have been found in other studies (8). In this study, one-third of the committed patients reported ethical benefits only—that is, they reported improvement and did not report violations of their autonomy. This finding indicates that once patients are involuntarily hospitalized, they may improve without further violations of autonomy during care.

More than half of the voluntarily admitted patients reported ethical benefits only. A nonnegligible proportion of the patients, 23 percent of the committed patients and 13 percent of the voluntary patients, reported ethical costs only, but few of them were rated as not improved according to the GAF.

Even if no improvement was reported or rated, a positive outcome of care may have been achieved in terms of calming the patient down or preventing the patient from doing harm to self or others. Thus the involuntary admission may have been justified.

Self-reports about improvement were associated with fulfillment of the principle of autonomy. Compared with patients who reported improvement, those in both the committed and the voluntary groups who reported no improvement more frequently reported a violation of autonomy. It may be that patients get better if they are treated more respectfully, or that patients who get better more often perceive they have been treated with respect. Other studies have reported that patients who believed that they were involuntarily admitted were less satisfied with care (9), that patients who reported their stay and treatment to be helpful had been active participants in their treatment program (10), and that commitment can be at least partly accepted by patients if they feel that they have been treated with respect, concern, and fairness (11).

Among both committed and voluntary patients, improvement was more often self-reported than rated on the GAF. Similar results have been found in other studies (10). A stronger association was found between reported and rated outcome among the voluntarily admitted patients than among the committed patients. This finding could reflect the fact that it is easier to reach a treatment alliance with a voluntarily admitted patient.

When interpreting the results of the study, the relatively small and selective samples and the fact that the data were self-reported should be kept in mind. Considering the explorative nature of the study, however, the samples were of suitable size, although differences that were not found to be statistically significant might have been significant in a larger sample. The high interrater reliability for the interviews makes it reasonable to assume that the self-reports reflected the experiences of the patients. Scales for measuring perceived coercion at admission have now been developed (10–12). Methods for assessing the fulfillment of the principle of autonomy during the care process as a whole must be developed and applied in a variety of settings.

The aim of both involuntary and voluntary psychiatric care must be to achieve as many benefits as possible at the lowest possible cost. This study presents a model of how to empirically examine some aspects of the balance between ethical benefits and costs. Few patients in the study experienced no benefit from care. Showing respect to both committed patients and voluntarily admitted patients and avoiding integrity violations and coercive measures seem to be important conditions for a positive outcome of care. ♦

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Correction

The article entitled "Substance Use Among Patients With a Psychotic Disorder in a Psychiatric Emergency Room" by Cynthia A. Claassen, Ph.D., Saundra Gilfillan, D.O., Paul Orsulak, Ph.D., and associates in the March 1997 issue (pages 353–358) contained errors in Table 1. Under the "positive results" heading, patients exhibiting no suicidality should have numbered 18, or 25 percent. Under the "negative results" heading, patients exhibiting no suicidality should have numbered 69, or 78 percent. In addition, the substance propoxyphene used by one patient was mislabeled as propranolol in text on page 357. The authors regret the errors.