EthxWeb Search Results

Search Detail:
Result="(17.1".PC.) AND (@YD >= "2000000")
2=1 : 
Documents: 1 - 325 of 2037

Document 1
Barbosa, António
Relational ethics and psychosomatic assessment.
Advances in psychosomatic medicine 2012; 32: 223-39
Abstract: The main ethical perspective in the clinical relationship takes into consideration the vulnerability of the clinical condition before threats and risks that can undermine the integrity and dignity of the person. Psychosomatic medicine faces complex cases whose ethical problems cannot only be solved by applying top-down deontological or utilitarian approaches, principlism, which is limited mainly to easing ethical tensions, or a bottom-up approach, the casuistic model, case-based reasoning. In introducing vulnerability as the core of ethical questioning as a principal ontological priority over other principles, relational ethics refers to the appreciation of the responsibility of health professionals through which a health care professional and the patient 'together' can construct more reasonable and prudential courses of action with, for, and by the patient. The model of relational ethics is based on three main aspects, clinically integrated approach, science/philosophy partnership, and deliberative process, that when taken together, form an intermediate model that ensures prudent and reasonable decision-making. The three structural elements and characteristics of relational ethics create and maintain a responsible relationship between the professional and the patient being aware that the mutual vulnerability of health professional and the patient has a moral value and recognizing that their relationship will allow for personal development of each. I conceptualized the model of relational ethics as one that embraces the meta-ethical principles of vulnerability, dignity, responsibility, and respect for autonomy as they are considered by many international declarations or conventions. This model integrates three key polarities: ensure conditions of authenticity, facilitate a process of cooperative mutuality, and promote opportunities for growth and development. Relational ethics can be used to solve major ethical problems in psychosomatic medicine, capacity, informed consent, and confidentiality.

Document 2
Zilberberg, Marya D; Tjia, Jennifer
Growth in dementia-associated hospitalizations among the oldest old in the United States: implications for ethical health services planning.
Archives of internal medicine 2011 Nov 14; 171(20): 1850-1

Document 3
Lynn, Joanne; Satyarthi, Harshika
Invited commentary--creating the future of aging.
Archives of internal medicine 2011 Nov 14; 171(20): 1852-3
Document 4
Spence, Des
**Bad medicine: adult attention-deficit/hyperactivity disorder.**
BMJ (Clinical research ed.) 2011 November 7; 343: d7244

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Document 5
Hamann, Johannes; Bronner, Katharina; Margull, Julia; Mendel, Rosmarie; Diehl-Schmid, Janine; Bühner, Markus; Klein, Reinhold; Schneider, Antonius; Kurz, Alexander; Perneczky, Robert
**Patient participation in medical and social decisions in Alzheimer's disease.**

*Abstract:* To analyze the preferences of people with amnestic mild cognitive impairment (aMCI) and mild dementia in Alzheimer's disease (AD) regarding different aspects of healthcare-related decisions, to correlate these findings with different measures of decision-making capacity, and to explore the views of relatives and referring physicians.

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Document 6
Edwardson, M; Fetz, E E; Avery, D H
**Seizure produced by 20 Hz transcranial magnetic stimulation during isometric muscle contraction in a healthy subject.**

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Document 7
Karlawish, Jason
**Addressing the ethical, policy, and social challenges of preclinical Alzheimer disease.**
Neurology 2011 Oct 11; 77(15): 1487-93

*Abstract:* Research suggests that Alzheimer disease (AD) pathophysiology begins prior to the clinical expression of the disease and that biomarker measures may provide direct evidence of this process. As a result, it may be possible to uncouple the diagnosis of AD from the clinical expression of the disease. The shifting boundaries between normal brain aging and disease present 3 challenges: 1) establishing guidelines for researchers and clinicians to safely and effectively communicate the diagnosis of preclinical AD, 2) setting up a process that effectively translates this diagnosis into practice and policy, and 3) adapting laws, regulations, and professional practices to the diagnosis of preclinical AD. The field of genetic testing for AD suggests how to balance a patient's desire to know his or her risk of developing dementia with a clinician's desire to mitigate the potential harms of that information. The development of diagnostic and treatment guidelines for other diseases of aging, such as cardiovascular disease, suggests the need for a National Alzheimer's Education Program to develop policies and procedures to translate preclinical AD into both clinical practice and policy. Revisions are needed to laws, regulations, and professional practices governing driving, financial management and planning, and privacy and confidentiality.

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Document 8
Starr, Linda
**Document 9**
Bartels, Daniel M; Pizarro, David A
The mismeasure of morals: antisocial personality traits predict utilitarian responses to moral dilemmas.

**Abstract:** Researchers have recently argued that utilitarianism is the appropriate framework by which to evaluate moral judgment, and that individuals who endorse non-utilitarian solutions to moral dilemmas (involving active vs. passive harm) are committing an error. We report a study in which participants responded to a battery of personality assessments and a set of dilemmas that pit utilitarian and non-utilitarian options against each other. Participants who indicated greater endorsement of utilitarian solutions had higher scores on measures of Psychopathy, machiavellianism, and life meaninglessness. These results question the widely-used methods by which lay moral judgments are evaluated, as these approaches lead to the counterintuitive conclusion that those individuals who are least prone to moral errors also possess a set of psychological characteristics that many would consider prototypically immoral.

**Document 10**
Ledesma, Enrique
Maintaining the quality of nursing care. = Maintenir la qualité des soins.
Soins. Psychiatrie 2011 Sep-Oct(276): 1

**Document 11**
Sawyer, Steven; Prescott, David
Boundaries and dual relationships.
Sexual abuse : a journal of research and treatment 2011 Sep; 23(3): 365-80

**Abstract:** Ethical standards are core components of practice standards and codes of conduct for mental health practitioners. Practice standards and ethics related to boundaries are generally based on historical review, study of mental health services, and the impact of boundary crossing or boundary violations on clients receiving services. This article explores some common standards of ethical practice related to boundaries and dual or multiple relationships between mental health professionals and clients. The underlying conceptual basis for these standards and examples of questions encountered in clinical practice with sexual offenders are explored.

**Document 12**
Howe, Edmund G
Ethical challenges when patients have dementia.
The Journal of clinical ethics 2011 Fall; 22(3): 203-11

**Abstract:** Dementia is among the most terrible diseases humans can have. Of all of the things that careproviders could do to enhance the quality of life that persons with dementia have, which ones should they do?
Document 13
Lynch, Catherine A; Houry, Debra E; Dai, Dajun; Wright, David W
Evidence-based community consultation for traumatic brain injury.
Academic emergency medicine: official journal of the Society for Academic Emergency Medicine 2011 Sep; 18(9): 972-6
Abstract: The objective was to determine if geospatial techniques can be used to inform targeted community consultation (CC) and public disclosure (PD) for a clinical trial requiring emergency exception from informed consent (EFIC).

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Document 14
Falardeau, Marlène
[Respect towards people with alzheimer's disease]. = Le respect à l'égard des personnes ayant une démence de type Alzheimer.
Abstract: The quality of life and the dignity of the residents with Alzheimer dementia (AD) passes by the respect that is demonstrated to them. A study conducted in Quebec (Canada) seeks to define the concrete manifestations of this concept often put forward but rarely made explicit. Elements of answer are found in the attitude of the caregivers as well as in the environment and the activities proposed to the elderly.

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Document 15
Brannelly, Tula
Sustaining citizenship: people with dementia and the phenomenon of social death.
Nursing ethics 2011 Sep; 18(5): 662-71
Abstract: Social death is apparent when people are considered unworthy of social participation and deemed to be dead when they are alive. Some marginalized groups are more susceptible to this treatment than others, and one such group is people with dementia. Studies into discrimination towards older people are well documented and serve as a source of motivation of older people's social movements worldwide. Concurrently, theories of ageing and care have been forthcoming in a bid to improve the quality of responses to older people in times of need. Included in this theorizing has been the analysis of values and approaches that paid carers convey to citizens who require their help. In this article, the values and approaches of social workers and mental health nurses bring to people with dementia are considered within the context of social life and social death. It is based on a small study that undertook to critically examine how participation of people with dementia was facilitated. A thanatological lens was used to interpret inclusive and exclusive practices which potentially create opportunity for participation or reinforce the loss of citizenship for older people with dementia.

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Document 16
Zeidman, Lawrence A
Neuroscience in Nazi Europe part I: eugenics, human experimentation, and mass murder.
The Canadian journal of neurological sciences. Le journal canadien des sciences neurologiques 2011 Sep; 38(5): 696-703
Abstract: The Nazi regime in Germany from 1933 to 1945 waged a veritable war throughout Europe to eliminate neurologic disease from the gene pool. Fueled by eugenic policies on racial hygiene, the Nazis first undertook a sterilization campaign against "mentally defective," which included neurologic patients with epilepsy and other disorders, as well as psychiatric patients. From 1939-41 the Nazis instead resorted to "euthanasia" of many of the same patients. Some neuroscientists were collaborators in this program, using patients for research, or using
extracted brains following their murder. Other reviews have focused on Hallervorden, Spatz, Schaltenbrand, Scherer, and Gross, but in this review the focus is on neuroscientists not well described in the neurology literature, including Scholz, Ostertag, Schneider, Nachtsheim, and von Weizsäcker. Only by understanding the actions of neuroscientists during this dark period can we learn from the slippery slope down which they traveled, and prevent history from repeating itself.

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Document 17

Rurup, M L; Pasman, H R W; Kerkhof, A J F M; Deeg, D J H; Onwuteaka-Philipsen, B D
[Older people who are 'weary of life': their expectations for the future and perceived hopelessness]. = Ouderen die 'klaar met leven' zijn: Toekomstverwachtingen en ervaren uitzichtloosheid.
Tijdschrift voor gerontologie en geriatrie 2011 Sep; 42(4): 159-69

Abstract: There has been a debate for over a decade in The Netherlands about whether physicians should be allowed to provide assistance with suicide to older people who are 'weary of life'. Actual knowledge about these older people is missing in this debate. The purpose of this article is to explore and discuss the expectations older people who are 'weary of life' have of their future, and to what extent they perceive their suffering as hopeless. In this qualitative study, 31 older people who were 'weary of life' were interviewed. The results of this study show that most respondents who were 'weary of life' did not plan to end their life within a short time frame. The burden to their loved ones played a large role in their decision in addition to the awareness of still having reasons to live. Most respondents tried not to think too much about the future, and hoped death would come soon. Most respondents could not name a condition that would diminish their wish to die, that they also found desirable and feasible. The results of this study suggest that people who develop thoughts about death do so when they give up finding solutions to improve their situation.

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Document 18

Smith, Kerri
Neuroscience vs philosophy: Taking aim at free will.

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Document 19

Kolber, Adam
Neuroethics: Give memory-altering drugs a chance.
Nature 2011 August 17; 476(7360): 275-6

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Document 20

Simpson, Alexander
On the language surrounding the psychiatrist-as-expert.
Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists 2011 Aug; 19(4): 331-4

Abstract: OBJECTIVE: This paper responds to two articles in a recent issue of Australasian Psychiatry examining the names given to clinicians and forensic experts, and to the people to whom we give service. CONCLUSIONS: The contextual issues that confront the psychiatrist-as-expert differ from those as the psychiatrist-as-therapist in certain important ways. The alteration of the name from patient into one more descriptive of their position, such as defendant or claimant, is protective for both the assessor and the assessed. It reminds all that the nature of the
relationship is not primarily therapeutic.

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**Document 21**

Kisely, Stephen; Kendall, Elizabeth

Critically appraising qualitative research: a guide for clinicians more familiar with quantitative techniques. 

**Abstract:** OBJECTIVES: Papers using qualitative methods are increasingly common in psychiatric journals. This overview is an introduction to critically appraising a qualitative paper for clinicians who are more familiar with quantitative methods. CONCLUSIONS: Qualitative research uses data from interviews (semi-structured or unstructured), focus groups, observations or written materials. Data analysis is inductive, allowing meaning to emerge from the data, rather than the more deductive, hypothesis centred approach of quantitative research. This overview compares and contrasts quantitative and qualitative research methods. Quantitative concepts such as reliability, validity, statistical power, bias and generalisability have qualitative equivalents. These include triangulation, trustworthiness, saturation, reflexivity and applicability. Reflexivity also shares features of transference. Qualitative approaches include: ethnography, action-assessment, grounded theory, case studies and mixed methods. Qualitative research can complement quantitative approaches. An understanding of both is useful in critically appraising the psychiatric literature.

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**Document 22**

Neziraj, M; Sarac Kart, N; Samuelson, Karin

The intensive care delirium screening checklist: translation and reliability testing in a Swedish ICU. 

**Abstract:** The view of delirium has changed considerably over the last decade, and delirium is now a very topical issue within the intensive care unit (ICU) setting. Delirium has proved to be common in critically ill patients and is manifested as acute changes in mental status with reduced cognitive ability, incoherent thought patterns, impaired consciousness, agitation and acute confusion. In order to be able to prevent, identify and alleviate problems related to delirium it is important that validated instruments for delirium screening are implemented and evaluated. The aim of this study was to translate the Intensive Care Delirium Screening Checklist (ICDSC) into Swedish and test the inter-rater reliability in a Swedish general ICU setting.

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**Document 23**

Eth, Spencer; Leong, Gregory B

Psychiatric ethics: foundational and evolutionary. 
The Journal of nervous and mental disease 2011 Aug; 199(8): 562-6

**Abstract:** As with the basic and clinical sciences, the field of medical ethics, in particular, that of psychiatric ethics, has grown and developed during the last four decades, the time when Dr. Eugene Brody edited the Journal of Nervous and Mental Disease. In this paper, the authors will consider a series of ethical problems that psychiatrists have identified in their clinical practice and suggest paths to resolution that may artfully balance conflicts in core moral beliefs.

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**Document 24**

Poole, Rob; Cook, Christopher C H

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Abstract: The extent to which religion and spirituality are integrated into routine psychiatric practice has been a source of increasing controversy over recent years. While taking a patient's spiritual needs into account when planning their care may be less contentious, disclosure to the patient by the psychiatrist of their own religious beliefs or consulting clergy in the context of treatment are seen by some as potentially harmful and in breach of General Medical Council guidance. Here, Professor Rob Poole and Professor Christopher Cook debate whether praying with a patient constitutes a breach of professional boundaries in psychiatric practice.

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Document 25
Dekkers, Wim
Dwelling, house and home: towards a home-led perspective on dementia care.
Medicine, health care, and philosophy 2011 Aug; 14(3): 291-300

Abstract: "Home" is well known from everyday experience, plays a crucial role in all kinds of narratives about human life, but is hardly ever systematically dealt with in the philosophy of medicine and health care. The notion of home is ambiguous, is often used in a metaphorical way, and is closely related to concepts such as house and dwelling. In this paper the phenomenon of home is explored by means of some phenomenological writings of Heidegger, Bollnow, Bachelard and Levinas. Common in their views is that being at home and dwelling mean something more fundamental than an activity we do along with other activities, such as working and travelling. Dwelling, building a house and being at home are fundamental aspects of human existence. Being human is dwelling. While exploring the relevance of this phenomenological perspective for medical theory and practice, the focus is on the care of people suffering from dementia.

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Document 26
Patokos, Tassos
The relevance of Nash equilibrium to psychiatric disorders.
Theoretical medicine and bioethics 2011 Aug; 32(4): 245-58

Abstract: In game theory, the word 'game' is used to describe any interdependence between interacting parties, and the Nash equilibrium is a prominent tool for analysing such interactions. I argue that the concept of the Nash equilibrium may also be used in non-gaming contexts. An individual is in a Nash equilibrium if his or her beliefs are consistent with his or her actions. Given that discordance between beliefs and behaviour is a typical cause of psychiatric disorders, individuals who are not in a Nash equilibrium are likely to be affected by such disorders. In this regard, the concept of the Nash equilibrium could aptly be introduced into the medical practitioner's vocabulary for describing a patient's mental health status.

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Document 27
Freckelton, Ian R; Mendelson, George
Psychiatric disorders and referral obligations.
The Medical journal of Australia 2011 Jul 18; 195(2): 60-1

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Document 28
Shook, John R
Conference on Neuroscience and Pragmatism: Productive Prospects.
Abstract: The conference "Neuroscience and Pragmatism: Productive Prospects" was held on June 10, 2011 at the Potomac Institute for Policy Studies in Arlington, Virginia.

O’Connell, Garret; De Wilde, Janet; Haley, Jane; Shuler, Kirsten; Schafer, Burkhard; Sandercock, Peter; Wardlaw, Joanna M
The brain, the science and the media. The legal, corporate, social and security implications of neuroimaging and the impact of media coverage.
EMBO reports 2011 July 1; 12(7): 630-6

Baer, Wendy; Schwartz, Ann C
Teaching professionalism in the digital age on the psychiatric consultation-liaison service.
Psychosomatics 2011 Jul-Aug; 52(4): 303-9
Abstract: The rapid emergence of social media, including Facebook and YouTube, have added a new dimension to defining, teaching, and role modeling professionalism in the medical field. Explicit and consistent role modeling of professional behaviors are needed to encourage the development of professional physicians.

Pfennig, Andrea; Hölter, Gerd
[Evidence-based medicine is gold standard for medical guidelines]. = Evidence-based Medicine ist der Goldstandard der Leitlinienentwicklung.
Psychiatrische Praxis 2011 Jul; 38(5): 218-20

Math, Suresh Bada; Nirmala, Maria Christine
Stigma haunts persons with mental illness who seek relief as per Disability Act 1995.
The Indian journal of medical research 2011 Jul; 134(1): 128-30

Bernet, William
Ridiculous statements by mental health experts.
Child and adolescent psychiatric clinics of North America 2011 Jul; 20(3): 557-64
Abstract: When mental health experts express their opinions in testimony, reports, and articles in professional literature, it is expected that their statements will accurately reflect the current state of knowledge. Experts may disagree about the data that they collected. In some cases, however, disagreement occurs because an expert has employed a methodology that is far outside usual procedures or simply disregarded objective facts. When that
occurs, the expert's opinions may be considered ridiculous. The author presents examples of ridiculous statements by mental health experts and provides suggestions for how a forensic practitioner might address ridiculous statements by mental health experts.

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Document 34
Schipper, Karen; Widdershoven, Guy A M; Abma, Tineke A
Citizenship and autonomy in acquired brain injury.
Nursing ethics 2011 Jul; 18(4): 526-36
Abstract: In ethical theory, different concepts of autonomy can be distinguished. In this article we explore how these concepts of autonomy are combined in theory in the citizenship paradigm, and how this turns out in the practice of care for people with acquired brain injury. The stories of a professional caregiver and a client with acquired brain injury show that the combination of various concepts of autonomy in practice leads to tensions between caregivers and clients. These dynamics are discussed from a care ethics perspective, stressing the importance of relationships and interdependence, as well as paying attention to various, sometimes conflicting, perspectives in a deliberative dialogue.

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Document 35
Pappadis, Monique R; Sander, Angelle M; Struchen, Margaret A; Leung, Patrick; Smith, Dennis W
Common misconceptions about traumatic brain injury among ethnic minorities with TBI.
Abstract: To investigate common TBI misconceptions among ethnic minorities with TBI.

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Document 36
Giordano, Cristiana
Translating Fanon in the Italian context: rethinking the ethics of treatment in psychiatry.
Transcultural psychiatry 2011 Jul; 48(3): 228-56
Abstract: Based on two years of ethnographic fieldwork at the Centro Frantz Fanon, an ethnopsychiatric clinic in Northern Italy, this article traces the theoretical and clinical genealogy of Italian ethnopsychiatry as it is conceived and practiced at this clinic. The clinic draws explicitly from the work of Fanon and French ethnopsychologist Tobie Nathan. This genealogy provides a basis for reflection on the ways in which current ethnopsychiatry re-articulates older questions about difference and healing, culture and suffering, and the political dimensions of psychiatry. Although ethnopsychiatry is currently focused on the care of migrants, key issues related to the impact of colonialism on mental illness and the recognition of cultural difference characterized the Italian debate long before the 1980s when increasing numbers of migrants and political refugees started to arrive in Italy.

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Document 37
Honeybul, Stephen; Ho, Kwok M; Lind, Christopher R P; Gillett, Grant R
Decompressive craniectomy for diffuse cerebral swelling after trauma: long-term outcome and ethical considerations.
Abstract: There is currently much interest in the use of decompressive for the management of diffuse cerebral swelling after trauma. Although the use of the procedure may improve survival, some of those survivors may be left severely disabled. The aim of this study was to see whether severe disability can be predicted and discuss the
difficult ethical issue that this raises.

Document 38
Takeuchi, Satoru; Nawashiro, Hiroshi
Decompressive craniectomy for diffuse cerebral swelling after trauma.
The Journal of trauma 2011 Jul; 71(1): 266-7; author reply 267

Document 39
Racine, Eric; Northoff, Georg; Menon, Ravi S; Kimmelman, Jonathan; Illes, Judy
A Canadian perspective on ethics review and neuroimaging: tensions and solutions.

Abstract: Neuroimaging research has raised ethical concerns such as the management of unexpected findings and the classification and assessment of risks. Research ethics boards (REBs) bear responsibility for the oversight of these challenges but neuroimagers struggle with the practical aspects of ethics review and report that administrative load and inconsistency contribute to eroding confidence and trust in ethics review. Our goal was to discuss and propose strategies for institutional and educational change to improve ethics review. We used an iterative and deliberative workshop-based writing process involving multiple disciplines. We propose recommendations in three tension areas: (1) communication between researchers and REBs; (2) collaboration and sharing of expertise between REBs; and (3) practical considerations and the needs of neuroimagers engaged in the ethics review process. Our recommendations are intended as openings rather than endpoints. Researchers and research ethics governance communities should decide on the future uptake of these recommendations.

Document 40
Laryionava, Katsiaryna; Gross, Dominik
Public understanding of neural prosthetics in Germany: ethical, social, and cultural challenges.

Abstract: Since the development of the first neural prosthesis, that is, the cochlear implant in 1957, neural prosthetics have been one of the highly promising, yet most challenging areas of medicine, while having become a clinically accepted form of invasiveness into the human body. Neural prosthetic devices, of which at least one part is inserted into the body, interact directly with the nervous system to restore or replace lost or damaged sensory, motor, or cognitive functions. This field is not homogenous and encompasses a variety of technologies, which are in various stages of development. Some devices are well established in clinical practice and have become routine, such as cochlear implants. By comparison, other technologies are in experimental phases and still need to be further developed to achieve the desired results.

Document 41
Miranda, Bernadette
[The way out of discrimination: a process of social change]. = Sortir de la discrimination, un processus de changement social.

Abstract: When dealing with stigmatisation, it is necessary to work on destigmatisation. The group as a community
has social values of which "stigma" is an indicator. Psychiatry professionals have a major role to play in the process of destigmatisation.

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Document 42

Gill-Thwaites, Helen

**Response to article by American Congress of Rehabilitation Medicine, Brain-Injury-Interdisciplinary Special Interest Group, Disorders of Consciousness Task Force.**

*Archives of physical medicine and rehabilitation* 2011 Jul; 92(7): 1181-2; author reply 1182-3

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Document 43

Hope, Tony; McMillan, John

**Advance decisions, chronic mental illness, and everyday care.**

*Lancet* 2011 Jun 18; 377(9783): 2076-7

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Document 44

Dieckhöfer, K; Riemer, M


*Versicherungsmedizin / herausgegeben von Verband der Lebensversicherungs-Unternehmen e.V. und Verband der Privaten Krankenversicherung e.V* 2011 Jun 1; 63(2): 97-101

**Abstract:** The article reports about a medical malpractice case against the director of a psychiatric University Hospital, who was convicted for breach of secrecy by the Oberlandesgericht in Munich. The court found him guilty of issuing and giving to the plaintiff's wife an unauthorised psychiatric certificate, stating that the plaintiff, a carpet dealer for oriental rugs, who was caught in a war of roses with his wife at this time and was never a patient of the psychiatrist, let alone properly examined by him or his staff, suffered from an acute and severe psychosis with immediate need for compulsory admission. This all happened behind his back and enabled the wife to spread rumors of the alleged mental illness of her husband. Banks and trading partners therefore shunned him, which nearly caused his bankruptcy. This is why this unusual case led to the decision that the psychiatrist had to reimburse Euro 15000 for pain and suffering and additionally cover all material damages resulting from the tort.

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Document 45

Rigaux, Natalie

[Autonomy and dementia Part II: autonomy and representation: a possible combination?]. = Autonomie et démence II : être représenté et autonome: une combinaison possible?

*Gériatrie et psychologie neuropsychiatrie du vieillissement* 2011 Jun; 9(2): 203-10

**Abstract:** This paper, based on a critical review of the medico-social literature, questions the representation of patients with dementia in relation to the autonomy perspectives presented in a previous article. In the canonical perspective of autonomy (defined as a rational decision-making by a stand alone self), the surrogate is the spokesperson of the subject's wills when he was competent because he knows these wills through advance directives or assuming them via substituted judgment. Best patient's interest is then depreciated because it is focused on the present incompetent self. In the relational perspective, where autonomy is constructed through a dialogue with others, the surrogate is the present interlocutor, making the decisions with the patient and care-givers in a way
varying with the disease process. He represents the subject with dementia as he was before the disease but also as he has become. Therefore, there is a continuum between autonomy and representation. Autonomy and well being are both the surrogate aims. The relational perspective allows care continuity of patients with dementia even when considered as incompetent. It offers a more balanced perspective on the patient autonomy since it is embedded in all others, and opens a richer view on what good life is, until the end of dementia.

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**Document 46**

Huniche, Lotte

**Moral landscapes and everyday life in families with Huntington's disease: aligning ethnographic description and bioethics.**


**Abstract:** This article is concerned with understanding moral aspects of everyday life in families with Huntington's Disease (HD). It draws on findings from an empirical research project in Denmark in 1998-2002 involving multi-sited ethnography to argue that medical genetics provides a particular framework for conducting life in an HD family. A framework that implies that being informed and making use of genetic services expresses greater moral responsibility than conducting life without drawing on these resources. The moral imperative of engagement in medical genetics is challenged here by two pieces of ethnographic analysis. The first concerns a person who, as described by a family member, does not engage with medical genetics but who brings to the fore other culturally legitimate concerns, priorities and areas of responsibility. The second figures a genetic counselling session where neither the knowledge nor the imagined solutions of medical genetics are as unproblematic and straightforward as might be thought. To assist our understanding of the moral aspects of living with severe familial disease, the ethnographic analysis is aligned with bioethical reflections that place the concrete concerns of those personally involved centre stage in the development of theoretical stances that aim to assist reflections in practice.

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**Document 47**

Letts, Penny

**Getting heard.**

Mental health today (Brighton, England) 2011 Jun: 14-6

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**Document 48**

Bennetts, Wanda; Cross, Wendy; Bloomer, Melissa

**Understanding consumer participation in mental health: Issues of power and change.**

International journal of mental health nursing 2011 Jun; 20(3): 155-64

**Abstract:** Consumer participation occurs in all Victorian public mental health services. Area mental health services employ consumer consultants to enhance consumer participation across the network. Ongoing support of management is essential to the success of consumer participation. This project aimed to explore understandings of consumer participation from a manager's perspective. Semistructured interviews were conducted with seven participants in this qualitative, interpretive study. The thematic analysis revealed the complexities around defining consumer participation and demonstrated the difficulties and possible reasons as to why there is no real clarity between managers, service providers, and consumers as to what consumer participation should look like. Power and change were the primary themes. Power and the overwhelming consensus that the medical model and those working within it hold the most power was strongly represented in this study. Legislation and workplace settings were seen as considerable factors adding to the disempowerment of consumers within an already disempowering mental health system. Change was the other main theme that emerged, with culture and attitudes of the old 'institutionalized' thinking that still pervades some pockets of mental health services being seen as the major barriers to change. The role of the consumer consultant was a prominent subtheme, with their role in training and the education of workers seen as an essential and positive way to progress consumer participation. These findings demonstrate that
managers consider there to be hope for consumers, brought about by collective action and lobbying, and through consumer participation in less-restrictive parts of the service (community settings).

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**Document 49**

**Bush, Shane S**

*The National Academy of Neuropsychology at 35: a developmental history.*


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**Document 50**

**Farah, Martha J**

*Overcorrecting the neuroenhancement discussion.*

Addiction (Abingdon, England) 2011 Jun; 106(6): 1190; author reply 1190-1

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**Document 51**

**Meynen, Gerben**

*Depression, possibilities, and competence: a phenomenological perspective.*

Theoretical medicine and bioethics 2011 Jun; 32(3): 181-93

**Abstract:** Competent decision-making is required for informed consent. In this paper, I aim, from a phenomenological perspective, to identify the specific facets of competent decision-making that may form a challenge to depressed patients. On a phenomenological account, mood and emotions are crucial to the way in which human beings encounter the world. More precisely, mood is intimately related to the options and future possibilities we perceive in the world around us. I examine how possibilities should be understood in this context, and how, in depression, decision-making might be compromised. I suggest that, based on this analysis, a specific emphasis and alertness in assessments of competence in depressed patients is called for. In fact, close attention should be paid to the range of future possibilities depressed patients are able to perceive. In addition, providing environmental cues to these patients might be one way of enhancing their decision-making capacity. The practical suggestions arrived at are open to empirical research.

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**Document 52**

**Taylor, Patrick L**

*Responsibility rewarded: ethics, engagement, and scientific autonomy in the labyrinth of the minotaur.*

Neuron 2011 May 26; 70(4): 577-81

**Abstract:** Dramatic changes in the stem cell ethical and research ecosystem in the last 10 years depended on active engagement among scientists, ethicists, government, and public. Tracing that story demonstrates the value of such engagement, and forecasts a successful method for meeting future challenges.

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**Document 53**


**Document 54**

Niemeijer, Alistair R; Frederiks, Brenda J M; Depla, Marja F I A; Legemaate, Johan; Eefsting, Jan A; Hertogh, Cees M P M

**The ideal application of surveillance technology in residential care for people with dementia.**

Journal of medical ethics 2011 May; 37(5): 303-10

**Abstract:** As our society is ageing, nursing homes are finding it increasingly difficult to deal with an expanding population of patients with dementia and a decreasing workforce. A potential answer to this problem might lie in the use of technology. However, the use and application of surveillance technology in dementia care has led to considerable ethical debate among healthcare professionals and ethicists, with no clear consensus to date.

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**Document 55**

Forget, Karine; Marussi, Daphne Rocha; Le Corff, Yann

**[Counter-transference in eating disorder treatment: a systematic review]. = [Le contre-transfert dans le traitement des troubles alimentaires : recension systématique des écrits.]**

Canadian journal of psychiatry. Revue canadienne de psychiatrie 2011 May; 56(5): 303-10

**Abstract:** To identify counter-transference occurrences and causes in therapists treating patients with eating disorders, and to present suggested solutions to overcome counter-transference's negative aspects and to enhance treatment quality.

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**Document 56**

Gabbard, Glen O; Kassaw, Kristin A; Perez-Garcia, Gonzalo

**Professional boundaries in the era of the Internet.**


**Abstract:** The era of the Internet presents new dilemmas in educating psychiatrists about professional boundaries. The objective of this overview is to clarify those dilemmas and offer recommendations for dealing with them.

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**Document 57**

Brenner, Adam M

**What medical students say about psychiatry: results of a reflection exercise.**


**Abstract:** The author describes the results of a reflection exercise for psychiatry clerkship students.

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**Document 58**

Bjorbaekmo, Wenche S; Engelsrud, Gunn H

**Experiences of being tested: a critical discussion of the knowledge involved and produced in the practice of testing in children's rehabilitation.**

*Medicine, health care, and philosophy* 2011 May; 14(2): 123-31

**Abstract:** Intensive professional testing of children with disabilities is becoming increasingly prominent within the field of children's rehabilitation. In this paper we question the high quality ascribed to standardized assessment procedures. We explore testing practices using a hermeneutic-phenomenological approach analyzing data from interviews and participant observations among 20 children with disabilities and their parents. All the participating children have extensive experience from being tested. This study reveals that the practices of testing have certain limitations when confronted with the lived experience of those who are being tested. Testing seems to transmit the experts' view of what is important, correct and admirable, and the way in which an individual child fulfills such requirements and fits in with the predetermined standard. Regular testing may result in insecurity on the part of the tested individual, and possibly to a lack of confidence in their body and the way it functions. For the individual being tested the meaning of testing is primarily related to passing or not passing the test requirements. Given the meaning of testing, children with disabilities may experience repeated testing as an ordeal that they are expected to put up with. By illuminating the experiences of the ones exposed to testing, this paper offers new insight for professionals to gauge more accurately the quality of contemporary testing practice.

