

Outpatient civil commitment



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Outpatient civil commitment Outpatient Civil Commitment The modern society does not allow any patient to be coerced into treatment. Psychiatrists should ensure that they do not violate this principle that forms part of their ethical codes of conduct also considering that self motivation on the part of the patients is a necessary requirement for the well being of the sick. There are cases when the psychiatrist must intervene; regardless of patient opposition. When a person is held against their will in a mental health unit, the individual is said to be under involuntary civil commitment. Involuntary civil commitment comes in two forms; outpatient and inpatient. This paper will focus on involuntary civil commitment.

Outpatient civil commitment raises ethical and legal issues for the mental health practitioner. Ethical principles require that the decision to commit a patient requires that the clinician balance factors favoring commitment. Such factors include the patient's welfare and safety, treatment to relieve pain, and the welfare and safety of others. Factors opposing commitment, for instance, individual liberty, patient privacy and the uncertainty of predicting future harm should also be considered by the mental health officer (Schopp, 2003).

Ethical principles state that mental health officers who manage suicidal patients need to know the standards and procedures of civil commitment, whether inpatient or outpatient. In cases where commitment laws are strict and commitment is not easy to obtain, other management options must be pursued to obtain adequate treatment for a patient and to reduce the patient's danger of experiencing more suffering (Schopp, 2003).

Mental health officers are bound to be responsible for wrong decisions made. Whenever a clinician is in doubt, he or she should seek judicial review about

the commutability of a potentially dangerous action towards the patient. The society defines the role of the clinicians in terms of professional responsibilities to patients. The clinician's first duty is to do no harm to the patients. They can avoid harming patients by showing respect for their autonomy. Respect of autonomy may be manifested when the patient is allowed to make his/her own decision whether to reject or accept medical care that has been recommended by a medical officer. Acting without the patient's approval is unethical. Clinicians are also bound by their professional obligations to help patients; doctors are required to provide patients with services that are geared towards benefiting them (Schopp, 2003).

On the contrary, there are situations in which psychiatrists and clinicians often encounter cases in which patients are in grave need of treatment but actually refuse to cooperate with the provision of the necessary need of treatment. At this stage, the forensic psychology professional is allowed to continue with involuntary civil commitment against an individual.

Psychiatrists are therefore faced with the challenge of closely examining their professional obligations of not to do any harm to the patient and their mandate of helping the patients in deciding whether to hospitalize patients against their wishes (Schopp, 2003).

It is worth noting that when a patient is suffering from a severe mental illness that evidently affects his or her perception of reality, the patient in most cases has lost the ability to make decisions based in his or her best interest. When cases like these occur, the patient is not truly autonomous, and the decision to make decisions on behalf of the patients in favor of hospitalization and treatment to treat the patient and to restore autonomy, does not cause much conflict for the clinician or psychiatrist. However, in

other cases involving, for instance, patients with eating disorders, substance abuse disorders, and personality disorders which necessarily affect the patients ability to make decision, factoring in of the ethical obligations can be a very difficult task (Schopp, 2003).

References

Schopp, R. F. (2003). “ Outpatient Civil commitment: A dangerous charade or a component of a comprehensive institution of civil commitment?”
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