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**Search details**

Ethical dilemmas in treating patients with anorexia nervosa

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; MEDLINE; PsychINFO; Google Scholar

**Database search terms:** "anorexia nervosa", anorexi*, exp ANOREXIA NERVOSA, ("forced treatment*" OR "compulsory treatment"), exp INVOLUNTARY TREATMENT, "involuntary treatment*", "artificial feed*", (autonom* OR consent* OR confidential* OR competen*), exp ETHICS, ethic*, unethical, exp INFORMED CONSENT/

**Evidence search string(s):** “anorexia nervosa”

**Summary**

There are many ethical dilemmas surrounding the treatment of patients with anorexia nervosa. These include involuntary / compulsory treatment, artificial feeding, issues around consent, autonomy and competence, and the ways healthcare professionals engage with patients.

**Guidelines**

Australian and New Zealand clinical practice guidelines for the treatment of anorexia nervosa.

Australian and New Zealand Journal of Psychiatry, July 2005, vol./is. 39/7(639-640), 0004-8674;1440-1614 (Jul 2005)

British Society of Gastroenterology
The provision of a percutaneously placed enteral tube feeding service, 2010

Anorexia nervosa
No evidence on the role of PEG feeding exists in anorexia nervosa. Case reports suggest that this may be more acceptable than nasogastric feeding. Such intervention requires a multi-disciplinary approach including psychological assessment and support. (p. 4)

Patients who refuse to eat due to a psychiatric disorder will usually also refuse tube feeding and their autonomy should be respected (unless they are being treated for anorexia nervosa under the provision of the Mental Health Act, 1983). Nasogastric tube feeding may be enforced under the Mental Health Act for anorexia nervosa but this is usually a temporary measure; long-term percutaneous tube feeding can usually be avoided. (p. 12)

NICE
Eating disorders, 2004
Rarely percutaneous endoscopic gastrostomy (PEG) or total parenteral nutrition (TPN) has been used. These interventions are only used when patients are not able to co-operate with oral refeeding and there is concern about physical risk. In these circumstances legal and ethical considerations need to be addressed. (p. 101)

This section relates to those occasions where the individual requires restraining to allow the refeeding to take place. Feeding in the context of active resistance raises ethical, legal and clinical issues for all involved. (p. 103)

The literature provides some guidance on when to employ compulsory treatment (Ramsay et al., 1999). There is considerable guidance available to health care professionals and others involved in compulsory admissions which offers advice on the protection to all those involved and guidance on the use of ethical decision making (Manley et al., 2002; Goldner, 1997, Honig & Jaffa, 2000) and the obtaining of consent particularly in the child and adolescent field. (p. 114)

Royal College of Psychiatrists
Junior MARSIPAN: Management of Really Sick Patients under 18 with Anorexia Nervosa
The legal and ethical issues surrounding treatment of young patients are multifaceted. Balancing the wishes and feelings of the young person, the role of parents/carers in treatment and the requirement of confidentiality in decision-making is complex, and in some cases requires statutory intervention. (p. 11)

Patients with severe eating disorders may refuse life-saving treatment, causing ethical dilemmas for the treating teams. As with many other Western countries, in England and Wales the compulsory treatment of severe eating disorders is controversial (p. 31)

MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa, 2010
The Mental Health Act 1983 (2007) allows for compulsory treatment of patients with eating disorders (Box 4). The tests for compulsory admission and treatment are:

- the presence of a mental disorder (e.g. anorexia nervosa)
- in-patient treatment is appropriate (e.g. for re-feeding)
- the condition presents a risk to the health or safety of the patient.

On the other hand, the patient’s capacity to accept or refuse treatment needs to be considered (Appendix 4 has details of both the Mental Health Act and the Mental Capacity Act). (p. 17-18)

Evidence-based reviews

Cochrane Database of Systematic Reviews
Antidepressants for anorexia nervosa, 2009
The aim of the present review was to evaluate the evidence from randomised controlled trials for the efficacy and acceptability of antidepressant treatment in acute AN. Seven small studies were identified; four placebo-controlled trials did not find evidence of efficacy of antidepressants in improving weight gain, eating disorder or associated symptoms, as well as differences in completion rates. Meta-analysis of data was not possible for most outcomes. However, major methodological limitations of these studies (e.g. insufficient
power to detect differences) prevent from drawing definite conclusions or recommendations for antidepressant use in acute AN. Further studies testing safer antidepressants in larger and well designed trials are needed to guide clinical practice.

**Published research**

**MEDLINE results**

1. The stigma of "mental" illness: end stage anorexia and treatment refusal.
   **Author(s)** Campbell AT, Aulisio MP
   **Citation:** International Journal of Eating Disorders, July 2012, vol./is. 45/5(627-34), 0276-3478;1098-108X (2012 Jul)
   **Publication Date:** July 2012
   **Abstract:** OBJECTIVE: To answer the questions of whether psychiatric patients should ever be allowed to refuse life-sustaining treatment in favor of comfort care for a condition that is caused by a psychiatric disorder, and if so, under what conditions.METHOD: Case discussion and normative ethical and legal analysis.RESULTS: We argue that psychiatric patients should sometimes be allowed to refuse life-sustaining treatment in favor of comfort care for a condition that is caused by that psychiatric disorder and articulate the core considerations that should be taken into account when such a case arises.DISCUSSION: We also suggest that unwillingness among many, especially mental health professionals, to consider seriously both of these questions risks perpetuating stigmatization of persons with psychiatric disorders, i.e., that the "mentally" ill should not be allowed to make significant decisions for themselves-a-a stigmatization that can result in persons with mental disorders both being prevented from exercising autonomous choice even when they are capable of it, and being denied good comfort care at the end of life-care which would be offered to patients with similarly life-threatening conditions that were not deemed to be the result of "mental" illness. Copyright Copyright 2012 Wiley Periodicals, Inc.
   **Source:** Medline
   Available in print from *International Journal of Eating Disorders*; Notes: ULHT journal article requests. Complete the online form to obtain articles.

2. Reflections on involuntary treatment in the prevention of fatal anorexia nervosa: a review of five cases.
   **Author(s)** Holm JS, Brixen K, Andries A, Horder K, Stoving RK
   **Citation:** International Journal of Eating Disorders, January 2012, vol./is. 45/1(93-100), 0276-3478;1098-108X (2012 Jan)
   **Publication Date:** January 2012
   **Abstract:** OBJECTIVE: Involuntary treatment in the prevention of fatal anorexia nervosa (AN) is still controversial.METHOD: Five fatal cases of AN were identified out of 1,160 patients who attended a specialized eating disorder unit between 1994 and 2006. Information on inpatient, ambulatory, and emergency room treatment was extracted from a population-based registration system.RESULTS: Personality disorders were diagnosed in all five patients and substance abuse in three patients. In all cases, illness duration was more than 10 years and late onset was seen in two cases. None of the deaths were due to suicide. Involuntary hospital admission was instituted for three patients, but only one patient was compulsory detained more than once. Four patients died after having discontinued treatment.DISCUSSION: Compulsory treatment may be of crucial importance in the prevention of fatalities in patients with long-standing AN and psychiatric comorbidity who discontinue treatment. Copyright Copyright 2011 Wiley Periodicals, Inc.
   **Source:** Medline
   Available in print from *International Journal of Eating Disorders*; Notes: ULHT journal article requests. Complete the online form to obtain articles. Available in fulltext from *International Journal of Eating Disorders* at EBSCOhost

3. Consent to treatment in adolescents with anorexia nervosa.
   **Author(s)** Turrell SL, Peterson-Badali M, Katzman DK
   **Citation:** International Journal of Eating Disorders, December 2011, vol./is. 44/8(703-7), 0276-3478;1098-108X (2011 Dec)
   **Publication Date:** December 2011
   **Abstract:** OBJECTIVE: This study examined the ability of adolescents with anorexia...
nervosa (AN) to make treatment decisions.**METHOD:** The MacArthur Competence Assessment Tool-Treatment (MacCAT-T) was used to compare the decision making abilities of 35 adolescents with AN who were receiving inpatient treatment with that of 40 healthy, community-based adolescents. Vignettes of both a medical and psychiatric illness were provided, requiring participants to work through the process of making a hypothetical treatment decision. The MacCAT-T was also administered to participants with AN to examine decision-making about their own illness, which allowed for comparison of competencies across contexts.**RESULTS:** Group differences were found, with the community group showing superior reasoning skills to the adolescents with AN.**DISCUSSION:** The results provide evidence to suggest that adolescents with AN tend toward a thinking disposition that is concrete and lacking in abstract reasoning and reflection, which may negatively affect their ability to reason about treatment options. Copyright Copyright 2010 Wiley Periodicals, Inc.

**Source:** Medline
Available in print from *International Journal of Eating Disorders*; Notes: ULHT journal article requests. Complete the online form to obtain articles. Available in fulltext from *International Journal of Eating Disorders* at EBSCOhost

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5. Treatment of anorexia nervosa against the patient’s will: ethical considerations.

**Author(s)** Silber TJ

**Citation:** Adolescent Medicine, August 2011, vol./is. 22/2(283-8, x), 1934-4287;1934-4287 (2011 Aug)

**Publication Date:** August 2011

**Abstract:** By the nature of their illness, many if not most patients with anorexia nervosa are treated against their will. This article explores the issue of patient autonomy and right to treatment refusal in the light of justified paternalism as well as a more enriched understanding of autonomy in the context of relationships. A summary follows on the research on patients’ perceptions and response to involuntary treatment. The conclusion addresses the importance of human values intrinsic to the quality of a clinical relationship as determinant for patient recovery and professional satisfaction.

**Source:** Medline
Available in print from *Adolescent medicine - state of the art reviews*; Notes: ULHT journal article requests. Complete the online form to obtain articles.

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6. First do no harm: iatrogenic maintaining factors in anorexia nervosa.

