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Ethical and Moral Obligations Arising From Revelations of Pharmaceutical Company Dissembling

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The past few years have seen an accelerating series of revelations that the sources of information prescribers of psychotropic medication and other mental health workers have relied on has been corrupted by pervasive pharmaceutical company dissembling. This article discusses the ethical obligations of psychiatrists, psychologists, and social workers that may arise from these revelations. The conclusion is that psychiatrists, psychologists, and social workers have not only the ethical obligation to change the information they are providing clients/patients and other decision makers but also the ethical obligation to insist that this dissembling no longer be tolerated and to hold their leadership accountable.

Keywords: informed consent; psychotropic medication; ethics; medical ethics

Ushered in with the introduction of Thorazine (chlorpromazine) in the mid-1950s, mental health treatment has become increasingly dominated by drug treatment to the point where today it is virtually impossible for anyone receiving services from the public mental health system in the United States to do so without taking psychotropic drugs. Often, only medication is offered, and it is rarely, if ever, possible to find public programs that provide other services, such as housing and case management and even psychotherapy, that do not condition such services on being "medication compliant." This article discusses whether recent revelations of pharmaceutical company dissembling[1] about the efficacy of and harm caused by the newer psychotropic drugs give rise to professional ethics obligations among psychiatrists, psychologists, and social workers.

Heretofore, it was reasonable for such practitioners to rely on medical journal articles, continuing medical education (CME) offerings, and the seemingly authoritative "standard of care" in making prescribing decisions. However, the recent revelations that none of these are reliable—that all of them have been corrupted by pharmaceutical company dissembling—raise ethical obligations among mental health practitioners. This article thus discusses from whence such obligations may arise, and what those obligations might be.

Ethical and *moral* obligations are two separate concepts. *Ethical* is defined as "being in accordance with the accepted principles of right and wrong that govern the conduct of a profession," while *moral* is defined as "conforming to standards of what is right or just" or "of or concerned with the judgment of the goodness or badness of human action and character" (*American Heritage Dictionary*). In other words, morality involves good and bad, while ethics involves professional standards. Professional ethical standards at least theoretically derive from concepts of morality, but are not congruent with morality.

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PHARMACEUTICAL COMPANY DISSEMBLING

Medical journals, even the most prestigious, have been manipulated by pharmaceutical companies into publishing false and misleading articles (Angell, 2000; Boseley, 2001; Smith, 2005) and are acceding to pharmaceutical company demands to suppress negative information about their drugs (Healy, 2008). Recently, U.S. Senator Charles Grassley exposed psychiatric "key opinion leaders" for secretly and illegally taking large sums of money from the drug companies and promoting their psychiatric drugs (Carey & Harris, 2008; Harris, 2008b, 2008c). Many other psychiatric key opinion leaders have also been exposed as secretly—and often illegally—taking drug company money while purporting to publish unbiased research:

1. Joseph Biederman of Harvard Medical School, who was pivotal in promoting the diagnosis of bipolar disorder in children and youth resulting in a 40-fold increase and the massive increase of prescribing "mood stabilizers" and neuroleptics to children and youth (Harris. 2008b) and who promised Janssen he would provide data supporting the use of Risperdal in children if they funded his research center (Harris, 2009)
2. August Rush and Karen Wagner, at the University of Texas system at the time, who were instrumental in developing the Texas Medication Algorithm Project, which has been promoted and adopted as a proper prescribing guide around the world (Ramshaw, 2008) and is now the subject of a lawsuit by the Texas attorney general for being fraudulent (*Jones v. Janssen*, 2006)
3. Alan Schatzberg, president-elect of the American Psychiatric Association, who owned a $4.8 million stake in a drug development company (Carey & Harris, 2008)
4. Charles Nemoroff of Emory University, whose name appears on more than 850 research reports ("Drugs and Disclosure," 2008; Harris, 2008c)

In a document that was revealed only through litigation against Janssen involving the fraudulent marketing of Risperdal (risperidone) to children and adolescents (*Avila et al. v. Johnson & Johnson et al.*, 2006), the following key opinion leaders were identified by Janssen Pharmaceuticals (2002) to promote prescribing Risperdal to children and youth:

