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Health Sciences
Psychosis: Gray Areas of Medical and Legal Consent
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This project was focused around defining the disorder known as psychosis, and creating a set definition of consent in the medical and legal fields. Due to a lack of existing information on these definitions, the vast majority of research was centered on creating a comprehensive literature review on what already existed to serve as a foundation for the continuation of this work. For the literature review, information was gathered from a variety of sources, including the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), physician handbooks, and psychosis-centered case studies conducted within recent years. Once a thorough literature review had been composed and revised by multiple sources, attention was turned to analyzing existing evaluation tools to spark the development of a more effective alternative.

As it currently stands, the DSM-5 identifies psychosis by the measurement of self-determining factors, as well as an evaluation of distress and impairment experienced by the patient. In diagnosing schizophrenia, it notes that “major areas of functioning” must be “markedly below the level achieved prior to the onset [of schizophrenia]” and have a “failure to achieve expected level[s]” of functioning¹. In defining psychosis, there is a focus on cognitive impairment, but such impairment alone cannot be treated as a useful surrogate exclusion on grounds of psychosis². Due to this lack of solid parameter, the completed literature evaluation boiled down a concept rather than a definition; the idea of a patient’s ability to perform, understand, and function.

This comprehensive research was developed with aid from the Specialized Treatment Early in Psychosis (STEP) Clinic at Yale New Haven Health, who allowed for use of shared resources, advice on how to approach topics, and an interview with the program manager. This affected my project goals, as it shifted my focus more towards the medical side of consent, which is their specialty.

Aside from the idea of ability as a basis of definition, there was also an emphasis on studying current tools used to evaluate consent in psychotic patients. Originally, this was just to understand the definition, but upon seeing the poor results, a new goal was added: to develop a

¹ Substance Abuse and Mental Health Services Administration. Impact of the DSM-IV to DSM-5 Changes on the National Survey on Drug Use and Health [Internet]. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2016 Jun. Table 3.20, DSM-IV to DSM-5 Psychotic Disorders. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK519704/table/ch3.t20/>

² Tripathi A, Kar SK, , Shukla R. Cognitive Deficits in Schizophrenia: Understanding the Biological Correlates and Remediation Strategies. *Clinical Psychopharmacology and Neuroscience* 2018;16:7-17. <https://doi.org/10.9758/cpn.2018.16.1.7>

new assessment that eliminated physician bias during the evaluation process.

That assessment tool has become a future goal, as the summer was a stepping stone used for gathering information. Other future goals currently include expanding and publishing the existing literature review composed this summer, and completing an IRB to survey psychotic patients and better understand the psychotic experience for the tool.