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**PART IV**

**Values, ethics, and  
mental health**

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## Introduction to Part IV

The aims of this part of the book are:

1. to outline some of the key ideas about bioethics and medical law currently around in the literature;
2. to examine the strengths and weaknesses of these ideas especially in relation to mental health; and
3. to introduce the concept of Values-Based Practice (VBP).

### The storyline of Part IV

*Chapter 17* explores the conceptual depth dimension of mental health ethics. It begins with the observation that, rich and varied as modern bioethics has become, it has so far largely failed to engage effectively with mental health. There are many possible reasons for this, as we will see. It is certainly not due to any shortage of ethical issues in mental health, however! For ethical issues are at least as pervasive in mental health as in any of the more high-tech areas of medicine on which bioethics has traditionally tended to focus.

Ethical issues in mental health, on the other hand, as we will see in *Chapter 17*, are more complex conceptually. Correspondingly, therefore, a conceptually sharper set of ethical tools is needed to support clinical work and research in this area. Both types of tool, we should say straight away, the blunter and the sharper, are important in health care. It is just that we need both—much as we need a sharper set of tools for eye surgery and a blunter set for orthopaedic surgery.

*Chapter 18* starts the process of developing the required sharper sets of tools. After an initial introduction to bioethics, including its historical origins (Session 1), we review a number of the tools for working with ethical and other values in health care, as derived respectively from bioethics itself (Session 2), and from philosophy, including both substantive ethical theories (such as utilitarianism and deontology) and analytic ethical theory (Session 3).

It is from analytic ethical theory, of the kind introduced in Part I, that Values-Based Practice (VBP), as a distinctive contribution to the sharper set of tools required for mental health ethics, is derived. VBP, as we describe in the final session (Session 4) of *Chapter 18*, is a set of theoretical ideas and clinical skills designed to support health care decision making where (as is the case particularly in mental health) wide differences of values are in play.

*Chapter 19*, titled 'It's the law!' repeats the storyline of *Chapters 17* and *18* but focusing now on law rather than ethics. We show how the tools of legal analysis, which, like those of ethical analysis have been developed primarily in respect of bodily disorders, need to be sharpened up if they are to be applied effectively to the more (evaluatively) complex cases arising in mental health.

We illustrate the need for sharper tools, including those of VBP, particularly in relation to concepts at the interface between medicine and law, such as capacity. Again, the particular diversity of values in mental health will emerge as one important reason why sharper legal tools are needed particularly in this area of health care.

*Chapters 20* and *21*, the final two chapters of this part, complete the story by showing the particular need for a sharper set of tools for working with values in that heartland of the traditional medical-scientific model, classification and diagnosis.

*Chapter 20* starts with a case history, that of a man called Simon. Drawing on the theory and methods developed in Part I of this book, the pivotal importance of values in psychiatric diagnosis is shown by the very different diagnostic interpretations placed on Simon's story by psychiatry's two major classifications, the *International Classification of Diseases* (ICD) and the *Diagnostic and Statistical Manual* (DSM). The remainder of *Chapter 20* and most of *Chapter 21* is then taken up with exploring the wider implications of Simon's story, first from the (somewhat downbeat) perspective of traditional bioethics, and then from the (considerably more upbeat) perspective of VBP.