

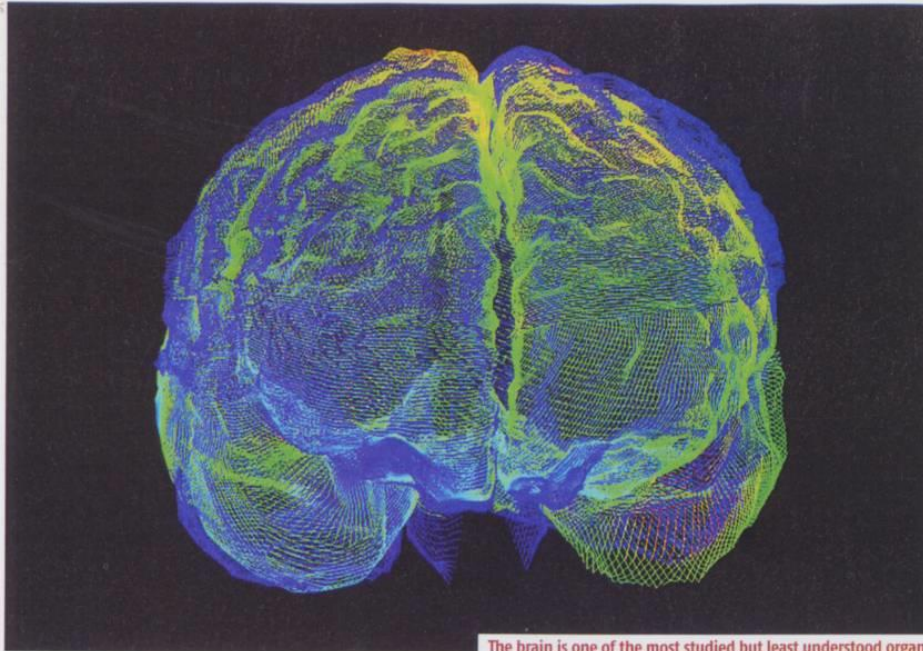


Society of Apothecaries  
08.01.22

**A Psychiatric Case Study and the Role  
of Analytic Philosophy in Values-based  
Clinical Care**

**KWM (BILL) Fulford**

## This week



The brain is one of the most studied but least understood organs

# The world's first brain prosthesis

A chip has been made that mimics the hippocampus. Could it one day replace damaged brain tissue?

DUNCAN GRAHAM-ROWE

AN ARTIFICIAL hippocampus, the

The brain not only affects memory, but your mood, awareness and consciousness – parts of your

experiences so they can be stored as long-term memories elsewhere in the brain. "If you lose your hippocampus you only lose the ability to store new memories," says Berger. That offers a relatively simple and safe way to test the device: if someone with the prosthesis regains the ability to store new memories, then it's safe to assume it works.

The inventors of the prosthesis had to overcome three major hurdles. They had to devise a mathematical model of how the

They then programmed the model onto a chip, which in a human patient would sit on the skull rather than inside the brain. It communicates with the brain through two arrays of electrodes, placed on either side of the damaged area. One records the electrical activity coming in from the rest of the brain, while the other sends appropriate electrical instructions back out to the brain. The hippocampus can be thought of as a series of similar neural circuits that work in parallel, says Berger, so it should be possible to bypass the damaged region entirely (see Graphic).

Berger and his team have taken nearly 10 years to develop the chip. They are about to test it on slices of rat brain kept alive in cerebrospinal fluid, they will tell a neural engineering conference in Capri, Italy, next week. "It's a very important step because it's the first time we have put all the pieces together," he says. The work was funded by the US National Science Foundation, Office of Naval Research and Defense Advanced Research Projects Agency.

If it works, the team will test the prosthesis in live rats within six months, and then in monkeys trained to carry out memory tasks. The researchers will stop part of the monkey's hippocampus working and bypass it with the chip. "The real proof will be if the animal's behaviour changes or is maintained," says Sam Deadwyler of Wake Forest University in Winston-Salem, North Carolina,

# Stephen Hawking (Cambridge)



“Philosophy is  
dead”

# Developments in Philosophy and Psychiatry

- 43 New Groups Around the World
- Sections in WPA and AEP
- International Network for Philosophy and Psychiatry (launched Cape Town, 2002)
- International Conferences (**Hong Kong, 2018**)
- New 'Chairs' (UK, Netherlands, Italy, **South Africa**)
- Training Programmes and Research (Oxford, Dphil;)
- PPP (Philosophy, Psychiatry, & Psychology)

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~ IPPP book series hits 50<sup>th</sup> volume





Featuring the launch volume 'Nature and Narrative'

# INTERNATIONAL PERSPECTIVES IN PHILOSOPHY AND PSYCHIATRY

International Perspectives in Philosophy and Psychiatry  
is a new international book series focusing on the  
emerging interdisciplinary field at the interface of  
philosophy and psychiatry.

SERIES EDITORS

Bill (KWM) Fulford, Katherine Morris,  
John Sadler and Giovanni Stanghellini

**OXFORD**  
UNIVERSITY PRESS





A decorative banner at the top of the page features a black horizontal band with the text "International Perspectives in Philosophy & Psychiatry" in white. The background of the banner is composed of various colored geometric shapes (blue, red, green, yellow) and black lines, creating a complex, abstract pattern.

International Perspectives  
in Philosophy & Psychiatry

# Oxford Handbook of Philosophy and Psychiatry

**Editors: Bill Fulford, Martin Davies, Richard Gipps,  
George Graham, John Sadler, Giovanni  
Stanghellini and Tim Thornton**

**2013**

A decorative banner at the top of the page features a black horizontal band with white text. The background of the banner is composed of various colored geometric shapes: blue, red, green, and yellow, some of which are partially obscured by the black band. The text is centered within the black band.

International Perspectives  
in Philosophy & Psychiatry

# Oxford Handbook of Psychiatric Ethics

**Editors: John Sadler, Bill Fulford and Werdie van  
Staden**

**2015**

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  - ~ **Summer Schools**

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  - ~ Summer Schools
  - ~ Tutorial post in philosophy of mind and psychiatry (Fulford-Clarendon Fellowship)

# Stephen Hawking (Cambridge)



“Philosophy is  
dead”

# Stephen Hawking (Cambridge)



“Not in Oxford!”

