

Ethics in Neurology and Psychiatry – an Introduction

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Ethical consciousness begins with the philosophy of Socrates and Plato, the founders of western ethical thinking, Aristotle developed ethic into a science. The main objective of Greek ethics was attainment of happiness. Thomas Aquinas incorporated Christian ethics with a God-given natural order. Kant gave an ethical order with his categorical imperative with the demand that every human person has “always to act in such a way that the maxim of his action can be willed as a universal law of humanity”. In the last century various European schools created different interpretations of ethical principles as the existentialistic ethics, the value ethics, the Marxist ethics, etc.

The Western ethical principles do not include the ethical rules of Buddhism and Confucianism, which stress the well-being of the community more than the well feeling of the individual. Ethical guidelines for all mankind have to respect social conditions, local traditions and culture, religious believes as well as national and regional laws. “Western ethics” follow the demands of modern technology strictly observing the basic principles of human rights and human dignity. These bioethical principles influence the obligations of physicians as well as medical research involving human subjects.

The declaration of Helsinki (1964) with its several amendments specifies general ethical principles for medical research. The European Biomedicine Convention(1997) accepted by the Council of Europe provides framework for biology and medicine within the European concepts of human rights and dignity.

Ethical guidelines for neurologists and psychiatrists have to include the rules for clinical trials with the obligation to consult Ethics Committees (VEC). The VEC and its decisions have to balance the benefit for the patient and a patient community against the risk of the individual. The Ethic Committee has to check whether there is an adequate insurance coverage for trial subjects in case of damage.

Guidelines for patients not able to consent, for end of life decision (withdrawing or withholding of treatment) and for brain death have to be prepared as well as for implementation of embryonic tissue or stimulating devices. The Helsinki declaration has to be interpreted in a practical way.

Most neurologists and psychiatrists have only a rough knowledge about the Helsinki convention and its different amendments as well as of the rules for good clinical practice (GCP) etc. It is increasingly important to develop and use pre-and post-graduate teaching programs to educate physicians in the ethics of neurology and psychiatry.