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Forskningsrådet för
hälsa, arbetsliv och välfärd



Vetenskapsrådet

PATIENT COLLABORATION AND PERSON CENTEREDNESS IN FORENSIC PSYCHIATRIC CARE

AN ETHICAL MAP

RESEARCH PROGRAM: Addressing Ethical Obstacles to Person Centred Care
<http://personcentred.se>

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Increasing calls for patient/person centred (PCC) approaches in forensic psychiatric care

- Patient *participation* in care planning, design and execution
- Patient *collaboration in clinical decision-making*
- Readiness to *adapt care to individual circumstances* and needs
- Recognition that aims of empowering patients and promoting their responsibility are central to forensic psychiatry
- Hopes that adherence and treatment success will improve



Essentials of PCC

- Background assumption:
 - Patient are subjects capable of running their own life
 - Individual experiences & circumstances
 - Own aims, values and wants
- Generic concept (action) of PCC:
 - Collecting patient narrative
 - Shared decision-making
 - Continuity

Munthe C, Sandman L & Cutas D 2012. Person Centered Care and Shared Decision Making: Implications for Ethics, Public Health and Research. *Health Care Analysis*, 20 (3): 231-249.

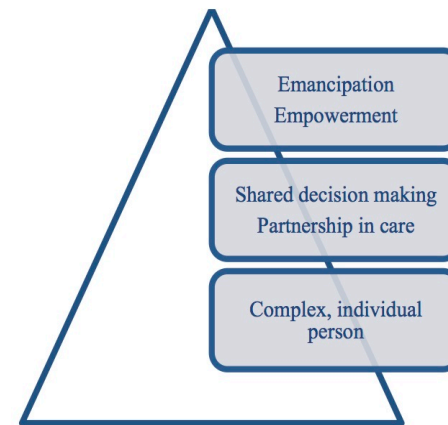
- Aims / Values
 - Improved (biomedically conceived) health
 - Promotion of autonomy
 - Empowerment
 - Improved adherence
- **Many potential goal conflicts!**

Sandman L, Granger BB, Ekman I, Munthe C 2012. Adherence, Shared Decision-Making and Patient Autonomy. *Medicine, Health Care and Philosophy*, 15 (2): 115-127.

Sandman, L & Munthe C 2010, Shared Decision Making, Paternalism and Patient Choice, *Health Care Analysis*, 18 (1): 60-84

PCC gives room for entirely paternalistic set-ups.

BUT standard conception combines these elements of basic assumptions about patients, generic concept (action), and ultimate aim:



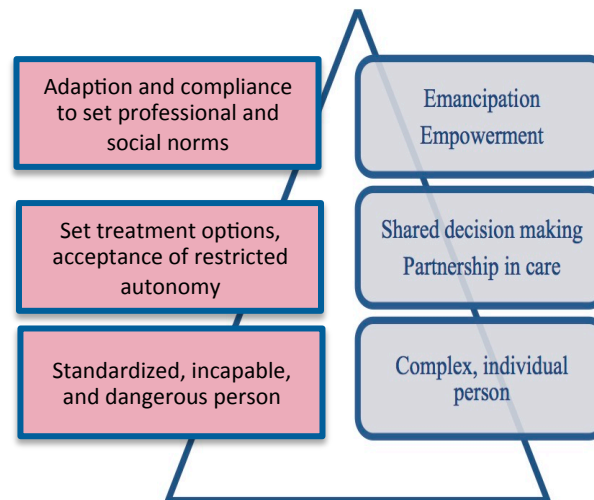
El-alti, L., Sandman, L., Munthe, C. Person Centered Care and Personalized Medicine: Irreconcilable Opposites or Potential Companions? (2017, in submission)



Essentials of FPC

- Background assumptions
 - Patients are criminal offenders
 - Patients are incapable of responsibility
 - Patients suffer mental health problems
 - Need to have freedom restricted (to some degree) for safety of others
- Generic concept (action) of FPC:
 - Biomedical interventions
 - Behavioral / social training
 - Environmental adaption
 - Incarceration and force
- Aims / Values
 - Law and norm-abiding behaviour
 - Capacity for responsibility
 - Control of psychiatric symptoms
 - Safe for other people to justify a free life

Immediate and stark contrast between the standard conception of PCC and that of FPC:





General Questions we are pondering:

- Can FPC **at all** include the standard conception of PCC? (Leila El-Alti)
- How could and should an **alternative FPC-PCC conception** look like? (Leila El-Salti, Christian Munthe, Lars Sandman)
- How do underlying assumptions about **patient capacities** relate to each other – legal, moral, healthcare-related? (Thomas Hartvigsson and Leila El-Alti)
- How do **staff and patients view** these issues? (Leila El-Alti, Alessio Degl'Innocenti)
- What more **specific care actions** may serve to strike a workable and ethically acceptable balances (Leila El-Alti, Alessio Degl'Innocenti)
- How should underlying values of healthcare and criminal law be related when shaping practices and institutions where they overlap? (Christian Munthe, Leila El-Alti, Susanna Radovic, Henrik Anckarsäter)



Sites of particular tension to look closer at:

- Balancing security needs, empowerment and the goal of care?
- Participation of, collaboration with & "listening to" patients without giving them influence: what is its ethical status?
- How should the PCC aim be related to incapacitated patients?
- Short-term and long term effects on patient autonomy: how do plausible trade-offs?



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Thank You!

Ethical aspects on person-centred care

This research program is funded by Forte and VR



This research program aims at investigating the ethics of person-centred care in psychiatry, paediatrics and primary care