MEDICAL PRACTICE

New Horizons in Medical Ethics

Changing the Patient's Personality

This tape-recorded discussion was devoted to some ethical problems of changing the patient's personality, including drug therapy and psychosurgery. In their working papers, circulated before the discussion, Dr. L. H. Field, a consultant forensic psychiatrist, argues that many procedures are justified by the resultant relief of suffering; Dr. Henry Rollin, a consultant psychiatrist and member of the Parole Board, questions how far irreversible treatments are justified; and Dr. C. A. H. Watts, a general practitioner, points out that modern man often thinks he should not suffer any stress or pain. The working papers are printed below, followed by the discussion, which was chaired by a member of the B.M.J. editorial staff.

Knowledge and not Prejudice

L. H. FIELD

There are as many definitions of personality as there are varieties of Heinz products; for the immediate purpose personality may be regarded as the combination of the inner psychological qualities of a person and his observable behaviour. Some procedures exist which are designed to modify a patient's psychological functioning or his overt behaviour, or both; psychosurgery and the treatments available for certain sexual deviations are examples. The presence of subjective suffering or the exhibition of behaviour which society is unable to tolerate lends itself to treatment by techniques which, by altering the internal or external manifestations of the personality, permit the patient a more satisfactory adjustment to himself or his environment.

Saints and Sinners

HENRY ROLLIN

Difficult as it is, I feel that it is necessary to make an attempt to give one's own definition of personality: only by so doing can one have a frame in which to work. To my mind, personality is compounded of all those psychological characteristics which

The alleviation of intolerable tension, chronic depression, or crippling obsessional thinking by brain surgery and the alteration of the abnormal orientation of libido by hormones, drugs, or aversion therapy are all justified by the relief from suffering that such procedures produce. There is little doubt that the patient who has had a leucotomy no longer has the same "internal" personality as he had preoperatively and the aim of the treatment of sexual offenders is to alter at least the external manifestations of the personality.

I have often been dismayed by the pontification of those who oppose such approaches to these problems; the overriding needs of the sufferer are then lost in sterile debate. And, while it is true that consent—in the fullest meaning of that term—may not be applicable where such personality-changing procedures are being contemplated, in the last analysis it is in the bond of trust between the patient and his doctor that the safeguards lie. The patient should know and understand that, however radical the proposed treatment, the sole aim is his benefit. In any assessment of a patient for such treatments, knowledge and not prejudice should be the keystone.

go to differentiate one person from another, in the same way as facial characteristics differentiate one person from another. As with all scales of human measurement, the vast majority of people cluster about the mean—that is, in terms of personality, most people have handed out to them a fair balance of good and bad qualities. Nevertheless, there are always giants and dwarfs in every sample of humanity. Hence the whole spectrum from extreme goodness to extreme badness is represented in what can be considered the full range of normal personality. So we have our saints who are overendowed with angelic qualities and those whose outstanding badness reaches devilish

or psychopathic proportions—to a point, indeed, when they are known as psychopathic personalities.

In discussing changes of personality, it is necessary to talk first of all about the alterations which can occur as the result of natural processes. For example, the process of ageing certainly changes people, and it is by no means uncommon to see the erstwhile sinner reform. In clinical terms the psychopath can quite spontaneously mature and indeed appear to compensate or overcompensate for his initial badness (the poacher becoming the game-warden, so to speak). With senility there is also a change due to organic brain damage so that all too often we see in dementia a sad caricature of the person when in full possession of his faculties. Insults to the brain also affect personality, as, for example, the tragic alterations which occur as the result of head injury, and the mental dilapidation that can result from chronic poisoning by, say, chronic alcoholism.

To turn to the therapeutic measures which psychiatrists can exploit to alter personalities. I suppose that some change must result from prolonged psychoanalysis, a change aimed at making the individual more capable of standing up to the slings and arrows of outrageous—or not so outrageous—fortune. To what extent is the schizoid personality, so often a precursor of schizophrenia, amenable to alteration by treatment? Or alternatively, the cyclothyme, where personality distortion may blossom into a full-blown manic-depressive psychosis? Do our modern

psychotropic drugs in fact alter personality? Or for that matter, does E.C.T. effect a similar change? It may well be argued that to restore an individual to a degree where he can function again in society any such change in personality, all of them theoretically reversible, is a small price to pay.

