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Arguments for Discussion in Bioethics, on the Medication of Children with a Diagnosis of Hyperactivity (ADHD)

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Abstract. This paper brings together the work of several critics from different fields as a way of stimulating an interdisciplinary debate in Bioethics, specifically regarding controversial topics such medication of children with ADHD diagnosis. The main topic discussed in the article is the instrumentalization of body health over the being's health. It is also highlighted the way in which discourses from disciplines such as Psychiatry and Education serve contemporary capitalism by creating or using mechanisms of control over children, including psychopathology of behaviour, whose ultimate goal is to institutionalize "the normal".

Introduction

According to Gilbert Hottois,[1] bioethics invites the philosopher to experience concretely the immanence of philosophy. In a genuinely pluridisciplinary and pluralist discussion such as bioethics, on issues whose many aspects are irreducibly empirical, philosophy is no more than a voice among others, a voice not privileged. Well, as a philosopher, student of bioethics and teacher, I am worried about the contemporary phenomenon of hyperactivity and attention deficit in minors (ADHD).

Throughout the history of ADHD some progress has been made that explains the disorder. Thus, restlessness, inattention and impulsivity have appeared in the field of behavior, as the main problems associated with this diagnosis. However, the trajectory of the investigations describes a trait in which the findings do not manage to give complete certainty on the subject; The name variations (minimal cerebral dysfunction, hyperkinetic syndrome, attention deficit hyperactivity disorder) have been accompanied by different hypotheses that pursue a causal explanation of ADHD, surrounding a number of possible explanations where the only certainty is that there is no lesion Proven organic. Thus, interest shifted from the anatomical to the functional to give as a more approximate theory about the etiology of the so-called syndrome, a failure at the level of neurotransmitters. However, there is still a great deal of research to do in order to rule out multiple variables that wrap this anomaly in a mantle of poor diagnostic clarity, since there is still no solid evidence to demonstrate the objective presence of the disorder in relation to a Causal organism.

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Despite the diagnostic imprecision that characterizes this picture, a route of intervention has been established that is based mainly on the modification of the behavior, either through methods of

control of the impulse and the attention, or by the administration of medicines that aim , Finally, to the suppression of symptoms. Taking into account that although there is no certainty about the origin of ADHD, a strong drug-based treatment has been established, it is imperative to review the phenomenon of hyperactivity from contributions from other disciplines, with the intention of providing a different perspective.

This article intends to summon medical ethics theorists to expose from their discipline, arguments of bioethical discussion on problematic topics like the medication of minors diagnosed with ADHD. Now, with this in mind, I will first analyze the problem in the light of the approaches of Kenneth Richman and Michel Foucault, taking medical practice into context. Second, we will analyze the concept of "health" in children, from the medical perspective of Larry Dossey and the result of research in the medium on hyperactivity.

The doctor-patient relationship in the case of children with ADHD

Kenneth Richman, in his text Ethics and Metaphysics of Medicine, asks about the necessary characteristics in the relations between the health professional and the patient at the moment when he receives the attention, understanding by necessary relationships those that obey both The metaphysical conception of health, and its ethical conception. According to Fernando Sánchez Torres, medical ethics is a discipline that deals with the study of medical acts from the moral point of view and qualifies them as good or bad, provided they are voluntary, conscious. In saying "medical acts", it refers to those advanced by the medical professional in the performance of his profession before the patient (individual medical ethics) and society (social medical ethics). Acts that take effect in function of his private life, not professional, will fall in the field of the general ethics, the same that allows to judge the acts of any person.

Therefore, "medical act" has to do not only with regard to the patient, and to a given patient. The doctor also acts in a professional function in activities other than clinical and surgical, such as those related to public health, clinical laboratory, pathology, legal medicine, biological research, among others. Precisely, one of the defects that the traditional ethic, Hippocratic had, was that in the moral judgment of the doctor reduced its field of action to what it did next to the bed of the patient or in the operating room. Distance medicine—telemedicine—such as that practiced from a desk or laboratory, was excluded. Today, it is worth noting, the doctor is not only committed to his patient, but also to the whole society.