# Exercise 1 - What is philosophy?



## Exercise 1 - What is philosophy?

**Write down three words that mean  
'philosophy' to you**

Q/A

# Three words - What is philosophy?

**Why, How, Guidance**

**Truth, beauty, wisdom**

**Why?, outlook, Plato**

# J. L. Austin



Analytic philosophy

# J. L. Austin



**Ordinary language  
philosophy**

# J. L. Austin



**‘...use of concepts as  
a guide to meaning’**

# J. L. Austin



‘...philosophical **field work**’



# J. L. Austin



**‘...more complete  
view of the logical  
geography’**

# J. L. Austin



‘field work via  
...**psychiatric case  
studies**’

# Plan...

## I Case Study

- Delusion – story of Simon

## II Philosophy into Practice

1. Three Interpretations
2. VBP (Values-Based Practice) ...
3. VBP and EBP
4. Values-based Medicine
5. Montgomery

Conclusions - Mental Health First!

Case study

**Simon's Story**

## **Exercise 2 – Simon’s Story**

**How would you understand  
Simon’s story**

**Write a list of possibilities ...**

## **Exercise 2 – Simon’s Story**

**Write a list of possibilities ...**

- **Based on the information you have been given**
- **Thinking of Simon as *your patient* (or someone *you care about* personally, eg a relative)**

Q/A



## Exercise 2 – Simon’s Story

- 1) **psychosis** and **delusions** – schizophrenia possibly? - gone mad – Jerusalem syndrome – bipolar disorder
- 2) **stress** response
- 3) Temporal lobe epilepsy
- 4) Psychoactive substance use
- 3) normal in his cultural backgrounds.
- 4) could be true (he could have been divinely chosen) - religious vision/experience/etc - prayer

## Delusional perception ...

‘... based on sensory experiences ... ‘ and involves ‘... suddenly becoming convinced that a particular set of events has a special meaning.’

(Present State Examination)

# The ICD-10 Classification of Mental and Behavioural Disorders

**Clinical  
descriptions  
and diagnostic  
guidelines**



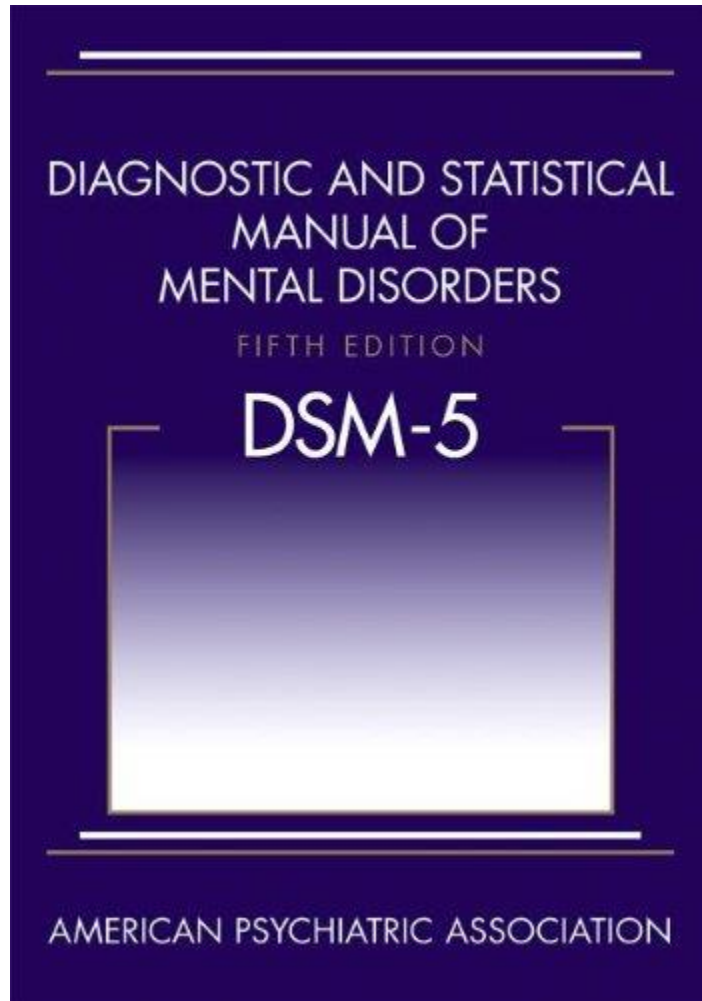
World Health Organization

In ICD-10...

Simon has a psychotic illness

The case of Simon  
- CONTINUED -

# DSM 5



April 2013

## Criterion B for Schizophrenia in DSM-5

For a significant portion of the time since the onset of the disturbance, level of functioning in one or more major areas, such as work, interpersonal relations, or self-care, is markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, there is failure to achieve expected levels of interpersonal, academic, or occupational functioning).

[p. 99 in American Psychiatric Association (2013) Diagnostic and Statistical Manual of Mental Disorders (fifth edition, DSM-5).  
Washington, DC: American Psychiatric Association]

