
Section Editor

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The case presented has multiple aspects which are discussed in three thought-provoking commentaries, highlighting issues pertaining to three aspects: clinical, ethical and legal.

The clinical commentary adopts a very specific stance by diagnosing Dr. G with “schizophrenia” and discussing his lack of insight, which is central to the discussion as this puts the capacity of an individual at stake. However, one needs to ascertain the extent to which an individual becomes incompetent by lack of insight: if a person is not accepting any treatment but acknowledges his illness, would you call him incompetent and commit him to a mental institution, or work with him to gain insight? Insight should be seen as a continuum rather than a static element. Chong highlights the risk associated with no treatment of Dr. G since he is also a practising physician. This is based on the duty to protect the third party, Dr. G’s patients in this case. This issue becomes more pertinent as Dr. G is committed to providing alternative

treatment and now considers medicine as the “work of the Devil”, which Chong suggests makes Dr. G a potential threat to his patients, contrary to what a doctor should be.

The ethics commentary raises an alternative perspective that Dr. G’s case could be viewed as one of religious experience instead of a psychotic phenomenon. In his commentary, Pickering tries to examine each possibility and then defers it based on ethical arguments. It seems ethically justified that one needs to consider every potential possibility while analysing a situation. Religious revelation in this case is one such possibility. Pickering highlights the problems with a nonconformist stance, such as Dr. G’s, in today’s world. However, one needs to look deeply to assess the rationality of a particular individual’s stance. It is not a rule that nonconformity will be irrational but most psychotic phenomena will be. So one can say that rationality could be one criterion based on which one can judge behaviour.

In this case, as Pickering points out, once Dr. G is able to resume his practice, even then, the community needs to monitor him. The ethical concern here is that monitoring at one level is breaching privacy since every individual has a right to live with freedom. In the case of Dr. G, who is a respectable person and a doctor by profession, one needs to question whether the community should be monitoring an individual who is supposed to monitor them (for health purposes)? Would just one episode of psychosis make the individual less competent than his fellow countrymen even after he has become stable? Here we are required to weigh the potential risk to the community against certain harm to the individual.

In Kuah's legal commentary, the law is metaphorically blind and deaf to nuances outside the domain of law books. Kuah gives a clear-cut, black and white picture of the legal standpoint and bases her commentary on two points, notably "well-being and interest of his patients" and Dr. G's lack of insight. Writing categorically, she opines that the law is clear that when there is a risk to a third party, every effort should be made to

protect them. However, the legal standpoint remains silent about the predicament of Dr. G. when told to stop his practice. Could there be a way by which he can be supervised closely and respectfully rather than turning down his license? Nevertheless, as Kuah points out, it cannot be at the cost of safety and it is the responsibility of the medical fraternity to report a colleague who may harm others. She also states that if a doctor is treating another doctor whose illness renders him to be incompetent then he must report the matter. The concept of confidentiality changes with the amount of risk involved.

The case of Dr. G. serves an educational purpose, in addition to illustrating a dilemma in the field of psychiatry. The three commentaries share a common thread despite their differing positions on the case: human respect is supreme and should always be a priority. Asking Dr. G to take treatment and to not practise until he recovers is a gesture of respect to the medical fraternity. This act protects him from any potential risk to his integrity and also ensures the safety of others.