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Research Article

**ETHICAL ISSUE OF MANAGEMENT PROCESS IN A  
PSYCHIATRY DEPARTMENT**<sup>1</sup>Sadia Hassan, <sup>2</sup>Ms. Sana Sehar, <sup>3</sup>Muhammad Afzal, <sup>4</sup>Dr. Syed Amir Gilani.<sup>1</sup>Student. The University of Lahore, <sup>2</sup>Assistant professor. . The University of Lahore, <sup>3</sup>associate professor. The University of Lahore, <sup>4</sup>Dean faculty of allied health sciences. The University of Lahore.**Article Received:** September 2019    **Accepted:** October 2019    **Published:** November 2019**Abstract:**

*In health care system medical ethics is an essential part and its code have been evolved more than years and nationally and internationally adopted in health centers. Informed consent is one of the most sensitive but important area of treatment. This is the key to a good doctor-patient relationship because it respects the physician's dependence on their patients. Internationally, it is defined as a specific health intervention (treatment, anesthesia, surgery) or a process in which a health care's provider or clinical researcher obtains an individual's consent to prioritize the study.*

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**INTRODUCTION:**

In 1938 Italian psychiatrist first time introduced Electroconvulsive therapy which are the electrical stimulations used as psychotherapy for patients with seizures or other mental disorders. Since 1930 the field of psychopharmacology has been advanced but it is used repeatedly for the treatment of adults. The use of ECT in children and adolescents is rare due to low level of severity adverse effects. In Turkey the use of electroconvulsive therapy in these age groups was also short. In 1980 electric shock was started in adults who was reported as more effective treatment than psychopharmacology in patients with diagnosis and symptoms of severe mental disorders (Taylor, S. 2017).

In health care system medical ethics is an essential part and its code have been evolved more than years and nationally and internationally adopted in health centers. Informed consent is one of the most sensitive but important area of treatment. This is the key to a good doctor-patient relationship because it respects the physician's dependence on their patients. Internationally, it is defined as a specific health intervention (treatment, anesthesia, surgery) or a process in which a health care's provider or clinical researcher obtains an individual's consent to prioritize the study (summers, W. K., et al. 2019).

In various contexts and cultures, obtaining informed consent is mandatory even during non-intervention studies. Although some parts of the world still treat this process with a masculine approach, this approach is certainly not a problem, though it may be opposed to tradition. The informed consent process involves more than just providing a specific prescribing forms. These include sharing sufficient information with the permission of individual, answering concerns, questions, and determining whether they are positive or negative. This allows them to inform decision about their health care and make responsible. An emotional sensitive response to disease and its care like anger and unhappiness is known as dissatisfaction ( Fink, M. 2018).

The "paternalism" is the word that comes from Latin origin which means "father" and is the practice of managing people in a masculine way that meets their needs. Because so many factors play a role, it is not easy to achieve patient satisfaction. Some factors for example, demographic characteristics, health status, and patient-doctor relationships are patient related but other such as bed counts, staff performance, and use of electronic medical records are organizational. By the improvement of these factors they affect patient satisfaction to a minimum (Hirshbein and

Sarvananda, 2018).

**CASE PRESENTATION:**

An unmarried 58 year old man, with a long history of bipolar disorder for 20 years, was admitted to the hospital on August 19, 2019 because he was very talkative and short tempered over the past five days. He had untidy appearance, flight of ideas, and fluctuated irritable and elevated mood, and uncooperative to hospital staff during examination. His cognition and orientation was not checked because he was not cooperative. Family members said that he has been uncomfortable recent few days and his sleeping and eating patterns are disturbed. According to the diagnostic criteria of ICD-10 he has bipolar disorder with non-psychotic mania.

At the time of admission the electrocardiogram showed regular heartbeat of 100/minute, 432ms QTc. Blood reports reveal electrolytes standard limits,  $9.56 \times 10/L$  white blood cells, and  $293 \times 10/L$  platelet count. No any history of heart, diabetes and other diseases. Olanzapine of 5mg was given after one hour of admission but excitement was not reduced so haloperidol of 5mg and scopolamine of 0.3mg intramuscular was administered to him. On the other hand symptoms of manic disorder were retained, so a Modified Electroconvulsive therapy was started after discussion with the treating staff. This therapy was given to the patient on the basis of information from the family members that he was receiving this treatment successfully from previous 6 years in a local hospital.