Of course, such a commitment goes beyond individualistic ethics, as Kant thought. Hence J. F. Drane, author of Clinical Bioethics, maintains that Kant's capital sin was to ignore that human beings are closely interrelated and that human action is performed within a community. What a person does, he adds, has a social background and will inevitably have social effects. It is easy to understand why the ethical principle of beneficence, of individualistic character, had to be complemented by the principle of justice, of social scope. The effects of this interrelation are seen in quotations such as the following:

The importance of the doctor-patient relationship is reflected in the way patients talk about their Health Personnel. According to the physician, it is common for patients to distinguish between doctors who are merely consulted or those who simply guide them to the table, from those with whom a relationship has been established.

Well, in Kenneth Richman's view, if physician-patient relationships are illuminated by the metaphysical conception of health and traversed by ethics in their application, they would give rise to "medically appropriate" and "ethically appropriate" assistance. Obviously, this author considers the metaphysical conception of health as an instrument of the essential goals of the individual, mainly the goals of the rational and social being (individual person), as opposed to those of the biological individual. It assumes therefore that the health of the biological individual is instrument of the health of the individual person. Thus, from this framework, health—or the concept of the healthy—has a normative component, which is deduced from the value content that carries the meaning of "healthy state" itself, and the boundaries between healthy and unhealthy.

This conception of health, from the author, must be put into practice respecting principles such as autonomy, beneficence and justice. Of these principles, some are functional and others collide with

each other or collide with the metaphysical conception of health described above. The principle of beneficence refers to "doing good to patients", an expression that can be understood as the imperative of the health professional to apply at all costs measures to achieve the health status of the patient. But in addition, the autonomy of the individual must be respected, a principle that leads to the prevalence of the health of the person, to the detriment of the health of the organism.

In this context of problematic relationships between principles, conceptions of health and values, Richman's text can describe the doctor-patient relationship, in the case of medication to underactive minors, as follows: [2] The psychiatrist who diagnoses and medicates children and adolescents with suspected problems of hyperactivity and learning tends to overestimate health as a patient's organism on the health of the person, which is acceptable, as long as he does not try to impose this conception on the patient .

Psychiatrist-patient relationships must be deliberative and interpretive. The physician should be aware of the power imbalance situation, and interpret the patient's individual needs, goals and roles to understand individual reasons and their treatment. The doctor should also make sure that the patient understands the scientific reasons he has to try to conserve his health. Children and adolescents who are prescribed medications agree to "docilely" take them to face/treat their "hyperactivity" status, but paradoxically, their teachers do not notice improvement in their school performance.

It does, however, change its disciplinary process: they become slow children and adolescents, located in the places assigned, almost in a state of numbness or "Domestication", which is contrary to the teaching and pedagogies proper to the duty of the school.

Thus, this relationship must result in an approach to the state of health of the individual as a person. That is, that the metaphysical conception of health and the biological, have been adapted to the goals, values and practical identities of the individual.

The criticisms we can make of the kind of analysis proposed by Kenneth Richman in "Ethics and Metaphysics of Medicine" regarding physician-patient relationships derive from the metaphysical and ethical conceptions of health that support his proposal: Richman does not Necessary limits in two respects, which in our view should be made.

In the first place, ethics must be configured as the limit of possible overreaching in the modifications or interventions in the organic being of the individual, in order to achieve those relevant rational and social goals, which according to the author should guide health care, through respect for the autonomy of the patient. In this sense, the author only affirms that "the biological aspect must be respected", but does not express the criteria to establish these limits. In adopting this position without the necessary precautions, there is a risk that it will end up validating any intervention in the human body with the only justification that it is adequate to the goals of the individual as a person.

