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ETHICAL ISSUES OF SCHIZOPHRENIC PATIENT CARE IN SELANGOR MENTAL HEALTH TREATMENT CENTRES: AN OBSERVATION

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Abstract:

Schizophrenia is a state of mental or emotional disorder experienced by a person. The characteristic of this disease is that the patient will lose consciousness and experience personality changes. In addition, schizophrenic patients typically hearing sounds, illusions, and emotional disorders. So far, the quality of treatment of schizophrenic patients has improved, but the patient's condition does not show parallel changes. One of the interesting and important issues to discuss is ethics in treating Schizophrenic patients. The objective of this study is to identify ethical violations at the HA Care Centre in Kuala Lumpur. This study used a direct observation method involving a total of 9 centre staff (4 medical staff, 5 support staff) and 15 patients suffering from schizophrenia. The patients involved in this study were patients who had undergone treatment in a mental illness hospital but had not fully recovered. Findings show that there are some ethical violations in the treatment centre where medical and support staff look down on patients, insensitive to patients' needs and feelings, and abuse patients verbally and physically. The staff at the treatment centre have different educational backgrounds and experiences, and only one of them has experience working in a mental hospital as a nurse. This study concludes that ethical violations occur due to a lack of awareness and understanding of ethics in treating mental patients.

Keywords:

Schizophrenia, Mental, Treatment, Ethical Violations, Centre

Introduction

Previous research shows that the rate of schizophrenia patients has been at a consistent level for the whole world for the last half century. Schizophrenia affects about 0.3-0.7% of people at some point in their lives, or 24 million people worldwide in 2011 (about one patient out of

every 285 people) (Rasool, Zaafar, Ali & Erum, 2018). The rate of schizophrenia varies up to three times depending on how it is defined (Kahn et al. 2015). Incidence of schizophrenia in Malaysia was reported to be 7.7- 43.0 per 100,000 population and majority of them was unemployed (Hassan, Hassan, Kassim, & Hamzah, 2018). According to Guan (2018), about 30 percent of people in this country suffer from mental illness with the majority of women at high risk of getting symptoms of this disease. Mental disorders will make women more prone to depression thus leading them to commit suicide (Sher & Kahn, 2019).

According to Kesby, Eyles, McGrath and Scott (2018), one of the factors of schizophrenia occurs when a person's brain is disturbed due to the chemical excess such as dopamine. Altamura, Fagiolini, Galderisi, Rocca and Rossi (2015) argues that schizophrenia should be taken seriously as well as take early action against the patient to seek follow-up treatment in the hospital for the cure process of schizophrenia. The public's lack of understanding on schizophrenia is followed by economic constraints (Salleh, 2018), difficulty accessing treatment for the disease, especially in rural patients as well as the high cost of payment (Kamarulzaman & Jodi, 2018) resulting in only a few people receiving treatment. Patients of schizophrenia are often aggressive, emotional, paranoid, and hostile to others (Rasool et al. 2018).

This condition is characterized by severe mental disorders, and some have locked up their families with mental disorders at home (Caqueo-Urizar et al. 2017). The majority of people, especially in rural areas, still consider schizophrenia to be a disease caused by a curse, rather than a medical disease (Gonani, 2019). This resulted in medical efforts being medically rejected by the family. In addition to affecting the decline in physical ability (Kamarulzaman & Jodi, 2018), schizophrenia causes various social issues (Ali, Yusof & Aziz, 2019) which include divorce, suicide, fights, domestic violence, drug and addiction issues, unemployment and poverty.

Not to mention health facilities for the mentally ill are limited. Currently there are only 410 registered psychiatrists in Malaysia with the psychiatrist to population ratio of 1.27 per 100,000 (Teoh et al. 2017) resulting in the treatment and treatment of schizophrenia Patients is very low, plus the role of the private sector is still small. According to the Nwaopara (2016), the ideal ratio for mental health (psychiatrist) and population is 1: 30,000. Understanding the concept of schizophrenia based on phenomenological symptoms is important.