For the safety of the patient the anesthesiologist visit him preoperatively, family members do not signed the informed consent, because they leave him alone in hospital without informing any ward attendant and staff nurse when dialed their mobile numbers, they were powered off. All members try their best to trace the family but they were not met. In this situation the patient treatment is important so the doctor's advice electroconvulsive therapy without consent because he was not in a condition to understand the treatment. After advice preoperative preparations was made by the ward staff.

On the 2<sup>nd</sup> day at 9:25 after his identification conformation, water and food restriction status, urine and stool evacuation, and drug allergies the patient entered the MECT observation room. Check patients preoperative measures as B.P: 127/84, Pulse: 99/m, Respiration: 18/m, SPO2: 95%, Resistance: 680 ohms, and Weight: 65kg. 0.5mg atropine was given after the intravenous line establishment. 16mg intimidates and 70mg succinylcholine and oxygen

were administered through anesthesia machine by the nurse. At 10:00, the patient was severely anesthetized and received MECT. Electric charge: 280mc, Energy: 37.2J, Static resistance: 530, Dynamic resistance: 161ohms, Current: 800mA and duration: 1.75sec during the treatment and EEG show no epilepsy. Blood pressure 158/103mmhg, pulse 132/m and saturation 92% at that time. The Steward Recovery Awake Score was 3 at 10:15 am, breathing spontaneous, limb muscle grade was V, and pupils react to light, RR: 15/m, blood pressure: 146/96, Pulse: 96/m. So patient shifted to recovery room and palm style blood oxygen saturation monitor and electronic sphygmomanometer was attached.

After transfer to the recovery room the patient condition was become serious at 10:25 heart beat 60/m, b.p: 80/50 and SPO2: 86%. At 10:40 pulse 41beats/min and SPO2 was 86%.Pulse rate was suddenly dropped to 0 beats/min, blood pressure 60/20, and oxygen saturation was 40% at 10:50. The patient face and lips become cyanotic; he did not response to call, both pupils response disappeared, and breathing was weak. The patient immediately shifted to MECT room for cardiopulmonary resuscitation. Oxygen was given by manual mask which is attached to the anesthesia machine. ECG monitor show no pulse rate and it was straight line. Blood pressure was not detected and SPO2 was 52%. Resuscitation was continued and for oxygen a laryngeal mask air way was administered. Every 3 to 5 minutes 1mg adrenaline was given but the electrocardiogram show still straight line, breathing was not recovered, no carotid pulse found, and pupils become fixed dilated and the patient was declared dead. The Doctors were much worried about this situation because they do this procedure without consent and also not informing the high authority of

hospital for the betterment of patient but the condition became critical and he was expired then recovery.

#### MANAGEMENT PROCESS:

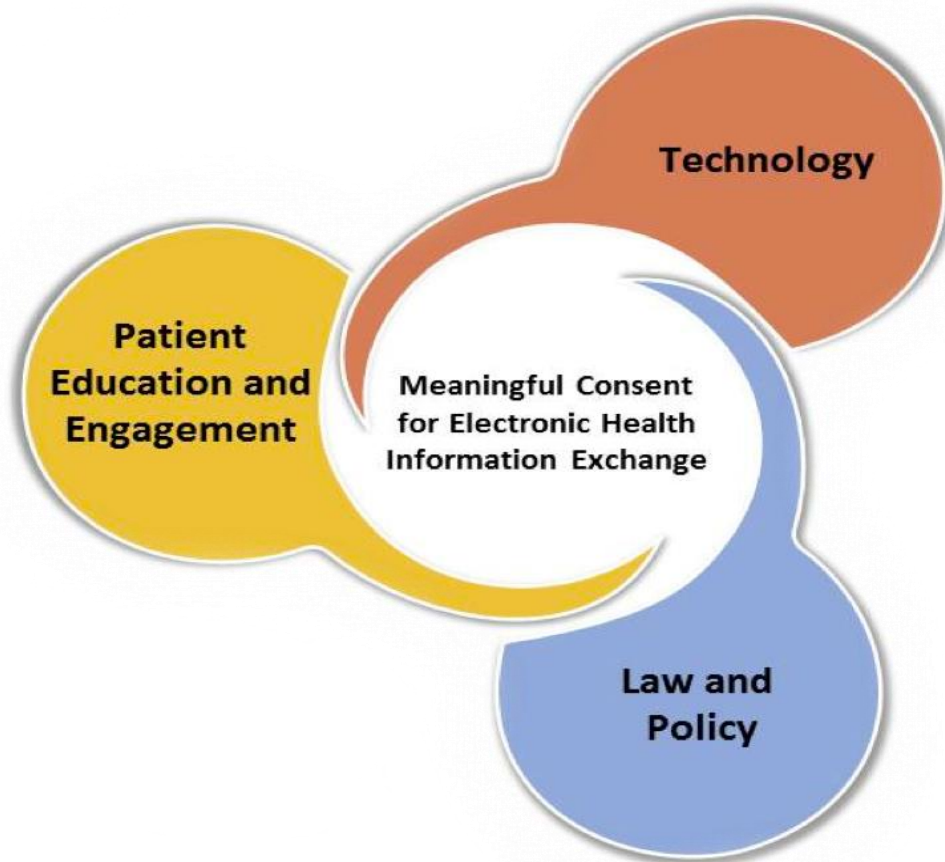
In this case we used communication management process through this improve the importance of informed consent in hospital staff and administration. The aims of informed consent are:

