

Preface

The articles in this latest volume of *Biomedical Ethics Reviews* focus on three specific issues relative to the general topic heading, *Mental Illness and Public Health Care*. The first of these issues is whether or not the involuntary commitment of mentally ill persons can be said to be morally proper, or even morally permissible, in a society such as ours. The questions arising in connection with this issue are complex. For example, is dangerousness to oneself or others a sufficient ground for committing a mentally ill person to an institution contrary to their will? Are mental health professionals competent to predict dangerousness? Committing a person to an institution for their own good is paternalistic; can this paternalism be justified in a liberal society? In the first two essays in this text, Theodore Benditt and Gerard Elfstrom attempt to answer questions such as these. Although their approaches differ radically, the reader will find that they nevertheless come to quite similar conclusions.

The second topic of discussion in our text is a very broad one: How should we go about determining proper psychiatric care within the parameters of our present health care delivery system? Three articles are devoted to this issue. In the first essay, David Malloy and Thomas Hadjistavropoulos argue that whenever the use of cognitive behavioral therapy (CBT) and pharmacological interventions are both in accord with professional codes of conduct and approximately equal in terms of their effectiveness, CBT should be the treatment of choice because it possesses an ethical advantage. In the essay that follows, Mark Meaney argues that publicly funded managed care for behavioral health services can efficiently and effectively provide benefits for patients. What is needed, he says, is for health services to take care to integrate ethics into their operations. To show how this can be done, Meaney examines an actual case in which a Philadelphia-based public sector managed behavioral health care corporation used the services of an ethics center in Atlanta to implement a system-wide corporate ethics program. In the final essay, Wade Robison expresses concern that our current system of psychiatric care exhibits a shift away from the traditional Freudian model of open-ended, one-on-one therapy to fewer

doctor–patient consultations combined with greater use of pharmacological treatments. Robison acknowledges that this transformation in psychiatric care may have some benefits, but he is extremely troubled by the fact that the principal driving forces behind the change in treatment are economic rather than deliberations concerning what forms of treatment will most benefit patients.

The last issue in our text concerns what should be done when a mental health professional is convinced that one of his or her patients poses a threat to someone else in society. Here the primary concern is whether psychotherapists should break patient confidentiality and warn those whom they believe are in jeopardy at their patients' hands. In 1976, in the case of *Tarasoff v. Regents of the University of California*, the California Supreme Court determined that psychotherapists have a duty of reasonable care to protect those whom they believe could be harmed by a patient. This decision has, in one form or another, been incorporated into most states' laws. In "Tarasoff, Megan, and Mill: *Preventing Harm to Others*," Pam Sailors argues that these laws contain some deficiencies and that the cure for these deficiencies is to modify Tarasoff laws so that they all more closely resemble "Megan's Law"—a law that requires various law enforcement agencies to release relevant information in an attempt to protect the public from sexual offenders.

Mental Illness and Public Health Care is the nineteenth annual volume of *Biomedical Ethics Reviews*, a series of texts designed to review and update the literature on issues of central importance in bioethics today. For the convenience of our readers, each article in every volume of our series is prefaced by a short abstract describing that article's content. Each volume in the series is organized around a central theme; the theme for the next issue of *Biomedical Ethics Reviews* will be *Care of the Aged*. We hope our readers will find the present volume of *Biomedical Ethics Reviews* to be both enjoyable and informative, and that they will look forward with anticipation to future volumes on topics of special concern.

James M. Humber
Robert F. Almeder



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Humber, J.M.; Almeder, R.F. (Eds.)

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