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Axiological challenges for contemporary psychiatry. Pluralism and bioethical imperative

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Editorial

TECHNOLOGICAL PARADIGM AND PSYCHIATRY

The great challenge of contemporary psychiatry is not only a technical challenge but a moral one.[1]

The above statement requires clarification. It is thought that the technical paradigm, which assimilates mental health work to other technical areas of medicine, is the only paradigm that can promise substantive progress, improve social estimation of professions and increase their ability to serve.[2]

Progressive thinking is as ubiquitous as developmentalism. Socioeconomic development and its necessity is a manifestation of progressivism.[3] In the final analysis, both positions place the overcoming of all limitations in an uncertain future. They promise wellness and satisfaction for everyone, regardless of their origin, condition or possibilities. Medicine, as a panacea, will be a commodity that all people will enjoy through the development of new products and techniques. In the consumerist ideology, what is new always means the best, something that is needed, something that brings happiness. The reinterpretation of history that the foregoing entails should be a matter of debate. Advances should be examined not only in light of what they bring or promise but of what is socially efficient. The market is a creator of needs and technocratic rationality aims to present solutions to problems not yet considered as such. Medicine should not only relieve our woes, it should make us more beautiful, intelligent, and long-lived persons. It should not only meet needs, but satisfy desires. The medicine of desire is the culmination of art. This ideology is implicitly present in technical papers.

Professions earn social ascendancy through their myths. Medicalizing behavioral disorders, especially the serious ones, was helpful for humanizing purposes. The tradition attributing to Philippe Pinel the liberation of mental patients from their chains, in France (1793), is certainly interpretable as a triumph of revolutionary ideals.[4] In retrospect, this is considered an emotional support for equality of human beings and a demonstration of the ideal of service. After some few decades, critics consider that the power of the psychiatric profession has helped and still helps to consolidate power structures and basing them in the argument of the pathological.[5] Even the "moral cure" of 19th-century alienists, the implementation of asylums to segregate crime, insanity and poverty, or the technocratic proposals for their prevention and cure, can be interpreted in this light. The impression that phases are overcome towards a true medicine of the person, although refuted when the global situation is analyzed, can be used as an argument for many different purposes. The pharmaceutical industry, an ally of the psychiatric profession, makes the latter its instrument. It can proclaim, rightly, that its developments are beneficial. However, it also pursues its own economic interests. In fact, more than one conceptual breakthrough, such as the definition of certain behaviors as pathological and in need of treatment, has occurred because now there are ways to address them that in the past were unsuspected.

The technological paradigm, and interest thereon, may have different consequences than the ones expected. For example, it is arguable that the introduction of neuroleptic therapy itself had made asylums needless. Their reduction was also related to social and economic considerations. Deinstitutionalization performed in many countries, e.i. Italy, started as a humanitarian ideology, probably based on an excessive asylum population due to various reasons of the diagnosis (poverty, for instance) and have led in some cases to hidden forms of abuse and discrimination. Many years after Franco Basaglia admitted that the asylum was not the result of science but of power, this argument is still valid. Some former patients call themselves "survivors". Despite

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significant advances in biomedical industry and research, there remains distrust and a perception that the situation has not changed. Not only because in the name of science, which is behind technical psychiatry, the latter is abused for political purposes (and not only in the former Soviet Union or Nazi Germany), also, because the benefits do not reach all those in need. When international organizations proclaim that there is no health without mental health, their proposal is to increase the number of scientifically trained professionals.[6] When a discipline such as psychiatry reviews, from time to time, its diagnostic and therapeutic criteria it states that its own fallibility is used to increase its level of power in the name of science. This is evidenced by the following editions of the DSMs, which progressively include more categories capable of being regarded as pathologies. It is a way to increase power through arguments that show other interests. The model of hegemonic thinking in civilized nations confuses the understanding of other cultures with requesting that their way of arguing and intervening becomes universal. The same concept of global mental health, despite its boom, sometimes has the impression of colonialist thinking implicit in the notion of "international health". In more than one dimension it highlights that classical anthropology distinguished between "them" and "us". "Them" were those who had another belief system, certainly less valuable and in need of a civilizing intervention. Diagnostic systems, which primary mission is to "label" and "tag", introduced an incision and do not improve the "alienation" that means being different.

The technological paradigm is based on certain assumptions. For example, the fact that human biology is universal. A brain is just like another brain. Egalitarian thought surely. However, this paradigm overlooks that the "mind is not within the brain". It is a social and cultural construction. Asserting that an antidepressant solves human problems or that psychotherapy industry is essential for human well-being rather prevents thinking. Doing this means calling into question the benefits of science and technology. No expert can have doubts about the foundation of his/her social appreciation. We must advocate the widespread use of miracle drugs and rely on their effectiveness. We must maintain that only the hegemonic model of thought is the only one that solves people's problems. Public health, defined as the organized effort of a community to prevent disease and promote health, must prescribe and proscribe. It must indicate what is necessary for achieving well-being and prevent what affects it. Health, regarding the concept of values, has a univocal side and healthy is what the canons of Western science dictate.