**Author(s)** Treasure J, Crane A, McKnight R, Buchanan E, Wolfe M

**Citation:** European Eating Disorders Review, July 2011, vol./is. 19/4(296-302), 1072-4133;1099-0968 (2011 Jul-Aug)

**Publication Date:** July 2011

**Abstract:** The aim of this paper is to reflect on the way that we as clinicians may play an inadvertent role in perpetuating eating disordered behaviour. This is considered within the theoretical framework of Schmidt and Treasures’ maintenance model of anorexia nervosa (AN). The model includes four main domains; interpersonal factors, pro-AN beliefs, emotional style and thinking style. Interpersonal reactions are of particular relevance as clinicians (as with family members) may react with high expressed emotion and unknowingly encourage eating disorder behaviours to continue. Hostility in the form of coercive refeeding in either a hospital or outpatient setting may strengthen conditioned food avoidance and pessimism may hamper motivation to change. Negative schema common to eating disorders, for example low self-esteem, perfectionism and striving for social value may augment existing or initiate new eating disorder behaviour. Services can become a reinforcing influence by providing an overly protective, palliating environment which ensures safety, security and acceptance whilst reducing loneliness and isolation. This stifles the need for an individual to develop their own sense of responsibility, autonomy and independence allowing avoidance to dominate. Furthermore, the highly structured environment of inpatient care supports the rigid attention to detail and inflexibility that is characteristic of people with eating disorders, and allows these negative behaviours to thrive. Careful planning of service provision, reflective practice, supervision and regular team feedback is essential to prevent iatrogenic harm. Copyright Copyright 2011 John Wiley & Sons, Ltd and Eating Disorders Association.

**Source:** Medline
7. The Ontario experience of involuntary treatment of pediatric patients with eating disorders.

Author(s) Bryden P, Steinegger C, Jarvis D
Citation: International Journal of Law & Psychiatry, May 2010, vol./is. 33/3(138-43), 0160-2527:1873-6386 (2010 May-Jun)
Publication Date: May 2010
Abstract: In this paper, the authors (two clinicians with specialized practices in child and adolescent eating disorders and a lawyer who practices health law in Ontario, Canada) review pertinent aspects of clinical capacity assessment, with elaboration of the specific unique and complex issues which shape that assessment in children and adolescents with eating disorders. The relevant Ontario legislation and institutional framework governing consent and capacity in children and adolescents are reviewed. The literature on involuntary treatment and consent and capacity in patients with eating disorders is reviewed. Specific cases involving child and adolescent patients with eating disorders that have been heard by the Ontario Consent and Capacity Board (OCCB) in the past decade are discussed in order to elucidate the Board's views of consent and capacity in this vulnerable and challenging patient population. Strategies to support clinicians' therapeutic alliances with their patients while both are going through what can be a lengthy and potentially adversarial-seeming legal process are also discussed.
Source: Medline
Available in print from International Journal of Law and Psychiatry; Notes: ULHT journal article requests. Complete the online form to obtain articles.

8. Medical futility and psychiatry: palliative care and hospice care as a last resort in the treatment of refractory anorexia nervosa.

Author(s) Lopez A, Yager J, Feinstein RE
Citation: International Journal of Eating Disorders, May 2010, vol./is. 43/4(372-7), 0276-3478:1098-108X (2010 May)
Publication Date: May 2010
Abstract: OBJECTIVE: The concept of medical futility is accepted in general medicine, yet little attention has been paid to its application in psychiatry. We explore how medical futility and principles of palliation may contribute to the management of treatment refractory anorexia nervosa.METHOD: We review the case of a 30-year-old woman with chronic anorexia nervosa, treated unsuccessfully for several years.RESULTS: Ongoing assessment, including ethical consultation, determined that further active treatment was unlikely to resolve her condition. The patient was referred for palliative care and hospice care, and ultimately died.DISCUSSION: Although circumstances requiring its use are rare, palliative care may play a role in the treatment of long suffering, treatment refractory patients. For poor prognosis patients who are unresponsive to competent treatment, continue to decline physiologically and psychologically, and appear to face an inexorably terminal course, palliative care and hospice may be a humane alternative. 2009 by Wiley Periodicals, Inc.
Source: Medline
Available in print from International Journal of Eating Disorders; Notes: ULHT journal article requests. Complete the online form to obtain articles.
Available in fulltext from International Journal of Eating Disorders at EBSCOhost

9. Attitudes of patients with anorexia nervosa to compulsory treatment and coercion.

Author(s) Tan JO, Stewart A, Fitzpatrick R, Hope T
Citation: International Journal of Law & Psychiatry, January 2010, vol./is. 33/1(13-9), 0160-2527:1873-6386 (2010 Jan-Feb)
Publication Date: January 2010
Abstract: BACKGROUND: The compulsory treatment of anorexia nervosa is a contentious issue. Research suggests that patients are often subject to compulsion and coercion even without formal compulsory treatment orders. Research also suggests that patients suffering from anorexia nervosa can change their minds in retrospect about compulsion.METHODS:
Qualitative interviewing methods were used to explore the views of 29 young women concerning compulsion and coercion in the treatment of anorexia nervosa. The participants were aged between 15 to 26 years old, and were suffering or had recently suffered from anorexia nervosa at the time of interview.

RESULTS: Compulsion and formal compulsory treatment of anorexia nervosa were considered appropriate where the condition was life-threatening. The perception of coercion was moderated by relationships. What mattered most to participants was not whether they had experienced restriction of freedom or choice, but the nature of their relationships with parents and mental health professionals.

CONCLUSIONS: People with anorexia nervosa appear to agree with the necessity of compulsory treatment in order to save life. The perception of coercion is complex and not necessarily related to the degree of restriction of freedom.

Source: Medline
Available in print from International Journal of Law and Psychiatry; Notes: ULHT journal article requests. Complete the online form to obtain articles.

Author(s): Thiels C, Curtice M Jr
Citation: Current Opinion in Psychiatry, September 2009, vol./is. 22/5(497-500), 0951-7367;1473-6578 (2009 Sep)
Publication Date: September 2009
Abstract: PURPOSE OF REVIEW: The purpose of this review was to update and complement part 1 of this study. Clinical, ethical and legal approaches to forced treatment in patients with anorexia nervosa were considered in the light of recent literature.

RECENT FINDINGS: The first comparison of compulsorily detained adolescents and those treated under parental consent shows mainly advantages in the short and medium term of using the Mental Health Act. In a qualitative study, a pathway for advance decisions has been developed. Implications of the Human Rights Act for clinical practice have been elucidated. A case report of a pregnant anorexic woman shows the risk for her foetus. The ethical dilemma of treating a woman with cerebral palsy and chronic anorexia nervosa has been reported and an ethical re-evaluation of treatments for (especially chronic) anorexia nervosa recommended.

SUMMARY: The treatment of adolescents with severe anorexia nervosa may be improved by detention under the Mental Health Act. The Human Rights Act has implications for the treatment of anorexia nervosa. Guidelines for treating anorexia nervosa should include recommendations for pregnant sufferers as well as for those with severe physical comorbidity. A shift from cure to care for chronic anorexia nervosa might improve ethical conduct.

Source: Medline
Available in print from Current Opinion in Psychiatry; Notes: ULHT journal article requests. Complete the online form to obtain articles.

11. Countertransference reactions to adolescents with eating disorders: relationships to clinician and patient factors.
Author(s): Satir DA, Thompson-Brenner H, Boisseau CL, Crisafulli MA
Citation: International Journal of Eating Disorders, September 2009, vol./is. 42/6(511-21), 0276-3478;1098-108X (2009 Sep)
Publication Date: September 2009
Abstract: OBJECTIVE: Clinical report suggests that therapists have strong and sometimes difficult-to-manage reactions to patients with eating disorders (EDs); however, systematic research is largely absent. The purpose of this study was to explore the emotional responses, or countertransference (CT) reactions, clinicians experience when working with patients with EDs, and to identify clinician, patient, and therapy variables associated with these responses.

METHOD: One hundred twenty clinicians reported on multiple variables related to an adolescent female patient they were treating for an ED.

RESULTS: Six patterns of reactions were identified: angry/frustrated, warm/competent, aggressive/sexual, failing/incompetent, bored/angry at parents and overinvested/worried feelings. The factors showed meaningful relationships across clinician demographics, patient characteristics, and treatment techniques.

DISCUSSION: Overall, clinician’s reactions were most frequently associated with the clinician’s gender, patient’s level of functioning and improvement during treatment, and patient personality style. These issues have important implications for

**Author(s)**: Vandereycken W, Vansteenkiste M

**Citation**: European Eating Disorders Review, May 2009, vol./is. 17/3(177-83), 1072-4133;1099-0968 (2009 May)

**Publication Date**: May 2009

**Abstract**: Premature drop-out from treatment is a highly prevalent phenomenon among eating disorder (ED) patients. In a specialized inpatient treatment unit a major change was made in the admission strategy in 2001, giving a maximum of personal choice to the patients. A quasi-experimental research was carried out comparing 87 patients treated till 2000 ('old' strategy) with 87 patients treated from 2001 on ('new' strategy). The results indicate that the provision of choice at the beginning of treatment significantly reduced drop-out during the first weeks of inpatient treatment. No differences between both strategies on later drop-out and weight change (in anorexia nervosa patients) during inpatient treatment were found. The results are discussed in the light of the importance placed on dynamics of personal choice, autonomy and volition within the framework of the self-determination theory (SDT).

**Source**: Medline

Available in print from European Eating Disorders Review; Notes: ULHT journal article requests. Complete the online form to obtain articles.

13. Parenteral nutrition and anorexia nervosa: is it useful, is it ethical?.

**Author(s)**: Melchior JC, Corcos M

**Citation**: Journal of Adolescent Health, April 2009, vol./is. 44/4(410-1; author reply 411-2), 1054-139X;1879-1972 (2009 Apr)

**Publication Date**: April 2009

**Source**: Medline

Available in print from Journal of Adolescent Health; Notes: ULHT journal article requests. Complete the online form to obtain articles.

