

What are the responsibilities of human scientists?

Emma Barkus

Often the responsibilities in psychiatrists and psychologists' minds are restricted to research: what is needed to protect the rights of human research participants? Is the research of sufficient benefit to the researchers, participants and wider community to justify the risks? on an idealized view of informed consent which only exists in a research setting and is not found in the real world where health decisions are often made under conditions of stress and uncertainty. It is both protectionist and admirable, that we place such an emphasis on ensuring that research participants have the capacity to comprehend and appreciate what they have volunteered to subject themselves to in the name of science. These protections are all the more essential for children, teenagers and vulnerable adults, i.e., those with mental health or substance use problems which restrict their understanding or cognitive capacity and of course those with dementia. Research involving humans requires, the responsibility of ensuring that participants are not exposed to more risks than they would ordinarily experience. These risks then need balancing against the global benefits for those directly involved, the wider community and perhaps scientific merit. We need to weigh the risks to participants against the potential personal and scientific benefits. This needs to be judged on a case by case basis, with ethical frameworks or principals providing guidelines which can be applied to a particular study rather treated as a rigid set of rules. Clearly, this creates a system which researchers often find frustrating both in its formulaic nature and, equally, its apparent 'greyneess'. However, the responsibilities that

we hold as researchers, scientists and practitioners in psychology and psychiatry extend beyond research ethics.

We are living in an age where every scientific advancement can be 'advertised' and popularized for the general public's consumption through multiple media outlets including both paper and electronic versions. Each media outlet will have its own interest, reasons and, ultimately, bias in the reporting of scientific significance. When this information holds consequences for the capacities and mental well-being of the general population, the way the messages of professionals are carried to the general public becomes of paramount importance. Now some would argue that it is a social responsibility to ensure news on treatment advances are promoted to the public as soon as possible. This could be seen as an appropriate course of action for a number of reasons. First in some countries patients have some control over the types of treatments and access to the latest and most up to date they receive, seems an acceptable right for the those with mental health problems; particularly those who have proved to be so-called treatment resistant using established approaches. Secondly, a first step to closing the gap between research and practice may be the devolving of knowledge to a wide audience. Pressure and lobbying from consuming groups can often be an effective way to ensure health administrators work to widen access to treatment options for patients.

However, the point at which information of new treatment is released to the general public does require some consideration, and perhaps this is where the social responsibilities of scientists do come into play. Once engagement with the media has taken place it can often be difficult to control the way in which information is portrayed to the general public, this responsibility lies with writer, publishers and editors. Yet, in a world where community engagement and academic profile are becoming paramount, universities and hospitals now have public relations departments dedicated to ensuring researchers and clinicians have a direct line for their research to reach the eyes and ears of the general public: elevating the personal profile of the academic concerned as well as the organization they work for. We

Emma Barkus

Affiliations: Senior Lecturer, School of Psychology, University of Wollongong, Wollongong, NSW 2522, Australia.

Corresponding Author: Emma Barkus, School of Psychology, University of Wollongong, Wollongong, NSW 2522, Australia; Ph: +61242218134; E-mail: ebarkus@uow.edu.au

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are encouraged to make positive waves and headlines for the betterment of our reputation and the organization which we work for. It gives a degree of prestige to grant applications, assisting in the continued of investigation into treatments for mental health problems. Yet often the need for positive press means the expected benefits of treatments can be over stated. Often headlines report positive benefits of a treatment from one study, without a body of evidence yet established for a track record of proven benefit. This is partly a consequence of the process involved in pharmaceutical development: initial positive findings in a small idealized group of patients are often reduced once a compound is release on to the general market and used in a more heterogeneous group. This level of scientific pragmatism does not exist within the general public; consequently provisions need establishing to ensure that the quality of scientific information concerning treatments which reaches the general public is realistic and presents a balanced view of the evidence for treatment outcomes. Where this level of regulation should come from is a matter of debate.

