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 telecommunication 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 auditory 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, de-personalisation, 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
- Process of ‘unfinished incarnation’
Meaning of in-person contact

- Buying a care 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 a 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’.