Secondly, the ethical must be the limit of the social and cultural interference on the individual. That is, that the individual can be differentiated within a more or less homogeneous social context, as to the desired healthy state. But ethics must also be the limit in the opposite sense, that is, in determining how far the individual can reach in achieving his goals, against socially established values. In this sense, the individual must have limits as to the healthy states that he can demand, the goals that he can set and the changes in his biological state of health that he can obtain, without subverting some of the socially legitimate limits. It is in this sense that:

The interpretative model is more compatible with the goal of promoting the health of patients and not people. However, it becomes a great expectation for the Health Personnel, particularly for first aid. Can we expect the Health Personnel to develop skills to facilitate the process with patients? Can we expect them to apply such skills without trying to influence patients? In addition, can we expect patients to willingly desire a meeting with the physician that includes that kind of "Objective Therapy"?[3]

However, the most substantial criticism that can be made of the model that Richman proposes is against the instrumentalization of the health of the organism for the benefit of the health of the person; And is that this conception clashes with one of the principles that the author himself

considers as determinants in the ethics of health, and is that of individual autonomy. In fact, only if we demerit individual autonomy in favor of what social rules establish is "normal", only in this way can it be justified to modify the state of health of the biological, so that it conforms to the "significant goals of the individual.

We suspect that this subordination of the goals of the biological individual to those of the individual-person hides in the background the subordination of such a vital component of the individual as his body, to the criteria that have been culturally established. Thus, an apparent individual decision to eliminate some "abnormality" in the supposed hyperactive behavior of the students escapes a social coercion on the individual.

Ethics, Metaphysics and Power of Psychiatry

In what follows I intend to relate the concepts of Richman's text to the postulates of Foucault's "The Psychiatric Power," which adds variables to bioethical criticism about the medication of hyperactive minors.

Foucault, a critic of the forms that have taken power in capitalist society - where the individual is subject to multiple disciplinary micro-powers oriented to the disciplinarization of the individual towards the production -, addresses in this text the subject of the legitimacy of the intervention Psychiatric status on the individual. But the conclusions of this and other works of his, including the History of the clinic, apply to any other type of medical intervention.

Foucault argues that the psychiatric intervention in the model of asylum confinement responds to a "micro-power" close to the so-called "disciplinary power" that in its expression is different from the familiar model, but that has relation with this, by the effect of two facts related to each other. The first of these facts is that formulating and treating "anomalies and irregularities", defining behaviors and attitudes as dysfunctional, and offering the possibility of correcting them by charging for the service, provides the possibility of satisfying the profit motive.

And the second is the fact that, because the treatment of these anomalies has high costs, families became observers and disciplinarians of the behaviors of children, especially, which introduces into the family this power Disciplinary care of the asylums, in this case allied to the opinion on hyperactivity and attention deficit, and to the well-known medication.

In "Psychiatric Power," Foucault endeavors to explain once more the differences between the "power of sovereignty" and "disciplinary power" and, in particular, the shift from violence to the microphysics of power. According to Foucault, what characterizes the regime of modern discipline is the way in which coercion by means of violence has been replaced, to a large extent, by the most amiable body of the administration, scientifically prepared experts and, finally, by the public exhibition Of power through the imperceptible deployment of techniques based on a detailed knowledge of its objectives. The knowledge-power relationship would play, in this sense, a fundamental role in any process.

Michel Foucault devoted almost the entirety of his work to researching the relations of power among humans, denoting how in these relations domination is always implicit, insofar as they are relations of forces. [4]

But if the power of the other is assumed only in the exercise of power relations, and its power is unknown, the prevailing characteristics will be censorship and violence, in any of its manifestations, one of them, segregation, exclusion.

In Foucault's thought, the alienated is constituted as an object of knowledge. Asylum, as a disciplinary device, is also the place of formation of a certain type of "truth." The construction of nosologies and psychiatric classifications, the question of diagnosis, the "reality test" and its forms: interrogation, ritual of clinical presentation, therapeutic modalities, etc., appear here as a direct product of the disciplinary system.

Children with ADHD Medications

The implications of this conception of health according to Dossey [5] are multiple in the case of medication administration to children diagnosed as hyperactive.

