

# Commentary: Toward a Unified Theory of Personal and Professional Ethics

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In response to Dr. Ezra Griffith's essay, we support the view that forensic practice cannot be cleanly divided from its ethics foundation in medical and general psychiatric practice. Personal and professional values cannot be separated in formulating a unified theory of ethics for professionalism in forensic practice. We support Dr. Griffith's narrative perspective and offer a delineation of how narratives may be considered in forensic work. We would like readers to focus on both the duties and the moral ideals that ultimately define professional ethics. By honoring personal and professional narratives together, forensic professionals can advocate and reshape a system that devalues non-dominant cultures. They can also recognize more easily the influences that affect their forensic work. This kind of forensic practice, informed by narrative ethics while respecting fundamental principles, can be an essential part of what we aspire to as forensic professionals. As we argued in an earlier work, a robust professionalism for forensic psychiatry cannot ignore our physician background or our diverse personal histories. Dr. Griffith's essay contributes forcefully to the development of such a view.

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Dr. Ezra Griffith's essay<sup>1</sup> is a unique and thought-provoking article that significantly advances the historical discussion of the ethics foundation of forensic practice. While Dr. Griffith recounts some of this history, more importantly, his essay supports the viewpoint that it is necessary to formulate a forensic ethic that considers the relationship between the personal and professional morality of its practitioners. This more robust forensic ethic embraces a skeptic's view of objectivity, incorporates narrative understanding in the development of ethical guidance, and emphasizes authentic human relations rather than principles as the true territory of our professional lives.

Dr. Griffith demonstrates and argues that one cannot formulate such a theory of ethics without uncovering the professional and personal narratives that are foundational to the development of professional practice. He reveals elements of his personal and private journey and, by doing so, allows us to

reflect on the processes by which our own evolving professional identity is tied to our personal narrative.

## Forensic Ethics

We recognized some years ago<sup>2</sup> that the discussion of a moral foundation for forensic psychiatry had taken an important turn, in no small part because of Dr. Griffith. In our previous article we presented a theory of ethical forensic practice that bridges the current divide between "principlism" and the "culture-sensitive" approaches discussed by Dr. Griffith. While we recognized the difference between the tenets of the traditional patient-professional relationship and those of forensic work, we rejected approaches that splinter the foundations of ethics into two or more camps. We argued instead for an integrated approach in which both traditional professional duties and aspirations and forensic duties and aspirations were contained within a robust concept of professionalism.

Whereas previous attempts to provide a theory of ethical practice for forensic professionals involved separation of dual roles and avoidance of conflicts of interest, we supported a view of professionalism that required integration of traditional ethics of health care and forensic practice. As Dr. Griffith does in his

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writings, we identified an inclusion of narratives, both personal and professional, as essential to the development of an integrated theory of ethics for forensic practice.

While we understand and acknowledge that conflicts in roles are central to understanding conflicts of interest, such as the classic problem of being both therapist and forensic expert for the same individual, we hold that to divide professional roles and responsibilities along absolute lines ignores the complexity of the human condition, the hidden dangers of assuming any “pure” forensic role, and the evolving professional identity involved in this work.

Dr. Griffith, in his 1997 presidential address to the American Academy of Psychiatry and the Law (AAPL) and in his subsequent article, introduced narrative ethics to our field in a manner that brought us in line with mainstream moral philosophy and medical ethics.<sup>3</sup> In that address, as in this more personal writing,<sup>1</sup> Dr. Griffith furthered the argument that we cannot formulate a forensic ethic without considering the subjective and cultural elements that shape values. Building on the work of those who transformed medical ethics by elucidating the importance of context and culture in experiencing illness (e.g., Arthur Kleinman, Arthur Frank, David Morris, Rita Charon, and others),<sup>3-7</sup> Dr. Griffith brings these considerations into the specialty of forensics.

