

CRI86

---

# Good Psychiatric Practice Code of Ethics

COLLEGE REPORT

# Good Psychiatric Practice: Code of Ethics

## College Report CR186

March 2014

Royal College of Psychiatrists

London

Approved by College Policy Committee: September 2013

Due for review: 2016

---

© 2014 Royal College of Psychiatrists

College Reports constitute College policy. They have been sanctioned by the College via the Central Policy Committee (CPC).

For full details of reports available and how to obtain them, contact the Book Sales Assistant at the Royal College of Psychiatrists, 21 Prescot Street, London E1 8BB (tel. 020 7235 2351; fax 020 7245 1231) or visit the College website at <http://www.rcpsych.ac.uk/publications/collegereports.aspx>

The Royal College of Psychiatrists is a charity registered in England and Wales (228636) and in Scotland (SC038369).

# Contents

Introduction	2
Summary of principles	4
Principle 1	5
Principle 2	6
Principle 3	7
Principle 4	9
Principle 5	11
Principle 6	12
Principle 7	13
Principle 8	14
Principle 9	16
Principle 10	17
Principle 11	18
Principle 12	19
References	20

# Introduction

A code of ethics should shape good professional practice. Such codes must have internal coherence, so that their principles fit together and are mutually supportive. In this way, a code of ethics defines and characterises what it is to be a good psychiatrist. It encourages the professional virtues; those inner dispositions which should guide professional practice and which give our profession its moral identity.

In drawing up this Code of Ethics, we have consulted other ethical codes that have influenced medical ethics and clinical practice. These other codes have helped to establish the common morality of the medical and other caring professions. The Declaration of Geneva (or the Physician's Oath), revised on several occasions since its original statement in 1948, itself updated the Hippocratic Oath. The Nuremberg Code of 1947, governing human experimentation, has been modified by various revisions of the Declaration of Helsinki. The General Medical Council (GMC) sets the ethical standards which guide general medical practice in the UK (General Medical Council, 2013).

In relation to psychiatry, we have been informed by the World Psychiatric Association's and the American Academy of Psychiatry and the Law's ethical guidance (World Psychiatric Association, 2002; American Academy of Psychiatry and the Law, 2005), and similar codes for sister disciplines such as psychology (e.g. British Psychological Society, 2009). We have been particularly influenced by the Royal Australian and New Zealand College of Psychiatrists (2010); and we are indebted to them for their permission to use their 11 principles as a framework for our Code of Ethics.

For a code of ethics to be effective, it must be user-friendly for practitioners who face complex and often unique ethical dilemmas in their clinical and professional work. In many cases the application of the principles will be straightforward; but a greater degree of judgement or interpretation will be required on occasions, especially where there are diverse or competing values. The details of each individual case will determine how the principles should be applied, but the central ethical focus of the judgement or interpretation must be the good of patients and carers. The intention of the Code is that it should help to guide and shape such judgements for the good of patients, their families and carers, and for the profession itself. Although written for psychiatrists, it could be used as a template for ethical guidance for others working with mental health service users, whether in the statutory or voluntary sectors.

The 12 principles of this Code are open to future revision. It is not intended to replace any other ethical or legal guidance to doctors. It

does not have the force of law and cannot be used to justify breaching legal contracts or duties. Having said that, we have preferentially used the term 'shall' rather than 'should' to indicate our view that these principles must be adhered to without variation or exception.

# Summary of principles

- 1 Psychiatrists shall respect the essential humanity and dignity of every patient.
- 2 Psychiatrists shall not exploit patients' vulnerability.
- 3 Psychiatrists shall provide the best attainable psychiatric care for their patients.
- 4 Psychiatrists shall maintain the confidentiality of patients and their families.
- 5 Psychiatrists shall seek valid consent from their patients before undertaking any procedure or treatment.
- 6 Psychiatrists shall ensure patients and their carers can make the best available choices about treatment.
- 7 Psychiatrists shall not misuse their professional knowledge and skills, whether for personal gain or to cause harm to others.
- 8 Psychiatrists shall comply with ethical principles embodied in national and international guidelines governing research.
- 9 Psychiatrists shall continue to develop, maintain and share their professional knowledge and skills with medical colleagues, trainees and students, as well as with other relevant health professionals and patients and their families.
- 10 Psychiatrists have a duty to attend to the mental health and well-being of their colleagues, including trainees and students.
- 11 Psychiatrists shall maintain the integrity of the medical profession.
- 12 Psychiatrists shall work to improve mental health services and promote community awareness of mental illness and its treatment and prevention, and reduce the effects of stigma and discrimination.

