Editorial

Ethical Aspects of using the Digital Phenotypes of patients in psychiatric assessment

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We are living today in a digital age. When patients visit a psychiatrist for a mental health assessment it has become prudent to ask about digital phenotypes of patient during the history and assessment phase. The digital phenotype of a patient includes the mobile usage patterns, social media usage, emails and messages sent on various platforms, avatars and online profiles as well as Facebook posts. These digital phenotypes when assessed add value to physical and mental status assessment. There are however huge ethical ramifications to this assessment. One of the key factors is patient consent while doing the same and whether the patient would be comfortable being assessed in this manner. Patients may or may not consent to this. Examining the digital phenotypes of patients add a lot of metadata that may be missed during the clinical assessment and even adds data that may be hidden from the clinician.

One ethical dilemma is a point whether this can be carried out without consent of the patient as a part of mental status assessment. Should psychiatrists then be sleuthing on their patients and checking about their patients online to add value to the efficacy of psychiatric treatment as well as psychotherapy. Can this then be used in treatment without informing the patient? [1-2]

Another key question is the reliability of such metadata. The reason is what is called the online disinhibition phenomenon described by Suler [3]. In the online and digital space people shed their garb of decency and may project an extreme self not in sync with their usual personality or self. This may mislead clinicians when they assess digital phenotypes of patients and try to diagnose or judge their patients on the basis of the information obtained. It is however prudent that this data be examined yet with an openness that the findings need to be viewed with a skewed perspective [4].

Many caregivers bring in emails and messages sent by patients and ask the psychiatrist to assess and give a diagnosis based on such data. Fidelity of relationships, sanctity of mental status and deviant psychopathology ate expected to be assessed using this data. It is important that digital phenotypes serve as an addendum to clinical information and the mental status assessment and not a substitute for the same. Never use digital phenotypes as the final say for a psychiatric diagnosis or for evidence in a court of law as the findings may be construed.

An even graver ethical conundrum is when we set to examine digital phenotypes of children and adolescents based on parental consent. The adolescent usually regards digital space as sacred and an area that is his own and space where others must not tread. His connections are highly personal and the adolescent may lose faith in the treating psychiatrist if this personal space is violated in the name of adding value to psychotherapy or psychiatric treatment. He may never come back for treatment and may even develop a disdain for all mental health professionals. This is more so in cases of externalizing behaviour problems where rapport with the therapist is paramount for recovery. The parent child relationship may also be compromised and this may jeopardise the trust bond between parents and their adolescent [5-6].

It is well known that the phenomenon of transference exists in psychiatry and psychotherapy. The treating psychiatrist and psychotherapist is supposed to maintain personal boundaries and avoid emotional contagion with the patient. Exploring a patient's digital phenotypes allows the psychiatrist or therapist to enter the personal realm of the patient and may foster the

development of positive or negative transference based on the data available and examined. Personal pictures of the patient may lead to the development of positive or negative transference and evoke mixed feelings of sympathy and empathy in the mind of the psychiatrist. Thus digital phenotypes assessment is a sticky path to walk in the aisle of treatment. Software that tracks a patient's online activity has been used in the management of patients with conduct issues and substance use disorders. This keeps a track of the whereabouts of patients and alerts the caregiver when the patient is in a danger zone which is prefixed from patient to patient. This while being effective curbs movement of the patient and may violate the basic human rights of the patient. Caregivers may give in easily to such apps and interventions and may be open to clinicians examining digital phenotypes but the dignity and privacy of those coming for psychiatric treatment must be respected at all costs and their consent is a must for faith to develop on the psychiatrist [7].

Digital media is here to stay and patients will use digital media as well. Are we ready to incorporate digital phenotype assessment into mainstream psychiatric care is yet another question. Psychiatrists and patients need to brace themselves for this phenomenon and must need to be sure whether they would use this in their routine assessments. While using digital media in routine assessments and clinical work with patients we must be aware of the perils and merits and must keep in mind ethical principles while doing so. While we look forward to receive information of the patient we must also be aware not to invade the privacy of the patient. There is also a need for training and further research in this regard.

REFERENCES AND RECOMMENDED READING

1. Bidargaddi N, Musiat P, Makinen VP, Ermes M, Schrader G, Licinio J. Digital footprints: facilitating large-scale environmental psychiatric research in naturalistic settings through data from everyday technologies. Mol Psychiatry 2017;22(2):164-9.
2. Appelbaum PS, Kopelman A. Social media's challenges for psychiatry. World Psychiatry 2014;13(1):21-3.
3. Suler J. The online disinhibition effect. Cyberpsychol Behav 2004;7(3):321-6.
4. Fisher CE, Appelbaum PS. Beyond Googling: The Ethics of Using Patients' Electronic Footprints in Psychiatric Practice. Harvard Rev Psychiatry 2017;25(4):170-9.
5. L Hur J, Gupta M. Growing up in the web of social networking: Adolescent development and social media. Adolesc Psychiatry 2013;3(3):233-44.
6. Koocher GP. Ethical issues in psychotherapy with adolescents. J Clin Psychol 2003;59(11):1247-56.
7. Recupero PR. The mental status examination in the age of the internet. J Am Acad Psychiatr Law Online 2010;38(1):15-26.

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