

## LETTER TO EDITOR

### RESEARCH, CASUISTRY AND PSYCHIATRY – AN ASIAN PERSPECTIVE

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Dear Sir- in a recent article published in your journal, Volume 10 (1): Jan-June 2009, Vaingankar et. al, (2009) reported an elegant article on ‘Psychiatric research and ethics: Attitudes of mental healthcare professionals in Singapore’ [1]. We would like to respond to the article by sharing our thoughts and experience on intention, autonomy, casuistry and psychiatric research from an Asian perspective. Over the last decade research in Asia has increased dramatically. This is mainly due to awareness regarding great research potential and also pharmaceutical interests in Asian population [2]. The increasing number of trials have generated a need to ensure that participants in clinical trials were protected and that data reported were valid [3]. Thus adhering to standard international guideline such as Good Clinical Practice (GCP) served this purpose [4, 5]. Conducting research involving patients with psychological problems can be controversial if GCP principles are not adhered to strictly. Many questions arise with regards to proper informed consent, protocol violation and post-research follow-up care. Another influential factor for research in psychiatry in Asia is the rich multi-cultural population that has varying

attitudes and beliefs towards psychological problems and the treatment options [6-8]. Culture bound syndromes, often treated holistically by the traditional healer may lose this option where clinical trials readily offer a purely reductionistic pharmacological form of treatment for conditions involving the mind and not only the brain, and that may require not just medication.

The conduct of clinical research in accordance with the principles of GCP helps to ensure that clinical research participants are not exposed to undue risk, and that data generated from the research are valid and accurate. Thus the GCP not only serves the interest of clinicians and those involved in the research process, but also protects the rights, safety and well-being of subjects and ensuring that investigations are scientifically sound and advance public health goals. Beneficence and autonomy is of utmost importance although at times it may be difficult to draw a clear boundary between right and wrong and what is ethical and not. This is where adequate ethical scrutiny and frequent auditing by neutral bodies is vital. Justifiable cause and motives for research

should be unquestionable. Early termination of patients in research when required must be strictly adhered to and accountability by the pharmaceutical company, the institute involved and the individual researcher be emphasized.

In the Asian setting, autonomy and the individual rights may carry a different meaning [6-8]. The extended family still play a major role in the health care decisions, especially when it involves mental health. Despite the fact that family members often take on the responsibility of forceful treatment of an acutely ill patient without the use of sectioning or certification, enrolling a psychiatric patient in research is approached from totally different view. Families are often lost for better options and tend to consent to participate in research hastily. The ethical committees in most Asian countries stress on the importance of a patient being totally aware of the protocols involved and the short and long-term outcomes. When the research projects involve more than one institute, all ethical committees involved are required to clear the research project independently [9]. However the aspect of offering a patient pharmacological treatment options without adequately addressing issues of psychotherapy or cultural/traditional interventions may at times deprive patients of complementary and beneficial forms of non-pharmacological treatment. In most Asian countries, currently being flooded by pharmaceutical research interests, there is a question of neglect. Is the vital area of treatment, the traditional religio-magical realm of mental health being bypassed? Asia has a rich history and depth of traditional health services. Are we overlooking this great potential by focussing only on the pharmacological aspects of psychiatry?

The issue of casuistry in GCP training may also be inadequately addressed. The unconscious motives that drive a researcher, casuistry is defined as a specific method of applying ethics that relies on the rationalization and analysis of individual cases, succumbing to specious, deceptive, over-subtle and often unconscious forms of reasoning [10]. Recent interest in casuistry has been sparked with the phenomenal growth of psychiatric research in Asia. Is the acceptability of research in Psychiatry being clouded by the lack of effective medications available, the rapidly growing need, the financial “carrots” or the lack of more stringent ethical guidelines? Structured GCP training for research in Psychiatry may not be enough as unconscious and conscious rationalization of facts may lead to short and long term detrimental effects. A famous author, William Provine once said that no moral or ethical laws, nor were there absolute guiding principles for human society [11]. Similarly, a prominent American philosopher Margolis said that moral principle did not exist. There were also no laws of nature or rules of thought. He concluded that whatever we offer in the way of principles or laws or rules are artifactual posits formed within a changing set of principles, an instrument of effective ideology [12]. Is the Asian population being lead into a realm of artifactual posits in the name of research that may have long term detrimental effects on the time tested bio-psycho-social approach of mental health care practised here for thousands of years?

Philosophers have had the never ending debate on morality as compared to supernaturalistic ethic [13-15]. Based in cultural beliefs, Fletcher wrote in great depth on what he defined as “ Situation Ethic”, what he also called “neocasuistry” [14]. Controversy never ceased in this are and newer terms such as existential ethics,

consequentialism, ethical relativism and moral nihilism came to the forefront [13]. The entire ethical scheme has come under close scrutiny and is Asia taking his lightly? Secular humanism may be inadvertently replacing traditional and cultural values of the Asian society. As the need for pharmacological development in psychiatry grows with great alacrity, we as responsible contributors to this science must not lose our bearings of the holistic needs of mental healthcare, especially in Asia.

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