- Michael Aman, PhD, Ohio State University
- Joseph Biederman, MD, Harvard Medical School
- Gabrielle Garson, MD, State University of New York at Stonybrook
- Robert Hendren, DO, University of California, Davis
- Lawrence Scahill, MD, Yale School of Medicine
- Robert Findling, MD, University Hospitals of Cleveland
- Lawrence Greenhill, MD, New York Psychiatric Institute
- Peter Jensen, MD, Columbia University
- James McCracken, MD, Stanford University School of Medicine
- Christopher McDougle, MD, Indiana University School of Medicine

Another document revealed in the *Avila* case is an e-mail from a Janssen employee reciting Biederman's solicitations of Janssen to provide funding for a child and adolescent bipolar disorder center to promote pediatric use of Risperdal (Gharabawi, 2002):

> Dr. Biederman is the pioneer in the area of [child and adolescent] Bipolar Disorders. He approached Janssen multiple times to propose the creation of a Janssen [Massachusetts General Hospital]

> center for [child and adolescent] Bipolar disorders. The rationale of this center is to generate and disseminate data supporting the use of risperidone in this patient population.

Drug companies paid more than $30 million to the American Psychiatric Institute in 2006 alone to sponsor CME promoting their products (Carey & Harris, 2008) and paid for countless junkets and other perks to psychiatrists to meet their CME obligations through drug company–sponsored CME (Moynihan, 2008). Drug companies also author studies and pay prominent psychiatrists to put their names on them in a process known as "ghost writing" (Angell, 2000; Boseley, 2002; Healy, 2006; Lacasse & Leo, 2010). Abstracts are written to favor psychiatric drugs when the underlying data do not support the statements in the abstracts (Lenzer & Brownlee, 2008; Pitkin, 1999).

It has been revealed that even the Public Broadcasting System's supposedly legitimate program *The Infinite Mind* was corrupted by its host, psychiatrist Frederick Goodwin, having been paid at least $1.3 million by drug companies that manufacture drugs whose virtues Goodwin extolled on the radio program (Harris, 2008a).

Without these revelations of pharmaceutical industry dissembling, it would be reasonable for psychiatrists and other mental health professionals to rely on prestigious medical journal articles to be accurate, on American Psychiatric Association CME programs to be accurate, and key opinion leaders to be trusted. With the revelations that none of these sources are, in fact, reliable, however, what are the ethical responsibilities of mental health professionals arising therefrom?

PROFESSIONAL ETHICAL OBLIGATIONS OF PSYCHIATRISTS, PSYCHOLOGISTS, AND SOCIAL WORKERS

Psychiatry

Starting in 1973, the American Psychiatric Association began publishing *The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry*, which has been updated a number of times, the latest version of which was issued in 2001 and last updated on February 7, 2008 (Klemmer, 2001). *The Principles* states in its foreword,

> ALL PHYSICIANS should practice in accordance with the medical code of ethics set forth in the Principles of Medical Ethics of the American Medical Association. . . . However, these general guidelines have sometimes been difficult to interpret for psychiatry, so further annotations to the basic principles are offered in this document. While psychiatrists have the same goals as all physicians, there are special ethical problems in psychiatric practice that differ in coloring and degree from ethical problems in other branches of medical practice, even though the basic principles are the same. The annotations are not designed as absolutes and will be revised from time to time so as to be applicable to current practices and problems. (footnotes omitted)

Section 2 of the American Medical Association's (AMA's) Principles of Medical Ethics provides,

> A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.

