This book seeks to reposition psychiatric ethics in terms of virtues as opposed to rules. While not rejecting the need for rules, the authors argue that this common deontological approach is too limited to be of use as the basis of psychiatric ethics. Their argument is that psychiatric practice is distinctive enough so as to warrant special “ethical” attention, beyond that of professions in general and that this uniqueness is best addressed by looking at the virtues required to address it. While the definition of virtues remains somewhat unclear, virtues seem to be understood as “moral qualities” (p. 200) so the discussion is really about the character of the psychiatrist, one of “moral psychology”. The goal is “to go beyond platitudes about virtue and… (show)…why the particular “practice setting” of psychiatry requires particular attributes in psychiatrists”.

I read this book both as a Canadian community psychiatrist (protected from the strictures of “managed care”) practicing psychotherapy and psychoanalysis and also as an educator, responsible for the didactic and clinical training of psychiatric residents in psychotherapy.

The authors first provide a helpful systematic way to consider virtues detailing the concept of “role constituted virtues” which in the psychiatric setting must address such unique challenges as the power to seclude and treat and the fact that psychiatric patients are more vulnerable to exploitation because of the very nature of psychiatric illnesses (one could add the regressive pull of psychotherapeutic treatment as another factor). They argue that a consideration of virtues is especially suited to thinking about how to deal with such ambiguities and complexities. Despite the fact that some of their discussions seem at times to wander into a kind of abstraction, the authors importantly tease out subtle strands and elements of the unique features of psychiatry and the qualities (warmth and empathy for example) that are required. One that is particularly pertinent to the practice of psychotherapy which is delicately and accurately captured here is that quality which the authors call “unselfing”. Indeed I believe that this, often neglected virtue, is the essential core of psychotherapeutic practice, and the most important and difficult task and skill of the psychotherapist, and one which bears great emphasis in the teaching of psychotherapy.

From the point of view of relevance to practice, this book’s greatest applicability comes in its applicability for teachers of psychiatry. It can be a tempting conceit for a reviewer or perhaps any reader to suggest that a slightly different book had been written. This is unreasonable. But for me the most interesting aspect of the book is the section that relates to teaching/training students and the way that supervisors and teachers may use the notions of these virtues to inculcate and reinforce such virtues. The section on “habitation” and the final concluding chapter on the complications of teaching virtues, (which together comprise only ten pages) were among the most interesting sections and I wish they had been expanded. “Habitation” is partially achieved by the student’s immersion in clinical process. The supervisor having these moral qualities in mind, will inevitably enunciate and reinforce them in his interactions with the student, raising the quotidian preoccupations of the work to another level. Perhaps we may hope for some future elaboration from the authors in relation to teaching virtues.

I also have some questions about the central argument of the book. I think that neither rules nor virtues are the most useful...
ways to think about ethics in psychiatry. As soon as one starts to contextualize, to talk about specific situations one is immediately forced to accept the limitations of rules in the face of ambiguities, and conflicting principles and values. This is no less true of virtues. Of course one must possess virtues such as fortitude, hopeful patience, perseverance and integrity, if one is to maturely navigate these situations, but one does not start from these virtues since they too (like rules) fail to answer the 64 dollar question: “what do I do?”. It seems to me, moreover, that warmth is not a psychiatric virtue. Applied warmth, however, is. Overt expression of warmth with a suspicious person may be contraindicated. Basically I do not think that a virtue is “cultivated” as such, but rather its achievement flows from the cultivation of adherence to certain clinical principles (e.g. an understanding of how to listen and facilitate).

I believe that this book is a very valuable contribution to the literature on psychiatric ethics. It compellingly outlines the unique demands and challenges of the psychiatric setting, and it describes the qualities which are needed to manage those demands in the best interests of our patients. It further stimulates thinking about such vital matters and points the way to an important aspect of the development of young psychiatrists which teachers would do very well to keep in the forefront of their thinking.

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**Address for Correspondence:**

e-mail: sam.izenberg@utoronto.ca