Through philosophy and other humanities, post-modern perspectives have clarified how the scientific enterprise and medicine in particular are influenced by the experiences and values of individual professionals: subjectivity cannot be cleanly separated from the pursuit of objectivity. It is from these individual values and the historical narratives of professional and organizational values as a whole, that professional ethics emerge. Narrative ethics involves an exploration of this subjective territory and improves understanding of how personal histories can influence our claims of ethical professional practice. It also allows greater capacity to recognize the dangers that can arise from misconceptions of the forensic role. Dr. Griffith’s personal story helps us reflect on the challenges of a forensic ethic that takes into account the personal influences that are both helpful and detrimental to our work.

Forensic practitioners have long struggled with the subjective and objective elements of their work, choosing in the manner of AAPL’s ethics guidelines to “strive for objectivity” rather than to adhere to the

illusory ideal of complete detachment. Ethicist Jay Katz has explained this problem when favoring “disciplined subjectivity” in our field.<sup>8</sup> Paul Appelbaum<sup>9</sup> observed that we must recognize both the objective and subjective elements of our work, drawing their limits from what is known in the medical literature. Our profession involves many objective and subjective complexities within the nexus of psychiatry and the law.

In formulating a forensic ethic, we may recognize that forensic psychiatry involves a diverse collection of practices, more than simply courtroom testimony in pursuit of “objectivity.” As we argued in our formulation, it is in part because of the diversity of our specialty that we must not abandon the personal and professional ethics narratives on which our practices are built and legitimized. We cannot practice our specialty without incorporating the narratives of our personal and professional lives. They are the sources of our moral compass. We cannot be truth-tellers and supporters of justice if we ignore the subjective realm in which we exist and define our purposes. We cannot render opinions about truth and justice if we have not made explicit our underlying biases and prejudices, our personal narratives by which and through which we form values.

And we cannot continue to formulate a forensic ethic unless we recognize that we are a profession in which individuals originate values from many diverse yet particular beginnings. We are not mere technicians but practitioners with personal, professional, and moral identities. These identities, and the values conjoined to them, are rooted in both personal and professional narratives. For Dr. Griffith, these identities and values reveal the unique importance of race, religion, and broader cultural considerations in the use of his professional expertise. He makes a convincing argument that we should strive for authenticity with the same fervor that we strive for objectivity.

### Narrative Typology

Ethicist Kenneth Kipnis<sup>10</sup> reminds us that familiarity with the many schools of thought in moral reasoning also enriches the expert’s (and society’s) understanding of complex human interactions. It is not enough to recognize principles of ethics or narrative ethics alone. It is important to be familiar with as many approaches as possible so that we have tools to address a wide range of ethics-related problems. After all, Plato wrote on the ideal state, Kant on

individual choices, and Rawls on systems of justice. There is yet no single unifying theory of ethics, but rather a moral philosophy with many branches of reflection.

Kipnis, who has testified on ethics-associated controversies in court, takes the approach of a teaching expert. He provides mainstream analyses of the case, describes where it may become unclear at the margins, and offers a range of solutions. He essentially teaches in court. It is part of what some of us describe as a skill or habit of the ethical practitioner; describing general knowledge and applying it as honestly as possible to the case at hand. Perhaps it is possible to describe the influences on non-dominant defendants in society and the legal system in the same manner. Expertise in cross-cultural psychiatry and cross-cultural ethics is already welcome in the courts. The effort to emphasize the defendant's humanity, in Dr. Griffith's words, deserves no less.

In our own attempt to integrate the theories used to justify forensic work, we took to heart the writing of ethicist John Arras,<sup>11</sup> whose typology of narrative ethics offers a framework for using the individual's story. For Arras, just as for us, it was not enough to allow principles of ethics alone to rule human encounters: ethics was never about principles without narrative. We all draw on personal, professional, and communal stories to exemplify our values, whether we see ourselves as Caleb Carr's alienist,<sup>12</sup> Aristotle's ideal citizen, the Good Samaritan, a Hippocratic physician, or figures from any other social, religious, or cultural narrative.

