Patient autonomy and balancing the rights of patients, the community and healthcare workers

Introduction
The principle of autonomy is one of the pillars of biomedical ethics. The other three are beneficence, non-maleficence and justice, commonly defined as ‘do good, avoid harm and advise actions that are fair and equitable’.

At the heart of the potential conflict between the rights of patients, the community and healthcare workers is the concept of patient autonomy. In this review, this concept is explored in respect of its interaction with the rights of other individuals or groups of individuals.

First steps in addressing patient autonomy

The first step is to get past the trap of developing adversarial thinking; this means that one should not go into this interaction in combative mode, where one set of rights as either a community or as a healthcare worker, is contrasted/limited/defined by an individual patient’s rights and her/his autonomy and, equally, how patients’ rights and their desire for autonomy could be compromised by community or other rights.

The concept of autonomy has been defined as, at a minimum, personal self-rule that is free from both controlling interference by others or other limitations that prevent meaningful choice, such as inadequate understanding. The autonomous individual acts freely in accordance with a self-chosen plan, analogous to the way an independent government manages its territories and sets its policies. In contrast, a person of diminished autonomy is, in some material respect, controlled by others or incapable of deliberating or acting on the basis of his or her desires and plans.1,2

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The Health Professions Council of South Africa in its 2016 Guidelines for Good Practice in the Health Care Professions defines the recognition of autonomy as follows: “Healthcare practitioners should honour the right of patients to self-determination or to make their own informed choices; and to live their lives by their own beliefs, values and preferences.”

Successful relationships between a health practitioner and patient depend on mutual trust; in order to establish that trust, practitioners need to respect patients’ autonomy. Informed consent and truth-telling are key to enabling a patient to exercise their rights and select appropriate options that meet their life view.

What is self-determination?

In a clinical or counselling situation, this implies that the clinician needs to empower the patient to make their own decisions, if they have the capacity, at that time, to make a rational decision. A rational decision is regarded as being derived from a view taken from an objective vantage point, if that is possible.

Self-determination theory applied to health practice was developed by psychologists Edward Deci and Richard Ryan, whose ideas were expressed in publications in 1985. This theory focuses primarily on internal sources of motivation, not external motivations such as money or acclaim. The sense of being able to take direct action that will result in improvements to an individual plays a major part in helping people to feel self-determined. Hence, self-determination is based primarily on autonomy and the individual’s cognitive ability and liberty/opportunity to bring about a desired improvement.

Central to self-determination, from the patient’s perspective, is the clinician’s ability to give a person sufficient information so that they can make a rational and informed choice. This implies that the patient needs to understand their illness as fully as possible, to also appreciate the treatment options that are available and understand the consequences of their decision.

The right to security and safety has been extensively challenged during the COVID-19 pandemic and has resulted in healthcare professionals’ safety being compromised in their service to patients and the rights of individuals being challenged in order to achieve public safety for the community. Nonetheless, the principle of patient autonomy and right to self-determination remains a key pillar of the practice of ethical medicine.

Conveying important information – context matters

The field of behavioural psychology can contribute to our understanding of how to improve a patient’s ability to absorb a complicated text, such as a consent form or a hospital admission form, and make a rational informed decision on the best course of action.

An experiment done by a psychologist, Daniel Kahneman, at the 2013 World Economic Forum in Davos illustrates the point of ‘priming’, which influences people’s state of mind and their ability to absorb information. He asked the audience to place a pencil either horizontally in their mouths or to hold it vertically in their hand over a piece of paper; he then asked them to define their level of happiness. Those who held the pencil horizontally, forcing a smiling expression, reported higher levels of happiness than those holding the pencil vertically.

This dramatic use of a known psychophysical effect by Kahneman had been used earlier by two behavioural psychologists showing that students, unaware of why they were holding a pencil horizontally in their mouth, could complete a task better than equally skilled students holding a pencil in a non-smiling fashion.

These examples illustrate the fact that humans operate better when in a positive frame of mind and that the context in which the information required to make a rational decision is provided matters.
Optimal patient-clinical communication

There are five key attributes of a healthcare practitioner that support optimal patient-clinician communication and reduce litigation potential (Figure 1).

**Fairness – to the patient and yourself, as a healthcare practitioner**

Fairness is the first personal characteristic that offers a way to balance the potentially adversarial rights of the patient, the community and the healthcare practitioner. One considers ‘fairness’ as the balancing of the practitioner’s interests with the interests of the patient, the patient’s interests with those of the community and, finally, the healthcare professional’s interests with those of the wider community.

It is within the concept of fairness that the possibility is created of ‘give and take’ between the abovementioned three rights’ holders; this requires all role-players’ to work honestly in the healthcare and greater community environment.

**Honesty in disclosure of options of current and future care**

The doctrine of informed consent as codified in law in the National Health Act lists the scope and nature of the information that should be disclosed. It states that every healthcare provider must inform a user of:

- The user’s health status, except where there is substantial evidence that this disclosure would be contrary to the user’s best interest
- The range of diagnostic procedures and treatment options generally available to the user
- The benefits, risks, costs and consequences generally associated with each option
- The user’s right to refuse health services.

Within the context of honesty, empathy or even a semblance of empathy (sometimes referred to as tactical empathy), i.e. putting yourself in the shoes of the patient and feeling what they are feeling, helps to redirect healthcare from a defensive (avoiding litigation) to a compassion-centred approach. This contributes to participatory decision-making, which is emphasised in modern medicolegal case law.

Enabling a shift towards a therapeutic alliance between doctor and patient is the most viable route to informed consent and ensuring that information presented to the patient is individualised, so that information/data can become knowledge of and insight into the patient’s consideration of their actions.

**Trustworthiness – the mirror reflection of honesty in the patient’s perception of the healthcare professional**

The clinician needs to do what they say they are going to do! If we say, we will call in 2-3 days to find out how the patient is, we must do that; if test results are due in 24 hours, we phone/get the patient back to discuss the results.

The perception of trust is enhanced when the clinician enters the space of shared fears and dreams of a patient in their own use of language, generating an understanding of the situation that can then be jointly assessed, addressed and borne.

**Loyalty - I will not put my interests above yours**

Loyalty is essential to building trust; it really means: ‘I will not sell you out just to further my own interests; I will also always act in your interest.’ This serves to reduce the patient’s anxiety and assists them to make an informed decision and act autonomously.
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Carefulness – related to being considered a reasonable healthcare provider

In this context a useful synonym is ‘being deliberate’; when one writes information, or prepare documents to discuss with a patient, that one considers the impact of everything, including the words that are used; that we are deliberate and nothing is left to chance; that we assess carefully the implications of a particular action or inaction – that we consider the impact of this on everybody: the patient, ourselves and the community.

Conclusion

It is clear that if patients feel they are important agents in managing their illness, that their views and decision-making are respected and that they will not be coerced into making decisions that are against their values and beliefs, this supports both the patient and healthcare provider’s actions and will be beneficial to the desired outcomes.

References

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