

S23 *How to teach psychosocial skills to general practitioners?*

**HELPING GENERAL PRACTITIONERS TO MANAGE MEDICALLY UNEXPLAINED SYMPTOMS**

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Somatic symptoms unexplained by physical disease are extremely common in all medical settings including general practice. If patients who present in this way are ineffectively managed they may become distressed, disabled and dissatisfied with their care. The physician is likely to become frustrated in his ability to solve the clinical problem and inappropriate utilization of medical resources may result. A major obstacle to management of such patients is the absence of a workable non-dualistic way of conceptualizing the clinical problem. Cognitive therapy models offer a constructive way of formulating a variety of clinical problems including unexplained somatic symptoms. Rather than being forced into a limited and partial diagnostic statement an individual formulation is constructed. This formulation explicitly considers the patient beliefs, mood, behavior, physiology and social environment. It may be illustrated in a simple diagram. Experience has shown that this approach is acceptable to both patients and trainees in general practice and has formed the basis of the successful treatment of patients with chronic medically unexplained fatigue.

S24 *Ethical aspects of psychiatric service and research*

**The Madrid Declaration**

*Prof. A. Okasha*

On the 26th of August 1996 the General Assembly of the WPA approved the Madrid Declaration which is an update of the Hawaii Declaration

Seven general guidelines focus on the aim of Psychiatry as to treat the mentally ill patients, to prevent mental illness, promote mental health and provide care and rehabilitation for mental patients. The Declaration ensures the duties of the psychiatrists, prohibiting any abuse and that no treatment should be provided against the patient's will unless it is necessary for the welfare and safety of the patient and others. Emphasis is made on advising the patient or care giver about all details of management, confidentiality and the ethics of research

An appendix to the declaration includes a summary of the UN resolutions (1991) on the rights of mental patients and guidelines on specific ethical issues in Psychiatry, namely euthanasia, torture, death penalty, selection of sex and organ transplantation. The Executive Committee of the WPA has reviewed the declaration, after which the declaration was presented to the members of the WPA council, after which the declaration was re-edited by members of the Ethics' Committee and members of the Executive Committee. It was then distributed to the WPA member societies for its endorsement in the General Assembly.

The presentation will review the development of the Madrid Declaration and the proposed plan for making it familiar worldwide. It will also attempt to answer questions regarding the target population with whom to address with the Madrid Declaration and the possibility of including it into medical curricula together with other documents on the ethics of psychiatry and the rights of mental patients. The challenges facing this process will be highlighted and discussed

S24 *Ethical aspects of psychiatric service and research*

**Research with incapacitated psychiatric patients**

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Since the Nuremberg Code, the free and informed consent of the human subject in biomedical research is considered one of the ethical cornerstones of research ethics. Although this absolute standard was not upheld in later codes (notably the Helsinki Declaration), and some space was left for the conduct of research with incapacitated subjects, there is debate about the moral boundaries of the involvement of incapacitated persons in research. In particular, research which involves no direct benefits for the participating subjects raises a number of difficult ethical questions. Some of these will be addressed, as well as possible practical solutions to some of the conundrums, notably the problems and pitfalls of the use of advance directives for research.

S24 *Ethical aspects of psychiatric service and research*

**THE ETHICS OF REFORM CONCEPTS IN PSYCHIATRY - AN ASPECT OF QUALITY ASSURANCE**

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The success of a reform concept can be judged on the basis of the ethical principles of solidarity, autonomy, justice and veracity. Psychiatrists in free practice: Post-war psychiatry set up a reform concept of intensive psychotherapy for psychiatric patients. The recent shortage of financial resources, however, is enforcing the limitation of long-term psychotherapy. The empirical control of the effectiveness of psychotherapeutic methods is raising new problems concerning justice and veracity. Hospital and social psychiatry: The patient's right of receiving treatment is beginning to gain a greater practical importance than their well established right of freedom. Psychotic patients are sent from overcrowded wards into shelters for the homeless. So-called autonomy is replacing solidarity. Homes for the chronic mentally ill have been created in order to spare the patients a lifelong stay in huge mental hospitals. Remote and poorly supervised private homes, however, are in constant danger of degenerating in standards. Governments generously give licence for care but shrink from controlling quality. Ethical priorities as well as the criteria for assessing quality are changing according to the varying social needs and customs.