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**Document 59**

Healy, Paul

**DSM diagnosis and beyond: on the need for a hermeneutically-informed biopsychosocial framework.**

*Medicine, health care, and philosophy* 2011 May; 14(2): 163-75

**Abstract:** While often dubbed "the bible of contemporary psychiatry" and widely hailed as providing "a benchmark" for the profession, on closer inspection the DSM is seen to be shot through with philosophical assumptions that restrict its theoretical cogency and limit it clinical efficacy. Hence, in the interests of enhanced patient-care it is important to think critically about the DSM, with a view to maximising its diagnostic strengths while minimising its weaknesses. The critical analysis undertaken in the present paper underscores the importance of not construing the DSM as a self-contained diagnostic tool but of viewing it, rather, as an indispensable component in a more comprehensive, multidimensional diagnostic process. More specifically, the contention is that the DSM's diagnostic limitations evoke a biopsychosocial framework of application as their necessary corrective, notwithstanding the entrenched tendency to construe these approaches as oppositional. Further, it is contended that a hermeneutically informed biopsychosocial template has particular advantages as an integrating framework.

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**Document 60**

Zwijsen, Sandra A; Niemeijer, Alistair R; Hertogh, Cees M P M

**Ethics of using assistive technology in the care for community-dwelling elderly people: an overview of the literature.**

*Aging & mental health* 2011 May; 15(4): 419-27

**Abstract:** This article provides an overview of the international literature on the most important ethical considerations in the field of assistive technology (AT) in the care for community-dwelling elderly people, focused on dementia.

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**Document 61**

Castillo, Elizabeth Herskovits

**Doing dementia better: anthropological insights.**
**Clinics in geriatric medicine** 2011 May; 27(2): 273-89

**Abstract:** Dementia, or neurodegenerative disease, is a disease category, and yet it is widely described in popular and professional media as a horror story. Patients with dementia and their families frequently report that they are less than pleased with their clinical encounters. This article reveals the deleterious impact that cultural assumptions about dementia have on the care provided, and, through an exploration of anthropological theories of personhood, suggests strategies for seeking improved quality of life through personhood-centered care.

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**Document 62**

Trégouet, Stéphane

[Deviations?]. = Dérives?

Soins. Psychiatrie 2011 May-Jun(274): 1

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**Document 63**

Jia, Jian-ping; Wang, Yin-hua; Cai, Xiao-jie

[Chinese guidelines for diagnosis and management of cognitive impairment and dementia (VII): care and ethical consultation].

Zhonghua yi xue za zhi 2011 Apr 26; 91(16): 1081-3

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**Document 64**

Garnett, Alex; Whiteley, Louise; Piwowar, Heather; Rasmussen, Edie; Illes, Judy

**Neuroethics and fMRI: mapping a fledgling relationship.**

PloS one 2011 April 22; 6(4): e18537

**Abstract:** Human functional magnetic resonance imaging (fMRI) informs the understanding of the neural basis of mental function and is a key domain of ethical enquiry. It raises questions about the practice and implications of research, and reflexively informs ethics through the empirical investigation of moral judgments. It is at the centre of debate surrounding the importance of neuroscience findings for concepts such as personhood and free will, and the extent of their practical consequences. Here, we map the landscape of fMRI and neuroethics, using citation analysis to uncover salient topics. We find that this landscape is sparsely populated: despite previous calls for debate, there are few articles that discuss both fMRI and ethical, legal, or social implications (ELSI), and even fewer direct citations between the two literatures. Recognizing that practical barriers exist to integrating ELSI discussion into the research literature, we argue nonetheless that the ethical challenges of fMRI, and controversy over its conceptual and practical implications, make this essential.

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**Document 65**

Caspers, Svenja; Heim, Stefan; Lucas, Marc G; Stephan, Egon; Fischer, Lorenz; Amunts, Katrin; Zilles, Karl

**Moral concepts set decision strategies to abstract values.**

PloS one 2011 April 1; 6(4): e18451

**Abstract:** Persons have different value preferences. Neuroimaging studies where value-based decisions in actual conflict situations were investigated suggest an important role of prefrontal and cingulate brain regions. General preferences, however, reflect a superordinate moral concept independent of actual situations as proposed in psychological and socioeconomic research. Here, the specific brain response would be influenced by abstract value systems and moral concepts. The neurobiological mechanisms underlying such responses are largely unknown. Using functional magnetic resonance imaging (fMRI) with a forced-choice paradigm on word pairs representing
abstract values, we show that the brain handles such decisions depending on the person's superordinate moral concept. Persons with a predominant collectivistic (altruistic) value system applied a "balancing and weighing" strategy, recruiting brain regions of rostral inferior and intraparietal, and midcingulate and frontal cortex. Conversely, subjects with mainly individualistic (egocentric) value preferences applied a "fight-and-flight" strategy by recruiting the left amygdala. Finally, if subjects experience a value conflict when rejecting an alternative congruent to their own predominant value preference, comparable brain regions are activated as found in actual moral dilemma situations, i.e., midcingulate and dorsolateral prefrontal cortex. Our results demonstrate that superordinate moral concepts influence the strategy and the neural mechanisms in decision processes, independent of actual situations, showing that decisions are based on general neural principles. These findings provide a novel perspective to future sociological and economic research as well as to the analysis of social relations by focusing on abstract value systems as triggers of specific brain responses.

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Document 66
Kinghorn, Warren A

**Whose disorder?: a constructive MacIntyrean critique of psychiatric nosology.**
The Journal of medicine and philosophy 2011 Apr; 36(2): 187-205

**Abstract:** The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) has for decades been a locus of dispute between ardent defenders of its scientific validity and vociferous critics who charge that it covertly cloaks disputed moral and political judgments in scientific language. This essay explores Alasdair MacIntyre's tripartite typology of moral reasoning—"encyclopedia," "genealogy," and "tradition"—as an analytic lens for appreciation and critique of these debates. The DSM opens itself to corrosive neo-Nietzschean "genealogical" critique, such an analysis holds, only insofar as it is interpreted as a presumptively objective and context-independent encyclopedia free of the contingencies of its originating communities. A MacIntyrean tradition-constituted understanding of the DSM, on the other hand, helpfully allows psychiatric nosology to be understood both as "scientific" and, simultaneously, as inextricable from the political and moral interests—and therefore the moral successes and moral failures—of the psychiatric guild from which it arises.

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Document 67
Michel, Andrew A

**Psychiatry after virtue: a modern practice in the ruins.**
The Journal of medicine and philosophy 2011 Apr; 36(2): 170-86

**Abstract:** Contemporary psychiatry maintains the myth that it is value neutral by appeal to modern medical science for both its diagnostic categories and its therapeutic interventions, leaving the impression that it relies on reason—that is to say, reason divorced from tradition—to master human nature. Such a practice has a certain way of characterizing and defining humanity's lapses from acceptable human behavior—a lapse from human being. The modern practice of psychiatry applies a particular notion (largely influenced by Enlightenment ideals) of scientific instrumentation to the human person in order to diagnose the ailment and manufacture a corresponding treatment in keeping with a hidden conception of human biological flourishing. This covert vision is an impoverished (and possibly dangerous) one. As much as the practice of psychiatry is constrained by the goals of the dominant moral tradition of our day, it becomes a tool (or technique) for achieving the transient and partial ends of modern individualism. Given this truncated view of human nature and human end, modern psychiatry fails to attend comprehensively to the unity of a life, missing altogether the essential relevance of character formation, and thereby forfeiting excellence in human flourishing.

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Document 68
Miller, Matthew J; Sendrowitz, Kerrin

**Counseling psychology trainees' social justice interest and commitment.**
Journal of counseling psychology 2011 Apr; 58(2): 159-69

**Abstract:** Scholars within the field of counseling psychology have for some time now articulated eloquent and compelling calls for attending to social justice in the social sciences. To date, counseling psychologists have been at the forefront of addressing social justice issues in research, practice, and professional development. The present study advances empirical perspectives on social justice by testing the external validity of M. J. Miller et al.'s (2009) social-cognitive model of social justice interest and commitment in a sample of 229 doctoral trainees in counseling psychology. Present findings support the ability of the model to explain, in part, counseling psychology trainees' social justice interest and commitment. In addition, the present study provides novel findings that demonstrate the direct and indirect ways in which program training environment and personal moral imperative relate to social justice interest and commitment. Study limitations, future directions for research, and implications for training are discussed.

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Document 69
Wauchope, Bronwyn; O’Keamey, Richard; Bone, Linette; Urbanc, Amanda

**Advance agreements for mental health care: an examination of process and outcomes.**
The Australian and New Zealand journal of psychiatry 2011 Apr; 45(4): 281-8

**Abstract:** Despite high demand for anticipatory planning tools in mental health there is little Australian research about their implementation. This study examines the processes and outcomes of the introduction of structured mental health advanced agreements in the Australian Capital Territory.

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Document 70
Kasner, Scott E; Baren, Jill M; Le Roux, Peter D; Nathanson, Pamela G; Lamond, Katherine; Rosenberg, Stacy L; Karlawish, Jason

**Community views on neurologic emergency treatment trials.**

**Abstract:** We improve our understanding of the community consultation process for acute neurologic emergency trials conducted under the federal regulations for Exception From Informed Consent (EFIC) for emergency research.

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Document 71
Halász, Péter; Rajna, Péter

**About the future of neurology–answer to Csaba Ertsey]. = A neurológia jövojérol–válasz ertsey csabának.**
Ideggyógyászati szemle 2011 Mar 30; 64(3-4): 138-9

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Document 72
Racine, Eric; Bell, Emily; Di Pietro, Nina C; Wade, Lucie; Illes, Judy

**Evidence-based neuroethics for neurodevelopmental disorders.**

**Abstract:** Many neurodevelopmental disorders affect early brain development in ways that are still poorly understood; yet, these disorders can place an enormous toll on patients, families, and society as a whole and affect all aspects of daily living for patients and their families. We describe a pragmatic, evidence-based framework for engaging in empiric ethics inquiry for a large consortium of researchers in neurodevelopmental disorders and provide relevant case studies of pragmatic neuroethics. The 3 neurodevelopmental disorders that are at the focus of our research, cerebral palsy (CP), autism spectrum disorder (ASD), and fetal alcohol spectrum disorder (FASD), bring
unique and intersecting challenges of translating ethically research into clinical care for children and neonates. We identify and discuss challenges related to health care delivery in CP; neonatal neurological decision making; alternative therapies; and identity, integrity, and personhood.

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**Document 73**

Evans, Randolph W; Johnston, James C

**Migraine and medical malpractice.**

Headache 2011 Mar; 51(3): 434-40

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**Document 74**

Evans, Randolph W; Johnston, James C

**Migraine and medical malpractice.**

Headache 2011 Mar; 51(3): 434-40

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**Document 75**

Henderson, Julie; Curren, David; Walter, Bonnie; Toffoli, Luisa; O'Kane, Debra

**Relocating care: negotiating nursing skill mix in a mental health unit for older adults.**

Nursing inquiry 2011 Mar; 18(1): 55-65

**Abstract:** Mental health care in Australia in the last 20 years has moved from stand-alone psychiatric hospitals to general hospitals and the community. This paper reports an action research project exploring the experiences of nurses on an acute mental health unit for older adults staffed with a skill mix of mental health and general nurses, which recently transitioned from a psychiatric to a general hospital. The new service provides comprehensive health care, including the management of physical co-morbidity and a recovery orientation. Recovery acknowledges the role and rights of consumers and carers in planning and management of care, choice and individual strengths (Shepherd). The new ward received additional resources to establish the model of care, including a broader skill mix. The paper explores the dynamics of development of a new model of care and of bringing together staff with different professional orientations, cultures and priorities. Focus groups and interviews were conducted with 18 staff. Analysis resulted in three themes relating to the impact of competing goals and foci of care upon professional boundaries; competing organisational cultures and the impact of service change upon work practices. The findings are explored in relation to ideas about health care delivery associated with neoliberalism.

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**Document 76**

Neimeyer, Greg J.; Taylor, Jennifer M.; Wear, Douglas M.

**Continuing education in professional psychology: do ethics mandates matter?**

Ethics & Behavior 2011 March-April; 21(2): 165-172

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**Document 77**

Young, John Q; Eisendrath, Stuart J
Enhancing patient safety and resident education during the academic year-end transfer of outpatients: lessons from the suicide of a psychiatric patient.


Shu, Lisa L; Gino, Francesca; Bazerman, Max H

Dishonest deed, clear conscience: when cheating leads to moral disengagement and motivated forgetting.

Personality & social psychology bulletin 2011 Mar; 37(3): 330-49

Abstract: People routinely engage in dishonest acts without feeling guilty about their behavior. When and why does this occur? Across four studies, people justified their dishonest deeds through moral disengagement and exhibited motivated forgetting of information that might otherwise limit their dishonesty. Using hypothetical scenarios (Studies 1 and 2) and real tasks involving the opportunity to cheat (Studies 3 and 4), the authors find that one's own dishonest behavior increased moral disengagement and motivated forgetting of moral rules. Such changes did not occur in the case of honest behavior or consideration of the dishonest behavior of others. In addition, increasing moral saliency by having participants read or sign an honor code significantly reduced unethical behavior and prevented subsequent moral disengagement. Although dishonest behavior motivated moral leniency and led to forgetting of moral rules, honest behavior motivated moral stringency and diligent recollection of moral rules.

Kaebnick, Gregory E

Psychiatry and values.

The Hastings Center report 2011 Mar-Apr; 41(2): 2

Cáceda, Ricardo; James, G Andrew; Ely, Timothy D; Snarey, John; Kilts, Clinton D

Mode of effective connectivity within a putative neural network differentiates moral cognitions related to care and justice ethics.

PloS one 2011 February 25; 6(2): e14730

Abstract: Moral sensitivity refers to the interpretive awareness of moral conflict and can be justice or care oriented. Justice ethics is associated primarily with human rights and the application of moral rules, whereas care ethics is related to human needs and a situational approach involving social emotions. Among the core brain regions involved in moral issue processing are: medial prefrontal cortex, anterior (ACC) and posterior (PCC) cingulate cortex, posterior superior temporal sulcus (pSTS), insula and amygdala. This study sought to inform the long standing debate of whether care and justice moral ethics represent one or two different forms of cognition.

Sabatino, Charles P

Damage prevention and control for financial incapacity.

JAMA : the journal of the American Medical Association 2011 Feb 16; 305(7): 707-8
Document 82
Whitehouse, Peter
**Empowering whom? Neuroethics at its limits.**
Lancet 2011 Feb 5; 377(9764): 468
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Document 83
Donovan, W H
**Ethics, health care and spinal cord injury: research, practice and finance.**
Spinal cord 2011 Feb; 49(2): 162-74
*Abstract:* Dating back to ancient times, mankind has been absorbed with 'doing the right thing', that is, behaving in ways approved by the society and the culture during the era in which they lived. This has been and still is especially true for the medical and related health-care professions. Laws and professional codes have evolved over the years that provide guidelines as to how physicians should treat patients, beginning with the one authored by Hippocrates. Only more recently, however, have laws and codes been created to cover health-care research and the advances in health-care practice that have been brought to light by that research. Although these discoveries have clearly impacted the quality of life and duration of life for people with spinal cord injury and other maladies, they have also raised questions that go beyond the science. Questions such as when, why, how and for how long should such treatments be applied often relate more to what a society and its culture will condone and the answers can differ and have differed among societies depending on the prevailing ethics and morals. Modern codes and laws have been created so that the trust people have traditionally placed in their healers will not be violated or misused as happened during wars past, especially in Nazi Germany. This paper will trace the evolution of the rules that medical researchers, practitioners and payers for treatment must now follow and explain why guiding all their efforts that honesty must prevail.
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Document 84
Wyndaele, J J
**Ethics, healthcare and spinal cord injury: research, practice and finance.**
Spinal cord 2011 Feb; 49(2): 161
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Document 85
Amaral, David; Rogers, Sally J; Baron-Cohen, Simon; Bourgeron, Thomas; Caffo, Ernesto; Fombonne, Eric; Fuentes, Joaquin; Howlin, Patricia; Rutter, Michael; Klin, Ami; Volkmar, Fred; Lord, Catherine; Minshew, Nancy; Nardocci, Franco; Rizzolatti, Giacomo; Russo, Sebastiano; Scifo, Renato; van der Gaag, Rutger Jan
**Against le packing: a consensus statement.**
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Document 86
Hannon-Engel, Sandy
**Regulatory oversight: do psychiatric patients have the right to refuse active treatment?**
Archives of psychiatric nursing 2011 Feb; 25(1): 21-3
*Abstract:* A psychiatric patient's right to refuse active treatment is currently under question due to the current
regulatory requirements from the Centers for Medicare and Medicaid Services. Legislation that was originally intended to promote active treatment is now rigidly interpreted, and today's acute care psychiatric hospitals are forced to override their patient's autonomous decisions in fear of legislation penalties. This article will briefly discuss the moral complexities faced by psychiatric nurses when attempting to balance their patients' right to autonomy versus the regulatory demands of the federal government.

Document 87
Marcovitch, Harvey
**Is research safe in their hands?**
BMJ (Clinical research ed.) 2011 January 19; 342: d284

Document 88
Tamburrini, Guglielmo; Mattia, Donatella
**Disorders of consciousness and communication. Ethical motivations and communication-enabling attributes of consciousness.**
Functional neurology 2011 Jan-Mar; 26(1): 51-4

**Abstract:** Envisaged extensions of a functional magnetic resonance imaging (fMRI) technique allowing communication with patients affected by disorders of consciousness are here examined in connection with subjective symptom reporting, informed consent, and continued medical care decision-making. The principles of medical beneficence, personal autonomy protection, and the right to participate in social life are isolated as appropriate sources of ethical motivations for the use of fMRI-enabled communication. Consciousness requirements for each communication context are identified on the basis of qualitative distinctions between the access, phenomenal, and narrative varieties of consciousness. Ethically motivated uses of fMRI-enabled communication are hierarchically organized in terms of progressively more demanding consciousness requirements for successful communication. The outcomes of this analysis can be used to curb unrealistic expectations of these new scientific developments, and to promote mutual trust between medical doctors, patient surrogates and families.

Document 89
Woody, Robert Henry
**Science in mental health training and practice, with special reference to school psychology**
Ethics & Behavior 2011 January-February; 21(1): 69-77

Document 90
Clemente, Miguel; Espinosa, Pablo; Urra, Javier
**Ethical issues in psychologists' professional practice: agreement over problematic professional behaviors among Spanish psychologists**
Ethics & Behavior 2011 January-February; 21(1): 13-34
Document 91
Vanderhoff, Holly; Jeglic, Elizabeth L; Donovick, Peter J
Neuropsychological assessment in prisons: ethical and practical challenges.
Abstract: Cognitive deficits, substance abuse, and mental illness are common among prisoners. Thus, for many prisoners, neuropsychological evaluations may be indicated to assess the degree of impairment and how these impairments may affect their behavior in the prison environment. However, many neuropsychological tests were not designed for or normed on prisoners. This article highlights the unique ethical and practical challenges to providing neuropsychological services to incarcerated individuals. Specifically, it discusses (a) limits to confidentiality, (b) issues related to informed consent, (c) how prison conditions may compromise the validity of testing, and (d) the impact of third-party observation of the evaluation. Recommendations and suggestions for resolving some of these difficulties are offered.

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Document 92
Lomax, James W
Learning from losing: ethical, psychoanalytic, and spiritual perspectives on managing the incremental losses of the distributed self in dementia.
Journal of psychiatric practice 2011 Jan; 17(1): 41-8
Abstract: The author describes his experiences making decisions about the care of his mother, who was suffering from dementia, and the profound effect this process had on him as a psychotherapist. As background, he first presents an overview of writings from Jerry M. Lewis, George Pollock, and George Vaillant on issues related to attachment, death, loss, and mourning. The author equates his experiences caring for his mother with a type of involuntary "continuing education" and describes the lessons he learned as he was faced with decisions about his mother's level of care and as he mourned the slow, piecemeal loss of her distributed self. A case vignette is presented to illustrate how the author applied the lessons he had learned in psychotherapy with a distressed patient caring for her aging mother. The article concludes with a summary of the clinical and ethical questions raised by this case and the author's experience with his mother and a discussion of principles that can help psychotherapists provide treatment for patients who are caring for family members with dementia. (Journal of Psychiatric Practice. 2011;17:41-48).

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Document 93
Grözinger, M; Olzen, D; Metzmacher, A; Podoll, K; Schneider, F
[Significance of a recent amendment on advance directives for psychiatric patients in Germany]. = Patientenverfügungsgesetz. Konsequenzen für die Behandlung psychisch Kranker.
Der Nervenarzt 2011 Jan; 82(1): 57-66
Abstract: Current legal regulations concerning the right of self-determination of subjects who are not competent to give consent have been in force since 2009. According to the new regulations, such subjects can exercise their right of self-determination through a legal guardian who will assess and impose their will. If there is an operative advance directive covering the specific case, the guardian is bound by the provisions laid down in it. Although primarily intended for end-of-life decisions, the law applies in all cases of a subject's inability to give consent, including the context of mental illness. It allows the persons concerned to define certain aspects of medical treatment in advance. On the one hand, the right of self-determination of mentally ill people is thus strengthened. On the other hand, the new regulations can also cause significant ethical conflict involving patients and their representatives as well as family members and practitioners. The present contribution presents the consequences of the amendment for the treatment of mentally ill people. Case studies are described in order to illustrate the new regulations in clinical situations.

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Document 94

Koskas, Pierre; Misme, Aurélie; Lepresle, Claude; Drunat, Olivier

[Setting up of a community/hospital network providing care for patients and their families]. = Mise en place d'une structure ville/hôpital de prise en charge des patients et de leurs familles.

Soins. Gérontologie 2011 Jan-Feb(87): 18-21

Abstract: With the ageing of the population, dementia has become a public healthcare priority. A network designed to help the families of patients suffering from dementia on a medical as well as a social and psychological level has been set up. This structure has been developed in close coordination with community practitioners and physicians and in line with the latest recommendations in particular with regard to ethics. Its first three years of existence confirm the importance of this type of approach which complements the care provided by hospitals.

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Document 95

Pedra, Maryse

[Caring for patients with dementia, a challenge to overcome]. = Soigner des patients démentes, un défi à relever?

Soins. Gérontologie 2011 Jan-Feb(87): 22

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Document 96

Lazarus, Arthur

NFL concussions and common sense. A recipe for medical errors and a lesson for physician leaders.

Physician executive 2011 Jan-Feb; 37(1): 6-9

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Document 97

Cayley, William E Jr.

The concise argument.

Journal of medical ethics 2011 Jan; 37(1): 1

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Document 98

Partridge, Brad; Lucke, Jayne; Finnoff, Jonathan; Hall, Wayne

Begging important questions about cognitive enhancement, again.


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Document 99

Gazzaniga, Michael S.

WHO'S IN CHARGE? FREE WILL AND THE SCIENCE OF THE BRAIN

Document 100
Hollander-Goldfein, Bea; Isserman, Nancy; and Goldenberg, Jennifer E.
TRANSCEENDING TRAUMA: SURVIVAL, RESILIENCE AND CLINICAL IMPLICATIONS IN SURVIVOR FAMILIES

Document 101
Orange, Donna M.
THE SUFFERING STRANGER: HERMENEUTICS FOR EVERYDAY CLINICAL PRACTICE

Document 102
Barker, Philip, ed.
MENTAL HEALTH ETHICS: THE HUMAN CONTEXT

Document 103
Rose, Jacqueline; Naparstek, Ben; and Clemens, Justin
THE JACQUELINE ROSE READER

Document 104
Evans, Kathy M.; Kincade, Elizabeth Ann; and Seem, Susan R.
INTRODUCTION TO FEMINIST THERAPY: STRATEGIES FOR SOCIAL AND INDIVIDUAL CHANGE

Document 105
Kitchener, Karen Strohm and Anderson, Sharon K.
FOUNDATIONS OF ETHICAL PRACTICE, RESEARCH, AND TEACHING IN PSYCHOLOGY AND COUNSELING

Document 106
Bailey, Jon and Burch, Mary
ETHICS FOR BEHAVIOR ANALYSTS
Document 107
Williams, Thomas J. and Kennedy, Carrie H.
American Psychological Association.
ETHICAL PRACTICE IN OPERATIONAL PSYCHOLOGY: MILITARY AND NATIONAL INTELLIGENCE APPLICATIONS

Document 108
Sadoff, Robert L. and Baird, John A.
ETHICAL ISSUES IN FORENSIC PSYCHIATRY: MINIMIZING HARM

Document 109
Johnson, W. Brad and Koocher, Gerald P., ed.
ETHICAL CONUNDRUMS, QUANDARIES, AND PREDICAMENTS IN MENTAL HEALTH PRACTICE: A CASEBOOK FROM THE FILES OF EXPERTS
Call number: RC455.2.E8 E825 2011

Document 110
Nagy, Thomas F.
ESSENTIAL ETHICS FOR PSYCHOLOGISTS: A PRIMER FOR UNDERSTANDING AND MASTERING CORE ISSUES
Call number: BF76.4.N338 2011

Document 111
Sheldon, Brian
COGNITIVE-BEHAVIOURAL THERAPY: RESEARCH AND PRACTICE IN HEALTH AND SOCIAL CARE

Document 112
Churchland, Patricia S.
BRAINTRUST: WHAT NEUROSCIENCE TELLS US ABOUT MORALITY
Call number: QP430.C58 2011

Document 113
Glannon, Walter
BRAIN, BODY, AND MIND: NEUROETHICS WITH A HUMAN FACE
**Document 114**
Bhugra, Dinesh; Malik, Amit; and Ikkos, George, eds.
PSYCHIATRY'S CONTRACT WITH SOCIETY: CONCEPTS, CONTROVERSIES, AND CONSEQUENCES

**Document 115**
Illes, Judy and Sahakian, Barbara J., eds.
THE OXFORD HANDBOOK OF NEUROETHICS

**Document 116**
Henderson, Julie; Battams, Samantha
Mental health and barriers to the achievement of the 'right to health'.
Australian journal of primary health 2011; 17(3): 220-6

*Abstract*: This paper explores issues relating to access to physical and mental health care for people with mental health problems in light of Australia's endorsement in 2008 of the Convention of the Rights of Persons with Disabilities, which established the right to health and to health care. Interviews were conducted with 10 key stakeholders with legal, policy, clinical and advocacy roles within South Australia and at a national and international level. Participants identified several barriers to the achievement of the right to health for people with mental illness, with discussion highlighting the legal definition of rights, governance of health and mental health, and structural barriers to receipt of care as the primary barriers. The data are explored in relation to social models of disability.

**Document 117**
Lakeman, Richard
Leave your dignity, identity, and day clothes at the door: the persistence of pyjama therapy in an age of recovery and evidence-based practice.
Issues in mental health nursing 2011; 32(7): 479-82

**Document 118**
Fins, Joseph J
Neuroethics, neuroimaging, and disorders of consciousness: promise or peril?
Transactions of the American Clinical and Climatological Association 2011; 122: 336-46

*Abstract*: The advent of powerful neuroimaging tools such as functional magnetic resonance imaging (fMRI) and positron emission tomography (PET) has begun to redefine how we diagnose, define, and understand disorders of consciousness such as the vegetative and minimally conscious states. In my paper, I review how research using these methods is both elucidating these brain states and creating diagnostic dilemmas related to their classification as the specificity and sensitivity of traditional behavior-based assessments are weighed against sensitive but not yet fully validated neuroimaging data. I also consider how these methods are being studied as potential communication vectors for therapeutic use in subjects who heretofore have been thought to be unresponsive or minimally conscious. I conclude by considering the ethical challenges posed by novel diagnostic and therapeutic neuroimaging
applications and contextualize these scientific developments against the broader needs of patients and families touched by severe brain injury.

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**Document 119**

Quinn, Chris; Happell, Brenda; Browne, Graeme

**Sexuality and consumers of mental health services: the impact of gender and boundary issues.**

Issues in mental health nursing 2011; 32(3): 170-6

**Abstract:** The importance of sexuality to humanity is clearly acknowledged. However, for consumers of mental health services, it tends to be a neglected topic. Although nurses are at the forefront of mental health service delivery, evidence suggests they are reluctant to include sexuality as part of their care. This article describes the findings from a qualitative exploratory research project that examined mental health nurses’ attitudes to discussing sexuality with consumers. Fourteen mental health nurses from a service in Queensland participated in this study. Data analysis revealed two main themes: the impact of gender, and professional boundary issues. In terms of gender, participants referred to the impact of sexual dysfunction experienced by young adult male consumers. For female consumers the discussion centred on vulnerability to sexual exploitation and the need to exercise protective measures to ensure safety. Participants indicated concerns about being professionally compromised when discussing sexuality with consumers of the opposite sex. These findings highlight the need for further exploration of mental health nurses’ attitudes towards discussing sexuality with consumers as part of their practice.

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**Document 120**

MacCulloch, Tony

**Recovery and the rhetoric of illusion.**

Issues in mental health nursing 2011; 32(3): 187-8

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**Document 121**

MacCulloch, Tony

**Recovery and the rhetoric of illusion.**

Issues in mental health nursing 2011; 32(3): 187-8

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**Document 122**

Meise, Ullrich; Frajo-Apor, Beatrice; Stippler, Stippler; Wancata, Johannes

**[Coercion in Psychiatry - a taboo?]. = Zwangsmaßnahmen in der Psychiatrie - ein Tabu?**


**Abstract:** History shows that the discussion concerning coercive measures against mentally ill is as old as psychiatry itself. The dilemma of psychiatry lies in its double role - having both a therapeutic and a regulatory function. Violence against sick and disabled people conflicts with the ethical principles of helping professions. This, however, is where the danger lies: that the violent parts of psychiatric work - which in the opinion of experts cannot be entirely avoided - are repressed or seen as taboo and are therefore more difficult to control. Comparisons between EU countries of the nature, frequency and duration of coercive measures are difficult because of the heterogeneity of regulation and differences in established practice. Scientific examination of this issue seems to be insufficient. There are only a few studies on important issues such as how patients rate these measures. An open and thorough debate about the meaning and meaninglessness of coercion and violence in psychiatric treatment would be
necessary to prevent "routine violence" or the excessive use of force against the mentally ill.

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**Document 123**

Nardello, Rosaria; Beji, Noaman

**Ethical problems related to the management of young immigrant detainees with psychiatric disorders in Italian prisons**

In: Arda, Bema; Rispler-Chaim, Vardit, eds. Islam and Bioethics. Ankara [Turkey]: Ankara University; 2011: 181-185

Call number: R725.59 .I85 2010

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**Document 124**

Parens, Erik

**The ethics of memory blunting: some initial thoughts.**

Frontiers in behavioral neuroscience 2010 December 20; 4: 190

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**Document 125**

Dyer, Clare

**Expert witness claimed that a defendant had "intermittent explosive disorder," GMC hears.**

BMJ (Clinical research ed.) 2010 December 8; 341: c7067

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**Document 126**

Jargin, Sergei V

**Psychiatry in Russia: economic upturn must bring improvements.**

Revista brasileira de psiquiatria (São Paulo, Brazil : 1999) 2010 Dec; 32(4): 460-1

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**Document 127**

Tusaie, Kathleen R

**Is the tail wagging the dog in pediatric bipolar disorder?**

Archives of psychiatric nursing 2010 Dec; 24(6): 438-9

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**Document 128**

Lindahl, Marianne Larsson; Ojehagen, Agneta; Berglund, Mats

**Commitment to coercive care in relation to substance abuse reports to the social services. A 2-year follow-up.**

Nordic journal of psychiatry 2010 Dec; 64(6): 372-6

*Abstract:* In Sweden, a person with substance abuse can be reported to the social services for an investigation about commitment to coercive care. After a change in legislation, municipalities varied greatly in the ratio of
commitments/reports compared with the period before the legislation was amended.