In the report of an investigation with children with this syndrome conducted in Medellín and Manizales [4], in order to determine the sensitivity and specificity of a list of AD / H symptoms for the diagnosis of the disorder, ADHD is defined as "an alteration in The brain development that is characterized by the persistent presence of inattention, hyperactivity and impulsivity symptoms, which are more severe and frequent, than those observed in people of the same age and cultural level. [6]

This definition coincides at least with three aspects of the traditional conception of health criticized by Dossey. In the first place, it contains the concept of "alteration" that entails a conceptualization of the disease and an exclusion of the patient. Second, the fact that this alteration is cerebral, presupposes a somatic damage, which privileges the body over the mind, contrary to what would suppose if it were a malaise with effects on the mental processes. And finally, the definition is focused only on the individual and isolated aspect, it does not relate the problem to its social aspect. Such a conception of this disorder already implies the therapeutic prescription of drugs, with all the side effects that this entails.

Some investigative work from psychology and social work shows that, in agreement with Dossey's terms, the treatment of Attention and Hyperactivity Syndrome is dominated by the traditional conception of the body from Western science and is treated as a molecular problem, isolated in a given body.

Thus, in the work entitled Hyperactivity: a symptom or disorder? The excessive biologization of the problem and the lack of attention to the psychological and social aspect of the problem are criticized, excess and lack attributable to the traditional conception of health that Dossey criticizes.

In another monograph entitled: Hyperactivity as a symptom of family problems, there is also a problem of medication abuse, a problem that has affective and social causes: the most usual method of intervention, for the majority, is given in the medical order, meaning the use of the famous' Ritalin ', or other medicines like Catapresan and Tofranil and it is sensibly recognized that' for an optimal result is It is necessary that [the treatment] be focused from a personal, family and social perspective ... 'that the co-construction of alternatives to strengthen within it healthy processes of affective interaction be sought. [7]

Conclusions

Philosopher Robert Solomon raises [8] the question: "Should hyperactive children have a longer recess and be reoriented towards more dynamic activities? Or should Ritalin and other potent (and possibly dangerous) drugs be given to them? "The problem is probably more complex. We could intuit several situations that involve inconveniences of ethical character.

Is medication a social control tool in order to manage the inefficiency of school systems and to include more children in a classroom? The answer seems obvious and precisely why it loses all interest, winning the questions arising from this question. The bioethics commission of the US presidency, among others, wonders if: can government policies promote over-prescription in the face of hyperactivity? It is well regarded by the government (Republican for the date of issue of the document) the use of tools that facilitate the "construction of civility in childhood".

In general, these themes correspond today to the so-called biopolitics. I will conclude on two aspects, power relations and cost-benefit equations. In the former, the asymmetries exclude any democratic decision, literature is abundant and at the same time profound with clear authors in their positions on the subject. Among these authors are Thomas Szasz, Franco Basaglia, Roland Laing and David Cooper, but it is Michel Foucault who dedicates the 73 to 74 cycle of the College de France to the Psychiatric Power, in particular in his conference of 12 December dedicated to the child as a field Of psychiatric intervention. [9]

It touches on the economic point: "... profit-making institutions whose essential goal is to impose a cost both on the anomaly and its rectification ..." And continues with the topic of the psychopathologization of the child: "The child's supervision happened to Being a vigilance with a form of decision on the normal and the abnormal ", in a few words shows us the two faces of the situation: Diagnose and Charge / Watch and Punish, thus turning child psychiatry into a judge and part at the same time ... Judge of Normality and part of the business. [9]

As for the cost-benefit index has been the American bibliography especially since the most important where it is postulated as a moral obligation to look at the results or utility of the equilibrium relationship that must exist between benefits and costs or risks. These, in turn, can be subdivided into analysis of the cost/effectiveness, which is non-monetary and emphasizes aspects such as quality of life, costs per year of life, etc. And in the cost-benefit analysis, which tries to measure the economic aspects generally, although also applies for different statistics (school dropout, accidentability, etc.).

