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Psychiatric inpatients' views on self-determination

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1. Introduction

Patients' right to participate in decision-making about their treatment is increasingly more emphasised in modern Western society. Traditionally, the treatment relationship between a doctor and the patient was paternalistic: the doctor, with professional competence, was supposed to know best what is good for the patient, and the patient was expected to agree to the treatment plan presented by the doctor (Cahn, 1980). Nowadays, however, the doctor–patient relationship is seen more as a contract between equal parties who negotiate about the treatment. In many countries the legislation has been changed, which supports this tendency (Kaltiala-Heino, 1995). The doctor has the professional expertise but the patients are the best experts on their own lives and preferences. The modern medical and surgical treatments are far more effective than traditional treatments, but the risks of harmful side effects are also far greater (Hamilton, 1983). Patients can expect greater success in treatment, but also must know they face greater risks (Draper & Dawson, 1990).

Involuntary psychiatric treatment is an exception in the general development towards patients' rights to decide about their treatment. The justification for this exception is the claim that mental illness impairs the patient's capacity to understand the consequences of his/her actions out and the benefit of the offered treatment. Within the last years, a consensus has developed that mental illness and decision-making incapacity are not necessarily synonymous (Zaubler, Viederman, & Fins, 1996). To be competent to decide, a patient must be able to understand information, appreciate information as relevant to her/his own situation, reason with information and express a choice (Appelbaum & Grisso, 1988, 1995). Mental illness

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