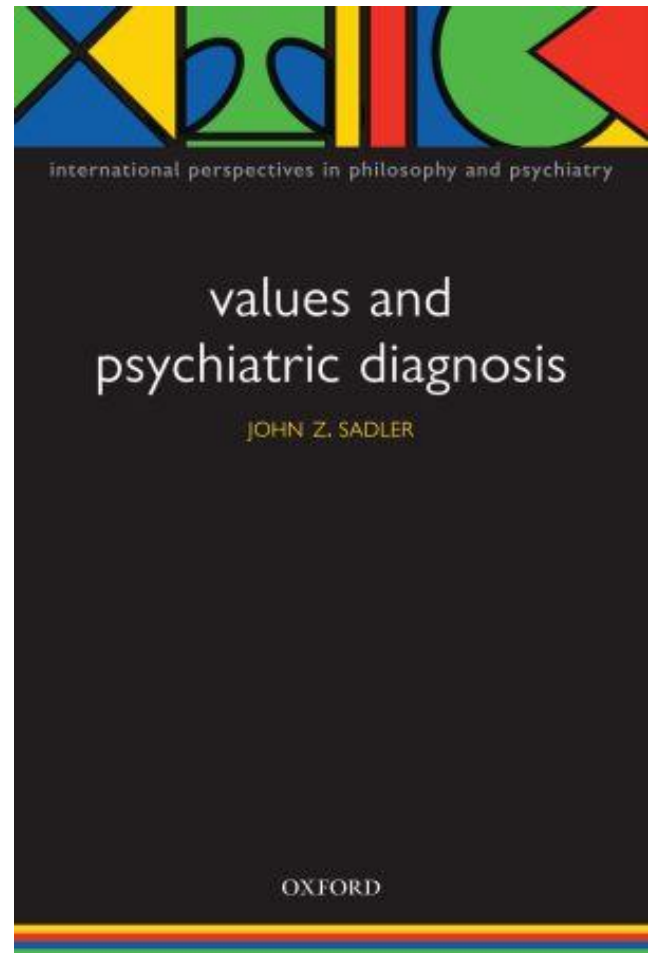
## Values in Criterion B for Schizophrenia in DSM-5

For a significant portion of the time since the onset of the disturbance, level of functioning in one or more major areas, such as work, interpersonal relations, or self-care, is markedly **below** the level achieved prior to the onset (or when the onset is in childhood or adolescence, there is **failure** to achieve expected levels of interpersonal, academic, or occupational functioning).

[p. 99 in American Psychiatric Association (2013) Diagnostic and Statistical Manual of Mental Disorders (fifth edition, DSM-5).  
Washington, DC: American Psychiatric Association]



John Sadler



# Values in Psychiatric Diagnosis

Sadler, J.Z. (2004)

Values and Psychiatric Diagnosis

Oxford: Oxford University Press

# Part 11 Philosophy into Practice

## 1. Three Interpretations

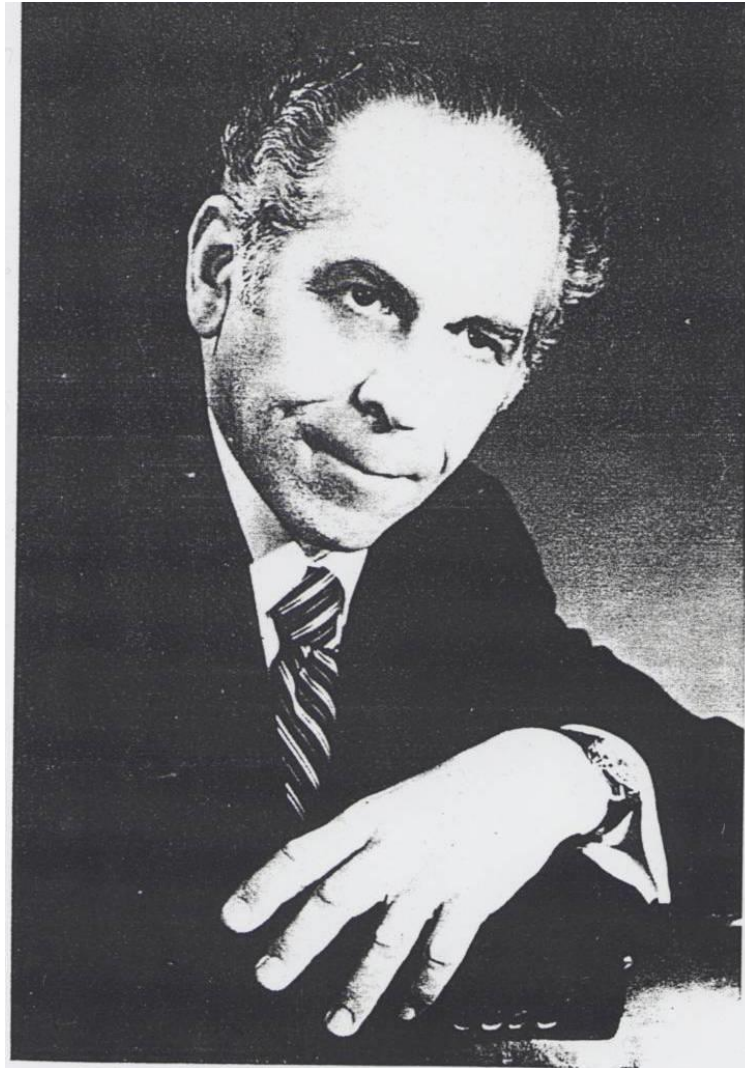
2. VBP (Values-Based Practice) ...

