

Peter Lin

HPPA 514 – Biomedical Ethics

Professor McGarry

June 12th, 2025

“How Should Suicide Prevention and Healing be Expressed as Goals of Inpatient Psychiatric Unit Design?”

Inpatient psychiatric units aim to provide a safe and healing environment for those experiencing mental health crises. However, institutional policies designed to prevent potential harms can sometimes conflict with the individualized therapeutic needs of patients. A 2024 case study published in the *AMA Journal of Ethics* addresses the issue of whether clinicians should adhere to safety protocols or provide personalized, individualized care that can promote further healing. This case involves K.A., a 44-year-old patient with a history of major depressive disorder who was hospitalized for suicidal ideation (McIntosh, J.T. & Shattell, M., 2024). On the third day of admission, the patient requests pens and other writing utensils to spend time writing and journaling. Dr. B, the attending psychiatrist, recognizes the therapeutic benefits this allows for the patient; however, the hospital policy prohibits those with active suicidal ideation from accessing writing utensils due to potential self-harm risks. This sparks the dilemma between following and staying within the boundaries of hospital policy, or taking a more patient-centered approach that promotes healing and respects patients' active participation in their care. Fundamentally, this case highlights the tension between the ethical principles of non-maleficence and autonomy. In this case, the principle of autonomy holds greater ethical value than nonmaleficence to support the patient's healing process and autonomy, which ultimately better aligns with the goals of psychiatric care.

Although hospital policies are aimed at preventing harm, embodying the principle of nonmaleficence, respecting a patient's autonomy takes precedence when those policies impede individualized care. In this case, the act of requesting a pen from the patient asserts their autonomous role in their treatment. Journaling can be considered an outlet and a coping strategy to help process emotions to engage in self-reflection, which promotes healing. In addition, honoring the patient's request reinforces the aspect of fostering trust and strengthening patient-provider relationships, which is essential for psychiatric care (and medical care in general). Psychiatric

care focuses on recovery, which requires conversational inputs of the provider and patient, emphasizing collaboration and individualized treatment. If this activity is denied to the patient, it can hinder recovery and prolong hospitalization. Thus, prioritizing patient autonomy over nonmaleficence better aligns with the goals of patient-centered care.

On the contrary, others may argue that the principle of nonmaleficence should take precedence, as hospital policies are in place to prevent any self-harm or harm to others, no matter how certain low-risk things may seem. From this perspective, giving a pen to a psychiatric patient can be seen as compromising the safety of the patient and others, which can lead to a cascade of severe liability and legal battles that can be avoided by honoring the policies. However, the uniform application of these policies to all patients can unintentionally cause more harm than good. For example, denying journaling without assessing the patient's current stability and solely adhering to hospital policy can lead to frustration and a sense of hopelessness, as patients may feel ignored and that they are powerless in their care. This emotional distress can result in patients undermining trust in the hospital system and the healing process. This is why autonomy should be emphasized in cases like this. By recognizing the therapeutic effects, such as journaling, clinicians can promote healing while maintaining a safe environment. Primary focus on autonomy in this case does not mean ignoring possible risks – a balance is warranted. For example, ensuring patient safety through periodic supervision and assessments while supporting their recovery through patient-centered care. Granting the patient in this case the opportunity to write and journal under appropriate supervision demonstrates a commitment to their mental health and recovery.

Overall, the case of K.A. illustrates the ethical dilemma between nonmaleficence and autonomy within inpatient psychiatric care. While hospital policies are in place for uniformly maintaining safety, the strict adherence to the policy disregards the patient as a whole. This impedes the process of recovery. Prioritizing patient autonomy in this case allows for the respect of patient autonomy that supports the building of trust, empowerment, and compassionate patient-centered care.

References

McIntosh, J. T., & Shattell, M. (2024). How Should Suicide Prevention and Healing Be Expressed as Goals of Inpatient Psychiatric Unit Design? *AMA Journal of Ethics*, 26(3), 199–204.

<https://doi.org/10.1001/amajethics.2024.199>