

health or benefit (art. 6–8).² The other element of the second subcriterion concerning other person's integrity is taken up when the Convention protects other people's rights and freedom (art. 26).² Proportionality as in the third criterion is not found in the Convention. From an ethical perspective, nevertheless, it is an extremely important criterion. Coercion can be justified, but only when there is a right proportion between the harm and the coercion.

Finally, we can answer the question as to whether the ethical advice complements the Convention and can refine the guidelines in the context of psychiatry. In the Convention the rules for the use of coercion are scattered over several articles, namely articles 6–8 and 26. In the ethical advice, on the other hand, the criteria are developed in a clear, systematic and coherent way in order to allow for greater precision and nuance in the field of psychiatry. This merit is of course linked with the other nature and purpose of both documents. The Convention deals with a wide range of biomedical topics without focus on psychiatry, while the ethical advice is specifically limited to psychiatric care.

CONCLUSION

Both documents differ in their basic assumptions: the Convention emphasises the autonomy of the individual patient whereas the advice focuses on the relationships between the partners involved. It is for this reason that the Convention and the advice make different formulations of the guidelines with respect to the consent and coercion.

On closer inspection, however, both options are not so different and the possibility of reconciling them is realistic. In order to arrive at shared deliberation, the advice insists that all the partners involved should be included in the process of information, motivation, consensus and evaluation, and that the process should be as reciprocal as possible. The advice also insists that clear and coherent criteria be used in the exercise of coercion. The Convention does not reject such ethical recommendations with respect to shared deliberation and criteria for coercion. The advice thus has a complementary and supportive function with respect to the application of the Convention.

The complementary and supportive function also has its limits, nevertheless. Ethics is rooted in the ideal of shared deliberation and sets out to help men and women in the tensions they experience between the said ideal and reality. As a consequence, ethics makes its primary appeal to personal voluntariness, which those involved are not always prepared to exercise. Where the process of shared deliberation becomes impossible or the application of the criteria does not lead to a consensus for reasons related to the patient or the caregivers, then it is important that those involved are able to appeal to available legal rules. Ethics and law thus complement and support one another in a reciprocal relationship.

Competing interests: None.

REFERENCES

1. **Liégeois A**, Van Audenhove C. Ethical Dilemmas in Community Mental Health Care. *J Med Ethics* 2005;**31**:452–6.
2. **Council of Europe**. Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine. Brussels: European Treaty Series—No 164, 1996. <http://conventions.coe.int/treaty/en/treaties/html/164.htm> (accessed 12 Nov 2007).
3. **Tannsjo T**. The convention on human rights and biomedicine and the use of coercion in psychiatry. *J Med Ethics* 2004;**30**:430–4.
4. **Liégeois A**, Eneman M. Omgaan met vrijheid en dwang in de geestelijke gezondheidszorg: een ethisch advies. *Tijdschr Psychiat* 2004;**46**:369–78.
5. **Beauchamp TL**, Childress JF. *Principles of Biomedical Ethics*. New York: Oxford University Press, 2001.
6. **Charles C**, Gafni A, Whelan T. Shared decision-making in the medical encounter: what does it mean? (or it takes at least two to tango). *Soc Sci and Med* 1997;**44**:681–92.
7. **Hamann J**, Leucht S, Kissling W. Shared decision making in psychiatry. *Acta Psychiatr Scand* 2003;**107**:403–9.
8. **Council of Europe**. Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine. Explanatory Report. Brussels: European Treaty Series—No 164, 1996. <http://conventions.coe.int/Treaty/EN/Reports/Html/164.htm> (accessed 12 Nov 2007).
9. **Bloch S**, Chodoff P, Green SA. *Psychiatric Ethics*. Oxford: Oxford University Press, 1999.
10. **Kallert TW**, Glöckner M, Onchev G. The Eunomia project on coercion in psychiatry: study design and preliminary data. *World Psychiatry* 2005;**4**:168–72.

Correction

doi: 10.1136/jme.2006.019281corr1

There was an error in the October issue of the journal (Molyneux D. "And how is life going for you?" – an account of subjective welfare in medicine. *J Med Ethics* 2007;**33**:568–82.) The last line of the article was repeated. A corrected version is available online at <http://jme.bmj.com/supplemental>

Correction

doi: 10.1136/jme.2006.017251corr1

There was an error in the November issue of the journal (Liao SM, Goldschmidt PJ, Sugarman J. Ethical and policy issues relating to progenitor-cell-based strategies for prevention of atherosclerosis. *J Med Ethics* 2007;**33**:643–6.) The correct name of the second author is PJ Goldschmidt-Clermont.