

# Informed Consent for Schizophrenic Patients

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## Summary

In Western society, it is generally considered that those capable of enacting an autonomous choice should have that right respected. In relation to this, this thesis discusses the problems involved with obtaining a valid informed consent to medical treatment from schizophrenic patients. Schizophrenia often impacts on the individual's ability to consent or participate in their treatment, and can affect their ability to deliberate and make decisions which are not self-defeating. When this occurs, coercive treatment methods are generally applied.

In this thesis I assume that the patient's personal autonomy is the primary issue regarding paternalistic medical interference, and any other coercive intervention. A *tension* exists between liberal values, emphasising the individual's right to freedom, and the general justifications used to justify coercive intervention. The argument in this thesis poses the following question: What criteria correctly determine when a schizophrenic's autonomy is reduced sufficiently to justify the instigation of coercive treatments?

Why is the patient's participation in their treatment so important? Obtaining consent to medical treatment, even whilst treatments involve some restriction of liberty, results in decisions which are conducive to a schizophrenic's own particular values, desires and motivations. This holds especial importance because of the specific nature of the illness. Schizophrenia can significantly affect an individual's personal identity. This happens because the individual changes and adapts to accommodate the illness. This then impacts upon their ability to make decisions which are representative of their true self. Although this occurs, it is still important that when treatment decisions are made they take into account the patient's values and specific goals.

Society's conception of mental illness, and the mentally ill, greatly influences the success of the treatments provided to them - particularly those provided within the community. Mental health services need to be constructed in a manner which recognises the influence of society on consumer recovery and their sustained mental stability. This, at times, proves difficult due to the problems of marrying a clinical approach to treatment, with the social aspects and nature of schizophrenia. Schizophrenics are not individual units, but exist within a complex social structure, requiring that they function adequately in this environment. Acknowledging this and putting appropriate measures in place, thereby protects them against undue discrimination and social oppression.

The provision of an adequate level of mental health care is dependant upon the government constructing legislation which involves treatments that are fair to all.

Currently, the legislation in South Australia lacks the ability to sufficiently address values in treatment, as well as provide an array of treatments which are flexible and diverse. A lack of sufficient funding constrains and limits the provision of treatments. Including schizophrenics in their treatment and providing them with more options would enable their care to be personalised and could greatly improve treatment outcomes. These issues form the basis of my argument within this thesis.

## **Declaration**

I certify that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

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