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Online supplement

Scenarios based loosely on real cases

Beneficence (do good)

A 50-year-old man with chronic schizophrenia lives in the UK with his elderly parents. He has remained well on depot antipsychotic medication for 20 years but has now decided to stop his depot because of fears he may develop tardive dyskinesia. He relapses, causing significant distress and work for his elderly parents who are frail. He refuses to restart his medication but is not a danger to himself or others at the moment. A few months later his parents are unable to cope with his illness any longer and he ends up in supported living accommodation. He does not develop tardive dyskinesia. An approach taking into account the wider social context may interpret good outcome to be a restoration of the patient's health, independent living and minimum harm and distress to his parents.

Non-maleficence (do not do harm)

A 35-year-old man with schizophrenia lives in an Indian village. While acutely ill, he kills a 3-month-old baby and gets involuntarily admitted to hospital. No provision is made for the continuation of his treatment under the Indian Mental Health Act 1987 after the first 90 days as required by law for any additional detention. He is therefore discharged back home where tempers are still running high. A few days later the villagers overpower him and severely beat him up. The patient is taken to hospital where he succumbs to his injuries. Looking less at autonomy would take into account context and culture into which the patient is released. It also illustrates the limits of autonomy and the dangers of making autonomous decisions outside their social context.

Justice

A 30-year-old man with schizophrenia in the UK continuously stops his antipsychotic medication. This leads him to restart using illicit drugs, which in turn leads to relapses and being involuntarily readmitted to hospital, with disproportionate use of resources within the wider health economy. An approach taking into account justice may also consider the impact his choices have on the overall health economy. This may lead us to consider more assertive ways to discourage him from making unwise decisions leading to disproportionate demands. This could be justified as in the best interest of both himself and the wider community.

Discussion

Although these scenarios do not exactly represent the actual context in which psychiatrists operate, they do provide a representation of some of the issues that confront clinicians. Our point is that autonomy by itself can lead to good or bad consequences for individuals and the community at large. None of these dilemmas is easy to resolve, and we are by no means suggesting that using a less autonomy-focused approach would have led to more involuntary admissions in our scenarios. However, alternative approaches may widen the considerations when a decision is made. Although there are no definitive answers, we can avoid paternalism by taking into account the views of other interested parties, especially relatives. This includes not assuming that patient autonomy has *a priori* greater value than other ethical principles such as justice, non-maleficence and beneficence. It furthermore illustrates that autonomy of an individual (such as a patient) never exists in isolation. Psychiatric practice is always a practice that has to take into account a number of competing but initially equally valid values.