

MEDICAL PATERNALISM

Bioethics: Autonomy and Health (Fall 2012)
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What about Potential Harms?

- Respecting autonomy could → significant harms to the individual (or to others)
- Autonomy as “more fundamental than the particular goods he enjoys or harms he may suffer” (Goldman 64)
- Potential harms are merely *evidence* that the individual is not acting autonomously
- “It must be the case that this harm would be judged clearly worse *from the point of view of the person himself* than not being able to do what we prevent him from doing by interfering” (Goldman 65, emphasis added)

Lying and Deceit

- Forms of coercive paternalism
- “What is at least prima facie wrong with lying in such cases is that it shifts power to decide future courses of action away from the person to whom the lie is told” (Goldman 63)
- AMA Code of Medical Ethics: A fundamental element of the patient-physician relationship is informing patient and discussing options

Case for Paternalism



- Some paternalism is necessary for *role differentiation*
 - ▣ Professional obligations to prolong life and to improve quality of life
 - ▣ Medical personnel are more knowledgeable and less pressured/coerced
 - ▣ Otherwise: “The doctor need be only an honest and good technician” (Ackerman 73)

- Example: disclosure of terminal illness
 - ▣ Can cause psychological distress and hasten death
→ So contrary to role as professional to disclose

Case against Paternalism



- Health, prolonged life, and avoidance of psychological distress are not always the patient's priorities
- Making your own voluntary and free choice can be more highly valued
- Clear, open communication and inquiry with the patient (and loved ones if desired) can mitigate and lessen the potential for harms
 - Requires professional expertise and skill to *return control to the patient* in face of illness and disability

Returning Control

- Restore previous health and functioning (when possible)
- Discourse should reflect psychological condition of patient.
- Help build support network
- → Positive interference
 - ▣ beyond noninterference

Entailed Rights



- Right to truthful and open communication about condition
- Right to informed consent
- Right to accept or refuse treatment
- Rights to privacy and confidentiality

Group Activity

Hospital Administration

- What will some of your policies and default attitude be re: the following:
 - ▣ Treatment requests and refusals
 - ▣ Information disclosure
 - ▣ Confidentiality and privacy

Patients

- What will you request/demand of the medical staff in this hospital?
 - ▣ (I will provide you with specific examples to debate)

Discussion Questions

- Given that a physician cannot reasonably tell a patient absolutely all medical and scientific facts about her medical condition and the treatment options, what do you think can be omitted from disclosure without deceiving the patient?
- Do you agree with Goldman that autonomous choice has intrinsic, non-derivative value?
- Are there any cases where you think that medical paternalism is justified?

Additional Sources

- American Medical Association. “AMA’s Code of Medical Ethics.” Web. <<http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page?>>

Questions? Comments?