Ethical considerations arising from the government's counter-terrorism strategy

Supplement to:
Counter-terrorism and psychiatry

Position Statement PS04/16S
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Ethical considerations arising from the government's counter-terrorism strategy

Legal context

The Prevent strategy is part of the UK government's counter-terrorism strategy CONTEST. It primarily aims to prevent people from being drawn into terrorism by working with sectors and institutions where there are apparent risks that people might be radicalised. Section 26(1) of the Counter-Terrorism and Security Act 2015 states that specified authorities, including healthcare bodies, 'must, in the exercise of [their] functions, have due regard to the need to prevent people from being drawn into terrorism'.[1] The strategy is accompanied by a Prevent training programme, which is made available to all professionals working for specified authorities. Although this training is not enforced by the government, many institutions – including some NHS trusts – have chosen to make it mandatory. Further information about this topic can be found in Position Statement PS04/16, on counter-terrorism and psychiatry (Royal College of Psychiatrists, 2016), to which this is a supplement.

Medical context

This paper explores some of the possible ethical dilemmas for psychiatrists arising from their potential involvement in the government's counter-terrorism strategy. It examines both forensic and non-forensic psychiatric settings, which are often distinct.

When treating patients who are convicted, charged or held under suspicion of committing terrorist offences, psychiatrists will focus on treating mental disorder, as they would for any patient. There are other settings in which psychiatrists are asked to assess an individual to determine their risk of engaging in terrorist acts in the future, or to treat a patient with the aim of addressing psychological characteristics associated with terrorism. Psychiatrists can face this situation both when there is a doctor–patient relationship and when there is not (for example, when the psychiatrist acts as an expert witness and provides a court report). In both sets of circumstances, the following ethical considerations apply.

Some specific ethical dilemmas follow, with general principles on how to navigate them.

1 Counter-Terrorism and Security Act 2015 (http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted). Accessed 28 September 2017.

Specific ethical dilemmas

1 *Confidentiality/information sharing*

- Psychiatrists may have to breach confidentiality and share information about patients without the patients' consent. This could be in the interest of public safety, as part of a legal process, or for safeguarding purposes (particularly in the case of children). Psychiatrists may have to share information with multi-agency partners such as local authority safeguarding boards and children's social care teams. The usual rules regarding confidentiality apply, and before making any disclosure of information without consent, psychiatrists must satisfy themselves that disclosure is necessary.
- There are concerns about reporting patients to local multi-agency public protection panels (MAPPA) via provider organisations if psychiatrists see in their patients signs of socialisation into extremist thought/groups, but without evidence of exploitation or current plans to harm. Psychiatrists must remember that, before breaching confidentiality, they must be satisfied that there are significant concerns about public safety and that disclosure of information to non-healthcare agencies is necessary, as above.
- Psychiatrists still need to be mindful of the need to preserve therapeutic relationships with patients and their families where possible.

2 *Risk assessment*

- There have been unspoken expectations that risk assessments used by psychiatrists will predict a patient's risk of committing a terrorist offence. Risk assessments used in psychiatry do not predict the risk of terrorism (not even tools used for predicting the risk of violence). There is a need to guard against any expectation from non-psychiatric agencies that this will be possible.
- Psychiatrists need to ensure that any future risk assessment tools which are described as being specifically for identifying the risks of engaging in terrorist activities are evidence-based and validated.

3 *Definitions and boundaries: mental illness/disorder v. psychological difficulties*

- The relationship between terrorist offences and mental illness is set out in Position Statement PS04/16 (Royal College of Psychiatrists, 2016).
- In addition, it should be noted that people convicted of acts of terrorism are often found, when examined, to suffer from psychological difficulties. However, it is important that the distinction between normality and pathology is not lost. Most people can be expected to exhibit psychological difficulties after being convicted of major

offences, or when in custodial settings, and it is important that individual psychological difficulties are not conflated with, or mistaken for, mental illnesses.

4 The assumption that mental disorder is a pre-condition of terrorism

- Linked to point 3, it is common that those who have committed a violent or terrorist offence are assumed to be suffering from a mental disorder, as 'anyone who does this must be mentally ill'. Committing a terrorist offence does not necessarily indicate mental disorder, nor does it constitute any part of the diagnostic schedules for existing disorders.

5 Evidence behind psychological interventions that may be offered to those convicted of terrorist offences

- Psychiatrists may be involved in providing treatment to those convicted or suspected of terrorist offences. Although mental disorders would be treated as for any other patient, psychiatrists may find themselves being asked to provide specific psychological interventions designed to treat the patient's propensity to commit terrorist acts. Doctors are ethically obliged to ensure that any treatments they offer are evidence-based and suitably validated.

6 Risk of perpetuating stigma

- Psychiatrists must bear in mind that the identification of a mentally ill patient as a terrorist may further increase the stigma already attached to mental illness.
- There is a risk of stigmatising certain communities as well as individuals.
- There is also a risk that dissent against authority in general may become stigmatised. The definition of 'extremism' could in time be extended to encompass those who object to certain aspects of UK foreign policy.

7 Risk of psychiatrists acting outside competencies/ professional requirements

- Psychiatrists may find themselves under pressure to provide insight into the mind of an individual suspected of terrorism, especially in their dealings with criminal justice agencies. Doctors must always act within their professional guidelines and competencies and be alert to this kind of pressure.

- Psychiatrists asked to assess individuals charged with or convicted of terrorist offences in custodial settings are advised to be mindful of their obligation to act in accordance with professional ethical codes such as those prescribed by the General Medical Council, Royal College of Psychiatrists and British Medical Association.
- Security procedures for people detained under terrorism legislation can be very stringent, and psychiatrists should be mindful of the potential for subtle pressures to vary their normal medical practice to fit in with security considerations. Examples of this include: medical examination of prisoners in physical restraints (which should be avoided where possible); psychiatric examination in the presence of prison security staff; medical and surgical procedures outside the usual considerations of informed consent.
- Psychiatrists must also recognise that such security procedures can themselves become a source of significant psychological stress for patients.

Conclusion

In all of the above circumstances, it is important that psychiatrists discuss these issues with colleagues and peers, and refer to guidance such as the Royal College of Psychiatrists' *Good Psychiatric Practice: Confidentiality and Information Sharing* and General Medical Council's *Confidentiality: Good Practice in Handling Patient Information*. Details of these and other resources appear below.

Should a psychiatrist want further advice, they can contact the Professional Practice and Ethics Committee at the Royal College of Psychiatrists.

Further resources

General Medical Council (2017) *Confidentiality: Good Practice in Handling Patient Information*. GMC.

General Medical Council (2017) *Disclosing Information to Protect Others*. GMC.

Royal College of Psychiatrists (2009) *Good Psychiatric Practice (CR154)*. Royal College of Psychiatrists.

Royal College of Psychiatrists (2010) *Good Psychiatric Practice: Confidentiality and Information Sharing (2nd edn) (CR160)*. Royal College of Psychiatrists. Note: a 3rd edn is in press and will appear as CR209 in November 2017.

Royal College of Psychiatrists (2016) *Counter-Terrorism and Psychiatry (PS04/16)*. Royal College of Psychiatrists (http://www.rcpsych.ac.uk/pdf/PS04_16.pdf).