

Ethical Issues of Community Treatment Order

By: Prakash Poudyal

Community Treatment Order (CTO) is a legal action where psychiatric treatment is forced on an individual who has potential for harming self or others in the community (Austin & Boyd, 2010 and Segal & Burgess, 2008). In Alberta, CTO is covered by Mental Health Act and issued by at least two physicians to the patient who has potential for harming self or other in the community (Government of Alberta, 2011). According to Austin & Boyd (2010), the main purpose of the CTO is to provide the treatment that is more focused in the community based health care system where patients can stay in their own community to get appropriate treatment for their mental illness. In today's mental health system, implementation of CTO is increasing around the world. Beside Canada, western countries have also been increasing the implementation of the CTO (Campbell, Brophy, Healy, & O'Brien, 2006). CTO may be different in each

places, however, goals are similar in all places (Austin & Boyd, 2010). On one hand, many countries and Canadian provinces are attracted to the benefits of CTOs and, on the other hand, some authors and health care professionals such as nurses are concerned about the ethical issues raised by the implementation of CTOs in the provinces. Authors Campbell, Brophy, Healy, & O'Brien (2006) stated that CTO is primarily initiated from the hospital. Therefore, involvements of the nurses to the issue of the CTO are apparent. Therefore, authors Campbell, Brophy, Healy, & O'Brien have concluded that health care providers such as nurses will be encountered institutional pressure to implement the CTOs in the community. In this paper, ethical issues and arguments both supporting and opposing CTOs are discussed and advantages and disadvantages of CTOs to the patients, their family and the community are

analyzed. Mainly, writer's position on the ethical issues of implementing the CTO in our province and its rationale are explained.

Importance of the Issue to the Society

International Council of Nurses (ICN, 2011), Canadian Nursing Association (CNA, 2008), and College and Association of Registered Nurses of Alberta (CARNA, 2009) urge nurses to understand and apply evidence-based nursing practice to their daily nursing care. These institutions also encourage the nurses for their advocacy role to provide highest levels of nursing care to promote and prevent illness in the community. Nursing care is an integral part of the mental health treatment and nurses are always required to follow the institutional guidelines, laws and regulations. Nurses are also affected from their own ethical guidelines and personal values. According to Keatings & Smith (2000), an ethic is about finding the moral truth and deciding what is morally right and wrong while selecting an appropriate

option in a particular situation. It is very challenging to select one particular option where discrepancies between institutional policy and the nurses' personal values are present. Research conducted by Ulrich et al. (2010) found out that one of the most frequently occurring nursing ethical issues is protecting patients' rights and getting informed consent to the treatment. Similarly, Park (2009) also concluded that human rights issue is one of the major nursing issues in nursing care. CTO has ethical issues around patients' rights, freedom and informed consent. Therefore, it is very important to discuss and understand the issues related to the implementation of the CTO in the provinces. Understanding the issues of implementing CTO can help nurses, other health care providers, patients and their family in the society. It helps nurses to make an ethical decision when nurses are facing such ethical dilemma and helps them to provide holistic, complete and

non-judgmental nursing care to the mentally ill patients in the community.

Major Issues of Implementing CTO in the Community

In order to discuss the major issues of implementing the CTO in the community, this paper begins with the underlining assumptions of the CTO. One of the major assumptions of the CTO is that the patients is not willing to get treatment they need (Segal & Burgess, 2008). CTO is basically involuntary treatment program enforced by the government to treat the mentally ill patients in our community. This assumption clearly indicates that there is a huge concern about the patient's consent for the treatment. It clearly shows lack of informed consent for the treatment. Nursing intervention cannot be initiated without proper consent from the patients. Therefore, author who oppose CTO are concerned about the patient's human rights, dignity and freedom (Segal & Burgess). Basis of supporting or opposing the

implementation of the CTOs in the community health care are discussed below.