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Document 129

Vajda, F J E

The Australian Pregnancy Register of Anti-epileptic Drugs: 10 years of progress.

Journal of clinical neuroscience : official journal of the Neurosurgical Society of Australasia 2010 Dec; 17(12): 1485-8

Abstract: The need for collecting a nationwide database for antiepileptic drug (AED) use in pregnancy is described as well as the rationale, methods, funding and logistics of the Australian Pregnancy Register of Anti-epileptic Drugs (APR). Various aspects of treatment with AED have been reported, not only in relation to teratogenicity but also in terms of efficacy of AED, their use in mono and polytherapy, dose-effect relationships and foetal outcomes. The overall effect of the APR in terms of scientific education is also discussed.

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Document 130

Grounds, Adrian; Gunn, John; Myers, Wade C; Rosner, Richard; Busch, Kenneth G

Contemplating common ground in the professional ethics of forensic psychiatry.


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Document 131

Sheu, Shuh-Jen

[Anti-stigmatization and ethical perspectives on mental illness and genetic technologies].

Hu li za zhi The journal of nursing 2010 Dec; 57(6): 11-7

Abstract: People with mental illness suffer from their disorder as well as from social stigma. This paper explores the bio-psycho-social reasons that underlie human stigma and proposes potential anti-stigmatization strategies. Furthermore, this paper presents a multi-component, multi-level intervention genetic psychiatry protocol addressing stigma prevention. Significant levels of social stigma still pervade Taiwanese culture, and a potential crisis of genetic psychiatry exists in cases where mental illness is identified. Promoting humanistic, ethical, and caring attitudes and enhancing genetic nursing education at both the community level and amongst health professional are central to ensuring the rights and quality of life of the mentally ill in Taiwan society.

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Document 132

Bloom, Joseph D

"The incarceration revolution": the abandonment of the seriously mentally ill to our jails and prisons.


Abstract: It is well known that today jails and prisons house many seriously mentally ill citizens who in prior decades have been treated in mental hospitals and community mental health programs. This paper begins with a brief review of the history of support for mental health programs at the federal level and then, using the State of Oregon as an example, describes the new state era of mental health services which is characterized by the increasing use of the criminal justice system as a cornerstone of the treatment of many seriously and chronically mentally ill individuals. Are there any solutions to our current dilemma? The paper ends with this question, and the reader must determine if any of the suggestions posed in this discussion are realistic and/or feasible given the current fiscal and political climate.
Document 133
Epright, M Carmela; Sade, Robert M
Conundrums and controversies in mental health and illness.

Document 134
Gillett, G R; Honeybul, S; Ho, K M; Lind, C R P
Neurotrauma and the RUB: where tragedy meets ethics and science.
Journal of medical ethics 2010 Dec; 36(12): 727-30
Abstract: Decompressive craniectomy is a technically straightforward procedure whereby a large section of the cranium is temporarily removed in cases where the intracranial pressure is dangerously high. While its use has been described for a number of conditions, it is increasingly used in the context of severe head injury. As the use of the procedure increases, a significant number of patients may survive a severe head injury who otherwise would have died. Unfortunately some of these patients will be left severely disabled; a condition likened to the RUB, an acronym for the Risk of Unacceptable Badness. Until recently it has been difficult to predict this outcome, however an accurate prediction model has been developed and this has been applied to a large cohort of patients in Western Australia. It is possible to compare the predicted outcome with the observed outcome at 18 months within this cohort. By using predicted and observed outcome data this paper considers the ethical implications in three cases of differing severity of head injury in view of the fact that it is possible to calculate the RUB for each case.

Document 135
Kanat, Ayhan; Epstein, Clara Raquel
Challenges to neurosurgical professionalism.
Clinical neurology and neurosurgery 2010 Dec; 112(10): 839-43
Abstract: At present, neurosurgical practice is confronted by an explosion of technology. Rapid advances in neurosurgical knowledge and technology are putting increased pressure on neurosurgeons to process huge quantities of information, with requirements for continuous learning and updating scientific knowledge and skills which are time consuming but essential. Changes to the venerated status quo of neurosurgical practice have created an environment that may have a negative impact upon neurosurgical professional behavior. As a result, neurosurgeons may find it increasingly difficult to meet their moral and ethical responsibilities to patients, trainees and colleagues, and society. In these circumstances, reaffirming the fundamental and universal principles and values of neurosurgical professionalism, which remain the ideals to be pursued by all neurosurgeons, becomes all the more important.

Document 136
Meynen, Gerben
Free will and mental disorder: exploring the relationship.
Theoretical medicine and bioethics 2010 Dec; 31(6): 429-43
Abstract: A link between mental disorder and freedom is clearly present in the introduction of the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). It mentions "an important loss of freedom" as one of the possible defining features of mental disorder. Meanwhile, it remains unclear how "an important loss of
freedom" should be understood. In order to get a clearer view on the relationship between mental disorder and (a loss of) freedom, in this article, I will explore the link between mental disorder and free will. I examine two domains in which a connection between mental disorder and free will is present: the philosophy of free will and forensic psychiatry. As it turns out, philosophers of free will frequently refer to mental disorders as conditions that compromise free will and reduce moral responsibility. In addition, in forensic psychiatry, the rationale for the assessment of criminal responsibility is often explained by referring to the fact that mental disorders can compromise free will. Yet, in both domains, it remains unclear in what way free will is compromised by mental disorders. Based on the philosophical debate, I discuss three senses of free will and explore their relevance to mental disorders. I conclude that in order to further clarify the relationship between free will and mental disorder, the accounts of people who have actually experienced the impact of a mental disorder should be included in future research.

Rajna, Péter


Ideggyógyászati szemle 2010 Nov 30; 63(11-12): 364-76

Abstract: While the expected life-time increases dementias will show a pandemic nature. Author analyses the special medical and social concerns of severe states of Alzheimer disease. Having introduced the epidemiologic, diagnostic data and forms of palliative therapies he concentrates on the hitherto unsolved problems of patients and caregivers. He belongs to the experts identifying the Alzheimer diseases as a forced aging process. Accepted the theory of L. Hayflick he evaluates the aging process in frame of an evolution model. He states that for aged human beings having already performed the task of reproduction further conditions of living circumstances and even that of death are no more programmed. This hypothesis may have a very negative content at the first sense. But the author rather considers the uncertainty of aging a positive message. He establishes that the occurrence of degenerative processes connecting the aging must be limited by preventive interventions far more efficient than the present possibilities. Concerning these steps we are still on the level of recommendations for preserving our general health and data of relevant science are quite contradictory. Although criteria of "healthy", "qualified" or "assumable" aging are getting defined, we still do not know exactly how we should live optimally and what should we do for this in different epochs of our life. Somatic and psychological parameters are lacking which would be able to signalize the actual level of the aging process in a given person. We, physicians, also do not have exact opinion on the level of severity of dementias at which the patient already lost his her features of personality and individuality on an irreversible way. We have no idea on the phase when the ratio of joy and suffer falls below the value of 1.0 because we still have no tool for its measure. The author pointed the necessity of acceptance of a new preventive attitude and application of new methods in the medical care of the forced or pathological aging, instead of the present approaches based on the "wait and treat" attitude. Because of the intensive increase of the patient population the identification and care of patients can be efficient with a much more involvement of the basic medical network. Financial background can be improved by new theoretical bases of criteria of the palliative treatments. But the direct professional programs can be planned after solution of the existing moral and social dilemmas.

Halász, Péter; Rajna, Péter

[Classical neurology: Adieu! Or: the future of Hungarian neurology, fruitful transformation or preprogrammed death?]. = Klasszikus neurológia: Adieu! Avagy: az ideggyógyászat jöv?je a termékeny átalakulás vagy programozott halál?

Ideggyógyászati szemle 2010 Nov 30; 63(11-12): 419-27

Abstract: According to our opinion several ideas, trends and aims of the traditional neurology became outworn. (So together with all the romantic beauty and hierarchic relations: Adieu!). The specialisation within the main body of the profession is unavoidable. A new, high quality, cost-benefit sensitive, institutional system should be built up, non essentially on inpatient, but on outpatient basis, supported by a personal and partnership oriented patient/doctor relationship, with multidisciplinary co-operations and team-work. Education should be also rebuilt accordingly. This analysis of the present situation and recommendations for the future plans was given--since our ages--without any
personal interest or attraction. We tried to keep before us only the future of our beloved profession, the preservation of worth, and the exploration of the withdrawing dogmatic views. We invite everybody who is interested in the current questions of our profession to share their opinion with the whole neurological society and take part in open discussion of these important questions.

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**Document 139**

Thomicroft, Graham; Farrelly, Simone; Birchwood, Max; Marshall, Max; Szmukler, George; Waheed, Waquas; Byford, Sarah; Dunn, Graham; Henderson, Claire; Lester, Helen; Leese, Morven; Rose, Diana; Sutherby, Kim

**CRIMSON [CrIsis plan IMpact: Subjective and Objective coercion and eNgagement] protocol: a randomised controlled trial of joint crisis plans to reduce compulsory treatment of people with psychosis.**

Trials 2010 November 5; 11: 102

**Abstract:** The use of compulsory treatment under the Mental Health Act (MHA) has continued to rise in the UK and in other countries. The Joint Crisis Plan (JCP) is a statement of service users' wishes for treatment in the event of a future mental health crisis. It is developed with the clinical team and an independent facilitator. A recent pilot RCT showed a reduction in the use of the MHA amongst service users with a JCP. The JCP is the only intervention that has been shown to reduce compulsory treatment in this way. The CRIMSON trial aims to determine if JCPs, compared with treatment as usual, are effective in reducing the use of the MHA in a range of treatment settings across the UK.

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**Document 140**

Baxter, J David

**Air versus water.**

Annals of internal medicine 2010 Nov 2; 153(9): 616-7

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**Document 141**

Jain, Neeraj

**Brain-machine interface: the future is now.**

The National medical journal of India 2010 Nov-Dec; 23(6): 321-3

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**Document 142**

Coverdale, John H; Roberts, Laura Weiss; Balon, Richard

**The public health priority to address the accessibility and safety of firearms: recommendations for training.**


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**Document 143**

Brook, Shelley; Robertson, David; Makuwaza, Tutsirai; Hodges, Brian D

**Canadian residents teaching and learning psychiatry in Ethiopia: a grounded theory analysis focusing on**
their experiences.


Abstract: The Toronto Addis Ababa Psychiatry Project (TAAPP) is an international collaboration between University of Toronto and Addis Ababa University. University of Toronto psychiatric residents may participate in TAAPP as an elective. The authors explored the Canadian resident experience in a qualitative study of the project.

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Document 144
Deen, Serina R; Mangurian, Christina; Cabaniss, Deborah L

Points of contact: using first-person narratives to help foster empathy in psychiatric residents.

Abstract: The authors aimed to determine if writing narratives in psychiatric training can foster empathy for severely and persistently mentally ill patients.

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Document 145
Fisher, Travis J

Uncharted.

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Document 146
Vergés, Alvaro

Integrating contextual issues in ethical decision making
Ethics & Behavior 2010 November-December; 20(6): 497-507

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Document 147
Babione, Joseph M.

Evidence-based practice in psychology: an ethical framework for graduate education, clinical training, and maintaining professional competence
Ethics & Behavior 2010 November-December; 20(6): 443-453

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Document 148
Roelcke, V

Der Nervenarzt 2010 Nov; 81(11): 1317-8, 1320-2, 1324-5

Abstract: This contribution is a synthesis of the results of historical research on psychiatry during the Nazi period
and some implications for present day debates in medical ethics. The focus is on three issues: the relationship between physicians and the state, the impact of eugenically and economically motivated health and social policies for psychiatry (e.g. forced sterilization, patient killing/euthanasia) and psychiatric research. Three myths are deconstructed: 1) that medical atrocities were imposed from above by Nazi politicians on apolitical physicians, 2) that mass sterilization and patient killing had nothing to do with contemporary state of the art of medical reasoning and practice and 3) that ethically unacceptable research on psychiatric patients had nothing to do with the contemporary state of the art of biomedical sciences. It is argued that the findings on these issues of Nazi medicine are not specific to Germany and the period between 1933 and 1945 but they were the extreme manifestations of some potential problems implicit in modern medicine in general.

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Document 149

Byrd, Desiree; Razani, Jill; Suarez, Paola; Lafosse, Jose M; Manly, Jennifer; Attix, Deborah K

Diversity Summit 2008: challenges in the recruitment and retention of ethnic minorities in neuropsychology.
The Clinical neuropsychologist 2010 Nov; 24(8): 1279­91

Abstract: The 2008 Diversity Summit recognized the many advantages of increasing the number of neuropsychologists from ethnically diverse backgrounds. The Summit addressed the aspiration of creating a more ethnically diverse body of neuropsychologists by increasing the recruitment of ethnic minority students to neuropsychology training programs. Challenges to successful recruitment and retention of ethnic minority students were discussion points at the Summit. This paper summarizes and expands these points and also suggests solutions to these challenges with the aim of stimulating innovative approaches to increasing the representation of ethnic minorities in neuropsychology.

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Document 150

Maj, Mario

Financial and non-financial conflicts of interests in psychiatry.
European archives of psychiatry and clinical neuroscience 2010 Nov; 260 Suppl 2: S147-51

Abstract: A conflict of interests occurs when a doctor is unduly influenced by a secondary interest (i.e., a personal incentive) in his acts concerning one of the primary interests to which he is professionally committed (the welfare of patients, the progress of science, or the education of students or residents). One specific variety of conflicts of interests has monopolized the attention of the scientific and lay press: the financial conflicts of interests arising from the relationships between doctors and drug companies. A large literature has described the many, sometimes subtle, ways by which a psychiatrist can be influenced in his prescribing habits or research activities by his relationships with the industry. Some empirical evidence is now available in this area. On the other hand, it has been pointed out that the current debate on this issue is sometimes "affectively charged" or fails to take into account that the interests of patients, families and mental health professionals and those of the industry may be often convergent. Other types of conflicts of interests are beginning now to be discussed. There is evidence that the allegiance of a researcher to a given school of thought may influence the results of studies comparing different psychotherapeutic techniques, thus colliding with the primary interest represented by the progress of science. Political commitment is also emerging as a source of conflicts of interests. Financial and non-financial conflicts of interests are widespread in psychiatric practice and research. They cannot be eradicated, but must be managed more effectively than is currently the case.

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Document 151

von Cranach, Michael

Ethics in psychiatry: the lessons we learn from Nazi psychiatry.
European archives of psychiatry and clinical neuroscience 2010 Nov; 260 Suppl 2: S152-6

Abstract: Under the Euthanasia Program of Nazi Germany, more than 200,000 psychiatric patients were killed by
doctors in psychiatric institutions. After summarising the historical facts and the slow and still going-on process of illuminating and understanding what happened, some ethical consequences are drawn. What can we learn from history? The following aspects are addressed: the special situation of psychiatry in times of war, bioethics and biopolitics, the responsibility of the psychiatrist for the individual patient, the effects of hierarchy on personal conscience and responsibility, the unethical "curable-uncurable" distinction and the atrocious concept that persons differ in their value.

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**Document 152**

Henderson, Claire; Jackson, Carlos; Slade, Mike; Young, Alexander S; Strauss, Jennifer L

**How should we implement psychiatric advance directives? Views of consumers, caregivers, mental health providers and researchers.**

Administration and policy in mental health 2010 Nov; 37(6): 447-58

**Abstract:** The aim of this study was to measure expert consensus on the implementation of Psychiatric Advance Directives (PADs) within the Veterans Health Administration. We conducted a two-round Delphi study with 55 panelists including consumers, caregivers, mental health providers and researchers. For a number of items where no positive or negative consensus was reached we found differences between the views of consumers and non-consumers, reflecting consumer's preferences for nonmedical settings for completion and assistance with completion independent of the treatment team. Thus, the principle of consumer choice that applies to MHAD content should also be applied to the process of completion offered.

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**Document 153**

Ohnishi, Kayoko; Ohgushi, Yasuko; Nakano, Masataka; Fujii, Hirohide; Tanaka, Hiromi; Kitaoka, Kazuyo; Nakahara, Jun; Narita, Yugo

**Moral distress experienced by psychiatric nurses in Japan.**

Nursing ethics 2010 Nov; 17(6): 726-40

**Abstract:** This study aimed to: (1) develop and evaluate the Moral Distress Scale for Psychiatric nurses (MDS-P); (2) use the MDS-P to examine the moral distress experienced by Japanese psychiatric nurses; and (3) explore the correlation between moral distress and burnout. A questionnaire on the intensity and frequency of moral distress items (the MDS-P: 15 items grouped into three factors), a burnout scale (Maslach Burnout Inventory - General Survey) and demographic questions were administered to 391 Japanese psychiatric nurses in 2007-2008. These nurses experienced relatively low levels of moral distress despite the fact that they were commonly confronted by morally distressing situations. All the circumstances in which the participants experienced moral distress were included in the 'low staffing' factor, which reflects the characteristics of Japanese psychiatric care. The frequency score of the low staffing factor was a significant predictor of burnout.

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**Document 154**

Aultman, Julie M

**The diseased embodied mind: constructing a conception of mental disease in relation to the person.**

Medicine, health care, and philosophy 2010 Nov; 13(4): 321-32

**Abstract:** Without a better understanding of mental disease, patients diagnosed with a mental disease may be mistreated clinically and/or socially, and caregivers and families may be wrongfully blamed for causing the disease and/or for not effectively helping and developing meaningful relationships with the patient as person. In trying to understand mental disease and why its various dimensions raise difficulties for our systems of classification and our medical models of diagnosis and treatment, a framework is required. This framework will connect metaphysical, epistemological, and ethical considerations in ways that are mutually supportive and illuminating. This, in turn, will benefit those who are diseased and those persons who study, classify, diagnose, and treat disease.

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Document 155
Dresser, Rebecca
**Brain imaging and courtroom deception.**
The Hastings Center report 2010 Nov-Dec; 40(6): 7-8

Document 156
Bendelow, Gillian
**Ethical aspects of personality disorders.**
Current opinion in psychiatry 2010 Nov; 23(6): 546-9
**Abstract:** To review recent literature around the controversial diagnosis of personality disorder, and to assess the ethical aspects of its status as a medical disorder.

Document 157
Rosen, Alan; Goldbloom, David; McGeorge, Peter
**Mental Health Commissions: making the critical difference to the development and reform of mental health services.**
Current opinion in psychiatry 2010 Nov; 23(6): 593-603
**Abstract:** Several Mental Health Commissions (MHCs) have emerged in developed countries over recent years, often in connection with mental health reform strategies. It is timely to consider the types of MHC which exist in different countries, their characteristics which may contribute to making them more effective, and any possible limitations and concerns raised about them.

Document 158
Höger, Christoph
**[Autonomy, care and justice: ethical aspects of the psychiatric treatment of adolescents].** = Autonomie, Fürsorge und Gerechtigkeit 1. Ethische Aspekte der psychiatrischen Behandlung von Jugendlichen
**Abstract:** What is the right and good action in dealing with young patients in child and adolescent psychiatry? To answer this question, we have to consider professional standards, legal rules, and ethical reflections. With reference to the latter, four bioethical principles were proposed by Beauchamp and Childress to identify and to deal with ethical problems and conflicts. On the basis of this scheme we reflect on the legal aspects and discuss the following topics: (1) self-determination of adolescents concerning their own psychiatric treatment, (2) conflicts between autonomy and care, which occur relatively often, whenever restrictions to personal liberty are indicated, and (3) admission of adolescents in adult psychiatric wards. The bioethical principles facilitate a reliable decision-making process in individual cases. The standards of right and good action have to be implemented in the field of distributive justice. We find evidence that prioritization decisions for inpatient admission are already established in German child and adolescent psychiatry.

Document 159
**Document 160**

Niemeijer, Alistair R; Frederiks, Brenda J M; Riphagen, Ingrid I; Legemaate, Johan; Eefsting, Jan A; Hertogh, Cees M P M

**Ethical and practical concerns of surveillance technologies in residential care for people with dementia or intellectual disabilities: an overview of the literature.**

International psychogeriatrics / IPA 2010 Nov; 22(7): 1129-42

**Abstract:** Technology has emerged as a potential solution to alleviate some of the pressures on an already overburdened care system, thereby meeting the growing needs of an expanding population of seriously cognitively impaired people. However, questions arise as to what extent technologies are already being used in residential care and how ethically and practically acceptable this use would be.

**Document 161**

Racine, Eric; Rodrigue, Catherine; Bernat, James L; Riopelle, Richard; Shemie, Sam D

**Observations on the ethical and social aspects of disorders of consciousness.**

The Canadian journal of neurological sciences. Le journal canadien des sciences neurologiques 2010 Nov; 37(6): 758-68

**Abstract:** The care of chronically unconscious patients raises vexing medical, ethical, and social questions concerning diagnosis, prognosis, communication with family members, and decision making, including the withdrawal of life support. We provide updates on major controversies surrounding disorders of consciousness. Issues such as withdrawal of artificial nutrition and hydration - which had been considered "settled" by many in the medical, legal and ethical communities - have resurfaced under the pressure of social groups and religious authorities. Some assumptions about the level of awareness and the prognosis of vegetative state and minimal conscious patients are questioned by advances in clinical care because of insights produced by neuroscience research techniques, particularly functional neuroimaging. Both the clinical and neuroscience dimensions of disorders of consciousness raise complex issues such as resource allocation and high levels of diagnostic inaccuracies (at least, for the vegetative state). We conclude by highlighting areas needing further research and collaboration.

**Document 162**

Lavelle, Lisa; Robinson, David J; O'Shea, Diarmuid

**Early Alzheimer's disease.**

The New England journal of medicine 2010 Oct 28; 363(18): 1772; author reply 1773

**Document 163**

Brief, Elana; Illes, Judy

**Tangles of neurogenetics, neuroethics, and culture.**

Neuron 2010 Oct 21; 68(2): 174-7

**Abstract:** Neurogenetics promises rich insights into how the mind works. Researchers investigating the range of topics from normal brain functioning to pathological states are increasingly looking to genetics for clues on human
variability and disease etiology. Is it fair to assume this interest in neurogenetics is universal? How should researchers and clinicians approach ideas of consent to research or prediction of disease when a subject or patient understands the mind with concepts or language incompatible with neurogenetics? In this paper we consider how non-Western philosophies bring complexity to ideas of individual and community consent and confidentiality in the context of neurogenetics.

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Document 164
Shani, Michal
What bugs you?
Annals of internal medicine 2010 Oct 19; 153(8): 547
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Document 165
Illes, Judy; Tairyan, Kate; Federico, Carole A; Tabet, Aline; Glover, Gary H
Reducing barriers to ethics in neuroscience.
Frontiers in human neuroscience 2010 October 4; 4
Abstract: Ethics is a growing interest for neuroscientists, but rather than signifying a commitment to the protection of human subjects, care of animals, and public understanding to which the professional community is engaged in a fundamental way, interest has been consumed by administrative overhead and the mission creep of institutional ethics reviews. Faculty, trainees, and staff (n=605) in North America whose work involves brain imaging and brain stimulation completed an online survey about ethics in their research. Using factor analysis and linear regression, we found significant effects for invasiveness of imaging technique, professional position, gender, and local presence of bioethics centers. We propose strategies for improving communication between the neuroscience community and ethics review boards, collaborations between neuroscientists and biomedical ethicists, and ethics training in graduate neuroscience programs to revitalize mutual goals and interests.

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Document 166
Ramlall, Suvira; Chipps, Jennifer; Mars, Maurice
Impact of the South African Mental Health Care Act No. 17 of 2002 on regional and district hospitals designated for mental health care in KwaZulu-Natal.
South African medical journal = Suid-Afrikaanse tydskrif vir geneeskunde 2010 October 1; 100(10): 667-70
Abstract: The South African Mental Health Care Act (the Act) No. 17 of 2002 stipulated that regional and district hospitals be designated to admit, observe and treat mental health care users (MHCUs) for 72 hours before they are transferred to a psychiatric hospital.

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Document 167
Lee, Spike W S; Schwarz, Norbert
Dirty hands and dirty mouths: embodiment of the moral-purity metaphor is specific to the motor modality involved in moral transgression.

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Selective functional integration between anterior temporal and distinct fronto-mesolimbic regions during guilt and indignation.

NeuroImage 2010 Oct 1; 52(4): 1720-6

Abstract: It has been hypothesized that the experience of different moral sentiments such as guilt and indignation is underpinned by activation in temporal and fronto-mesolimbic regions and that functional integration between these regions is necessary for the differentiated experience of these moral sentiments. A recent fMRI study revealed that the right superior anterior temporal lobe (ATL) was activated irrespective of the context of moral feelings (guilt or indignation). This region has been associated with context-independent conceptual social knowledge which allows us to make fine-grained differentiations between qualities of social behaviours (e.g. "critical" and "faultfinding"). This knowledge is required to make emotional evaluations of social behaviour. In contrast to the context-independent activation of the ATL, there were context-dependent activations within different fronto-mesolimbic regions for guilt and indignation. However, it is unknown whether functional integration occurs between these regions and whether regional patterns of integration are distinctive for the experience of different moral sentiments. Here, we used fMRI and psychophysiological interaction analysis, an established measure of functional integration to investigate this issue. We found selective functional integration between the right superior ATL and a subgenual cingulate region during the experience of guilt and between the right superior ATL and the lateral orbitofrontal cortex for indignation. Our data provide the first evidence for functional integration of conceptual social knowledge representations in the right superior ATL with representations of different feeling contexts in fronto-mesolimbic regions. We speculate that this functional architecture allows for the conceptually differentiated experience of moral sentiments in healthy individuals.

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Amendments to the Mental Health Act, 1987: key controversies

Indian Journal of Medical Ethics 2010 October-December; 7(4): 236-238

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Comment on "The Mental Health Act 1987: Quo Vadimus?"

Indian Journal of Medical Ethics 2010 October-December; 7(4): 234-236

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The examination of peer review and publication in neurology.


Abstract: Despite remarkable growth in the clinical neurology literature, there is little research on peer review and biomedical publication in neurology. Biomedical publication research encompasses every step of the research process, from the methodology to the publication of research findings. Some general medical journals have served as leaders in improving scientific publication. Many medical fields have taken it upon themselves to characterize journals and peer reviewers within their own fields. Not all of these data can be applied to the clinical neurology literature; research methodologies, article types, and the journals themselves are unique to every medical field. This article reviews current publication research in the neurology literature and concludes that, to sustain and improve upon the integrity of clinical neurology research, further study is needed of the journals and the peer review process...
in neurology. Otherwise, the value of clinical research findings and patient care guidelines will be diminished.

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Document 172

Sinha, Mausumi

**Practising forensic psychiatry: creating awareness amongst psychiatry residents.**


**Abstract:** Forensic psychiatry is still obscure a discipline amongst the practising psychiatrists; so awareness should be created in the young residents pursuing this stream. It is prudent of setting a curriculum for the general psychiatry residents to learn the relevant topics of forensic psychiatry through didactic lectures, seminars, case-discussions and witnessing case proceedings. This topic could enable budding psychiatrists to acquire the skills of the legal aspects of psychiatry. This challenging yet little known branch of medicine can rejuvenate trainee psychiatry residents to specialise further or conduct research activities.

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Document 173

O'Reilly, Richard L; Chaimowitz, Gary; Brunet, Aileen;Looper, Karl; Beck, Philip

**Principles underlying mental health legislation.**


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Document 174

Reitinger, E; Pleschberger, S; Schumann, F


**Abstract:** Community based housing for people with dementia is gaining importance. In co-operation between the people concerned, their relatives, professionals and volunteers, person-centred care, nursing and guidance can be realised within small units. Questions regarding end of life, dying, grief and the role of palliative care form the basis of the exploratory qualitative study presented here. Coping with end of life, ethical decisions and the relevance of hospice and palliative care in the field are highlighted. The results of the study show that "shared flats for people with dementia" are good places for death and dying. Close relationships, good communication with relatives and highly motivated professionals can be regarded as powerful resources. So far only few co-operations between hospice and palliative care exist. Areas of improvement encompass clinical issues and coping with bereavement.

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Document 175

Toppelberg, Claudio O; Collins, Brian A

**Language, culture, and adaptation in immigrant children.**


**Abstract:** In this article the authors discuss first why it is crucial, from a clinical and public health perspective, to better understand the development as well as risk and protection processes for the mental health of immigrant children. The authors then shift focus to the main tenet of this article, namely, that specific aspects of the dual language development of immigrant children are highly relevant to their mental health and adaptation. This argument is illustrated with empirical studies on Latino immigrant children, as they represent the majority of immigrant children in America and as a way of exemplifying the risks and circumstances that are potentially shared by other immigrant
groups. Finally, the authors conceptually differentiate dual language development and its mental health impact from the dual-culture (bicultural) development and circumstance of immigrant children and their mental health impact.

Culturally informed child psychiatric practice.

Pumariega, Andres J; Rothe, Eugenio M; Song, SuZan; Lu, Francis G

Abstract: Child and adolescent psychiatrists are already serving an increasing population of culturally and ethnically diverse patients and families in their practices and in different agency settings. This article discusses adaptations to practice that enable child and adolescent psychiatrists to address the diverse clinical and cultural needs of this emerging population. Special attention is given to work in psychotherapy and in agency settings where diverse children and youth are found in large numbers.

Racial and ethnic disparities in pediatric mental health.

Alegria, Margarita; Vallas, Melissa; Pumariega, Andres J

Abstract: Disparities remain in mental health status and care for racial and ethnic minority youth, despite national effort to reduce disparity. This article offers a comprehensive picture to the status of pediatric disparities, including prevention of problems, need for services, access to care, mental health treatment types, and treatment outcomes. The authors address relevant factors in the family, community and socioeconomic context, and describe various local and national programs that aim to tackle the obstacles and fill in the gaps in high-quality care for racial/ethnic minority youth. The article concludes by offering recommendations for improvement that address the importance of understanding preferences and attitudes toward treatment, ensuring that screening and diagnosis is appropriate for minority youth, and ensuring that evidence-based programs are available at multiple levels to best serve children and succeed in addressing their needs.

The practice of evidence-based treatments in ethnic minority youth.

Kataoka, Sheryl; Novins, Douglas K; DeCarlo Santiago, Catherine

Abstract: Ethnic minority children continue to have substantial unmet mental health needs, and evidence-based treatments (EBTs) have proved challenging to disseminate widely among ethnic minority communities. Indeed, policy makers have made an important distinction between EBTs, interventions that have proven efficacy in clinical trials, and evidence-based practice, which involves "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences." The present research evidence suggests that several interventions have been found to be effective in ethnic minority populations without a need for major adaptations of the original interventions. However, this article highlights the need to deliver evidence-based practice, which is defined as the implementation of EBTs delivered with fidelity and with the integration of important cultural systems and community factors.
Higgins, Patricia
Using dolls to enhance the wellbeing of people with dementia in residential care.
Nursing times 2010 Oct 5-11; 106(39): 18-20
Abstract: An increasing body of evidence suggests the use of dolls can have a positive impact on people with dementia in residential care. This literature review explores the benefits and potential problems of using dolls as a therapeutic intervention in dementia.

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de Boer, M E; Dröes, R M; Jonker, C; Eefsting, J A; Hertogh, C M P M
[The lived-experiences of early-stage dementia and the feared suffering: an explorative survey]. = De beleving van beginnende dementie en het gevreesde lijden.
Tijdschrift voor gerontologie en geriatrie 2010 Oct; 41(5): 194-203
Abstract: This qualitative explorative survey aimed at investigating the personal experiences of elderly people with early-stage dementia with regard to their illness and the extent to which they experience their situation as 'suffering'. In the Netherlands insight in this suffering is relevant with regard to ongoing debate on euthanasia and physician assisted death in early dementia. Participants in the study were 24 elderly (mean age 76.3 years) diagnosed with early-stage Alzheimer's disease. The semi-structured interviews were transcribed verbatim, and qualitatively analyzed. The elderly were found to be very capable of sharing experiences about their disease. They indicated not to experience their situation 'as a whole' as one of dreadful suffering. The gradual progression, which is distinctive of Alzheimer's disease, also allows people to adapt and adjust to their changing situation. As a result, the actual experiences of the disease can, in a positive manner, deviate from their anticipatory beliefs. The experiences of the participants appeared less negative than the ideas 'healthy' elderly often have about a life with dementia. The results from this study emphasize the importance of listening to the voices of people with dementia. Communication with elderly with Alzheimer's disease, is in the early stages quite possible and essential for advance care planning to be adjusted to their actual wishes and needs.