3. VBP and EBP

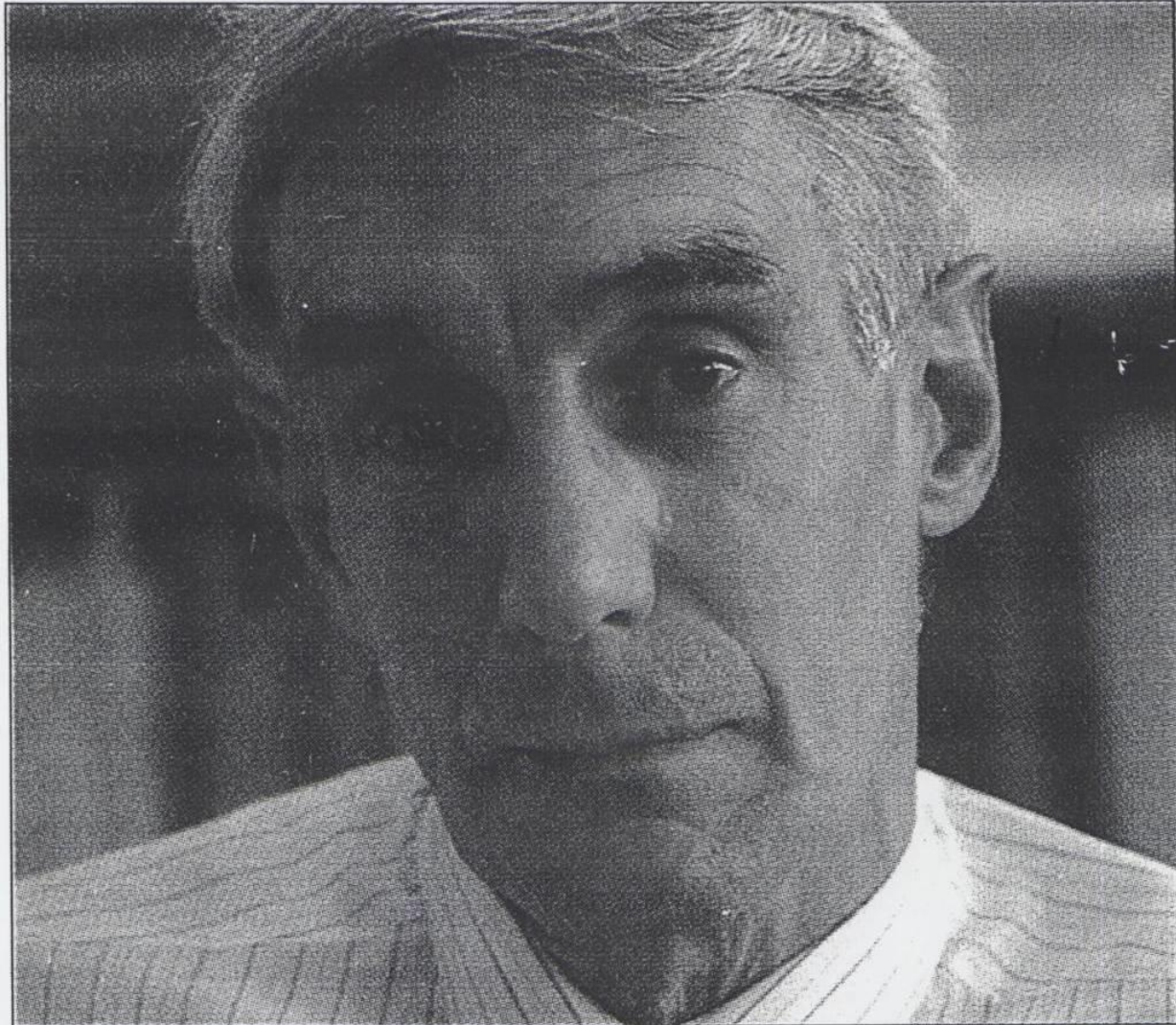
4. Values-based Medicine

5. Montgomery

# Thomas Szasz ... 'mental illness a myth'



# R. E. Kendell ... 'psychiatry a protoscience'



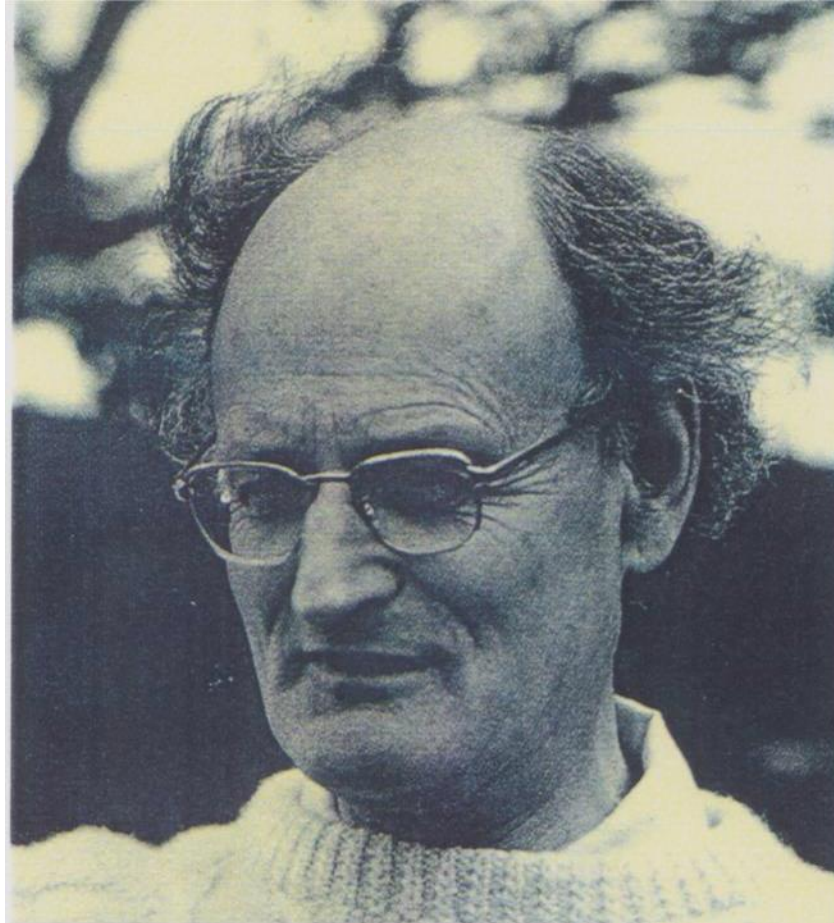
# J. L. Austin



Analytic philosophy



R. M. Hare ...  
'philosophy as the third way!'



# The Third Interpretation

From R M Hare's work in  
philosophical value theory ...

**EXPLICIT** values in psychiatric  
diagnosis reflect ...



# The Third Interpretation

From R M Hare's work in  
philosophical value theory ...

**EXPLICIT** values in psychiatric  
diagnosis reflect ...

**DIVERSITY** of values

# Part 11 Philosophy into Practice

1. Three Interpretations

2. VBP (Values-Based Practice)

3. VBP and EBP

4. Values-based Medicine

5. Montgomery

*K.W.M. Fulford*

Moral  
theory  
and  
medical  
practice

*Cambridge University Press*

# Exercise 3 - What are Values?

## Exercise 3 - What are Values?

**Write down three words that mean  
'values' to you**

Q/A

## Exercise 3 - Three words (values)

- Compass, Purpose, Anchor
- Faith-based, Foundational, Semi-cultural
- Morals, Personal, Principles

# What are Values?

- Principles
- Needs
- Wishes
- Preferences
- Hopes
- Ambitions
- Concerns
- Virtues
- **Etc!**



# What are Values?

Values are **individually**  
**diverse**

# What are Values?

In healthcare ...

