Covert Medication: A Scoping Review of Ethical Permissibility, Definitions, and Application Settings

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Introduction

Covert medication (CM), the administration of medication without a patient's knowledge, remains an "open secret" within healthcare.[1] While not openly discussed, CM is acknowledged by clinicians and caregivers as a strategy used in challenging situations. CM is most often considered in the care of individuals with dementia, intellectual disabilities, or severe mental illness, where the perceived best interests of a patient can conflict with autonomy and informed consent.[2]

Despite the use of this practice in a variety of healthcare settings, transparency in CM is limited. CM lacks a consistent definition and is subject to unstandardized and fragmented guidance across both legal and clinical frameworks. Its status as an "open secret" without formal oversight leaves healthcare workers to navigate complex decisions with limited support. This scoping review examines how CM is defined in the literature, the ethical permissibility of CM, and the conditions under which it is deemed an acceptable practice

Aims and Objectives

This scoping review aims to synthesize the literature on CM, focusing on its ethical justification, definitions, and clinical contexts of use.

Specifically, it seeks to:

- Evaluate whether CM is supported or opposed in the literature
- Identify conditions under which CM is considered ethically acceptable
- Examine how CM is defined
- Explore its use across:
  - Psychiatric vs non-psychiatric settings
  - Emergency vs non-emergency situations
  - Adult vs pediatric populations

This review identifies gaps in the literature to inform future research and support the development of standardized clinical guidelines and policies. Moreover, this review aims to bring enhanced insight to a practice that is insufficiently scrutinized.

Methods

A structured literature search was conducted to identify articles on CM published up until February 2026. Searches were performed in Embase, Scopus, and PsycINFO using keyword combinations including "covert* NEAR/8 medicat*" (Embase), "covert* W/8 medication" (Scopus), and "covert* medicat*" (PsycINFO). After removing duplicates, 51 unique articles remained.

Abstracts were screened using predefined inclusion criteria:

1. The article must substantively engage with the situation where an individual administers a therapeutic intervention to a patient
2. The delivery of the therapy must be covert, meaning that it was misleading or deceiving the patient in some way
3. Must involve a patient who is capable-knowing about the therapy whether an adult or minor
4. Articles are normative and make an argument about the ethical permissibility of CM

Eligible articles underwent full-text review. Extracted data was analyzed to identify key themes, including:

- Definitions of covert medication
- Conclusions regarding ethical permissibility
- Arguments for and against its use
- Contextual factors: patient population (pediatric vs. adult), clinical setting (psychiatric vs. non-psychiatric), and care context (e.g., emergency, inpatient, outpatient).

Results

Of the included studies (n = 11), 10 conditionally supported CM, while 1 opposed it as ethically unsustainable (Fig. 1). All articles emphasized that CM should require guidelines, documentation, and ethical oversight.

CM was consistently associated with deception, though definitions varied:

- 45.5% of articles specifically stated the concealment of medication in food or drink
- 36.4% of articles described CM as general concealment, not specifically stating the use of food or drink
- 18.2% of articles did not explicitly define CM

Results

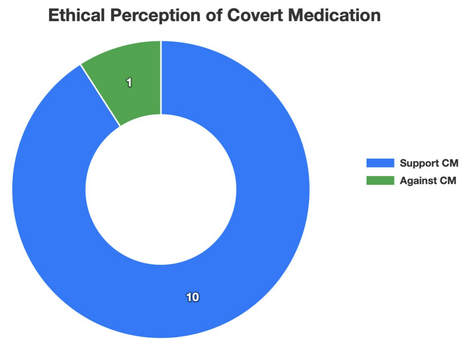

Figure 1. Articles in support of covert medication (CM) versus against CM

Main arguments for and against covert medication

Arguments Supporting Covert Medication	Arguments Cautioning Against Covert Medication
• Promotes medication adherence • Perceived to serve the patient's best interests • Considered less traumatic or restrictive than physical restraints or forced injections • Prevention of harm from untreated illness may outweigh respect for autonomy • Viewed as a practical necessity in low-resource settings • Cultural contexts may support family-centered, collective decision-making	• Lack of informed consent • Risks undermining trust in clinician–patient and family relationships • Lack of clear policies, documentation standards, and professional guidance • Potential impact on medication dosing when concealed in food • Limits patient ability to recognize side effects and develop of insight • Raises concerns about misuse for convenience

Figure 2. Main arguments for an against the use of covert medication

CM was primarily used in psychiatric settings (9/11) with minimal focus on pediatric populations (1/11). It was more common in non-emergency settings (8/11) but more ethically accepted in emergency situations.

Support for CM centered on adherence, prevention of harm, and reduced use of force, while opposition to CM focused on lack of consent, deception, and damage to trust (Fig. 2). Overall, CM is viewed as permissible only in limited, carefully justified situations.

Conclusion

As can be seen, CM is generally viewed in the literature as conditionally permissible, but only under narrowly defined circumstances requiring strong ethical justification, clear documentation, and appropriate oversight. While many authors support CM as a means of promoting adherence, preventing harm, and avoiding more restrictive interventions, these benefits should be weighed against ethical concerns, including the violation of autonomy, the use of deception, and the potential loss of trust. The variability in definitions and the lack of standardized guidance further complicate its ethical and clinical application.

CM is not endorsed as routine care. Rather, CM is viewed as a last-resort intervention in carefully identified situations with frequent reassessment of the necessity of CM. Greater clarity in definitions, formal clinical frameworks, and increased transparency are needed to support the use of CM. Future research should focus on developing formal guidelines on how to practice CM.

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