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Little, John; Little, Bridget
Borderline personality disorder: exceptions to the concept of responsible and competent.
Abstract: This article examines whether neurocognitive deficits or age prevents people with borderline personality disorder from being considered responsible and competent.

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Cady, Rebecca F
A review of basic patient rights in psychiatric care.
JONA'S healthcare law, ethics and regulation 2010 Oct-Dec; 12(4): 117-25; quiz 126-7
Abstract: Although patient rights is a concept that all nurse managers need to be aware of, this concept often becomes confusing when applied to patients undergoing psychiatric treatment. It is important for the nurse manager to understand the basic rights that psychiatric patients are entitled to, to best be able to help staff nurses under his/her supervision to protect these rights. The nurse manager on a psychiatric unit often serves as a reference for staff nurses, and even for physicians, when questions regarding patient rights present themselves. The nurse manager should be certain to discuss these issues with the facility's legal and risk management team to be aware of particulars of the law of the state in which the facility is located, as state laws may differ somewhat in their treatment of psychiatric patients.
Document 183

Ponterotto, Joseph G

Qualitative research in multicultural psychology: philosophical underpinnings, popular approaches, and ethical considerations.

Cultural diversity & ethnic minority psychology 2010 Oct; 16(4): 581-9

Abstract: This article reviews the current and emerging status of qualitative research in psychology. The particular value of diverse philosophical paradigms and varied inquiry approaches to the advancement of psychology generally, and multicultural psychology specifically, is emphasized. Three specific qualitative inquiry approaches anchored in diverse philosophical research paradigms are highlighted: consensual qualitative research, grounded theory, and participatory action research. The article concludes by highlighting important ethical considerations in multicultural qualitative research.

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Document 184

Demetriades, Andreas K; Demetriades, Christina K; Watts, Colin; Ashkan, Keyoumars

Brain-machine interface: the challenge of neuroethics.


Abstract: The burning question surrounding the use of Brain-Machine Interface (BMI) devices is not merely whether they should be used, but how widely they should be used, especially in view of some ethical implications that arise concerning the social and legal aspects of human life. As technology advances, it can be exploited to affect the quality of life. Since the effects of BMIs can be both positive and negative, it is imperative to address the issue of the ethics surrounding them. This paper presents the ways in which BMIs can be used and focuses on the ethical concerns to which neuroscience is thus exposed. The argument put forward supports the use of BMIs solely for purposes of medical treatment, and invites the legal framing of this.

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Document 185

Larrievire, D; Williams, M A

Neuroenhancement: wisdom of the masses or "false phronesis"?

Clinical pharmacology and therapeutics 2010 Oct; 88(4): 459-61

Abstract: Neuroenhancement (NE) refers to the use of prescription medications by healthy persons to boost their cognitive skills. This growing phenomenon represents a potential market not only for pharmaceutical manufacturers but also for physicians who might enter the potentially lucrative specialty of so-called cosmetic neurology. But before the medical establishment gears up to supply drugs to produce wisdom for the masses, we should ask whether the wisdom of the masses in regard to NE is wisdom at all.

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Document 186

Flower, K; Li, L; Chen, C-Y A; Baggott, M J; Galloway, G P; Mendelson, J

Efficacy, safety, and ethics of cosmetic neurology far from settled.

Clinical pharmacology and therapeutics 2010 Oct; 88(4): 461-3

Abstract: In this issue, Larrievire and colleagues discuss the emerging use of drugs to enhance cognitive function. Several cautions they raise warrant amplification. People have tried to pharmacologically improve cognitive function for millennia, but Larrievire and colleagues postulate that new, more effective drugs will lead to the emergence of "cosmetic neurology." The ethics of using drugs to improve performance, as opposed to treating disease or restoring normal function, are far from settled.

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Document 187

Wolpe, Paul Root; Foster, Kenneth R; Langleben, Daniel D

**Emerging neurotechnologies for lie-detection: promises and perils.**

**Abstract:** Detection of deception and confirmation of truth telling with conventional polygraphy raised a host of technical and ethical issues. Recently, newer methods of recording electromagnetic signals from the brain show promise in permitting the detection of deception or truth telling. Some are even being promoted as more accurate than conventional polygraphy. While the new technologies raise issues of personal privacy, acceptable forensic application, and other social issues, the focus of this paper is the technical limitations of the developing technology. Those limitations include the measurement validity of the new technologies, which remains largely unknown. Another set of questions pertains to the psychological paradigms used to model or constrain the target behavior. Finally, there is little standardization in the field, and the vulnerability of the techniques to countermeasures is unknown. Premature application of these technologies outside of research settings should be resisted, and the social conversation about the appropriate parameters of its civil, forensic, and security use should begin.

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Document 188

Hyman, Steven E

**Emerging neurotechnologies for lie-detection: where are we now? An appraisal of Wolpe, Foster and Langleben's "Emerging neurotechnologies for lie-detection: promise and perils" five years later.**

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Document 189

Stewart, Patrick A

Politics and the life sciences : the journal of the Association for Politics and the Life Sciences 2010 Sep; 29(2): 96-101

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Document 190

Pierce, Robin

**Complex calculations: ethical issues in involving at-risk healthy individuals in dementia research.**
Journal of medical ethics 2010 Sep; 36(9): 553-7

**Abstract:** In dementia research evidence is mounting that therapeutic strategies that target moderate and even mild Alzheimer's disease may be missing the 'therapeutic window'. Given that the neuropathology that leads to Alzheimer's disease probably begins somewhere between 10 and 15 years before symptoms manifest, many believe that the optimal therapeutic strategy would target persons in the earliest phases of disease development or even earlier. This would include, for example, persons with prodromal Alzheimer's and even persons who are deemed at risk. Given the nature of research involving the central nervous system, it is conceivable that some therapeutic investigations may involve an increase over minimal risk. This paper examines how, in dementia research, at-risk persons, although healthy, bring multiple and intersecting vulnerabilities to the prospect of research participation even though they are clinically healthy. Current guidelines for research ethics may not provide adequately for the nuances of 'healthy individuals' and their possible vulnerabilities. In the context of neurodegenerative disease, the fact of being 'at risk' alters the vulnerability profile in significant ways. While healthy persons who are at risk of
developing dementia may not appear to warrant placement in the research category of vulnerable participants (alongside prisoners, pregnant women and children) careful regard for the vulnerabilities that arise as a result of the intersecting circumstances of being healthy and at risk of an incurable disease are worthy of increased attention and consideration, particularly as the research effort for the increasingly prevalent disease of Alzheimer's moves forward.

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**Document 191**

Insel, Thomas R

[Relationship of psychiatrists to the pharmaceutical companies–part of, or the solution to, the problem]. = A pszichiáterek viszonya a gyógyszeripari cégekhez. A probléma része vagy a megoldás része.

Lege artis medicinae : új magyar orvosi hírmondó 2010 Sep; 20(9): 630-1

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**Document 192**

Meyer, Frank P

Re: Deep brain stimulation for psychiatric disorders. Topic for ethics committee.

Deutsches Ärzteblatt international 2010 Sep; 107(37): 644; author reply 645-6

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**Document 193**

Antoun, May

[Seeking out this other person, demented but above all human]. = Aller a la rencontre de cet autre, ément mais avant tout humain.


Abstract: The nursing care given to "demented" people is now clearly written into law. From the gathering of facts about the patient's life history, to the planning of tasks to the drawing up of the care plan we seem to have available all the information about them we need, with the exception of what remains of their human identity in the eyes of their family and the care workers. Thereby a simple comment made during a routine meeting with the son of a patient can throw up a multitude of ethical questions.

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**Document 194**

Fassino, S

Psychosomatic approach is the new medicine tailored for patient personality with a focus on ethics, economy, and quality.

Panminerva medica 2010 Sep; 52(3): 249-64

Abstract: Over the last 40 years the proliferation of the biopsychosocial (BPS) model across clinical and theoretical research has shown that psychosocial factors can be shown to be causes, co-factors, or sequelae of many illnesses. Scientific presuppositions about the BPS model have been grounded firmly in psychobiological, psycho-behavioural, sociobiological, and socio-behavioural processes. According to the allostatic load model, stressful factors can be psychological ones or any other factor that is able to modify the stress-response system; these might include genetic factors or life experiences. Personality profiles, in particular, seem to be predictive of responses to different stressors. Stress responses preceding or following illness are clearly related, from a psychobiological point of view, to different personality traits, which themselves correlate to specific defence mechanisms. Neural processes underlying these mechanisms interact with the biological substrate of somatic illnesses. Recent advances in brain imaging with regard to neurobiological and behavioural interactions of empathy and alexithymia support the crucial role of the (psycho) therapeutic relationship across the whole of medical practice.

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Psychotherapies operate as biological factors on mind, brain, and body; indeed it is necessary to reconsider the doctor-patient relationship as a psychotherapeutic process. The basic methodological triad of observation (outer viewing), introspection (inner viewing), and dialogue (inter viewing) becomes essential in medical practice and in scientific research. Psychoanalytic processes such as transference, resistance, the therapeutic alliance, and attachment have been reconsidered from a neuroscientific perspective and reconceived as moments of meeting of the procedural memory and are therefore considered relevant to the relationship with patients in primary care. Indeed, they are useful to an ethical approach to understanding the meaning of illness, and they also influence the results of treatment projects. Because all these aspects impact upon illness duration and quality of life, affecting both the individual concerned and his or her family, the economic consequences of this psychosomatic approach are important in both general and specialist medicine. Medicine is becoming, and will become even more in the future, an integrated science; human illness and the maintenance of good health may be better understood if all medical disciplines are considered as a whole. The domain of psychosomatic medicine has now extended to coincide with that of medical practice. There is increasing evidence, not only in psychiatry, but in all medical fields, that care of the mental well-being of a person is essential for effective care of the body. Not only mens sana in corpore sano, but also corpus sanus in mente sana.

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**Document 195**

Gilmour, Jean A; Brannelly, Tula

**Representations of people with dementia - subaltern, person, citizen.**

Nursing inquiry 2010 Sep; 17(3): 240-7

**Abstract:** This study traces shifts in health professional representations of people with dementia. The concepts of subaltern, personhood and citizenship are used to draw attention to issues around visibility, voice and inclusion. Professional discourses and practices draw upon, and are shaped by historical and contemporary representations. Until recently, people with dementia were subaltern in nursing and medical discourses; marginalised and silenced. The incorporation of contemporary representations foregrounding personhood and citizenship into health professional accounts provide space for transformative styles of care. Privileging personhood centralises the person with dementia in social networks, focusing on their experiences and relationships. Respecting citizenship involves challenging discrimination and stigma: nursing from a rights-based approach necessitates listening and being responsive to the needs of the person with dementia. Incorporating contemporary representations in health professional practice requires the discarding of the historically dominant elite and authoritarian accounts of dementia still apparent in some nursing texts along with, perhaps, the historically burdened term of dementia itself.

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**Document 196**

Pepersack, T

**[End of life of demented patients: ethical aspects]. = Fin de vie des patients déments: aspects éthiques.**

Revue médicale de Bruxelles 2010 Sep; 31(4): 333-41

**Abstract:** Most people in contemporary western society die of the chronic diseases of old age. Whilst palliative care is appropriate for elderly patients with chronic, non-malignant disease, few of these patients access such care compared with cancer patients. That patients dying with dementia have significant health care needs, comparable with cancer patients, is now well established. Yet, their families typically describe poor advance-care planning and an inadequate level of symptom control, with distress associated with pain, pressure sores, constipation, restlessness and shortness of breath. A comparison of people dying with advanced dementia or terminal cancer found that those with dementia were more likely to experience burdensome interventions and restraints and to have had poor advance-care planning. Prognostic models that attempt to estimate survival of >6 months in demented patients have generally poor discrimination, reflecting the unpredictable nature of most nonmalignant disease. However, a number of generic and disease-specific predictor variables were identified that may help clinicians identify older, non-cancer patients with poor prognoses and palliative care needs. Simple, well-validated prognostic models that provide clinicians with objective measures of palliative status in demented patients are needed. Additionally, research that analyses the effect of comprehensive geriatric assessment and geriatric palliative care on psychosocial outcomes in demented patients and their caregivers is needed. Advances care planning and directives making before death allow meeting patient's preferences.
Document 197
Swindell, J S; Coverdale, John H; Crisp-Han, Holly; McCullough, Laurence B
Focus on patient management: responsibly managing psychiatric inpatient refusal of medical or surgical diagnostic work-up.
Psychiatric services (Washington, D.C.) 2010 Sep; 61(9): 868-70
Abstract: This column uses the tools of normative ethics-analysis and argument-to provide a reasoned account of and to identify ethically justified responses by the psychiatrist to psychiatric inpatients' refusal of medical or surgical diagnostic work-up. There are three relevant ethical considerations when psychiatric inpatients refuse medical or surgical diagnostic tests: balancing autonomy with beneficence, surrogate decision making and confidentiality, and managing strong feelings. Assisted decision making and assent are key management strategies for promoting patients' autonomy and for protecting against adverse consequences of decision making.

Document 198
Merker, Brad M; Hanson, William E; Poston, John M
National survey of psychologists' training and practice in breaking bad news: a mixed methods study of the MUM effect.
Journal of clinical psychology in medical settings 2010 Sep; 17(3): 211-9
Abstract: Research on breaking bad news has involved undergraduates, medical students, and physicians. However, to date, no studies have examined how, or whether, psychologists are trained to break bad news, as well as their current practice of breaking bad news. This mixed methods study explored the training and practice of 329 licensed psychologists/APA members in breaking bad news, using the MUM effect as a theoretical backdrop. Results suggest (1) psychologists are, as hypothesized, significantly more reluctant to break bad news than good news, (2) anxiety accounts for 30.6% of the variance in their reluctance, and (3) three-out-of-four psychologists break bad news "to some extent" or more, most typically related to a patient's psychological health, major Axis I diagnosis, or learning disability. Results also suggest most psychologists are not trained to break bad news, with only 2.7% being familiar with existing recommendations and guidelines; and anxiety, concerns for self/other, context, and norms play an important role in the bad news breaking process. Implications for theory, research, and practice are discussed and a training model is proposed.

Document 199
Gopal, Abilash A; Cosgrove, Lisa; Bursztajn, Harold J
Commentary: the public health consequences of an industry-influenced psychiatric taxonomy: "attenuated psychotic symptoms syndrome" as a case example.
Accountability in research 2010 Sep; 17(5): 264-9
Abstract: Determining the distribution of psychiatric disorders and developing sound preventive and intervention practices are pressing public health issues. Since at present mental disorders lack biological markers, psychiatric taxonomies must grapple with how best to address issues of validity and reliability. With the increasing congruence between the International Classification of Diseases (ICD-11) and the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) (American Psychiatric Association, 2010), it is imperative that decisions regarding the inclusion of new disorders be research-based and not unduly influenced by industry. The first draft of DSM-V, recently made public, has created a firestorm of controversy, for the DSM's nomenclature of disease or other pathology not only affects such disparate domains as jurisprudence and insurance claims but is also an instrument designed to facilitate research on psychopathology.
Document 200
Bressman, Jeremy O; Reidler, Jay S
The Journal of law, medicine & ethics : a journal of the American Society of Law, Medicine & Ethics 2010 Sep; 38(3): 713-6
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Document 201
Dossey, Larry
Neurolaw or Frankenlaw? The thought police have arrived.
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Document 202
White, Amy E
The lie of fMRI: an examination of the ethics of a market in lie detection using functional magnetic resonance imaging.
HEC forum : an interdisciplinary journal on hospitals' ethical and legal issues 2010 Sep; 22(3): 253-66
Abstract: In this paper, I argue that companies who use functional Magnetic Resonance Imaging (fMRI) scans for lie detection encounter the same basic ethical stumbling blocks as commercial companies that market traditional polygraphs. Markets in traditional voluntary polygraphs are common and fail to elicit much uproar among ethicists. Thus, for consistency, if markets in polygraphs are ethically unproblematic, markets using fMRIs for lie detection are equally as acceptable. Furthermore, while I acknowledge two substantial differences between the ethical concerns involving polygraphs and fMRI lie detection, I argue that these concerns can be overcome and do not lead to the conclusion that markets in fMRI lie detection are ethically dubious. It is my conclusion that voluntary markets in fMRI lie detection can be justified by consumer autonomy and should be allowed to persist.
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Document 203
Moyle, W; Bowers, B
Quality of life: dementia and dignity.
International journal of older people nursing 2010 Sep; 5(3): 227
Georgetown users check Georgetown Journal Finder for access to full text

Document 204
Venturato, Lorraine
Dignity, dining and dialogue: reviewing the literature on quality of life for people with dementia.
International journal of older people nursing 2010 Sep; 5(3): 228-34
Abstract: To review contemporary literature on quality of life for people with dementia.
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Touzet, Patrick

[Ethics and psychiatry]. = Ethique et psychiatrie.

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Godart, Elsa

[What are the ethics of care in mental health disorders?]. = Quelle éthique du soin pour les pathologies mentales?

Abstract: Psychiatry is undergoing a major crisis, on both an institutional as well as a clinical level. Numerous players involved in psychiatry feel in difficulty and are increasingly raising questions as to what direction and meaning to give to their practice. It is in such a context that ethics can help us to progress, reflect and build the future together. It is high time to create the specific basis of ethics in psychiatry.

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Simonnet, Daniel

[Mental health film festival and ethics]. = Atelier vidéo et éthique en santé mentale.

Abstract: The mental health film festival is based on the respect of the patient as a subject and is a place where psychic suffering can be expressed. As a film is destined to be shown, there is a dilemma between the aesthetic and the therapeutic aspects and, it's in this link that the ethical dimension concerned by this kind of activity takes place.

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Dana, Guy

[Which policy for mental illness? Interview by Elisa Godart]. = Quelle politique pour la folie?

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Tregouet, Stéphane

[The ethics of the nursing commitment in psychiatry]. = Pour une éthique de l'engagement infirmier en psychiatrie.
Soins. Psychiatrie 2010 Sep-Oct(270): 24-6

Abstract: The referral nurse represents the care environment, he/she is the guarantor of the care plan and forms a commitment with regard to the patient. This positioning, arising from the empathy he/she has for the patient in a situation of vulnerability, may lead him/her to object to and question a medical decision.

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**Abstract:** What should child psychiatry care workers do when a child spontaneously embraces or kisses them? This questioning goes far beyond the fact of kissing and raises the question of the nature of the healthcare relationship and environment. While theoretical knowledge is necessary, it is not sufficient for achieving phronesis or "practical wisdom".

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**Abstract:** Ethical reflection is an aid to psychiatrists in their role as caregiver and policy implementer. Ethics takes root in commitment, the act of resistance enables the caregiver not to be carried away by the dominant approach, but rather to be an individual subject respecting the singularity of others.

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**Abstract:** Ethical issues in forensic psychiatry in penal and other correctional facilities.

Forensic mental health practitioners, especially psychiatrists working in jails, prisons or other correctional facilities, face special problems that are unlike others encountered in bioethics.

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**Abstract:** In this paper, we analyze the concept of objectivity as it is accepted in the 'standard position' on ethical practice in forensic psychiatry and confront it with the current trends of psychiatric nosology, specially the debate that we have now regarding the theoretical orientation of DSM-5, which is intended to be more based on neuroscientific more than on clinical data, as has been the tradition in psychiatry so far.

Georgetown users check [Georgetown Journal Finder](#) for access to full text.
Dementia, goals of care, and personhood: a study of surrogate decision makers' beliefs and values.
The American journal of hospice & palliative care 2010 Sep; 27(6): 387-97
Abstract: Surrogate decision makers for persons with advanced dementia play a key role in making decisions about medical treatments for their loved ones. We conducted in-depth interviews of 20 surrogates to examine their goals of care preferences and beliefs about personhood. All surrogates believed the goal of comfort was important, and 30.0% believed that curing physical problems was important. Significant proportions of surrogates acknowledged dementia-related changes in patients' ability to reason, communicate, and relate to others. Qualitative findings demonstrated diverse beliefs regarding the impact of dementia on factors related to personhood, for example, dignity, respect from others, and having a life worth living. In conclusion, the surrogates we interviewed expressed diverse preferences regarding goals of care and diverse assessments about the impact of dementia on personhood.

Graver, Christopher J
Military medicine 2010 Sep; 175(9): viii-ix; author reply ix-x

Loge, Julianne; Sorrell, Jeanne M
Implications of an aging population for mental health nurses.
Journal of psychosocial nursing and mental health services 2010 Sep; 48(9): 15-8
Abstract: The rapidly increasing numbers of older adults with dementia and other mental health problems throughout the world have huge ramifications for nurses who will care for these individuals, as well as for health care systems. This article explores some current problems in the health care systems and makes suggestions for better, more efficient ways to meet the growing mental health needs of the aging population. It also addresses moral-ethical dilemmas that will likely affect mental health nurses caring for this population.

Sorrell, Jeanne M
First do no harm.
Journal of psychosocial nursing and mental health services 2010 Sep; 48(9): 2-3

Dute, Joseph
European Court of Human Rights. ECHR 2010/14 Case of C.B. v. Romania, 20 April 2010, no. 21207/03 (third section).
European journal of health law 2010 Sep; 17(4): 406-8
Moral judgments recruit domain-general valuation mechanisms to integrate representations of probability and magnitude.

Neuron 2010 Aug 26; 67(4): 667-77

Abstract: Many important moral decisions, particularly at the policy level, require the evaluation of choices involving outcomes of variable magnitude and probability. Many economic decisions involve the same problem. It is not known whether and to what extent these structurally isomorphic decisions rely on common neural mechanisms. Subjects undergoing fMRI evaluated the moral acceptability of sacrificing a single life to save a larger group of variable size and probability of dying without action. Paralleling research on economic decision making, the ventromedial prefrontal cortex and ventral striatum were specifically sensitive to the "expected moral value" of actions, i.e., the expected number of lives lost/saved. Likewise, the right anterior insula was specifically sensitive to outcome probability. Other regions tracked outcome certainty and individual differences in utilitarian tendency. The present results suggest that complex life-and-death moral decisions that affect others depend on neural circuitry adapted for more basic, self-interested decision making involving material rewards.

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Overcoming the social death of dementia through language.

Lancet 2010 Aug 21; 376(9741): 586-7

Georgetown users check Georgetown Journal Finder for access to full text

The perfect storm: a clinical vignette.

Journal of the Mississippi State Medical Association 2010 Aug; 51(8): 220-1

Georgetown users check Georgetown Journal Finder for access to full text

Brain MRI roulette.

Practical neurology 2010 Aug; 10(4): 188-90

Georgetown users check Georgetown Journal Finder for access to full text

Conflicts between ethics and law for military mental health providers.

Military medicine 2010 Aug; 175(8): 548-53

Abstract: Military mental health providers routinely experience mixed-agency ethical dilemmas when obligations to patients and the military conflict. Particularly difficult mixed-agency dilemmas occur when a military psychiatrist, psychologist, or social worker encounters an apparent conflict between an ethical obligation—enumerated in a professional code of ethics—and a federal statute. This article explores ethical-legal conflicts for uniformed mental health providers. Three case vignettes illustrate situations in which military providers may find themselves stuck...
between incongruent ethical and legal demands. The authors conclude with several recommendations designed to prevent and resolve ethical-legal conflicts for military mental health providers.
Fisher, Carl Erik; Chin, Lisa; Klitzman, Robert

Defining neuromarketing: practices and professional challenges.

Abstract: Neuromarketing has recently generated controversies concerning the involvement of medical professionals, and many key questions remain-ones that have potentially important implications for the field of psychiatry. Conflicting definitions of neuromarketing have been proposed, and little is known about the actual practices of companies, physicians, and scientists involved in its practice. This article reviews the history of neuromarketing and uses an exploratory survey of neuromarketing Web sites to illustrate ethical issues raised by this new field. Neuromarketing, as currently practiced, is heterogeneous, as companies are offering a variety of technologies. Many companies employ academicians and professionals, but few list their clients or fees. Media coverage of neuromarketing appears disproportionately high compared to the paucity of peer-reviewed reports in the field. Companies may be making premature claims about the power of neuroscience to predict consumer behavior. Overall, neuromarketing has important implications for academic-industrial partnerships, the responsible conduct of research, and the public understanding of the brain. We explore these themes to uncover issues relevant to professional ethics, research, and policy. Of particular relevance to psychiatry, neuromarketing may be seen as an extension of the search for quantification and certainty in previously indefinite aspects of human behavior.

Murthy, Pratima

The Mental Health Act 1987: Quo Vadimus?
Indian journal of medical ethics 2010 Jul-Sep; 7(3): 152-6

Abstract: Persons with mental illness have the right to a range of treatment and supportive services in the community. These need to be assured to them by law. While older legislations viewed persons with mental illness either as "being dangerous" or as "objects of charity", the current UN Convention on the Rights of Persons with Disability views them as "subjects with rights". This has led to an urgent relook at the Mental Health Act 1987, which has faced criticism ever since its enactment. The recently proposed amendments enlarge the scope of regulation to include diverse mental healthcare facilities and professionals; seek the setting up of a State Mental Health Review Commission; lay down guidelines for "independent" and "supported" admissions; and propose new sections for emergency and other treatments, physical restraint and discharge. The debate regarding these amendments ranges from whether an amendment of the MHA will suffice or whether a new Act is required; whether the amendments are sufficiently broad-based or excessively focused on inpatient treatment; how mental illness is addressed in other Acts; who are key stakeholders, and, most important, whether the mechanisms for service provision have been adequately thought through. The process of initiating the amendments has been questioned by different stakeholders and highlights the need to bring about legislative change through adequate dialogue and collaboration.

Steslow, K

Metaphors in our mouths: the silencing of the psychiatric patient.
The Hastings Center report 2010 Jul-Aug; 40(4): 30-3

Abstract: In Alzheimer's disease (AD), pathological processes start in the brain long before clinical dementia. Biomarkers reflecting brain alterations may therefore indicate disease at an early stage, enabling early diagnosis. This raises several ethical questions and the potential benefits of early diagnosis must be weighted against possible
disadvantages. Currently, there are few strong arguments favouring early diagnosis, due to the lack of disease modifying therapy. Also, available diagnostic methods risk erroneous classifications, with potentially grave consequences. However, a possible benefit of early diagnosis even without disease modifying therapy is that it may enable early decision making when patients still have full decision competence, avoiding problems of hypothetical consents. It may also help identifying patients with cognitive dysfunction secondary to other diseases that may be responsive to treatment already today.

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Document 233
Kellett, Ursula; Moyle, Wendy; McAllister, Margaret; King, Christopher; Gallagher, Fran
Life stories and biography: a means of connecting family and staff to people with dementia.
Abstract: This article assesses the Family Biography Workshop (FBW) designed to support family and staff to co-construct the history of the person with dementia in residential care.

Georgetown users check Georgetown Journal Finder for access to full text

Document 234
Sauvage, D
[Autism, information, deontology] = Autisme, information, déontologie.
L'Encéphale 2010 Jun; 36(3): 187-8

Georgetown users check Georgetown Journal Finder for access to full text

Document 235
Weisleder, Pedro
Individual justice or societal injustice.
Archives of neurology 2010 Jun ; 67(6): 777-8; author reply 778-9

Georgetown users check Georgetown Journal Finder for access to full text

Document 236
Canavero, Sergio
Halfway technology for the vegetative state.
Archives of neurology 2010 Jun ; 67(6): 777; author reply 778-9

Georgetown users check Georgetown Journal Finder for access to full text

Document 237
Goodman, Rob
Cognitive enhancement, cheating, and accomplishment.
Kennedy Institute of Ethics journal 2010 Jun ; 20(2): 145-60
Abstract: An ethics of enhancement should not rest on blanket judgments; it should ask us to distinguish between the kinds of activities we want to enhance. Both students and academics have turned to cognition-enhancing drugs in significant numbers—but is their enhancement a form of cheating? The answer should hinge on whether the activity subject to enhancement is zero-sum or non-zero-sum, and whether one is more concerned with excellence in process or excellence in outcome. Cognitive enhancement should be especially tolerated when the activities at
stake are non-zero-sum and when the importance of process is outweighed by the importance of outcome. The use of cognition-enhancing drugs does not unnaturally cheapen accomplishments achieved under their influence; instead, cognitive enhancement is in line with well-established conceptions of collaborative authorship, which shift the locus of praise and blame from individual creators to the ultimate products of their efforts.

Document 238

Davis, Lennard J.
The Bioethics of Diagnosis: A Biocultural Critique of Certainty

http://www.springer.com/medicine/journal/11673 (link may be outdated)

Document 239

Parens, Erik; Johnston, Josephine; Carlson, Gabrielle A.
Pediatric mental health care dysfunction disorder?

http://content.nejm.org/content/vol362/issue20/ (link may be outdated)

Document 240

Byrne, Susan; Hardiman, Orla; Ma, Yihui; Fei, Zhou; Qu, Yan; Sun, Fang; Zhou, Guoqing; Striano, Pasquale; Zara, Federico; Minetti, Carlo; Monti, Martin M.; Owen, Adrian M.; Laureys, Steven
Willful modulation of brain activity in disorders of consciousness. [letters and reply]

http://content.nejm.org/content/vol362/issue20/ (link may be outdated)

Document 241

Holloway, Robert G.; Quill, Timothy E.
Treatment decisions after brain injury -- tensions among quality, preference, and cost.

http://content.nejm.org/content/vol362/issue19/ (link may be outdated)

Document 242

Racine, Eric; Forlini, Cynthia
Responding to requests from adult patients for neuroenhancements: guidance of the ethics, law and humanities committee.
Document 243
Stansbury, Kim L; Marshall, Gillian L; Harley, Debra A; Nelson, Nancy
Rural African American clergy: an exploration of their attitudes and knowledge of Alzheimer's disease.
Journal of gerontological social work 2010 May; 53(4): 352-65
Abstract: Rural African American clergy's ability to recognize Alzheimer's Disease (AD) and their capacity to provide support to elders with this illness has been neglected in the literature. Using a mental health literacy framework, the purpose of this research was to explore rural African American clergy knowledge and beliefs of AD. In-depth interviews were conducted with 9 African American clergy who oversaw churches in central Kentucky. Although few had direct experience with providing pastoral care to elders with AD, all clergy were literate and aware of the need for additional training. This study seeks to further clarify the role of African American clergy and their understanding of AD to inform the future development of appropriate interventions and establish better collaborative community treatment relationships.

Document 244
Behnke, Stephen; Bullock, Merry
Ethics within, across, and beyond borders: a commentary
Ethics and Behavior 2010 May-August; 20(3-4): 294-310

Document 245
Korkut, Yesim
Developing a national code of ethics in psychology in Turkey: balancing international ethical systems guides with a nation's unique culture
Ethics and Behavior 2010 May-August; 20(3-4): 288-296

Document 246
Rubin, Simon Shimshon
Psychological ethics in Israel: riding the winds of fashion to guide transformative changes
Ethics and Behavior 2010 May-August; 20(3-4): 265-276

Document 247
Foster, David F.
Worldwide testing and test security issues: ethical challenges and solutions
Ethics and Behavior 2010 May-August; 20(3-4): 207-228
The lonely battle for dignity: individuals struggling with multiple sclerosis.

**Abstract:** Much is known about the phenomenon of dignity, yet there is still a need for implementing this understanding in clinical practice. The main purpose of this study was to find out how persons suffering from multiple sclerosis experience and understand dignity and violation in the context of a rehabilitation ward. A phenomenological-hermeneutic approach was used to extract the meaningful content of narratives from 14 patients with multiple sclerosis. Data were collected by personal research interviews. The findings revealed three main themes: (1) 'invisibly captured in fatigue'; (2) 'fighters' law: one who does not ask will not receive'; and (3) 'dignity is humanity'. The essence of the findings in this study is that dignity is humanity. According to the participants, dignity requires time and is experienced only in a context of empathy and mutual confidence.