- To promote and respect self-sufficiency of participants.
- To protect volunteers probable harm.
- Patient should be needed to know about the benefits, risks and interventions of treatment.
- With the consent process participant fulfillment is a desirable result.

When patient should not aware of his diagnosis and informed consent procedure than following complication may be occurring:

- The patient may be pulse and B.P less.
- The patient will go in coma.
- During procedure patient may inhaled secretions.
- Patient became unconscious.
- Cognition may be disturbed.
- Cardiac arrest may occur.
- ECG changes may happen.
- Death may occur.

Regarding these issues the hospital staff must take consent before any procedure. If the patients family members are not willing or not present for giving consent than take consent from the patient after explaining him the diagnosis, complications and interventions of the procedure and if patient is not in a condition to give consent than hospital administrations may establish a ethical committee which sign the consent form for these types of patients.



#### **RATIONAL:**

Hendriks, S et al. 2019 us communication management process to solve this problem so we use this process to resolve the problem.

#### **LITERATURE RESULTS:**

The study sample was predominantly female 82%. The average age was 54 years (ranging from 28 to 70 years). The majority 59% were nurses, 35% doctors, and 24% of others were clinical psychologists, research assistants, health ethics lawyers, health educators, and IRB. The participants from United States with professional experience of 26 years. About 75% of volunteers have experience in informed consent. They said that informed consent is very important part in the treatment of the patient. The other were currently employed and they have no experience in consent procedure, so they did not explain the risks and benefits of the consent form (Keller, C. 2015).

#### **DISCUSSION:**

Sudden death related to MECT use are rare and occur in approximately two cases per 100,000 patients which was shown by the reports from other countries. In this case preoperative use of atropine, water

restriction, and during resuscitation oral secretion excessive lack should rule the asphyxia by inhalation. Cardiac arrest and fatal arrhythmia was induced by Modified electro convulsive treatment, antipsychotic medications (Grant and Mohan 2017).

During or after electroconvulsive therapy transient arrhythmia lasts for 30 second but this not result in death. The patient did not have cardiac defects during this procedure and was conscious. So cardiac arrest was result of MECT, and he was taking electroconvulsive therapy last six years. The parasympathic stimulations are increase by sub convulsions by asympathic response inducements. Therefore it is risky for the patients with pervious heart disease. The patient was 58 years old it is possible for him that in usual cardiac work up the condition of heart was no identified (James, A. C. 2016).

Eighteen hours before MECT, the patient received 5 mg of Olanzapine its effects on heart as sinus arrhythmia and STT. The changes are reversible and no evidence of ECG changes as QT interval prolongation. The use of Olanzapine was not associated to sudden cardiac death, while its use may

increase the cardiovascular effects of haloperidol administered after one hour. Haloperidol is considered safe drug and is widely used in psychology setting. However, some early reports in China have shown a correlation between haloperidol, arrhythmias and sudden cardiac death. 5mg of intramuscular injection can cause an increase in ECG and cardiac enzymes changes. Similarly another study showed that haloperidol can extensively reduce blood flow, increase oxygen consumption in the heart muscle, and damage heart muscle cells (Grant & Mohan 2016).

