PATIENT AUTONOMY

OBJECTIVES:

After study and discussion of this module, the orthopaedic resident should be able to:

- Define patient autonomy
- Define limits, if any, to patient autonomy
- Identify physician alternatives if patient does not accept treatment plan

Slide 3: Definitions

The principle of respecting a patient’s *autonomy* has become the cornerstone of modern health care in the United States. In the past, medicine has been practiced in a *paternalistic* fashion. In this model, the physician was assumed to “know” what is best for the patient and would dictate what actions were necessary to treat the patient. This model still remains the accepted practice in some cultures.

The definition of autonomy is self-rule or independence. The essential philosophy behind this principle is that every individual is an independent human being with a different background. Our individual philosophies on how we wish to lead our lives are shaped by our genetics, our upbringing, our religions, our cultures and our personal experiences. Because of these individual differences, it is not possible for a physician always to “know” the correct management of a medical condition for every patient presenting to them for care. Instead, it is presumed, that by giving an autonomous individual a complete understanding of his/her problem that the individual, more than anyone else, will be better able to decide what the correct treatment is.

Slides 4-5: Case

*You are covering the ED Saturday evening when a 33-year-old motorcycle rider is brought in by EMS with a type IIIA open tib/fib fracture. You carefully explain the severity of the injury to the patient and recommend an immediate I&D with intramedullary nailing. The patient states that he trusts you and knows that he should have the operation. Despite his confidence in you, he*
declines operative intervention. He explains to you that his best friend died in the operating room after a motorcycle accident, and he is afraid that he will also die in the OR. He requests that you think of a different way to care for him that doesn’t require being in an operating room.

Slides 6-8: Questions, ethical principles, and legal responsibilities

What are the ethical principles involved?
Do you have any legal concerns?

Competing ethical principles:
- Patient autonomy
- Beneficence
- Non-maleficence

Legal concerns:
- You are the responsible physician on-call to the ED.
- The patient requires emergency care and is declining the appropriate management.

The concept of autonomy seems ethically sound but actually creates significant debate among ethicists as to how the principle should be applied. During most physicians’ careers they will encounter patients who they believe are making unwise decisions that will likely compromise their medical outcome. This case highlights the difficulty and uncertainty in the actual practice of respecting a patient’s autonomy.

In this situation respecting the patient’s autonomy directly conflicts with the two other core bioethical principles of beneficence and non-maleficence. The principle of beneficence requires a physician to help the patient recover from their illness. The principle of non-maleficence requires that a physician’s actions not harm the patient. In the presented case it seems evident that the appropriate, well accepted management would be operative intervention. We would be benefiting the patient and respecting the principle of beneficence. Failure to intervene could potentially threaten the viability of the extremity and even the patient’s life. In effect we would be violating the principle of non-maleficence. How do we come to terms with this conflict?

Does the physicians obligation to be beneficent conflict with respecting their obligation to respect a patient’s autonomy? Although one may believe that the failure to treat this patient operatively is a violation of this core principle, the physician can clearly respect this principle by gaining an understanding of the patients goals and desires and working with the patient to achieve the optimal outcome. Even if the management is medically sub-optimal, an alternative
plan, acceptable to the patient is ultimately the best plan. Undoubtedly, the patient’s emotional well being will contribute to the ultimate outcome. Gaining the patients confidence and agreement is truly beneficent and will contribute to the success of the management.

Are we violating the principle of non-maleficence when we fail to treat the patient by accepted standards? In practice, many individuals have been treated against their wishes and despite having excellent outcomes have been “harmed” by the treatment from the psychological manifestations of the unwanted care. Successful lawsuits have been pursued when patients have received care against their wishes.

Allowing an individual to make an autonomous choice does require a careful and thoughtful evaluation. In many ways the considerations are similar to obtaining an informed consent for an operative procedure, although autonomous choices may involve any aspect of accepting or declining health care. Any individual who is allowed to make decisions related to their health care must have capacity. The term capacity is generally used in the evaluation of a patient’s ability to make health care decisions, and competence is normally reserved for legal proceedings. In practice, the two words are often used interchangeably. It is the obligation of the treating physician to determine if an individual has the ability to fully understand his/her medical condition, the treatment options presented, and the implications of his/her decision. (See Informed Consent module). All physicians are permitted to make determinations of capacity, and a psychiatric evaluation is not required. Depending on the particular situation, a psychiatric consultation may be warranted if the treating physician is unsure of the individual’s ability to make decisions, or if it is believed that there is a psychiatric co-morbidity which is preventing an individual from making an unimpaired autonomous decision.