Benefit and Evidence Based Support of the CTO

According to Canadian Mental Health Association (CMHA, 2010), one of the major assumption and the condition of the CTO is that the patient is potentially risk for themselves and others in the community (CMHA). Therefore, by implementing the CTO to treat mentally ill patients in the community allows us to protect the patients and other before they harm themselves or others (Muirhead, Harvey & Ingram, 2006). Authors such as Snow & Austin (2009) and Everett (2001) have provided numerous examples where the community would be much safer if the CTOs are implemented proactively before the incident occurred. For example Snow & Austin have argued that the incident of Seung-Hui Cho, the young man who killed 32 people at Virginia Tech University could be prevented. Similarly, Everett also has supported that proactive approach

would prevent the murder of a Canadian sportscaster and a child by a mentally ill person. Studies and conclusions of these authors clearly supported the CTO and suggested that there are many benefits to the society to make our community much safer place to live.

Not only that authors such as O'Reilly, Keegan & Elias (2000) have suggested that the CTO is not only good for protecting other people, it has also benefited the patients who are otherwise left outside the radar. In absence of the CTO, the health care system can fail to treat these mentally ill patients in the community. When these mentally ill patients are not treated they can harm themselves. Similarly, the CTO can also prevent mentally ill patients from going prison instead of the hospital when they are involved in crime. Since the CTO is based on the community treatment option, it also provides an opportunity to the family members and supporters to see and accurately document the patients' progress at their own house and the

community (Austin & Boyd, 2010). Austin & Boyd have also concluded that the family and community supports are essential elements to success the treatment of the mentally ill patients. The CTO helps mentally ill patients to achieve these supports from their family and community. To support this conclusion, study conducted by authors O'Brien & Farrell (2005), found out that the CTO helped mentally ill patients to get appropriate support when they are staying in their own community. Authors such as Campbell, Brophy, Healy, & O'Brien (2006) also found out similar result in their studies. These authors have also concluded that the CTO makes patients closer to their familiar community and support groups for the support they are needed.

According to O'Brien & Farrell (2005), studies have also shown financial benefit of the CTO. Since, the CTO is based on community treatment program where patients can stay in their own community; it reduces the hospitalization period and

institutional cost to treat the patient. Similarly, by reducing the number of hospital admission, the CTO also help institution to secure the bed for other critical patients to balance the resources (O'Brien & Farrell). Not only that, according to O'Reilly, Keegan, & Elias (2000), the CTO is issued as a temporary options until proper treatment and consents are made and the CTO compliance can be removed when patients' mental health is improved. It indicates that the long-term benefits of the CTO easily outweigh the short-term drawbacks.

Evidence Based Opposition Views

Authors who oppose the implementation of CTO are mainly concerned about the patients' human rights and dignity. These authors also argued on the technical aspects of the implementation of the CTO to treat the mentally ill patients. For example, author like Rynor (2010) has blamed that the CTOs is "cumbersome, confusing, poorly support and ineffective (Rynor, 2010, p.

E337)". The author has claimed that the mental ill patients view the CTO as "oppressive and stigmatizing (p. E337)". According to Rynor, authors also argued that all doctors and mental health care providers are not fully satisfied with the implementation of the CTO; however, they are optimistic for newer research to find out benefit of the CTO.

Similarly, Everett (2001) has also agreed that CTO is coercive in nature and it does not respect the patients' freedom. During the treatment of mentally ill patients, healthcare providers such as nurses are also dealing with their rights and freedom of the patients (Snow & Austin, 2009). As Everett mentioned, CTO does not help to respect the patients' personal values and dignity. It is also noteworthy that trust is a key component of treating mentally ill person. Without the trusting relationship, such forceful treatment may hinder the therapeutic relationship between health care providers and the patients. Lack of

therapeutic relationship can ultimately hinder the treatment (Rynor, 2010).

