**Ethical Dilemmas and Patient Trust: Case Study**

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**Introduction**

The following paper describes, analyses, discusses, and proposes viable options for correcting the ethical issue(s) that are present in the case study provided. With the use of course materials, the information provided by the case study, personal knowledge and learning as a result of the course, the issues concerning professional ethics that are presented will be addressed closely. Thus, a conclusion of the best approach to manage the ethical dilemma will be presented and remain the focal point of this paper.

**Case Study Description**

The chosen case study follows a psychiatric professional named Joanna who runs a clinical practice that specializes in the reduction of negative symptoms associated with schizophrenia. As a professional, Joanna is recognized for her extensive clinical trials and research surrounding schizophrenia (Office of Research Integrity, n.d). Joanna has performed several successful studies that include combining antipsychotic drugs and other medications to give patients longer time periods with no negative schizophrenic episodes (Office of Research Integrity, n.d.). With the success of Joanna’s clinical trials and profession as a psychiatrist, she has built trusting relationships with her clients; many of Joanna’s clients see her on a long-term basis and have been doing so over a number of years.

Joanna is conducting a placebo-controlled study with a new psychiatric drug that is promising in the treatment of schizophrenia – colleagues within Joanna’s psychiatric practice are referring patients to the study along with Joanna herself (Office of Research Integrity, n.d.). Prior to allowing any patients to take part in the clinical study Joanna discusses consent with all study participants as well as the outcomes that may occur as a result of the study. Joanna acknowledges that there is a 50/50 chance that each patient could receive the placebo drug, which is a sugar pill. Participants who are given placebo medications will not receive standard-of-care medicine so differences in placebo and non-placebo drugs and the treatment of schizophrenia can be determined (Office of Research Integrity, n.d.). Although it is believed that rational decision-making processes are not significantly affected during temporary periods with no medication according to recent studies and research, Joanna does acknowledge and inform her patients that studies can provide mixed results, therefore, an increased risk of suicidal ideations is possible (Office of Research Integrity, n.d.).

Duncan, one of Joanna’s patients, has struggled with the management and reduction of schizophrenic episodes in the past and Joanna believes that he may be a good fit for the study, so long as he is placed in the experimental drug group, not the placebo group (Office of Research Integrity, n.d.). Because there is a 50/50 chance that Duncan would be placed in the placebo group, there is no guarantee that the study would prove as beneficial to him and his treatment of schizophrenia. Additionally, there is not any guarantee that if Duncan were to receive that trial drug, that it would be beneficial to him. Despite the possibilities of regression in Duncan’s mental health as a result of the clinical drug study, Joanna feels as though this may be a good opportunity for him to receive a drug that could benefit him overall. Joanna asks Duncan if he is interested in participating in the study and Duncan tells her that she is the professional and he trusts herm judgment, giving Joanna full responsibility regarding the decision of whether or not he should participate (Office of Research Integrity, n.d.). If Duncan does not participate in the study, his clinical care would remain as it is, without interruption, but if he were to participate, the experimental drug may provide him with a better quality of life.

**The Ethical Dilemma**

The ethical dilemma that Joanna faces is the decision of whether or not to enroll Duncan into the study. More specifically, Joanna is faced with making a decision of whether or not to risk Duncan’s mental wellness and current progress in treatment; there is no certainty that Duncan would benefit from participating in the study but there is also no certainty that he would not, therefore Joanna must make the most ethical and morally appropriate decision that does not permit taking advantage of her clients trust to benefit her practice or reputation. Aside from the most crucial aspect of the ethical issue being the potential risks and benefits for her patient, the decision and how she goes about making such decision is crucial.

**Discussion**

The ethical dilemma that is presented to Joanna leaves her with two clear-cut available decisions – either Joanna enrolls Duncan in the experimental drug study and ‘hopes for the best’ or she does not enroll him and continues his treatment and therapy as it was. In addition to the decision hat is to be made, Joanna has the option of engaging Duncan in further conversation regarding the possible risks and benefits of being a part of the study before making a definite decision. There is also the possibility of consulting her colleagues about the matter before coming to a decision. By consulting Duncan further, Joanna will be doing her due diligence as a professional thus, is less likely to take advantage of his built trust in her. By including Duncan in the decision-making processes and disregarding his direction of “you know what’s best” possibilities of immortality being committed is less likely.

A collective decision that is made in agreeance between the client and professional, in the best interest of the client, is the most ethically and morally appropriate way to go about this scenario, in addition to consulting her colleagues. From this approach Joanna would not be making any decision without the knowledge, consent, or agreeance of Duncan. Morally she would have no guilt or regret regarding whatever decision is made as a result of being ethical and refraining for taking advantage of Duncan’s trust. Taking advantage of her clients’ trust instilled on her and making the decision on her own accord without any consultation would be the most unethical and immoral way to address it.

**Course(s) of Action**

With respect to the discussion above, Joanna has three potentially viable options when facing the ethical dilemma: she can consult Duncan and make a collective decision with his help, she can choose not to consult Duncan further and decide on her own accord, or she can consult with her fellow colleagues about the situation and ask for guidance and assistance. Although all three courses of action may seem appropriate, if Joanna were to not engage with her client or her colleagues before deciding, immoral outcomes and a lack of professional ethics are more probable. Essentially, starting off with an appropriate client-professional discussion would prepare Joanna in regard to deciding as well as avoid any possible moral downfalls, breaches in client trust and unethical decisions. On the other hand, as the professional, Joanna also has the option to take Duncan’s direction of “you know what’s best” as it is and make a clear-cut decision without consulting him first. However, If Joanna were to take this course of action it poses the most unethical and immoral outcomes; deciding without consulting the client poses as the biggest threat to the client’s treatment, mental wellness, progress, and overall quality of life. Therefore, this option is not encouraged as an appropriate course of action. Consulting further with her client seems to be the most appropriate option, however also consulting with her colleagues may be effective in coming to an ethically and morally proper decision as well.