Section 5 of the AMA's Principles of Medical Ethics provides,

> A physician shall continue to study, apply, and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

Now that it is known that the sources psychiatrists have historically relied on to provide honest treatment are no longer to be trusted, it appears that the professional ethical obligations of psychiatrists require them to do the following:

1. Independently verify the accuracy of information being used to make treatment recommendations, including actively seeking out and identifying sources of reliable information. For example, the *British Medical Journal* recently published a list of researchers who are not tainted by drug company money (Lenzer & Brownlee, 2008).
2. Correct inaccurate information they have given to their patients, colleagues, and the public based on now-discredited sources of information.
3. Cease attending CME programs sponsored or supported by drug company funds.
4. Insist that journals cease publishing compromised articles.
5. Demand that all clinical trial data be exposed to the light of public disclosure.
6. Demand from the leadership of the American Psychiatric Association and other professional psychiatric organizations that their operations and public statements be cleansed of the taint of drug company funds, including the removal of tainted leadership.

In short, psychiatrists should be in an uproar over the way they have been systematically misled.

Psychology

The American Psychological Association's Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2002) include the following:

- Psychologists
  - strive to benefit those with whom they work and take care to do no harm.
  - seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not . . . engage in fraud, subterfuge, or intentional misrepresentation of fact.
  - take reasonable steps to avoid harming their clients/patients.
- Psychologists' work is based on established scientific and professional knowledge of the discipline.
- If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and *to the extent feasible,* resolve the conflict in a way that permits adherence to the Ethics Code (emphasis added).

The last-cited principle, by its terms, appears to allow psychologists to violate their principles when they conflict with their employers' demands and it is not feasible to resolve the conflict in favor of the Ethics Code (Feasibility Exemption). This is in stark contrast to psychiatrists' obligations to follow their ethical guidelines in spite of their employers' demands. Except where the Feasibility Exemption applies, it would appear

that the same sorts of ethical obligations that psychiatrists are under as set forth above would also apply to psychologists.

Now that drug company dissembling about psychotropic drugs is known, it violates psychologists' ethical principles to do no harm, convey accurate information, and so on to further propagate the false information. Should a psychologist's employer require a psychologist to perpetuate the false information, does the Feasibility Exemption allow the psychologist to do so? This is not a theoretical question, as, for example, psychologists are often involved in attempting to persuade patients to be medication compliant and do so by conveying now-discredited drug company propaganda about the medications. It may very well be that the Feasibility Exemption could apply to this situation and allow psychologists to convey inaccurate information about the drugs in order to induce clients to be medication compliant.

Is the same true when psychologists are required to convey inaccurate information in support of their employer's desire to obtain authorization to administer psychotropic drugs against a client's will? The question arises concretely because of the recent intersection of two disparate events: (a) the adoption in 2006 and 2007 by the American Psychological Association of resolutions categorically banning psychologists' participation in torture (American Psychological Association, 2006, 2007), collectively the "APA Torture Resolutions," and (b) the July 2008 interim report of the special rapporteur on torture and other cruel, inhuman, or degrading treatment or punishment to the UN General Assembly concluding that the involuntary administration of psychotropic drugs may constitute torture (Nowak, 2008).

The 2007 American Psychological Association torture resolution does not seem to allow for application of the Feasibility Exception in the case of torture:

> BE IT RESOLVED that the unequivocal condemnation includes an absolute prohibition against psychologists' knowingly planning, designing, and assisting in the use of torture and any form of cruel, inhuman or degrading treatment or punishment. (American Psychological Association, 2007)

The special rapporteur's conclusion regarding the involuntary administration of psychotropic medication is contained in paragraph 63 of his report as follows:

> 63. Inside institutions, as well as in the context of forced outpatient treatment, psychiatric medication, including neuroleptics and other mind-altering drugs, may be administered to persons with mental disabilities without their free and informed consent or against their will, under coercion, or as a form of punishment. The administration in detention and psychiatric institutions of drugs, including neuroleptics that cause trembling, shivering and contractions and make the subject apathetic and dull his or her intelligence, has been recognized as a form of torture. In *Viana Acosta v. Uruguay,* the Human Rights Committee concluded that the treatment of the complainant, which included psychiatric experiments and forced injection of tranquillizers against his will, constituted inhuman treatment. The Special Rapporteur notes that forced and non-consensual administration of psychiatric drugs, and in particular of neuroleptics, for the treatment of a mental condition needs to be closely scrutinized. Depending on the circumstances of the case, the suffering inflicted and the effects upon the individual's health may constitute a form of torture or ill-treatment. (Nowak, 2008)

