

THE ETHICS OF COLLABORATIVE PARTNERSHIPS

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Aim: Shared Mental Health Care (SMHC) is a collaborative process between primary care physicians (PCPs) and a mental health care team, including a psychiatrist, a nurse, and other counsellors, either social workers or psychologists. It is intended to explore its ethical implications.

Background: This collaboration style “model of care” has grown internationally in scope during the last 25 years from the CLIPP program in Australia to Katon and colleagues in the United States to Kates and colleagues in Hamilton, Ontario. However, the ethical implications of this model have not been formally examined.

Methods: A literature search dating back to 1970 was conducted using relevant key words around collaboration, ethics and health care to name a few.

Results: In doing a MEDLINE and PsycInfo search dating back to 1970, literature containing the concepts regarding collaborative care or mental health was descriptive in their content generally focusing on demographics, a particular diagnosis, such as depression or anxiety, and patient satisfaction. Economic analysis and other tests for validity or reliability in the SMHC process have been explored. Standardized testing of the same model was rare, as were discussions of potential ethical dilemmas using this paradigm. In the legal literature using WestLaw, EthicsInfo, and National Library of Medicine searches uncovered primarily theoretical discussions.

Implications and Conclusions: Relevant ethical discussions involved issues such as patient safety, privacy, confidentiality, informed consent, the importance of documentation within a team structure, and primary and secondary liability. This presentation will clarify and summarize both the potential risks and benefits of Collaborative partnerships from an ethical perspective. It will present a solution-based approach to operating this model.

Full List of Authors in Order

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Learning Objectives:

1)To analyze the ethical issues in the integration of many different perspectives and professionals while maintaining a successful collaborative partnership.

2)To understand the complexities of integrating a mental health care team in a primary care setting.

References:

Kates, N. (1988). Psychiatric consultation in the family physician's office. Advantages and hidden benefits. *Gen Hosp Psychiatry*, 10(6), 431-437.

Kates, N., Craven, M. A., Bishop, J., Clinton, T., Kraftcheck, D., LeClair, et al. (1997). Shared mental health care in Canada. *Canadian Journal of Psychiatry*, 42(8), Suppl.