subsequent relationships also have illegitimate status, compounding the challenges arising from current judicial frameworks.[5]

Recognising the urgency of this situation and the importance of personal autonomy in modern contexts, we believe that universal rights to dissolve marriages should be championed and underpinned by law in the Philippines. Regardless of religious and cultural norms, consensus on this subject is starting to emerge; there are burgeoning campaigns to change marital policies, and surveys show substantial support for this from the general Philippine population.[9]

Relevant actions must involve judicial reforms, such as legalising divorce or simplifying the accessibility and efficiency of the annulment process, especially in cases of intimate partner abuse. Psychiatrists can play an important role in educating political and legal stakeholders about the mental health implications of extant policies.

Simultaneously, acknowledging that divorce and separation might contribute to the development of various psychiatric symptoms is crucial.[5,10] In children, these events can result in susceptibility for adjustment problems, academic difficulties, disruptive behaviours, and affective disorders.[10] Therefore, policy discussions on marital laws must also emphasise tailored mental health and social support services for all affected individuals. This support should encompass assessments, counselling, medications, parental capacity evaluations, and assistance with socioeconomic and occupational challenges in adults, and bespoke support for children during custody proceedings and beyond.

Although substantial strides have been made towards achieving gender equality in the Philippines, access to divorce and restrictive annulment procedures remain a considerable challenge for social justice. As sociopolitical and judicial determinants of mental wellbeing and gender inequities, these regressive laws frequently trap Filipino women in deleterious marriages, possibly exposing them to abuse.

We believe it is imperative to prioritise the fundamental right to autonomy in interpersonal relationships. This change could improve the mental health and overall wellbeing of all Filipinos, irrespective of gender, alongside addressing the enduring repercussions of domestic captivity and intimate partner violence, which disproportionately affect women.

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The ethics of psychiatric management in times of disaster and war: experiences from Israel after the Oct 7 attack

In times of disaster and war, psychiatrists are often called upon to facilitate recovery of individuals and communities while applying their unique expertise and knowledge.[1] By its nature, clinical practice is an ethical minefield during times of war. We seek to assess how principles of distributive (defining who gets what), procedural (establishing how people should be treated properly), and restorative (rebuilding appropriate relationships and interactions) justice can be respected and maintained in times of crisis. We necessarily write

	Ethical question	Ethical resolution
Distributive justice		
If medical and other mental health professionals are paid to provide service for evacuees, is it ethical to accept and exploit volunteer free services from psychiatrists?	Many of the psychiatrists who volunteered were not affiliated with the designated hospitals, and many offered their assistance after hours or at weekends. If other medical subspecialties are being paid for their services, does this diminish the importance and respect of the psychiatric profession? Conversely, what about the "solidarity factor"? Is it ethical for a psychiatrist to decline to assist if they are not paid?	Psychiatrists have an ethical duty to assist in emergency situations even without pay. While fair remuneration should be offered, if not obtainable, this does not exclude mental health intervention under emergency conditions. Personal narratives from mental health professionals involved in the evacuation process should be encouraged to increase understanding in the community of the vital role that psychiatry plays under such conditions.
Limits on treatment	Would it be ethical for treatment providers to limit treatment to people suffering from conditions relating to the trauma and subsequent mental health repercussions from the Oct 7 terror attack or should the psychiatrists provide unconditional service for all the evacuees in the emergency sites, including pre-existing psychiatric conditions?	Mental health treatment given in the emergent conditions should be offered first to those in urgent need. Additional non-emergency treatment should be offered only if feasible and available according to time and workforce considerations.
The psychiatrist would be volunteering in evacuee emergency sites at the expense of their regular patients at the clinic and hospital.	Should a disaster or war change the service investment of the psychiatrist, based on the perceived need to assist in the crisis? Is it ethical for a psychiatrist working in an emergency site to agree to treat only patients from the health fund to which the psychiatrist is affiliated, rather than offering care for all?	Mental health emergencies should be prioritised along with all other medical care according to level of urgency and need. This care should be administered under emergency conditions irrespective of health care fund to which any individual is affiliated.
Procedural justice		
All psychiatric evaluations and treatments need to be documented for medical–legal purposes and continuation of treatment. This is not only a medical–legal issue but also one of procedural justice.	To whom should the documentation be given? Should the clinical information be submitted to the medical health care funds, the Ministry of Health, the local community health care coordinator, or only to the patient?	Medical documentation according to accepted channels and protocol is an ethical imperative which is required of all mental health care practitioners. Any additional or special reporting, such as to local community health care coordinators, should happen only with patient consent.
In the case of care in emergency settings, it might be impossible to separate care of family members from the same psychiatrist provider. This is in addition to children who are unable to part from their parents after experiencing acute trauma.	It is usually inadvisable for psychiatrists to care for several members of the same family. Should the psychiatrists decline from treating multiple family members at once?	In situations where multiple treatment cases involve family members, mental health professionals could consider prioritising urgent cases while ensuring fair access to care for all family members. Consideration about the choice of health-care provider should be respected if possible.
Importance of continuation of clinical care	How ethical is it to initiate psychiatric treatment when there is no guarantee of continuation of care? The psychiatrist might be rotating through several sites where they have been assigned to manage evacuees, but then return to regular work with no follow-up ensured for the patient.	It is an ethical imperative to integrate provision of individual care into connecting people with community resources with a coordinated response. Provision of one-off sessions without connection to continuation of care, or community support, can be detrimental.
Patient confidentiality: Should the normal channels of patient confidentiality be compromised on the assumption that patients would want local coordinators to be aware of their health issues and ongoing mental health needs? If the psychiatrist feels this is in the best interest of the patient, should the information be shared automatically?	Medical service in the hotel evacuation sites was organised via the local town and community coordinators. To optimise patient management and continuation of care, these coordinators requested lists and treatment details of patients managed in the hotels, including treatment plans and follow-up recommendations.	Mental health professionals should develop clear protocols for sharing patient information with local coordinators, ensuring patient consent is obtained whenever possible, and prioritising patient well-being and continuity of care.
Restorative justice		
Discussion of a revenge crime that a person intends to commit in response to atrocities that they witnessed or experienced can be had with a trusted psychiatrist. This affords the opportunity to work through and resolve the intention.	How do psychiatrists balance the patient's right and expectation of confidentiality with elements of community and state security, which are intensified during times of war? At what stage should mention of a revenge crime be reported, if at all, if the psychiatrist thinks that issues of potential revenge can be resolved in a treatment setting?	It is an ethical imperative for every mental health practitioner to undertake a risk assessment of all patients in any emergency situation such as in times of war. Identifiable people at risk should be warned and protected. Reporting to relevant authorities is demanded in cases where risks to the public are identified.
Boundary violations: a major aspect of the war on terror includes the need to expose the extent of the barbarity, cruelty, and sadism of terror. Can a psychiatrist share details of psychiatric consultations and frightening stories from treatment encounters with patients, with the consent of patients, for the purposes of publicity and public knowledge or education?	Does the psychiatrist have an ethical duty to contribute to the war on terror by revealing the profound atrocities of Oct 7 to which they have been privy? What if the patient consents to or even requests of the psychiatrist to share anonymised details of their trauma to raise awareness about the impact of terror attacks on mental health.	While the psychiatrist would be able to inform the community for the common good of society and mobilising awareness of terror, the psychiatrist has an ethical duty to desist from involvement outside the margins of clinical management in the war on terror. Boundaries should be adhered to and maintained.