14. Cerebral palsy and anorexia nervosa.

**Author(s)**: Webb K, Morgan J, Lacey JH

**Citation**: International Journal of Eating Disorders, January 2009, vol./is. 42/1(87-9), 0276-3478;1098-108X (2009 Jan)

**Publication Date**: January 2009

**Abstract**: OBJECTIVE: To describe the management of a woman with cerebral palsy and anorexia nervosa.METHOD: We carried out a literature search and gained consent and a history from the patient. We explored the etiological and ethical issues raised in this case.RESULTS: Etiological issues are raised, looking at the interaction between physical disability and self-image. Clinical and practical difficulties of caring for a patient with physical disability properly on an eating disorder unit are discussed, as well as ethical issues concerning mental capacity and the use of the mental health act in anorexia nervosa.CONCLUSION: This case reminds us again that we can learn much from listening to patients. In this instance, service and operational policies on managing disabilities on the unit, were shaped by her input. 2008 by Wiley Periodicals, Inc.

**Source**: Medline

Available in print from International Journal of Eating Disorders; Notes: ULHT journal article requests. Complete the online form to obtain articles.

Available in fulltext from International Journal of Eating Disorders at EBSCOhost

15. Forced treatment of patients with anorexia.
16. Why (and when) clinicians compel treatment of anorexia nervosa patients.

**Author(s)** Carney T, Tait D, Richardson A, Touyz S

**Citation:** European Eating Disorders Review, May 2008, vol./is. 16/3(199-206), 1072-4133;1099-0968 (2008 May)

**Publication Date:** May 2008

**Abstract:** OBJECTIVE: This paper addresses the question of the circumstances which lead clinicians to use legal coercion in the management of patients with severe anorexia nervosa, and explores similarities and differences between such formal coercion and other forms of 'strong persuasion' in patient management.METHOD: Logistic regression and other statistical analysis was undertaken on 75 first admissions for anorexia nervosa from a sample of 117 successive admissions to an eating disorder facility in New South Wales, Australia, where an eating disorder was the primary diagnosis. Admissions with other primary diagnoses, such as bulimia nervosa (25 episodes), and entries with a co-morbid diagnosis (e.g. depression or opiate overdose), were discarded, leaving 96 admissions by 75 individuals.RESULTS: Resort to measures of legal coercion into treatment was found to be associated with three main indicators: the patient's past history (number of previous admissions); the complexity of their condition (the number of other psychiatric co-morbidities); and their current health risk (measured either by Body Mass Index (BMI) or the risk of re-feeding syndrome).CONCLUSIONS: Our study is consistent with the few earlier studies about indicators for legal coercion in anorexia nervosa management, and suggests that clinicians use legal coercion very sparingly, distinguishing legal coercion from other forms of close clinical management of patients. (c) 2007 John Wiley & Sons, Ltd and Eating Disorders Association

**Source:** Medline

Available in print from European Eating Disorders Review; Notes: ULHT journal article requests. Complete the online form to obtain articles.

17. Psychiatrists' attitudes towards autonomy, best interests and compulsory treatment in anorexia nervosa: a questionnaire survey.

**Author(s)** Tan JO, Doll HA, Fitzpatrick R, Stewart A, Hope T

**Citation:** Child & Adolescent Psychiatry & Mental Health [Electronic Resource], 2008, vol./is. 2/1(40), 1753-2000;1753-2000 (2008)

**Publication Date:** 2008

**Abstract:** BACKGROUND: The compulsory treatment of anorexia nervosa is a contentious issue. Research suggests that psychiatrists have a range of attitudes towards patients...
suffering from anorexia nervosa, and towards the use of compulsory treatment for the disorder.

METHODS: A postal self-completed attitudinal questionnaire was sent to senior psychiatrists in the United Kingdom who were mostly general adult psychiatrists, child and adolescent psychiatrists, or psychiatrists with an interest in eating disorders. RESULTS: Respondents generally supported a role for compulsory measures under mental health legislation in the treatment of patients with anorexia nervosa. Compared to 'mild' anorexia nervosa, respondents generally were less likely to feel that patients with 'severe' anorexia nervosa were intentionally engaging in weight loss behaviours, were able to control their behaviours, wanted to get better, or were able to reason properly. However, eating disorder specialists were less likely than other psychiatrists to think that patients with 'mild' anorexia nervosa were choosing to engage in their behaviours or able to control their behaviours. Child and adolescent psychiatrists were more likely to have a positive view of the use of parental consent and compulsory treatment for an adolescent with anorexia nervosa. Three factors emerged from factor analysis of the responses named: 'Support for the powers of the Mental Health Act to protect from harm'; 'Primacy of best interests'; and 'Autonomy viewed as being preserved in anorexia nervosa'. Different scores on these factor scales were given in terms of type of specialist and gender. CONCLUSION: In general, senior psychiatrists tend to support the use of compulsory treatment to protect the health of patients at risk and also to protect the welfare of patients in their best interests. In particular, eating disorder specialists tend to support the compulsory treatment of patients with anorexia nervosa independently of views about their decision-making capacity, while child and adolescent psychiatrists tend to support the treatment of patients with anorexia nervosa in their best interests where decision-making is impaired.

Source: Medline
Available in fulltext from Child and Adolescent Psychiatry and Mental Health at BioMedCentral
Available in fulltext from Child and Adolescent Psychiatry and Mental Health at National Library of Medicine

Author(s) Carney T, Tait D, Touyz S
Citation: Australasian Psychiatry, October 2007, vol./is. 15/5(390-5), 1039-8562;1039-8562 (2007 Oct)
Publication Date: October 2007
Abstract: OBJECTIVE: This paper explores similarities and differences between formal coercion and other forms of 'strong persuasion' in clinical decision-making about medical management of patients with severe anorexia nervosa. METHOD: The paper builds on findings from analysis of data from 117 successive admissions to an eating disorder facility, where an eating disorder was the primary diagnosis. RESULTS: The study implications of particular interest in this paper are the findings that legal coercion into treatment was associated with three main indicators: the patient's past history (number of previous admissions), the complexity of their condition (the number of other psychiatric comorbidities), and current health risk (measured either by body mass index or the risk of re-feeding syndrome). CONCLUSIONS: We conclude that clinicians use legal coercion very sparingly in treating severe anorexia nervosa, distinguishing legal coercion from other forms of close clinical management of patients. While we agree with Monahan et al. and others that there are similarities between legal coercion and other forms of strong clinical management (or power), our results suggest that clinicians recognize the importance of maintaining, rather than blurring that distinction.
Source: Medline
Available in fulltext from Australasian Psychiatry at EBSCOhost
Available in print from Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists; Notes: ULHT journal article requests. Complete the online form to obtain articles.

19. The refusal of treatment in anorexia nervosa, an ethical conflict with three characters: "the girl, the family and the medical profession". Discussion in a French legislative context.
Author(s) Vialettes B, Samuelian-Massat C, Valero R, Beliard S

**Author(s)** Carney T, Crim D, Wakefield A, Tait D, Touyz S

**Citation:** Israel Journal of Psychiatry & Related Sciences, 2006, vol./is. 43/3(159-65), 0333-7308;0333-7308 (2006)

**Publication Date:** 2006

**Abstract:** BACKGROUND: The high mortality of severe anorexia nervosa causes clinicians to consider any legal avenues for coercing acutely-ill patients to remain in treatment or refeeding programs, such as mental health laws or adult guardianship laws. METHOD: Review of pattern of laws for coercing treatment in various jurisdictions and retrospective file analysis over 4.7 years for a specialist anorexia unit in the State of New South Wales, Australia, to isolate attributes associated with resort to two different avenues of legal coercion. RESULTS: Coercion is most likely indicated for patients with more chronic histories (prior AN admissions), already known to the unit, where they present with other psychiatric illnesses and a low BMI. Compared to voluntary admissions, coerced patients were significantly more likely to experience the refeeding syndrome (an indicator of being seriously medically compromised). They were more likely to be tube fed and placed on a locked unit. Limitations: Sample size, limited variables and retrospective analysis method. CONCLUSIONS: The study suggests that, where available, clinicians will use legal coercion to help treat severe medical crisis situations, or manage behaviors such as vomiting, excessive exercise/sit-ups, or of absconding to no fixed abode when patients are very young.

**Source:** Medline


**Author(s)** Newton JT, Patel H, Shah S, Sturmey P

**Citation:** Psychological Reports, June 2005, vol./is. 96/3 Pt 1(701-6), 0033-2941;0033-2941 (2005 Jun)

**Publication Date:** June 2005

**Abstract:** To examine the perceived acceptability of compulsory detention in treatment of an individual with severe anorexia nervosa amongst a sample of members of the general population, 151 participants read vignettes describing the compulsory detention of a female patient with a Body Mass Index of 12.4. The vignettes systematically varied along three dimensions: patients' reaction, immediate outcome (psychological state), and long-term outcome (attendance at out-patient appointments). Acceptability was measured using the Treatment Evaluation Inventory. There were significant main effects of psychological outcome and the long-term treatment outcome. The main effect of the patients' reaction to the detention was not significant, but there was a significant interaction for psychological outcome and long-term outcome, such that good attendance at out-patient appointments increased ratings of acceptability more markedly when a good psychological outcome had been secured. The outcome of treatment exerts a strong influence on ratings of...
acceptability. Individuals who have no direct experience with eating disorders endorse treatments that are effective irrespective of the patients' feelings about the treatment.

**Source:** Medline
Available in print from *Psychological Reports*; Notes: ULHT journal article requests. Complete the online form to obtain articles.


**Author(s)** Carney T, Tait D, Wakefield A, Ingvarson M, Touyz S

**Citation:** Medicine & Law, March 2005, vol./is. 24/1(21-40), 0723-1393;0723-1393 (2005 Mar)

**Publication Date:** March 2005

**Abstract:** Because of its high mortality and treatment resistance, clinicians sometimes invoke the law in aid of retaining their most acutely ill-patients in treatment or re-feeding programs. Depending on the jurisdiction, various laws, including mental health and adult guardianship laws, have been invoked to achieve this objective (Carney, Tait, Saunders, Touyz & Beumont, 2003). Until recently, little was known about the therapeutic impact of coercion on patients (Saunders, 2001, Carney & Saunders 2003), or the relative advantages of different avenues of coercion (Carney, Saunders, Tait, Touyz & Ingvarson 2004). Most obscure of all, however, has been our understanding of the factors influencing clinical decisions within specialist anorexia treatment units regarding which in-patients will be selected for coerced treatment. This paper reports legal and ethical implications of findings from analysis of data gathered from a major Australian specialist anorexia treatment facility over nearly 5 years.

