

Ethical Use of Antiandrogenic Medications

Sir: In an editorial titled "The Ethics of Antiandrogen Therapy" (May 1981 issue), Seymour L. Halleck, M.D., responding in part to my article in the same issue, called for the establishment of ethical guidelines regarding use of antiandrogenic medications. Because these drugs may be appropriate for use with persons who have committed crimes, unique ethical problems clearly do arise. In determining ethical guidelines I believe the following points should be considered.

1. When a person commits a felony (e.g., rape), society decides that his freedoms and rights should be diminished. Thus, a convicted sex offender does not possess all the rights of a person who has not violated the law.

2. There is legal precedent for requiring individuals to take medication (e.g., measles vaccine) when not doing so threatens the well being of others. Thus, requiring a "sex offender" to either take medication or go to prison so that others can be safe may not be an unethical violation of human rights.

3. Just because the consequences of one's decision may be unpleasant (e.g., having to take medication injections or go to jail) does not mean that a person somehow loses the capacity to choose. A cancer patient sometimes has to decide between dying or taking very unpleasant chemical agents, yet he still has the capacity and right to choose for himself. Similarly, convicted criminals are not diminished in their capacity to decide simply because the decisions are difficult.

4. If the program here at Johns Hopkins Hospital were to announce that prisoners were going to be denied access to antiandrogenic medications because they are incarcerated, it is likely civil libertarians would demand we not do so. Recently, in fact, a local prisoner successfully petitioned the courts for the right to receive such medication in jail. The American Civil Liberties Union has never intervened on behalf of a person receiving such treatment here because no patient has ever complained. Quite the contrary, most want to take such treatment either to gain better self-control, to be less plagued by obsessive erotic fantasies, or to avoid the need for incarceration.

5. Administering to a convicted person antiandrogenic medication that may directly benefit him is very different from using him in order to study the effects of a drug (e.g., rabies vaccine) unrelated to his immediate or potential personal benefit.

6. The psychiatric profession needs to make clear the nature of the effects of psychotropic medications. They are not given to control attitudes and behaviors such as those concerning political beliefs or personal affiliations. They are not "mind controlling." Rather, they may be given to help a person whose thinking is clearly out of touch with reality (e.g., the individual convinced there is a bomb inside his chest). Here medications can restore the capacity to appreciate reality and to function effectively, increasing one's personal freedom of action, rather than decreasing it. Similarly, antiandrogenic medications are given with the intent of increasing rather than decreasing a person's capacity for self control. Many men (e.g., exhibitionists) report an inability to

control their own actions prior to taking such drugs. The same men have reported that they are able, perhaps for the first time in their lives, to freely choose whether or not to act on their sexual urges, as a consequence of medication treatment.

7. We are now planning a double-blind study to look at the effects of antiandrogenic medication on "deviant" erotic cravings and interests (such as repeated cravings to engage in coercive sexual activities). I hope that incarcerated persons wanting to participate in this work, which has clear potential benefit to them, will not be denied such an opportunity. Of course, any prisoner approached needs to be assured that refusal to participate, or subsequent withdrawal will put him in absolutely no jeopardy legally or otherwise and proper informed consent sheets, countersigned by his attorney, should be required before such research could progress.

8. In treating patients with antiandrogenic medications, psychiatrists should not act as agents of the state by deciding on their own to mandate treatment, nor should they become defense advocates obscuring their responsibility to respond to legitimate community concerns to be safe from offensive sexual acts such as rape or child abuse.

9. As with any new drug, guidelines need to be established to prevent abuse or misuse. Perhaps until therapeutic value and side effects are more clearly established, it would be best to voluntarily confine the use of antiandrogenic medications whenever possible to appropriate investigative centers.

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