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Bioethics and Depression: How Antidepressants May Decrease a Patient's Autonomy

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Abstract

Psychotherapy or the "talking cure" was developed by Sigmund Freud at the end of the 19th and the beginning of the 20th century. From that starting point there have been many different types of psychotherapy and psychoanalysis that have branched out out of Freud's original theory. The most commonly practiced branch in contemporary United States is Cognitive Behavior Therapy. In 2005 about 14.8 million American adults suffer from depression, and in that same year about 170 million prescriptions were made for antidepressants. Both antidepressants and cognitive behavioral therapy have been proven successful; but does treating mentally ill patients with antidepressants only deprive patients of autonomy or even dignity? Adjunct Research Fellow Paul Biegler, of Monash University's Centre for Human Bioethics, states that this is indeed the case. Arguing in his text The Ethical Treatment of Depression, Biegler argues that physicians of depressed individuals would have a more indepth understanding of their patient with cognitive behavioral therapy; and in doing so would also promote in the patient their own autonomy. In this essay I will be drawing from Biegler's text while also using Kantian and Utilitarian ethics to support Biegler's position on cognitive behavioral therapy while also suggesting that antidepressants can be used to aid in a patient's treatment but should not be the sole treatment. I will also be arguing that in changing the way and frequency antidepressants are prescribed, how a patient with depression can increase their own sense of embodiment and autonomy while a medical practitioner is also fulfilling their moral obligation to their patient.

Keywords: Depression, Antidepressants, Autonomy

1. I *Kant* Even: A Brief Introduction to Ethics

As philosophy evolved throughout the centuries the questions of what is right and what is wrong developed into their own specific branch known as ethics. Ethical questions and theories can be seen as early as Socrates and Aristotle's time and have since become more extensive but also more complex. In ethical theory there are three main branches of ethics; metaethics, normative ethics, and applied ethics. Metaethics seeks out to answer and investigate where our ethical principles originated, normative ethics concerns the moral standards that would determine what was right or wrong, and lastly applied ethics looks at controversial moral issues and analyzes them. Throughout this paper I will focus on theories that fall under normative ethics.

Normative ethics aims to create moral standards that would regulate what is right and what is wrong. And assumes that there can be only one moral standard that should be followed. Under this falls three different strategies that focuses on three different aspects that determines morality. When an action is performed there are three main parts; the agent, the action itself, and the consequences of said action. Virtue ethics focuses on the traits that make the agent moral or immoral and the process to achieving this. Greek philosopher Plato discusses four particular virtues that he deems as

most important; wisdom, courage, temperance, and justice. Another famous Greek philosopher Aristotle, argued that these virtues must be practiced over and over again so that they are habitualized and instilled in the soul. The next strategy focuses on the action and the foundational principles of obligation, otherwise known as duty ethics. This form of ethics looks at the nature of duty and the reasons why this obligation must always be followed. German philosopher Immanuel Kant argues that there is only one single principle of duty in his text *Critique of Pure Reason*. Here Kant discusses his theory of the categorical imperative which contains maxims that must be followed in every situation no matter what. There are two main formulations with the first summarized as "Act only according to that maxim by which you can, at the same time, will that it should become a universal law" and the second as "Act so that you treat humanity, whether in your own person or in that of another, always as an end and never as a means only". This is to say that a person must respect another in making decisions, because they are a being that is capable of autonomy. The third and last strategy focuses on the consequences of an action, how they may affect a situation in the long run, and if the benefit outweighs the cost. Consequentialism focuses on these questions. One form of consequentialism developed by Jeremy Bentham called Utilitarianism focuses on what makes the greater number happier than the rest. Even if the agent has "bad" virtues, and the action is perceived as wrong, if the outcome turns out to be more beneficial. Then overall it would not be considered a morally wrong act.

In Immanuel Kant's writings Kant aims to distinguish between agents (a person) and "things" or things that hold no amount of rationality. Kant believes that agents are the only ones capable of rationality and all others are just "things". Irrational beings are things that can be manipulated and used as a means, while this cannot be done with agents as they are ends in themselves. Agents are capable of understanding their being and can conceptualize their lives, and therefore can make their own decisions for themselves. Known as autonomy, there are many different understandings of what this can mean, but we will focus on the meaning that an agent is capable of making their own decisions without the influence of another. Having both intrinsic and instrumental value, autonomy allows agents to act in such a way that fulfills their interests making the notion of autonomy good in it of itself. And also brings to the understanding that agents must respect the autonomy of other agents.