**Source:** Medline
Available in print from *Medicine & Law*; Notes: ULHT journal article requests. Complete the online form to obtain articles.

### 23. Risk and supervised exercise: the example of anorexia to illustrate a new ethical issue in the traditional debates of medical ethics.

**Author(s)** Giordano S

**Citation:** Journal of Medical Ethics, January 2005, vol./is. 31/1(15-20), 0306-6800;0306-6800 (2005 Jan)

**Publication Date:** January 2005

**Abstract:** Sport and physical activity is an area that remains relatively unexplored by contemporary bioethics. It is, however, an area in which important ethical issues arise. This paper explores the case of the participation of people with anorexia nervosa in exercise. Exercise is one of the central features of anorexia. The presence of anorexics in exercise classes is becoming an increasingly sensitive issue for instructors and fitness professionals. The ethics of teaching exercise to anorexics has, however, seldom, if ever, been addressed. Codes of ethics and legislation do not offer guidelines pertinent to the case and it is left unclear whether anorexics should be allowed to participate in exercise classes. It is shown by this paper that there are strong ethical reasons to let anorexics participate in exercise classes. However, the paper also explains why, despite these apparently cogent ethical reasons, there is no moral obligation to allow a person with anorexia to take part in exercise/sports activities.

**Source:** Medline
Available in print from *Journal of Medical Ethics*; Notes: Use the link to request articles from the library. Complete the appropriate online form and press 'Send'. Available in print from *Journal of Medical Ethics*; Notes: ULHT journal article requests. Complete the online form to obtain articles. Available in fulltext from *Journal of Medical Ethics at National Library of Medicine*
Available in fulltext from *Journal of Medical Ethics at Highwire Press*

### 24. Compulsory treatment of anorexia nervosa.

**Author(s)** Mitrany E, Melamed Y

**Citation:** Israel Journal of Psychiatry & Related Sciences, 2005, vol./is. 42/3(185-90), 0333-7308;0333-7308 (2005)
**Publication Date:** 2005  
**Abstract:** Compulsory treatment in anorexia is a controversial subject brought to the fore of public awareness with each new case reported in the media. The attitudes towards involuntary hospitalization for anorexia swing like a pendulum from recognizing the necessity for compulsory treatment in life-threatening situations to advocating the patient's rights for autonomy over his/her body and thus the right to refuse treatment. In view of the fact that the existing legislation in Israel (Law of Patient's Rights, 1996; Law of Guardianship 1962; and the Law for the Treatment of the Mentally Ill, 1991) does not provide an adequate solution to emergency situations in which anorexia is life threatening, the authors suggest that the Law for the Treatment of the Mentally Ill (1996), which enables compulsory treatment, can be interpreted to include life-endangering conditions.  
**Source:** Medline

### 25. Autonomy and anorexia nervosa.  
**Author(s):** Sato Y  
**Citation:** Lancet, December 2003, vol./is. 362/9399(1937), 0140-6736;1474-547X (2003 Dec 6)  
**Publication Date:** December 2003  
**Source:** Medline  
Available in **print** from *Lancet*; Notes: Use the link to request articles from the library.  
Complete the appropriate online form and press ‘Send’.  
Available in **fulltext** from *Lancet, The* at *Elsevier*

### 26. Control and compulsory treatment in anorexia nervosa: the views of patients and parents.  
**Author(s):** Tan JO, Hope T, Stewart A, Fitzpatrick R  
**Citation:** International Journal of Law & Psychiatry, November 2003, vol./is. 26/6(627-45), 0160-2527;0160-2527 (2003 Nov-Dec)  
**Publication Date:** November 2003  
**Source:** Medline  
Available in **print** from *International Journal of Law and Psychiatry*; Notes: ULHT journal article requests. Complete the online form to obtain articles.

### 27. Competence to refuse treatment in anorexia nervosa.  
**Author(s):** Tan J, Hope T, Stewart A  
**Citation:** International Journal of Law & Psychiatry, November 2003, vol./is. 26/6(697-707), 0160-2527;0160-2527 (2003 Nov-Dec)  
**Publication Date:** November 2003  
**Source:** Medline  
Available in **print** from *International Journal of Law and Psychiatry*; Notes: ULHT journal article requests. Complete the online form to obtain articles.

**Author(s):** Gans M, Gunn WB Jr  
**Citation:** International Journal of Law & Psychiatry, November 2003, vol./is. 26/6(677-95), 0160-2527;0160-2527 (2003 Nov-Dec)  
**Publication Date:** November 2003  
**Source:** Medline  
Available in **print** from *International Journal of Law and Psychiatry*; Notes: ULHT journal article requests. Complete the online form to obtain articles.

### 29. Involuntary treatment of anorexia nervosa.  
**Author(s):** Melamed Y, Mester R, Margolin J, Kalian M  
**Citation:** International Journal of Law & Psychiatry, November 2003, vol./is. 26/6(617-26), 0160-2527;0160-2527 (2003 Nov-Dec)
30. Persecutors or victims? The moral logic at the heart of eating disorders.

**Author(s)** Giordano S

**Citation**: Health Care Analysis, September 2003, vol./is. 11/3(219-28), 1065-3058;1065-3058 (2003 Sep)

**Abstract**: Eating Disorders, particularly anorexia and bulimia, are of immense contemporary importance and interest. News stories depicting the tragic effects of eating disorders command wide attention. Almost everybody in society has been touched by eating disorders in one way or another, and contemporary obsession with body image and diet fuels fascination with this problem. It is unclear why people develop eating disorders. Clinical and sociological studies have provided important information relating to the relational systems in which eating disorders are mainly found. This paper shows that their explanations are not conclusive and points out that the reasons why people develop eating disorders should not be found in the dysfunctional interactions occurring in both familial and social systems, but in the moral beliefs that underlie these interactions. Eating disorders are impossible to understand or explain, unless they are viewed in the light of these beliefs. A moral logic, that is a way of thinking of interpersonal relations in moral terms, gives shape to and justifies the clinical condition, and finds consistent expression in abnormal eating behaviour. The analysis offered here is not mainstream either in philosophy (eating disorders are in fact seldom the subject of philosophical investigation) or in clinical psychology (the methods of philosophical analysis are in fact seldom utilised in clinical psychology). However, this paper offers an important contribution to the understanding of such a dramatic and widespread condition, bringing to light the deepest reasons, which are moral in nature, that contribute to the explanation of this complex phenomenon.

**Source**: Medline
Available in print from *International Journal of Law and Psychiatry*; Notes: ULHT journal article requests. Complete the online form to obtain articles.

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**Author(s)** Bartholomew TP, Paxton SJ

**Citation**: Journal of Law & Medicine, February 2003, vol./is. 10/3(308-24), 1320-159X;1320-159X (2003 Feb)

**Abstract**: In Victoria, Australia, the legal position regarding young people's competence to make medical treatment decisions has not been clarified in legislation, and a number of often vague common law decisions must be relied on for guidance. This situation produces a degree of uncertainty about appropriate professional practice, while also potentially impeding young people's rights claims in health care settings. With this in mind, the present research explored general practitioners' competence and confidentiality decisions regarding a 17-year-old female who presented with symptoms of an eating disorder. Questionnaires were sent to a random sample of 500 Victorian general practitioners, of whom 190 responded. After reading a case vignette, general practitioners indicated whether they would find the hypothetical patient competent and if they would maintain her confidentiality. Seventy-three per cent of respondents found the patient competent and most would have maintained confidentiality, at least initially. However, subsequent analysis of the rationales supplied for these decisions revealed a wide diversity in general practitioners' understandings and implementations of extant legal authority. This research highlights the need for general practitioners to be exposed to up-to-date and clinically relevant explanations of contemporary legal positions.

**Source**: Medline
Available in print from *Journal of Law and Medicine*; Notes: ULHT journal article requests. Complete the online form to obtain articles.
32. The percutaneous endoscopic gastrostomy tube. medical and ethical issues in placement.

Author(s): Angus F, Burakoff R

Citation: American Journal of Gastroenterology, February 2003, vol./is. 98/2(272-7), 0002-9270:0002-9270 (2003 Feb)

Publication Date: February 2003

Abstract: OBJECTIVE: Offering and recommending PEG tube placement to patients has been a topic of considerable interest in the medical literature. The role of individual health care professionals in the decision making process is poorly defined. PEG tubes are often placed inappropriately because of unrealistic and inaccurate expectations of what they can accomplish in patients unable to tolerate adequate oral intake. We have developed an algorithm for PEG placement for the geriatric, oncology, and neurology patients based on a critical review of current literature.METHODS: An extensive review of the literature was performed focusing on PEG tube placement in oncology, neurology, and geriatric patients. This algorithm was developed to provide both the primary care provider and the specialist with appropriate indications for PEG placement in these patient populations.RESULTS: Appropriate indications for PEG placement are 1) Esophageal obstruction (e.g., esophageal cancer), 2) Neurologic etiology of dysphagia without obstruction (e.g., status post cerebrovascular accident, pseudobulbar palsy), 3) Prolonged refusal to swallow without evidence of concomitant terminal illness (e.g., protracted pseudodementia due to severe depression), 4) Supplemental nutrition for patients undergoing chemotherapy or radiation therapy.CONCLUSIONS: If no physiologic benefit is expected with PEG placement (anorexia-cachexia syndrome), the health care team has no obligation to offer or perform an intervention. This same principle would apply if intervention improves physiologic states but has no effect on quality of life (e.g., permanent vegetative state). Small-bore feeding tubes are cost effective and relatively safe for enteral feedings of up to 6-8 weeks. This is especially pertinent in the population with acute neurological deficits, in which prognostication on extent of impairment is best estimated by communication with neurologist. In the geriatric population there is no proved benefit in weight gain or markers of nutrition (albumin, prealbumin) in patients with malnutrition due to impaired oral intake.