**values are anything that matters  
or is important to us individually**

# What is Values-based Practice?

# Many resources for working with values

- Ethics
- Medical humanities
- Decision analysis
- Health economics
- Etc

Values-Based Practice adds to  
these ....

..... a **resource** for working with **individually  
diverse values in health care**

# Values-based practice

## Ten Key Process Elements

- 4 Clinical Skills
- 2 Aspects of the model of service delivery
- 3 Strong links between VBP and EBP
- Partnership in decision-making



Together these support **balanced dissensual decision making** within **frameworks of shared values**

# Collaborating Centre

[valuesbasedpractice.org](http://valuesbasedpractice.org)



# Collaborating Centre

- a focus on education





# Values-based Practice in Clinical Care A Training Template

FACULTY HANDBOOK

Edited by  
Sue Fulford and Ashok Handa  
The Collaborating Centre for Values-based Practice in Health and Social Care

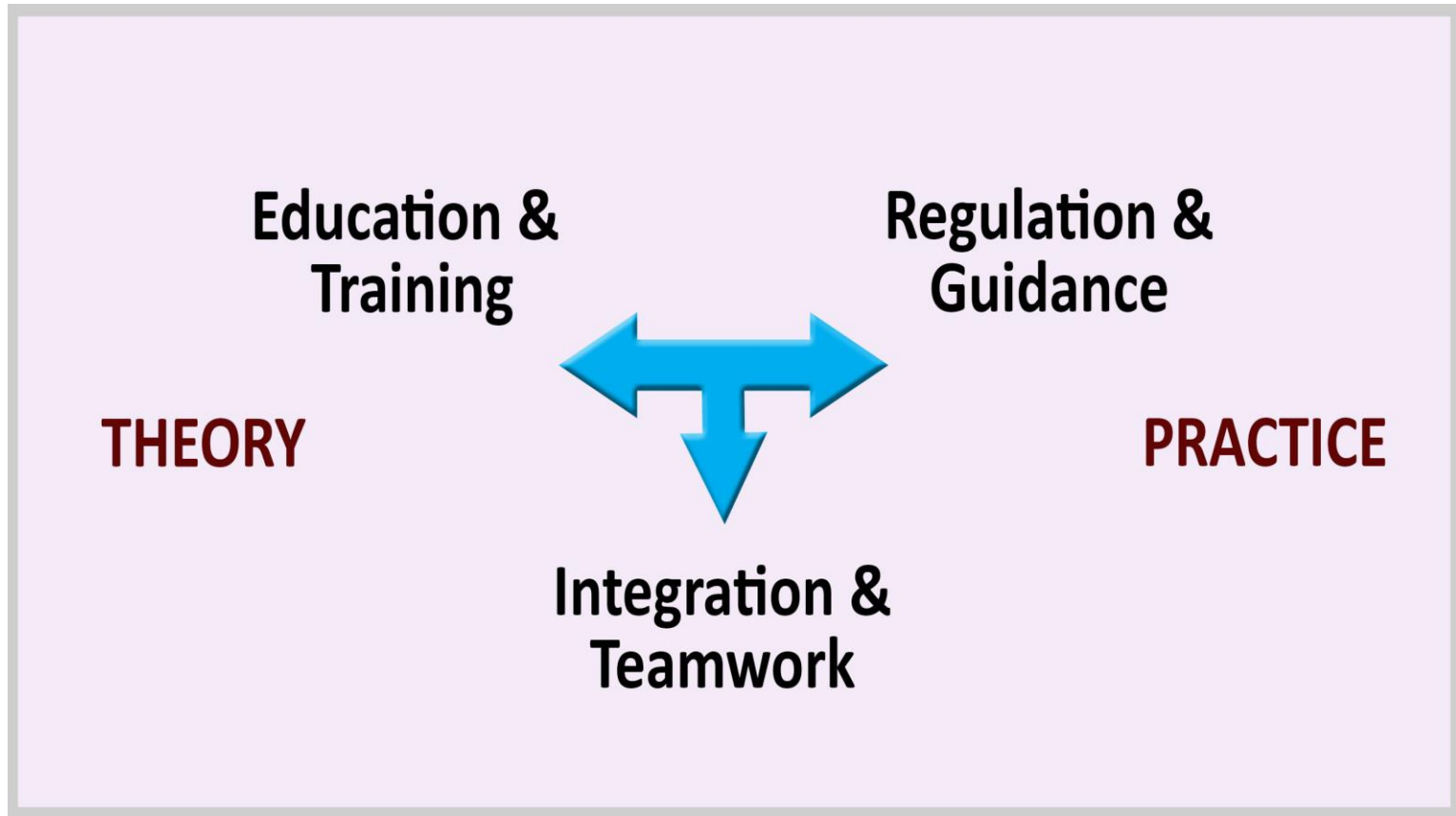


14 Colindale Avenue  
London

# Collaborating Centre

- a **focus** on **education**
- but within a **whole system approach**

# Key areas of collaboration



# Part 11 Philosophy into Practice

1. Three Interpretations
2. VBP (Values-Based Practice) ...
3. VBP and EBP
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5. Montgomery

# Exercise 4 – It's your decision

## Exercise 4 – It's your decision

Imagine you have developed early symptoms of a potentially fatal disease ...

NICE has approved two possible treatments

- TREATMENT A - gives you a guaranteed period of remission but no cure
- TREATMENT B - gives you a 50:50 chance of 'kill or cure'

Your decision – **how long a period** of remission would you want from Treatment A to choose that treatment rather than go for the 50:50 'kill or cure' from Treatment B?

## Exercise 4 – It's **your** decision

How long a period of remission would I want from Treatment A to choose that treatment rather than go for the 50:50 'kill or cure' from Treatment B?

- A) Write down your **own** answer thinking about your decision from **own** point of view and in your **own** particular circumstances

## Exercise 4 – It's **your** decision

How long a period of remission would I want from Treatment A to choose that treatment rather than go for the 50:50 'kill or cure' from Treatment B?