General Implementation of Treatment for Schizophrenic Patient

There is no cure for schizophrenia, but schizophrenic patient requires lifelong treatment even when symptoms have subsided. Treatment with medications such as anti-psychotics agent and psycho-social therapy can help manage the condition. Clozapine is the most effective anti-psychotics agent and the latest is lumateperone which was approved by the FDA in December 2019. On the other hand, psycho-social therapy is a kind of talk therapy will also be a big help for them to understand and manage their symptoms. In some cases, hospitalization may be needed to ensure safety, proper nutrition, adequate sleep and basic hygiene.

A psychiatrist experienced in treating schizophrenia usually guides treatment. The treatment team also may include a psychologist, social worker, psychiatric nurse and possibly a case manager to coordinate care.

Ethics in Rehabilitation Services

Matters relating to health often raise ethical issues. The discipline of knowledge that deals with ethical issues today is called bioethics. These areas include areas of practice, research, and education that influence public policy and legislation, as well as clinical research and care. It is based on philosophy, law, and social sciences, as well as in health care sciences, such as medicine and nursing. Contemporary bioethics involves social institutions such as bioethics committees, bioethics consultants, bioethics professional codes, bioethics associations, and bioethics texts. Ethics in general includes bioethics trying to address moral issues. These moral problems consist of conflicts of values or principles that are accepted and arise in certain circumstances.

In the context of health care, such situations are often related to the end of a person's life as in the case of euthanasia (premeditated murder of people with severe illness). Conflict also occurs when the value of preserving life meets the value of reducing suffering or for the beginning of life, as in the case of abortion. This conflict occurs when there is an attempt to protect the fetus as opposed to an attempt to protect the pregnant woman. Ethical violations easily occur in hospitals and mental health care centre because staff do not understand patients or have a lack of understanding of how to care for patients with mental illness.

Literature Review

There are six points will be discussed in literature review.

Cognitive Function Abnormalities in Schizophrenia

Cognitive function in schizophrenia is characterized by a background of general impairment (IQ) in which the patient's standard deviation of IQ and normal IQ limitations are generally lower than normal measures, plus poor performance in attention, memory, abstract thinking, working spatial memory, and executive function (Huang et al. 2020). This decline in ability arises at the onset of the disease and it is persistent. Evidence to support the above statement is based on studies conducted on the brain and found that frontal lobe injuries (especially the dorsolateral prefrontal cortex [DLPFC]) in adult life can mimic the 'deficit syndrome' of schizophrenia (Tripathi, Kar & Shukla, 2018).

In a study conducted in the UK on approximately 15,000 children born within one week of March 1958 (mainly boys), were diagnosed with schizophrenia as adults (Schulz, Sundin, Leask & Done, 2014). This condition was known by their teachers when this patient was 7 years old from an IQ value that was 5 to 10 points lower than his peers and neurologically, these children showed slow physical development and neural activity (Ariffin, 2018). These children are also unable to adapt to their peers or their school environment. While the symptoms of Schizophrenia in girls have been detected since the age of teenage, which they often experience a state of depression at that age.

Abnormal Neurology

Although neurological examination may reveal minor reflex asymmetry in patients with schizophrenia (Papiol, Fatjo-Vilas & Schulze, 2016), conventional examination of patients with this problem produces relatively little effect if one relies on data obtained with reflex hammers, ophthalmoscopes, and tuning forks as well as classical neurological armamentaria (Bachmann & Schroder, 2018).

Ocular Signs

Common ocular signs used to identify Schizophrenia patients are lifeless gaze, avoiding eye contact, staring for a long period of time upwards or sky (Gracitelli et al. 2015). Long-term contemplative behavior is usually used as an early indication of schizophrenia, and it occurs in the Amygdala section (Jurisic et al. 2020). In addition to be a sign of schizophrenia, this sign can also be a sign of epithelial disease petit mal. In contrast to seizures, amygdala schizophrenia is detected by the release of cortical EEG (). For normal adults, they usually blink six to 12 times a minute, but chronic Schizophrenic patients shows blinking behavior 60 to 80 times per minute (Torrey & Yolken, 2017).

