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DISCIPLINARY NOTE

Justice, Rights and Psychiatry



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Justice may at first seem peripheral to the therapeutic enterprise, with its emphases on non-judgmental acceptance and individual growth. But first order justice is often central to the goals of treatment, the clinician's approach, and the delivery of care.

Many patients bring to treatment the impacts of trauma, including, as Judith Herman points out, a shattered world view. An important task of their therapy is coming to terms with injustice. A therapist needs to give patients what they are due, and by acting justly to foster trust in the therapeutic frame, faith in a just order, and hope for living.

Patients are sometimes also perpetrators of injustice. A goal of their therapy may be to become more fair to others and themselves, both treating themselves and others as having intrinsic dignity and welcoming their accountability to others.

Many patients also struggle in treatment with how to honor their commitments to justice. Should they insist on their rights, forego these to achieve a larger goal, forgive repeated offenses? When should they rely on procedural justice, or insist on restorative justice?

The COVID-19 pandemic has made clearer how inequitable access to quality mental health treatment has become. Clinicians honoring justice as a cardinal principle of bioethics will work for more just access, for example by accepting what insurance pays. They will also be alert to the generational impacts of systemic injustice, and of their own racial and other biases on their work. Those informed by a Christian vision will be inspired by grace to go beyond what simple justice requires: "Heal the sick....freely you have received, freely give." (Mt. 10:8)

Further Reading

Peteet JR. *Doing the Right Thing: An Approach to Moral Issues in Mental Health Treatment*. Washington, D.C.: American Psychiatric Publishing, Inc. 2004, for a framework for dealing with patients' moral concerns, and the clinician's role as a moral agent.

Peteet JR (ed). *The Virtues in Psychiatric Practice*. Oxford University Press, in press, for a discussion of the nature and clinical implications of virtues of self-control (accountability, humility and equanimity), benevolence (forgiveness, compassion

and love), intelligence (defiance and phronesis, or practical wisdom), and positivity (gratitude, self-transcendence, and hope).

Peteet JR, Moffic HS, Hankir A, Koenig HG (eds). *Christianity and Psychiatry*. Springer Nature, in press, for diverse perspectives on the role of the patient's Christian faith in treatment, including ways to enlist the resources of their faith.

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