Source: Medline

33. Treatment resistance in anorexia nervosa and the pervasiveness of ethics in clinical decision making.

Author(s): MacDonald C

Citation: Canadian Journal of Psychiatry - Revue Canadienne de Psychiatrie, April 2002, vol./is. 47/3(267-70), 0706-7437;0706-7437 (2002 Apr)

Publication Date: April 2002

Abstract: Clinical efforts to treat anorexia nervosa (AN) are constantly resisted by patients. Although the primacy of patient autonomy is a cornerstone of modern medical ethics, clinicians will nonetheless often be justified in pursuing particular interventions despite such resistance, give the reduced competency of patients suffering from this multifactorial psychiatric illness. While a literature exists on the ethical justification for imposing treatment, that literature has focused exclusively on situations in which patients refuse treatment outright. When patients resist rather than refuse treatment, clinicians are faced with the ethical challenge of deciding whether particular interventions constitute justified infringements upon patient autonomy. Given the fact that treatment resistance is endemic to AN, we see that ethical decision making must also be a continual part of the disorder's treatment. This paper argues that the treatment of AN merely constitutes a particularly clear example of what is in fact a general phenomenon: ethical decision making pervades all clinical practice.

Source: Medline

Available in print from Canadian journal of psychiatry. Revue canadienne de psychiatrie; Notes: ULHT journal article requests. Complete the online form to obtain articles.

Available in fulltext from Canadian Journal of Psychiatry at EBSCOhost

34. Are submissive nurses ethical?: reflecting on power anorexia.

Author(s): Lunardi VL, Peter E, Gastaldo D

Citation: Revista Brasileira de Enfermagem, March 2002, vol./is. 55/2(183-8), 0034-
Abstract: We believe that the notion of power anorexia, which we define as a lack of desire to exercise power, is central to reflections about nursing ethical concerns. Questioning the assumption that nurses are powerless, we argue that nurses can and do exercise power and that their actions and inactions have consequences not only for themselves, but also for those for whom they care. We propose that a feminist ethics perspective be used both to understand and to overcome nurses' power anorexia. Feminist thinkers remind us not only of oppression's psychological impact, but that stereotypical views about women are socially constructed and, therefore, can be changed. Nurses using this framework should explore the implications of a centralized notion of caring to the way we conceive of power relations in health care. Perhaps deconstructing caring by focusing on how nurses exercise power could help us to re-conceptualize nursing and promote new agendas for health and health care.

Source: Medline
Available in print from Revista brasileira de enfermagem; Notes: ULHT journal article requests. Complete the online form to obtain articles.

35. Indications for percutaneous endoscopic gastrostomy insertion: ethical aspects.
Author(s) Niv Y, Abuksis G
Citation: Digestive Diseases, 2002, vol./is. 20/3-4(253-6), 0257-2753;0257-2753 (2002)
Publication Date: 2002
Abstract: Percutaneous endoscopic gastrostomy (PEG) is a popular technique for long-term enteral nutrition. However it is not beneficial in all cases, and may even prolong the process of dying. The present article discusses the main indications for PEG insertion, and the ethical considerations involved. Three main questions need to be answered: (1) for what purposes should PEG be used; (2) for what type of patients, and (3) when should PEG be inserted in the natural history of the patient's illness? PEG is used in patients unable to maintain sufficient oral intake. It has been found to improve quality of life and/or to increase survival in patients with head and neck cancer, acute stroke, neurogenic and muscle dystrophy syndrome, growth failure (children) and gastric decompression. It led to no improvement in nutritional or functional status in patients with cachexia, anorexia, aspiration (and aspiration pneumonia), and cancer with a short life expectancy. Several court decisions have stipulated that PEG need be offered in patients in a persistent vegetative state or patients with senile dementia who have lost the ability for self-determination. Since the 30-day mortality after PEG insertion is very high for patients hospitalized in a general medical center, a 'cooling off' period of 30-60 days should be scheduled from the time of the PEG request to actual insertion. Copyright 2002 S. Karger AG, Basel
Source: Medline
Available in print from Digestive diseases (Basel, Switzerland); Notes: ULHT journal article requests. Complete the online form to obtain articles.

36. Involuntary treatment in anorexia nervosa.
Author(s) Russell GF
Citation: Psychiatric Clinics of North America, June 2001, vol./is. 24/2(337-49), 0193-953X;0193-953X (2001 Jun)
Publication Date: June 2001
Abstract: It is difficult to predict, on first contact with patients with AN, whether a compulsory admission to hospital may become necessary to protect their lives and health. There are only tentative pointers so far to an entrenched avoidance of treatment: (1) components of a disordered personality associated with a history of childhood physical or sexual abuse or previous episodes of self-harm and (2) the presence of a more severe illness, suggested by numerous previous admissions. An involuntary admission is likely to be beneficial at least in the short term, as shown by a gratifying weight gain, although a longer period of inpatient stay may be necessary. Patients who have required compulsory detention are at a considerable risk in the long-term as shown by their high mortality rates. It is, therefore, essential to organize long-term observation for all patients who required involuntary admission for AN. A compulsory admission for AN does not require compulsory treatment, such as forced feeding by NGT or other intrusive methods. Clinicians who
contemplate a compulsory admission for a seriously ill anorexic patient might therefore question the advantages provided by the detention. First, clinicians can be assured that it should be possible to induce a satisfactory weight gain through persistent nursing methods without running the risk of these patients discharging themselves. With inpatients, the goals are nearly always attained, although the admission may be longer than average. Not only do these patients’ nutrition improve vastly, but also they are likely to show improvements in their mental state. Secondly, these patients are likely to learn that the professional staff, their families, and outside agencies take their illness very seriously, even if patients themselves do not seem to. This is particularly evident when patients appeal to a Mental Health Review Tribunal for release. They attend the proceedings and hear the evidence presented by their psychiatrists, the nursing staff, and their nearest relatives. The tribunal usually sustains the compulsory admission: the patient may be initially distressed, but in the long run the experience is generally therapeutic. Finally, compulsory admission permits more stringent forms of supervision. For example, patients who vomit may have legitimately restricted access to bathrooms. Patients addicted to exercise may be rationed to sensibly short periods of walking daily. Patients who are extremely anxious or overactive may be required to take appropriate tranquillizing or sedating drugs, such as one of the benzodiazepine drugs. Clinicians sometimes are reluctant to resort to compulsory admission because of a fear of damaging the therapeutic relationship with their patients. Clinical observations, however, point to the converse being the case, as shown in several studies. Tiller et al maintain: “Compulsory treatment may be an act of compassion: it shows that professionals recognize the severity of the illness and that they are prepared to contain the anxieties provoked by weight gain. Often the patients and their families are immensely relieved to hand over the responsibility, temporarily, to the professional team.”

Source: Medline
Available in print from Psychiatric Clinics of North America; Notes: ULHT journal article requests. Complete the online form to obtain articles.

PSYCHINFO results

Author(s) Craigie, Jillian
Citation: Bioethics, July 2011, vol./is. 25/6(326-333), 0269-9702;1467-8519 (Jul 2011)
Publication Date: July 2011
Abstract: According to the principle of patient autonomy, patients have the right to be self-determining in decisions about their own medical care, which includes the right to refuse treatment. However, a treatment refusal may legitimately be overridden in cases where the decision is judged to be incompetent. It has recently been proposed that in assessments of competence, attention should be paid to the evaluative judgments that guide patients' treatment decisions. In this paper I examine this claim in light of theories of practical rationality, focusing on the difficult case of an anorexic person who is judged to be competent and refuses treatment, thereby putting themselves at risk of serious harm. I argue that the standard criteria for competence assess whether a treatment decision satisfies the goals of practical decision-making, and that this same criterion can be applied to a patient's decision-guiding commitments. As a consequence I propose that a particular understanding of practical rationality offers a theoretical framework for justifying involuntary treatment in the anorexia case. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
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Available in fulltext from Bioethics at EBSCOhost
Available in print from Developing World Bioethics; Notes: ULHT journal article requests. Complete the online form to obtain articles.
Available in fulltext from Bioethics at EBSCOhost

Author(s) Estefan, Andrew
Citation: The resilient nurse: Empowering your practice., 2011(31-42) (2011)
Publication Date: 2011
Abstract: (from the chapter) Health care today demands nurses to be technically proficient,
competent practitioners who are attuned to the health and social care needs of patients. As we, nurses, seek to meet patients' needs, we are required to practise ethically, and the professional codes of conduct use ethical guidelines to help us formulate appropriate nursing care. Ethical practice is fundamental to safeguarding patients' wellbeing and promotes a therapeutic, trusting relationship between nurses and patients. But what does this really mean? What does an ethical nurse look like, and what do ethical nurses do that makes them so ethical? How do nurses know the right thing to do? This chapter explores nursing ethics and the challenges of nursing ethically. This exploration begins with a story of caring for Jenny, a young woman with anorexia. The story shows how ethical nursing practice can be framed in different ways. Being able to apply ethical reasoning in various patient care situations is one way that nurses can consider options for care and improve the quality of the nurse-patient encounter. At the end of the chapter, you will be presented with some questions and learning activities to help you to think about what ethical practice means to you and how you want to incorporate ethics into your frameworks for practice.

