Anjana Thomas

Ethical Argument Essay

Our goal as healthcare providers has always been to offer high-quality, compassionate care; however, what happens when a patient refuses the care. Then how far can we ethically go to protect their well-being without causing additional harm? This dilemma is seen in the case of BB, a patient with schizophrenia who frequently refuses her medication. Although BB attempts to exercise her autonomy, she lacks decision-making capacity (DMC), and her legal guardian has authorized the administration of medication on her behalf. The ethical issue here is not just about honoring autonomy; instead, it is a deeper conflict between the principles of beneficence and non-maleficence. Covert medication is when the medication is hidden in food or drinks without the patient's knowledge, and this raises a concern of nonmaleficence, which states, "do no harm. "

Critics argue that this method is deceptive, as it lacks transparency and trust and poses a risk of reduced effectiveness and/or increased side effects due to medication modification in order to hide it in the food or drink(Lin, 2021). However, from a beneficence standpoint, we must act in the patient's best interest. In BB's case, the alternative method is physically restraining her for intramuscular injections, which can be loud, traumatic, and deeply distressing not just for her but also for the staff and other patients (Lin, 2021). Therefore, I believe covert medication, while uncomfortable ethically and may require medication modification, may cause less psychological and

physical harm overall. Additionally, with thoughtful planning and accountability from the healthcare team, treatment can be delivered compassionately to the patient.

Some argue that covert medication undermines patient trust and sets a dangerous precedent by violating autonomy (Lin, 2021). While that is a valid concern, the article emphasizes that the ethical starting point is evaluating the patient's DMC. Since BB lacks capacity and her guardian has consented, the next step must be to weigh the potential harm against the likely benefits. Studies show that patients who experience physical restraint often feel humiliation, fear, and trauma, which are feelings that can persist and damage long-term trust in the healthcare system (Tingleff et al., 2017) This distrust and fear will further lead to refusal of treatment in the future, even in situations where the patient desperately needs help. Furthermore, I believe covert medication can be considered a less violent method that allows for timely treatment that will not result in retraumatizing the patient. I understand that this strategy may conflict with some institutional policies, but if our goal is to do what is least harmful and most therapeutic, covert medication when justified, can be the more ethical choice.

As healthcare providers, we are responsible for honoring both beneficence and nonmaleficence while delivering care that is ethically sound and centered on minimizing harm through thoughtful planning and collaboration as a team while respecting the patient's dignity and supporting their recovery. Ultimately, both nonmaleficence and beneficence can support this, as it will be in the patient's best interest and cause the least harm.

Citation

Lin, M. (2021). Who should implement force when it's needed and how should it be done compassionately? *AMA Journal of Ethics*, *23*(4). https://doi.org/10.1001/amajethics.2021.311

Tingleff, E. B., Bradley, S. K., Gildberg, F. A., Munksgaard, G., & Hounsgaard, L. (2017). "Treat me with respect". A systematic review and thematic analysis of psychiatric patients' reported perceptions of the situations associated with the process of coercion. *Journal of Psychiatric and Mental Health Nursing*, *24*(9–10), 681–698. https://doi.org/10.1111/jpm.12410