# Principle 1

## Psychiatrists shall respect the essential humanity and dignity of every patient

- 1.1 It is at the core of psychiatric practice that psychiatrists respect the humanity and dignity of every patient; this is also a core requirement of practice as a doctor. Traditionally, the aims of beneficence and non-maleficence are captured in the oath historically sworn by physicians – the Hippocratic Oath. The GMC, in *Good Medical Practice* (General Medical Council, 2013), states that the duties of a doctor involve making the care of patients their first concern and respecting the dignity of patients. This is further emphasised in *Good Psychiatric Practice* (Royal College of Psychiatrists, 2009).
- 1.2 This principle involves the following: psychiatrists recognise and respect the human rights of all patients and their families (The Universal Declaration of Human Rights refers to ‘recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family’ (Preamble)). This principle applies ‘without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status’ (The Universal Declaration of Human Rights, Article 2).
- 1.3 Psychiatrists strive to work collaboratively with patients, respecting the patient’s views, beliefs and priorities to do good, to avoid causing harm and to promote social justice, while recognising and respecting the patient’s rights to privacy and confidentiality, autonomy and self-determination.
- 1.4 Psychiatrists need to be sensitive to their own biases and beliefs, how these might influence their practice and to ensure that the patient’s best interests are paramount.
- 1.5 Psychiatrists should be vigilant with regard to the quality of care their patients receive. They should have close involvement in the provision of treatment, especially for in-patients. They should be alert to early warning signs of poor treatment and should take steps to bring their concerns to the attention of the appropriate authorities. There may also be issues with regard to the use of physical interventions, medication and seclusion, as authorisation for these treatments is often sought from the patient’s psychiatrist.

# | Principle 2

## **Psychiatrists shall not exploit patients' vulnerability**

- 2.1 Psychiatrists hold a unique position of trust with their patients (and their relatives and carers). Psychiatrists must not abuse this position by exploiting their patients to their own advantage. They must not engage in any inappropriate relationships that would constitute a boundary violation, including engaging in any sexual relationship with a current patient, and they must not accept significant gifts or bequests from patients or their families. Psychiatrists must always create and maintain a safe therapeutic environment for patients that fosters and supports this trust, one in which vulnerable patients can expect to have their own needs met appropriately.
- 2.2 Every psychiatric patient, by virtue of being a patient, is vulnerable. Boundary violations arise solely from the professional's actions and psychiatrists must remain vigilant at all times, monitoring their own actions and behaviours to ensure they do not adversely affect the integrity of the patient–doctor relationship. Maintaining clear professional boundaries is a fundamental tenet of psychiatric care.
- 2.3 Patients have a right to be free from all forms of abuse, neglect and exploitation by others, including from professionals. If any psychiatrist knows of any form of abuse being perpetrated on their patient, this should never be ignored and such concerns must be acted on.

# Principle 3

## Psychiatrists shall provide the best attainable psychiatric care for their patients

- 3.1 As medical professionals, psychiatrists have professional obligations to provide the best practicable healthcare to their patients. Psychiatrists should regard their responsibility of care to the patient as paramount and form a therapeutic alliance focused on providing the best person-centred healthcare. While striving to deliver the best practicable care, psychiatrists should remain open, fair and honest, and should respect the patient's confidentiality, autonomy, dignity and rights. Psychiatrists should acknowledge and reflect on their own religious or moral convictions, and refrain from allowing them to interfere with their professional judgement.
- 3.2 Psychiatrists must support the least restrictive options for patients' healthcare. Best practicable care shall not be limited solely to mental health concerns but also include consideration of physical health and the psychological and social aspects of patient care.
- 3.3 A psychiatrist's assessment and treatment plan should be evidence-based and accord with currently accepted clinical, scientific practice. Without any bias and to their best professional ability, psychiatrists should recommend the best and most suitable investigations indicated and suggest the most appropriate pharmacological, psychological or other treatment modalities deemed necessary for the patient. Alterations to professional recommendations should neither be based on financial gain, nor be influenced by external pressures.
- 3.4 A psychiatrist should support and facilitate access to necessary investigations and treatments. Psychiatrists must clearly recognise the limitations of their expertise and, if necessary (e.g. in cases of significant doubt or uncertainty), should initiate a second opinion at the earliest opportunity. While working within multidisciplinary teams, psychiatrists should utilise the expertise of other mental health professionals when indicated in the patient's best interests.
- 3.5 When discharging or transferring patients, psychiatrists should ensure that appropriate arrangements exist for the continuing care of the patient, and must share the patient's clinical records with the new treating service without delay.