Source: PsycINFO

3. When helping hurts: The role of the family and significant others in the treatment of eating disorders.

Author(s) Brisman, Judith

Citation: Treatment of eating disorders: Bridging the research-practice gap., 2010(335-348) (2010)

Publication Date: 2010

Abstract: (from the chapter) Controversy abounds with regard to the role of the family and significant others in the treatment of eating disorders (ED). The most well-documented research indicates that conjoint family-based treatment, in which parents are directly involved in re-feeding, is most beneficial for teenagers or children with anorexia nervosa. However, other research and clinical experiences contradict these findings and allow for the possibility of more varied means of involving the family. This chapter hopes to bridge the gap between extensive research pointing to the need for direct parental intervention and alternate research and clinical experience reminding us that one size does not fit all. Considering the evolution of the family's role in ED treatment, this chapter will explore research and treatment modalities that inform therapeutic decision-making by primary caregivers. How do we heed the recommendations of research investigations while at the same time recognizing that the research itself may narrow viable possibilities for effective engagement of family and significant others? Researchers and clinicians alike have been dedicated to finding answers in hope of providing patients, parents, and significant others a path to recovery. The answers, however, have sometimes been as problematic as the questions. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Source: PsycINFO


Author(s) Bratton, Mark

Citation: Philosophy, Psychiatry, & Psychology, June 2010, vol./is. 17/2(159-162), 1071-1086-3303 (Jun 2010)

Publication Date: June 2010

Abstract: Comments on an article by S. Giordano (see record 2010-17585-005). In her clear and thought-provoking paper, Giordano argues that this settled principle of medical ethics and law should be abridged in the case of cognitively competent anorexics refusing life-sustaining treatment. Accordingly, Giordano argues, implicitly, that the law, if it is to be based on sound medical ethics, much take into account the singular clinical features of anorexia and the relational context within which the sufferer's welfare, and indeed the welfare of the family, or significant others, must be taken into account. Giordano also points out that in certain end-of-life contexts the principle of autonomy and associated right of self-determination are already qualified in a number of important respects. In her paper, Giordano makes out a powerful ethical case for the abridgement of accepted ethicolegal principles in the case of anorexic sufferers who are capable of making competent choices. Giordano has done the ethical and legal community a service by offering a justification for a richer ethicolegal response to the particular predicament of anorexic sufferer's beyond

Author(s): Giordano, Simona

Citation: Philosophy, Psychiatry, & Psychology, June 2010, vol./is. 17/2(143-154), 1071-6076;1086-3303 (Jun 2010)

Publication Date: June 2010

Abstract: Whether anorexics should be allowed to refuse life-saving treatment is an unresolved issue, which raises acrimonious disputes in ethics and law. I verify whether, and if so on what grounds, anorexics' refusal of treatment should be respected. I use philosophical analytic methods of investigation, combined with discussion of clinical cases and public attitudes toward euthanasia. Whether or not anorexics should be allowed to die depends not primarily on their competence, as many claim, but on the extent of their suffering and on whether it can be alleviated. This implies that if the anorexic has reasonable chance of recovery, competent refusal of treatment can be overridd. The family should also be involved in end-of-life decisions. Although these conclusions represent a departure from accepted ethicolegal principles, a focus on tractability and on the family has ethical grounds and is in line with the feelings of many on end-of-life issues.

(PSycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Source: PsycINFO
Available in print from Philosophy, Psychiatry, & Psychology; Notes: ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Lopez, Amy

Citation: Clinical Social Work Journal, June 2010, vol./is. 38/2(236-239), 0091-1674;1573-3343 (Jun 2010)

Publication Date: June 2010

Abstract: The case of a 30-year-old woman with treatment refractory anorexia is presented through a first person narrative and countertransference experience. The case study attempts to explore how ethical treatment decisions are made, while also addressing how we live with those choices. (PSycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Source: PsycINFO
Available in print from Clinical Social Work Journal; Notes: ULHT journal article requests. Complete the online form to obtain articles.

7. Compulsory (involuntary) treatment for anorexia nervosa.

Author(s): Touyz, Stephen W, Carney, Terry

Citation: The treatment of eating disorders: A clinical handbook., 2010(212-224) (2010)

Publication Date: 2010

Abstract: (from the chapter) Medicine and ethics, rather than the law, are the dominant players in deciding if and when coercion is appropriately deployed within clinical management of a condition. The same is true of anorexia nervosa (AN), where the medical and ethical debates are arguably even more contested than in the case of involuntary mental health treatment. This chapter concentrates on the medical and ethical turbulence at that intersection between law and medicine. First, we review the diverse pattern of laws (if any) that may be used in aid of involuntary treatment of AN sufferers in different jurisdictions. Second, we outline some of the ethical principles informing the use of involuntary treatment. Third, and the main section of the chapter, we examine the clinical practice and therapeutic role of coercion within the overall treatment options for dealing with a condition whose chronicity, morbidity, and mortality rates understandably put pressure on clinicians to find "solutions." Fourth, we summarize our conclusion that coercion into treatment has a very limited, but potentially vital, role to play in dealing with patients with AN presenting with life-threateningly low body mass indices (BMIs) or
8. Controversial issues concerning the concept of palliative care of anorexic patients.

**Author(s)** Starzomska, Malgorzata

**Citation:** Archives of Psychiatry and Psychotherapy, 2010, vol./is. 12/4(49-59), 1509-2046 (2010)

**Publication Date:** 2010

**Abstract:** Anorexia is a grave and often fatal illness. Death rates would undoubtedly be higher if anorexics were not force-fed once their weight became dangerously low. A very important feature distinguishing anorexia from other mental disorders is highly ambivalent attitude of sufferers to their own illness. On the one hand, anorexic individuals seem to accept their progressing malnutrition, which supports suggestions of researchers that egosyntonicity which refers to the patients' sense of the anorexia nervosa being a part of themselves or of their identity, is a fundamental aspect of this disorder. Thus denial and resistance towards treatment, which are frequent among anorexic patients represent their conscious attempts to preserve its egosyntonic symptomatology. On the other hand, a lot of researchers underline destructiveness of anorexia, namely it not only doesn't give happiness, but also restricts the anorexic person's life to one dimension: in this context she/he can't derive satisfaction from another resource than the more and more mechanic, obsessive self-starving, which finally leads to exhaustion and desire for death. Some researchers ask whether anorexic patients can actually make competent decisions about their quality of life. If so, then the decision to refuse therapy may be on a par with other decisions to refuse life-prolonging therapy made by sufferers of debilitating chronic, or acute onset terminal illness. The aim of the article is to answer a question if data concerning the quality of life among anorexic individuals justify a proposition of palliative care over these persons. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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Available in print from Archives of Psychiatry and Psychotherapy; Notes: ULHT journal article requests. Complete the online form to obtain articles.

9. Anorexia: A role for law in therapy?

**Author(s)** Carney, Terry

**Citation:** Psychiatry, Psychology and Law, March 2009, vol./is. 16/1(41-59), 1321-8719:1934-1687 (Mar 2009)

**Publication Date:** March 2009

**Abstract:** Anorexia nervosa poses particular challenges for medicine, for ethics and human rights, and for the law. These challenges are emblematic of wider dilemmas across mental health and adult guardianship law and its administration. They arise both in public law (legislation and tribunals), as well as in private planning (eg advance directives) and indeed also within civil society (extra-legal or “informal” family and private arrangements). It is suggested that those challenges are heightened by shrinkage in the role of the state, including services and public resources, under the guise of neoliberal governance and the “new public management”. Many of these public policy dilemmas are complex, finely balanced, and thus difficult to resolve with much conviction. This article argues that there is some role for law in authorising coercive interventions on an “emergency”, life-saving basis in acute instances of severe anorexia nervosa, along with a wider role for adult guardianship orders as the preferred initial measure when intervention is required. While the law may be creatively reformed (or administered) to facilitate realising positive rights such as access to needed treatment and quality services, the role of law in policing the legislatively determined boundary between voluntary and involuntary detention and/or treatment remains its most critical contribution. Only lip-service is paid to the discharge of this task at present because insufficient time or resources are available to the review tribunals undertaking this work. Addressing such under-resourceing is the most pressing and most immediate challenge in anorexia nervosa cases, as it is in mental health and substitute decision-making systems generally. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Source:** PsycINFO
10. Forced treatment of patients with anorexia nervosa.

Author(s): Thiels, Cornelia

Citation: Current Opinion in Psychiatry, September 2008, vol./is. 21/5(495-498), 0951-7367:1473-6578 (Sep 2008)

Publication Date: September 2008

Abstract: Purpose of review: To consider clinical, ethical and legal approaches to forced feeding in patients with anorexia nervosa in the light of recent literature. Recent findings: An Australian retrospective record analysis compared 27 coercive with 96 informal hospitalizations and found more previous inpatient treatments, comorbidities, and a lower BMI at admission of 13.2 (SD 1.67) kg/m, but no significantly different weight gain [4.96 (SD 6.56) kg]. In a higher proportion of the involuntary group a re-feeding syndrome, treatment in a locked ward, and tube feeding were recorded. In Germany 25 women with anorexia nervosa with an admission BMI of 12.09 (SD 1.51) kg/m gained 12.44 (SD 1.21) kg. Twenty were treated involuntarily and 22 received tube feeding—20 of whom were fed via a transdermal duodenal tube, four of whom as voluntary patients. Summary: As full recovery is possible in life-threatening anorexia nervosa, detention is sometimes justifiable and may indeed be necessary. Compulsory admission, however, does not necessarily imply a need for forced or tube feeding. Highly skilled nursing seems preferable, and so it may be better to admit the patient before the BMI drops below 13 kg/m. The validity of this proposal should be examined using a prospective research design with a follow-up period.

11. Ethical re-evaluation of contemporary treatments for anorexia nervosa: Is an aspirational stance possible in practice?

Author(s): Fedyszyn, Izabela Ewa, Sullivan, Gavin Brent

Citation: Australian Psychologist, September 2007, vol./is. 42/3(198-211), 0005-0067;1742-9544 (Sep 2007)

Publication Date: September 2007

Abstract: Anorexia nervosa is a complex disorder that occurs mainly among young women and evokes strong reactions in treating health professionals. While the reactions of psychologists are shaped by treatment guidelines, considerations of professional practice and theories of anorexia, ethical features of contemporary treatment have not been explicitly or critically examined. This paper examines representations of current best and evidence-based practice that are often motivated by a wellintentioned, but limited, risk-reduction perspective. An alternative approach, based on an aspirational ethical stance, is presented along with detailed arguments as to how optimal care for all individuals with the disorder can be achieved. The implications of this stance are specifically explored with regard to the heterogeneity of anorexia, in relation to the chronic course of the disorder and with regard to alternatives that could be described as palliative.

