

Impact case study (REF3)

Institution: University of Liverpool		
Unit of Assessment: Philosophy		
Title of case study: Reducing coercion in psychiatric care		
Period when the underpinning research was undertaken: 2016-2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Thomas Schramme	Professor of Philosophy	August 2016 to present
Period when the claimed impact occurred: 2016-2020		
Is this case study continued from a case study submitted in 2014? N		
1. Summary of the impact (indicative maximum 100 words)		
<p>Recent psychiatric practice has witnessed important changes, especially regarding the moral and legal assessment of coercive measures in treatment. Schramme's work in the philosophy and ethics of psychiatry has informed and influenced both public debate and the medical guidance in Germany, leading to a significant reduction of coercive care in psychiatric consultations, which directly affects over 800,000 cases per year. His influence is evident on medical and ethical guidelines, and indirectly on legal precedents affecting the entire psychiatric profession in Germany. Schramme has also played a leading role in promoting public debate around the ethics and professional identity of psychiatry.</p>		
2. Underpinning research (indicative maximum 500 words)		
<p>Psychiatric practice has recently undergone major reforms, with the use of manipulative and coercive practices in treatment forming a central focus of self-reflection within the profession in many countries. In Germany, for instance, medical treatment against the will of a psychiatric patient, although intended to be beneficial, cannot anymore be justified simply by an alleged incapacity of such patients to make relevant decisions. Incapacitated patients used to be routinely treated on the basis of medical considerations only, because there was supposed to be a lack of autonomous will. Recent developments have changed that normative landscape and indeed reignited global debates on the very status of psychiatry as a credible scientific institution and on the definition of mental illness. Altogether, patient autonomy has come to be seen as a value to be protected as much as possible, even when the capacities for making one's own choices are affected by mental disorders. Schramme's work has substantially contributed to this evolution.</p> <p>Schramme's philosophical work is informed by his own experience in caring for psychiatric patients from 1988-1998, which had an important impact on his philosophical outlook. Within the area of psychiatric ethics, Schramme has analysed forms of "interactive paternalism". Interactive paternalism concerns how the formation of individual choice and the will of patients may be influenced without using threats or force, despite the intention of benefitting them. This is particularly pertinent to psychiatric contexts, where patients often struggle to develop and maintain their own will (3.1.). Schramme's analysis of such cases makes visible morally problematic types of interpersonal interactions usually overlooked, because patients actually consent to treatment. He concludes: "Even while aiming at the free consent of a patient, hence supposedly acting non-coercively, members of the psychiatric staff need to be aware of their responsibility not to exploit a dependency by making offers that will coerce or manipulate a patient's own free will. In conclusion, paternalism in psychiatry seems more prevalent than is usually assumed, as coercive influences on the will formation of patients often slip under the ethical radar. An enhanced ethical debate on psychiatric paternalism is therefore needed" (3.2., p. 53).</p> <p>Because of his philosophical expertise, Schramme has been appointed to several different Task Forces of the German Association for Psychiatry, Psychotherapy and Psychosomatics (DGPPN), the leading professional organisation in Germany with approximately 10,000 members. One of</p>		

these Task Forces examined the ethics of coercion in psychiatric practice. Their report (3.3.), co-authored by Schramme, highlighted the requirement to respect patients' self-determination.

Schramme's research has also helped to clarify the contested concept of mental disorder. In numerous publications (see, most recently, 3.4) he defends a robust scientific interpretation of mental dysfunction against sceptical attacks on the reality of mental disorder. This provides a valid foundation for psychiatric care. In addition, Schramme analyses the phenomena in normative terms. According to his theory, medical abnormality as such does not necessarily impair wellbeing. This has implications for the ethics of medical coercion, because it is usually justified in terms of alleviating harm to the patient. Yet, if mental disorder is not necessarily harmful, one cannot assume that medical interventions are always to the overall benefit of patients. Furthermore, paternalist coercive care itself threatens an important element of wellbeing: the ability to make one's own choices.

Schramme also co-authored the 2019 report of a DGPPN-Task Force addressing the complex and contested role of psychiatry in society, focusing specifically on the difficult dual role of helping patients and protecting society from potential harm by dangerous psychiatric patients (3.5).

Schramme's continuous status as a leading expert in philosophy of medicine is evidenced by his co-edited 2-volume *Handbook of the Philosophy of Medicine* (3.6.), containing 68 entries on almost all topics within the field. According to the publisher's performance report, since its publication there have been 79,266 chapter downloads for this handbook. In this handbook, Schramme contributed an entry on theories of wellbeing, which thoroughly scrutinises the impact of medical disorder on the quality of life of affected persons.

3. References to the research (indicative maximum of six references)

All these research outputs were peer-reviewed. They are available from the University of Liverpool on request.

3.1. Schramme, T. Autonomie und Paternalismus, in: Jochen Vollmann (ed.), *Ethik in der Psychiatrie: Ein Praxisbuch*. Köln, Psychiatrie Verlag 2017, 18-25. ISBN 978-3-88414-666-8
This practice manual has been widely reviewed and sold more than 1000 copies.