Many physicians believe that any time a patient declines a recommended intervention that this is the sign of impaired capacity. Although this may raise ones concerns about a patient’s capacity, it is not a valid assumption. In fact, one may wonder if a patient has capacity, when under the duress of a fatal condition, they agree to a heroic intervention which is extremely unlikely to improve survival and may also compromise the quality of life remaining. The moral and legal right of a person to accept or decline a recommended medical intervention reflects the core philosophy of autonomy that only an individual can truly know what is best for him/her.

This case also presents two important legal considerations. It is against the law to treat an individual with capacity against his/her wishes. Doing so may be viewed as assault and battery. It is difficult to treat a person who does not wish to be treated. It is also against the law and morally reprehensible to
refuse to care for the patient when the systems in place (ED call schedule) have assigned the care of this person to you. Ultimately, you must accede to the patient’s wishes. If you do not believe that you are able to care for the patient, you must attempt to find another physician who is willing to assume the care. Until another physician assumes the care of the patient, you are required to treat the patient within the limits expressed by the patient.

Slides 9-10: Case conclusion

After the patient explains his fears, you recommend an evaluation by a psychiatrist. The patient thanks you for your concern, but says “I don’t want to speak with a shrink.” You sit down with the patient and discuss his injury, the dangers of not having surgery, and the urgency to prevent an infection. You ask about his friend, and it is evident that his friend had sustained life threatening injuries and died as a result of those injuries. You explain this to the patient and try to persuade him to agree to surgery.

It is your strong opinion that the patient is making a poor decision which may significantly affect the outcome. Should you try to educate the patient to do “what appears to be medically appropriate”? Are there additional approaches that you can utilize to enhance his understanding? Regardless, you should be prepared to spend a significant amount of time with this patient.

Slide 11: Strategies to assist patient

There are many strategies to try to resolve the conflict presented in this case. Although time is of the essence, spending more time with the patient is a way to develop a relationship with the patient with the hope that he/she will ultimately accept your recommendations. This may require you to sit down next to the gurney and have everyone else leave the trauma bay. Sitting down and spending time with the patient helps reduce the pressure and urgency the patient is feeling to make a complex, frightening and unplanned decision. It may allow you to develop a plan which is both acceptable to the patient and medically optimal (possibly spinal or epidural anesthesia).

Offering to involve a family member or close friend in the discussion can be helpful for some individuals. If the patient does not wish to speak with a psychiatrist you can also suggest a clergy member. Patients sometimes feel more comfortable after obtaining a second opinion from another physician, and this should be considered even when it appears that the patient’s decision is not related to concern over the appropriateness of the recommendation.

It is ethically acceptable and appropriate to attempt to encourage the patient to accept the appropriate management. It is not acceptable to apply undue
pressure or threaten the patient. People are allowed to make extremely unwise and foolish decisions as long as they have capacity. The physician must accept the patient’s decision and develop a treatment plan which best serves the patient’s individual needs and respects the patient’s autonomy.

**Slide 12: Summary and Recommendations**

Caring for patients with a variety of social, economic and cultural backgrounds can be challenging. We are all confident in our knowledge and abilities and at times fail to meet our ethical responsibilities as physicians. Developing appropriate communication skills will allow the physician to understand their patients better and help them guide their patients to receive optimal medical care. Take advantage of the experience and background of your colleagues and seek help when you believe your patient is making an unwise decision. An ethics consultant can identify issues which are affecting a patient’s decision making. Identifying these confounding issues may ultimately enable the patient to be treated in the optimal fashion.

**References**

   [http://www.aaos.org/about/papers/advistmt/1017.asp](http://www.aaos.org/about/papers/advistmt/1017.asp)