12. Medical practitioners’ competence and confidentiality decisions with a minor: An anorexia nervosa case study.

Author(s): Bartholomew, Terence, Carvalho, Tatiana

Citation: Psychology, Health & Medicine, August 2007, vol./is. 12/4(495-508), 1354-8506:1465-3966 (Aug 2007)

Publication Date: August 2007

Abstract: Minors (i.e., those under 18 years of age) hold a tenuous legal position in...
medical settings. While recent legal authority in numerous jurisdictions affords competent minors the right to consent to medical treatment, the guidelines for assessing competence are often vague or non-existent. In addition, these changes have not adequately addressed the issue of confidentiality, and it is unclear whether general practitioners (GPs) owe a duty of confidentiality to competent minors. As medical practitioners are the first point of contact in medical settings, the present study explored GPs' competence and confidentiality determinations regarding a 16-year-old female patient who presented with symptoms of an eating disorder. Questionnaires and hypothetical scenarios were sent to a sample of 1000 GPs, of which 305 responded. Results indicated that 62% of respondents would have found the patient competent, while 82% would have maintained her confidentiality. However, analysis of the rationales provided for these decisions revealed a wide discrepancy in GPs' understanding and implementation of current legal principles. This research highlights the necessity of providing GPs with clear guidelines regarding competence and confidentiality determinations when dealing with minors. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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**Author(s)** Andersen, Arnold E

**Citation:** The American Journal of Psychiatry, January 2007, vol./is. 164/1(9-11), 0002-953X;1535-7228 (Jan 2007)

**Publication Date:** January 2007

**Abstract:** Comments on an article by A. S. Guarda et al. (see record 2007-07367-020). The article contributes substantially to supporting the practice of using perceived coercion or frank pressure to be admitted in order to treat severely ill eating disorder patients. The study illustrates how short-term beneficence trumps autonomy in selected situations and how quickly autonomy is restored with treatment. In the meantime, the report by the authors on perceptions of coercion and need for treatment in eating disorders is a welcome contribution to the field, and one that may help sway jurisdictions that currently do not view the use of coercion or involuntary treatment with eating disorder patients as necessary and validated. Still, as the authors note, long-term follow-up after mandated or "coerced" treatment is needed to assess long-term outcomes. Eating disorders, especially anorexia nervosa, raise significant ethical challenges and dilemmas regarding even the diagnostic terms and criteria commonly used, treatment methods, length of stay, health care funding, and feasibility of preventive intervention. These ethical challenges are not beyond study, however, and research is urgently need to elucidate them. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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Available in print from *American Journal of Psychiatry*; Notes: Use the link to request articles from the library. Complete the appropriate online form and press 'Send'. Available in fulltext at *American Journal of Psychiatry*; Notes: Username: ulhtlibraries/Password: POL_828094394

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14. Use of total parenteral nutrition in the refeeding of selected patients with severe anorexia nervosa.

**Author(s)** Mehler, Philip S, Weiner, Kenneth L

**Citation:** International Journal of Eating Disorders, April 2007, vol./is. 40/3(285-287), 0276-3478;1098-108X (Apr 2007)

**Publication Date:** April 2007

**Abstract:** Objective: At present there is no consensus on how to refeed patients with severe anorexia nervosa. In these case reports, we describe two patients beset with gastrointestinal comorbidities which impaired their ability to refeed with a staged oral feeding program. The use of total parenteral nutrition (TPN) facilitated their recovery.
Method: We present two cases of severe anorexia nervosa, complicated by comorbid gastrointestinal disorders, which precluded them from successful refeeding using oral food calories. The treatment with TPN consisted of using a surgically placed, indwelling tunneled catheter to deliver progressively increased amounts of intravenous calories. This facilitated successful weight restoration. Conclusion: Although most patients with anorexia nervosa should be refed with a dietary program which is based on progressive increases in oral calories, TPN should be judiciously considered for patients with severe anorexia nervosa who also have medical comorbidities which preclude the usage of this standard approach.

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15. Competence to make treatment decisions in anorexia nervosa: Thinking and processes and values.
Author(s) Tan, Jacinta O. A, Stewart, Anne, Fitzpatrick, Ray, Hope, Tony
Citation: Philosophy, Psychiatry, & Psychology, December 2006, vol./is. 13/4(267-282), 1071-6076;1086-3303 (Dec 2006)
Publication Date: December 2006
Abstract: This paper explores the ethical and conceptual implications of the findings from an empirical study (reported elsewhere) of decision-making capacity in anorexia nervosa. In the study, ten female patients aged thirteen to twenty-one years with a diagnosis of anorexia nervosa, and eight sets of parents, took part in semistructured interviews. The purpose of the interviews was to identify aspects of thinking that might be relevant to the issue of competence to refuse treatment. All the patient-participants were also tested using the MacArthur Competence Assessment Tool--Treatment test of competence. This is a formalized, structured, interviewer-administered test of competence, which is a widely accepted clinical tool for determining capacity. The young women also completed five brief, self-administered questionnaires to assess their levels of psychopathology. The issues identified from the interviews are described under two headings: difficulties with thought processing and changes in values. The results suggest that competence to refuse treatment may be compromised in people with anorexia nervosa in ways that are not captured by traditional legal approaches. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
Source: PsycINFO
Available in print from Philosophy, Psychiatry, & Psychology; Notes: ULHT journal article requests. Complete the online form to obtain articles.

16. Appreciating anorexia: Decisional capacity and the role of values.
Author(s) Grisso, Thomas, Appelbaum, Paul S
Citation: Philosophy, Psychiatry, & Psychology, December 2006, vol./is. 13/4(293-297), 1071-6076;1086-3303 (Dec 2006)
Publication Date: December 2006
Abstract: Tan and her colleagues (see record 2007-11817-001) reported that persons with anorexia nervosa typically manifest no difficulty satisfying the criteria for abilities associated with competence to consent to or refuse treatment. Their results led them to conclude that these patients generally had no problem grasping the nature of anorexia and its possible consequences (understanding), typically did not have difficulty processing information when making treatment decisions (reasoning), and usually neither denied that they had a disorder nor manifested distorted beliefs about the potential consequences of treatment for the disorder. The current authors respond to this research. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
Source: PsycINFO
Available in print from Philosophy, Psychiatry, & Psychology; Notes: ULHT journal article requests. Complete the online form to obtain articles.

17. "But I don't feel it": Values and emotions in the assessment of competence in patients with anorexia nervosa.
18. Ethical challenges in forcible feeding among patients with anorexia nervosa and prisoners.

Author(s): Starzomska, Malgorzata

Citation: Archives of Psychiatry and Psychotherapy, September 2006, vol./is. 8/3(85-96), 1509-2046 (Sep 2006)

Publication Date: September 2006

Abstract: Forcible feeding is the most frequent behavioural intervention in the case of severely emaciated self-starving patients. The present article describes ethical problems, especially ethical challenges, in forcible feeding among anorexic patients and prisoners. On the basis of detailed considerations, the author formulated a metaphorical parallel between anorexia nervosa patients and prisoners, which may explain many adverse consequences of force-feeding among anorexic patients. The main intention of the author of this article is to encourage a discussion on ethical questions concerning forcible feeding in the case of self-starvation. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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Author(s): Carney, Terry, Tait, David, Touyz, Stephen, Ingvarson, Miriam, Saunders, Dominique, Wakefield, Alison

Citation: Managing anorexia nervosa: Clinical, legal and social perspectives on involuntary treatment. 2006 (2006)

Publication Date: 2006

Abstract: Eating disorders comprise a diverse group, which includes anorexia nervosa, bulimia nervosa, binge eating disorder, and other non specific eating disorders. Recently the rising incidence of obesity in the population, and in particular childhood obesity, has attracted attention in western countries. This book concentrates mainly on anorexia nervosa, not in a vain attempt to find a ‘representative’ eating disorder, but because it encapsulates wider medico-legal and socio-ethical dilemmas around the use of coercion in the management of an often chronic and unresponsive condition, especially in adulthood. People are more likely to die from eating disorders such as severe anorexia nervosa, which affects somewhere between half and one percent of women, mainly during late adolescence or early adulthood. Indeed, severe anorexia nervosa differs from other types of eating disorders (such as bulimia nervosa or binge eating disorder) precisely because it is such a serious, life-threatening condition; so difficult to treat, and with such a guarded prognosis, as the American Psychiatric Association’s practice guidelines observe. That is part of its fascination. It tests the limits of medicine, the state and the law. And it
This book had its origins in a query made to the National Centre for Children and Youth Law in Australia (NCYLC), seeking information about law and policy regarding anorexia nervosa. An interdisciplinary team of chief investigators was formed at the University of Sydney and the University of Canberra, comprising the disciplines of law, psychiatry, clinical psychology and sociology. Other members we were able to recruit to our research team further enriched the range of disciplinary perspectives open to us, and join us in the authorship of this work. This book seeks to answer some of those questions about the medico-legal and socio-ethical dilemmas around the use of coercion in the management of anorexia nervosa. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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20. The role of broad and narrow definitions of capacity in treating anorexic patients.
Author(s) Starzomska, Malgorzata
Citation: Archives of Psychiatry and Psychotherapy, June 2006, vol./is. 8/2(25-40), 1509-2046 (Jun 2006)
Publication Date: June 2006
Abstract: Anorexia nervosa is a dangerous and difficult-to-treat illness, but the most common problems may result from the lack of a clear distinction between competence and incompetence. There are a lot of studies which, on the one hand, suggest compulsory treatment of eating disorders; but on the other they underline the difference between "resistance" and "refusal" in the context of anorexia nervosa treatment. According to more flexible authors, anorexia nervosa is not included in the category of illnesses with psychotic symptoms and can't be treated under compulsory order, but when a person is in grave danger of dying it seems to be useful to treat such patients without consent. The main aim of the article is to present state of art literature about compulsory treatment, especially that concerning ethics and efficacy of such treatment. Additionally, the article presents modern attitudes to anorexic patients' treatment such as a new - narrow definition of capacity and a guardianship resolution. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
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21. Capacity to consent to treatment in adolescents with anorexia nervosa.
Author(s) Turrell, Sheri Lynn
Citation: Dissertation Abstracts International: Section B: The Sciences and Engineering, 2005, vol./is. 65/10-B(5426), 0419-4217 (2005)
Publication Date: 2005
Abstract: Over the last three decades, the rights of children and adolescents to exercise autonomy in the consent process have expanded. In Ontario, the Health Care Consent Act stipulates that everyone, regardless of age or diagnosis, should be considered capable to make his or her own treatment decisions. Clinical encounters with patients with anorexia nervosa have brought forth challenging ethical and legal issues surrounding the capacity of these patients to make their own treatment decisions, owing largely to the cognitive distortions that are part of the diagnostic criteria for the disorder, as well as serious and potentially life-threatening complications of treatment refusal. The current study compared the ability of adolescents with and without anorexia nervosa to make treatment decisions about hypothetical illnesses, presented in the form of vignettes. Adolescents with anorexia nervosa were also assessed with regards to their decision-making skills for their own illness. In addition, the relationship between cognitive and maturity of judgment variables and the ability to make a treatment decision was examined. The results suggest that adolescents who are hospitalized for anorexia nervosa appear to be less mature than healthy adolescents with regards to responsibility, a component of maturity of judgment. The adolescents with anorexia nervosa were no different from healthy adolescents on the remaining cognitive or maturity of judgment variables. Overall, healthy adolescents demonstrated decision-making skills that were superior to adolescents with anorexia nervosa, regardless of the context of the decision (e.g., medical versus psychiatric). Furthermore, adolescents with anorexia nervosa were significantly less able to reason about treatment for their own illness than they were for hypothetical illnesses. These

