

The Physician-Patient Relationship

Bioethics: Autonomy and Health (Fall 2012)

Laura Guidry-Grimes

Different Questions

- ▶ Is this patient's decision autonomous?
 - Procedurally or substantively
- ▶ Even if this patient's decision is autonomous, should the medical staff comply?
 - Competing values, interests, obligations



Paternalistic Model

- ▶ Patient autonomy as **assent**
- ▶ “assumes that there are shared objective criteria for determining what is best” (78)
- ▶ What is problematic about this model?
 - What is potentially beneficial?

Informative Model

- ▶ Patient autonomy as **patient control**
- ▶ Assumes the “patient’s values are well defined and known; what the patient lacks is facts” (79)
- ▶ What is problematic about this model?
 - What is potentially beneficial?

Interpretive Model

- ▶ Patient autonomy as **self-understanding**
- ▶ Assumes “the patient’s values are not necessarily fixed and known to the patient”, so the physician clarifies and advises based on what is expressed by the patient (79)
- ▶ What is problematic about this model?
 - What is potentially beneficial?

Deliberative Model

- ▶ Patient autonomy as **moral self-development**
- ▶ Assumes patients need to engage in dialogue to consider, alter, and incorporate health values
- ▶ What is problematic about this model?
 - What is potentially beneficial?



PREFERRED MODEL BY EMANUEL & EMANUEL

Fact / Value Distinction ?

BUT medical practice is irreducibly normative, and physicians have experience thinking through moral problems

Facts

Exclusive realm of physicians' technical expertise

Values

Exclusive realm of patients' expertise

Narrative knowledge

Lived experiences; information provided through public forums and discussion

BUT patients can (sometimes) find comprehensive and helpful information in collaboration with others

Not strictly within fact or value realms

Rethinking the Physician-Patient Relationship

- ▶ Patients are not passive receptacles of knowledge that only doctors can give them.
 - Nor are they self-sufficient knowers—rely on authorities and collaborators
- ▶ Medical staff need to support and collaborate with patients in respectful dialogue.
 - Relational autonomy → relational inquiry
- ▶ Component of **positive freedom**
 - Need position and opportunities to collaborate



Discussion Questions

- ▶ Do you think any one model is the best model for all clinical encounters?
 - Or will the best model vary according to details about the patient, what the request/refusal is, etc?

- ▶ What kinds of persuasion do you think are morally justified when dealing with a competent patient?

- ▶ How do you think medical staff should respond to patients' growing use of the internet to find medical information?

Questions?

»» Comments?