3.2. Schramme, T. Interactive Paternalism in Psychiatry, in: Jakov Gather, Tanja Henking, Alexa Nossek and Jochen Vollmann (eds). *Beneficial Coercion in Psychiatry? Foundations and Challenges*. Mentis 2017, 39-55. DOI: <https://doi.org/10.30965/9783957438157>
Paper based on a keynote at an international conference.

3.3. Deutsche Gesellschaft für Psychiatrie und Psychotherapie, Psychosomatik und Nervenheilkunde e.V. (DGPPN), Berlin. Achtung der Selbstbestimmung und Anwendung von Zwang bei der Behandlung psychisch erkrankter Menschen: Eine ethische Stellungnahme der DGPPN. *Nervenarzt* 2014, 85: 1419-1431. DOI 10.1007/s00115-014-4202-8

3.4. Schramme, T. Szasz's Legacy and Current Challenges in Psychiatry, in: C.V. Haldipur, James L. Knoll IV, Eric v.d. Luft (eds.) *Thomas Szasz: An Appraisal of His Legacy*. Oxford University Press 2019, 256-271. DOI: 10.1093/med/9780198813491.001.0001

3.5. Zur Identität der Psychiatrie: Positionspapier einer Task-Force der DGPPN (November 2019)
https://www.dgppn.de/Resources/Persistent/69402dc31a70bb4bde680a0a45d7ab74762ad3e8/20200616_PoPa_Identita%CC%88t%20fin.pdf

3.6. Schramme, T. & Edwards, S. (eds.), *Handbook of the Philosophy of Medicine*, Springer 2017.

<https://www.springer.com/us/book/9789401786874>

Four of the entries were written by Schramme, one of them on "Subjective and Objective Accounts of Well-Being and Quality of Life".

4. Details of the impact (indicative maximum 750 words)

Changes to guidance and further support for psychiatric care

Over the past decade, German psychiatry has been driven to re-evaluate both the definition and use of coercive practices in patient care, and to re-examine the ethical parameters of its practice as a whole. Schramme has been at the forefront of the debates, as a central voice in the exploration of the conceptual and ethical issues, and as a member of the mentioned DGPPN Taskforces. The report of the Taskforce on coercion, co-authored by Schramme and manifestly influenced by his body of research in this area, was one of the main driving forces of the new 2018 DGPPN practice guidelines (*Guidelines on Avoidance of Coercion*), which brought a sea change in the regulation of psychiatric care (5.1.). The guidelines were produced in close collaboration with other professional institutions, academics of different disciplines and members of stakeholder organisations, including service users. The main goal of the guidelines is to reduce and prevent psychiatric coercion as much as possible, thereby reducing harm to patients and enhancing their wellbeing. The guidelines set out numerous rules concerning how to avoid dangerous situations in psychiatric practice and hence to pre-empt any coercive measures. For instance, a better understanding of contextual and institutional conditions, which might lead to aggressive behaviour of patients, will be developed via relevant training. Another important means of prevention of coercion emphasised in the guidelines are advance directives, which document the preferences and choices of patients at a time when they are capable of determining their own will.

Because of its leading role within German psychiatry, the DGPPN advises all practitioners in Germany. Its guidelines represent the gold standard of psychiatric practice and hence affect every instance of psychiatric care (over 800,000 treatments per year). According to the press department of the DGPPN, the new guidelines have been acknowledged by at least 10,000 members and 20,000 users of their app. The change in treatment guidance is therefore of great significance for all German psychiatric patients.

The reform of relevant guidelines has one of its roots in Schramme's continuing philosophical engagement with the ethics of coercive treatment. The book-length publication of the considerations that informed the development of the guidelines contains an elaborate discussion of the ethical background of coercive treatment (5.2., pp. 96-99). Numerous references in this document show that the relevant change in psychiatric practice was significantly influenced by the DGPPN report that had been co-authored by Schramme (3.3), as well as by the ongoing ethical debate on coercion in psychiatry, to which he has significantly contributed, as explained in the previous section. The debate within the DGPPN on the ethics of psychiatric practice has also led to changes in the way coercion is now discussed in relevant continuous education courses (5.3., pp. 16-19). The new guidelines set the relevant benchmark, and the focus is explicitly on enhancing patient autonomy.

In a further application of his work, Schramme was also commissioned as an ethical expert to contribute to new manual concerning ethical considerations in the care for elderly patients in Switzerland. These have been adopted by two local governmental welfare institutions commissioned to safeguarding citizens' rights. Although these guidelines developed in the manual have no legal force, they have been used in teams of health care professionals, who need to make difficult ethical decisions how to care for elderly patients whose capacity for making autonomous decisions might be in doubt. These guidelines offer a deliberation tool to address real cases, taking numerous considerations into account. The tool was developed in collaboration with Schramme, who focused specifically on the aspect of self-determination (5.4.).

Legal precedent and legislative developments

Germany is currently undergoing legal reform, including landmark rulings of the German Federal Constitutional Court. These initially highlighted the difference between detainment and treatment.