Nevertheless, how far are irreversible treatments justified—for example, by hormone sex implants, which in effect produce an entirely different individual by chemical castration? There are subtle and perhaps not so subtle ethical considerations of fundamental importance involved. I for one would hate to be responsible for castrating any man with or without his acquiescence.

Finally, a word about psychosurgery, which, thank Heaven has now declined in importance—here in the United Kingdom at any rate. Having seen the tragedies which have resulted from a variety of brain operations carried out in all good faith, may I add, I solemnly took a vow many years ago that under no circumstances would I ever recommend another one. The more I study the functions of the brain, the more I am aware of our appalling ignorance about its workings, and to my mind, at this present stage of our knowledge or ignorance, to do a destructive operation on such an infinitely delicate and complex organ is like kicking some equally delicate and complex machine which is out of order in the hope that by so doing we can make it function normally again.

Seeing the End Results

C. A. H. WATTS

Psychosurgery and sexual reassignment are rare events in any one practice, but we do see the end results in considerable detail. Useful results might well be obtained from a follow-up organized to cover a large number of practices. In the field of psychopharmacology general practitioners have a far bigger part to play. We deal with something like 90% of the psychiatric case load, and the consultant sees largely those who have failed to respond to drugs. Many patients are helped back to a normal way of life by taking antidepressant drugs. Every so often one is confronted by a spectacular recovery of someone who has been ill for years. The man who has been a depressed hypochondriac for a decade becomes a changed person; the shy "neurotic" with claustrophobia, finds that she is able to go to church or attend the Women's Institute after years of invalidism. In the same way a schizophrenic whose life has been dominated by delusions and hallucinations ceases to notice them, and becomes a near normal person. There can hardly be any ethical problem in dealing with cases such as these. On the other hand, anxiety is basically a protective reaction. How far is it right to suppress these symptoms? Patients often ask for tranquillizers to help them over a driving test, and one gets the feeling that modern man does not think he should suffer any stress or pain. Occasionally, there is a place for the tranquillizer drug, but they are not as useful as the drugs which relieve depression and the schizophrenic psychosis.

Discussion

CHAIRMAN: Today we're going to discuss some ethical aspects of changing the patient's personality. This will exclude consideration of methods of which the panel has no direct experience, such as psychoanalysis and sex reassignment procedures. Dr. Rollin?

In the present state of our knowledge each case we treat is an expensive experiment. There are many failures which must cost the Exchequer a mint of money. We have a duty to stem this waste. If we are to be more accurate in our prescribing we need to have better tools to evaluate symptoms, and these can be forged only by drug trials with the type of patients we see in general practice. To perfect such experiments the G.P. will need the support and guidance of psychiatrists. The family doctor can supply patients in abundance, but any worthwhile project needs to be a combined operation. Our patients are very willing to co-operate, but how far is it right to take advantage of their willing help? In general it is unwise to give direct advice to patients on social problems, but this rule may not apply with the patient in the throes of a psychosis. Here surely the victim should be deflected from making important decisions which he may regret when he has recovered. With patients who are severely disturbed, treatment may have to be forced on the sick person against his wishes. A judge has a jury to help him make a decision to deprive a person of his liberty; a doctor may have to decide such action on his own. Such drastic action may be necessary to restore the patient to his prepsychotic personality.

Appointments of Speakers

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DR. ROLLIN: I think it is ethically legitimate for doctors to change a personality provided the alteration is reversible. So I would not disagree with the type of treatment psychopaths get at, say, Grendon Underwood—a psychiatric hospital within the prison system—which relies on group or community therapy, with far less emphasis on the use of drugs. But I question the ethical propriety of some other practices. To start with psycho-