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3 **Ethical perspective of covert medication in psychiatry**

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9 **Abstract**

10 Schizophrenic patients deny health care due to lack of insight in many cases. In such
11 situations most of the psychiatrists opt for covert medication in consultation with the
12 families. Covert medication has legal and ethical implications. Moreover, it has certain
13 clinical implications for the patient. In addition, how long the covert medication can be
14 continued and when should it be revealed to the patient are questions that cannot be
15 answered in black and white. This article is a commentary on a real scenario of covert
16 medication in ethical perspective.

17 **Keywords:** Schizophrenia; Covert medication; Insight; Psychiatrists; Ethical.

19 **Introduction**

20 Schizophrenia is a chronic brain disorder that causes hallucination, delusion, problems
21 with thinking, perception and concentration, and lack of motivation.¹ It approximately
22 affects 21 million people globally.¹ Most of the times, lack of insight incapacitates the
23 patients and they deny health care. Generally, in cases where there is active refusal and
24 the patients lack insight, psychiatrists are left with no choice but to covertly medicate
25 the patient. Covert medication is the administration of medicines in disguised form like
26 in food and drinks.² Although the practice of covert medication is predominant, it is
27 done in sly. One third of the patients with severe mental illnesses received covert
28 administration of medication during their life time.² Moreover, there is no defined

29 procedure for covert medication.³ This practice of covert medication in psychiatry raises
30 many ethical concerns, and has clinical implications for the patient as well. The case is
31 presented to highlight the use of covert medication and ethics involved. It will bring
32 awareness to the medical fraternity for providing an amicable solution.

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34 **Patients/Methods and Results**

35 The case was seen in October 2014. A 26-year-old young man, who was a nurse, visited
36 a private psychiatrist clinic in one of the cities in KP with his mother. During history
37 taking the young man revealed that they came to the clinic to discuss his father's
38 condition. He claimed that for the last two years his father had been delusional,
39 aggressive, physically abusive and homicidal towards his mother; he suspected that his
40 mother had illicit relationship with others. Moreover, he slept with a loaded gun under
41 his bed. The son said that he tried to convince his father to visit a psychiatrist but he
42 refused.

43 His father was a 60-year-old man and the family was from KP. He used to work in a
44 government department as a head clerk but took early retirement due his delusions.

45 The psychiatrist gave a diagnosis of schizophrenia and prescribed Risperidone 2mg per
46 day. He asked the young man to bring the patient as soon as he develops insight. Ten
47 years have passed by and the father is still being covertly medicated and he is doing
48 fine. It was only the mother and her elder son who knew the diagnosis. The younger son
49 somehow came to know the facts, and he was adamant to reveal it to the father.

50 The son, who is a nurse, discusses general health concerns with the psychiatrist on a
51 regular basis; however, they have not yet informed the patient that he was on
52 medication. The patient was performing all the activities of daily life and all the negative
53 symptoms have disappeared.

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58 **Discussion**

59 This article presents a discussion on covert medication considering the conflicting
60 ethical principles and theories, its clinical implications, and future recommendations for
61 practice and research.

62 **Autonomy vs Non-maleficence and Beneficence:** Autonomy gives an individual the
63 right to decide for themselves. According to this principle, the individual must have the
64 power to decide for one's self without the control of others; however, the individual
65 must be in a sound mind to make decisions.⁴ The Universal Declaration of Bioethics
66 and Human Rights, as cited by Wolinsky,⁵ states, the autonomy of persons to make
67 decisions, while taking responsibility for those decisions and respecting the autonomy
68 of others, is to be respected. For persons who are not capable of exercising autonomy,
69 special measures are to be taken to protect their rights and interests.

70 Moreover, the purpose of psychotropic medicines is to restore autonomy of the patients.
71 So schizophrenic patients may not have insight initially, but they may resume it after
72 taking medicines and with the resumption of insight, the right to autonomy must also
73 resume. So, respecting autonomy means restoring the person's autonomy by providing
74 them all the information and allowing them to decide for themselves. However, it may
75 have consequences of anger, resentment, and persecutory delusions of the family
76 members. When exercising autonomy can cause harm to the individual or others it can
77 be overridden by non-maleficence. The principle of non-maleficence is *prima fascia*.⁶
78 Thus, covert medication may be used in patients who can potentially harm themselves
79 and others around them including their family members. Furthermore, the principle of
80 beneficence ensures patient's best interests.⁶ Covert medications ensure access to
81 treatment for the psychiatric patient who lacks insight. It is beneficial since the positive
82 and negative symptoms are devastating for the patients. In addition, the family has to
83 deal with the anger and suicidal and homicidal symptoms that are difficult to manage.
84 Thus, covert medication assists the family to manage the patient.

