Chapter 13
Ethics, Clients’ Rights, and Legal and Forensic Issues

Bioethics

- Autonomy
- Beneficence
- Fidelity
- Justice
- Nonmaleficence
- Veracity

Ethical Guidelines

- Standards for Psychiatric–Mental Health nursing practice published by ANA
- ANA Code of Ethics
Ethical Dilemmas

- The potential stigma of psychiatric diagnostic labels
- Psychiatry’s right to control individual freedom
- The justification for involuntary treatment

Ethical Dilemmas - continued

- The use of restrictive treatment interventions
- The client’s right to suicide
- The client’s right to privacy

Stigma Associated with Diagnostic Labels

- Stereotypes
- Need for diagnostic labels
- Nurse’s moral stance
Mental Health Statutes and Regulations

- Rules and regulations are set by state governments
- Vary considerably
- Nurses must know the law of the state in which they practice

Voluntary Admission

- Informed consent
- Client retains all rights
- Client has a right to demand and obtain release

Involuntary Commitment

- Hospitalization against one’s will
- Criteria:
  - Dangerous to self or others
  - Unable to provide for basic needs
  - Mentally ill
Psychiatric Forensic Nursing

- Who is the client?
- Mindset of nurse
- Focus of the nurse–client relationship
- Location
- Primary purpose of relationship

Correctional Mental Health Nursing

- Who is the client?
- Mindset of nurse
- Focus of the nurse–client relationship
- Location
- Primary purpose of relationship

Psychiatric–Mental Health Nursing Care

- Rights
- Dignity
- Autonomy
**Psychiatric Advance Directive**

- Modeled after advance directives for end-of-life care
- Allows competent persons to document their preferences regarding mental health treatment

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**Box 13.4 Determining Negligence**

- Did a contract for care exist?
- Was the care reasonable and prudent?
- Did the care follow guidelines suggested by external sources such as nurse practice acts, the ANA Code of Ethics, the ANA Standards for Psychiatric-Mental Health Nursing, and the state Mental Health Act?
- Was the care consistent with internal sources such as policies and procedures of the agency or physician orders?
- Was there evidence of thorough assessment of client, including all records and interviews with family members?
- Did the action taken meet appropriate ongoing monitoring of the client's condition?
- Did harm result to the client?
- Was the harm due to violation of the duty to care?

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**Box 13.5 Common Sources of Liability in Psychiatric-Mental Health Services**

1. Client suicide
2. Improper treatment
3. Misuse of psychotropic medications
4. Breach of confidentiality
5. False imprisonment
6. Injuries or problems related to ECT
7. Sexual contact with a client
8. Failure to obtain informed consent
9. Failure to report abuse
10. Failure to warn potential victims
Client Advocacy

- Poorly funded services
- Stigma
- Isolation
- Denial of rights

Resources

- www.aafs.org
  The American Academy of Forensic Sciences is a professional organization that provides leadership to advance science and its application to the legal system.
- https://www.aapl.org
  The American Academy of Psychiatry and the Law is an organization of psychiatrists dedicated to excellence in practice, teaching, and research in forensic psychiatry.

Resources - continued

  This site contains a downloadable file of the APNA’s Seclusion and Restraint Position Paper.
- www.apa.org/pubinfo/rights/rights.html
  This American Psychological Association (APA) site contains information about the mental health patient’s bill of rights.