Since the involuntary administration of psychotropic drugs can constitute torture, and the APA Torture Resolutions make the Feasibility Exemption inapplicable to participating in

torture, to the extent that involuntary medication constitutes torture, it would appear that the psychologists' ethics code prohibits perpetuating inaccurate information in order to obtain authorization to administer such psychotropic drugs against a person's will. In fact, to the extent that the involuntary administration of psychotropic medication constitutes torture, it would appear that the APA Torture Resolutions prohibit psychologists from participating, whether or not they perpetuate inaccurate information.

The foregoing analysis seems to result in the seemingly illogical conclusion that the Feasibility Exemption in the psychologists' code of ethics permits psychologists, when required by their employers, to convey inaccurate information to convince clients to voluntarily take the drugs but not to convince courts to order clients to take the drugs. However, if the APA Torture Resolutions do override the Feasibility Exception, as they seems to do, perhaps there are other situations where the Feasibility Exception is inapplicable, such as conveying inaccurate information to obtain medication compliance.

Thus, a fundamental question is, in light of the recent revelations of drug company dissembling about the benefits and harms of psychotropic drugs, whether the psychologists' Feasibility Exception swallows up psychologists' ethical obligations to (a) do no harm; (b) promote accuracy, honesty, and truthfulness; (c) not . . . engage in fraud, subterfuge, or intentional misrepresentation of fact; (d) take reasonable steps to avoid harming their clients/patients; and (e) base their work on established scientific and professional knowledge.

Social Work

The National Association of Social Workers (NASW) adopted its current Code of Ethics in 1996 with revisions made as recently as 2008 (National Association of Social Workers, 2008). One of the core values of the NASW Code of Ethics is integrity, with the following concomitant ethical principle:

> Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

The NASW's Ethical Standard 3.09 provides, in pertinent part,

> (d) Social workers should not allow an employing organization's policies, procedures, regulations, or administrative orders to interfere with their ethical practice of social work. Social workers should take reasonable steps to ensure that their employing organizations' practices are consistent with the NASW Code of Ethics.

The NASW's Ethical Standard 4.01 provides, in pertinent part,

> (b) . . . Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.

The NASW's Ethical Standard 4.04 provides,

> Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception.

The NASW's Ethical Standard 5.02 provides, in pertinent part,

> (c) Social workers should critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice. . . .

NASW's Ethical Standard 6.02 provides,

> Social workers should facilitate informed participation by the public in shaping social policies and institutions.

First, unlike psychologists' ethical code, social workers are not allowed to violate their ethical obligations when demanded by their employers, instead being obligated try to have their employers conform to social workers' ethical standards.

Most important, social workers are not allowed to participate in, condone, or be associated with dishonesty, fraud, or deception and, in addition to being honest to their clients, are obligated to try to reshape social policies and institutions, which now should take into account drug company dissembling about psychiatric drugs.

CONCLUSION

The foregoing analysis suggests that the rules of ethics promulgated by psychiatry, psychology, and social work require corrective action by these professionals with respect to the pharmaceutical industry's recently revealed dissembling regarding psychotropic drugs. It appears that their members are obligated to speak up, stand up, and stop the dissembling. Steps it would appear such practitioners are required to take include the following:

1. Independently verifying the accuracy of information being used to make treatment recommendations, including actively seeking out and identifying sources of reliable information
2. Correcting inaccurate information they have given to their patients, colleagues, and the public based on now-discredited sources of information
3. Ceasing to attend educational programs sponsored or supported by drug company funds
4. Insisting that journals cease publishing compromised articles
5. Demanding that all clinical trial data be exposed to the light of public disclosure
6. Demanding from the leadership that their organizations' operations and public statements be cleansed of the taint of drug company funds, including the removal of tainted leadership

NOTE

1. To *dissemble* is to "disguise or conceal behind a false appearance" (*American Heritage Dictionary*).

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