This should be done with due regard to the patient's wishes and to issues of confidentiality.

- 3.6 At all times the psychiatrist should record accurate information reflecting the care provided and be able to justify their practice. Psychiatrists have a professional obligation to discourage, prevent and raise concerns in cases of impaired, unethical or illegal practice that jeopardises the patient's well-being and safety.

# Principle 4

## Psychiatrists shall maintain the confidentiality of patients and their families

- 4.1 Patients (like anyone else) have the right to a private life under Article 8 of the Human Rights Act 1998; and this supports a general right to control access to and spread of personal information. Doctors may disclose clinical material about patients with permission, but not without. It is therefore essential that psychiatrists respect the privacy and confidentiality of detailed patient information. Respect for the duty of confidentiality makes it more likely that patients will share important information for the purposes of care and treatment; it also promotes the trust and confidence of the public so that people seek help promptly and consistently for mental health problems. This is especially important in the area of mental illness where stigma and discrimination may prevent some people seeking help.
- 4.2 Respect for confidentiality is an important component of the ethical principle of respect for autonomy and has legal standing in terms of statutory regulation of information, and both common law and case law. However, respect for medical confidentiality does not imply an absolute guarantee or promise to maintain secrecy at all times and in all situations, and this is recognised by the GMC (General Medical Council, 2009). There can be serious or tragic consequences for patients if relevant clinical information is not shared between agencies in a timely manner. It is therefore important for psychiatrists to be clear with patients and families at the outset about the limits of confidentiality in mental health. Where possible, sharing confidential information should take place in a transparent way, with the patient's full informed consent, and at all times in compliance with best practice and law. There are information governance systems and leads in all health and social care organisations to enable psychiatrists to carry out this duty. These colleagues should be consulted on those rare occasions when it is thought ethically justifiable to disclose patient information without consent or in the face of a refusal. Such disclosures are normally only justified to prevent serious harm occurring to another person (see Royal College of Psychiatrists, 2010).

- 4.3 The issue of confidentiality is highly nuanced and is subject to ethical and legal challenges. It is therefore important for psychiatrists to keep up to date with the law and guidance in this field, to seek advice when in doubt, and to keep their patients' dignity and respect at the centre of their decision-making.

# Principle 5

## Psychiatrists shall seek valid consent from their patients before undertaking any procedure or treatment

- 5.1 One of the roles of a psychiatrist is to recommend and deliver treatment or procedures for mental disorders. All treatments and procedures have potential detrimental as well as beneficial effects, and so it is important that the patient, and their family if appropriate, is involved in partnership with the treating psychiatrist in the decision-making process. Valid consent must be obtained before embarking on a treatment course or procedure.
- 5.2 The first step in the process of obtaining valid consent is an assessment of the patient's capacity (or competence if they are under 16 years of age) to understand the information, retain the information, weigh the information in the balance and communicate the decision back to the psychiatrist. In the case of patients who lack competence or capacity, assent should be sought, and decisions taken should be taken in the patient's best interests after consultation with others who know the patient and their wishes, in accordance with the relevant mental capacity legislation (if the patient is over 16 years) or the common law (if the patient is younger). For patients under 18 years, agreement from someone with 'parental' responsibility (such as a parent, guardian or local authority) should be sought if the patient is unable to make the decision, and it is good practice even if the patient can decide for themselves. These ages may differ depending on the legal system of the country where the psychiatrist works.
- 5.3 The second step is the sharing of sufficient and understandable information to enable the patient to make an informed decision regarding the accepting or rejecting of treatment. Part of the information-sharing process will include a discussion of alternative treatments or procedures. This process should be adapted so that it can be easily comprehended by the patient, and will depend on the patient's cognitive functioning as well as their educational and maturational level.

# | Principle 6

## **Psychiatrists shall ensure patients and their carers can make the best available choices about treatment**

- 6.1 Psychiatrists shall explain to patients and/or their carers the full range of available treatment options, the advantages and disadvantages of each, and the consequences of not having a particular treatment.
- 6.2 Where treatment choices are complex, the psychiatrist should be prepared to give advice based on their expert knowledge, and help the patient and/or carer come to a decision.
- 6.3 Psychiatrists shall be aware of the limits of their knowledge and expertise, and ask where appropriate for a colleague's advice or a second opinion.

