

# In search of true autonomy

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## ABSTRACT

Patient autonomy is discussed in medical care now both because this is an appropriate ethical practice and also as a reaction against the emphasis that was placed in the past on the medical profession 'always knowing best'. This article examines where our present understanding and practice of the ethical concept of autonomy may be flawed. It examines both doctors' and patients' responsibilities for this flaw and how they may be rectified.

I first started thinking about this watching a medical student consult in primary care in Auckland—the original UK North Eastern Auckland that is; coal mines, impenetrable accent, friendly people and colder coastline. As you would expect, the consultation skills were 'by the book'. The student was working through a mental list, ticking off all the things they needed to say without actually saying them. Asking the patient if they have any ideas, expectations and concerns really does not mean you have addressed their ideas, expectations and concerns.

After I admit a slight feeling of smugness whilst watching this, I started to guiltily think of where I too was a 'tick box doctor' in my practice as a GP. To my shame, with my background in ethics, I had to conclude that if I am guilty of this it is probably in connection with patient autonomy. The box marked 'respected autonomy' gets ticked, but do I actually do this?

We have quite rightly changed our practice to focus on promoting patient autonomy, in that we try to allow patients to 'self-govern' as the original Greek word translates. We have swung away from 'doctor knows best' to the patient has some say too.

Now, I would hate for the readership to feel that I am knocking one of Beauchamp and Childress' four pillars of ethics.<sup>1</sup> After all, patients should have rights to be involved in decisions and decide on what health care is right for them. But I do fear that we often talk about 'respecting patients' autonomy' but actually tick the box to say we said it but do not actually do the action. I also fear that what we now understand as autonomy both as doctors and people is a pale imitation of what the philosophical Greats meant regarding this—almost like the Mona Lisa with a felt tip moustache added.

To respect someone's autonomy is not just to give them a list of facts without any context and refuse to offer them any opinion or advice on what their choices would mean. For this a patient would be able to download all the facts from the Internet and make their choice without involving us. As I am sure other GPs have experienced, often patients will attend with reams of facts from various websites, but will still not be sure of what to do. Therefore for us to become a human medical Google site is not enough—to respect patients' autonomy we must be 'give patients the information they want or need in a way they can understand'.<sup>2</sup> Such information may not be just facts. It also may be our experience

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The **ETHICS** column explores issues around practising ethically in primary health care and aims to encourage thoughtfulness about ethical dilemmas that we may face.

**THIS ISSUE:** Our guest ethicist and UK GP Derek Willis explores what is genuinely involved in respecting patients' autonomy.

of how other people have responded in a similar situation, what the impact may be on a patient's lifestyle, or, based on our knowledge of patients derived from being their family doctor, judging what they may consider to be appropriate.

In my view, if a patient asks for our opinion, as long as we are clear what is 'evidence-based' and what is opinion, we should give it. If we decline to do so, we are not respecting the patient's autonomy. Conversely to insist that the patient is told every detail when the patient does not want to know these details also mars their autonomy. What we are required to do is provide what the patient wants and needs to make decisions rather than paternalistically decide what they shouldn't or wouldn't want to know.

## Patient autonomy is with us to stay, but its application does not absolve us as clinicians from being involved in patients' decision-making—if anything it makes our roles as clinicians more complex

However in my opinion this only deals with half the story of autonomy. I contend that patients themselves also have a role to promote autonomy, both for themselves and for their communities. In other words, autonomy cannot be merely an individualistic demand for me to get what I want.

A pragmatic reason is that there just isn't the money for all of us to get what we want and unfortunately in a credit crunch this will get worse. Pharmac is a fact of Kiwi life and some treatments or choices are just not open to us. Even if we increase the amount of money in the health budget, there will be a limit to what we can afford to spend. This isn't to claim that autonomy is a fantasy, but rather we have autonomy

within limits. We are used to, and generally accept, our autonomy being limited by the law, so we do have autonomy, but within accepted rules. In the same way I can be autonomous in the way that I play rugby, but have to accept that wearing a boxing glove to improve my ability to beat the opposition, whilst expressing my autonomy, will not be allowed because the rules and limits prohibit this.

Staying with the rugby analogy (I remember the national obsession), to be a good rugby player is not to allow my demand to express myself to outstrip the greater good of the team. In other words, my autonomy cannot, if the team is to work, be more important than every other player's autonomy and the

autonomy of the team as a whole. If we wish autonomy for ourselves, then to act ethically would demand that we would want to promote autonomy for others. Kant discussed this point by talking of his mythical 'Kingdom of Ends'.<sup>3</sup> He asks us to imagine if we could see his imaginary kingdom functioning if everyone acted in the way that we do. If we cannot universalise our action and we start to impede other people's ability to act autonomously, then we act unethically.

Now, a problem with this is that one could counter-argue that any action could impede another person's autonomy. My antibiotic prescription, which is needed by one patient, impedes other people's autonomy because now there

is one less GP appointment for them to be seen in and less amoxicillin to go around. However, my line of reasoning does act as an antidote to the cult of individuality found in the West, because it requires us to think not just of our autonomy at the expense of all others, but also our autonomy as a good for others and for the state.

Patient autonomy is with us to stay, but its application does not absolve us as clinicians from being involved in patients' decision-making. If anything it makes our roles as clinicians more complex. On the flip side, as patients we all cannot have a carte blanche to demand what we want and expect this to be delivered. We have ethical responsibilities to consider regarding the consequences of our actions. If we do this, then as medics and as people we can tick the box with a clean conscience that we have promoted autonomy both by thought and by action.

### References

1. Beauchamp TL, Childress J. Principles of biomedical ethics. 5th ed. Oxford University Press; 2001.
2. General Medical Council. Good medical practice—Duties of a doctor; 2006.
3. Korsgaard C. Creating the kingdom of ends, esp Chapter 7. Cambridge University Press; 1996.