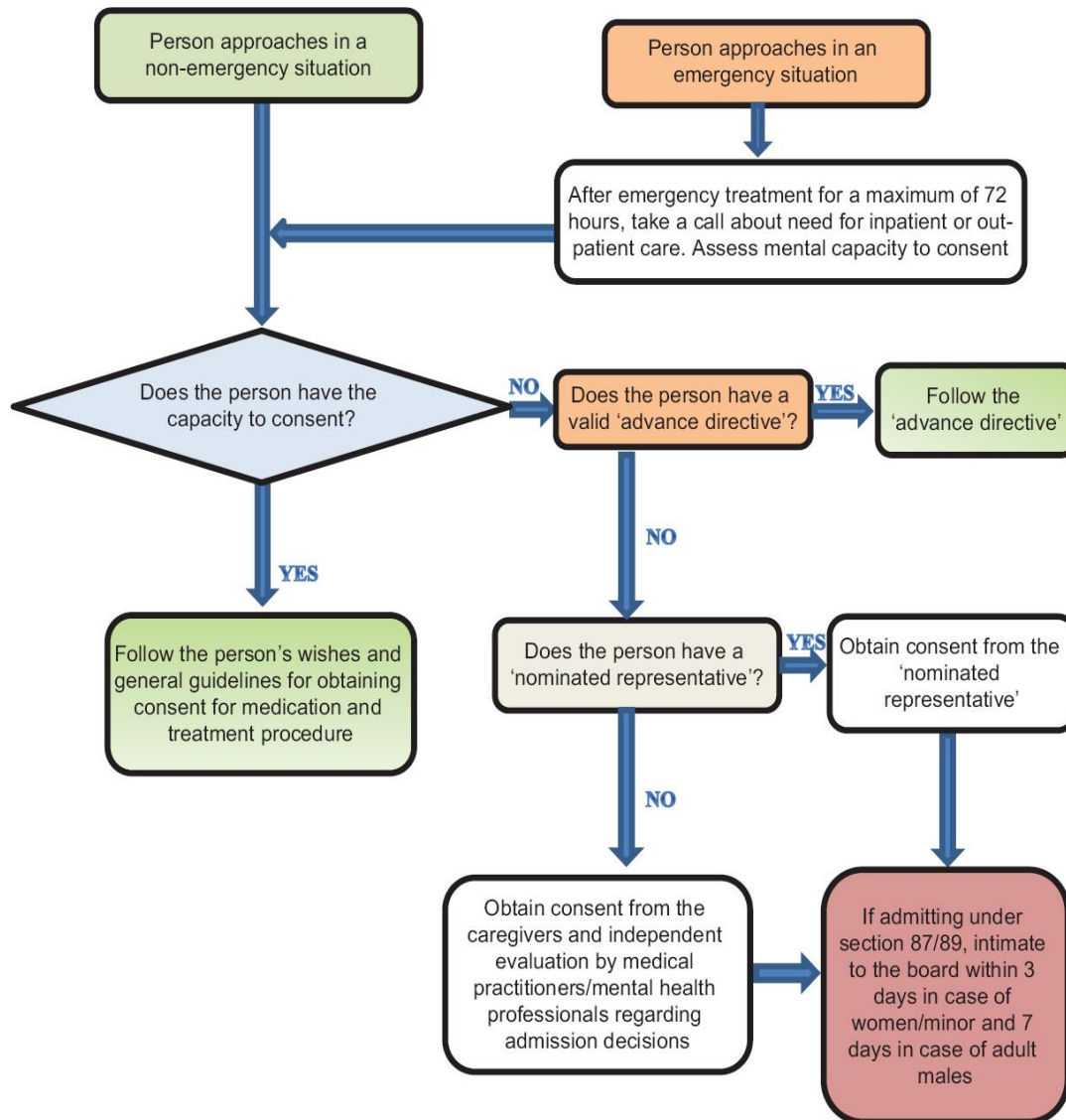
Generally MECT is an effective safe treatment sudden death during or after this procedure is rare and it occurs in peoples who have preexisting disease or other unspecified condition. Doctors should carefully perform heart exercises before starting treatment and consider evaluating heart enzymes in elderly patients, possibly without symptoms with an open heart. The use of antipsychotic medicines is not contraindicated before this treatment, but they can be used with cautions in older patients because they cause arrhythmias (Grant & Mohan 2016).

