

Fundamental Concepts in Bioethics

Bonnie Steinbock
University at Albany (emerita)
CUHK Centre for Bioethics
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AUTONOMY

- 🌐 Different meanings of autonomy
 - 🌐 A *capacity*: the ability to understand and make decisions
 - 🌐 A *right*: the right of individuals to make their own medical decisions based on their own values
 - 🌐 A *value*: autonomous beings – persons -- have a special moral status

A NEW CONCEPT IN MEDICINE

- 🌐 **Respect for autonomy as the right to make one's own medical decisions is not part of traditional medical ethics**
- 🌐 **Hippocratic tradition**
 - 🌐 **No expectation of patient participation in medical decision making**
 - 🌐 **Physician should do what is best for the patient, based on physician's superior medical knowledge and expertise**


PATERNALISM

- Coercing/forcing/manipulating people *for their own good*
- Traditional Hippocratic ethic is overtly paternalistic, particularly as regards giving information/withholding truth
 - Conceal what you are doing to avoid upsetting the patient
 - Truth may be withheld or shaded if telling the truth likely to cause harm
 - cause distress
 - lead to rejection of treatment physician recommends


WHAT'S WRONG WITH PATERNALISM?


John Stuart Mill:

-  Individuals know what's best for them

-  They know more about their individual

-  More concerned with their own welfare than others

-  People have a right to make decisions about what affects their bodies and lives – even when others regard them as foolish, misguided, wrong

-  Forcible interventions warranted only to prevent “harm to others”

FROM PATERNALISM TO AUTONOMY

- 1960s and 70s a time of social upheaval
 - Civil rights
 - Feminism
 - Student movement
- General questioning of authority and emphasis on individual values
- Emergence of applied ethics

THE BELMONT REPORT, 1979

- Congress asked the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research for the basic ethical principles that should guide human subject research.
 - Respect for persons
 - Beneficence/nonmaleficence
 - Justice
- Became the basic principles of bioethics generally
- Respect for persons became respect for autonomy

UNDERSTANDING PATERNALISM

- Not all coercion for the person's own good counts as paternalism
 - Restricted to competent adults
 - Compelling children or cognitively impaired doesn't count as paternalism
 - Compulsion not paternalistic where choice is not free due to ignorance
 - Mill's bridge example

IS PATERNALISM EVER JUSTIFIED?

- Paternalism most objectionable when people are forced to do what is contrary to their own values
- Paternalism may be justified if:
 - Coerced action required by or consistent with the person's own values
 - Harm threatened is certain, severe, and irreversible
 - Burden inflicted by the restriction is relatively minor
 - Seat belt laws





IN FAVOR OF MEDICAL PATERNALISM

- Patients cannot exercise genuine free choice because they:
 - Are sick and vulnerable
 - Lack medical training and expertise
 - May be emotional and fearful, unable to make objective judgments
 - They often want their doctors to decide for them
- Health and prolongation of life take priority because necessary for realization of other values
- Truth may depress patient and lessen chances of cure

AGAINST MEDICAL PATERNALISM

- 🌐 Prolonging life not necessarily most important value
 - 🌐 Patient may reasonably prefer less life to life of poor quality
- 🌐 Participating in medical decisions is a fundamental moral/legal right
- 🌐 Having truthful information essential to such participation

WHY PHYSICIANS WITHHOLD TRUTH

-  Physician discomfort
-  Physicians reluctant to acknowledge uncertainty
-  Lack of compensation
-  Lack of training

HARD CASES

- Respect for patient autonomy now mainstream
 - Idea that doctors should lie to patients “for their own good” rarely defended
- But what if the patient’s family asks for truth to be concealed?
 - Cultural relativism and cultural sensitivity
 - Case study: Request for placebo so father doesn’t lose hope
- Can truth telling be a “charade of autonomy” ?
 - Waking up Monica

INFORMED CONSENT

- 🌐 Central to clinical ethics
- 🌐 Touches on many other important topics
 - 🌐 Autonomy and paternalism
 - 🌐 Harm and beneficence
 - 🌐 Competence to give/withhold consent
 - 🌐 Communication and trust between doctor and patient

LEGAL (NOT MEDICAL) CONCEPT



- Two parts: consent and informed
 - Consent: the patient must agree to the procedure
 - Exception: emergency, when procedure necessary to preserve life or health and patient is unconscious
 - Informed
 - How much information is a doctor required to give?
 - Not all risks , no matter how remote
 - Information a patient would want in order to make reasonable decision
 - Physicians not permitted to conceal information to get patient to accept procedure

PROBLEMS WITH LEGALISM





- Regarding informed consent as legal requirement distorts doctor-patient relationship
- Emphasis is on, what information do I need to give to avoid being sued?
 - “Consent” as a transitive verb: Did you consent that patient?
- Right question: what information does my patient need to participate intelligently in decision making?
- How can I best convey this information?

HOW TO RESPECT AUTONOMY

The wrong way

-  Dump poor prognosis on patient and leave
-  Provide technical information and ask, what do you want to do?

The right way

-  Communication skills essential
 -  May take several conversations before patient really understands diagnosis, prognosis, and treatment options
 -  Give as much information as the patient can accept at the time
-  Do not abandon your patient