2. "Snap Out of It": Depression the Invisible Illness

Depression a mood disorder and a global health concern affects about 1 in 6 people in their lifetime.[1] Since the turn of the century the amount of depression related cases have greatly increased, becoming a leading cause for the onset of other diseases. But because depression is a mental illness it is not well understood by the general population. Award winner writer of *Sophie's Choice* William Styron, states in his memoir

> [D]epression takes on the quality of physical pain. But it is not an immediately identifiable pain, like that of a broken limb. It may be more accurate to say that despair, owing to some evil trick played upon the sick brain by the inhabiting psyche, comes to resemble the diabolical discomfort of being imprisoned in a fiercely overheated room. And because no breeze stirs this cauldron, because there is no escape from this smothering confinement, it is entirely natural that the victim begins to think ceaselessly of oblivion.[2]

Though someone may experience mental anguish, it may not always manifest itself physically as a broken bone would. This causes depression and many other mental illnesses to be perceived as an "invisible disease". Depression contains many symptoms outlined in the *Diagnostic and Statistical Manual of Mental Disorders IV* of the American Psychiatric Association, which states that

> The essential feature of a Major Depressive Episode is a period of at least 2 weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities...The episode must be accompanied by clinically significant distress or impairment in social, occupational, or other important areas of functioning. For some individuals with milder episodes, functioning may appear to be normal, but requires markedly increased effort.[3]

Symptoms may also include a persistent sad mood, feelings of hopelessness or guilt, appetite or weight changes, changes in hygiene such as showering, and/or suicidal ideation or suicide attempts. Often depressive episodes are brought on by stressful events, that cause a person to feel hopeless or even skew the way they perceive future events. Where if a person is feeling hopeless then any desired events would feel unachievable and "hopeless". This causes a skewed reality that those future events would cause more pain than good and further cause a person give up on the

event itself but still carry those feelings of pain. Those who experience depression may also feel that they are helpless or the inability to change the events that occur around them or their own life. Contrary to popular belief, depression is not simply "the blues", with the Indiana branch of Mental Health America stating "Depression is more than 'the blues,' it cannot be willed or wished away. It is not a sign of personal weakness. It is a flaw in chemistry not character."[4] Throughout this essay I will be referring to Major Depressive Disorder rather than depression as a whole. Treatments for Major Depressive Disorder include medication such as antidepressants which seek out to renew the balance of chemicals in the brain such as serotonin, norepinephrine, and dopamine. Other treatments include forms of psychotherapy such as Cognitive Behavioral Therapy, Dialectic Behavioral Therapy and many others.

3. Pills, Pills, Pills: Antidepressants and Cognitive Behavioral Therapy

Though treatment varies from patient to patient based on the severity and the amount of distress the patient is in, many patients with depression often are prescribed antidepressants. In 2012 about 13% of Americans were recorded as taking a form of antidepressant.[5] There is much research on the effects of antidepressants on a brain's chemistry, studying how the levels of serotonin, dopamine, and norepinephrine are affected by this medication. Though there is not much investigation on how antidepressants therapeutic nature actually takes place. Experimental psychologist for Oxford University Catherine Harmer, states on brain chemistry "[There is *no* neuropsychological account of how these changes relieve depressive states."[6] Often when antidepressants are prescribed, they come with many side effects such as increase appetite and weight gain, fatigue, insomnia, irritability, and even loss of sexual desire.[7] These side effects eventually go away with time, but many patients will get frustrated with the results since the full effects of the medication usually does not show until about three months in time.[8] It seems that medication is often used as a quick fix for patients. As many are prescribed medication right away rather than finding the stressors that caused depression in the first place. Depression not only can arise because of environmental reasons, but also genetic reasons.

> Depression has a firm biological basis. It is grounded in the genes and in early environmental influences that stand distinct from the psychological. It is progressive, with recurrence leading to heightened vulnerability...At the same time, depression arises from experience, Stressful life events, such as child abuse, lay a groundwork for the sorts of deprivation and failure that lead to illness. Humiliating losses trigger episodes. For many sorts of harm, predisposition matters.[9]

Another form of treatment found effective for Major Depressive Disorder and other forms of depression is Cognitive Behavioral Therapy (CBT). Though there are many other different types of therapy used for Major Depressive Disorder, CBT is the most extensively studied. CBT looks at the stressors and the experiences of the patient that creates these depressive thoughts, and teaches methods for the patient to utilize to see beyond this perception (Figure 1).

