

E-Mental Health Applications

Ethical issues

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Introduction

- Increase of quantity and quality of care through e-mental health
- Impact of e-mental health on ethical quality of care?
- Overview:
 - State of the art
 - Relational and bodily dimension of human person
 - Meaning of personal contact
 - Application to tele-psychiatric scenario's

State of the art

- Definition
 - Use of video-conference techniques for mental care
 - Real-time communication via computer and tele-communication network
- Advantages
 - Reliable diagnosis of common psychiatric disorders
 - No significant differences in outcomes between tele-psychiatry and face-to-face psychiatry
 - Cost-effective

State of the art

- Disadvantages
 - Satisfaction applies to wait times, travel times, not to therapeutic effects
 - Higher satisfaction for patients with limited access to healthcare
 - Less visual and auditive cues
 - Uncomfortable feelings of patient and psychiatrist (decrease of confidence in diagnosis, decrease of feeling of control, ...)
 - Danger of depersonalisation

State of the art

- Ethical issues
 - Tele-medical: privacy, confidentiality, informed consent, reliability
 - Therapeutic: respect for autonomy, depersonalisation, satisfaction
- Impact on the patient of the lack of in-person contact; person als relational and bodily human being

Patient as person

- Patient as bodily and relational human being
- Personalist criterion: an act is morally good if it serves the human dignity
- What does this mean for tele-psychiatry?
 - Relational human being (cfr. M. Buber)
 - Bodily human being: the person *is* a body

Patient as person

- Dignity is manifested as bodily integrity
- Body is interface between the person and the outside world (cfr. Merleau-Ponty)
- 'Being connected with others' is established through the body
- Proces of 'unfinished incarnation'

Meaning of in-person contact

- Buying a car online
 - Details versus the *feel* of a car
 - Psychiatry: information beyond the verbal and visual cues and non-verbal communication
 - Can identity and dignity be perceived via video-conference?
 - Does this decrease of feeling of responsibility?

Meaning of in-person contact

- Consoling an individual
 - Must it be done in person?
 - Psychiatry: possibility of touch is important to strengthen the emotional and psychological bond in care relationship
 - Attitudes of empathy en intersubjectivity can be strengthened via personal contact

Implications for clinical practice

- Good care:
 - Based on person-to-person meeting between patient and psychiatrist
 - Our senses allow us to uncover the richness and complexity of the patient as person
 - Tele-psychiatry can be good option in specific situations

Implications for clinical practice

- Initial versus long term contact:
 - Initial person-to-person contact and follow-up via tele-psychiatry
 - Cfr. Patients who have left the community but wish to continue with same psychiatrist
 - BUT: 'emerging self' (Merleau-Ponty)
 - Patient expresses their totality through their body and physician perceives the complexity of the patient through their body

Implications for clinical practice

■ Agoraphobia:

- Tele-psychiatry reduces anxiety
- But should the anxiety not be overcome?
- Starting with tele-psychiatry, follow-up with person-to-person contact

■ Alcoholism:

- Decrease in efficacy with tele-psychiatry

Implications for clinical practice

- Non-verbal information is required for appraising the emerging status of the patient
- Inter-subjective involvement and empathy is decreased in tele-psychiatric scenario's
- Emergency admission:
 - Initial tele-psychiatry is better than no care
 - But we should not generalize this acceptability

Conclusion

- Telepsychiatry is beneficial in many instances but it is not in other circumstances
- Person-to-person contact should be integrated regularly to perceive the relational and bodily aspects of the human person as well as the 'emerging self'

References

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