Daniel Dawer

Mr. Saul Vin Problems
Vice President, Human Resources

Ms. Megan Trouble
President

08.22.07

Dear Ms. Trouble,

I write this letter to inform you of my resignation. While my experience at this company has been generally positive, recent adjustments to corporate policy prevent me from fully performing my duties as Vice President of Human Resources.

Attached to this letter is a full report detailing my reasons for leaving. I hope it explains my objections to the Board's recent decision and encourages this company to reconsider its ethical commitment to its employees.

Yours sincerely,

Saul Vin Problems

Daniel Dawer

The Board of Directors' recent decision mandating the screening and subsequent treatment of employees for depression and other psychological problems threatens this company's commitment to ethical business practice. If the Board chooses to go forward with its decision, it could cause significant unrest among employees and tarnish this company's reputation for three reasons:

1) **The Board's policy denies employees the right to informed consent normally afforded to individuals by legal and medical ethics frameworks.**
2) **The Board's policy endangers the physical and mental health of its employees.**
3) **The Board's policy produces an inherently coercive work environment.**

HR recommends either that the policy be rejected outright or that it be revised to make screening and treatment voluntary. Adopting either of these alternatives will uphold the rights of this company's employees.

The Ethics of Medical Treatment

The Latin phrase *primum non nocere* ("first, do no harm") has been considered a fundamental tenet of the medical profession since ancient times. The promise of non-maleficence ensures that the patient's decision to undergo treatment can be made without fear of coercion and requires that the doctor properly informs the patient, making it a critical prerequisite to ethically sound medicine. In order to preserve this standard, health care providers must protect the patient's right to refuse treatment, even when professional opinion recommends the opposite. State court decisions have almost unanimously upheld

the patient's right to self-determination, even in situations where lives could have been saved[1].

Legal and medical professionals term the patient's right to accept or refuse treatment once s/he has been made fully aware of potential consequences the right to *informed consent*. Obtaining informed consent is a dynamic process during which specific conditions must be met. The patient must possess the capacity to make an educated decision, the caregiver must disclose all relevant information, and the patient's decision must be made voluntarily—without force, coercion, or manipulation[2].

By threatening its employees with termination if they refuse psychological treatment, this company violates the third condition for informed consent—voluntariness. The Board's policy coerces employees who decline treatment into acceptance for fear of losing their jobs. Aside from the ethical questionability of this policy, legal issues may also arise. This company could end up paying significant damages to employees adversely affected by Albetanow since decisions to undergo treatment would be made out of compliance with corporate policy and not because of private motivations.

The fact that this company is not a medical entity does not entitle it to violate the ethical standards that healthcare providers are held to. To do so not only denies employees' rights to make autonomous decisions about their health, but also may steep this company in unwanted lawsuits. The logical response to this problem is to remove the coercive elements from the Board's policy by making screening and treatment for

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[1] In *Norwood Hospital v. Munoz* the Supreme Court of Massachusetts ruled that a Jehovah's Witness had the right to refuse a life-saving blood transfusion; in *State v. McAfee* the Supreme Court of Georgia ruled that a quadriplegic patient's right to be taken off his ventilator outweighed the state's interest in preserving life; in *Thor v. Superior Court* the Supreme Court of California ruled that a paralyzed inmate had a right to refuse life-sustaining treatment.

[2] Douglass Grimm, "Informed Consent for All! No Exceptions." (New Mexico Law Review, Winter 2007) 37 N.M.L. Rev. 39 40-41.

psychological problems voluntary. The company can promote treatment and offer to cover all medical expenses, but ultimately allow employees the option to accept or refuse Albetanow and other methods of prescribed treatment.

Health Risks Associated with Albetanow

Though pharmacologists and doctors have hailed Albetanow as a "miracle drug," no evidence conclusively demonstrates its safety or effectiveness. The fact that Albetanow had a successful clinical trial means only that it meets minimal FDA standards—not that it is safe for long-term use. Usually, most evidence of a drug's side effects emerges long after the drug has entered the marketplace[3], when doctors and long-term users submit reports. Even this information is tentative—the FDA predicts that side effects reported after a drug is marketed make up only ten percent of actual adverse reactions[4]. To make matters worse, a survey of the Center for Drug Evaluation and Research at the FDA revealed that 66% of drug reviewers lacked confidence in the FDA's oversight of postmarket safety issues—and 18% felt pressured to approve a drug despite reservations about its safety or effectiveness[5].