85 **Individual rights vs Family rights:** Another facet that should be weighed against the
86 individual rights is family rights in covert medication. Individual rights stress on the

87 rights of a persons and does not consider the social context in which they live. Many
88 cultures, for instance Western culture, put more stress on safeguarding individual rights
89 of the patients. They believe in liberal individualism of the patients; however, this
90 approach in psychiatry is counter argued by many researchers. The right to make
91 informed decision about medical treatment is central in Western bioethics.⁷ Family
92 rights proponents believe in viewing individuals in their social contexts. For instance,
93 in Eastern culture of the subcontinent, individuals are seen in a social context. Family
94 input in decision-making is a norm and often decisive. So, proponents of family rights
95 may propose that covert medication can be justified in the obligation to preserve the
96 family's interests. The disease process is such that the safety and wellbeing of the family
97 in general are always at risk, particularly in the context of developing countries, due to
98 lack of strong community health care systems.

99 **Right based theory vs Paternalism:** Right-based theory advocates for the rights
100 inherent to human beings. These are the moral rights that protect individuals against
101 oppression, unequal treatment, intolerance, and invasion of privacy regardless of gender
102 religion, ethnicity, and economic status.⁸ In addition, it also protects the right to
103 information and right to autonomy. Right-based theorists may argue that covert
104 medication is against the inherent rights of human beings. Moreover, the rights of the
105 individuals cannot be taken away for lifetime merely because they have mental disorder.
106 In addition, the purpose of health care is not only to relieve the symptoms through
107 medicines, but it is obligated to improve the quality of life of the patients to an extent
108 that they should be able to exercise their rights. On the contrary, according to
109 paternalism when health care professionals believe that exercising autonomy may bring
110 harm to the patient or others related, the patient's autonomy can be overridden. It works
111 on the principles of beneficence and non-maleficence. Thus, paternalists may argue that
112 covert medication is justified because it is a protective measure for the patients and other
113 people related to him.

114 **Clinical implications of Covert Medication:** The impact of covert medication in
115 psychiatry goes beyond ethical facets. It has significant clinical implications that health

116 care professionals cannot deny or ignore. With covert medication regular follow-ups
117 and necessary blood tests cannot be warranted. Moreover, covert medication of paranoid
118 people can threaten the safety of the family. For instance, if a paranoid person realises
119 that he has been medicated he may become angry and homicidal towards that person. In
120 addition, if concealed, dealing with the side effects of certain anti-psychotics can be
121 difficult. The patient may not reveal the symptoms to the family members, for instance
122 unusual body sensation, akinesia, and sedation. These symptoms require only dose
123 adjustment, but they may get overlooked by the family members since they are not
124 professionals.

125 On the contrary covert medication ensures strict following of a treatment regime. It
126 serves the purpose of regular and accurate dose administration, thus preventing
127 overdosing or abuse. In the context of Pakistan, mental health disorders are still
128 considered taboo and stereotyped. The person who gets to know of their mental health
129 disease loses hope and gives up on life. Moreover, social repercussions, for instance
130 stereotyping of the patient and family, augments the suffering. Covert medication limits
131 the news of psychiatric disorder to the family thus preventing from social consequences
132 and relapses are minimised by regular administration. Moreover, ignorant of covert
133 medication, the patients enjoy their life.

135 **Recommendations**

136 The subject of covert medication in psychiatry must be an open discourse. Practicing
137 psychiatrists and nurses must be aware of covert medication and its utility in patients
138 who lack insight. Psychiatrists, no matter fewer in number, must come together to share
139 knowledge and experiences and develop contextual code of conduct for practice.
140 Furthermore, specific health educational materials for families covertly medicating their
141 loved ones must be developed and disseminated. Moreover, large scale longitudinal
142 studies must be conducted to assess the impact of covert medication in psychiatric
143 patients. Qualitative studies about the perceptions of family members and challenges
144 faced in covert medication must be explored to have an in depth understanding.

145 To close the gap between urban and rural health care accessibility, digital technology
146 and tele-psychiatry clinics must be established. The health care professionals in primary
147 healthcare centres must be trained in mental health promotion, prevention,
148 identification, and referral of patients and families.

149 In the context of Pakistan, familial decision-making must be advocated and adopted as
150 health care policy in cases with chronic mental health disorders. Covert medication of
151 chronic psychiatric patients lacking insight and active refusal of treatment in
152 consultation with the family must be allowed to the psychiatrist and the practice must
153 be protected by law and code of conduct. Lastly, it must be the family's decision
154 whether to continue to covertly medicate the patient even after resumption of insight or
155 not. The family must not be coerced ethically by health care professionals or legally by
156 law to reveal the disease to the patient.

157

158 **Conclusion**

159 In conclusion, covert medication has been a discourse in psychiatry for the last decade.
160 It has major ethical, legal, and clinical implications. The practices are different across
161 different cultures based on the available resources and cultural norms. Covert
162 medication is justified in the context of developing world because of the unavailability
163 of community-based mental health care. This practice must be legally protected by laws
164 in the context unless proven ineffective by a long-term large-scale longitudinal study.

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