

## **IACAPAP Ethics 2006**

IACAPAP is a non-governmental organization the purpose of which is to promote the study, treatment, care and prevention of mental and emotional disorders and deficiencies of children, adolescents and their families. The emphasis is on practice and research through collaboration between child psychiatrists and the allied professions of psychology, social work, paediatrics, public health, nursing, education, social sciences and other relevant professions. To achieve this purpose, IACAPAP has adopted the following guidelines and principles of Ethics in Child and Adolescent Mental Health

### **The Ethical Framework of Clinical Care**

Ethical behavior in child mental health clinical practice, training and research is based on the human rights of the child. The framework for the rights of children and adolescents in clinical care is provided by the United Nations' "Convention on the Rights of the Child" (1989) and IACAPAP's Resolution "Assuring Mental Health for Children and Adolescents" (IACAPAP; Budapest 1992, Venice 1996, and Berlin 2004). Children should be "protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation (Article 19 UN Convention), and accorded the right to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health" (Article 24 UN Convention). The standards of ethical conduct for child and adolescent mental health clinicians are derived from this general framework.

### **The Ethics of Clinical Conduct**

The ethical standards for clinical conduct in mental health practice and research are specified in The Resolution of Madrid (1996, World Psychiatric Association). According to the preamble to the "Principles of Medical Ethics of the American Medical Association," a "physician must recognize responsibility not only to patients but also to society, to other health professions, and to self" (APA, 2001, p. 82). The principles of clinical ethics are standards of conduct, not laws. These standards involve patient autonomy (respecting the decision-making ability of the developing child patient), the potential benefits to the child and family, avoiding harm to the child or family, and acting in accordance with ethical standards related to costs, benefits, and risks. Clinicians should not act in a manner that involves any conflict of interest in regard to the method of treatment or choice of medication when applicable. In child and adolescent mental health, the standards of conduct are influenced by

developmental, family, value-related and cultural factors. Progress in clinical science and changes in society and the law inevitably pose new ethical problems; but guidelines do not release the clinician from the duty to uphold his or her ethical knowledge. This remains an individual responsibility oriented to the individual's right to freedom as far as this freedom is not detrimental to the child's life, health, or dignity.

### **The Principles of Ethics in Clinical Practice**

Every clinician is obliged to follow these Principles:

- To provide competent mental health care, with respect for the patient's dignity and the benefit and welfare of his/her society
- To serve and advance his or her professional competence and exercise it for the benefit of the patient and his/her society.
- To protect the therapeutic relationship with children and teenagers as patients.
- To protect the therapeutic relationship with parents/caregivers irrespective of their being engaged in the treatment and therapeutic processes as patients themselves or not.
- To respect the legal authority and custody of the parents or legal caregivers
- To respect the right of parents to give informed consent for the provision of mental health care to their children under age of 18. Consent is based on information about the nature of the proposed care, possible alternative treatments, and their risks and benefits. It is recommended to make all efforts possible to obtain the assent of the child, in accordance with the child's ability to make judgement in his own best interest.
- To respect confidentiality in accordance with the interest of the patient but also the caregivers. For the rights of the children and due to circumstances it can be necessary to maintain secrecy between children and parents for certain information that children communicate to professionals.
- Not to exploit patient or caregivers in a non-material, financial or other material manner. The clinician should avoid financial arrangements other than the agreed-upon fee
- To eschew sexual encounters with child patients and their family members
- To adhere the truth when serving the interests of justice. The forensic clinicians must inform the evaluatee of the limits to confidentiality with regard to the information

elicited from the evaluatee. The forensic examiner should strive for impartiality in his or her assessments, and make up contingency-fee arrangements.

- To ensure that involuntary treatment is based on four preconditions:
  1. The disorder deprives the child/adolescent patient from making treatment decisions;
  2. Without treatment the patient is at risk of harming self or others
  3. The parents give their consent to involuntary treatment on the patient's behalf if they are able to do so. Otherwise, formal proxy consent may be required in accordance with the law
  4. The involuntary treatment proposed is in accordance with appropriate state laws
- Not to accept gifts from patients and not to accept favours from industry unless the gifts or favours benefit patients, relate to the clinician's work, and are handled according to state law on this topic
- To present a patient to a scientific audience only after truly informed consent has been obtained from both the child and his/her parents and the confidentiality of the presentation is understood and accepted by the audience (APA, 2001, S. 87).
- To inform the responsible authorities if he or she becomes aware that another clinician is behaving in an unethical manner.