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Document 254

Dale, Eric

**Is supervised community treatment ethically justifiable?**

Journal of medical ethics 2010 May ; 36(5): 271-4

**Abstract:** Ethical viewpoints for and against the use of supervised community treatment (SCT), also known as outpatient commitment and community treatment orders, are examined. The perspectives of writers on civil liberties are considered. This paper argues that while civil liberties are an important concern SCT is ethically justifiable in the circumscribed population of 'revolving door' patients it applies to. This is on the grounds that it enables individuals to actualise their positive liberty. The issue of insight into mental illness is also considered and it is concluded that a further argument in favour of SCT comes from evidence that insight relates to neurobiological deficits. Limits to the ethical justifiability of SCT are considered with reference to individuals with substance dependency. The paper concludes that SCT is ethically permissible only in those with severe mental illness who have a history of losing capacity to consent to treatment and/or admission.

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Document 255

Pringle, Jan; Hendry, Charles; McLafferty, Ella; Drummond, John

**Stroke survivors with aphasia: personal experiences of coming home.**


**Abstract:** Although communication difficulties affect a significant number of stroke survivors, specialist stroke follow-up in the community may not always be available. It is therefore vital that community nurses have the skills and confidence not only to engage well with stroke patients with communication difficulties in their daily work, but also to encourage their inclusion in research and other projects. This article reports on the experiences of a small sample of stroke survivors and their carers during the first month at home following discharge from hospital. Their journey involved discovering and adapting to new situations and abilities. The article also details how participants with virtually no speech can be included in research studies.

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Document 256

Quinn, Christina; Dunbar, Sandra B; Clark, Patricia C; Strickland, Ora L

**Challenges and strategies of dyad research: cardiovascular examples.**

Applied nursing research : ANR 2010 May ; 23(2): e15-20

**Abstract:** This article highlights challenges in recruitment, retention, attrition, data collection, and analysis when studying dyads in cardiovascular research. Including family members in studies is particularly important because family members often have a major role in treatment of patients with cardiovascular illness. The partnership of a patient-family member is referred to as a dyad and may include the cardiovascular patient and another relative, such as an adult child, sibling, spouse, son-in-law or daughter-in-law, or unmarried partner. Insights gained from previous research may facilitate and improve rigor when reviewing and conducting studies involving dyads with cardiovascular and other chronic diseases. Including patients and partners in descriptive and intervention studies will allow researchers to more fully explore family factors that may be salient in health outcomes.

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Document 257

Aus der Au, Christina

**Willenssache. Die Infragestellung der Willensfreiheit durch moderne Hirnforschung als Herausforderung für**
Theologie und Ethik [A Matter of Will: the challenge of free will for modern brain research in the face of theology and ethics] by J. Hardegger [book review]

Medicine, Health Care, and Philosophy 2010 May; 13(2): 186

Georgetown users check Georgetown Journal Finder for access to full text

http://www.springerlink.com/content/102960/ (link may be outdated)

Document 258
Jox, Ralf J.

Medicine, Health Care, and Philosophy 2010 May; 13(2): 183-184

Georgetown users check Georgetown Journal Finder for access to full text

http://www.springerlink.com/content/102960/ (link may be outdated)

Document 259
Stenstedt, Arne; Bergerlind, Lise-Lotte Risö
[To die with your boots on] = Att få dö med stövlarna på.
Läkartidningen 2010 April 14-20; 107(15): 1002

Georgetown users check Georgetown Journal Finder for access to full text

Document 260
Allbutt, H; Masters, H
Ethnography and the ethics of undertaking research in different mental healthcare settings.
Journal of psychiatric and mental health nursing 2010 Apr; 17(3): 210-5

Abstract: This paper draws on our experiences of seeking research ethics and management approval for a 1-year ethnographic research study in three mental health settings. We argue that the increased bureaucratization of research governance in the UK is paternalistic and unfit for qualitative, non-interventionist study designs. The classification of all mental health services users as 'vulnerable' is also disempowering and contrary to government calls to increase user involvement in research processes. We relate our difficulties in accessing National Health Service sites to undertake our study despite endorsement by senior managers. The current research ethics system reinforces the gatekeeping role of front-line National Health Service staff but this may work to bias samples in favour of 'amenable' service users and exclude others from having their views and experiences represented in studies over the long-term.

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Document 261
Afana, Abdelhamid; Kirmayer, Laurence J
Psychiatry and the prevention of torture.

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**Document 262**

Werner, Perla; Karniel-Miller, Orit; Adler, Adir; Eidelman, Shmuel

*How neurologists tell their patients with Alzheimer disease about their diagnosis: another side to Tarek et al's study.*

Alzheimer disease and associated disorders 2010 2010 Apr-Jun; 24(2): 115-7

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**Document 263**

Wilner, Asher; Keezer, Mark R; Andermann, Frederick

*The effective and ethical use of voluntary induction of psychogenic drop attacks in a patient with idiopathic generalized epilepsy.*

Epilepsy & behavior : E&B 2010 Apr; 17(4): 569-70

**Abstract:** A woman known to have never fully controlled idiopathic generalized epilepsy presented at 47 years of age with a new onset of drop attacks. After clinical investigations, including prolonged video/EEG telemetry, tilt-table testing, and multiple sleep latency tests, the etiology of her drop attacks remained elusive. Subsequently we were able to demonstrate that her drop attacks may be provoked by her voluntary recollection of memories of past sexual abuse. This case study highlights the need to consider psychological factors when evaluating otherwise unexplained drop attacks. In addition, we propose a seizure-provoking technique that may be used both effectively and ethically in the diagnosis of psychogenic drop attacks as well as nonepileptic seizures.

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**Document 264**

Howe, Laura L S; McCaffrey, Robert J

*Third party observation during neuropsychological evaluation: an update on the literature, practical advice for practitioners, and future directions.*

The Clinical neuropsychologist 2010 Apr ; 24(3): 518-37

**Abstract:** A clash between neuropsychology and the law may exist when a demand is made for third party observation during forensic neuropsychological evaluation. Third party observation includes any person or observational process present during a neuropsychological evaluation aside from the psychologist and the examinee, including electronic devices (e.g., video and audio recordings). The goal of this paper includes succinctly providing to practitioners the scientific, ethical, and pragmatic (i.e., test security and coaching) reasons to not allow third party observation. Practitioners at the individual level need to be aware of the reasoning and be willing and able to advocate protecting the boundaries of neuropsychological practice and test security. We present practitioners with options when confronted with a request, provide a list of resources to educate the legal system and submit with motions, provide responses for some of the more common myths/reasoning used to support a request for a TPO, and encourage more global solutions such as state-by-state legislation.

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**Document 265**

Wilder, Christine M; Elbogen, Eric B; Moser, Lorna L; Swanson, Jeffrey W; Swartz, Marvin S

*Medication preferences and adherence among individuals with severe mental illness and psychiatric advance directives.*


**Abstract:** OBJECTIVE: Psychiatric advance directives allow patients with severe mental illness to document their preferences for particular medications. This study investigated the role of psychiatric advance directives in treatment choice and medication adherence. METHODS: A total of 123 persons with severe mental illness recorded medication preferences in psychiatric advance directives. The authors compared medication preferences to prescribed medications over 12 months, determined concordance between preferred and prescribed medications, and...
examined the effect of concordance on medication adherence at 12 months. RESULTS: Participants requested a median of two medications in their psychiatric advance directives (range from zero to six) and refused a median of one medication (range from zero to ten). Between baseline and follow-up there was a 27% increase in the number of medications prescribed that had been requested on the psychiatric advance directive (Wilcoxon matched pairs, p<.001). After correction for the number of medications listed in the psychiatric advance directive, a 10% increase in concordance remained significant (p<.001). Being prescribed at least one medication requested in the psychiatric advance directive predicted higher medication adherence at 12 months, after the analysis controlled for relevant covariates (odds ratio=7.8, 95% confidence interval=1.8-34.0). CONCLUSIONS: Providing information about medication preferences in psychiatric advance directives may increase prescribing of patient-preferred medications even in noncrisis settings. Patients who were prescribed medications that they requested in advance were significantly more likely to adhere to medications, supporting the benefit of patient participation in medication choice. Psychiatric advance directives appear to be a clinically useful conduit for communicating patient medication preferences.

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**Document 266**

Scheyett, Anna M; Vaughn, Jennifer S; Francis, Annie M

**Jail administrators' perceptions of the use of psychiatric advance directives in jails.**


**Abstract:** OBJECTIVE: Individuals with serious mental illnesses are at high risk of incarceration. Jails are often unable to obtain information needed to provide appropriate care. Psychiatric advance directives may be useful tools to communicate treatment information to jails. This study explored their use as a novel intervention for individuals with mental illnesses in jails. METHODS: Eighty jail administrators in North Carolina were surveyed to determine their support for psychiatric advance directives in jails. Relationships between respondents' job type (jail administrator or medical administrator) or jail census and support for the directives were examined by using chi square tests. Open-ended responses were analyzed using qualitative methods. RESULTS: Seventy-three percent of respondents indicated they supported psychiatric advance directives. Respondents from jails at or below a median census of 120 were significantly more likely to support psychiatric advance directives than those from larger jails. CONCLUSIONS: Psychiatric advance directives' informational function may prove valuable in jail settings. Additional research assessing directives as interventions for individuals with mental illnesses at risk of incarceration is needed.

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**Document 267**

Harrison, Allyson G; Edwards, Melanie J

**Symptom exaggeration in post-secondary students: preliminary base rates in a Canadian sample.**

Applied neuropsychology 2010 Apr ; 17(2): 135-43

**Abstract:** Recent studies conducted at American post-secondary institutions report that a high proportion of college students seeking evaluations for either attention-deficit/hyperactivity disorder or learning disorders fail symptom validity tests (SVTs), calling into question the validity of their performance on standardized assessment measures. The current study undertook to investigate the rate of SVT failure in a Canadian post-secondary sample, drawing on assessment data from a large regional assessment facility. Evaluating the data from 144 consecutively tested students, the present study found that 14.6% of students failed an SVT, and those who failed returned lower scores on many other assessment measures compared with those who passed. These findings indicate that the rate of symptom exaggeration or low test-taking effort may be lower in Canadian samples than in U.S. samples but still represents a substantial number of students. Recommendations and suggestions for future directions are discussed.

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**Document 268**

Parker, Robert; Leggatt, Margaret; Crowe, Jim

**Public interest and private concern: the role of family carers for people suffering mental illness in the twenty**
Abstract: OBJECTIVES: This paper looks to examine the emerging role of carers as essential components in the management of individuals affected by severe mental illness in the context of modern legal and health policy environments. CONCLUSIONS: Cultural and legal concepts of confidentiality within the doctor-patient relationship are complex. Increasingly, evidence is recognizing the essential role of carers in the quality management of individuals affected by severe mental illness and this emphasis is being further supported by innovative health policy and legislation. A public health definition for the role of carers may be a more appropriate way to consider their role in mental health management strategies.

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http://journals.cambridge.org/action/displayJournal?jid=cqh (link may be outdated)

Document 274
Amason, Gardar
Neuroimaging, uncertainty, and the problem of dispositions.

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http://journals.cambridge.org/action/displayJournal?jid=cqh (link may be outdated)

Document 275
Müller, Sabine; Walter, Henrik
Reviewing autonomy: Implications of the neurosciences and the free will debate for the principle of respect for the patient's autonomy.

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http://journals.cambridge.org/action/displayJournal?jid=cqh (link may be outdated)

Document 276
Launis, Veikko
Cosmetic neurology: Sliding down the slippery slope?

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http://journals.cambridge.org/action/displayJournal?jid=cqh (link may be outdated)

Document 277
Anton, Bette
CQ sources/bibliography.

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http://journals.cambridge.org/action/displayJournal?jid=cqh (link may be outdated)

Document 278
Clinton, Brian K; Silverman, Benjamin C; Brendel, David H
Patient-targeted googling: the ethics of searching online for patient information.
Harvard review of psychiatry 2010 Mar 4; 18(2): 103-12

Abstract: With the growth of the Internet, psychiatrists can now search online for a wide range of information about
patients. Psychiatrists face challenges of maintaining professional boundaries with patients in many circumstances, but little consideration has been given to the practice of searching online for information about patients, an act we refer to as patient-targeted Googling (PTG). Psychiatrists are not the only health care providers who can investigate their patients online, but they may be especially likely to engage in PTG because of the unique relationships involved in their clinical practice. Before searching online for a patient, psychiatrists should consider such factors as the intention of searching, the anticipated effect of gaining information online, and its potential value or risk for the treatment. The psychiatrist is obligated to act in a way that respects the patient's best interests and that adheres to professional ethics. In this article, we propose a pragmatic model for considering PTG that focuses on practical results of searches and that aims to minimize the risk of exploiting patients. We describe three cases of PTG, highlighting important ethical dilemmas in multiple practice settings. Each case is discussed from the standpoint of the pragmatic model.

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Document 279
Cloutier, France
[Alzheimer disease: when the person is no more]. = Maladie d'Alzheimer: quand la personne n'est plus.
Perspective infirmière : revue officielle de l'Ordre des infirmières et infirmiers du Québec 2010 Mar-Apr; 7(2): 36-42

Georgetown users check Georgetown Journal Finder for access to full text

Document 280
LaMothe, Ryan
The taboo of politics in pastoral counseling.
The journal of pastoral care & counseling : JPCC 2010 Spring; 64(1): 5.1-15
Abstract: The political realities of society are present in counseling in subtle and overt ways. In this article, I argue that the client's (and counselor's) political experiences, beliefs, and commitments can be and, in many cases, should be explored. The idea of the political self or subjectivity and its identifying features and sources are described. I posit that political subjectivity forms through the processes of internalization, identification, and idealization. In identifying several reasons for the taboo of political discourse in pastoral counseling, I suggest a number of ways pastoral counselors may manage the political self in the counseling relationship. The three goals for exploring a client's political subjectivity for the client are: (1) to have a deeper and broader understanding of one's political beliefs, values, and commitments; (2) develop a more empathic understanding of the beliefs and experiences of Others; and (3) be able to take responsibility for the harm that results from one's political commitments.

Georgetown users check Georgetown Journal Finder for access to full text

Document 281
Grant, A
Autoethnographic ethics and rewriting the fragmented self.
Journal of psychiatric and mental health nursing 2010 Mar; 17(2): 111-6
Abstract: The paper begins with a summary of severe mental health difficulties I had in recent years. The narrative then turns to the crisis of representation in the social sciences which gave rise to autoethnographic ethics. Autoethnographic writing is compared and contrasted with realist writing, the former being seen to be accorded with several advantages when 'writing the self'. It is argued that culture flows through self and vice versa, and that this is captured well in autoethnographic work. The various forms of ethics are brought to light in relation to my experiences of state acute mental health care.

Georgetown users check Georgetown Journal Finder for access to full text
Informed consent issues in traumatic brain injury research: current status of capacity assessment and recommendations for safeguards.

Ethical issues and dementia: the Nuffield Report
Clinical Ethics 2010 March; 5(1): 3-6

The management of incidental findings in neuro-imaging research: framework and recommendations.

Patients in a permanent vegetative state or minimally conscious state in the Maine-et-Loire county of France: A cross-sectional, descriptive study.
Annals of physical and rehabilitation medicine 2010 Mar; 53(2): 96-104
Regan, Kathleen

Trauma informed care on an inpatient pediatric psychiatric unit and the emergence of ethical dilemmas as nurses evolved their practice.

Issues in Mental Health Nursing 2010 March; 31(3): 216-222

Abstract: Two case studies are presented reflecting the ethical dilemmas experienced by nurses who were striving to improve their practice in the provision of patient care. The cases are described in the context of finding alternatives to cohesive interventions such as chemical restraints and physical restraints. A summary of the literature on ethical dilemmas that was relevant to the issues arising in these cases is included. Discussion of the use of the American Nursing Association's (ANA, 2001) Nursing Code of Ethics with Interpretive Statements is highlighted for its relevance and support of the nurses experiencing the ethical dilemmas.

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Landau, Ruth; Auslander, Gail K.; Wemer, Shirli; Shoval, Noam; Heinik, Jeremia

Families' and professional caregivers' views of using advanced technology to track people with dementia.

Qualitative Health Research 2010 March; 20(3): 409-419

Abstract: In this study we examined the ethical aspects of the use of the Global Positioning Systems (GPS) to track people with dementia. The findings are based on qualitative data gathered from focus groups of family and professional caregivers. The most important theme was the need to balance patients' need for safety with the need to preserve their autonomy and privacy. The main potential benefit of the use of GPS was related to the peace of mind of the caregivers themselves. The findings also suggest that caregivers' views change according to the locus of responsibility of the caregivers for the safety of people with dementia. The caregivers give preference to patients' safety more than autonomy when they are responsible for the patients. When the patients are under the responsibility of other caregivers, they give preference to patients' autonomy more than their safety. Overall, the variety and the depth of the views of different stakeholders toward the use of electronic tracking for people with dementia presented in this article provide a meaningful contribution to the ethical debate on this topic.

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Jiao, Li

Fear of MRI scans trips up brain researchers. [news]

Science 2010 February 19; 327(5968): 931

http://www.sciencemag.org/content/vol327/issue5968/ (link may be outdated)

Monti, Martin M.; Vanhaudenhuyse, Audrey; Coleman, Martin R.; Boly, Melanie; Pickard, John D.; Tshibanda, Luaba; Owen, Adrian M.; Laureys, Steven

Willful modulation of brain activity in disorders of consciousness.


Abstract: Background: The differential diagnosis of disorders of consciousness is challenging. The rate of misdiagnosis is approximately 40%, and new methods are required to complement bedside testing, particularly if the patient's capacity to show behavioral signs of awareness is diminished. Methods: At two major referral centers in Cambridge, United Kingdom, and Liege, Belgium, we performed a study involving 54 patients with disorders of consciousness. We used functional magnetic resonance imaging (MRI) to assess each patient's ability to generate willful, neuroanatomically specific, blood-oxygenation-level-dependent responses during two established mental-
imagery tasks. A technique was then developed to determine whether such tasks could be used to communicate yes-or-no answers to simple questions. RESULTS: Of the 54 patients enrolled in the study, 5 were able to willfully modulate their brain activity. In three of these patients, additional bedside testing revealed some sign of awareness, but in the other two patients, no voluntary behavior could be detected by means of clinical assessment. One patient was able to use our technique to answer yes or no to questions during functional MRI; however, it remained impossible to establish any form of communication at the bedside. CONCLUSIONS: These results show that a small proportion of patients in a vegetative or minimally conscious state have brain activation reflecting some awareness and cognition. Careful clinical examination will result in reclassification of the state of consciousness in some of these patients. This technique may be useful in establishing basic communication with patients who appear to be unresponsive.

Georgetown users check [Georgetown Journal Finder](http://content.nejm.org) for access to full text

http://content.nejm.org (link may be outdated)

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Document 290

de la Baume, Maiim

*France: Transsexualism is removed from official list of mental illnesses.*


http://www.nytimes.com (link may be outdated)

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Document 291

Biever, Celeste

*A voice for the voiceless [news]*

New Scientist 2010 February 6; 205(2746): 8-9

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Document 292

Amazon, Jody

*Can versus should. A collision course with ethics.*

Advance for nurse practitioners 2010 Feb ; 18(2): 70

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Document 294

Foster, Juliet L H

*Perpetuating stigma? Differences between advertisements for psychiatric and non-psychiatric medication in two professional journals.*

**Abstract:** BACKGROUND: Continuing debates regarding advertising and the pharmaceutical industry, and others detailing the continued stigmatization of mental health problems. AIMS: To establish whether there are any differences in advertisements for psychiatric and non-psychiatric medication aimed at health professionals. METHOD: Quantitative (t-tests, Chi-squared) and qualitative analysis of all unique advertisements for medication that appeared in two professional journals (the British Medical Journal and the British Journal of Psychiatry) between October 2005 and September 2006 was undertaken. Close attention was paid to both images and text used in the advertisements. RESULTS: Significant differences were found between advertisements for psychiatric and non-psychiatric medication in both quantitative and qualitative analysis: advertisements for psychiatric medication contain less text and are less likely to include specific information about the actual drug than non-psychiatric medication advertisements; images used in advertisements for psychiatric medication are more negative than those used for non-psychiatric medication, and are less likely to portray people in everyday situations. CONCLUSION: A distinction between mental health problems and other forms of ill health is clearly being maintained in medication advertisements; this has potentially stigmatizing consequences, both for professional and public perceptions. There are also troubling implications in light of the debates surrounding Direct to Consumer Advertising.

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**Document 295**

Gallagher, Ann; Arber, Anne; Chaplin, Rob; Quirk, Alan

**Service users' experience of receiving bad news about their mental health.**


**Abstract:** BACKGROUND: The breaking and receipt of bad news is little referred to in the mental health literature, particularly from a service user perspective. AIMS: This project aimed to gain understanding of service users' experiences of receiving good and bad news from mental health professionals. METHOD: Ten semi-structured interviews were conducted in which mental health service users recounted key moments when good or bad news was delivered to them and described the impact of that news on their psychological well being. Transcripts were analysed thematically. RESULTS: The receiving of a diagnosis could be perceived as bad news or a cause of confusion where a diagnosis is changed. The importance of trust in professionals, the use of adequate time and information was considered important in buffering the impact of potentially bad news. The technique of comparing a mental disorder to a physical disorder is not always helpful. CONCLUSIONS: The delivery of bad news in mental health is more complex than a "good or bad news" paradigm and it should be done in the context of a good therapeutic alliance. An individualized approach to delivering news about diagnosis is advocated.

Georgetown users check [Georgetown Journal Finder](http://www.usnews.com) for access to full text.

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**Document 296**

Hannon, Kerry

**One family's saga of Alzheimer's care**


**Document 297**

Gutridge, Kerry

**Safer self-injury or assisted self-harm?**

Theoretical Medicine and Bioethics 2010 February; 31(1): 79-92

**Abstract:** Psychiatric patients may try (or express a desire) to injure themselves in hospital in order to cope with overwhelming emotional pain. Some health care practitioners and patients propose allowing a controlled amount of self-injury to occur in inpatient facilities, so as to prevent escalation of distress. Is this approach an example of professional assistance with harm? Or, is the approach more likely to minimise harm, by ensuring safer self-injury? In this article, I argue that health care practitioners who use harm-minimisation can be considered to be helping...
physical injury to occur, although they do not encourage the act. I consider why there are compelling reasons to believe that a patient who self-injures is not maximally autonomous in relation to that choice. However, I then move onto argue that allowing a degree of self-injury may enable engagement with psychotherapy (enhancing autonomy) and behavioural change. In these circumstances, allowing injury (with precautions) may not be harm, all things considered.

Document 298
Wakefield, Jerome C.
False positives in psychiatric diagnosis: implications for human freedom.
Theoretical Medicine and Bioethics 2010 February; 31(1): 5-17
Abstract: Current symptom-based DSM and ICD diagnostic criteria for mental disorders are prone to yielding false positives because they ignore the context of symptoms. This is often seen as a benign flaw because problems of living and emotional suffering, even if not true disorders, may benefit from support and treatment. However, diagnosis of a disorder in our society has many ramifications not only for treatment choice but for broader social reactions to the diagnosed individual. In particular, mental disorders impose a sick role on individuals and place a burden upon them to change; thus, disorders decrease the level of respect and acceptance generally accorded to those with even annoying normal variations in traits and features. Thus, minimizing false positives is important to a pluralistic society. The harmful dysfunction analysis of disorder is used to diagnose the sources of likely false positives, and propose potential remedies to the current weaknesses in the validity of diagnostic criteria.

Document 299
Schramme, Thomas
New trends in philosophy of psychiatry.
Theoretical Medicine and Bioethics 2010 February; 31(1): 1-4

Document 300
Pouncey, Claire L.; Lukens, Jonathan M.
Madness versus badness: the ethical tension between the recovery movement and forensic psychiatry.
Theoretical Medicine and Bioethics 2010 February; 31(1): 93-105
Abstract: The mental health recovery movement promotes patient self-determination and opposes coercive psychiatric treatment. While it has made great strides towards these ends, its rhetoric impairs its political efficacy. We illustrate how psychiatry can share recovery values and yet appear to violate them. In certain criminal proceedings, for example, forensic psychiatrists routinely argue that persons with mental illness who have committed crimes are not full moral agents. Such arguments align with the recovery movement's aim of providing appropriate treatment and services for people with severe mental illness, but contradict its fundamental principle of self-determination. We suggest that this contradiction should be addressed with some urgency, and we recommend a multidisciplinary collaborative effort involving ethics, law, psychiatry, and social policy to address this and other ethical questions that arise as the United States strives to implement recovery-oriented programs.

Document 301
Spranger, Tade M.
Law, Mind and Brain, edited by M. Freeman and O. Goodenough
Medicine, Health Care, and Philosophy 2010 February; 13(1): 101
Document 302

Schmitz, Dagmar

*Das ethische Gehirn, by W. Seidel [The ethical brain] [book review]*

Medicine, Health Care, and Philosophy 2010 February; 13(1): 99-100

Document 303

Morein-Zamir, Sharon; Sahakian, Barbara J.

*Neuroethics and public engagement training needed for neuroscientists.*


Document 304

Gutridge, Kerry

*Safer self-injury or assisted self-harm?*

Theoretical Medicine and Bioethics 2010 February; 31(1): 79-92

Abstract: Psychiatric patients may try (or express a desire) to injure themselves in hospital in order to cope with overwhelming emotional pain. Some health care practitioners and patients propose allowing a controlled amount of self-injury to occur in inpatient facilities, so as to prevent escalation of distress. Is this approach an example of professional assistance with harm? Or, is the approach more likely to minimise harm, by ensuring safer self-injury? In this article, I argue that health care practitioners who use harm-minimisation can be considered to be helping physical injury to occur, although they do not encourage the act. I consider why there are compelling reasons to believe that a patient who self-injures is not maximally autonomous in relation to that choice. However, I then move onto argue that allowing a degree of self-injury may enable engagement with psychotherapy (enhancing autonomy) and behavioural change. In these circumstances, allowing injury (with precautions) may not be harm, all things considered.

Document 305

Wakefield, Jerome C.

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Theoretical Medicine and Bioethics 2010 February; 31(1): 5-17

Abstract: Current symptom-based DSM and ICD diagnostic criteria for mental disorders are prone to yielding false positives because they ignore the context of symptoms. This is often seen as a benign flaw because problems of living and emotional suffering, even if not true disorders, may benefit from support and treatment. However, diagnosis of a disorder in our society has many ramifications not only for treatment choice but for broader social reactions to the diagnosed individual. In particular, mental disorders impose a sick role on individuals and place a burden upon them to change; thus, disorders decrease the level of respect and acceptance generally accorded to those with even annoying normal variations in traits and features. Thus, minimizing false positives is important to a pluralistic society. The harmful dysfunction analysis of disorder is used to diagnose the sources of likely false positives, and propose potential remedies to the current weaknesses in the validity of diagnostic criteria.
Document 306

Schramme, Thomas

New trends in philosophy of psychiatry.
Theoretical Medicine and Bioethics 2010 February; 31(1): 1-4

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Document 307

Pouncey, Claire L.; Lukens, Jonathan M.

Madness versus badness: the ethical tension between the recovery movement and forensic psychiatry.
Theoretical Medicine and Bioethics 2010 February; 31(1): 93-105

Abstract: The mental health recovery movement promotes patient self-determination and opposes coercive psychiatric treatment. While it has made great strides towards these ends, its rhetoric impairs its political efficacy. We illustrate how psychiatry can share recovery values and yet appear to violate them. In certain criminal proceedings, for example, forensic psychiatrists routinely argue that persons with mental illness who have committed crimes are not full moral agents. Such arguments align with the recovery movement's aim of providing appropriate treatment and services for people with severe mental illness, but contradict its fundamental principle of self-determination. We suggest that this contradiction should be addressed with some urgency, and we recommend a multidisciplinary collaborative effort involving ethics, law, psychiatry, and social policy to address this and other ethical questions that arise as the United States strives to implement recovery-oriented programs.

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Document 308

Hewitt, Jeanette

Schizophrenia, mental capacity, and rational suicide.
Theoretical Medicine and Bioethics 2010 February; 31(1): 63-77

Abstract: A diagnosis of schizophrenia is often taken to denote a state of global irrationality within the psychiatric paradigm, wherein psychotic phenomena are seen to equate with a lack of mental capacity. However, the little research that has been undertaken on mental capacity in psychiatric patients shows that people with schizophrenia are more likely to experience isolated, rather than constitutive, irrationality and are therefore not necessarily globally incapacitated. Rational suicide has not been accepted as a valid choice for people with schizophrenia due in part to a belief that characteristic irrationality prevents autonomous decision-making. Since people with schizophrenia are often seen to lack insight into the nature of their disorder, both psychiatric and ethical perspectives generally presume that suicidal acts result directly from mental illness itself and not from second-order desires. In this article, I challenge notions of global irrationality conferred by a diagnosis of schizophrenia and argue that, where delusional beliefs are unifocal, schizophrenia does not necessarily lead to a state of mental incapacity. I then attempt to show that people with schizophrenia can sometimes be rational with regard to suicide, where this decision stems from a realistic appraisal of psychological suffering.

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Document 309

Werner, Sylke

[Eating and drinking by demented residents: "marmalade sandwich and pudding in the evening?"] = Über Essen und Trinken demenziell erkrankter Bewohner: "Marmeladenstulle und Pudding am Abend?".
Pflege Zeitschrift 2010 February; 63(2): 78-80

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Living to the bitter end? A personalist approach to euthanasia in persons with severe dementia.

**Abstract:** The number of people suffering from dementia will rise considerably in the years to come. This will have important implications for society. People suffering from dementia have to rely on relatives and professional caregivers when their disorder progresses. Some people want to determine for themselves their moment of death, if they should become demented. They think that the decline in personality caused by severe dementia is shocking and unacceptable. In this context, some people consider euthanasia as a way to avoid total deterioration. In this article, we discuss some practical and ethical dilemmas regarding euthanasia in persons with severe dementia based on an advance euthanasia directive. We are using a personalist approach in dealing with these ethical dilemmas.

Georgetown users check [Georgetown Journal Finder](http://www3.interscience.wiley.com/journal/123226235/issue) for access to full text

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Reflections: neurology and the humanities. Prayer (dement me not).

**Abstract:** Ethics does not seem to be a favorite topic of Indian authors. Electronic search of the IJP web site could only identify six articles which were directly related to ethics. One article discussed the relationship of ethics religion and psychiatry. Another editorial discussed the concept of responsibility in psychiatrists. Other editorial discussed the truth about 'truth serum' in legal investigations. One article discussed the ethical aspects of published research. There were two articles that specifically discussed ethical aspects. This write-up provides some details about the ethical aspects of psychiatric practice, specific to India, and emphasizes the need to rediscover ethics in India.

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Vulnerable adults, mental capacity and social care refusal.

**Abstract:**

Georgetown users check [Georgetown Journal Finder](http://www3.interscience.wiley.com/journal/123226235/issue) for access to full text
Hughes, Julian C.
Promoting palliative care in dementia.