**Relevant Facts**

The most relevant fact in this case is Duncan’s mental wellness. It is mentioned that in the past other attempts that have been made at reducing the length and severity of Duncan’s schizophrenic episodes have been unsuccessful (Office of Research Integrity, n.d.). This is a relevant fact because it solidifies the possibilities of Duncan being a part of the experimental study as being detrimental to his health and mental wellness. Other relevant facts that are vital pieces of information regarding the ethical dilemma include: the chance that Duncan could be placed in the placebo group versus the experimental drug group, his treatment would continue uninterrupted if he were to not participate, the possibility that the new drug could be an effective treatment for Duncan, as well as the aspect that participants in the placebo group will not receive standard-of-care medicine in order to conduct the study and determine differences. Along with these vital pieces of information, another key relevant fact is that Duncan has a great level of trust in his psychiatrist that he has approved her to make the decision on her own accord; this is relevant because it constitutes the possibility of defying patient trust.

**Consequences of Actions**

The most plausible consequence for all three courses of action and each decision that can be made is the possibility of regression in Duncan’s mental wellness. However, the decision to enroll Duncan in the study, with or without consultation with him or Joanna’s colleagues, potentially comes with the highest probability of regression in mental health and wellness – suicidal ideations, negative affects of medication (or lack thereof), experiencing negative schizophrenic episodes, an increase in episodic severity and length, etc. While a significant consequence that comes along with the decision to not enroll Duncan in the study is the possibility of not finding a more effective treatment.

Significant consequences also come with Joanna not consulting her client and/or colleagues. These courses of action hold the highest opportunity for correction or avoidance of moral impurities, downfalls, taking advantage of patient trust and unethical decision making. Consequences include but are not limited to a less informed and/or educated decision, misunderstanding from the client, a termination of the client/professional relationship, breach in trust and honesty, and even Joanna losing her practice and psychiatric licence. Though these are more extreme terms of consequences and outcomes, they are possible. Nonetheless, it must not be forgotten that the consequence of Duncan experiencing a decline in his mental health is still a viable consequence for these courses of action as well. Regardless of the decision that is made by Joanna and whether or not she chooses to consult her client and/or colleagues, the two most crucial consequences to keep in mind are the breach in client trust and the regression in Duncan’s mental state and the risks associated with such.

**Ethical Values, Principles and Moral Theories**

The proper course of action to oversee the issue in question is one that is highly dependant on what is ‘morally right.’ As a professional that holds the wellbeing of her clients in her control, Joanna is faced with a moral and ethical conflict. As a professional, Joanna holds a categorical imperative, or a duty, to her profession and client(s) to do what is seen as morally right and in the best interest of her client(s). Unit 2: Normative ethical theories: Kantian Deontology (n.d.) specifies that moral actions are motivated by commitments to duty. However, Joanna also holds a high obligation as a professional in the mental health field to “do no harm” to her clients, which is another conflict that is determined by what is morally right or wrong in this situation. Therefore, the ethical issue presents a plateau of ethical values and principles such as what is morally right versus wrong, doing nor harm, breach in client trust and the ethically right thing to do. The one moral theory that is prominent in this case is Kantian Deontology, the moral theory that Joanna “has an obligation to do what is viewed as morally right and fulfill her duty as a professional” (Unit 2: Normative Ethical Theories: Kantian Deontology, n.d., para. 2).

**Resolution and Justification**

The ethical dilemma that has been discussed and analyzed focuses closely on what is viewed as morally right and wrong. The best course of action for Joanna to take when addressing the ethical concern would be to consult both her client (and her colleagues) regarding the client’s participation in the study before coming to a concrete decision. By consulting with Duncan and other professionals alike, Joanna has done her due diligence as a professional and is less likely to break trust with her client. According to Unit 2: Normative Ethical Theories: Kantian Deonotolgy (n.d.) the Kantian Deontology theory instills obligation on Joanna as professional to fulfill her duty of what is in the best interest of the client. With significant consultation, weighing out the consequences and benefits of Duncan’s participation in the study, and by fulfilling her moral duty, it is likely that Joanna would determine Duncan as a suitable candidate for the study. Although the potential consequences of this decision may outweigh the benefits in some cases, it is fair to say that the benefits that can be accumulated are worth the risk. Because Joanna holds high responsibility as a professional, the Kantian Deonotolgy theory of mortality and the value of what is right and wrong, both ethically and morally, hold grounds for justification and clarification of why the resolution to this situation is acceptable. By applying the categorical imperative, which allows one to determine the status of whether or not a course of action or decision is morally right (Unit 2: Normative Ethical Theories: Kantian Deonotolgy, n.d.) one can conclude what I have – the decision to enroll Duncan in the experimental drug study after consulting fellow professionals and Duncan himself, is morally right as it has the potential to enhance Duncan’s overall quality of life.

**References**

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