- A) Write down your **own** answer thinking about your decision from **own** point of view and in your **own** particular circumstances
- B) ADD your **reasons** for your choice



A) Your choice

Q/A

## Exercise 4 – It's your decision

Few months to years

**Treatment B** regardless

# Choosing treatment A over B ...

				15					
			7			8			
	4	3			3				
2									
							1		
No!	>6m	>1y	>1<5	5-10	>10	>25	>80		

B) Your **reasons** for your choice

**Q/A**

## Exercise 4 – Reasons for your choice

- This gives me time to tie up loose ends
- There's a certainty which I like
- Gives my family and those around me time to prepare
- I would feel more in control, and in the know
  
- Treatment A provides false assurances ... there is (no) set period of time that one would want as a minimum, it is contingent on things that may or may not happen
- B - Whatever the outcome, I wouldn't regret the choice!

Q. What are your reasons for your choice all about?  
(Clue – think about the last exercise)

Q/A

Q. What are your reasons for your choice all about?

A.

Reasons are about **values**

Q. What are your reasons for your choice all about?

A.

Reasons are about **values**

ie reasons are about the things **that matter or are important to us individually**



**VBP + EBP**

**Same evidence + different  
values = different decision**

# Part 11 Philosophy into Practice

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**VBP + EBP**

**Same evidence + different  
values = different decision**

# VBP + EBP

Same evidence + **different values** = different decision

Even moreso with **scientific advances in medicine**

Evidence-Based Practice and scientific  
advances ...

... clearly go together

But values-Based Practice and  
scientific advances ...

???

# Values-Based Practice and scientific advances ...

**Why** do they go together?

# Values-Based Practice and scientific advances ...

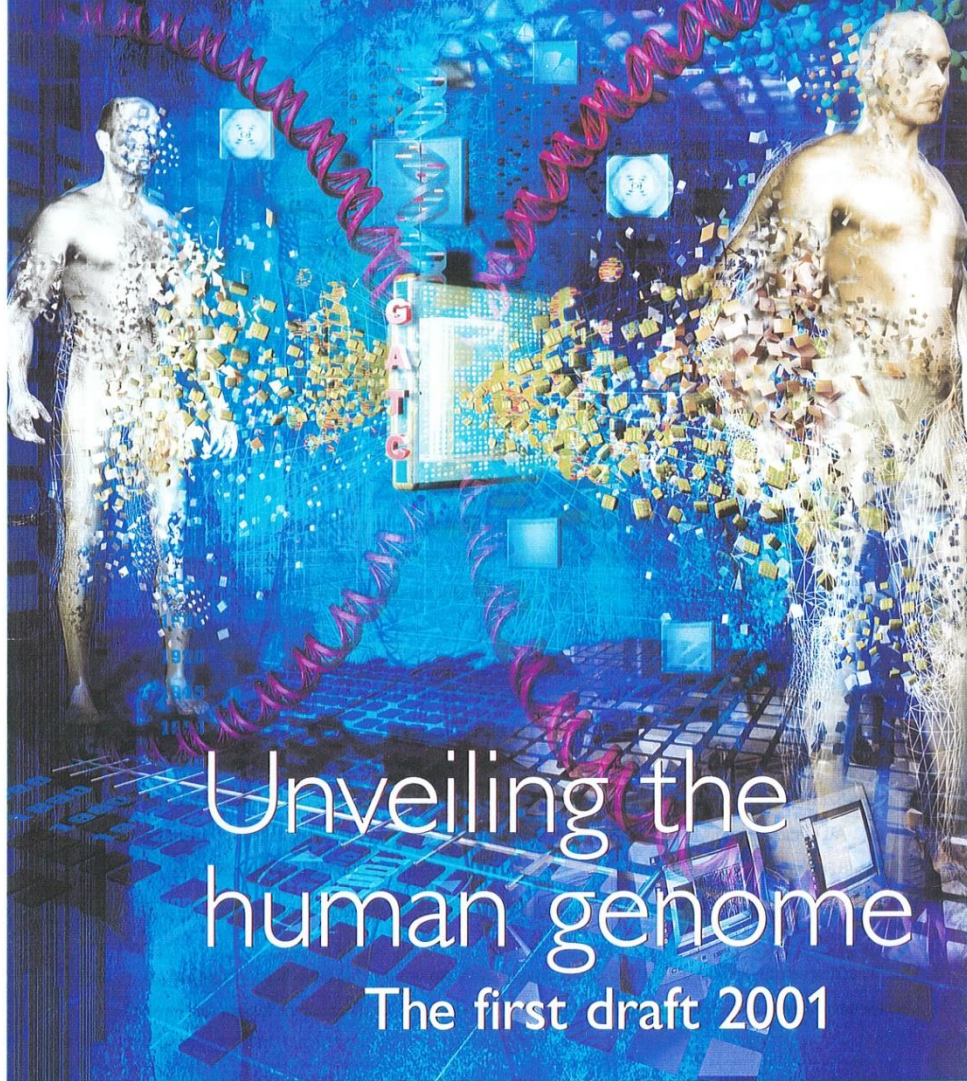
Why do they go together?

