

Reading SAL: Professional Roles/Paternalism

Goldman: Refutation of Medical Paternalism

Goldman starts by asking if there is any reason a physician should be allowed to behave because of his professional role in a way we would not allow a non-professional to behave. [= “strong role differentiation”]

His assumption is that the person himself should have access to information vital to his own wellbeing. In the medical context this means the right to be told the truth about his condition, and the right to accept or refuse or withdraw tx on the basis of adequate information.

Premise: self determination is a primary right. Lying in the context of medical decision making is more critical than not telling the truth: it is interference with the patient’s right of self determination: “analogous to the use of force, or more coercive.”

Definition of paternalism: the overriding or restricting of rights or freedoms of individuals for their own good.

Paternalistic measures may be invoked when either the individual in question [or any rational person with adequate knowledge of the situation] would choose a certain course of conduct, and yet this course is not taken by the individual—solely because of ignorance, fear, carelessness, depression or other uncontroversially irrational motives—and harm will result.

[The importance of harm is NOT a consequentialist one; but the magnitude of harm is rather evidence that the person is not acting according with his own values, so is not autonomous “in the deepest sense.”] Autonomy is a source of value for other goods.

Argument FOR medical paternalism:

1. Disclosure of information may increase the risk of depression or unoptimal tx
2. Disclosure of information may thus be detrimental to health
3. Health and long life can be assumed to be important for folks who consult docs
4. Worsening health or hastening death can be assumed to be contrary to the patient’s own true value orderings.

So: paternalism is therefore justified; docs may sometimes override patients’ prima facie rights to information.

Refutation of argument for medical paternalism:

Refute one of the premises: i.e., premise 3. For instance: we do not design social policy to prevent death, nor spend lotsa money on health; we fight wars...Not fair to “assume” priorities of others.

So Goldman concludes that health and long life are less fundamental values than self-determination.

Ackerman: Why Doctors Should Intervene

1980 AMA Code of Ethics: Physicians MUST
 .reveal all relevant information
 .protect patient confidentiality

Current result: a morality of non-intervention (=E&E's 'informative' model).

But: patients are (categorically and to some extent situationally) ILL: with reduced physical (and mental / emotional) strength; often suffering from denial, depression, guilt, fear, anger...

Their most obvious needs: competent care and relevant information. But the psychological or social impediments require more explicit interventions to address fear, denial or other sources of distress. So the physician should explore those areas with the patient.

Does Ackerman's recommendation correspond to any of E&E's models?

E&E don't seem to pay much attention to the psychosocial corollaries to physical illness.

Does the usefulness of a model for Phn/Pt relationship depend upon the nature of the medical emergency? Consider what you might want from your physician if you have a broken leg. If you have a communicable disease. If you have a readily-cured disease. If you are going in for an annual physical...

Emanuel and Emanuel: Four models of the physician patient relationship

The models [= 'regulative ideals'] differ with respect to the
 Goals of the interaction
 Obligations of the physician
 Role played by patient values
 Conception of autonomy embodied in the model

I: paternalistic

Goal: patient's compliance with recommended tx
 Physician's obligation: to know what is best for the patient's health
 Patient values: physician presupposes health is his preeminent value
 Conception of autonomy: assent to the physician's judgment

Problem: can't presuppose that values are shared ~ phn/pt

II: informative

Goal: determining the course of tx
 Physician's obligation: source of technical / medical information
 Patient values: patient matches the information given to his preferences
 Conception of autonomy: patient controls the medical decision making

Problem: people can't know what they want in a vacuum

III: interpretive

Goal: elucidation of patient values + map options on those values

Physicians's obligation: to know and describe disease and tx options

Patient values: physician also takes some responsibility for them. counsel.

Conception of autonomy: self-understanding on the part of the patient

Problem: explores patient's desires, but excludes phn evaluative j's

IV: deliberative

Goal: form patient values, insofar as they are health-related

Physician's role: guide, counselor and friend [in health matters]

Patient values: elaborated, improved and supplemented

Conception of autonomy: moral self-development

A fifth model—instrumental—is not considered because it has a goal other than the patient's best interest.

Patient autonomy is currently defined as 'choice' and 'control.' The informative model ignores second-order desires. [?] The Deliberative model is risky, but E&E think it is best.

--its understanding of 'autonomy' is closest to our ordinary understanding

--it give the physician a role closest to the traditional one

--persuasion is not = to coercion, so its not paternalistic

--patients value physician's values

--physicians are SUPPOSED to give advice

So: we need to make ethical values more salient in medical education, and reward time spent with patients.

Case: *Beneficence today or autonomy tomorrow?*

An unconscious patient has an inoperable, untreatable, respiration-obstructing tumor. The options are to: withdraw all tx; give comfort-care only; surgically intervene; or to wake her up and discuss the options with her.

Case: *Please Don't Tell!*

An HIV positive patient will be cared for by his sister. Do we have a duty to warn?