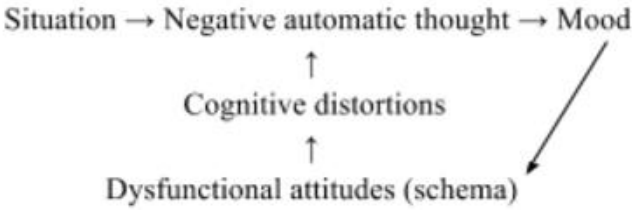

Figure 1 Cognitive model of depressive episode causation.

For patients with depression, goals are perceived as unachievable or unenjoyable. It is with CBT that patients are able to see why this perception is wrong, and learn skills to change this view. Through successful CBT "understanding of the action of negative biases is a central outcome...".[10] By understanding these negative biases, patients are able to learn skills that can motivate themselves to look past the negative perception brought on by depression. "If the

individual is to successfully challenge depressive thoughts. It is advantageous to adopt a distanced and skeptical metacognitive standpoint when negative cognitions arise in the setting of lowered mood.", thus showing one of the methods CBT teaches patients to combat depressive thoughts.[11]

4. Autonomy Hindered

Adjunct Research Fellow Paul Biegler of Monash University's Centre for Human Bioethics argues in his text *The Ethical Treatment of Depression: Autonomy through Psychotherapy,* reasons why he believes that antidepressants are not the optimal choice of treatment for those with Major Depressive Disorder. This is because antidepressants though effective, do not render the same benefits as Cognitive Behavioral Therapy. While both treatments have been proven effective, Biegler argues that it is indeed CBT which promotes more autonomy in a patient. As "depression is a disorder in which patient autonomy is routinely and extensively undermined", due to the nature of the disease.[12] Because depression can cause skewed perceptions of the self and of their environment, depression takes away from patients their own personal autonomy. This is because depression has the power to influence a patient to believe that their life is worse than it actually is.

Often in medicine, patients are treated like children by medical professionals. In the sense that medical professionals have knowledge of what treatment is best for their patients, that their patient may not understand. This notion is known as paternalism, which as the name implies is related to the relationship of a child to its parent. In knowing that their child has limited knowledge of what is in their best interests the parent decides for the child. This occurs often with medical professionals and patients as patients often have not received the same medical education as their providers. Because of this professionals are obligated to make the best decision for their patients interests. This also goes for deciding the treatment of depression. Deciding whether or not it is necessary for the patient to be prescribed medication or deciding that therapy is necessary is up to the medical professional.This is a case to case basis, patients who are in more distress or in more harm must be treated in a way that provides relief as soon as possible. The administration of antidepressant medication does not provide the same understanding that CBT offers to patients. With just antidepressive medication the feelings of depression may go away, but the underlying causes of depression are still there. CBT is able to provide patients with coping skills and understanding to why they are feeling the way they are, and ways to better their mental status. I believe that though antidepressants are effective they should not be the first line of treatment for patients. Instead I believe antidepressants should be prescribed after it has been shown by a psychologist through CBT, that a stronger form of treatment is also necessary. By combining antidepressants and CBT patients are able to be treated more effectively as their brain chemicals are more stabilized and the understanding of their negative reactions can help patients learn to overcome these perceptions and reactions.

5. An Apple a Day Won't Keep This Physician Away: The Moral Obligations of the Physician

In treating Major Depressive Disorder, and other forms of depression, the medical physician has a special obligation to the patient not only to treat the disorder but to also promote autonomy for the patient. Though patient autonomy is a factor in treating the patient. It should be one of the main goals of the physician, as it will greatly benefit the patient and help the treatment process. Medical practitioners can easily just prescribe antidepressants to help a patient's chemical imbalances caused by depression, but they have a bigger obligation to their patients. Only through CBT and other forms of psychotherapy are patients able to better understand their stressors and triggers, and also able to form healthy coping mechanisms to combat these negative stressors. It is imperative for the physician to promote personal autonomy for the patient and treat the causes of depressions rather than just the symptoms. With the combination of antidepressants and CBT patients have a higher chance of recovery and a higher sense of personal autonomy.

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