The dearth of clinical data on the long-term effects of Albetanow renders the drug's safety even more dubious. The emergence of serious side effects (including Type I and Type II diabetes, hyperglycemia, excessive weight gain, pancreatitis, and liver

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[3] John Cohan, "Psychiatric Ethics and Emerging Issues of Psychopharmacology in the Treatment of Depression." (Journal of Contemporary Health Law & Policy, Winter 2003) 20 J. Contemp. Health L. & Pol'y 115 120

[4] Cohan 120

[5] Bruce Psaty and Sheila Burke, "Institute of Medicine on Drug Safety" (New England Journal of Medicine: October, 2006) 1754

failure[6]) in long-term users of well-known antidepressants indicates that FDA approval in no way guarantees safety—and that Albetanow's relatively short time on the market may explain its alleged lack of side effects. This company would be better off waiting for Albetanow's long-term effects to be documented before requiring its employees to take the drug.

Serious side effects associated with the discontinuation of Albetanow, however, have been documented. These include elevated blood pressure, vertigo, and drowsiness—but like the side effects of long-term use, most withdrawal reactions tend to appear after the drug has been on the market for some time. We would be mistaken, then, in assuming that the list of withdrawal-induced side effects ends with these three symptoms.

Until medical professionals release more information on Albetanow, we should rely on empirical examples of antidepressant use to determine treatment policy. The failure of clinical trials to predict side effects and the prevalence of serious side effects in long-term users of other antidepressants should encourage prudence on the part of the Board. Despite any benefit Albetanow might yield for individuals suffering from depression, staking the physical and mental health of this company's employees on a questionably safe drug is bad policy.

An Inherently Coercive Work Environment

Perhaps one of the reasons this company has been so eager to endorse the prescription of Albetanow is the increased productivity triggered by hypomania, one of

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[6] Cohan 120-123

the drug's side effects. When the Board sees the productivity of two other companies that have implemented similar policies increase, it sees the forced medicalization of Albetanow as an opportunity to maintain parity in competition. While increasing creative productivity is not necessarily a bad thing, the Board would send a dangerous message to any employee *not* prescribed Albetanow: that without the drug, one might feel s/he is at a competitive disadvantage to his or her peers and thus feel pressured to use it.

A similar competitive pressure has emerged among professional athletes due to the increased use of anabolic steroids. When some athletes seek a competitive edge through performance enhancing drugs, they create an inherent coerciveness among others to use: when some "choose to do what gives them a competitive edge, others will be pressed to do likewise, or resign themselves to either accepting a competitive disadvantage or leaving the endeavor entirely"[7].

Does the Board intend to endorse the use of antidepressants for performance enhancement as a business model? If so, then it encourages employees to manipulate their individual personalities to fit a corporate ideal. Depersonalizing this company's workforce may increase productivity, but it also destroys the humanity of its employees.

While we cannot control the individual choices our employees make about their bodies, we can and should establish a safe business environment that does not endanger their rights, health, or happiness. Implementing the Board's decision would take three steps in the wrong direction: it would violate the fundamental human right to informed consent, potentially endanger the health of its employees, and create a coercive work

[7] Thomas Murray, "The Coercive Power of Drugs in Sports." (The Hastings Center Report, August 1983) 27

environment. I urge the Board to reconsider the impact its decision will have and to either make voluntary the screening and treatment process or reject the policy entirely. Failure to adopt one of these alternatives would be tantamount to negligence.

Daniel Dawer

Works Cited

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2. Grimm, Douglas Andrew. "Informed Consent for All! No Exceptions." *New Mexico Law Review* 37 N.M.L. Rev. 39, 39-83 (Winter 2007)

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