It was ruled that when psychiatric patients are detained for the usual reasons of harm to others or to self, psychiatric personnel are not as such allowed to use compulsive means of treatment. Treatment against the will of a patient was seen as a particularly sensitive interference with individual freedom, so that additional procedures and reasons would need to be applied to justify coercive care. In 2018 it was further ruled that the use of straps or fixation within psychiatric care require specific regulations. A new law was eventually passed in 2019, strengthening the right to individual freedom (5.5., p. 5, 10f.). All these developments evidence a change in the social, ethical and legal assessment of coercion, which has vexed psychiatry for centuries.

Within the context of such cultural changes, the German Ethics Council was commissioned by the German parliament to write a report to inform the legislature, the general public and professional services about facts and ethical concerns regarding "Benevolent Coercion – Tensions between Welfare and Autonomy in Professional Caring Relationships" (5.6.) Its main result was to emphasise the ethical requirement to always see coercion only as a last resort and to design contexts of therapeutic decision-making in a way as to respect individual self-determination at all times, especially by allowing participation of patients and clients. This report directly refers to Schramme's research (5.6., pp. 119, 120) and was informed by his invited expert statement during a public hearing of the Council in 2017, which was held in preparation of the report. All reports of the Ethics Council are published as official documents of the German parliament, hence have a high visibility and impact. This publication generated an immediate, significant media coverage in the general public and the medical profession (5.7.; 5.8.).

During the public hearing, which was held to support and inform the deliberation of the Ethics Council, and in his written response to specific questions of the council members in relation to their investigation regarding benevolent coercion (5.8.), Schramme laid out his account of interactive paternalism and his reasoning against any straightforward justifiability of paternalistic psychiatric care. In his written answer to the specific questions posed by the Council, Schramme states that "the main criterion for justifying coercive measures is the safe-guarding of autonomy. These measures therefore have to aim at restoring the capacity for self-determination" (5.9., p.4). The mentioned final (2018) report of the Council is in close agreement with Schramme's arguments (3.2.; 3.4.; 5.9.), maintaining that any coercive measure "must aim at developing, fostering, or restoring the recipient's capacity to live a self-determined life" (5.6., p.10). This statement again expresses the changed normative background informing the mentioned court rulings: Patient autonomy and self-determination of patients are more widely seen as values to be protected as much as possible, even where the relevant capacities for making one's own choice are affected. A change of this magnitude is of key importance to anyone either undergoing treatment or with a relative undergoing treatment. Indeed, legislative and judicial institutions, such as the Ethics Council and the Constitutional Court, often influence each other and regularly lead to changes in the wider public. Schramme's philosophical work has contributed to this changed ethical landscape.

5. Sources to corroborate the impact (indicative maximum of 10 references)

5.1. DGPPN: S3-Leitlinie Verhinderung von Zwang: Prävention und Therapie aggressiven Verhaltens bei Erwachsenen, 2018.

This is the official document detailing the new guidelines aiming to reduce psychiatric coercion. It directly refers to the co-authored DGPPN report on coercion at numerous occasions.

5.2. DGPPN (ed.): S3-Leitlinie Verhinderung von Zwang: Prävention und Therapie aggressiven Verhaltens bei Erwachsenen. Springer 2019. ISBN 978-3-662-58684-6

Book-length publication discussing the background and content of the new psychiatric guidelines.

5.3. DGPPN-Standpunkte für eine zukunftsfähige Psychiatrie.

Official declaration of the main standpoints of the DGPPN in relation to its practice and quality assurance, including training.

5.4. Guideline zur ethischen Entscheidungsfindung im Bereich des Erwachsenenschutzes

Deliberation tool developed in a Swiss research project "Capacity for self-determination of old people". Schramme served as an external expert in this project.

5.5. Entwurf eines Gesetzes zur Stärkung der Rechte von Betroffenen bei Fixierungen im Rahmen von Freiheitsentziehungen

Draft of a law regarding the strengthening of the rights of patients regarding fixations during phases of general restrictions of liberty (ratified in 2019).

5.6. German Ethics Council: Stellungnahme: Hilfe durch Zwang? Professionelle Sorgebeziehungen im Spannungsfeld von Wohl und Selbstbestimmung (2018)

Final report of the Council, which refers to published work by Schramme (p.119, 120). It was informed by his invited expert statement.

5.7. Ärzteblatt: AKTUELL: Ethikrat: Zwang in der Pflege nur als letztes Mittel. 2018. Deutsches Ärzteblatt 2018; 115(45): A-2040

News report about the final report of the Ethics Council on coercion in medical care, published in the leading German medical journal.

5.8. Deutschlandfunk Kultur. Stellungnahme des Ethikrats zu Zwangsmaßnahmen: „Schwerer Eingriff in die Grundrechte“. 2018

Radio programme on the Ethics Council's report.

5.9. Schramme, T. Kann die Anwendung von Zwang gerechtfertigt werden? Expert statement German Ethics Council, Berlin, 23 February 2017

Publicly available record of Schramme's invited statement on coercion in psychiatry, delivered at a meeting of the German Ethics Council. The website also documents his responses to the questions submitted by the German Ethics Council to invited experts.