# Principle 7

## **Psychiatrists shall not misuse their professional knowledge and skills, whether for personal gain or to cause harm to others**

- 7.1 Psychiatrists shall not use their professional knowledge and skills in ways likely to cause harm to others.
- 7.2 When the purpose of an intervention or evaluation is not inherently therapeutic, psychiatrists shall ensure that the patient or person being evaluated clearly understands the role and duties of the psychiatrist. The psychiatrist will always declare any conflict of interest or dual role. Psychiatrists shall not support the use of interventions that have no evidence base and reflect a discriminatory attitude or intended outcome.
- 7.3 Psychiatrists shall not diagnose or treat a person as mentally ill on the basis of that person's political, religious, ideological, moral or philosophical beliefs, or race, ethnicity, age, gender or sexual orientation.
- 7.4 Psychiatrists shall not participate, either directly or indirectly, in the practice of torture or in cruel, inhuman or degrading interrogation, treatment or punishment. Where a psychiatrist suspects or knows of such activity, they must report it.
- 7.5 Where a psychiatrist works for the armed forces, prison service or intelligence services, they must be aware of their dual role and allegiance, and always seek appropriate advice when confronted with such situations and act in the patient's best interests.
- 7.6 Psychiatrists shall not facilitate executions.
- 7.7 Psychiatrists shall adhere to accepted ethical guidelines in situations of conflict or war.

# Principle 8

## **Psychiatrists shall comply with ethical principles embodied in national and international guidelines governing research**

- 8.1 Research activities are at the core of the knowledge base and practice of psychiatry. To retain the trust of patients, their families and the public, it is essential that the Royal College of Psychiatrists' guidelines on the ethics of research are observed by its members (Royal College of Psychiatrists, 2000). All clinical researchers must ensure that their studies are conducted in an ethical manner, in accordance with the current scientific standards and evidence-based practice, within the context of national and international guidelines.
- 8.2 Local/regional ethics committees must approve all research protocols before their implementation. Significant deviations from protocols are unacceptable, as is a failure to report adverse events or seek further guidance from ethics committees.
- 8.3 Developmental considerations and mental capacity assessments should inform all consent and assent to research projects. Patients and their families should never be coerced into studies, and a patient's refusal to participate should be respected with no repercussions for their care. The safety and welfare of patients is paramount. Safe clinical procedures and information regarding the risks and benefits of taking part in research should be clearly explained. Confidentiality should be observed, but all patients should be informed at the outset of any circumstances in which confidentiality may have to be breached. Studies must be well documented with auditable records.
- 8.4 Researchers need to be aware of potential conflicts of interest or secondary interests which may inappropriately influence patient care. These include self-aggrandisement, self-promotion or the promotion of their institutions, financial benefits, collusion with funding agencies, and personal gifts and benefits, although this list is not exhaustive.
- 8.5 The publication of research should be conducted to enhance knowledge and science rather than to accrue personal publications. Study results must be made public irrespective of the results. The use of specific statistical procedures to falsify or exaggerate results is unacceptable. Honesty and

integrity underpin the entire research process and reporting; even more so in relation to the reporting and publication of results.

- 8.6 Intellectual property standards should be observed. These should include due acknowledgements to patients and their families, background reading sources and all contributors to the research. All forms of plagiarism must be avoided.

# Principle 9

## **Psychiatrists shall continue to develop, maintain and share their professional knowledge and skills with medical colleagues, trainees and students, as well as with other relevant health professionals and patients and their families**

- 9.1 It is ethically unjustifiable to practise any form of healthcare without proper training and knowledge base. It does not matter how kind and empathic a psychiatrist is in manner if the treatment suggested is wrong and/or so outdated as to be harmful. Keeping one's skills up to date is an important aspect of the ethical duty to do no harm to patients.
- 9.2 The ethical duty to maintain competence and knowledge is also an aspect of the legal duty of care. Psychiatrists' performance and competence will be assessed against a high legal standard, which is constantly evolving, as well as the professional standards determined by *Good Psychiatric Practice* (Royal College of Psychiatrists, 2009). Failure to maintain knowledge and technical competence may result in failures of care that can give rise to charges of clinical negligence.
- 9.3 Good-quality ethical reasoning and debate requires good-quality empirical evidence. To be good at ethical reasoning, psychiatrists need to be able to analyse and reflect on information in ways that are objective, fair and honest. Psychiatrists should always use the best quality evidence to aid ethical discussion. This is especially true in those circumstances where psychiatrists are assisting the justice process as witnesses, either to fact or opinion.
- 9.4 Psychiatrists have a duty to maintain their knowledge base and skills. In relation to their work in teams, they have a duty to teach and share information with all those involved in delivering good-quality healthcare.