***Table:* Ethical dilemmas in times of disaster and war with examples of ethical questions raised after the Oct 7 attack**

from an Israeli perspective, and we acknowledge the suffering and psychiatric needs of the people of Gaza, to whom the ethical dilemmas will also apply.

An unconscionable terror attack took place in Israel on Oct 7, 2023. Close to the Gaza border, 1200 Israelis and foreign workers were tortured, raped, beheaded, and killed, approximately 3000 were injured, and more than 240 were taken hostage into the Gaza Strip. Due to the security situation, including ongoing indiscriminate rocket attacks, the Israeli Government

evacuated approximately 100 000 civilians from towns within 7 km of the border to roughly 230 hotels and holiday vacation sites around the country,[2] presenting a humanitarian challenge to the country's health and welfare services.

Representatives of the national welfare department, most of whom were social workers, organised a response in each hotel, aptly termed resilience centres, where they attended to the immediate needs of the evacuees, including provision of clothing, accommodation, and financial aid. While the challenges for the medical staff were considerable, there was already an existing medical infrastructure for the local population in the evacuation areas. However, the welfare system operating in the hotels was overwhelmed by the number and depth of acute mental health needs. Subsequently, dozens of individual mental health professionals from the general community coalesced to form ad hoc teams based in each hotel to assist. Initially, all the mental health professionals were volunteers but, after a few days, the Ministry of Health assigned staff from several psychiatric hospitals to manage the mental health needs of the relocated evacuees in designated cities or districts.[3] Psychiatric staff encountered numerous ethical dilemmas under such conditions (table).

In war, unequal power relationships exist between those providing services and those receiving them, with potential for inadvertent harm to be caused by well-meaning mental health volunteers.[4] Principles of distributive, procedural, and restorative justice should be respected and maintained insofar as is possible for the clinician.[5] What is important is that questions regarding ethical challenges and predicaments are asked, and that the clinician has a system by which they decide how to manage ethical dilemmas. It is important, even in times of war, to maintain channels of consultation with national ethics committees: in Israel, these channels remained open throughout the crisis. While competing interests (eg, individual versus society) can have different expressions during times of war, the principles of justice remain. In the early phase of any emergency, strengthening social supports is crucial,[4] but boundary crossings and violations should be avoided, and patient privacy and confidentiality should be valued at the very least for purposes of restorative justice in rebuilding appropriate psychiatric management relationships under adverse treatment conditions. For example, if a traumatised individual used an illicit substance and asked that it be kept confidential, this request should be respected.

From an ethically principled approach, while solidarity is important, a psychiatrist should play no part in political discourse, but rather should focus solely on clinical management. This remains so even if such discussion and sharing of information might be in the best interests of the patient or society. In their individual capacity as concerned citizens, psychiatrists can involve themselves in political activism: however, as practising physicians, psychiatrists have a duty to preserve their social contract with society and use their skills primarily to save lives and provide comfort. Any other pursuit exploiting the profession's status should be avoided. Rather than engage in political activism within the clinical setting, psychiatrists should further the rights of patients, especially if these rights and their interests are limited during conflict.[6,7]

While the ethical dilemmas presenting in this unique psychiatric treatment setting in Israel after the Oct 7 attack are interesting and challenging, the guiding principles of medical ethics inform a balanced response and protect the best interests of the patients and the community.

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