

## Correspondence

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### Ethical framework in clinical psychiatry

Bloch & Green (2006) provide an excellent overview of the ethical issues that are encountered in clinical psychiatry and the different available frameworks for understanding and resolving them. What is striking, however, is that this discourse is almost entirely without reference to God or religion.

Such pragmatic atheism is, of course, not at all unusual these days. It is a reflection of the impact of the Enlightenment upon our understanding of the way in which public discourse on such matters should be conducted. Indeed, there are even avowedly religious writers (such as Bishop Richard Holloway) who consider that it is unhelpful to bring God into such debates (Holloway, 2000). However, it is still remarkable that an entire article of this kind fails even to mention the matter.

It is remarkable, for example, that the important historical influence of Judaeo-Christian ethical thinking upon the culture in which we live is apparently entirely ignored. It is equally remarkable that the religious pluralism of contemporary Western culture is not addressed.

The omission is remarkable also because religious belief and belonging to a faith community have such important influences upon the ethical thinking of both those who suffer from mental disorders and those who care for them. To imagine that ethical conversation can be had while entirely ignoring such influences makes it feel as though atheism is being imposed upon the debate. The omission is also remarkable because of the validity of at least some of the arguments of Richard Holloway and others with respect to the dangers of bringing God into the conversation. When we feel that we have God 'on our side', human beings can become very intransigent, ungenerous or even unreasoning. The need to understand how and why this is the case is therefore very important.

The omission is also remarkable, however, because it avoids discussion of the possibility of a point of reference for both rule-based and character-based ethics which might actually transcend that of the human parties involved. Again, I recognise that there are those who will deny that such a point of reference exists – but surely the discussion about whether or not it exists, its potential impact and the plurality of views about its existence is rather important.

#### Declaration of interest

C.C.H.C. is an ordained Anglican priest and a part-time employee of St Antony's Priory, an ecumenical spirituality project in Durham.

**Bloch, S. & Green, S. A. (2006)** An ethical framework for psychiatry. *British Journal of Psychiatry*, **188**, 7–12.

**Holloway, R. (2000)** *Godless Morality*. Edinburgh: Canongate.

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Bloch & Green are to be congratulated for their lucid and helpful paper, which deserves to be read widely. The progression from Kant to the 'ethics of care' seems similar to that from the Old Testament rules/laws/commandments to the New Testament injunction of Christ that people love one another, consonant in turn with the recommendations of other faith traditions about developing wisdom and compassion together.

Bloch & Green's paper resonates with my sense that, as professional caregivers, we do well to acknowledge our own journeys towards personal, moral and spiritual maturity, as described by James Fowler (1981), who draws on both Erik Erikson and Lawrence Kohlberg. Dilemmas such as that described in the vignette offer

people opportunities to grow wiser. Grieving losses occasioned by our limitations on the way, we may develop an incremental degree of emotional equanimity, enabling more detached observation and closer engagement.

By staying calm in difficult situations, we foster the trust of others, which is paramount in encouraging people at least to share – and sometimes with relief to relinquish – decision-making and control. Authority comes not only from a professional role and medico-legal powers, but crucially also through a competent, composed and thereby reassuring personal demeanour.

The subjectivity involved should not require an apology. On the contrary, it is essential in allowing us properly and privately to reflect later on our part in what has occurred. This aspect deserves greater emphasis in medical and psychiatric education; for is it not at the heart of why we choose our profession? We want to be good people as well as good doctors, and passing exams is only the half of it.

I disagree, therefore, with the authors' comment, 'Nothing extraordinary is required of [the doctor]'. Consistently selfless devotion to the well-being of others is, sadly, well outside the ordinary these days; but it is exactly what we might choose to ask of ourselves if we are to get the fullest satisfaction from our professional lives. An ethical framework such as Bloch & Green have generously provided is welcome, but they are surely telling us that protocols alone will simply not be enough.

#### Declaration of interest

L.C. is on the executive committee of the Spirituality and Psychiatry Special Interest Group of the Royal College of Psychiatrists. He is the author of *Love, Healing and Happiness: Spiritual Wisdom for the Post-Secular Era*, which is to be published in 2006 by John Hunt.

**Bloch, S. & Green, S. A. (2006)** An ethical framework for psychiatry. *British Journal of Psychiatry*, **188**, 7–12.

**Fowler, J. W. (1981)** *Stages of Faith: The Psychology of Human Development and the Quest for Meaning*. San Francisco, CA: HarperCollins.

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Medical ethics is in crisis and psychiatry is not exempt. This is so because the pluralism of contemporary democratic society