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Particularly for patients with mental disorders, the bioethical principles respect for the patient's autonomy and beneficence often come into conflict.

On the one hand, physicians have the legal and ethical duty to treat patients only with their informed consent. On the other hand, physicians have the duty to help patients. Many patients with severe mental or neurological disorders cannot give valid consent since their ability for autonomous decision making is temporarily reduced. In some cases, (compulsory) treatment might be the only way to restore the mental capabilities underlying autonomous decision making. To hold back treatment by referring solely to the autonomy principle runs the risk of acute or chronic health damage for patients. Furthermore, this position is based on a narrow understanding of respect for the patient's autonomy, which overlooks the duty to enhance or restore the disease-limited capability for autonomy, if possible.

An example for a narrow understanding of autonomy is the Special Report on Torture in Psychiatry by Juan Méndez (United Nations Special Rapporteur on Torture).

Positions which exclusively emphasize autonomy tend to overlook the right for adequate help.

Ethical dilemmas cannot simply be solved by prohibiting involuntary treatment in psychiatry without exception. Rather a solution has to consist of respect of the patient's autonomous will (possibly formulated in a psychiatric advance directive), effective help to restore reduced capabilities for autonomy, and beneficence.