Changes In Brain Structure

Modern neuro imaging techniques have shown that almost every area of the brain is affected in schizophrenic patients (Birur, Kraguljac, Shelton & Lahti, 2017). In patients with chronic schizophrenia and patients with schizophrenia in the first stage, shows widespread changes in ventricular size and in the gray cortical part (Szendi et al. 2017). Compared to about 5% of all changes in the gray area of the brain, Schizophrenia patients on average show changes in the brain that are not balanced, generally in the range of 15% in the temporal mesial, neocortical, prefrontal region, Thalamus, Ganglia Basal and cerebellum (Keshavan, Mehta, Padmanabhan & Shah, 2015).

Symptoms Of Schizophrenia

A person diagnosed with Schizophrenia often experiences hallucinations (most often hearing sounds), delusions (often strange behavior) and irregular thoughts and speech. These symptoms are said to be common symptoms consisting of loss of thinking ability, discontinuity of words in severe cases, acting indecently (not wearing clothes) not caring about hygiene problems, loss of motivation and judging others (Rasool et al. 2018). Other features that Schizophrenia patients have are difficulty controlling emotions, for example lack of responsiveness (Fatani et al. 2017), deterioration in social cognition (Aida et al. 2019), such as paranoid symptoms in which social isolation usually occurs. Difficulty in working and long-term memory ability, decreased attention span and processing speed (Dziwota, Stepulak, Włoszczak-Szubzda & Olajossy, 2018).

At one time, Schizophrenia patients usually exhibited mute behavior, remained mobile with strange movements, and exhibited all the signs of Catatonia (Wilcox & Duffy, 2015). Of the 40% of men and 23% of women diagnosed with schizophrenia, showing signs of the disease appeared before the age of 19 (Chan, 2019). Other disorders in schizophrenic patients who experience psychotic symptoms or patients who limit themselves to their environment and show nonspecific symptoms of social production, irritability, dysphoria, and negligence during the prodromal phase (Rasool et al. 2018).

Risk Factors Of Schizophrenia

There are various factors that can cause schizophrenia (Hermiati & Harahap, 2018). Associated factors are genetic, at birth or perinatal, personality, brain nerve abnormalities, life stress, environment, drugs and poverty factors. The first factor contributing to schizophrenia is genetics. A study of family members found that the risk of schizophrenia was in the expectation of five percent among close relatives compared to only one percent among the general population (Avramopoulos, 2018). Individuals whose mothers or fathers have schizophrenia have a higher risk of developing schizophrenia (Henrikksen, Nordgaard & Jansson, 2017).

Hawari (2014) also states that genetic factors make an individual experience confusion in abnormal psychology. The next factor contributing to Schizophrenia is drug abuse.

The use of drugs such as marijuana and delusional pills can cause symptoms similar to schizophrenia. Studies have found that those who abuse drugs, especially marijuana, have a higher risk of getting schizophrenia (Bridge, 2017; Crockfors & Addington, 2017). Khokar, Dwiell, Henricks, Doucette and Green (2018) explains that the situation becomes more serious when people with schizophrenia practice the use of delusional pill drugs, the enemy makes their brain unable to function properly and more likely to act aggressively. Birth conditions and stress can also contribute to schizophrenia. There are studies that show that viral infections during the prenatal period before birth and perinatal after birth are associated with the development of schizophrenia.

Pregnant mothers should take seriously the level of health so as not to leave serious effects on the fetus and the process of brain formation (Robinson, 2012). Simoila et al. (2019) has proven that stress is a situation that can cause negative feelings in mothers. When stress is not well controlled it will tend to contribute to mental illness. Burns, Tomita and Kapadia (2014) further found that schizophrenia has a relationship with the living environment caused by poverty. The number of schizophrenia sufferers living in cities with high population density is twice that of living in villages. According to Mills (2015), the problem of poverty is a social problem that often exists in a group of people even though a country is recognized as a developed country. Poverty is usually said to be based on the amount of income set as below the poverty line. Insufficient income will force them to do other side jobs.