**Author(s)** Newton, J. T, Patel, Himali, Shah, Seema, Sturmey, Peter

**Citation:** Psychological Reports, June 2005, vol./is. 96/3(701-706), 0033-2941;1558-691X (Jun 2005)

**Publication Date:** June 2005

**Abstract:** To examine the perceived acceptability of compulsory detention in treatment of an individual with severe anorexia nervosa amongst a sample of members of the general population, 151 participants read vignettes describing the compulsory detention of a female patient with a Body Mass Index of 12.4. The vignettes systematically varied along three dimensions: patients' reaction, immediate outcome (psychological state), and long-term outcome (attendance at out-patient appointments). Acceptability was measured using the Treatment Evaluation Inventory. There were significant main effects of psychological outcome and the long-term treatment outcome. The main effect of the patients' reaction to the detention was not significant, but there was a significant interaction for psychological outcome and long-term outcome, such that good attendance at out-patient appointments increased ratings of acceptability more markedly when a good psychological outcome had been secured. The outcome of treatment exerts a strong influence on ratings of acceptability. Individuals who have no direct experience with eating disorders endorse treatments that are effective irrespective of the patients' feelings about the treatment.

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23. When does the "duty to protect" apply with a client who has anorexia nervosa?

**Author(s)** Werth, James L Jr., Wright, Kimberly S, Archambault, Rita J, Bardash, Rebekah

**Citation:** The Counseling Psychologist, July 2003, vol./is. 31/4(427-450), 0011-0000;1552-3861 (Jul 2003)

**Publication Date:** July 2003

**Abstract:** Individuals with eating disorders, especially those with anorexia nervosa, have the potential to experience significant harm and even death as a result of behaviors related to their condition. Because of this risk, the authors argue that there is a duty to protect (i.e., an obligation to take some action when a person is engaging or considering engaging in a behavior that may lead to self-harm) when a client's anorexia-related behavior has progressed to the point of medical jeopardy—that is, her or his life is in danger. This article reviews information on anorexia, including mortality data; ethical and legal issues when a client is believed to be a harm-to-self; and the literature related to involuntary hospitalization and compulsory treatment of clients with anorexia. The article concludes with a set of guidelines for when the duty to protect when a client has anorexia nervosa begins and with suggestions for interventions. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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24. Treatment coercion: Listening carefully to client and clinician experiences.

**Author(s)** Surgenor, Lois J

**Citation:** International Journal of Law and Psychiatry, November 2003, vol./is. 26/6(709-712), 0160-2527 (Nov-Dec 2003)

**Publication Date:** November 2003

**Abstract:** No clinician is likely to feel comfortable with the business of treatment compulsion. Early in professional careers, clinicians are exhorted to build "a trusting, honest, genuine relationship that is collaborative in nature and where there is agreement on
commonly shared goals". To find one's self sometimes acting at odds with the pleas of those we treat can be deeply disquieting. Added to this, there are many issues in the area of eating disorders that make grappling with compulsory treatment, or indeed the therapeutic relationship itself, a more fraught business than in most other areas of mental health. Specifically, this paper comments on three problematic issues: the inevitability of control contestability, attitudes and practices of health professionals, and the diverse meaning of eating disorders for clients. Power and control issues are argued by many to lie at the heart of anorexia nervosa and the interface between client and therapist. Contrary to the concepts of agreement and collaboration therefore, explicit or often implicit power battles are expected in treatment, and therapists are counseled on how best to manage these. Despite our best efforts, therefore, clients may still hold a deep vulnerability to being "taken over" by the reality or force of others. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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Available in print from International Journal of Law and Psychiatry; Notes: ULHT journal article requests. Complete the online form to obtain articles.

25. Anorexia and involuntary commitment: A necessary approach?
Author(s) Richmond, Jayde
Citation: Psychiatry, Psychology and Law, 2001, vol./is. 8/1(86-96), 1321-8719;1934-1687 (2001)
Publication Date: 2001
Abstract: Examines the issues surrounding the involuntary detention and treatment of individuals with anorexia nervosa within Victoria. The current legislative scheme as evident in the Mental Health Act 1986 (Vic), which permits detention and coercive treatment, is a broad approach which may contravene human rights principles such as the right to refuse medical treatment. The provisions of the Act enable coercive treatment even where the individual may be competent. While anorexia is a serious mental illness, evidence indicates that lengthy hospitalisation and coercive treatment may be detrimental to sufferers and should only be utilised as a last resort to prevent death or serious physical consequences. This is further supported by current psychological, socio-cultural and gender-centred theories of the disorder. The Victorian approach is used as a point of comparison with that in other jurisdictions where a range of legislative and common law mechanisms are utilised to determine competency and to facilitate coercive treatment. It is argued that the discourses of medicine and law should combine to promote more active participation in treatment decisions by sufferers and higher standards for determinations of incapacity. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
Source: PsycINFO
Available in print from Psychiatry, Psychology and Law; Notes: ULHT journal article requests. Complete the online form to obtain articles.

Author(s) Manley, Ronald S, Smye, Vicki, Srikameswaran, Suja
Citation: European Eating Disorders Review, May 2001, vol./is. 9/3(144-166), 1072-4133;1099-0968 (May-Jun 2001)
Publication Date: May 2001
Abstract: Ethically problematic situations frequently arise in the care of children and adolescents with eating disorders. The younger person with anorexia nervosa can often deteriorate quickly, therefore the child who is in denial with respect to the seriousness of her condition and/or markedly ambivalent regarding renourishment is at grave risk. Involuntary treatment is likely to be a consideration during such a medical crisis. In this paper the authors outline an ethical decision-making framework that can assist the clinician in engaging the young patient and her family well in advance of a crisis, so that decisions can be made at a time when recourse to establishing incompetency or enforcing involuntary treatment are unnecessary. A narrative approach is adopted in the application of the decision-making framework, and safety is emphasized as the central concept underlying the application of this model. Finally, a number of recommendations are made regarding application of the ethical decision-making framework with younger persons. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
27. Compulsory treatment in anorexia nervosa.

**Author(s)** Beumont, P. J. V

**Citation:** The British Journal of Psychiatry, March 2000, vol./is. 176/(298-299), 0007-1250:1472-1465 (Mar 2000)

**Publication Date:** March 2000

**Abstract:** Comments on the article by R. Ramsay et al (see record 1999-03677-008) that identified the premorbid and clinical features that predisposed to compulsory admissions, the short-term benefits of the treatment, and the long-term mortality of 81 compulsory and 81 voluntary patients with anorexia nervosa. The present author discusses legislation in this area as enacted in Australia and the UK. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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Available in print from European Eating Disorders Review; Notes: ULHT journal article requests. Complete the online form to obtain articles.


**Author(s)** Draper, Heather

**Citation:** Bioethics, April 2000, vol./is. 14/2(120-133), 0269-9702;1467-8519 (Apr 2000)

**Publication Date:** April 2000

**Abstract:** People who suffer from eating disorders often have to be treated against their will, perhaps by being detained, perhaps by being forced to eat. This paper argues that while forcing compliance is generally acceptable, there may be circumstances under which a sufferer's refusal of consent to treatment should be respected. This argument will hinge upon whether someone in the grip of an eating disorder can actually make competent decisions about their quality of life. If so, then the decision to refuse therapy may be on a par with other decisions to refuse life-prolonging therapy made by sufferers of debilitating chronic, or acute onset terminal illness. In such cases, palliation might justifiably replace aggressive therapy. The argument will also draw heavily on the distinction between competent refusal of therapy and passive euthanasia, and the distinction between incompetent and irrational decisions. Both distinctions will then be applied to decisions to refuse food. The extent to which sufferers from anorexia nervosa can be categorised as either incompetent or irrational will be examined. It is against this background that it will be argued that at least some of those who suffer from eating disorders should have their refusals respected, even if they may die as a result. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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Available in print from Bioethics; Notes: ULHT journal article requests. Complete the online form to obtain articles.

29. Involuntary treatment of eating disorders.

**Author(s)** Watson, Tureka L, Bowers, Wayne A, Andersen, Arnold E

**Citation:** The American Journal of Psychiatry, November 2000, vol./is. 157/11(1806-1810), 0002-953X;1535-7228 (Nov 2000)
Abstract: Compared individual characteristics and treatment outcomes of patients admitted over a 7-yr period to an inpatient program for voluntary (331 Ss, mean age 24 yrs) or involuntary (66 Ss, mean age 26 yrs) treatment of their eating disorder. The groups were similar in age, gender ratio, and marital status, but those committed for involuntary treatment had a longer illness duration and significantly more previous hospitalizations. At admission, the patients legally committed for involuntary treatment were lower in weight and required a significantly longer hospitalization to attain a healthy discharge weight. No statistically significant difference between involuntary and voluntary patients in rate of weight restoration was detected. The groups did not differ in history of comorbid substance abuse or clinical depression but did differ significantly on all admission IQ measures. Eating disorder severity was similar for both groups. This study suggests that a substantial minority of patients with severe eating disorders will not seek treatment unless legally committed to an inpatient program. Despite the involuntary initiation of treatment, the short-term response of the legally committed patients was just as good as the response of the patients admitted for voluntary treatment. (PsycINFO Database Record (c) 2012 APA, all rights reserved)