We found that, through these developments, neither violence is eradicated nor social acceptance is enhanced. Understanding is blocked up and supplanted by power. On the other hand, they stimulate the emergence of radical alternative movements, used by charlatans and merchants to attack the medical profession or demonize the industry. Instead of solving the problem this situation deepens it. It destroys the possibility of renewal. It brings the interest in solving the challenges to sterile disputes about "beliefs" and "data". Perhaps one of the pitfalls is that people's values and beliefs are declared as obstacles to the exercise of an unquestionable service vocation. The foregoing regardless that a proper interpretation, even if it may seem far from immediate demands, would guarantee greater satisfaction by professionals and users. A correct interpretation must consider that all professions are part of an interface among politics, economics and technology.[7] The purpose of professions, their task, must be considered in light of their means and ends. The social construction of "mental disorder" itself is largely due to prejudice, non-scientific influence and power to label. Without having to talk about "anti-psychiatry" or to uncritically condemn economic rationality it is necessary to put forward the issue from a broader perspective: assessing the moral foundations of art. Not only because of its ends and means, but also because in its most accessible form it involves the disposition to deliberation and dialogue.

METHODICAL AND AXIOLOGICAL PLURALISM

A methodical pluralism and an axiological pluralism characterize psychiatry (this designation includes any act or intervention related to mental health and behavior). Earlier we referred to this as heterogeneity, with the purpose of including also the points of view of those who ask for help and those who give it, and the different perspectives that this implies.[8]

Methodological pluralism, as the sources of information are varied. The psychophysiological triad includes overt behavior, ideation and physiology. None of these areas is faithfully reproduced in each other. Each is a text and the other two can be used as context. That is, a facial expression can be better interpreted if it is associated with concomitant ideation. A physiological signal takes on a different meaning if one knows what people say or do. The dissociation between these fields indicates how useless is to infer one field based on another one. The language and methods for gathering information are different. The three as a whole, together with the knowledge of individual and collective history (reflected in memories or objective productions) allows describing syndromes, emotions or pathological conditions and processes. Professional socialization, including specialists and experts, separates discursive universes and the interpretation of individual and social problems.

One consequence of this plurality of information sources, and its different impact on the description and formulation of diagnoses, is the existence of partially irreconcilable languages. Communities of experts, whose socialization

hinders the understanding with other experts, are formed. Eventually, this can lead to a physiology with no mind and to a mind without a brain, extreme positions reminiscent of the old "schooling" (escuelismo) of immature traditions.

Together with this methodological pluralism, axiological pluralism is to be considered. In its various forms, either as research or intervention, there are numerous values involved in psychiatry. "Values" refer to the ideal perfection that gives meaning to what is desired or observed.

Thus, there are economic values such as efficiency, competitiveness and honesty. Also, there are technical values. And finally moral values. It can be argued that non-moral values are instrumental and that values that are actually inherent in the human condition are ends in themselves. Therefore, dignity, autonomy or non-maleficence, can be considered essential in the inter-human treatment, because they are human values and not instruments to achieve other ends.

It is often assumed in the bioethics literature that when we speak of autonomy we mean what the philosophical tradition considered. Kant's concept of autonomy is not comparable to the absolutely free choice concept, which is often confused with. It entails that one acts according to reason. Today, when autonomy is invoked in the numerous variants of informed consent, not only a moral value is referred. Actually, as understood by most professionals, it is a ritual incantation that avoids legal problems or makes concessions to the limited choices faced by patients or research subjects. In this sense, the autonomy concept has, in the ideology of common sense, both moral and technical value. It is in fact a "bridge concept" between moral obligations and technical needs. The same may be applied to beneficence, maleficence or justice, understood in the context of common sense. It is enough to assess the deliberative processes of ethics committees or the requirements contained in conventional bioethical guidelines to perceive their hybrid, moral and technical quality. Strictly speaking, the adoption of such concepts is not due to ethical convictions but to aspects imposed by the compliance with standards and the access to resources. Specialized journals do not publish studies that do not comply, at least formally, with the requirements contained in the usual rules for clinical research. Their adoption does not imply a moral commitment but an adaptation to demands that are not considered essential by researchers.

Ethics is the explanation and justification of common morality through language. Such language can be descriptive or prescriptive. The influence of culture and customs in its concrete structure is undeniable. A community not valuing individual autonomy or restricting it to certain members (which is linked to capacity and competence) is not identical to another community that considers autonomy as supreme value. Usually, in the field of therapeutic interventions, ambiguity is not absent. To respect everything that patients want contradicts the expert role attributed to professionals. Sometimes, this also contravenes legal regulations.