# | Principle 10

## **Psychiatrists have a duty to attend to the mental health and well-being of their colleagues, including trainees and students**

- 10.1 One of the primary responsibilities of psychiatrists is the protection of patients. In fulfilling this responsibility, psychiatrists must have an awareness of the health and well-being of colleagues, including trainees and students, with whom they work, and the effect this has on the patients they come into contact with.
- 10.2 Ill health or incapacity in colleagues may adversely affect their performance and have an adverse affect on patients and the profession as a whole.
- 10.3 Psychiatrists have a duty to act when they become aware of ill health or impaired well-being in a colleague, trainee or student. It is essential that psychiatrists act promptly in these circumstances. Appropriate and proportionate gathering of information, liaison with organisational governance structures, while considering confidentiality and risk to colleagues and patients, will be required to determine the necessary response and action.
- 10.4 This action may include facilitation of an appropriate referral, but should not include the provision of treatment unless the individual is referred as a patient.

# | Principle 11

## **Psychiatrists shall maintain the integrity of the medical profession**

- 11.1 The Declaration of Geneva (or the Physician's Oath) refers to the broader aspects of this principle, stating: 'I will maintain by all the means in my power, the honour and the noble traditions of the medical profession' and 'My colleagues will be my brothers and sisters'. In *Good Medical Practice* (General Medical Council, 2013), the GMC notes that a doctor should observe boundaries in not pursuing improper or sexual relationships with current patients, and not expressing their own beliefs to patients in ways which might distress or exploit them. In addition, doctors should adhere to proper consent procedures, maintain confidentiality, and ensure that they are properly indemnified.
- 11.2 All of the above are important for psychiatrists, whose work depends on a relationship of trust with their patients and their families, and an open, honest communication. *Good Psychiatric Practice* (Royal College of Psychiatrists, 2009) sets standards in this area. This principle also involves psychiatrists taking responsibility for appropriate action when patient safety is compromised for some reason, and when conflicts of interest arise.

# Principle 12

## **Psychiatrists shall work to improve mental health services and promote community awareness of mental illness and its treatment and prevention, and reduce the effects of stigma and discrimination**

- 12.1 Psychiatrists shall ensure that their service has strong links with general practitioners and their teams so that people with mental health problems can easily access appropriate levels of treatment and support to make an early recovery.
- 12.2 Psychiatrists shall ensure that the patient's best interests remain at the heart of treatment, and that financial and ideological factors do not prevent the delivery of a personalised, timely, effective and safe treatment in the least restrictive setting.
- 12.3 Psychiatrists shall strive to improve the continuity of care by breaking down barriers between services such as those between mental health and other clinical services, and between child and adult services.
- 12.4 Psychiatrists shall develop links with local patient and carer groups to provide information about mental health, mental illness, support and treatment provided by local services as well as listening to and taking active steps to deal with concerns about accessibility and quality of mental health services.
- 12.5 Psychiatrists shall develop a public education role to try to change discriminatory attitudes towards mental illness. Psychiatrists shall challenge any discrimination against people with mental ill health by employers, education services, law enforcement agencies and other sections of health services.
- 12.6 Psychiatrists shall develop strategies to promote a positive image of mental illness in the media so that people with mental illness are not sidelined or stigmatised and can have access to the full range of options with regard to healthcare, housing, education, employment and leisure that people without mental health issues enjoy.

# References

American Academy of Psychiatry and the Law (2005) *Ethics Guidelines for the Practice of Forensic Psychiatry*. AAPL.

British Psychological Society (2009) *Code of Ethics and Conduct: Guidance Published by the Ethics Committee of the British Psychological Society*. BPS.

General Medical Council (2009) *Confidentiality*. GMC.

General Medical Council (2013) *Good Medical Practice*. GMC.

Royal Australian and New Zealand College of Psychiatrists (2010) *Code of Ethics* (4th edn). RANZCP.

Royal College of Psychiatrists (2000) *Guidelines for Researchers and for Research Ethics Committees on Psychiatric Research Involving Human Participants* (Council Report CR82). Gaskell.

Royal College of Psychiatrists (2009) *Good Psychiatric Practice* (3rd edn) (College Report CR154). Royal College of Psychiatrists.

Royal College of Psychiatrists (2010) *Good Psychiatric Practice: Confidentiality and Information Sharing* (2nd edn) (College Report CR160). Royal College of Psychiatrists.

World Psychiatric Association (2002) *Madrid Declaration on Ethical Standards for Psychiatric Practice*. WPA.