Electroconvulsive therapy receiving the patients can represent two distinctive challenges for the physicians ensure treatment and wellness after

procedure. First, there is an urgent need for psychosocial training for the patient and family, including real information as well as important clinical assistance interventions for the treatment of serious mental illnesses. The treatment course of ECT may affect how staff is informed to the patients, and their families received complete information about the procedure from the psychiatrist. Because ECT approval is an ongoing process during treatment, the quality of this reaction is very important (Burns and Stuart 2017).

The O'Connor, M. K et al. said that psychiatrists and staff consider electric shock as safe affective and last restore treatment because they are more exposed to it. As a result, doctors warned that there may be significant differences in the context of multinational team members. Although psychologists who lead such teams often ignore these subtle and unusual differences, they may surprise patients or refuse treatment. Assessment of the psychological support and stress is the second comprehensive challenge. A clear overview of the psychological factors that may cause a minor decline, discontinuation of treatment or failure to adhere recommended follow up is extremely important once the patient is agree with the treatment. Such a diagnosis can help the patient to identify risk of refusing treatment or incontinence.



**PROBLEM SOLVING PROCESS:**

We apply problem solving process to resolve the issue:

**Define the problem:**

Informed consent was not taken before ECT procedure.

**Gather information:**

Information was collected from a public psychiatric hospital.

**Analyze the information:**

Analyze information of psychiatric to other general hospitals information which was different.

**Develop solution:**

An ethical committee should be established for giving consent to these patients whose families leave them alone in hospitals.

**Make a decision:**

We make a decision to done electroconvulsive therapy for betterment of patient.

**Implement the decision:**

For the implementation of a decision first we inform Nursing Superintendent, and Chief Executive that the patient was alone because his family leave him in the hospital and also his mental status was not good to give consent for electric shock treatment. But this procedure is very important for his recovery so allow me to do this.

**Evaluate the solution:**

The solution which was given by us is carried out properly and gave positive results.

**CONCLUSION:**

There are two basic principles of modern medical practice that help those in need and who respect

patient autonomy. Sometimes conflict occurs in these beliefs. When patient shows irrational behavior and refuse for treatment than situation becomes very complicated.

The ability of patient for giving consent was not referred to record and assessment requirements were not included. The rights of patients were distinguished from those who are eligible and not for consent. To assess, understand, voice an opinion and make decisions requires mental capacity and to provide consent. The patient ability to make competent choices may impair due to mental disorders, developmental disability, senile dementia, and other physical conditions. The ability of patient

#### REFERENCES:

1. Burns, C. M., & Stuart, G. W. (2017). Nursing care in electroconvulsive therapy. *Psychiatric Clinics of North America*, 14(4), 971-984.
2. Fink, M. (2018). *Electroconvulsive therapy: A guide for professionals and their patients*. Oxford University Press.
3. Grant, J. E., & Mohan, S. N. (2017s). Treatment of agitation and aggression in four demented patients using ECT. *The journal of ECT*, 17(3), 205-209.
4. Hirshbein, L., & Sarvananda, S. (2018). History, power, and electricity: American popular magazine accounts of electroconvulsive therapy, 1940–popular *theHistory of the Behavioral Sciences*, 44(1), 1-18.
5. Hendriks, S., Grady, C., Ramos, K. M., Chiong, W., Fins, J. J., Ford, P., ... & Kim, S. Y. (2019). Ethical Challenges of Risk, Informed Consent, and Posttrial Responsibilities in Human Research With Neural Devices: A Review. *JAMA neurology*.
6. James, A. C. (2016). The use of ECT in adolescents: A reply to Jones and Baldwin. *Behavioral and Cognitive Psychotherapy*, 24(4), 307-310.
7. Keller, C. (2015). Overview of electroconvulsive therapy (ECT) for adults. *Up-to-date [database]*. Waltham, MA: *Up-to-date, Inc.[Oppdatert 1.201*
8. O'Connor, M. K., Knapp, R., Husain, M., Rummans, T. A., Petrides, G., Smith, G.& Fink, M. (2017). The influence of age on the response of major depression
9. To electroconvulsive therapy: a CORE Report. *The American Journal of GeriatricPsychiatry*, 9(4), 382-390.
10. Summers, W. K., Robins, E., & Reich, T. (2019). The natural history of acute organic mental syndrome after bilateral electroconvulsive therapy. *Biological Psychiatry*, 14(6).
11. Taylor, S. (2017). Electroconvulsive therapy: a review of history, patient selection, technique, and medication management. *Southern Medical Journal*, 100(5), 494-499.