If we assume that for a state with a low investment in education and health (known as social spending) it is far more cost-effective to solve problems associated with ADHD, such as high rates of dropout, accidents, drug use. [10] etc. Medicating the children, making efforts towards a correct diagnosis, a rehabilitation process or simply tolerating the difference (but for any of the latter paths requires fewer students per classroom, professional teams specialized in areas Of psychoeducation. [11]

Then we would not speak of a social control but of the expansion of school quotas. This basis is considered politically correct and is scientifically based on cost-benefit studies that show variations from $ 207 to $ 1,560 in medical expenses per child per year and which, in terms of cost effectiveness, indicate, for example: Methylphenidate, is a cost-effective treatment option cost-effective ranging from $15,509 to $27,766 per adjusted quality of life per year earned. [12]

In 1937 Charles Bradley, [13] Behaviors and symptoms linked to ADHD but also self-esteem, cognition, and social and family functioning. In fact the utility of the same has no further discussion. Problems, from a bioethical perspective, focus on their so-called uses outside Label and on long-term safety, the basis of the interesting publication of Hastings Center in New York.

At the other end of the spectrum, we find teachers, who pressure parents to medicate their children, or parents who simply want to use medication for their children to gain competitive advantage. The question for the professional would be to define: where does cosmetic psychopharmacology begin? Or how to make parents understand that one should not value their children for the qualifications they obtain in the schools, although many of these institutions are valued by the position obtained in the state examinations?

References

[1] Hottois, Gilbert. *¿Qué es bioética?* Traducción al español de Chantal Aristizabal. Bogotá: Universidad El Bosque. 2007.

[2] Antshel K., Barkley R.: “Psychosocial Interventions in Attention Deficit Hyperactivity Disorder”. *Child and Adolescent Psychiatric Clinics of North America* Volume 17, Issue 2, p. 421 – 439.

[3] Kenneth A. Richman. “Ethics and the Metaphysics of Medicine” *Reflections on Health and Beneficence*. Op. Cit, p. 163.

[4] Foucault, Michel. *Historia de la sexualidad* (Vol I: La voluntad del saber; Vol II: El uso de los placeres; Vol III: La inquietud de sí). (T. Segovia, Trad.) Buenos Aires: Siglo Veintiuno, 2003.

[5] Dossey, Larry. *Tiempo, espacio y medicina*. 1 Ed. Barcelona. Editorial Kairos. 1986. 361 p

[6] The President’s Council of Bioethics: Paper Human Flourishing, Performance Enhancement, and Ritalin. http://www.bioethics.gov/background/humanflourish.html Vélez, Consuelo. “Caracterización del Síndrome de Déficit de Atención de niños de 5 a 7 años que asisten a

instituciones educativas en el área urbana en el Municipio de Manizales durante 1999". *Revista Anfora.* Manizales. Volumen 9 No. 16. Agosto de 2000 a enero de 2001. pp. 97-111.

[7] López, Gloria Ximena. Componentes de las pruebas de Atención y Función ejecutiva en niños con trastorno por Déficit de Atención/Hiperactividad. Medellín: 2004. Trabajo de grado para optar al título de magíster en Neuropsicología. Universidad de San Buenaventura. Facultad de Psicología.

[8] Solomon R.: *Ética emocional, una teoría de los sentimientos*. Ediciones Paidos Ibérica, Barcelona, 2007, pág. 56

[9] Foucault, Michel. El poder psiquiátrico. Fondo de Cultura Económica. 1 Ed. México. 2005.

[10] Szobot C., Bukstein O.: Attention Deficit Hyperactivity Disorder and Substance Use Disorders. *Child and Adolescent Psychiatric Clinics of North America* Volume 17, Issue 2, pp. 309-323

[11] Antshel K., Barkley R.: Psychosocial Interventions in Attention Deficit Hyperactivity Disorder. Child and Adolescent Psychiatric Clinics of North America Volume 17, Issue 2, pp. 421-439

[12] Matza LS, Paramore C, Prasad M: A Review of the Economic Burden of ADHD: Cost Effectiveness and Resource Allocation, 2005. http://www.resource-allocation.com/content/3/1/5.

[13] Bradley C.: "The Behavior of Children Receiving Benzedrine". *Am J Psychiatry* 94:577-585, Nov. 1937 http://ajp.psychiatryonline.org/cgi/content/abstract/94/3/577