Moral Dilemmas Faced by Psychiatrists

To the Editor: The article by Stephen A. Green, M.D., M.A., and Sidney Bloch, M.D., Ph.D. (1), provides psychiatrists with a valuable review of the moral dilemmas faced by practitioners working in dysfunctional administrative environments. The article systematically highlighted utilitarian and existential aspects of these quandaries. However, an important third perspective, Kantian ethics, remains undeveloped.

As Drs. Green and Bloch explicitly pointed out, utilitarian ethics can be understood as a program of maximizing gratification for the greatest number of people. Hence, utilitarianism is most germane to the relationship between efficiency and equity in the delivery of mental health care. Existential ethics, on the other hand, may be seen as an elevation of an individual's autonomous moral courage over the collective dictates of his or her social milieu. Thus, existentialism implicitly throws light on the struggle of the individual psychiatrist to maintain professional autonomy.

Kantian morality distinguishes itself from both utilitarianism and existentialism by assigning priority in ethical valuation to a peculiar combination of will and social logic. The first version of Kant's categorical imperative erected the following standard: we should act only in a manner such that if all others acted similarly, then no self-contradiction would result. Hence, Kant's ethical reasoning, like utilitarianism and unlike existentialism, drew on collective considerations. Kant added that moral value arises only from categorically mandated acts that require a denial of gratification. Hence, unlike utilitarians and like existentialists, Kant devalued gratification and instead opted for moral discipline. Elements of Kant's categorical imperative, therefore, are both like and unlike other ethical frameworks, while Kantian ethics in totality is unique.

Kant's standard provides a rigorous yardstick by which practitioners can gauge the merits of their own acts. Psychiatrists working in flawed systems might contemplate coping responses, such as adjusting diagnoses to obtain insurance coverage for endangered patients, openly challenging destructive administrative policies, and separating completely from pernicious systemic structures. Before acting, the Kantian clinician may first take the opportunity to imagine the potential consequences should the action be universalized. Predicted self-defeating contradictions can then serve as a moderating map of possible ethical outcomes.

Reference

1. Green SA, Bloch S: Working in a flawed mental health care system: an ethical challenge. Am J Psychiatry 2001; 158:1378–1383

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Drs. Green and Bloch Reply

To the Editor: We very much appreciate Dr. Mender's kind and thoughtful remarks on our article. We have no quarrel with a Kantian perspective and appreciate Dr. Mender's marshaling of appropriate arguments. He correctly portrays one elaboration of the categorical imperative: highlighting the collective aspects of that elaboration. He does not mention a crucial second iteration of Kant's position—namely, to treat individuals as ends, not as means. We could argue that flawed systems fail to treat people as "ends" and are inherently neglectful in this regard. Thus, establishing categorical imperatives for psychiatric practice is undoubtedly a noble goal and could possibly assume the form advocated by Dr. Mender. Clearly, several ethical justifications are available for what we argue. Our basic concern is that practitioners strive to correct or improve flawed systems. Any theoretical framework that can contribute to promoting that goal is welcome.

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Remembering Max Schur

To the Editor: I would like to add some personal recollections to the recent Image in Psychiatry about Max Schur by Stephen M. Wittenberg, M.D., and Lewis M. Cohen, M.D. (1). My association with Dr. Schur largely consisted of being in analysis with him for almost 10 years, from November 1959 until his death in early October 1969. During these years, analysis became a powerful intellectual and emotional force in my life, teaching me new insights about myself (sometimes quite painful) that then often enabled me to make changes in relationships with my father, mother, wife, and two young daughters and to begin to develop the professional identity of a psychoanalytically oriented psychotherapist.

At this time I also formed an interest in the biography of Charles Darwin and began transcribing many of Darwin's unpublished letters. And after hearing Dr. Schur lecture on his physician-patient relationship with Freud and then on a study of unpublished letters that showed Freud's early negative thoughts about his friend and colleague Wilhelm Fleiss (2–4), I was influenced to think about Darwin's protracted illness and his ambivalent feelings for his geological mentor, Charles Lyell. Years later, having gained an intimate knowledge of Darwin's life, I published a book on his illness (5), followed by an essay delineating the mental conflicts he experienced with Lyell and others over his evolutionary theory (6).

I continue to be guided in my personal and professional life by the insights I learned in analysis. I often remember the attributes of Dr. Schur: his vitality, sense of humor, curiosity about many things, medical and psychological acumen, and empathy (shaped, I believe, by years of medical and psychoanalytic work) for the sufferings of the patients he treated.

References

1. Wittenberg SM, Cohen LM: Max Schur, M.D., 1897–1969. Am J Psychiatry 2002; 159:216
2. Schur M: The problem of death in Freud's writings and life. Psychoanal Q 1965; 34:144–147
3. Schur M: Some additional "day residues" of "The Specimen Dream of Psychoanalysis," in Psychoanalysis: A General Psychology. Edited by Loewenstein RM, Newman LM, Schur M, Solnit AJ. New York, International Universities Press, 1966, pp 48–85
4. Schur M: Freud: Living and Dying. New York, International Universities Press, 1972
5. Colp R Jr: To Be an Invalid: The Illness of Charles Darwin. Chicago, University of Chicago Press, 1977
6. Colp R: "Confessing a murder": Darwin's first revelations about transmutation. Isis 1986; 77:9–32

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