

## The WPA Code of Ethics for Psychiatry

In October 2020, the WPA General Assembly adopted the Association's first Code of Ethics for Psychiatry<sup>1</sup>. Developed by the Standing Committee on Ethics and Review, the Code was drafted and revised, with input from psychiatric societies worldwide, over almost a decade prior to being finalized and adopted. Its four sections cover ethical issues in the major areas of psychiatric endeavor: the clinical practice of psychiatry, psychiatric education, psychiatric research, and psychiatric participation in the promotion of public health, including public mental health. The Code now stands as WPA's official statement on the ethics of psychiatry, having superseded the Declaration of Madrid.

The formulation of this Code of Ethics was stimulated by the recognition that WPA's previous ethics documents, beginning with the Declaration of Hawaii in 1977 and culminating in the Declaration of Madrid in 1996, were incomplete in their coverage of the principal areas of psychiatric ethics. Thus, they lacked one of the primary attributes of an ethics code, i.e., a systematic approach to defining the parameters of professional ethical behavior<sup>2</sup>. To ensure coverage of the major areas of psychiatric ethics, the Standing Committee on Ethics and Review began by assembling all existing WPA documents related to ethics, as well as available ethics codes from Member Societies around the world.

Key issues, especially if they were reflected in multiple sources – suggesting international relevance – were compiled and organized into relevant sections, and approaches reflecting the generally agreed-upon ethical principles were defined. Within each of the four areas of psychiatric activity noted above, the Code's provisions were organized around five principles of medical ethics: beneficence, respect for patients (autonomy), non-maleficence, and the imperatives to improve standards of psychiatric practice and to apply psychiatric expertise to the service of society (including seeking equity in prevention, treatment and rehabilitation of psychiatric disorders). The resulting draft of the Code was then reviewed by the WPA Executive Committee

and revised in response to its comments, and subsequently circulated to all Member Societies for their input. Initial discussion at the WPA General Assembly in Berlin in 2017 was followed by clarification of the goals of the document, which was then approved by the Executive Committee and the General Assembly in 2020.

As with other codes of professional ethics, the new WPA Code serves several functions<sup>2</sup>. Individual psychiatrists, especially in countries where national psychiatric societies have not yet formulated ethics codes, can draw guidance from the Code when faced with ethical challenges in their professional activities. The public and members of other medical specialties and other health professions can look to the Code to shape their expectations of their interactions with psychiatrists. Member Societies of the WPA can compare their existing codes with the new WPA Code to identify gaps that may need to be addressed, and those Societies without codes can use the Code as the foundation of their efforts to develop their own. Finally, the Code will alert governments to the ethical boundaries of psychiatric practice and provide support for psychiatrists who may be pressured to act unethically to support political ends.

The Code is not meant to supplant national codes of ethics, which can better address the particular circumstances of each country and incorporate societal values. However, Member Societies have been asked to endorse the principles embodied in the WPA Code and to confirm that their codes are not in conflict with them. Individual psychiatrists will continue to be subject to the provisions of their national societies' codes.

We encourage psychiatrists to review the Code, which is easily accessible online<sup>1</sup>. Its provisions are framed as affirmative statements of psychiatric behavior. Here, we provide some illustrative examples from each of its sections:

- Ethics in the clinical practice of psychiatry
  - Psychiatrists recognize that their primary obligation in the clinical setting

is to pursue the wellbeing of their patients, in light of the best available evidence and clinical experience.

- Psychiatrists are sensitive to the needs of patients' families, carers, and others who are affected by patients' disorders. They provide education and support to these groups, empowering them to assist patients in coping with their disorders and achieving their personal goals. Psychiatrists recognize that optimal clinical care is rendered through collaboration among patients, carers and clinicians, along with other team members, and they work to resolve differences and encourage cooperation among them.
- Ethics in psychiatric education
  - Psychiatrists recognize an obligation to share their knowledge of biological, psychological and social determinants of mental health; of psychiatric diagnosis, treatment and prevention; and of systems of mental health care with trainees and practitioners in psychiatry, other medical specialties, other mental health professions, and the general public. They fulfill this responsibility in a professional manner that reflects up-to-date, evidence-based knowledge of the field.
  - Acknowledging the vulnerable position of students and trainees and the trust that they place in their teachers, psychiatrists avoid exploitation in their educational roles, e.g., they do not take credit for work done by students and trainees, appropriately balance education and requirements for service, and do not abuse their relationship with their students and trainees in any way.
- Ethics in psychiatric research and publication
  - Psychiatrists recognize that research and publication are vital in improving care for current and future patients and improving the health of the population as a whole. Hence, they acknowledge their responsibility to help advance knowledge about the nature of psychiatric disorders,

including risk and protective factors, and their treatment. Not all psychiatrists will be interested in or carry out research, but everyone should be able to understand, interpret and apply research findings, when appropriate, in a manner consistent with psychiatric ethics.