Because ... science opens up **new  
choices** and with choices go **values**



# Wellcome News

S U P P L E M E N T 4



## Unveiling the human genome

The first draft 2001

PRINT THIS SIDE ↓ この面に印刷。 ↓ DIESE SEITE DRUCKEN ↓ IMPRIMER CETTE FACE ↓ ARRIBA IMPRIMIR ↓ BEDRUK DEZE ZIJDE ↓ **Canon** ↓ PRINT THIS



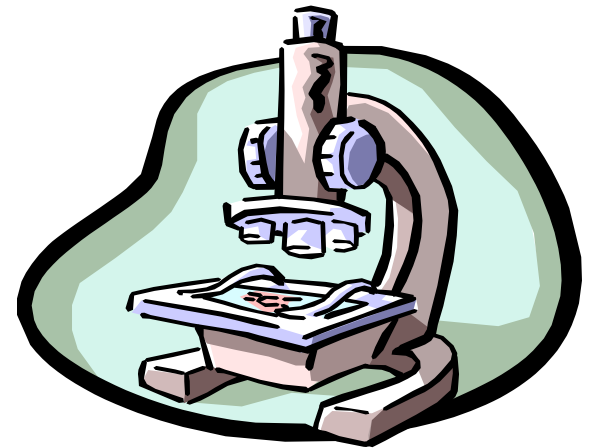
The Wellcome Trust

# Partnership between EBP and VBP in Clinical Decision Making

Values  
Based  
Practice



Evidence  
Based  
Practice

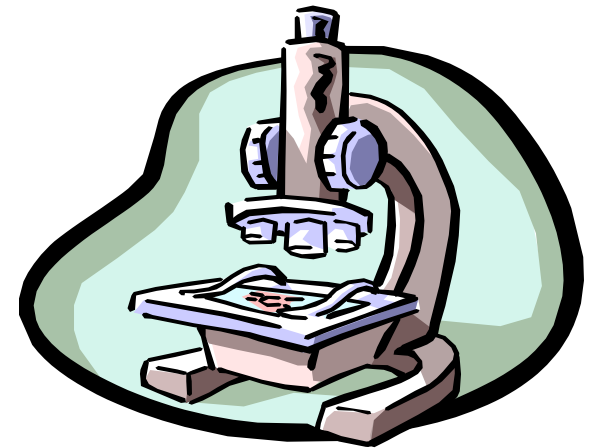


# Partnership between EBP and VBP is important because ...

Values  
Based  
Practice



Evidence  
Based  
Practice

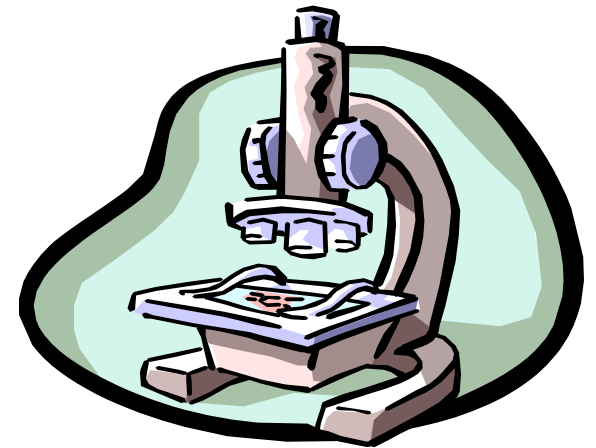


# Partnership between EBP and VBP is about **linking science with people ...**

Values  
Based  
Practice



Evidence  
Based  
Practice

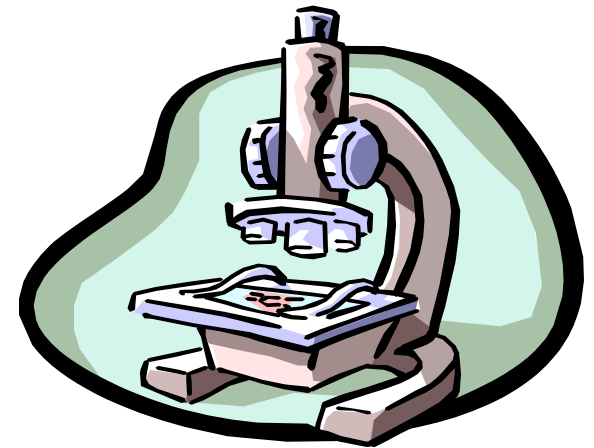


... as the basis of **Person-centred  
Medicine**

Values  
Based  
Practice



Evidence  
Based  
Practice





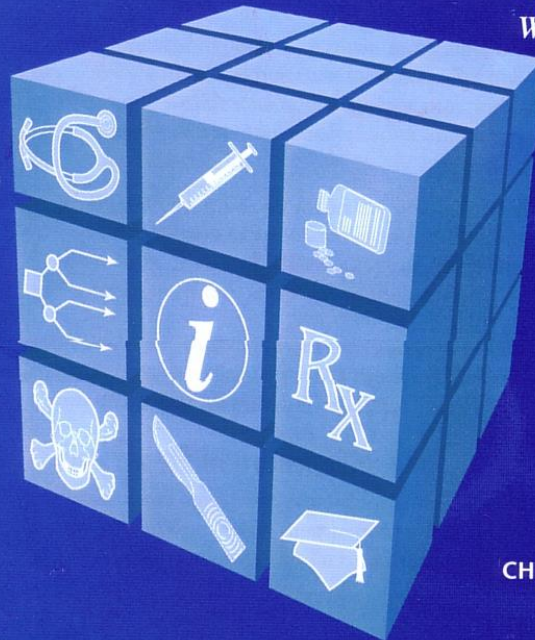
SECOND EDITION



# EVIDENCE-BASED MEDICINE

How to Practice and Teach EBM

*David L. Sackett*  
*Sharon E. Straus*  
*W. Scott Richardson*  
*William Rosenberg*  
*R. Brian Haynes*



CHURCHILL LIVINGSTONE

# WHAT IS EBM?

... the integration of ...

- ~ best research evidence
- ~ clinical experience
- ~ patient **values**

‘By *patient values* we mean the **unique** preferences, concerns and expectations each patient brings to a clinical encounter and which must be integrated into clinical decisions if they are to serve the patient.’



# NICE: evidenced-based guidelines for the UK National Health Service...

Your responsibility

... When exercising their judgment, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users...

# St Catherine's College, Oxford

**Values-based  
Practice in surgical  
care**



# Part 11 Philosophy into Practice

1. Three Interpretations
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**It's the law!**

**The Montgomery  
Supreme Court  
ruling (2015) on  
consent**



# **The Montgomery Ruling**

***Montgomery (Appellant) v Lanarkshire Health Board (Respondent), April 2015***

# The case ...

- Mrs Nadine Montgomery':
  - High risk pregnancy (diabetes) under care of Dr McLellan
  - Baby born with shoulder dystocia
  - Child left with serious disabilities
- The facts:
  - Mothers with diabetes are more likely to have a large baby
  - 10% risk of shoulder dystocia
- Mrs Montgomery had raised concerns about vaginal delivery, but Dr McLellan's policy was not routinely to advise diabetic women about shoulder dystocia

# The Montgomery Supreme Court ruling (2015) on consent requires ...

1. Clinicians engaging in 'dialogue' with their patient to the point that
2. they have sufficient understanding of **the risks and benefits** of the options available to make a choice that
3. takes into account their 'own values'



So Montgomery  
consent is ...