This causes the community to work for a longer period causing physical and mental health to be affected. In addition, schizophrenia is also associated with a person with a personality known as 'schizotypal' (Cicero, Jonas, Li Perlman & Kotov, 2019) that is to think and talk in a rather strange way, often believing that others like to talk about themselves and experience illusions and 'depersonalization' feel 'isolated' from the environment. Another personality often found among schizophrenia patients is 'schizoid'. Schizoid causes a person to prefer to be alone, not to socialize much and to talk less to the people around them (Cohen, Mohr, Ettinger, Chan & Park, 2015).

Research Objective

The objective of this study is to identify ethical issues that occur in HA Care Centre Kuala Lumpur.

Research Methodology

This research is in the form of direct observation to collect research data. The study was conducted at HA Care Centre Kuala Lumpur for a period of two (2) month. The respondents of this research consisted of 9 central staff (4 medical staff, 5 support staff), and 15 patients suffering from schizophrenia. Researcher was not involved in the centre practice and only act as silent observer. All observations were jotted down in a notebook. Justification of choosing this centre as study location is because of the relatively low review scores (3.5 out of 5 based on Google Review) given by the customers to the centre where most of them are either suspicious of centre status as registered care centre or unsatisfied of the incompetent care quality shown by the staff.

Ethical violation in HA Care Centre

All information and forms of ethical violations at the treatment centre have already been recorded. Researchers also conducted interviews with mentally ill patients to identify the types of ethical violations they had experienced. From the results of the research, the forms of ethical violations that occur in the mental health centre as below:

Table 1: Forms Of Ethical Violations Towards Schizophrenic Patients

Forms	Types of Violations
Verbal	Spoke harshly to patients (e.g. <i>Just eat don't look at others</i>) Arguing with patients (e.g. <i>Get back to the room now!</i>) Insulting the patients (e.g. <i>You wet the bed, how old are you?</i>) Threatening the patients (e.g. <i>Don't let me see you here again</i>) Cursing the patients (e.g. <i>What an imbecile</i>)
Physical	Hitting patients Kicking the patients Throwing things to patients Slapping the patients Twisting patients' ears

Discussion and Conclusion

The results of observations made at the HA Care Centre indicate that there have been ethical violations by the central staff, both medical staff and support staff. Forms of ethical violations that occur in the form of verbal violence as well as physical violence. This situation shows a lack of understanding of the ethics of mental patient management where they do not understand the concept of proper treatment, management and relationships with patients. The staff of this care centre think that by force, patients will be easily controlled. Lack of education and training from the management of the treatment centre is also one of the problems of ethical violations by the staff of the treatment centre to the mentally ill patient (Er & Ersoy, 2017). In addition, the appointment of staff who do not have the experience and knowledge background in the field of psychiatry, psychology, and social work also contributes to the occurrence of ethical violations in the treatment centre of mental patients (Sabin, 2016).

In the recruitment process, the level of mentality and maturity of staff must be taken into account to ensure that the individuals who carry out and manage the treatment tasks are the right and capable people. This aims to ensure that the central objectives can be achieved and avoid ethical violations during the treatment process. The fact that most patients' condition in the centre are abnormal, the staff's misjudgement of patients' condition is one of the causes of ethical violations. The staff is of the view that the patient will not dare to oppose the action or instructions given and the action taken is often viewed logical despite the element of violence present. The number of staff, workload, and working hours in the treatment centre also contribute to the occurrence of ethical violations.

The number of tasks and heavy workload with a low number of staff resulted in an increase in work stress among staff. As a result, the stress can cause staff to lose self-control tendency to

involve in actions that are in violation of ethics while performing treatment tasks (Aida et al. 2019). The absence of an ethical control unit at the treatment centre also contributes to the occurrence of ethical violations. This is due to the absence of individuals or groups overseeing the behavior of treatment centre staff and patients, and the lack of specific ethical guidelines for conducting care activities at the treatment centre. The conclusion from this paper is that ethical violations are common among mentally ill patients, which is usually done by the staff of the treatment centre.

Ethical violations in these treatment centres occurred due to lack of awareness of the importance of maintaining ethics while conducting treatment to mental patients, the background knowledge and experience of treatment centre staff that is not suitable for work in mental care centres, staff shortages, and the absence of monitoring committee to observe and monitor the conduct of the staffs and the ethics in the centre.

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