

Case Report

The Ethical Dilemma of Balancing Confidentiality and Duty to Protect: A Case Report of Comorbid Schizophrenia and Cannabis Use Disorder with Homicidal Thoughts

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Abstract

This is a report of a 29-year-old female with a history of Schizophrenia and Cannabis Use Disorder who presented with auditory hallucinations that asked her to kill her immediate supervisor. She presented the ethical dilemma many healthcare providers face in balancing the principles of patient confidentiality with the duty to protect and beneficence. The clinicians breached the patient's right to confidentiality to protect her supervisor by informing the supervisor, their manager, and the police. However, they also ensured her job security, which she risked in an environment where mental illness is highly stigmatized.

This case highlights the importance of considering the ethical principles of disclosing confidential information, such as the Tarasoff I and II, and beneficence (as her job was protected) in making clinical decisions. It also summarizes the legal precedents established by the Tarasoff cases and the implications for clinical practice.

Keywords: Beneficence; Duty to Protect; Ethical Dilemma; Schizophrenia; Tarasoff I and II.

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Introduction

Patient confidentiality is a fundamental doctor-patient relationship enshrined in codes of ethics and professional conduct. Furthermore, in Ghana, patient privacy and confidentiality are enshrined in the Ghana Health Service (GHS) Patients Charter and Public Health Act, 2012; Act 851^(1,2).

The ethical principle of beneficence, which refers to the moral obligation to act for the benefit of others⁽³⁾, espouses the rationale for the relationship, and more so in mental health, where the ultimate is usually to restore social function. However, even more important than the social function is when the patient's ability to afford healthcare depends on their social function. The case described in this report involves a patient with a dual diagnosis of schizophrenia and cannabis use disorder whom we found to have homicidal thoughts on a social media platform.

Case Report

A 29-year-old woman with a history of schizophrenia shared on a mental health support social media (WhatsApp) platform that her supervisor was *"evil and needed to die."* A psychiatrist on the platform called her up, and she revealed that she was hearing voices she referred to as friends that were commanding her to poison her supervisor at work. She also admitted to poor sleep, loss of appetite, talking to herself, and suicidal thoughts in addition to persecutory delusions on presenting to the hospital the following day. This was after the psychiatrist and others had contacted the supervisor and their manager. The supervisor and the manager, who did not know she had a mental illness, had to be convinced she could keep her job with adequate treatment. However, we asked the manager to inform the police as the psychiatrist could not be said to have a fiduciary duty yet and was also not in the jurisdiction to make a report, and he did.

The patient was initially planned to be admitted for management. However, she declined due to financial constraints, so we managed as an outpatient with a combination of medications (IM Flupenthixol and oral Olanzapine) and cognitive-behavioral therapy. The patient reported improvement in her symptoms; the voices disappeared, and she no longer considered the supervisor evil one month after the presentation. The supervisor supported her treatment, and she resumed work six weeks after presentation.

Discussion

The doctor broke the patient-doctor confidentiality by informing the patient's supervisor, their manager, and the police about the patient's homicidal thoughts. This breach could result in the patient losing confidence in the psychiatrist, refusing follow-up visits, feeling betrayed, facing discrimination due to the very high stigma surrounding mental illness in Ghana, and losing her job, which pays for her mental healthcare. Therefore, the rationale was to protect the patient's supervisor and inform the police, though this goes against the Hippocratic Oath of maintaining confidentiality. This action was taken in cognizance of Tarasoff I and II.

The psychoeducation of the supervisor, the manager, and the investigating police officers by the clinical team ensured the ethical principle of beneficence. As a result, she got treatment for her condition, her job was protected, and she could afford her livelihood and the mental healthcare she needed.

The Tarasoff Cases I & II refer to the legal cases that established mental health professional's duty to warn and to protect individuals who may be at risk of harm from their patients. The cases arose after a patient of a mental health professional threatened to kill a third party, and the professional failed to take appropriate action to prevent harm. As a result, Tarasoff I imposed a duty to warn, while Tarasoff II imposed a duty to protect⁽⁴⁾.

In Tarasoff I (Tarasoff v. Regents of the University of California, 1974), the California Supreme Court ruled that mental health professionals have a duty to warn potential victims of their patients if the patient presents a serious threat of violence^(5,6). This ruling expanded the previously held principle of patient confidentiality, as it determined that the protection of others can override the duty of confidentiality in certain circumstances. This is because although confidentiality is vital in the clinician-patient relationship,

confidentiality is not an absolute principle. Confidentiality can be breached to ensure the safety of the patient and others.

The Tarasoff II (Tarasoff v. Regents of the University of California, 1976) case further clarified the duties of mental health professionals, stating that they must take reasonable steps to protect potential victims, including warning the victim or contacting law enforcement, according to Justice Tobriner, who wrote the opinions for both Tarasoff I & II and emphasized that, “the protective privilege ends where the public peril begins”^(5,6).

The Tarasoff cases have significantly impacted mental health professionals’ legal and ethical obligations in the United States, and the principle has been adopted in many other jurisdictions. “Medical practitioners in Ghana need to grasp the impact on medical practice since persuasive precedents can easily become binding precedents if adopted by a superior court such as the Court of Appeal or the Supreme Court in Ghana”⁽⁷⁾. Moreover, the Criminal Code of Ghana, section 78 (b), gives a statutory reason for the duty to warn.⁽⁸⁾

Conclusion

The case provides an example of how the ethical principles related to confidentiality and beneficence can be applied to ethical dilemmas in clinical practice. It also highlights the importance of considering legal precedents established by similar cases in making clinical decisions and balancing the right to confidentiality with the duty to protect potential victims.

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