Arras recognized, however, that at some point in the juxtaposition of opposing narratives, rules must come into play. We must decide whose story holds sway. As Dr. Griffith points out in his article, although we may favor the narrative of Leon Higginbotham over that of Clarence Thomas, we cannot do so merely because of our own political and religious background. We must choose guidance that has some universalizable features, features that people can support across narratives. Societies do, after all, have some common provisions for self-preservation.

Recent commentators have not been alone in choosing principles of honesty, truth-telling, and respect for others in achieving this moral balance—most frequently between clinical and forensic influences, but also in the struggle of an individual with the entire legal system. Bernard Diamond, Seymour Pollack, Seymour Halleck, Philippa Foot, and Paul

Appelbaum<sup>13–17</sup> have all written on the importance of truth and honesty. Indeed AAPL itself, in its ethics guidelines and opinions, chooses honesty, consent, confidentiality, and attention to changes in the evaluatee's view of the professional as guides to ethical practice.<sup>18</sup> In this evolution of the profession's historical narrative, there is a strong sense of how the individual should be treated.

Dr. Griffith is not suggesting that we abandon principles, but that we recognize their limitations and the necessity of personal narratives to clarify professional values. Narrative enriches the principled view by bringing it into contact with the stories of the vulnerable persons who are not historically valued by the legal system.

In our view, psychiatric experts should be competent in narrative methods to educate in court. Just as we should avoid reducing our patients to a collection of signs and symptoms, we should articulate a narrative of our forensic clients that remains true to the principles of respect and honesty. This aspires to a description of the person that does justice to the complexity of human behavior and motivation. Indeed, we envision an integrated theory of forensic ethics in which principles function at the level of theory and narrative applies the theory to individual cases.

### Robust Professionalism

In an article in the *New England Journal of Medicine* in 1999, Matthew Wynia and his colleagues<sup>19</sup> clarified medical professionalism as something more than a list of characteristics that historically define a profession. For example, to define professionalism as "self-regulatory," without addressing the moral reasoning for (or against) self-regulation, does little to further the legitimacy of professional autonomy. In fact, defining professionalism simply in terms of characteristics or permissible behavior raises criticism and skepticism. By such an approach, the public can dismiss professional claims of self-regulation as self-protection or self-interest.

Wynia and associates define professionalism as "an activity that involves both the distribution of a commodity and the fair allocation of a social good but that is uniquely defined according to moral relationships. Professionalism is a structurally stabilizing, morally protective force in society" (Ref. 19, p 1612). They argue for a professionalism that "protect(s) not

only vulnerable persons but also vulnerable social values.”

We agree with Wynia *et al.*<sup>19</sup> that for professionalism to have any meaning, its foundation in “moral relationships” must be considered and understood. It is this foundation in “moral relationships” that anchors the profession *qua* profession. In defining relationships (rather than activities or principles) as central to forensic professionalism, a professional ethic emerges that allows our discipline to explore obligations or duties as well as evolving moral ideals or aspirations. This is the model Dr. Griffith encourages.

We believe that a profession interested in its moral basis must recognize that although duties and responsibilities may seem constant, willingness to draw on personal and cultural narrative encourages the profession to describe moral aspirations (what the profession ought to be). It encourages practitioners to reflect and remain self-critical. It increases the opportunity to respond to society’s needs while embracing the profession’s obligation to “protect. . .social values” (Ref. 19, p 1612).

Our hope is to keep our eye on both the duties and the moral ideals that ultimately define professional ethics. Merely to accept one’s primary duty to the criminal justice system as it exists now is to negate a large part of forensic professionalism. We believe that honoring personal and professional narratives together can consequently reshape a system that devalues non-dominant cultures. This kind of forensic practice, informed by narrative ethics while respecting fundamental principles, can be an essential part of what we aspire to as a profession. As we argued in our earlier work, a robust professionalism for forensic psychiatry cannot ignore our physician backgrounds or our diverse personal histories. Dr. Griffith’s essay contributes forcefully to the development of such a view.

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