### **The Principles of Ethics in Research**

The principles of medical ethics in human research have been defined by The International Medical Association Declaration of Helsinki (1984) and its Revisions in Tokyo (1995) and Edinburgh (2000). The "Convention for Human Rights Biomedicine" of the European Council states Principles for the protection of human dignity and rights in respect to biological and medical research. The Belmont Report of The National commission for the Protection of Human Subjects in Biomedical and Behavioral Research (Morgan et al. 2001) defined guidelines for ethical research. Standards for psychiatric research are included in the Declaration of Madrid (1996). Of relevance are the regulations of different Food and Drug Administrations (or their equivalents). These Declarations, Statements, and Regulations provide a framework for standards of research conduct in child and adolescent mental health. Informed consent to being a research subject should be based on the following Principles:

- It is essential that clinical research involving human subjects is dedicated to promoting health
- The well-being of the research subject has priority over the interests of science and society
- The performance of a research project involving human subjects should be based on a clearly written proposal that is approved by an independent ethical committee which includes representatives of parents and the law
- Participation is voluntary. Any subject can refuse or discontinue participation without pressure, penalty or loss of benefit
- Children and adolescents may not have the capacity to give informed consent to being research subjects. However, their assent must be obtained. Assent should take into account the age, maturity and psychological state of the child involved. If the child is unable to give assent, the “proxy consent” of a parent or legal guardian is required
- Informed consent requires a statement that a study involves research, and information about the purposes, duration and procedures of the study. It should include a description of the foreseeable risks and discomforts involved, and of the benefits to the subject expected as a result of the research. Alternative treatments should be discussed
- Today much of the prescription of psychotropic medication in children is “off-label”. There is an urgent need for pharmacological research in children. It is an ethical mandate that drugs be properly studied in children and their efficacy empirically established before they are widely used. The results of clinical trials should be available to the public even when the trial fails to establish effectiveness empirically. “No clinical trial is finished until the data are made available” (Pediatric Psychopharmacology Initiative 2004).

### **Ethics in relations between child mental health professionals**

Child mental health is in its essence a multidisciplinary pursuit. This reality engages all collaborating professionals in a complex network of working relations based on respect for the special contributions of each, and respect for confidentiality in clinical discussions. Our association supports these ethical principles.

## **The Principles of Scientific Publication**

The framework for ethical scientific publication is provided by the statement of “The International Committee of Medical Journal Editors” 1997). These ethical Principles are as follows:

- Research reports should describe their results completely
- Preliminary works should be cited correctly and completely
- It is unethical to describe work done by other scientists without appropriate citation
- Authorship should be restricted to those co-workers who made a significant contribution to the study. All co-authors should give their consent to the manuscript and conflicts of interest should be declared
- The publication of a case study requires the informed consent of the subject or his or her caregiver.

## **Ethical guidelines for IACAPAP in accepting financial support:**

Through research, education and information exchange, IACAPAP contributes to the improvement of the mental health of children and youth. IACAPAP is a non-governmental organization supported by fees, donations, periodic income from international congresses and publication royalties. Support is envisioned from grants from foundations, corporations or other sources for IACAPAP activities. Funding from these latter sources will enable support for a broader range of training, education and information dissemination activities than in the past, particularly the promotion of child and adolescent mental health in low income countries.

In assessing the merits of accepting a grant or other form of outside support, purpose, source that are potential of conflict of interest must be considered. IACAPAP considers it inappropriate to accept financing from companies whose products might damage health. IACAPAP will consider support from companies who provide products related to the provision of child and adolescent mental health services, prevention or research if the support is unrestricted and the grantee does not directly benefit from the product produced or the initiative. All decisions of this type will be discussed and approved by the IACAPAP Bureau. The Executive Committee will be informed prior to the decision by e-mail or teleconference for the purposes of input into the decision making. If during a funded project a problem arises

with sponsorship or questions arise as to the nature of the project these matters will be discussed in the Executive Committee.