Flaskerud, Jacquelyn H.
American culture and neuro-cognitive enhancing drugs.
Issues in Mental Health Nursing 2010 January; 31(1): 62-63

Bush, Shane S.
Determining whether or when to adopt new versions of psychological and neuropsychological tests: ethical and professional considerations.
Clinical Neuropsychologist 2010 January; 24(1): 7-16

Porteri, Corinna; Galluzzi, Samantha; Geroldi, Cristina; Frisoni, Giovanni B.
Diagnosis disclosure of prodromal Alzheimer disease-ethical analysis of two cases.
Canadian Journal of Neurological Sciences = Le journal canadien des sciences neurologiques 2010 January; 37(1): 67-75

Abstract: BACKGROUND: According to a recent proposal for revised diagnostic criteria for Alzheimer disease, the diagnosis could be made even in the absence of impairment of social function or daily life activities, provided positivity of one or more abnormal biomarkers. The use of the new proposed diagnostic criteria raises ethical issues and needs to be carefully evaluated. METHOD: We describe two clinical cases of prodromal Alzheimer's disease and discuss the diagnosis disclosure, taking into consideration several issues: (i) the issue of the boundary between well founded research procedures and clinical practice, (ii) the issue of the fuzziness of the concepts of scientific evidence and scientific uncertainty, (iii) the issue of patient's autonomy and patient's best interest, and (iv) the issue
of the patients' specific personal and social context. RESULTS: The degree of informativeness of the proposed
diagnostic criteria for the single patient is already such as to deserve high regard in making the diagnosis and in the
diagnosis disclosure process. During the disclosure process, the physician needs to take into account both what is
known and what it is not sufficiently known. The patient's personal and environmental conditions should drive the
physician to partial or full diagnostic disclosure, or delay communication. CONCLUSION: We proposed two different
diagnosis disclosure processes, on the basis of the common neurological features and of the different global clinical
situations, socio-personal contexts and attitudes towards the communication of the diagnosis.

De Ville, Kenneth

Commentary: Towards the responsible development, proliferation, and use of psychophysiological and
neuroscientific technologies.
Accountability in Research 2010 January; 17(1): 1-7

Shamoo, Adil E.

Ethical and regulatory challenges in psychophysiology and neuroscience-based technology for determining
behavior.
Accountability in Research 2010 January; 17(1): 8-29

Abstract: In the past three decades, there has been an explosion in research to understand the mechanisms of brain
function. Recent advances in psychophysiology and neuroscience, while still limited, have sparked great interest in
developing technologies that could peer into the brain and be used to identify or indicate certain behaviors. The
polygraph (lie detector) represents an old technology used for discerning clues to the human brain; functional
magnetic resonance imaging (fMRI) represents one of the newest efforts. The use of these technologies in
intelligence and countereintelligence in the field without validation represents a major concern about its usefulness.
Both research on this new technology and subsequent use on public raise ethical challenges. This article will
address the overall ethical issues associated with these new technologies. The report identifies the ethical and
cultural challenges in conducting research on these new tools, explores the possibility of using current U.S.
regulatory requirements regarding drugs and devices as a model for regulating these new technologies, and suggests
approaches for the future.

Grace, Glenn D.; Christensen, Richard C.

Referral for medical evaluation: an ethical obligation?
Psychiatric Services 2010 January; 61(1): 3

Bond, Tim

STANDARDS AND ETHICS FOR COUNSELLING IN ACTION
EthxWeb Search Results

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Document 326
Bond, Michael Harris
THE OXFORD HANDBOOK OF CHINESE PSYCHOLOGY

Document 327
Szasz, Thomas Stephen
THE MYTH OF MENTAL ILLNESS: FOUNDATIONS OF A THEORY OF PERSONAL CONDUCT

Document 328
Bhugra, Dinesh; Craig, T.K.J.; and Bhui, Kamaldeep
MENTAL HEALTH OF REFUGEES AND ASYLUM SEEKERS
Call number: RC451.4 .R43 M458 2010

Document 329
Fink, Helmut and Rosenzweig, Rainer
KÜNSTLICHE SINNE, GEDOPTES GEHIRN: NEUROTECHNIK UND NEUROETHIK

Document 330
McLaren, Niall
HUMANIZING PSYCHIATRISTS: TOWARD A HUMANE PSYCHIATRY: AN APPLICATION OF THE PHILOSOPHY OF SCIENCE TO PSYCHIATRY

Document 331
Thomas, Janet T.
American Psychological Association.
THE ETHICS OF SUPERVISION AND CONSULTATION: PRACTICAL GUIDANCE FOR MENTAL HEALTH
Hecker, Lorna L.  
**ETHICS AND PROFESSIONAL ISSUES IN COUPLE AND FAMILY THERAPY**  

Allan, Alfred and Love, Anthony, eds.  
Australian Psychological Society  
**ETHICAL PRACTICE IN PSYCHOLOGY: REFLECTIONS FROM THE CREATORS OF THE APS CODE OF ETHICS**  

Call number: BF76.4 .E818 2010

Arsenio, William Frank and Lemerise, Elizabeth A., eds.  
**EMOTIONS, AGGRESSION, AND MORALITY IN CHILDREN: BRIDGING DEVELOPMENT AND PSYCHOPATHOLOGY**  

Porter, Natalie  
**DIVERSITY IN THE 21ST CENTURY: SUPERVISION COMES OF AGE**  

Kittay, Eva Feder and Carlson, Licia, eds.  
**COGNITIVE DISABILITY AND ITS CHALLENGE TO MORAL PHILOSOPHY**  

Call number: RC553 .C64 C6277 2010

Desai, Abhilash K. and Grossberg, George T.  
**PSYCHIATRIC CONSULTATION IN LONG-TERM CARE: A GUIDE FOR HEALTH CARE PROFESSIONALS**  

Call number: RC451.4 .A5 D485 2010
Mental health issues of Muslim Americans

Whether you like it or not people with mental problems are going to go to them': a qualitative exploration into the widespread use of traditional and faith healers in the provision of mental health care in Ghana.

Abstract: Limited research has been conducted to explore the factors that support or obstruct collaboration between traditional healers and public sector mental health services. The first aim of this study was to explore the reasons underpinning the widespread appeal of traditional/faith healers in Ghana. This formed a backdrop for the second objective, to identify what barriers or enabling factors may exist for forming bi-sectoral partnerships. Eighty-one semi-structured interviews and seven focus group discussions were conducted with 120 key stakeholders drawn from five of the ten regions in Ghana. The results were analysed through a framework approach. Respondents indicated many reasons for the appeal of traditional and faith healers, including cultural perceptions of mental disorders, the psychosocial support afforded by such healers, as well as their availability, accessibility and affordability. A number of barriers hindering collaboration, including human rights and safety concerns, scepticism around the effectiveness of 'conventional' treatments, and traditional healer solidarity were identified. Mutual respect and bi-directional conversations surfaced as the key ingredients for successful partnerships. Collaboration is not as easy as commonly assumed, given paradigmatic disjunctures and widespread scepticism between different treatment modalities. Promoting greater understanding, rather than maintaining indifferent distances may lead to more successful co-operation in future.

Viewing Uganda's mental health system through a human rights lens.

Abstract: There has been increased global concern about the human rights violations experienced by people with mental disorders. The aim of this study was to analyse Uganda's mental health care system through a human rights lens. A survey of the existing mental health system in Uganda was conducted using the WHO Assessment Instrument for Mental Health Systems. In addition, 62 interviews and six focus groups were conducted with a broad range of mental health stakeholders at the national and district levels. Despite possessing a draft mental health policy that is in line with many international human rights standards, Uganda's mental health system inadequately promotes and protects, and frequently violates the human rights of people with mental disorders. The mental health legislation is offensive and stigmatizing. It is common for people accessing mental health services to encounter physical and emotional abuse and an inadequate quality of care. Mental health services are inequitably distributed. Within Ugandan society, people with mental disorders also frequently experience widespread stigma and discrimination, and limited support. Promoting and protecting the rights of people with mental disorders has ethical and public health imperatives. A number of policy, legislative and service development initiatives are required.
Common understandings of women's mental illness in Ghana: results from a qualitative study.


Abstract: Despite the high rates of depression and anxiety disorders amongst women, the mental health of women is a neglected area, particularly in Africa. This study sought to explore what key stakeholders perceive as the main causes of mental illness in women in Ghana. Using qualitative methods, 81 semi-structured interviews and seven focus group discussions were conducted with 120 key stakeholders drawn from 5 of the 10 regions in Ghana. The analysis was undertaken using a grounded theory approach. Respondents attributed mental illness in women to a number of causes. These included women being the weaker sex, hormones, witchcraft, adultery, abuse and poverty. Explanations could be clustered under three broad categories: women's inherent vulnerability, witchcraft, and gender disadvantage. The way in which women's subordinate position within society may underpin their mental distress needs to be recognized and addressed. The results from this study offer opportunities to identify how policy can better recognize, accommodate and address the mental health needs of women in Ghana and other low-income African countries.

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In that case


Neuropsychiatrie : Klinik, Diagnostik, Therapie und Rehabilitation : Organ der Gesellschaft Österreichischer Nervenärzte und Psychiater 2010; 24(4): 275-8

Ethics roundtable: ‘Open-ended ICU care: can we afford it?’.


Abstract: The Case: The patient is a 27-year-old previously healthy male with a diagnosis of viral encephalitis with a lymphocytic pleocytosis on cerebrospinal fluid examination. For 3 months, he has been in status epilepticus (SE) on high doses of barbiturates, benzodiazepines, and ketamine and a ketogenic feeding-tube formula. He remains in burst suppression on continuous electroencephalography (EEG). He is trached and has a percutaneous endoscopic gastrostomy (PEG) feeding tube. He has been treated several times for pneumonia, and he is on a warming blanket and is on vasopressors to maintain his blood pressure. His vitals are stable and his lab work is within limits. The sedation is decreased under EEG guidance every 72 hours, after which he goes back into SE and heavy sedation is resumed. The latest magnetic resonance imaging (MRI) shows edema but otherwise no obvious permanent cortical damage. The family wants a realistic assessment of the likely outcome. The neurologist tells them the literature suggests the outlook is poor but not 100% fatal. As long as all of his other organs are functioning on life support, there is always a chance the seizures will stop at some time in the future, and so the neurologist recommends an open-ended intensive care unit (ICU) plan and hopes for that outcome.

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**Document 352**

Sreenivasan, Shoba; Frances, Allen; Weinberger, Linda E

**Normative versus consequential ethics in sexually violent predator laws: an ethics conundrum for psychiatry.**

The journal of the American Academy of Psychiatry and the Law 2010; 38(3): 386-91

**Abstract:** Nineteen states and the federal government have statutes for the civil commitment of sexually violent predators (SVP). The American Psychiatric Association has vigorously opposed SVP laws, citing the abuse of both individual civil rights and of psychiatry in forwarding preventive detention. Those who support the laws underscore that the statutes target highly dangerous sex offenders. There are two different approaches to understanding ethics-based problems and their solutions. The normative approach assumes that there is a universal, intuitive, abstract, correct answer to a given question. However, there is no universal right way to balance the important normative ethic of protecting individual rights with the equally important normative ethic of protecting public safety. A less universal approach, consequential ethics, becomes necessary when abstract normative values conflict and lead to opposing conclusions. In this commentary, we examine and attempt to resolve the conflicting positions raised by the SVP statutes by using consequential versus normative ethics.

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**Document 353**

Lolas, Fernando

**Psychiatry and human rights in Latin America: ethical dilemmas and the future.**


**Abstract:** This paper addresses the context in which ethical and human right issues as they pertain to psychiatry are discussed in Latin America. Dependency and institutional instability are singled out as pervading characteristics influencing the analysis of issues and the design of mental health policies. According to the landmark 1990 Declaration of Caracas all countries in the region have progressed towards implementing measures designed to improve the condition of the populations regarding mental health care and research. Several principles are now universally accepted and, while there is still room for improvement, provision of services and better contexts for scientific development make it possible to expect advances in the future.

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**Document 354**

Mikhalovska-Karlova, E P

**[The principles of bioethics and epileptology].**

Zhurnal nevrologii i psikhiatrii imeni S.S. Korsakova / Ministerstvo zdravoohranneniia i meditsinskoi promyshlennosti Rossiiiskoi Federatsii, Vserossiiskoe obshchestvo nevrologov [i] Vserossi?skoe obshchestvo psikhiatrov 2010; 110(3 Suppl 2): 4-8

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**Document 355**

Manicat-Emo, Arbelle; Bankas, Dzigbordi; Bradbury, Laura; Espedido, Beverly

**Truth-telling and an adolescent diagnosed with a malignant brain tumour: who are we protecting?**

Canadian journal of neuroscience nursing 2010; 32(3): 36-40

Georgetown users check [Georgetown Journal Finder](#) for access to full text

**Document 356**
Global challenges and ethics in protecting and promoting the interests of psychiatrically ill patients.

Abstract: The global burden of neuropsychiatry diseases and related mental health conditions is enormous, underappreciated and under resourced, particularly in the developing nations. The absence of adequate and quality mental health infrastructure and workforce is increasingly recognized. The ethical implications of inequalities in mental health for people and nations are profound and must be addressed in efforts to fulfill key bioethics principles of medicine and public health: respect for individuals, justice, beneficence, and non-malfeasance. Stigma and discrimination against people living with mental disorders affects their education, employment, access to care and hampers their capacity to contribute to society. Mental health well-being is closely associated to several Millennium Development Goals and economic development sectors including education, labour force participation, and productivity. Limited access to mental health care increases patient and family suffering. Unmet mental health needs have a negative effect on poverty reduction initiatives and economic development. Untreated mental conditions contribute to economic loss because they increase school and work absenteeism and dropout rates, healthcare expenditure, and unemployment. Addressing unmet mental health needs will require development of better mental health infrastructure and workforce and overall integration of mental and physical health services with primary care, especially in the developing nations.

Ethical and professional challenges in mental health care in low- and middle-income countries.

Abstract: Mental health practitioners in low- and middle-income countries (LAMICs) face particular ethical and professional challenges in their day-to-day clinical practice. A systematic review of the published literature from all LAMICs identified 42 relevant articles. The majority of papers dealt with violations of individual autonomy, particularly in the context of involuntary admission, use of electro-convulsive therapy and the lack of information given to patients about prescribed psychotropic medications. However, the appropriateness of this focus on individual autonomy was challenged in settings where values emphasizing the interconnectedness of communities prevail and the family shoulder the burden for most mental health care. When access to the least restrictive, culturally relevant, evidence-based care is limited to the privileged few, caregivers may be forced to over-ride the individual autonomy of the patient in order to ensure receipt of effective treatment or protection of others. Enactment of modern mental health legislation in all LAMICs remains an essential goal to protect the rights of the mentally ill. In parallel with this, supporting calls for the scaling up of mental health care will do more to ensure the right to mental health care and ensure actual implementation of international ethical frameworks.

"Screen and intervene": governing risky brains.

Abstract: This article argues that a new diagram is emerging in the criminal justice system as it encounters developments in the neurosciences. This does not take the form that concerns many "neuroethicists" – it does not entail a challenge to doctrines of free will and the notion of the autonomous legal subject – but is developing around
the themes of susceptibility, risk, pre-emption and precaution. I term this diagram "screen and intervene" and in this article I attempt to trace out this new configuration and consider some of the consequences.

Document 360
Dyer, Clare
Former director of mental health trust is struck off for unacceptable behaviour.
BMJ (Clinical research ed.) 2010 341(): c4194

Document 361
Silove, Derrick M.; Rees, Susan J.
Interrogating the role of mental health professionals in assessing torture.
BMJ (Clinical research ed.) 2010; 340: c124

Document 362
Prigatano, George P
Anosognosia: clinical and ethical considerations.
Current opinion in neurology 2009 Dec; 22(6): 606-11
Abstract: This review considers recent findings on classical forms of anosognosia and less dramatic disturbances in self-awareness observed in various brain disorders. It also addresses issues of clinical management and ethical treatment.

Document 363
Peterson, Stephen W.; Mokwunye, Nneka
Needing more care, but nowhere to go: solving ethical problems in psychiatric patient discharge at the departmental level
Journal of Hospital Ethics 2009 Winter; 1(3): 24-27

Document 364
Staff of the Center for Ethics at Washington Hospital Center
Setting limits on hospital admission for a sociopath patient who ingests eating utensils
Journal of Hospital Ethics 2009 Winter; 1(3): 16-17

Document 365
Winkler, Dietmar; Scharfetter, Joachim; Kasper, Siegfried; Frey, Richard
The psychiatric intensive care unit: ethically and technically progressive care of somatically and psychiatrically critically ill patients
Journal of Hospital Ethics 2009 Winter; 1(3): 5-8

Katona, C; Chiu, E; Adelman, S; Baloyannis, S; Camus, V; Firmino, H; Gove, D; Graham, N; Ghebrehiwet, T; Icelli, I; Ihl, R; Kalastic, A; Leszek, L; Kim, S; Lima, C de M; Peisah, C; Tataru, N; Warner, J

World Psychiatric Association Section of Old Age Psychiatry consensus statement on ethics and capacity in older people with mental disorders.
International journal of geriatric psychiatry 2009 Dec; 24(12): 1319-24

Abstract: The World Psychiatric Association (WPA) Section of Old Age Psychiatry, since 1997, has developed Consensus Statements relevant to the practice of Old Age Psychiatry. Since 2006 the Section has worked to develop a Consensus Statement on Ethics and Capacity in older people with mental disorders, which was completed in Prague, September 2008, prior to the World Congress in Psychiatry. This Consensus meets one of the goals of the WPA Action Plan 2008-2011, "to promote the highest ethical standards in psychiatric practice and advocate the rights of persons with mental disorders in all regions of the world". This Consensus Statement offers to mental health clinicians caring for older people with mental disorders, caregivers, other health professionals and the general public the setting out of and discourse in ethical principles which can often be complex and challenging, supported by practical guidance in meeting such ethical needs and standards, and to encouraged good clinical practice. Copyright (c) 2009 John Wiley & Sons, Ltd.

Sokol, Daniel K; Hettige, Samantha

Raising the ethical standards in neurosurgery.
Acta neurochirurgica 2009 Dec; 151(12): 1565-7

Parker, Gordon

Should a psychiatrist give the 'special patient' VIP treatment?
Acta psychiatrica Scandinavica 2009 Dec; 120(6): 411-3

Hope, T.; Slowther, A.; Eccles, J.

Best interests, dementia and the Mental Capacity Act (2005).
Journal of Medical Ethics 2009 December; 35(12): 733-8

Abstract: The Mental Capacity Act (2005) is an impressive piece of legislation that deserves serious ethical attention, but much of the commentary on the Act has focussed on its legal and practical implications rather than the underlying ethical concepts. This paper examines the approach that the Act takes to best interests. The Act does not provide an account of the underlying concept of best interests. Instead it lists factors that must be considered in determining best interests, and the Code of Practice to the Act states that this list is incomplete. This paper argue that this general approach is correct, contrary to some accounts of best interests. The checklist includes items that are unhelpful. Furthermore, neither the Act nor its Code of Practice provides sufficient guidance to carers faced with difficult decisions concerning best interests. This paper suggests ways in which the checklist can be developed and
Discusses cases that could be used in an updated Code of Practice.

## Document 370
Delgado Fontaneda, Adolfo José; López Sainz, María Isabel

**Ethical and legal problems in severe dementia. The right to die in peace.** = Problemas éticos y legales en la demencia severa. El derecho a morir en paz.

Revista española de geriatría y gerontología 2009 Nov; 44 Suppl 2: 43-7

**Abstract:** The progression toward a natural death, without medical intervention, which was the normal route until fairly recently, could be attributed to the lack of means and medical facilities, influencing the development of events toward a normal death. The advances in medical technology that prolong life have created a false notion in our society that a longer life goes hand in hand with a high quality of life, which in most cases is false. The fact that intellectual and physical functions have sometimes been maintained or only minimally impaired has served to create the obligation to try all medical techniques, provoking clearly futile treatments and behaviors. In the terminally ill, our approach should be proportional to the needs of the patient and should be based on the principles of bioethics. A wise and not too academic bioethical approach should be able to help us to take the right decisions aimed at satisfying the patient's needs at the end of life. A bioethical approach that studies life not simply from the biological but also from the biographical perspective—with maintenance of life as a right rather than as an obligation—is required.

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## Document 371
van Wynsberghe, Aimee; Gastmans, Chris

**Telepsychiatry and the meaning of in-person contact: a preliminary ethical appraisal.**

Medicine, health care, and philosophy 2009 Nov ; 12(4): 469-76

**Abstract:** Pioneering researchers claim that telepsychiatry presents the possibility of improving both the quality and quantity of patient care for populations in general as well as for those in rural and remote locations. The prevalence of, and literature on telepsychiatry has increased dramatically in the last decade, covering all aspects of research endeavors. However, little can be found on the topic of ethics in telepsychiatry. Using various clinical scenarios we may provide insight into the moral challenge in telepsychiatry—the lack of in-person contact. The difficulty is to articulate what the significance of in-person contact is and further, its meaning in the therapeutic relationship between the patient and the physician. Using the personalist perspective and related philosophical approaches we may sketch an idea of the patient as person, existentially considered as a relational and bodily human being. By applying Brennan's model for health technology assessment we may evaluate the morally troubling aspect of telepsychiatry—a lack of in-person contact—on this philosophical sketch of the person. This consideration is crucial when developing policies to guide the use of telepsychiatry in order to maintain the quality of care.

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Sachs, Greg A.

**Dying from dementia [editorial]**


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Laakonen, Marja-Liisa; Pitkälä
Ethical care in dementia [editorial]
British Medical Journal 2009 October 10; 339(7725): 818-819

Rentmeester, Christy A.; George, Constance
Legalism, countertransference, and clinical moral perception.
Abstract: This target article focuses on dynamics that arise in three typical ethically complex cases in which psychiatric consultations are requested by physicians: a dying patient refuses life-prolonging treatment, an uncooperative patient demands to be allowed to go outside and smoke, and an angry patient demands to be admitted to the hospital. The discussion canvasses what is at stake morally and clinically in each of these cases and explores clinician-patient interactions, dynamics in relationships between consulting physicians and consultant psychiatrists, patient transference, and physician countertransference. The article defines legalism and countertransference and argues that an ethically and clinically important consequence of these phenomena for patients is distortion of clinicians' perceptions of patients' decisions and vulnerabilities. The discussion also describes how legalism and countertransference adversely affect how clinicians treat their psychiatrist colleagues. Finally, the article suggests how the effects of legalism and countertransference can be mitigated.

Hoffmaster, Barry; Hooker, Cliff
What reason can do for clinical moral perception.
American Journal of Bioethics 2009 October; 9(10): 29-31

de Oliveira-Souza, Ricardo; Moll, Jorge
The neural bases of normal and deviant moral cognition and behavior.
Topics in magnetic resonance imaging : TMRI 2009 Oct; 20(5): 261-70

Indo, John L.
Drugs and happiness [letter]
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Let's blame the physicians . . . again: physician legalism and countertransference.
American Journal of Bioethics 2009 October; 9(10): 31-33

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Durante, Chris
The physician's fragility.

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Russell, Barbara
Some distinctions, "hair splitting," and added worries.
American Journal of Bioethics 2009 October; 9(10): 35-37

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Document 381
Alfandre, David Jeremy
Do all physicians need to recognize countertransference?

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Morris, Zoe; Whiteley, William N.; Longstreth, W.T.; Weber, Frank; Lee, Yi-Chung; Tsushima, Yoshito; Alphs, Hannah; Ladd, Susanne C.; Warlow, Charles; Wardlaw, Joanna M.; Salman, Rustam Al-Shahi
Incidental finding on brain magnetic resonance imaging: systematic review and meta-analysis
BMJ: British Medical Journal 2009 September 5; 339(7720): 547-550

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van der Lugt, Aad
Incidental findings on brain magnetic resonance imaging [editorial]
BMJ: British Medical Journal 2009 September 5; 339(7720): 522-523
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Document 384
Abma, Tineke A; Molewijk, Bert; Widdershoven, Guy A M
Good care in ongoing dialogue. Improving the quality of care through moral deliberation and responsive evaluation.
Abstract: Recently, moral deliberation within care institutions is gaining more attention in medical ethics. Ongoing dialogues about ethical issues are considered as a vehicle for quality improvement of health care practices. The rise of ethical conversation methods can be understood against the broader development within medical ethics in which interaction and dialogue are seen as alternatives for both theoretical or individual reflection on ethical questions. In other disciplines, intersubjectivity is also seen as a way to handle practical problems, and methodologies have emerged to deal with dynamic processes of practice improvement. An example is responsive evaluation. In this article we investigate the relationship between moral deliberation and responsive evaluation, describe their common basis in dialogical ethics and pragmatic hermeneutics, and explore the relevance of both for improving the quality of care. The synergy between the approaches is illustrated by a case example in which both play a distinct and complementary role. It concerns the implementation of quality criteria for coercion in Dutch psychiatry.
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Lasting powers of attorney for healthcare under the mental capacity act 2005: enhanced prospective self-determination for future incapacity or a simulacrum?
Medical law review 2009 Autumn; 17(3): 377-409
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Kamm, F.M.
Neuroscience and moral reasoning: a note on recent research
Philosophy and Public Affairs 2009 Fall; 37(4): 330-345
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American Journal of Psychiatry 2009 September; 166(9): 969-971
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Illes, Judy
**Neurologisms [editorial]**
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Duffy, James D
**Mirror neurons and the reenchantment of bioethics [editorial]**
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* **Document 390**
Gillett, Grant R.
**The subjective brain, identity, and neuroethics.**
American Journal of Bioethics 2009 September; 9(9): 5-13
*Abstract:* The human brain is subjective and reflects the life of a being-in-the-world-with-others whose identity reflects that complex engaged reality. Human subjectivity is shaped and in-formed (formed by inner processes) that are adapted to the human life-world and embody meaning and the relatedness of a human being. Questions of identity relate to this complex and dynamic reality to reflect the fact that biology, human ecology, culture, and one's historic-political situation are inscribed in one's neural network and have configured its architecture so that it is a unique and irreplaceable phenomenon. So much is a human individual a relational being whose own understanding and ownership of his or her life is both situated and distinctive that neurophilosophical conceptions of identity and human activity that neglect these features of our being are quite inadequate to ground a robust neuroethics.
Georgetown users check [Georgetown Journal Finder](http://www.bioethics.net/journal/issues.php) for access to full text

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**Response to Müller. Body integrity identity disorder (BIID).**
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Goldberg, Daniel
**Subjectivity, consciousness, and pain: the importance of thinking phenomenologically.**
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A descriptive social neuroethics is needed to reveal lived identities.
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Stigma and addiction: being and becoming.
American Journal of Bioethics 2009 September; 9(9): 18-19

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Sabat, Steven R.
Subjectivity, the brain, life narratives and the ethical treatment of persons with Alzheimer's disease.
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Lyng, Stephen
Brain, body, and society: bioethical reflections on socio-historical neuroscience and neuro-corporeal social science.
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What are the subjective processes in our brain? Empirical and ethical implications of a relational concept of the brain.
American Journal of Bioethics 2009 September; 9(9): 27-28
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From the subjective brain to the situated person.
American Journal of Bioethics 2009 September; 9(9): 29-30
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Naffine, Ngaire
The subjective brain, identity, and neuroethics: a legal perspective.
American Journal of Bioethics 2009 September; 9(9): 30-32
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Perring, Christian
The place of moral responsibility and mental illness.
American Journal of Bioethics 2009 September; 9(9): 32-33
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Rogers, Jenny

**Psychopaths. Snakes on the make.**
The Health service journal 2009 Aug 6; 119(6168): 20-2

*Abstract:* Psychopathic behaviour traits may be more common than many of us would think: 1 per cent of the population could be psychopaths. Psychopaths exploit any laxity in the recruitment process and can rise through the ranks as they are expert at deflecting criticism. An overriding characteristic is inability to work in team.

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Drake, Robert E.; Deegan, Patricia E.

**Shared decision making is an ethical imperative.**
Psychiatric Services 2009 August; 60(8): 1007

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Hamann, Johannes; Mendel, Rosmarie; Cohen, Rudolf; Heres, Stephan; Ziegler, Matthias; Bühner, Markus; Kissling, Werner

**Psychiatrists' use of shared decision making in the treatment of schizophrenia: patient characteristics and decision topics.**
Psychiatric Services 2009 August; 60(8): 1107-1112

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Lombera, Sofia; Illes, Judy

**The international dimensions of neuroethics**
Developing World Bioethics 2009 August; 9(2): 57-64

*Abstract:* Neuroethics, in its modern form, investigates the impact of brain science in four basic dimensions: the self, social policy, practice and discourse. In this study, we analyzed a set of 461 peer-reviewed articles with neuroethics content, published by authors from 32 countries. We analyzed the data for: (1) trends in the development of international neuroethics over time, and (2) how challenges at the intersection of ethics and neuroscience are viewed in countries that are considered developed by International Monetary Fund (IMF) standards, and in those that are developing. Our results demonstrate a steady increase in global participation in neuroethics from 1989 to 2005, characterized by an increase in numbers of articles published specifically on neuroethics, journals publishing these articles, and countries contributing to the literature. The focus from all countries was on the practice of brain science and the amelioration of neurological disease. Indicators of technology creation and diffusion in developing countries were specifically correlated with increases in publications concerning policy implications of brain science. Neuroethics is an international endeavor and, as such, should be sensitive to the impact that context has on acceptance and use of technological innovation.

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Neuroscientists need neuroethics teaching [letter]
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Friedman, Richard A.
The role of psychiatrists who write for popular media: experts, commentators, or educators? [commentary]
American Journal of Psychiatry 2009 July; 166(7): 757-759

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Baylis, Françoise; Downie, Jocelyn
Drilling down in neuroethics [editorial]
Bioethics 2009 July; 23(6): iii-iv

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Document 413

Glannon, Walter

Our brains are not us

Bioethics 2009 July; 23(6): 321-329

Abstract: Many neuroscientists have claimed that our minds are just a function of and thus reducible to our brains. I challenge neuroreductionism by arguing that the mind emerges from and is shaped by interaction among the brain, body, and environment. The mind is not located in the brain but is distributed among these three entities. I then explore the implications of the distributed mind for neuroethics.

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Document 414

Gillett, Grant

Intention, autonomy, and brain events.

Bioethics 2009 July; 23(6): 330-339

Abstract: Informed consent is the practical expression of the doctrine of autonomy. But the very idea of autonomy and conscious free choice is undercut by the view that human beings react as their unconscious brain centres dictate, depending on factors that may or may not be under rational control and reflection. This worry is, however, based on a faulty model of human autonomy and consciousness and needs close neurophilosophical scrutiny. A critique of the ethics implied by the model takes us towards a 'care of the self' view of autonomy and the subject's attunement to the truth as the crux of reasoning rather than the inner mental/neural state views of autonomy and human choice on offer at present.

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Document 415

Huber, Christian G.; Huber, Johannes

Epistemological considerations on neuroimaging -- a crucial prerequisite for neuroethics

Bioethics 2009 July; 23(6): 340-348

Abstract: PURPOSE: Whereas ethical considerations on imaging techniques and interpretations of neuroimaging results flourish, there is not much work on their preconditions. In this paper, therefore, we discuss epistemological considerations on neuroimaging and their implications for neuroethics. RESULTS: Neuroimaging uses indirect methods to generate data about surrogate parameters for mental processes, and there are many determinants influencing the results, including current hypotheses and the state of knowledge. This leads to an interdependence between hypotheses and data. Additionally, different levels of description are involved, especially when experiments are designed to answer questions pertaining to broad concepts like the self, empathy or moral intentions. Interdisciplinary theoretical frameworks are needed to integrate findings from the life sciences and the humanities and to translate between them. While these epistemological issues are not specific for neuroimaging, there are some reasons why they are of special importance in this context: Due to their inferential proximity, 'neuro-images' seem to be self-evident, suggesting directness of observation and objectivity. This has to be critically discussed to prevent overinterpretation. Additionally, there is a high level of attention to neuroimaging, leading to a high frequency of presentation of neuroimaging data and making the critical examination of their epistemological properties even more pressing. CONCLUSIONS: Epistemological considerations are an important prerequisite for neuroethics. The presentation and communication of the results of neuroimaging studies, the potential generation of new phenomena and new 'dysfunctions' through neuroimaging, and the influence on central concepts at the foundations of ethics will be important future topics for this discipline.
Document 416

Boyce, Alison C.

