lack of confidentiality, as well as the reality that the psychiatrist may not know how the information will be used. This information may require repetition. The responsibility to provide clinically sound and scientifically based consultation is still the case.

5. Psychiatrists shall always be mindful of patients’ rights. In their role of treating psychiatrist, they should resist and attempt to counteract forces interfering with patient-focused, humane treatment. A psychiatrist should not be a participant in a legally authorized execution. Psychiatrists shall not detain or incarcerate persons for political reasons, use medical knowledge for interrogation, persuasion or torture, or provide unsubstantiated diagnoses for use against political dissidents, whistleblowers or others.

6. It is the psychiatrist’s responsibility when working in the context of an organization or social or political environment to advocate for the mental health needs of the community or population in which he/she is working.

7. Since confidentiality is critical to patient care, psychiatrists must be sure the information and/or records they provide are sensitive to the mental health interests of the persons and/or populations with whom they are working. It is important to release the least amount of information possible to accomplish the desired function.

8. All psychiatrists are encouraged to speak to egregious issues which adversely affect them and/or the mentally ill, and to bring forward perceived misuses of their function or role as psychiatrist for review by the Committee on Abuse and Misuse of Psychiatry in the U.S. and the Committee on International Abuse of Psychiatry and Psychiatrists.