

Please read through the following cases and jot down your thoughts on these situations – you might discuss in terms of issues like informed consent, confidentiality, balances between ethical goals, etc.

You've known Mr. and Mrs. Smith for over 15 years – they live down the street from you, and Mrs. Smith used to babysit your kids. You've been seeing her husband Mr. Smith in therapy for several months for depression.

Mr. Smith just started an antidepressant and has been on it for three weeks now. Today his wife Mrs. Smith calls you and says she wants to tell you about some unexpected sexual side effects he is having with the medication, because "he's too embarrassed to bring it up."

A therapist colleague of yours completes an evaluation of a patient who is suffering from severe major depressive disorder. He discusses this diagnosis with the patient, and the patient asks him for recommendations. Your colleague suggests a course of both supportive and cognitive behavioral therapy, saying "Let's see how you do with therapy before we even think about medication".

You are working with a patient who has been referred to you by a psychiatrist. Your patient tells you the psychiatrist started her on a medication, but saying, “this will really help you.” Your patient shows you the consent form she has signed where she agrees to take a medication:

You’ve been prescribed olanzapine 10 mg a day.
You can find complete information about this medication at:

www.olanzapine.manufacturer.com/info

I agree to take this medication:

_____ (Your patient’s signature)

You are part of a treatment team working with a depressed patient who made a suicide attempt and has been involuntarily hospitalized (“5150-ed”). Your team wants her to start taking a medication that you all agree will help her depression. The physician on your team has explained the risks, benefits, side effects, and alternative treatments to her, and the patient is still not sure she wants to take any medicine. The physician knows you have established a good rapport with her, and asks you to tell the patient “if you agree to take this medication we will lift your 5150 and you can go home today.”

A 64-year-old woman with depression and cancer is hospitalized for some short-term cancer treatment. She is given a variety of medications to treat her cancer. The team also feels she may benefit from an antidepressant. They ask the patient about this in the morning. The patient discusses openly the pros and cons of taking the antidepressant, decides she doesn't want to take yet another medication, and she says NO to starting it for the time being.

However, in the evening the patient becomes disoriented and seems confused – she doesn't know the date or even what city she is in. In the course of your conversation with her in the evening, she tells the team she actually does want the antidepressant after all and asks that it be given to her starting now.

Should the antidepressant be given to her?

A 35-year-old man has a long history of bipolar disorder for which he has been hospitalized multiple times. He's made three past serious suicide attempts while manic or depressed (he has no thoughts of self-harm now). He is not currently manic or depressed or with other serious symptoms right now, but you and your health care team strongly feel his history warrants ongoing treatment with a mood stabilizer. You explain the risks and potential benefits to him, and include your assessment of his likely prognosis without the medication. He is able to demonstrate that he understands all of this, and you are convinced he understands the consequences of no treatment. He refuses the medication.

Can he refuse? Can the medical team force him to be treated with a medication he doesn't want? If they cannot, should you leave it at that?

You learn that your client was seen in the emergency room over the weekend because he was having some suicidal thoughts. He tells you that they made him wait for an hour before he was seen. He became very frustrated and angry, and he “almost got in a fistfight with a nurse and the security guards” in the ER. The ER physician ended up putting him in restraints and administering injections of Ativan, all against your client’s will.

What are your thoughts on what happened to your patient in the ER?