

A Need for Specific Ethical Codes for Psychiatrists and Psychotherapists

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In their study reported in this issue [1], Bergman-Levy and co-authors raise an important and relevant matter. A sample of 107 Israeli psychiatrists were asked to complete a questionnaire relating to their knowledge and opinions on professional ethics and on the need for specific ethical guidelines for mental health professionals. The findings were quite intriguing: younger psychiatrists reported lower levels of perceived knowledge regarding ethics, while older psychiatrists reported a higher level of such knowledge. Younger psychiatrists felt a stronger need for a distinct code of ethics for psychiatrists. The findings of this research highlight the importance of ethics education. The authors suggest that the existing code of ethics and position papers may not be sufficient, and indicate a potential need to develop and implement a specific code.

The psychotherapeutic dyad is unique: all successful psychotherapies depend on a close intimate therapeutic alliance, in which the patients understand the therapists' ability to understand them and to feel their suffering, and trust their genuine willingness to treat them in the best way possible. Therefore, a breach of this trust is of course harmful and dangerous.

Breaching professional borders can also be at the initiative of the patient. In the psy-

chotherapeutic setting it may be a result of several factors, such as idealization of the therapist, the wish to increase intimacy with the therapist, or difficulty understanding the existence of borders and the need to preserve them. It is, of course, the therapist's responsibility to clarify the professional boundaries and maintain them.

In March this year (2016), the Israeli Psychiatric Association (IPA) restated the current ethical guidelines for maintaining professional boundaries among mental health professionals, by posting Witztum and Margolin's essay "Breaking the professional boundaries" [2] on the Association's internet site. This essay focuses on intimate/sexual relations between mental health professionals and their patients. Although the reported rate of such incidents in Israel is minimal, studies conducted primarily in the United States found that the rate of mental health professionals who reported intimate physical contact or sexual intercourse with a patient is 5%–13%. Probably due to the sensitivity of the matter, during the last decade such reports have been scarce, and we do not know of any such survey in Israel.

The boundary concept in psychotherapy was discussed in 2008 by psychoanalysts such as Goldberg [3], who stated that a reexamination of the concept and its applicability to different theoretical approaches to psychoanalysis reveals it to be of questionable usefulness in the climate of psychoanalytic pluralism. He suggested that an underlying problem may be a failure to discriminate between technical and moral dimensions, as well as the necessity to separate the legal issues involved. Goldberg called for recognizing the existence of sepa-

rate domains and considering the rules that apply to each as an alternative to focusing on boundary concepts.

Since 2003, following an amendment to the Israeli Penal Code in Section 347 A, sexual relationships between a psychotherapist and a patient are strictly forbidden during therapy and for the next three years after its cessation. This amendment created a different ethical guideline for three mental health professions: psychiatry, psychology, and social work. The law does not apply to other professions that are engaged in psychotherapy, and does not differ between intensive long-lasting therapies and less intensive mental health encounters. However, it highlights the need for a different ethical attitude regarding psychotherapists, and the need for more specific guidelines.

More specific ethical guidelines must be developed to define what professional encounters are considered as psychotherapy, and what are not: e.g., how to define a single psychiatric consultation, a psychiatric expert opinion, a short course of cognitive or behavioral therapy, etc. Moreover, the creation of such guidelines may be an opportunity to compare and match the ethical codes of the three main groups of psychotherapists: psychiatrists, psychologists, and social workers. Therefore, the new specific guidelines will have to take into account the Ethical Code of Israel's Psychologists of 2004 and the Ethical Code of the Social Workers of 1995. And, it will have to respect not only laws regarding medical practice, but also the Psychologists' Law of 1977, the Social Workers Law of 1996, and their amendments.

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The excellent work of Bergman-Levy and her colleagues may be continued in the way they suggested, using the Delphi method in order to reach consensus among experts in the field to develop the new specific professional guidelines.

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