Personal Values and View on CTO

Here, I have purposed that health care providers such as nurses should support the implementation of the CTO in our province. The CTO provides mental health care for many patients who are otherwise neglected and left untreated. The CTO is involuntary treatment program; however, there are many benefits of the CTO as supported by many authors. Based on their arguments, the CTO not only helps the mentally ill patients to treat their illness- it also helps to maintain the safer community. And when it is used proactively, it could reduce the criminal activities such as the massacre of Virginia Tech University and the murder of Canadian sportscaster. Researchers like O'Reilly & Gray (2005) have concluded that there are enough evidences to prove that that CTO is successfully able to treat many mentally ill patients in the community. There are some other studies that have even

concluded that some patients were able to gain insight because of this involuntary treatment options. For example, study conducted by Dawson & Mullen (2008) and Everett (2001) found out that mentally ill patients reported positive comments and acknowledged that the CTO has changed their life in a positive way. Nurses are required to apply research based knowledge in their daily nursing practice; therefore, based on the evidences from the recent studies, nurse must support the implementation of the CTO in our community. Similarly, it is also one of the responsibilities of the policy maker to protect other people who are potential victim of these mentally ill patients.

Using critical thinking skills and the therapeutic communication techniques we can minimize the damage caused by this forceful involuntary treatment options. For example, Everett (2001) has suggested that health care providers can follow step-by-step process to minimize the impact of this forceful contract. When

we think outside the box, overall benefits of the CTO are obvious (Muirhead, Harvey, & Ingram, 2006). Overall benefit is what the nurses need to realize to advocate for implementation of CTO in our community.

Ethical Theory to Support the Position

According to Registered Nurse Canada (2011), Canadian health care delivery systems are primarily based on the utilitarian theory. In utilitarian theory nurses' action must be based on its outcome or its effects; therefore, nurses must visualize the outcome of their action and decision. Based on this theory nursing objective is to provide most good to the most number of patients and the clients in our community (Burkhardt, Nathaniel & Walton, 2010). Therefore, nurses' best moral action is to support the implementation of the CTO in our community because it provides most good to the most of the community members. On one side it increases the safety of the community, and on the other side, it benefits the mentally ill patient

themselves. Utilitarian theory is also based on the consequences to make an ethical decision (Burkhardt, Nathaniel & Walton, 2010). As mentioned earlier, CTO is the future of mental health care system and nurses must be forward thinking. Based on utilitarian theory nurses' ethical position is determined by the end result of their action. Based on the conclusion made by various researchers, as mentioned above, the positive consequences of the CTO satisfactorily outweigh its negative consequences. Therefore, nurses must acknowledge the consequences of the implementing of the CTO and nurses must support it.

It is true that the CTO is forceful nursing intervention where the patients do not provide appropriate consent to treat themselves. However, once the CTO is issued and the clients are in contact with the mental health care system, nurses will have an opportunity to utilize their therapeutic communication skills to educate the patients to gain their insight. The University of Prince Edward Island's

conceptual model for nursing suggests that nursing priority should also focus on patients' self awareness (Johnson & Webber, 2010). The nurses can improve patients' health outcome by helping them to gain insight on their health issues and taking responsibility for their own illness. The research conducted by Dawson & Mullen (2008) and Everett (2001) clearly concluded that after the implementation of the CTO in some places, significant number of patients were able to gain insight and happily participated in their follow-up treatments.

Conclusion

It is obvious that the implementation of the CTO is not free from controversies and debates. It is also obvious that there are serious issues around patients' right, freedom, dignity and informed consent. In comparison

with few studies to oppose the CTO, there are many studies which clearly support the implementation of the CTO in our community. For instant, if we had implemented the CTO proactively, the story of the Virginia Tech University and Canadian sportscaster would not be in the media. In this paper, my position is that health care providers such as nurses should support the implementation of the CTO in our province and community because it provides mental health care for many patients who are otherwise neglected and left untreated. All nurses and other health care professional must understand that the long-term benefits of the CTO outweigh the short-term drawbacks.

References

[[Click Here For References](#)]