**Neuroimaging in psychiatry: evaluating the ethical consequences for patient care**

Bioethics 2009 July; 23(6): 349-359

**Abstract:** According to many researchers, it is inevitable and obvious that psychiatric illnesses are biological in nature, and that this is the rationale behind the numerous neuroimaging studies of individuals diagnosed with mental disorders. Scholars looking at the history of psychiatry have pointed out that in the past, the origins and motivations behind the search for biological causes, correlates, and cures for mental disorders are thoroughly social and historically rooted, particularly when the diagnostic category in question is the subject of controversy within psychiatry. This is obscured by neuroimaging studies that drive researchers to proclaim ‘revolutions’ in psychiatry, namely in the DSM. Providing neuroimaging evidence to support the contention that a condition is ‘real’ is likely to be extremely influential, as has been extensively discussed in the neuroethics literature. This type of evidence will also reinforce the pre-existing beliefs of those researchers or clinicians who are already expecting a biological description. The uncritical credence given to neuroimaging research is an ethical issue, not in its potential for contributing to misdiagnosis per se but because of the motivations that often drive this research. My claim is that this research should proceed with an awareness of presumptions and motivations underlying the field as a whole, in addition to an explicit focus on the past and potential future consequences of classification and diagnosis on the groups of individuals under study.

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Martin, Ruth; O'Neill, Desmond

**Taxing your memory.**

Lancet 2009 June 13-19; 373(9680): 2009-2010

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Bringing mental health home [editorial]


* Document 419

Henderson, Claire; Thornicroft, Graham

**Stigma and discrimination in mental illness: Time to Change.**

Lancet 2009 June 6-12; 373(9679): 1928-1930
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Cheshire, William P.

**Accelerated thought in the fast lane**

Ethics and Medicine 2009 Summer; 25(2): 75-78

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Document 421

Asai, Atsushi; Sato, Y.; Fukuyama, M.

**An ethical and social examination of dementia as depicted in Japanese film**

Medical Humanities 2009 June; 35(1): 39-42

**Abstract:** The ageing population means that dementia is a serious social problem in Japan. Attitudes toward ageing in Japan are increasingly negative, and views of life and death among older people vary. Numerous ethical problems exist in the medical treatment of dementia. Amidst such conditions, it is important and beneficial to examine films that depict demented patients and to consider the issues raised by these films. Through film we see many aspects of a country and its times: culture and ideology, morality and religion, medical treatments, views on life and death, social conditions and what issues are viewed as problems. The best films both entertain audiences and provide viewers with opportunities to think about social problems. In the past 30 years, 10 films about dementia had been made in Japan and two of these-The Twilight Years (Kôkotsu no hito) and Memories of Tomorrow (Ashita no kioku) are the main focus of this paper. In our analysis we consider three points: how the patients are informed of their disease, the characters' wishes for death, and terminal medical care.

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Geddes, Linda

**The universal soldiers.**

New Scientist 2009 May 23-29; 202(2709): 6-7

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Document 423

Meynen, Gerben

**Should or should not forensic psychiatrists think about free will?**

Medicine, Health Care, and Philosophy 2009 May; 12(2): 203-212

**Abstract:** The forensic psychiatrist's task is often considered to be tightly connected to the concept of free will. Yet, there is also a lack of clarity about the role of the concept of free will in forensic psychiatry. Recently, Morse has argued that forensic psychiatrists should not mention free will in their reports or testimonies, and, moreover, that they should not even think about free will. Starting from a discussion on Morse's claims, I will develop my own view on how forensic psychiatrists are confronted with the issue of free will and how they should deal with this concept and the confusion surrounding it. I conclude that psychiatrists should at least feel free to think about free will and that the conceptual challenges connected to the issues of free will and accountability could rather encourage than deter forensic psychiatrists to think about them.

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Goldberg, Daniel S.
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Blanke, Olaf; Aspell, Jane E.
Brain technologies raise unprecedented ethical challenges [letter]
Nature 2009 April 9; 458(7239): 703
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http://www.nature.com/nature (link may be outdated)

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The contribution of neuroscience to the understanding of moral behavior

Abstract: The neuro-scientific study of moral actions and judgments is particularly relevant to medicine, especially when assessing behavior disorders secondary to brain diseases. In this paper, moral behavior is reviewed from an evolutionary and neuro-scientific perspective. We discuss the role of emotions in moral decisions, the role of brain development in moral development and the cerebral basis of moral behavior. Empirical evidence shows a relationship between brain and moral development: changes in cerebral architecture are related to changes in moral decision complexity. Moral development takes a long time, achieving its maturity during adulthood. It is suggested that moral cognition depends on cerebral regions and neural networks related to emotional and cognitive processing (i.e. prefrontal and temporal cortex) and that moral judgments are complex affective and cognitive phenomena. This paper concludes with the suggestion that a satisfactory clinical/legal evaluation of a patient requires that the neural basis of moral behavior should be taken into account.
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**Ethical considerations of multiple roles in forensic services**
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**Through a glass darkly: functional neuroimaging evidence enters the courtroom.**
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**Internationalism and global norms for neuroethics.**

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Fenton, Andrew; Meynell, Letitia; Baylis, Françoise
**Ethical challenges and interpretive difficulties with non-clinical applications of pediatric fMRI.**

*Abstract:* In this article, we critically examine some of the ethical challenges and interpretive difficulties with possible future non-clinical applications of pediatric fMRI with a particular focus on applications in the classroom and the courtroom - two domains in which children come directly in contact with the state. We begin with a general overview of anticipated clinical and non-clinical applications of pediatric fMRI. This is followed by a detailed analysis of a range of ethical challenges and interpretive difficulties that trouble the use of fMRI and are likely to be especially acute with non-clinical uses of the technology. We conclude that knowledge of these challenges and difficulties should influence policy decisions regarding the non-clinical uses of fMRI. Our aim is to encourage the development of future policies prescribing the responsible use of this neuroimaging technology as it develops both within and outside the clinical setting.

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What we should really worry about in pediatric functional magnetic resonance imaging (fMRI).

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**Body integrity identity disorder (BIID) -- is the amputation of healthy limbs ethically justified?**
American Journal of Bioethics 2009 January; 9(1): 36-43

**Abstract:** The term body integrity identity disorder (BIID) describes the extremely rare phenomenon of persons who desire the amputation of one or more healthy limbs or who desire a paralysis. Some of these persons mutilate themselves; others ask surgeons for an amputation or for the transection of their spinal cord. Psychologists and physicians explain this phenomenon in quite different ways; but a successful psychotherapeutic or pharmaceutical therapy is not known. Lobbies of persons suffering from BIID explain the desire for amputation in analogy to the desire of transsexuals for surgical sex reassignment. Medical ethicists discuss the controversy about elective amputations of healthy limbs: on the one hand the principle of autonomy is used to deduce the right for body modifications; on the other hand the autonomy of BIID patients is doubted. Neurological results suggest that BIID is a brain disorder producing a disruption of the body image, for which parallels for stroke patients are known. If BIID were a neuropsychological disturbance, which includes missing insight into the illness and a specific lack of autonomy, then amputations would be contraindicated and must be evaluated as bodily injuries of mentally disordered patients. Instead of only curing the symptom, a causal therapy should be developed to integrate the alien limb into the body image.

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**Whose identity is it anyway?**
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**The future of implantable neuroprosthetic devices: ethical considerations.**


**Abstract:** From well-established results with cochlear implants to the advent of implantable microelectrode arrays, implantable neuroprosthetic devices have gained increasing attention from health care professionals, scientists, engineers, and the general population. With recent depictions of neuroprostheses in the news media and in movies, confusion about their current state and concern for their future use has increased tremendously among members of the public. Many government agencies and nongovernment organizations are also concerned with the safety and efficacy of these devices. We discuss the present state of development of some of these implantable neuroprostheses, the possible future use of this technology, and the associated ethical issues that can be of concern, including manufacturing, animal experimentation, human trials, scope of use, and individual and societal concerns.

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Muzur, Amir; Rincic, Iva

**Bioethics of handedness: from evolution to resolution?**


**Abstract:** Departing from historical facts and speculations on the evolution of human right-hand dominance (including theories on the development of right-handedness and cultural and linguistic sequellae of such a phenomenon), the present work stresses the delicate problem of the traditional favouring of one particular subpopulation, escalating into a real eugenic practice present sporadically even in modern times. The major hypothesis of the paper would be that the problem of forced handedness had been neglected by (bio)ethical theory, practice, and literature, and that it was absolved only recently by the results of modern neuroscientific research on handedness. According to that hypothesis, ending the discrimination took too much time precisely because the initial lack of the problem insight, which certainly should invoke cautiousness for any potentially similar phenomena in the future.

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**The keeper must himself be kept': visitation and the lunatic asylum in England, 1750-1850.**

Clio medica (Amsterdam, Netherlands) 2009; 86: 199-222

**Abstract:** There was a growing disquiet in eighteenth-century England about the activities of private madhouses. Early legislation, in 1774, gave limited powers of registration and inspection to local magistrates. The exposure of flagrant abuses in both private and public institutions by a parliamentary select committee, in 1815, brought the question of visitation to the centre of the lunacy reform agenda. Subsequent legislation extended the responsibilities of magistrates and also established the principal of centralised oversight. An effective national system of regulation was finally created in 1845, with Commissioners in Lunacy required to provide formal visitation to all public and private asylums.
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[Vegetative condition (state) and conscious thought. Reflections scientific neuro and ethics] = Estado vegetativo y pensamiento consciente. Reflexiones neurocientíficas y éticas.
Anales de la Real Academia Nacional de Medicina 2009; 126(3): 345-56
Abstract: Thirty years ago, the study of the brain lesions of a patient who had remained in a coma for eight years, together with my experience on the degree of wakefulness of animals with similar lesions, compelled me to reflecting on the level of consciousness that our patient had. Recent findings from functional magnetic resonance image, that have shown aspects of speech perception, emotional processing, language comprehension and even conscious awareness might be retained in patients who behaviourally meet all of the criteria that define the vegetative state, have allowed me to make new neuroscientists and ethical reflections.

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Abstract: tba

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Breggin, Peter R.
A hero protects America's children from psychiatric abuse
Ethical Human Psychology and Psychiatry 2009; 11(2): 77-79

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Canadian mental health law: the slow process of redirecting the ship of state.
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Forensic and civil psychiatric inpatients: development of the inpatient satisfaction questionnaire
Abstract: tba
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Baird, John A.; Rodgers, Carla
Commentary: personality disorder and diminished responsibility -- the significance of priorities and objectives
Abstract: tba
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Slovenko, Ralph

**Commentary: personality disorders and criminal law**

**Abstract:** tba

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Sparr, Landy F.

**Personality disorders and criminal law: an international perspective**

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**Therapeutic risk management of clinical-legal dilemmas: should it be a core competency?**

**Abstract:** tba

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**Forensic psychiatry, neuroscience, and the law**

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**Evaluating competency to stand trial with evidence-based practice**

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**Law and the revolution in neuroscience: en early look at the field**

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Ethics in forensic psychiatry: re-imagining the wasteland after 25 years

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Fukushi, Tamami; Sakura, Osamu
**Introduction of neuroethics: out of clinic, beyond academia in human brain research**
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Abstract: In anticipation of increasing interest in public engagement, this article seeks to expand the current discussion in the neuroethics literature concerning what public engagement on issues related to neuroscience might entail and how they could be envisioned. It notes that the small amount of available neuroethics literature related to public engagement has principally discussed only communication/education or made calls for dialogue without exploring what this might entail on a practical level. The article links across three seemingly disparate examples—salmon, biobanks, and neuroethics—to consider and clarify the need for public engagement in neuroscience.
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Illes, Judy; Pierce, Robin

**Introduction: accountability in neuroethics**
Accountability in Research 2008 October-December; 15(4): 205-208

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Guideline Development Group

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Lights, camera, inaction? Neuroimaging and disorders of consciousness [letter; reply to comments]  
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Abstract: The application of neuroimaging technology to the study of the injured brain has transformed how neuroscientists understand disorders of consciousness, such as the vegetative and minimally conscious states, and deepened our understanding of mechanisms of recovery. This scientific progress, and its potential clinical translation, provides an opportunity for ethical reflection. It was against this scientific backdrop that we convened a conference of leading investigators in neuroimaging, disorders of consciousness and neuroethics. Our goal was to develop an ethical frame to move these investigative techniques into mature clinical tools. This paper presents the recommendations and analysis of a Working Meeting on Ethics, Neuroimaging and Limited States of Consciousness held at Stanford University during June 2007. It represents an interdisciplinary approach to the challenges posed by the emerging use of neuroimaging technologies to describe and characterize disorders of consciousness.  
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The risks of reducing consciousness to neuroimaging.
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Fins, Joseph J.

**Neuroethics and neuroimaging: moving toward transparency.**
American Journal of Bioethics 2008 September; 8(9): 46-52

**Abstract:** Without exaggeration, it could be said that we are entering a golden age of neuroscience. Informed by recent developments in neuroimaging that allow us to peer into the working brain at both a structural and functional level, neuroscientists are beginning to untangle mechanisms of recovery after brain injury and grapple with age-old questions about brain and mind and their correlates neural mechanisms and consciousness. Neuroimaging, coupled with new diagnostic categories and assessment scales are helping us develop a new diagnostic nosology about disorders of consciousness which will likely improve prognostication and suggest therapeutic advances. Historically such diagnostic refinement has yield therapeutic advances in medicine and there is no reason to doubt that this will be the case for disorders of consciousness, perhaps bringing relief to a marginalized population now on the periphery of the therapeutic agenda. In spite of this promise, the translation of research findings into the clinical context will be difficult. As we move from descriptive categories about disorders of consciousness, like the vegetative or minimally conscious states, to ones further specified by integrating behavioral and neuroimaging findings, humility not hubris should be the virtue that guides the ethical conduct of research and practice.

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**Current knowledge in moral cognition can improve medical ethics**
Journal of Medical Ethics 2008 September; 34(9):679-682

**Abstract:** Physicians frequently face ethical dilemmas when caring for patients. To help them to cope with these, biomedical ethics aims to implement moral norms for particular problems and contexts. As a means of studying the cognitive and neurobiological features underlying the respect for these norms, moral cognitive neuroscience could help us to understand and improve ethical questioning. The article reviews recent developments in the field and presents neurobiological arguments to highlight why some moral rules are universally shared and why some ethical responses are very dependent on context.

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American Journal of Bioethics 2008 May; 8(5): 28-30; author reply W1-W3
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American Journal of Bioethics 2008 May; 8(5): 25-26; author reply W1-W3
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Wired for autonomy
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Document 626
Mechanisms underlying an ability to behave ethically

Abstract: Cognitive neuroscientists have anticipated the union of neural and behavioral science with ethics (Gazzaniga 2005). The identification of an ethical rule—the dictum that we should treat others in the manner in which we would like to be treated—apparently widespread among human societies suggests a dependence on fundamental human brain mechanisms. Now, studies of neural and molecular mechanisms that underlie the feeling of fear suggest how this form of ethical behavior is produced. Counterintuitively, a new theory presented here states that it is actually a loss of social information that leads to sharing others’ fears with our own, thus allowing us to treat others as we would like to be treated. Adding to that hypothetical mechanism is the well-studied predilection toward affiliative behaviors. Thus, even as Chomsky hypothesizes that humans are predisposed to utter grammatical sentences, we propose that humans are 'wired for reciprocity'. However, these two neural forces supporting ethical behavior do not explain individual or collective violence. At any given moment, the ability to produce behavior that obeys this ethical rule is proposed to depend on a balance between mechanisms for prosocial and antisocial behaviors. That balance results not only from genetic influences on temperament but also from environmental effects particularly during critical neonatal and pubertal periods.

Reading minds? Ethical implications of recent advances in neuroimaging
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*What do clinicians think of dementia screening? [abstract]*
Journal of the American Geriatrics Society 2008 April; 56(4, supplement): S145

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Hamilton, Steven P.
*Schizophrenia candidate genes: are we really coming up blank?*
American Journal of Psychiatry 2008 April; 165(4): 420-423

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*Mental health services: indigenous models of care in the community*
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*Dangerousness and mental health policy.*

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Luke, Lydia; Redley, Marcus; Clare, Isabel; Holland, Anthony
*Hospital clinicians' attitudes towards a statutory advocacy service for patients lacking mental capacity: implications for implementation.*
Journal of Health Services Research and Policy 2008 April; 13(2): 73-78
Robertson, Michael; Kerridge, Ian; Walter, Garry

The Social Construction of Values and the Psychiatric Profession. Part 2: a pilot ethnomethodological study

Abstract: This second paper reports on a small ethnographic study of Argentine psychiatrists. A carefully selected group of six psychiatrists currently practicing in Buenos Aires participated in an in-depth semi-structured interview. The transcripts of the interviews were coded and a thematic analysis method was applied to construct a local theory of the professional values constructed by Argentine psychiatrists, and the circumstances in which such values were constructed. Our analysis indicated that Argentine psychiatrists constructed a number of values, frequently perceived as obligations to their professional group and the needs of their patients. The two main strategies employed by Argentine psychiatrists were the diagnostic act and advocacy. We also identify that these values emerge in the context of recent broad historical and cultural influences upon the profession of psychiatry in Argentina and the Argentine population in general.

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Robertson, Michael; Pols, Hans; Walter, Garry


Abstract: In Part 1, we consider the ethical approach of communitarianism. Such an approach sees values constructed within a community in a certain socio-cultural and historical context. We then provide an account of the main themes in Argentine history and the history of psychiatry in Argentina in order to place in context the consideration of the values constructed by Argentine psychiatrists. (These values are then considered in Part 2.)

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http://www.jemh.ca (link may be outdated)

Hughes, Julian C.; Newby, Jane; Louw, Stephen J.; Campbell, Gill; Hutton, Jane L.

Ethical issues and tagging in dementia: a survey

Abstract: A good deal of concern is generated when a person with dementia wanders. One putatively easy technological remedy is to consider electronic tagging. This possibility, however, raises a different set of ethical concerns. In this paper we report the results of a survey that was intended to elicit people's views about the ethical issues surrounding the topic of tagging in dementia. There was broad agreement in response to the scenario used in the survey that electronic tagging could be an ethically reasonable way to deal with wandering in people who are confused. It was seen as considerably better than locking doors as a way to maintain a person’s safety. There were, however, concerns and uncertainties about principles relating to civil liberties, stigma and dignity. And there appeared to be some weight behind the view that electronic tagging of confused people who wander requires professional involvement, the nature of which would need to be decided.

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Robertson, Michael; Walter, Garry

**Synopsis of psychiatric ethics: based on six papers published in Australasian Psychiatry**


**Abstract:** This invited synopsis summarises a series of six papers recently published in Australasian Psychiatry, in which the authors critiqued various normative ethical theories as they might be applied to the field of psychiatric ethics. Professional contractarian ethics, virtue ethics, the ethics of care, principles based ethics, deontic ethics, utilitarianism and more recent approaches, such as postmodern ethics and discourse ethics, were evaluated on theoretical and clinical grounds. The overall conclusion of the series was that, whilst all the normative approaches to ethical quandaries in psychiatric ethics have merit, the particular issues which differentiate psychiatry from other medical fields suggest that all also have significant limitations.

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Alpert, Sheri

**Brain-computer interface devices: risks and Canadian regulations**

Accountability in Research 2008 April-June; 15(2): 63-86

**Abstract:** Implantable Brain-Computer Interface (BCI) devices are currently in clinical trials in the U.S., and their introduction into the Canada could follow in the next few years. This article provides an overview of the research, developments, design issues, and risks in BCIs and an analysis of the adequacy of the regulatory framework in place for the approval of medical devices in Canada, emphasizing device investigational testing. The article concludes that until better safeguards are in place, to best protect potential research subjects, BCIs should not be approved for investigational testing in Canada.

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Stiem, Tyler

**Separation anxiety: caring for civil war survivors in Somaliland's only mental hospital**


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Siegel, Andrew W.

**Inequality, privacy, and mental health**


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Ramon, Shulamit

**Neoliberalism and its implications for mental health in the UK**


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Carney, Terry

**The mental health service crisis of neoliberalism -- an antipodean perspective**


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Cheshire, William P.

**In the twilight of aging, a twinkle of hope**

Ethics and Medicine 2008 Spring; 24(1): 9-14

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Wunder, Michael

**Demenz und Selbstbestimmung = Dementia and self-determination**

Ethik in der Medizin 2008 March; 20(1): 17-25

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Bush, Shane S.; Grote, Christopher L.; Johnson-Greene, Doug E.; Macartney-Filgate, Michele

**A panel interview on the ethical practice of neuropsychology.**

Clinical Neuropsychologist 2008 March; 22(2): 321-344

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Austin, Wendy J.; Kagan, Leon; Rankel, Marlene; Bergum, Vangie

**The balancing act: psychiatrists' experience of moral distress**

Medicine, Health Care and Philosophy 2008 March; 11(1): 89-97

**Abstract:** Experiences of moral distress encountered in psychiatric practice were explored in a hermeneutic phenomenological study. Moral distress is the state experienced when moral choices and actions are thwarted by constraints. Psychiatrists describe struggling 'to do the right thing' for individual patients within a societal system that places unrealistic demands on psychiatric expertise. Certainty on the part of the psychiatrist is an expectation when judgments of dangerousness and/or the need for coercive treatments are made. This assumption, however, ignores the uncertainty and complexity of reality. Society entrusts psychiatrists to care for and treat those among its most vulnerable members: persons deemed to have a severely diminished capacity for autonomy due to a mental disorder. Simultaneously, psychiatrists are held accountable by society for the protection of the public. Moral distress arose for psychiatrists in their efforts to fulfill both roles. They described an 'outsider/insider' status and the ways in which they attempted to cope with moral distress.

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Abstract: Sometimes the mentally ill have sufficient mental capacity to refuse treatment competently, and others have a moral duty to respect their refusal. However, those with episodic mental disorders may wish to precommit themselves to treatment, using Ulysses contracts known as "mental health advance directives." How can health care providers justify enforcing such contracts over an agent's current, competent refusal? I argue that providers respect an agent's autonomy not retrospectively—by reference to his or her past wishes—and not merely synchronically—so that the agent gets what he or she wants right now—but diachronically and prospectively, acting so that the agent can shape his or her circumstances as the agent wishes over time, for the agent will experience the consequences of providers' actions over time. Mental health directives accomplish this, so they are a way of respecting the agent's autonomy even when providers override the agent's current competent refusal.
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Ulysses arrangements in psychiatry: a matter of good care?
Journal of Medical Ethics 2008 February; 34(2): 77-80
Abstract: This article concerns the issue of how an ethic of care perspective may contribute to both normative theory and mental health care policy discussions on so called Ulysses arrangements, a special type of advance directives in psychiatry. The debate on Ulysses arrangements has predominantly been waged in terms of autonomy conceived of as the right to non-intervention. On the basis of our empirical investigations into the experiences of persons directly involved with Ulysses arrangements, we argue that a care ethics perspective may broaden and deepen the debate on Ulysses arrangements, by introducing additional concepts, such as vulnerability, responsibility and mutuality, and by refining familiar concepts, such as autonomy.
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Do psychiatric advance directives protect autonomy?
**Abstract:** A psychiatric advance directive (PAD) is a legal resource that allows a person to document his or her wishes about receiving mental health services in the event that he or she is unable to provide consent at a future time. Advantages for completing a PAD include promoting the person's autonomy and authentic self, minimizing harms, and promoting beneficence. However, more research is needed to describe the positive and negative consequences associated with completing and implementing a PAD in the clinical setting.

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**Neuroimaging techniques for memory detection: scientific, ethical, and legal issues**

**Abstract:** There is considerable interest in the use of neuroimaging techniques for forensic purposes. Memory detection techniques, including the well-publicized Brain Fingerprinting technique (Brain Fingerprinting Laboratories, Inc., Seattle WA), exploit the fact that the brain responds differently to sensory stimuli to which it has been exposed before. When a stimulus is specifically associated with a crime, the resulting brain activity should differentiate between someone who was present at the crime and someone who was not. This article reviews the scientific literature on three such techniques: priming, old/new, and P300 effects. The forensic potential of these techniques is evaluated based on four criteria: specificity, automaticity, encoding flexibility, and longevity. This article concludes that none of the techniques are devoid of forensic potential, although much research is yet to be done. Ethical issues, including rights to privacy and against self-incrimination, are discussed. A discussion of legal issues concludes that current memory detection techniques do not yet meet United States standards of legal admissibility.

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**Better brains, better selves? The ethics of neuroenhancements**
Kennedy Institute of Ethics Journal 2007 December; 17(4): 371-395
**Abstract:** The idea of enhancing our mental functions through medical means makes many people uncomfortable. People have a vague feeling that altering our brains tinkers with the core of our personalities and the core of ourselves. It changes who we are, and doing so seems wrong, even if the exact reasons for the unease are difficult to define. Many of the standard arguments against neuroenhancements—that they are unsafe, that they violate the distinction between therapy and enhancements, that they undermine equality, and that they will be used coercively—fail to show why the use of any such technologies is wrong in principle. Two other objections—the arguments that such changes undermine our integrity and that they prevent us from living authentic lives—will condemn only a few of the uses that are proposed. The result is that very few uses of these drugs are morally suspect and that most uses are morally permissible.
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Coercion and pressure in psychiatry: lessons from Ulysses

Journal of Medical Ethics 2007 October; 33(10): 560-563

Abstract: Coercion and pressure in mental healthcare raise moral questions. This article focuses on moral questions raised by the everyday practice of pressure and coercion in the care for the mentally ill. In view of an example from literature—the story of Ulysses and the Sirens—several ethical issues surrounding this practice of care are discussed.
Care giver and patient should be able to express feelings such as frustration, fear and powerlessness, and attention must be paid to those feelings. In order to be able to evaluate the intervention, one has to be aware of the variety of goals the intervention can aim at. One also has to be aware of the variety of methods of intervention, each with its own benefits and drawbacks. Finally, an intervention requires a context of care and responsibility, along with good communication and fair treatment before, during and after the use of coercion and pressure.

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interventions rely, at least in part, on this claim. Further, I argue that the thesis alters the focus of neuroethics, away from the question of whether we ought to allow interventions into the mind, and toward the question of which interventions we ought to allow and under what conditions. The extended mind thesis dramatically expands the scope of neuroethics: because interventions into the environment of agents can count as interventions into their minds, decisions concerning such interventions become questions for neuroethics.

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analysed by qualitative and quantitative content analysis. Six categories – family centred care, individual care, milieu centred care, integrated care, educational care and psychodynamic care – were formed to specify ideological approaches used in inpatient nursing. The majority of the wards were guided by two or more approaches. Nursing models, theories and codes of ethics were almost totally ignored in the ward managers' ideological descriptions.

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Farah, Martha J.; Heberlein, Andrea S.
Personhood and neuroscience: naturalizing or nihilating?
Abstract: Personhood is a foundational concept in ethics, yet defining criteria have been elusive. In this article we summarize attempts to define personhood in psychological and neurological terms and conclude that none manage to be both specific and non-arbitrary. We propose that this is because the concept does not correspond to any real category of objects in the world. Rather, it is the product of an evolved brain system that develops innately and projects itself automatically and irrepressibly onto the world whenever triggered by stimulus features such as a human-like face, body, or contingent patterns of behavior. We review the evidence for the existence of an autonomous person network in the brain and discuss its implications for the field of ethics and for the implicit morality of everyday behavior.
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**The neurobiology of addiction: implications for voluntary control of behavior**


**Abstract:** There continues to be a debate on whether addiction is best understood as a brain disease or a moral condition. This debate, which may influence both the stigma attached to addiction and access to treatment, is often motivated by the question of whether and to what extent we can justly hold addicted individuals responsible for their actions. In fact, there is substantial evidence for a disease model, but the disease model per se does not resolve the question of voluntary control. Recent research at the intersection of neuroscience and psychology suggests that addicted individuals have substantial impairments in cognitive control of behavior, but this "loss of control" is not complete or simple. Possible mechanisms and implications are briefly reviewed.

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psychology's expanding role in combat support, psychologists are being confronted with challenges that require the application of their professional ethics in areas in which little if any guidance has been provided. Operational psychologists are at the forefront of this expansion. Accordingly, they need a decision model to assist them in this complex dynamic environment. To this end, this article reviews various decision models and ethical frameworks, selects the most appropriate, and then applies it to the challenges faced by operational psychologists. A naturalistic decision model that integrates rational and intuitive elements is recommended. [ABSTRACT FROM AUTHOR]

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evaluating the different alternatives; and deciding on, implementing and evaluating the chosen alternative. Three ethically difficult situations from dementia care were used for the application of the model. The model proved useful for the analysis of nurses’ everyday ethical dilemmas and will be further explored to evaluate how well it can serve as a tool to identify and handle problems that arise in nursing care.

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Abstract: Many unique ethical issues arise when diagnosing and treating Alzheimer disease (AD). This article discusses several core ethical dilemmas that arise for psychiatrists during different stages of AD, focusing particularly on areas of consensus and controversy. Issues addressed include screening, genetic testing, and discussions of advance directives during early stages; telling soft and even outright lies during middle and late stages; and withholding life-preserving interventions during the last stage of AD when death is imminent. While there is overwhelming ethical consensus that psychiatrists should be fully honest and respect patient autonomy as much as possible during the early stages of disease, there is more controversy regarding the extent to which psychiatrists should do this during the later stages of disease. Possible, optimal approaches to resolving these ethical issues are presented.

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When psychiatry and bioethics disagree about patient decision making capacity (DMC)
Journal of Medical Ethics 2006 February; 32(2): 90-93
Abstract: The terms "competency" and "decision making capacity" (DMC) are often used interchangeably in the medical setting. Although competency is a legal determination made by judges, "competency" assessments are frequently requested of psychiatrists who are called to consult on hospitalised patients who refuse medical treatment. In these situations, the bioethicist is called to consult frequently as well, sometimes as a second opinion or "tie breaker". The psychiatric determination of competence, while a clinical phenomenon, is based primarily in legalism and can be quite different from the bioethics approach. This discrepancy highlights the difficulties that arise when a patient is found to be "competent" by psychiatry but lacking in DMC by bioethics. Using a case, this dilemma is explored and guidance for reconciling the opinions of two distinct clinical specialties is offered.

Cyborgs and moral identity
Journal of Medical Ethics 2006 February; 32(2): 79-83
Abstract: Neuroscience and technological medicine in general increasingly faces us with the imminent reality of cyborgs-integrated part human and part machine complexes. If my brain functions in a way that is supported by and exploits intelligent technology both external and implantable, then how should I be treated and what is my moral status-am I a machine or am I a person? I explore a number of scenarios where the balance between human and humanoid machine shifts, and ask questions about the moral status of the individuals concerned. The position taken is very much in accordance with the Aristotelian idea that our moral behaviour is of a piece with our social and personal skills and forms a reactive and reflective component of those skills.
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**Justified paternalism: the nature of beneficence in the care of dementia patients**

*Penn Bioethics Journal* 2006; 2(2): 17-20

**Abstract:** The issue of patient autonomy in cases of permanent dementia has recently received a great deal of philosophical attention. Specifically, many have worried about ethical issues surrounding advance directives in which people specify how they shall be treated when they are no longer competent to make their own medical decisions. Ronald Dworkin has been a staunch defender of what he calls precedent autonomy in these cases, believing persons have a right to control, to some degree, how their lives will end, despite the common intuition that the principle of beneficence requires us to improve the experiential quality of patients' lives. Objections have been brought against Dworkin on a number of fronts, including worries about personal identity theory and informed consent. Here, I offer an objection to Dworkin's assessment of the nature of paternalism as it relates to cases of permanent dementia.

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On judgment and judgmentalism: how counselling can make people better
Journal of Medical Ethics 2005 October; 31(10): 575-577
Abstract: Counsellors, like other members of the caring professions, are required to practise within an ethical framework, at least in so far as they seek professional accreditation. As such, the counsellor is called upon to exercise her moral agency. In most professional contexts this requirement is, in itself, unproblematic. It has been suggested, however, that counselling practice does present a problem in this respect, in so far as the counsellor is expected to take a non-judgemental stance and an attitude of "unconditional positive regard" toward the client. If, as
might appear to be the case, this stance and attitude are at odds with the making of moral judgments, the possibility of an adequate ethics of counselling is called into question. This paper explores the nature and extent of the problem suggesting that, understood in a Kantian context, non-judgmentalism can be seen to be at odds with neither the moral agency of the counsellor nor that of the client. Instead, it is argued, the relationship between the non-judgmental counsellor and her client is a fundamentally moral relationship, based on respect for the client's unconditional worth as a moral agent.