1. about **shared  
decision-making**
2. based on **evidence**
3. and **values**





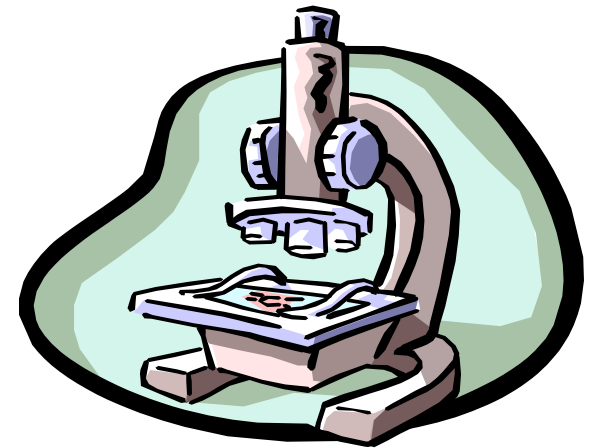
Montgomery is about ...

# Partnership between EBP and VBP as the basis of consent

Values  
Based  
Practice



Evidence  
Based  
Practice



# Conclusions

I Case Study (Simon)

Values at the heart of diagnostic concepts

II

1. Three Interpretations

2. VBP (Values-Based Practice) ...

3. VBP and EBP

4. Values-based Medicine

5. Montgomery

# Conclusions

## 1. Three Interpretations

RM Hare – visible values = diverse values

## 2. VBP (Values-Based Practice)

Skills-based process for working with diverse values

## 3. VBP and EBP

VBP a partner to EBP

## 4. Values-based Medicine

Above all in scientific medicine

## 5. Montgomery

Consent is about VBP + EBP

# Analytic Philosophy

## 1. Three Interpretations

RM Hare – visible values = diverse values

## 2. VBP (Values-Based Practice)

Skills-based process for working with diverse values

## 3. VBP and EBP

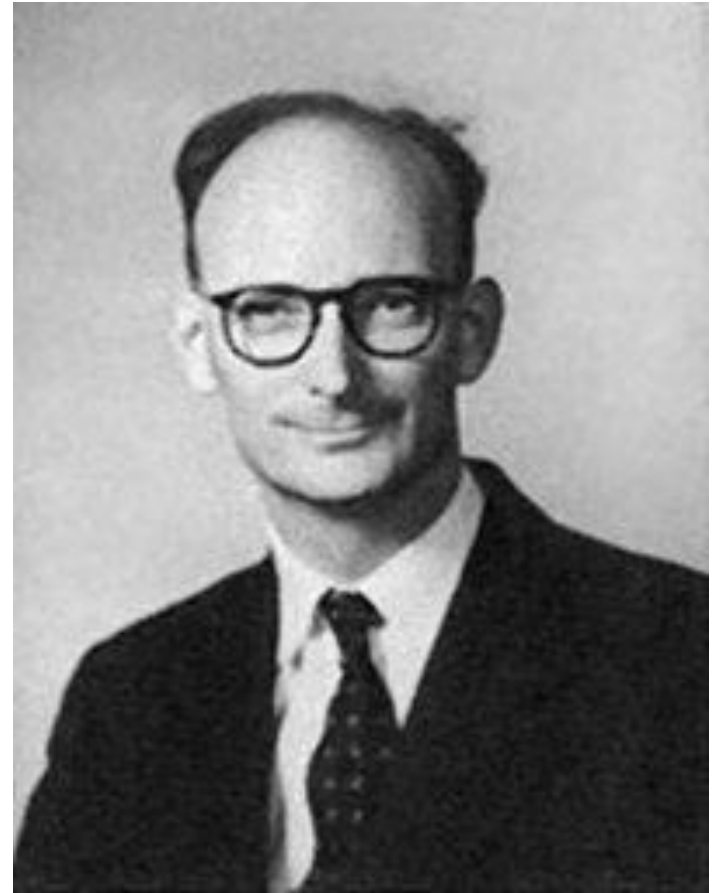
VBP a partner to EBP

## 4. Values-based Medicine

Above all in scientific medicine

## 5. Montgomery

Consent is about VBP + EBP



# J. L. Austin



‘...the **negative concept** wears the trousers’

# J. L. Austin



...psychiatry as a  
**science at the  
cutting edge** (like  
theoretical physics)

# MENTAL HEALTH FIRST!

... mental health is leading the way  
in linking science with people

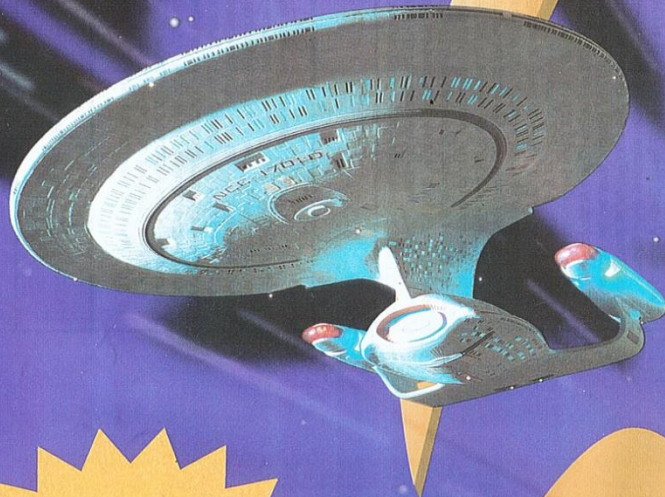




# STAR TREK

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[valuesbasedpractice.org](http://valuesbasedpractice.org)

**Collaborating  
Centre for Values-  
based Practice**