- Psychiatrists present the results of their research fairly, calling attention to both positive and negative results, and focusing both on the potential value of their findings and the limitations of the conclusions that can be drawn from their data.
- Ethics in psychiatric public health
  - Psychiatrists take every opportunity to combat the stigma of psychiatric disorders in the practice of their profession and participate in public health activities that target the stigma of psychiatric disorders to the extent of their abilities to do so.

- In their commitment to advancing mental health, psychiatrists promote distributive justice, including equitable allocation of resources for the prevention, treatment and rehabilitation of psychiatric disorders. Psychiatrists advocate in particular for support for mental health programs, especially in but not limited to developing countries and in areas where care for persons with psychiatric disorders is non-existent or rudimentary.

The WPA explicitly recognizes that an ethics code needs to be a living document, responsive to changes in knowledge of psychiatric disorders and approaches to psychiatric treatment. Moreover, professional ethics codes have always been responsive to societal changes as well, which often lead to reconceptualization of professional obligations or rebalancing among conflicting principles<sup>3</sup>. Hence, it is anticipated that

changes to the Code will be proposed by Member Societies and/or the Standing Committee on Ethics and Review and reflected in subsequent versions of the document.

Paul S. Appelbaum<sup>1</sup>, Samuel Tyano<sup>2</sup>

<sup>1</sup>Department of Psychiatry, Columbia University, New York State Psychiatric Institute, New York, NY, USA; <sup>2</sup>Sackler School of Medicine, Tel Aviv University Medical School, Tel Aviv, Israel

Both authors are past chairs of the WPA Standing Committee on Ethics and Review. They acknowledge the other members of the Committee who contributed to the original drafting of the Code (J. Arboleda-Flórez, A. Javed and C. Soldatos), as well as those who contributed to the subsequent revisions (S. Galderisi, M.J. Wise, F. Lieh-Mak, D. Moussaoui, N. Sartorius and D. Stewart).

1. World Psychiatric Association. Code of Ethics for Psychiatry. <https://www.wpanet.org/policies>.
2. Beyerstein D. In: Winkler E, Coombs JR (eds). Applied ethics: a reader. Hoboken: Wiley, 1993.
3. Backof JE, Martin CL. J Bus Ethics 1991;10:99-110.

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## Future WPA President's public mental health agenda

The devastating global burden of mental disorders continues unabated and, in fact, has been significantly exacerbated by the COVID-19 pandemic. More than one billion people suffered from mental and addictive disorders prior to the pandemic<sup>1</sup>. The true burden lies not only among identified patients, but also within the general population, where stress, burnout, depression, anxiety and sleep disorders are often unrecognized, untreated, and seldomly prevented<sup>2</sup>. Now, overwhelmingly, these conditions are compounded by the impact of the pandemic, including death of loved ones and associated grief<sup>3-5</sup>. Most preventable ill-health conditions have major consequences not only for the individual well-being but also for every nation's economic prosperity.

Several well-known factors amenable to intervention contribute to the global burden of mental disorders. First and foremost are stigma and discrimination<sup>6,7</sup>. The impact of both environmental and societal factors on the public's mental health are generally not sufficiently recognized<sup>8,9</sup>, nor adequately addressed. Scepticism remains

commonplace about the role of healthy lifestyles in promoting and preserving good mental health. In 2015, the 2030 United Nations (UN) Agenda for Sustainable Development, with seventeen sustainable development goals (SDGs), was agreed upon by Member States, requiring every country to act in a global effort towards a better future and health for all<sup>10</sup>. While that agenda has limitations, and some would suggest insurmountable barriers, it provides a useful global framework for action.

The WPA has an obligation to play an important role in contributing to the achievement of the SDGs. Most notably, the third SDG, "Health and Wellbeing", includes decreasing suicide rates as an indicator of progress. Such a reduction should be a high priority for the WPA. Mental health stigma and discrimination due to age, race, ethnicity, nationality, religion, gender, sexual orientation and other factors remain widespread. The tenth SDG, "Reducing Inequality" is another important goal for the WPA, to ensure that no one is left behind. The seventeenth SDG, "Partnership between Governments, As-

sociations, the Private Sector and Civil Society", deserves the WPA's attention to secure better public mental health. Surely the COVID-19 pandemic has demonstrated the centrality of this SDG.

As WPA President-Elect, my vision includes increasing collaboration with UN agencies, to increase awareness about public mental health, and to facilitate WPA Member Societies' contributions to the achievement of the SDGs. Collectively, we must influence not only UN bodies, but also national and local politicians. This can be achieved by learning from each other through a shared focus on collaborative educational and research activities, devoted to improving public mental health and carried out in parallel with improved recognition and treatment of psychiatric disorders.

I was humbled by the major obstacles cited when listening to the needs of national psychiatric associations during my WPA presidential campaign. It became painfully apparent that lack of fluency in English for a substantial portion of the membership hindered communication