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Psychiatric Services 2005 September; 56(9): 1134-1138

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Hogberg, Torbjorn; Magnusson, Annabella; Lutzen, Kim

**To be a nurse or a neighbour? A moral concern for psychiatric nurses living next door to individuals with a mental illness**

Nursing Ethics 2005 September; 12(5): 468-478

**Abstract:** Several studies reveal that positive attitudes towards individuals with a mental illness are correlated with knowledge about mental illness. The aim of this study was to explore and describe psychiatric nurses' experiences of living next to people with mental health problems. In addition, it sought to identify and describe how they handle situations arising in a neighbourhood where people with a mental illness live. Two men and seven women participated in the study. The constant comparative method of grounded theory was used for data collection and analysis. The process of 'behaving as a nurse or not' was identified as a core category. Four subcategories were identified: 'receiving involuntary information', 'to take action or not', 'behaving as a mediator in the neighbourhood' and 'the freedom of choice'. The findings show that psychiatric nurses with professional knowledge about mental illness have moral concerns about their role as nurses during their leisure time. In conclusion, it is not obvious that psychiatric nurses want to live in the same neighbourhood as persons with a mental illness. However, this study shows that their knowledge about mental illness creates for them a moral dilemma consisting of a conflict between whether to care for these mentally ill persons or to preserve their own leisure time.

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**Neuroscience becomes image conscious as brain scans raise ethical issues**

JAMA: The Journal of the American Medical Association 2005 August 17; 294(7): 781-783

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**Early detection and intervention in psychosis: an ethical paradigm shift**

British Journal of Psychiatry 2005 August; 187 (Supplement 48): s113-s115

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**Acceptability of compulsory powers in the community: the ethical considerations of mental health service users on Supervised Discharge and Guardianship**

Journal of Medical Ethics 2005 August; 31(8): 457-462

**Abstract:** OBJECTIVES: To explore mental health service users' views of existing and proposed compulsory powers. DESIGN: A qualitative study employing in-depth interviews. Participants were asked to respond to hypothetical questions regarding the application of compulsory powers under the Mental Health Act 1983 for people other than themselves. SETTING: Community setting in Southeast England. PARTICIPANTS: Mental health service users subject to Supervised Discharge/Guardianship. RESULTS: Participants considered that the use of compulsory powers was justified if there were some ultimate benefit, and if there was evidence of mental health problems, dangerousness, or a lack of insight. However, participants rejected intrusions into their autonomy and privacy. CONCLUSIONS: This paper's participants indicated that the proposed CTO may be unacceptable because it would threaten service users' autonomy. Service users' acceptance of proposed changes is conditional and they emphasised the importance of consent; there is no suggestion that consent will be required for the CTO. The findings also have implications for the exploration of mental health service users' views and how they might contribute to policy, service planning, and research.

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Liegeois, A.; Van Audenhove, C.

**Ethical dilemmas in community mental health care**

Journal of Medical Ethics 2005 August; 31(8): 452-456

**Abstract:** Ethical dilemmas in community mental health care is the focus of this article. The dilemmas are derived from a discussion of the results of a qualitative research project that took place in five countries of the European Union. The different stakeholders are confronted with the following dilemmas: community care versus hospital care (clients); a life with care versus a life without care (informal carers); stimulation of the client toward greater responsibility versus protection against such responsibility (professionals); budgetary control versus financial incentives (policy makers), and respect for the client versus particular private needs (neighbourhood residents). These dilemmas are interpreted against the background of a value based ethical model. This model offers an integral approach to the dilemmas and can be used to determine policy. The dilemmas are discussed here as the result of conflicting values-namely autonomy and privacy, support and safety, justice and participation, and trust and solidarity.

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Bulletin of Medical Ethics 2005 August-September; (210): 3-4

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ICU psychosis and patient autonomy: some thoughts from the inside

Abstract: I shall draw on my experience of being an ICU patient to make some practical, ethical, and philosophical points about the care of the critically ill. The recurring theme in this paper is ICU psychosis. I suggest that discharged patients ought to be educated about it; I discuss the obstacles in the way of accurately measuring it; I argue that we must rethink autonomy in light of it; and I suggest that the self disintegrates in the face of it.

Document 1203

Protecting autonomy as authenticity using Ulysses contracts

Abstract: Pre-commitment directives or Ulysses contracts are often defended as instruments that may strengthen the autonomous self-control of episodically disordered psychiatric patients. Autonomy is understood in this context in terms of sovereignty ("governing" or "managing" oneself). After critically analyzing this idea of autonomy in the context of various forms of self-commitment and pre-commitment, we argue that what is at stake in using Ulysses contracts in psychiatry is not autonomy as sovereignty, but autonomy as authenticity. Pre-commitment directives do not function to protect autonomous self-control. They serve in upholding the guidance that is provided by one's deepest identity conferring concerns. We elucidate this concept of autonomy as authenticity, by showing how Ulysses contracts protect the possibility of being "a self."

Document 1204

The cautionary tale of psychiatrist Henry Aloysius Cotton [review of Madhouse: A Tragic Tale of Megalomania and Modern Medicine, by Andrew Scull]
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**Brain scans raise privacy concerns**

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**Christian and Buddhist perspectives on neuropsychology and the human person: pneuma and pratityasamutpada**

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**Back to the future: returning to an integrative understanding of Alzheimer's disease [review of Self, Senility, and Alzheimer's Disease in Modern America: A History, by Jesse F. Ballenger]**

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Good science, strong politics, questionable combination [review of The Future of the Brain: The Promise and Perils of Tomorrow's Neuroscience, by Steven Rose]

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Moras, Karla

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Collaborative research trials: a strategy for fostering mental health protections in developing nations


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Can we scan for truth in a society of liars?

The Orwellian threat to emerging neurodiagnostic technologies

The brain doesn't lie

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Dual use and the "moral taint" problem
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Greely, Henry T.
Premarket approval regulation for lie detections: an idea whose time may be coming
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Wolpe, Paul Root; Foster, Kenneth R.; Langleben, Daniel D.
Emerging neurotechnologies for lie-detection: promises and perils
Abstract: Detection of deception and confirmation of truth telling with conventional polygraphy raised a host of technical and ethical issues. Recently, newer methods of recording electromagnetic signals from the brain show promise in permitting the detection of deception or truth telling. Some are even being promoted as more accurate than conventional polygraphy. While the new technologies raise issues of personal privacy, acceptable forensic application, and other social issues, the focus of this paper is the technical limitations of the developing technology. Those limitations include the measurement validity of the new technologies, which remains largely unknown. Another set of questions pertains to the psychological paradigms used to model or constrain the target behavior. Finally, there is little standardization in the field, and the vulnerability of the techniques to countermeasures is unknown. Premature application of these technologies outside of research settings should be resisted, and the social conversation about the appropriate parameters of its civil, forensic, and security use should begin.
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Illes, Judy; Racine, Eric
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Abstract: From a twenty-first century partnership between bioethics and neuroscience, the modern field of neuroethics is emerging, and technologies enabling functional neuroimaging with unprecedented sensitivity have brought new ethical, social and legal issues to the forefront. Some issues, akin to those surrounding modern genetics, raise critical questions regarding prediction of disease, privacy and identity. However, with new and still-evolving insights into our neurobiology and previously unquantifiable features of profoundly personal behaviors such as social attitude, value and moral agency, the difficulty of carefully and properly interpreting the relationship between brain findings and our own self-concept is unprecedented. Therefore, while the ethics of genetics provides a legitimate starting point—even a backbone—for tackling ethical issues in neuroimaging, they do not suffice. Drawing on recent neuroimaging findings and their plausible real-world applications, we argue that interpretation of neuroimaging data is a key epistemological and ethical challenge. This challenge is two-fold. First, at the scientific level, the sheer complexity of neuroscience research poses challenges for integration of knowledge and meaningful interpretation of data. Second, at the social and cultural level, we find that interpretations of imaging studies are bound by cultural and anthropological frameworks. In particular, the introduction of concepts of self and personhood in neuroimaging illustrates the interaction of interpretation levels and is a major reason why ethical reflection on genetics will only partially help settle neuroethical issues. Indeed, ethical interpretation of such findings will
necessitate not only traditional bioethical input but also a wider perspective on the construction of scientific knowledge.

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Abstract: This study investigates what professional caregivers working in nursing homes consider to be a good life for residents suffering from dementia. Ten caregivers were interviewed; special attention was paid to the way in which they deal with conflicting values. Transcripts of the interviews were analysed qualitatively according to the method of grounded theory. The results were compared with those from a similar, earlier study on ideals found in mission statements of nursing homes. The concepts that were mentioned by most interviewed participants as important for a good life were 'peace and quiet', 'going along with subjective experience' and 'no enforcement: the way
the resident wants it'. A considerable overlap was found between the interviews and the mission statements; however, when compared with the mission statements, the interviews put less emphasis on individuality and on giving meaning, and more on offering residents pleasant activities. When faced with conflicting values, caregivers tend to make pragmatic and more or less intuitive decisions. Although this has its merits, it may be desirable to stimulate conscious reflection regarding conflict between different values.

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**Abstract:** A collection of 12 Factsheets. Factsheets cover topics such as stigma and discrimination; role of health and social care professionals; mental health, day services, and community services; employment; welfare benefits; housing; education and training; ethnicity; families and carers; criminal justice; financial services; and local implementation of the social exclusion unit report. [KIE]

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**Addressing the ethical, legal, and social issues raised by voting by persons with dementia**


**Abstract:** This article addresses an emerging policy problem in the United States participation in the electoral process by citizens with dementia. At present, health care professionals, family caregivers, and long-term care staff lack adequate guidance to decide whether individuals with dementia should be precluded from or assisted in casting a ballot. Voting by persons with dementia raises a series of important questions about the autonomy of individuals with dementia, the integrity of the electoral process, and the prevention of fraud. Three subsidiary issues warrant special attention: development of a method to assess capacity to vote; identification of appropriate kinds of assistance to enable persons with cognitive impairment to vote; and formulation of uniform and workable policies for voting in long-term care settings. In some instances, extrapolation from existing policies and research permits reasonable recommendations to guide policy and practice. However, in other instances, additional research is necessary.

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*Nursing Ethics* 2004 July; 11(4): 400-410

**Abstract:** As people living with Alzheimer's disease experience their lifetime of memories slowly slipping away, they become dependent on society's independent practical reasoners family, health care professionals and society. Many people grow accustomed to the cognitive decline and begin to view the person with dementia as less than a person. In Dependent rational animals, Alasdair MacIntyre emphasized a moral framework that encompasses two sets of virtues needed for human beings to flourish in society and to achieve genuine common goods—the virtues of independent practical reasoners and the virtues of acknowledged dependence. Virtues of acknowledged dependence are discussed ethically in terms of benevolence towards those who are disabled or dependent upon people who are strong and independent. The authors propose that using MacIntyre's perspective of the two sets of virtues is valuable in the care of persons with Alzheimer's disease. According to MacIntyre, independent reasoners who understand and practice these two sets of virtues will help those people in communities who are dependent and vulnerable, and, subsequently, human flourishing can occur.

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the Regulation of New Biotechnologies; Press Release by the President's Council on Bioethics, April 1, 2004; LexisNexis copy of an editorial from the Washington Post April 1, 2004 "Reproductive Wrongs"; ASRM/SART Statement on "Responsibility and Reproduction," March 30, 2004; Executive Summary of Reproduction and Responsibility, prepublication copy March 26, 2004

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**Computer ethics and cyber laws to mental health professionals.**

Indian journal of psychiatry 2004 Apr; 46(2): 99-103

**Abstract:** The explosive growth of computer and communications technology raises new legal and ethical challenges that reflect tensions between individual rights and societal needs. For instance, should cracking into a computer system be viewed as a petty prank, as trespassing, as theft, or as espionage? Should placing copyrighted material onto a public file server be treated as freedom of expression or as theft? Should ordinary communications be encrypted using codes that make it impossible for law-enforcement agencies to perform wiretaps? As we develop shared understandings and norms of behaviour, we are setting standards that will govern the information society for decades to come.

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**A New Mental Health Act for India : An Ethics based Approach.**

Indian journal of psychiatry 2004 Apr; 46(2): 104-14

**Abstract:** The paper makes the case for a new mental health act for India in view of the deficiencies of the current act. It argues that any new mental health act must be grounded in sound ethical principles, value basic human rights, provide powers to those who treat mental disorders and reflect the values and trends of the modern world. It favours a quasi-legal system with opportunities for independent scrutiny, allows treatment consistent with ethical and legal principles, one that makes way for a more transparent and accountable system. Such a system, the paper asserts, will be legally, ethically and clinically relevant, responsive, accessible and available at the time of need and therefore user-friendly. It recommends the linkage of the act with existing mental health policies of the government, thereby making the act powerful and interwoven in the tapestry of health care delivery initiatives of the government.

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Journal of Medical Ethics 2004 April; 30(2): 146-150

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Govrin, Aner  
**Some utilitarian influences in Freud's early writings.**  
Psychoanalysis and history 2004; 6(1): 5-21  
**Abstract:** The author argues that (1) the utilitarian ideas of Jeremy Bentham and John Stuart Mill were an important source for Freud's early metapsychology and (2) the two theories are radically different in many aspects. The facts that link Freud with the British utilitarian school are described in the first part. These include Freud's translation of three of Mill's essays, a course Freud took on utilitarianism as a student and a book written by Mill which Freud cited and held in his library. By stripping Freud's language of its biological connotations the author claims in the second part that utilitarianism ideas are ubiquitous in Freud's early thought especially in his "pleasure principle" and in the hedonistic side of the human psyche. The third part describes how Freudian theory breaks with utilitarianism along three lines: the quality of pleasure, conflict and irrationality. These breaks are demonstrated through concepts such as the quantity-quality dilemma, constancy principle, repression, conflict and hallucination. Although there is a strong basic philosophical affinity (certainly with regard to human motivation) between Freudian thought and utilitarianism the theories should not be compared on the same level.

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Psychiatric Services 2002 December; 53(12): 1634-1635

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Involving users in the delivery and evaluation of mental health services: systematic review

BMJ: British Medical Journal 2002 November 30; 325(7375): 1265-1268

Abstract: OBJECTIVES: To identify evidence from comparative studies on the effects of involving users in the delivery and evaluation of mental health services. DATA SOURCES: English language articles published between January 1966 and October 2001 found by searching electronic databases. STUDY SELECTION: Systematic review of randomised controlled trials and other comparative studies of involving users in the delivery or evaluation of mental health services. DATA EXTRACTION: Patterns of delivery of services by employees who use or who used to use the service and professional employees and the effects on trainees, research, or clients of mental health services. RESULTS: Five randomised controlled trials and seven other comparative studies were identified. Half of the studies considered involving users in managing cases. Involving users as employees of mental health services led to clients having greater satisfaction with personal circumstances and less hospitalisation. Providers of services who had been trained by users had more positive attitudes toward users. Clients reported being less satisfied with services when interviewed by users. CONCLUSIONS: Users can be involved as employees, trainers, or researchers without detrimental effect. Involving users with severe mental disorders in the delivery and evaluation of services is feasible.

Glader, Paul

Haute mental treatment: psychiatric hospitals open deluxe facilities for the rich; gourmet chefs and concierges

Wall Street Journal 2002 November 4; p. B1, B4

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Emerging ethical issues in neuroscience


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Journal of Community Psychology 2002 November; 30(6): 623-634

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Battle Creek, MI: W. K. Kellogg Foundation, 2002 November; 8p. [includes 2 page insert: update and errata, 2003 April 14]

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Psychiatrists as a moral community? Psychiatry under the Nazis and its contemporary relevance
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Interventions to improve medication adherence in schizophrenia
American Journal of Psychiatry 2002 October; 159(10): 1653-1664

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Appelbaum, Paul S.
Response to the presidential address -- the systematic defunding of psychiatric care: a crisis at our doorstep
American Journal of Psychiatry 2002 October; 159(10): 1638

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Wolff, Nancy
Risk, response, and mental health policy: learning from the experience of the United Kingdom
Journal of Health Politics, Policy and Law 2002 October; 27(5): 801-832

Abstract: Policy makers in the United States and the United Kingdom recognize that mentally disordered offenders present special challenges to law enforcement, mental health, and social service systems, as well as the community. Although various policy initiatives have advanced over the past twenty years to improve the management of mentally disordered offenders, mental health policy has chronically failed in both countries. Because safety concerns have emerged as the mental health system has been "deinstitutionalized," debate is growing about whether the community-care approach works for the community. This study argues that mental health policy fails because policy makers focus on the wrong risks and design policies that manage these risks in ways that increase the possibility of adverse clinical and economic outcomes. The argument made here uses the case of persons with severe mental illness in the United Kingdom as an example of the complex relationship between risk and policy making in democratic governance. Emphasis is on the nature of risk in mental health policy and how government responds to policy and political risks. Mental health policy in Britain is then analyzed in terms of its response to and management of risks. Mental health policy has historically mismanaged the risk issue in the United Kingdom and as such has set in motion the growing community-care backlash. The path to a better outcome lies in the responsible management of the right risks. Lessons from the United Kingdom experience can be usefully applied to mental health issues in many industrial democracies.

McSween, Jean L.
The role of group interest, identity, and stigma in determining mental health policy preferences
Journal of Health Politics, Policy and Law 2002 October; 27(5): 773-800

Abstract: Public attitudes toward mental health present an interesting puzzle. While mental health is one aspect of general health and well-being, it receives less support for government spending increases than does health care. One explanation lies with the stigma that is attached to mental illness. This stigma produces more negative attitudes on policy issues related to persons with mental illness such as government spending for mental health. However, group identification, as defined by personal experience or a family member who has experienced a mental illness, may have a strong effect on these attitudes. Using data from the 1996 General Social Survey's module on mental health, I examine this and other hypotheses and find evidence that group identification increases the likelihood of increased support for government spending for mental health. These robust findings exist even in quantitative models, which include politically relevant variables and measure identification with mental illness in two different ways. These findings suggest that mental health is policy for the few because those most supportive of government spending increases are persons who share the common identity of experiencing mental illness.

Equity for mental illness [editorial]
Washington Post 2002 September 9; p. A16

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**The world needs people with Asperger's syndrome** [review of American Normal, by Lawrence Osborne]  
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**Ethical considerations in psychiatric profiling of political figures**  
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Watts, Jay; Priebe, Stefan

A phenomenological account of users' experiences of assertive community treatment
Bioethics 2002 September; 16(5): 439-454

Abstract: Assertive community treatment (ACT) is a widely propagated team approach to community mental health care that 'assertively' engages a subgroup of individuals with severe mental illness who continuously disengage from mental health services. It involves a number of interested parties—including clients, carers, clinicians and managers. Each operates according to perceived ethical principles related to their values, mores and principles. ACT condenses a dilemma that is common in psychiatry. ACT proffers social control whilst simultaneously holding therapeutic aspiration. The clients' perspective of this dilemma was studied in interviews with 12 clients using the 'grounded theory' approach. Results suggest that clients' disengagement is as much a historical and cultural phenomenon as a result of lack of insight. Many clients had experienced rejection of early help-seeking behaviour and all had been subject to coercive interventions. These coercive interventions were experienced as an attack on
identity. All felt that their voice had not been listened to in previous interactions with psychiatric services. Consequentially the clients had an increased level of arousal around issues of power, which needs to be incorporated when examining the ethics of community psychiatry. Traditional notions of the difference between persuasion and coercion—for example—may need to be adapted for this client group. Results are compared with the provider perspective. We conclude that the perspectives differ on two key dimensions. Such an empirical approach to examining psychiatric ethics may ensure that we incorporate the subjectivities of various interested parties in the clinical decision-making process.

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Woolfolk, Robert L.; Doris, John M.

**Rationing mental health care: parity, disparity, and justice**

Bioethics 2002 September; 16(5): 469-485

**Abstract:** Recent policy debates in the US over access to mental health care have raised several philosophically complex ethical and conceptual issues. The defeat of mental health parity legislation in the US Congress has brought new urgency and relevance to theoretical and empirical investigations into the nature of mental illness and its relation to other forms of sickness and disability. Manifold, nebulous, and often competing conceptions of mental illness make the creation of coherent public policy exceedingly difficult. Referencing a variety of approaches to ethical reflection on health care, and drawing from the empirical literature on therapeutic efficacy and economic efficiency, we argue that differential rationing, 'disparity,' is unjustifiable.

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**The ethics of brain science: open your mind**


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Carving out care: physicians say segregating mental health services from other types of medical care has led to serious quality-of-care problems
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Adequacy of treatment for serious mental illness in the United States
Abstract: OBJECTIVES: The purpose of this study was to assess the prevalence and correlates of treatment for serious mental illness. METHODS: Data were derived from the National Comorbidity Survey, a cross-sectional, nationally representative household survey assessing the presence and correlates of mental disorders and treatments. Crude and adjusted likelihoods of receiving treatment for serious mental illness in the previous 12 months were calculated. RESULTS: Forty percent of respondents with serious mental illness had received treatment in the previous year. Of those receiving treatment, 38.9% received care that could be considered at least minimally adequate, resulting in 15.3% of all respondents with serious mental illness receiving minimally adequate treatment. Predictors of not receiving minimally adequate treatment included being a young adult or an African American, residing in the South, being diagnosed as having a psychotic disorder, and being treated in the general medical sector. CONCLUSIONS: Inadequate treatment of serious mental illness is an enormous public health problem. Public policies and cost-effective interventions are needed to improve both access to treatment and quality of treatment.

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Lu, Sunny Y.; Galli, Viviana B.  
**Psychiatric abuse of Falun Gong practitioners in China**  
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Lee, Sing; Kleinman, Arthur

**Psychiatry in its political and professional contexts: a response to Robin Munro**

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**The political misuse of psychiatry: an African-Caribbean perspective**

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**Psychiatrists on the side of the angels: the Falun Gong and Soviet Jewry**

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Munro, Robin J.

**Political psychiatry in post-Mao China and its origins in the cultural revolution**

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Appelbaum, Kenneth L.

**Political abuse by psychiatry: an introduction to the Munro commentaries**

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Prilleltensky, Isaac; Valdes, Laura Sanchez; Rossiter, Amy; Walsh-Bowers, Richard

**Applied ethics in mental health in Cuba: part II -- power differentials, dilemmas, resources, and limitations**
Ethics and Behavior 2002; 12(3): 243-260

**Abstract:** This article is the second one in a series dealing with mental health ethics in Cuba. It reports on ethical dilemmas, resources and limitations to their resolution, and recommendations for action. The data, obtained through individual interviews and focus groups with 28 professionals, indicate that Cubans experience dilemmas related to (a) the interests of clients, (b) their personal interests, and (c) the interest of the state. These conflicts are related to power differentials among (a) clients and professionals, (b) professionals from various disciplines, and (c) professionals and organizational authorities. Resources to solve ethical dilemmas include government support, ethics committees, and collegial dialogue. Limitations include minimal training in ethics, lack of safe space to
discuss professional disagreements, and little tolerance for criticism. Recommendations to address ethical dilemmas include better training, implementation of a code of ethics, and provision of safe space to discuss ethical dilemmas. The findings are discussed in light of the role of power in applied ethics.

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* Document 1760

Valdes, Laura Sanchez; Prilleltensky, Isaac; Walsh-Bowers, Richard; Rossiter, Amy

**Applied ethics in mental health in Cuba: part I -- guiding concepts and values**

Ethics and Behavior 2002; 12(3): 223-242

**Abstract:** As part of a project on professionals’ lived experience of ethics, this article explores the guiding concepts and values concerning ethics of mental health professionals in Cuba. The data, obtained through individual interviews and focus groups with 28 professionals, indicate that Cubans conceptualize applied ethics in terms of its central role in professional practice and its connection to the social context and subjective processes. Findings also show that Cuban professionals are guided not only by a set of professional values but by a specific set of civic values as well. The former are subdivided into other-oriented values and self-oriented values. The study of ethics in another culture such as Cuba offers a unique point of view from which to critique the social construction of our own conceptions of applied ethics in North America.

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Phillips, James

**Managed care's reconstruction of human existence: the triumph of technical reason**

Theoretical Medicine and Bioethics 2002; 23(4-5): 339-358

**Abstract:** To achieve its goals of managing and restricting access to psychiatric care, managed care organizations rely on an instrument, the outpatient treatment report, that carries significant implications about how they view psychiatric patients and psychiatric care. In addition to involving ethical transgressions such as violation of patient confidentiality, denial of access to care, spurious use of concepts like quality of care, and harassment of practitioners, the managed care approach also depends on an overly technical, instrumental interpretation of human beings and psychiatric treatment. It is this grounding of managed care in technical reason that I will explore in this study. I begin with a review of a typical outpatient treatment report and show how, with its dependence on the DSM-IV, on behavioral symptoms and patient 'functioning', on the biomedical model of psychiatric illness, and on gross quantitative measures, the report results in a crude, skeletonized view of the human being as a congeries of behavioral symptoms and functions. I then develop the managed care construal of human existence further by showing its grounding in technical reason, exploring the latter in its modern embodiment and deriving it and its opposite, practical reason, from Aristotle's distinction between technical and practical reason, techne and phronesis. In this analysis of the role of technical reason in managed care, I point out that managed care did not have to develop its rationale de novo but could rather lift its arguments, e.g. the biomedical model, from contemporary psychiatry and simply apply them in a restrictive manner. Finally, I conclude this study by arguing for psychiatry's status as a discipline of practical knowledge.

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* Document 1762

Alexius, Birgitta; Ajnefors, Lisa; Berg, Kerstin; Aberg- Wistedt, Anna

**The decision making process including assessment of ethical principles in the commitment of police-referred, psychiatric patients**


**Abstract:** OBJECTIVES: to identify determinants for psychiatric commitment and analyse physicians’ assessment of ethical principles concerning interested groups on the decision to commit a psychiatric patient. DESIGN: a prospective physician survey concerning commitment of patients brought by police to a psychiatric emergency unit. PATIENTS: Two hundred consecutive, police-conveyed patients. OUTCOME MEASURE: psychiatric commitment.
PREDICTOR VARIABLES: psychiatric symptoms, diagnosis, risk for suicide/violence, ethical benefits/costs, physicians' gender, age and education. RESULTS: 56% of the patients were committed. Commitment correlated with a low score on the function assessment scale, patients' negative/ambivalent attitude towards hospitalisation, and diagnosis of psychosis or organic mental disorder. More specialists believed hospitalisation to fulfil patients' autonomy and benefit patients, families, and the community. CONCLUSIONS: dangerousness was often not identified as an indication for commitment. Assessments of commitment's ethical benefits for a patient compared to costs for violation of the patient's autonomy often gave more weight to the former.

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International Journal of Health Services 2002; 32(3): 567-578

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Knapp, Samuel; Sturm, Cynthia
Ethics education after licensing: ideas for increasing diversity in content and process
Ethics and Behavior 2002; 12(2): 157-166
Abstract: Continuing professional education in ethics for psychologist is becoming more common, as psychology licensing boards in 14 states now require continuing education in ethics as a condition of licensure renewal. This article suggests ways to improve the quality of ethics continuing education by diversifying the content and teaching methods.

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Beyond moral claims: A human rights approach in mental health
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**Ethical issues for psychologists in pain management**

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Ethical Human Sciences and Services 2001 Spring; 3(1): 53-60
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**On the incompatibility of the biological and empathic-relational model**
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Walter, Garry; Bloch, Sidney
Publishing ethics in psychiatry
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Athletes and disordered eating: four major issues for the professional psychologist
Andersen, Mark B.; Van Raalte, Judy L.; Brewer, Britton W.

Sport psychology service delivery: staying ethical while keeping loose

Professional Psychology: Research and Practice 2001 February; 32(1): 12-18

Freeman, Hugh


Szmukler, George

A New Mental Health (and Public Protection) Act [editorial]


Agarwal, A K

Ethical issues in the practice of psychiatry.

Indian journal of psychiatry 2001 Jan; 43(1): 16-21

Abstract: Often ethical concerns are limited to issues like informed consent, confidentiality patients rights etc. However ethical concern includes all areas of doctor-patient relationship? This paper will highlight ethical issues in everyday clinical practice. Clear-cut guidelines are not available in these areas but the purpose is to sensitise the profession of the need to carefully scrutinise very action of the psychiatrist during clinical work.

Olofsson, Britta; Norberg, Astrid

Experiences of coercion in psychiatric care as narrated by patients, nurses and physicians

A Beautiful Mind (2001)
Universal Studios

Abstract: A Beautiful Mind stars Russell Crowe as brilliant mathematician John Forbes Nash, Jr. who was on the faculty of M.I.T.. On the brink of international acclaim, Nash began to manifest symptoms of parahoid schizophrenia and began to believe others were conspiring against him. He resigned from the faculty of M.I.T. and spent some 30-plus years suffering from mental disturbances and being involuntarily hospitalized. During this time he was able to occasionally do some mathematical research. His wife Alicia [played in the movie by Jennifer Connelly] stands by him during his long treatment and recovery. In 1994, Nash was awarded the Nobel Prize in Economic Science for his game theory studies on cooperative and non-cooperative games. He developed the "Nash Equilibrium" to explain behavior in non-cooperative games.
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SANITY AND SANCTITY: MENTAL HEALTH WORK AMONG THE ULTRA-ORTHODOX IN JERUSALEM
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Minyawi, Muhammad Badr
Al-mu'aqun 'aqliyan aw nafsiyan bayna al-Islam wa al-qawanin al-wad'iyyah wa huququhum qibal al-usrah wa al-mujtama' [Mentally and psychologically disabled people between Islam and positive law and their rights towards family and society]
In: Jundi, Ahmad Raja'i, ed., Al-mushawarah al-buldaniyah hawla tashri'at al-sihhah al-nafsiyah fi mukhtalaf al-shara'i' bima fi dhslik al-Shari'ah al-Islamiyah [Regional consultation on legislations of mental health in different codes of law including the Islamic Shari'a], Kuwait: Islamic Organization for Medical Sciences, 2001: 395-448
Abstract: This paper was submitted to the symposium held by the Islamic Organization for Medical Sciences (IOEMS) during the period 29 September-2 October 1997 on mental health. The paper makes a comparison between
Islamic jurisprudence and positive law in Arab countries, especially Egypt, regarding the concept of madness (junun) and the rights of people who live with mental disorders.

Badri, Malik

**Tashri'at al-sihhah al-nafsiyah min manzur Islami** [Mental health legislations from an Islamic perspective]

In: Jundi, Ahmad Raja'i, ed., Al-mushawarah al-buldaniyah hawla tashri'at al-sihhah al-nafsiyah fi mukhtalaf al-shara'i' bima fi dhalik al-Shari'ah al-Islamiyah [Regional consultation on legislations of mental health in different codes of law including the Islamic Sharia], Kuwait: Islamic Organization for Medical Sciences, 2001: 345-373

**Abstract:** This paper was submitted to the symposium held by the Islamic Organization for Medical Sciences (IOMS) during the period 29 September-2 October 1997 on mental health. The author argues that legislations inspired by Western literature on mental health will not be fitting for the Muslim world. To him, such legislation should be based primarily on Islamic ethics. The paper also gives a detailed presentation of a work on mental health written by the classical Muslim scholar Abu Zayd al-Balkhi.

Jundi, Ahmad Raja'i

**Al-mushawarah al-buldaniyah hawla tashri'at al-sihhah al-nafsiyah fi mukhtalaf al-shara'i' bima fi dhalik al-Shari'ah al-Islamiyah = Regional consultation on legislations of mental health in different codes of law including the Islamic sharia**


**Abstract:** This two-volume publication is based on the proceedings of the symposium held by the Islamic Organization for Medical Sciences (IOMS) in Kuwait during the period 29 September-2 October 1997. The symposium was organized in cooperation with the International Islamic Fiqh Academy (IIFA) and the Islamic Educational, Scientific and Cultural Organization (ISESCO). A number of the papers read during this symposium reviewed the codes of law on mental health in different Middle Eastern countries and also on the global level. The larger part of the symposium was dedicated to elaborating on the status and the rights of people with mental health problems or mental disabilities concerning marriage, divorce, reproduction, medical treatment, criminal liability and participating in elections. The publication was appended by final recommendations.

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