If the biomedical explanation of depression is unproven and SSRIs are misrepresented, what of the ethical problems of veracity and informed consent?

**Questions**

- If there is no conclusive data supporting the claim that depression (or other disorders) is linked to serotonin, is it ethical to promote the serotonin hypothesis as if it were true? Is it ethical to claim that a drug that regulates serotonin is indeed effective for the treatment of depression without evidence that serotonin is linked to this disorder?

- While it is ethically contentious to prescribe inert placebos, is the ethical argument then potentiated against SSRI prescription given they are a dirty placebo with a potential for the causation of harm?

- If the truth was told – that the causation of depression is unknown and that SSRIs are a dirty placebo with no superior benefit to an inert placebo – would these drugs ever have been so widely prescribed? Can or should the failure of disclosure and misrepresentation of the material and significant nature of these medications not raise legal questions with respect to informed consent and battery?

**Arguments**

- Through careful study of the history and origins of the cause for depression, it is established that there is no conclusive evidence supporting that serotonin has any linkage.

- Given the discovery that SSRIs are in fact a dirty placebo with the potential for harm, ethical problems of informed consent and deception arise that are amplified by comparison to prescribing an inert placebo.

- It is established that there is a failure to properly disclose the facts surrounding the serotonin hypothesis for biomedical depression and subsequent claims of clinical efficacy of SSRIs. Because of this, the promotion of the serotonin hypothesis as an explanation for biomedical depression and the subsequent prescription of SSRIs to treat various disorders based on alleged serotonergic imbalance is rendered highly contentious from an ethical perspective.

**Conclusion**

Given the biomedical failure to explain the cause of depression, it is problematic that such a theory has been used as a default explanation to patients and that it has been so widely accepted. By propagating such an unsubstantiated theory, there is an immediate ethical contention with respect to truth-telling and veracity, especially in the physician-patient relationship. Because of this failure it is also contentious that a medication designed to regulate serotonin (SSRIs) would be promoted and prescribed, especially given SSRIs clinical efficacy is proven to be at least an inert placebo. Because of these deceptions and inaccuracies, it is conclusive that both the way we think of depression and its chemical solutions need further ethical analysis to support a claim that is conducive to upholding the notion of ‘evidence-based medicine’.