There are, however, other sources of information which the general population access on mental health problems. The information placed out in the general public domain on the causes, development and maintenance of mental health disorders also requires some consideration. There are multiple sources for this on Internet, support groups, non-profit organizations, self-help websites, and health care agencies, all provide viewpoints on the causes, consequences and the therapeutic options available for mental health problems. Whilst there may be some consistency between information, the emphasis placed on either biological or psychological factors can differ; largely shaped by the theoretical perspective of the researcher, clinician or agency authoring the information. Within a scientific domain it is acknowledged that there are multiple factors which leave individuals vulnerable to developing mental health difficulties. We are yet to identify the one single major contributing cause for any one mental health disorder. Admittedly, our current understanding varies across the myriad of mental health problems but little to none of this information could be considered fact. We prescribe to a stress vulnerability model, where an underlying biological predisposition leaves individuals open to developing certain symptoms if the appropriate environmental stressors are encountered. The way this information is portrayed to the general population, the psychological or biological factors can be given greater, or indeed lesser, emphasis. This holds implications for the perceptions and beliefs an individual may hold about a mental health problem. For instance, whilst considering depression as ultimately biological in nature may reduce stigma and stop depressed patients being labeled as lazy and need to 'pull themselves together', it may also encourage a belief that medication is the best treatment option; when psychological interventions often make lasting changes to the cognitive beliefs which

maintain depressive symptoms. Indeed, considering a mental health disorder as purely psychological in nature establishes the potential success for psychological interventions, however it suggests that symptoms are within the control of the individual experiencing them; this may not always be the case.

The beliefs which people from the general population hold about mental health problems will not only determine how they interact and view those with mental illness, but also they will shape what course of action will be taken if their own mental health begins to suffer. In an age where early intervention and increasing access, engagement and take up of services has become paramount, we need to consider what services we are subtly steering individuals towards with the psychoeducational displayed on formal websites, flyers and leaflets. The source of responsibility is not on the general public to become their own experts, this is not a reflection of lack of education in the lay population. Why would we expect individuals from the general population to be able to sift fact from opinion in sources of information which appear trustworthy given they are authored by a doctor? We have years of undergraduate and postgraduate training to obtain our positions as researchers and clinicians. With a growing emphasis on a scientific-practitioner model there is increasing importance placed on maintaining a high degree of rigor and up to date knowledge in the scientific domain, whether that be applied within a research or clinical setting. It is our responsibility as psychologists and psychiatrists to ensure we are at the cutting edge of our disciplines and with that, there is a need to ensure that we divorce our own opinions from information we present as fact to those who do not have our training. The responsibility is our's to ensure that the information provided to the wider world reflects our current knowledge rather than our current opinion.

What about current opinion? It is unrealistic to think that we can detach the treatment and research of such a human condition like mental health difficulties from the politics innate within our societies. We are often funded by organizations and governments who have their own agendas. In an ideal world, allocation would be driven the disorders which cause the most suffering and harm to those concerned; of course how we measure suffering and harm can be contentious in itself. Both our research and clinical work are driven by human factors, such as the desire to help, relieve pain and suffering. However, other human factors such as our own opinions and biases are also inherent in the situation. These competing factors are all present in the division of research funding and service provision. This is an intrinsically human area of science, for better and worse. However, we do need to operate as professionals. We must consider the implications of the information we put out in the scientific and general public domains.

Given that this is a human science the phrase of 'first do no harm' seems entirely fitting and appropriate. Many

of the thoughts presented here raise more questions than they provide answers. As a profession, we need to establish our social and moral responsibilities to ensure that we protect those we aim to help. Moving away from considering responsibilities only as relevant within a research ethics domain, to contemplating the implications of our research, educational practices and therapeutic frameworks. Perhaps these require consideration on an individual basis before they could be applied across professions.

There is, however, some evidence that these deliberations are beginning to take place. Boundaries are being considered on an area by area basis. For example, with the advent of genetic testing included in many studies debates are taking place concerning the amount of information we should provide allocation possible risks for future illnesses revealed through genetic analysis. With mental health problems such as schizophrenia we are some way from this being an issue. However, in dementia a number of key genes have now been identified which hold significant predictive value. Taking an environmental and family system approach, researchers investigating childhood obesity have raised questions on where their obligations for the protection of children begin and end in advising parents or taking more decisive course of action. In these instances, there may be points where our social and ethical responsibilities collide, certainly research ethics committees tread very lightly with studies involving genetic material. However, there may need to be a change in research ethics committees approaches to these questions as well. Than placing their emphasis on research process and ethical frameworks, the social consequences of the research results and the subsequent responsibilities which extend out of this may become of increasing importance. More open debate and consideration is needed concerning psychologists and psychiatrists responsibilities on a social level.

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