

BIOETHICS AND HEALTHCARE

Topic: Roman Catholic Contributions to Psychiatric Ethics:
The Case of Addictions
Convener: Mark Miller, St. Paul's Hospital
Moderator: Regina Wolfe, Dominican University
Presenter: James Swan Tuite, Brown University
Respondent: Ana Maria Catanzaro, LaSalle University

Psychiatric medicine today presents numerous issues that do not always fit neatly into the common understandings of ethics in healthcare. James Swan Tuite began with a brief discussion of the inherent dilemmas around defining addiction within the context of a fluid social milieu, classifying it medically, and understanding the addict-agency/impairment issue.

After examining addiction in terms of the intoxication, tolerance, withdrawal and craving pattern, Tuite provided a brief history of societal attitudes towards what is today called addiction. Religious attitudes saw addiction as a moral failing and sin. Homes for inebriates failed due to cost and no coherent treatment practice. The success of Alcoholics Anonymous raised the notion of excessive consumption as a physiological disease so that hospitals began to develop treatment programs. Today a range of approaches in psychiatric medicine view addiction variously as an illness (literally or metaphorically), a behavior disorder, a matter of reduced or totally impaired agency (Louis Charland), or a myth (Herbert Fingarette). Ethical questions, especially for treatment, abound as a result of these varied labels and their implications.

Using the ethics of and issues raised by informed consent, Tuite turned to Roman Catholic thought, specifically Benedict Ashley's *Health Care Ethics* and the 2002 Pontifical Council for Health's pastoral care handbook *Church: Drugs and Drug Addiction (CDDA)* to articulate some foundational perspectives. These documents use the lens of theological anthropology to redefine addiction issues from the perspective of the dignity of persons and compassionate responsiveness to persons suffering from addiction.

Ashley presents human dignity as a limit principle to preserve human freedom and guide therapeutic interventions. Credence is given to the spiritual dimensions, which are generally ignored in medicine, of persons who are addicted, thus raising ethical questions concerning proper treatment that respects personal spiritual values. Most importantly, Ashley presents addiction less as uncontrollable and irrational appetites than a multidimensional disorder with a personal and environmental history.

By providing accurate data on drug effects, the CDDA helps clarify that addictions, though superficially analogous, are rarely homologous. This has significant consequences for the individual treatment of addicts. This document also moves the issue from a biological to a human problem. Thus, therapy should seek

self-awareness, freedom, and the exercise of autonomy and will, rather than simply self-control, as its goals.

In short, this Catholic approach highlights love (beneficence, care, and compassion) and dignity (autonomy and respect for persons) as the cornerstones for therapeutic practice. Tuite concluded with some broad policy applications to the ethical treatment of addicts, inviting a broader engagement with addicts as persons, viewed through the lens of *habitus*, rather than reducing their participation to some version of informed consent. For example, consent for research participation might well involve a gradual consent process developed in relation to the individual person's narrative and situation.

Ana Maria Catanzaro responded by engaging a number of issues covered by Ashley and CDDA. First, she returned to the issue of defining addiction, noting especially the societal influences beyond the physiological effects such as inconsistent application of laws, media stars and the use of drugs, and poverty and the economic power of the drug trade. She examined the advantages of the disease model that reduces stigma and provides an opening for treatment, but saw the medicalization of addiction as problematic. The multidimensional definition also raises significant questions for treatment practitioners and safeguarding clients.

Second, Catanzaro explored issues around prevention as good medicine: counteracting excessive individualism, classifying some drugs as 'soft,' looking to a public health approach, and providing proper education, including spiritual and moral formation. Further, amidst the suspicion of religion among modern mental health services, she wondered about the place of God in proper treatment.

Third, reviewing the Catholic literature she raised the potentially fruitful possibility of pursuing many of the above issues through virtue ethics. Finally, she asked how ought Catholic ethics help to move the tendency to trump beneficence with autonomy into a traditional both/and respect, with beneficence predominating?

A lively discussion followed, as is generally the case with this group.

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