As for the hierarchy of ethical decision bodies we can talk about values, principles, standards. Perhaps the principles, which mediate between values and standards, have precisely the hybrid nature we have attributed them. As they are between the values and standards of behavior they amalgamate and form a bridge between concrete behavior (guided by technical, political, and economic imperatives) and values (the ideal "ought-to-be"). That is, our observation that they include moral and non-moral dimensions is precisely their most important aspect. However, this is not always perceived as such. Many people, even learned individuals, believe that it is obvious to assume that philosophical tradition will help them applying principles in everyday life. In this sense, Ethics is a semantics of terms used by common language in an appraisal sense. Regarding the foregoing (ethics is, according to Ortega, an estimative), to interpret correctly what others say, within their particular moral universe, is essential. The hermeneutic perspective, the interpretation of other texts, is inseparable from ethical consideration in the context of dialogue.

If something has changed for the past couple of decades is the verification that deliberation and dialogue are the foundations of moral behavior on the basis of exchanges among people.[9] As it is often distinguished between efficacy and effectiveness, one regarding the effect in ideal conditions and the other in real conditions, the situations found can never be outlined clearly. In reality there is no black and white, only gray. This does not justify an "everything goes" relativism. However, the lessons of casuistry should be born in mind, which always took (and takes) into account the circumstances (*circum-stare*, something that surrounds) to issue assessment and judgment. Monological ethics, derived strictly from a philosophical system, notwithstanding how clever or attractive such system can be, do not always consider what in religion is often called "the sign of the times". Spinoza, with his "*more geometrico*" ethics, could not forestall the knowledge of contemporary technoscience. Neither Kant could predict that "perpetual peace" would be a utopia for the irrational post-Enlightenment. If philosophical ethics would have helped, or would help, to achieve well-living and well-being beyond the confines of an individual, there would be no wars or conflicts.

Medicine is the art par excellence of interpersonality serving human needs.[10] And not by mere compassion, since the great clinician Osler, *Regius Professor* of Medicine, said that *aequanimitas* −distancing that does not cloud judgment− was a virtue of a physician who knows his profession. The person who asks an expert for help −for being cured, healed or understood− whishes understanding, but also demands an accurate diagnosis, an appropriate prescription, and a successful prognosis. This person wants fertile wit, sound judgment and an empathically jovial taste, as Baltasar Gracián used to say. The art of knowing how to make art, the old virtue of prudence (*phrónesis*) is the sense of adopt-

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ing the bioethical paradigm. Nothing adds in quantitative or measurable terms. The quality of the humanly permissible does contribute, that thing that, beyond understanding and explanation (*Verstehen* and *Erklären*, the dimensions Jaspers distinguished), does not cloud and does not blind judgment.

BIOETHICAL IMPERATIVE

When Fritz Jahr, a pioneer in semantic articulation of moral obligation made precept, talked about bioethical imperative, he did it from the perspective that respects life in all its forms.[11] If the word life is replaced by the word health, the result is the medical version of that universal imperative. Jahr's foresight relativized this precept adding "as possible". To become in its true integrator of art, and not in its mere complement, is the task of those who work generating concepts and applying techniques to serving others. Nobody can do the impossible. Perhaps the greatest merit of the classical principles of American bioethics −autonomy, beneficence, non-maleficence and justice: the "Georgetown mantra"− is precisely that they are not only philosophical principles, they rather include, and not incidentally, the technical imperative. Thus, "well-doing", know-how and know-how-to-be in the dignity of the profession, is both a moral and technical imperative. And those who ignore their profession are already acting immorally if they claim the social rewards demanded by profession: prestige, money, power and love.

One of the practical lessons derived from this view is that the axiological −in the plurality of their moral and non-moral manifestations− may not be an imposition from outside. The philosophical rationality cannot supplant the rationality of the experts of this profession. Only those who face the daily real challenges and the demands of the world are allowed to order, prescribe or forbid.[12]

An important consideration refers to the role of axiological discussion. Both morally and technically, the challenge is not mending errors but anticipating problems. Normally one reacts when errors occur. The proactive stance of an ethics consistent with contemporaneity lies in anticipating and avoiding errors. The role of ethics should not be merely compensatory but anticipatory. This entails knowing the history and drawing lessons from the past. Being aware of the forms adopted by research and practice, studying their cultural contexts and recognizing the forms in which their practitioners have learned and acted is the best way to articulate the bioethical imperative of dialogue. It is not a dialogue established only with contemporaries, but also with the past and the future, which requires a form of moral imagination that can be learned and must be cultivated.

The most decisive contribution to the paradigmatic reorientation, which bioethics means for medicine and psychiatry, is the consideration of dialogue as a tool for prudent precepts. Deliberation should include all perspectives and points of view, since the real thing is what is illuminated by many looks. In the field of aid professions, those professions dealing with people should consider as their purpose that what is considered as improvement or progress can be achieved for all *stakeholders*. Thus, for example, although the practice of ethics committees usually incorporates the opinion of specialists and non-specialists, what is considered a good "result" does not always include the opinion of non-specialists. Suggestions in this regard should be considered.[12] To respect life, Fritz Jahr's bioethical imperative, is equivalent to respect health. And regarding health and beauty, there are many ways worthy of respect. The axiological challenge is also a challenge of intercultural competence.[14,15]

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