

Finding a Balance between Doctor Power and Patient Choice in Physician Recommendations and Patient Autonomy: A Literature Review

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Abstract:

Medical ethics is fundamentally grounded in the principles of beneficence and patient autonomy, which affirm the patients' right to make decisions aligned with their best interests. Recognition of patients' rights commenced in the mid-20th century, propelled by legal and ethical advancements. This review explores the evolution of the concept of patient autonomy over time, along with the opportunities and challenges it poses in the contemporary world. The article underscores the benefits that accrue to patients in diverse medical scenarios. The well-being of beneficiaries is influenced by their perspectives on communication, decision-making, cultural competency, and adherence to the justice principle. Striking a balance among these concepts necessitates a nuanced approach that recognizes the importance of honoring patient choices while ensuring that actions promote well-being. When conflicts arise between a patient's autonomy and beneficence, moral dilemmas may manifest. In such instances, a thorough examination of the patient's values, cultural background, and the specific circumstances surrounding medical decisions becomes imperative.

Keywords: Autonomy, Healthcare Workers, Communication, Decision Making, Cultural Competence.

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Introduction

The foundation of ethical healthcare practices rests on the considerations for beneficiaries and patient autonomy. Patient autonomy underscores an individual's right to make informed decisions regarding their medical care, while also respecting their values and preferences [1]. Simultaneously, the healthcare principle prioritizes actions that prioritize the patient's well-being, finding equilibrium between patient autonomy and the primary objective of improving health. To foster morally grounded, patient-centered healthcare, where decisions are guided by the overarching aim of enhancing the patient's welfare, it is crucial that the principles of beneficiary considerations and patient autonomy are delicately balanced in the provision of ethical and compassionate healthcare.

The historical perspective indicates that the field of medicine underwent a significant transformation in the mid to late 1800s, marking the advent of a more modern industry. This industry is grounded in three key principles: (1) acquiring specialized knowledge not readily accessible to the general public; (2) providing a service with substantial societal value; and (3) establishing and maintaining high standards of practice and professional self-regulation. Conse-

quently, the medical profession achieved autonomy through the establishment of a professional association, control over medical education, and advancements in science and technology. Since the late 1960s, there has been a pronounced emphasis on autonomy in medical ethics. The Nixon era is particularly noteworthy as the origin of modern medical ethics.

Bioethics gained official recognition through Congressional mandate, spanning from the collapse of the Mondale hearings in 1968 to the establishment of a Presidential commission on ethical concerns in biomedicine after the successful Kennedy hearings in 1973. This led to new ethical oversight provisions for federally sponsored research [2]. Amidst this social upheaval, patient rights experienced significant growth, prompting physicians to swiftly assume control over medical practice and healthcare delivery at the turn of the 19th century.

Shared Decision Making: The collaborative healthcare approach termed "shared decision-making" underscores the joint efforts of patients and healthcare providers in determining the course of treatment. Valerie Billingham is credited with

coining the expression "nothing about me without me" during session 356 of the Salzburg Global Seminar, an international forum dedicated to reviving intellectual discourse in post-war Europe [3]. This motto has propelled the Shared Decision-Making (SDM) movement, subsequently becoming part of national standards in the United Kingdom [4]. It succinctly encapsulates the essence of respecting human dignity within the realm of medical decision-making, recognizing each patient as an expert in their own life and valuing their unique perspectives and preferences.

A survey conducted by the Picker Institute identified two patient-perceived indicators of high-quality and secure medical treatment: effective communication, where physicians convey ideas and information in a manner understandable to patients, allowing time for assimilation; and optimal pain management for enhanced physical comfort, addressing patients' discomfort and dependence resulting from their condition and interactions with the medical system. Ultimately, shared decision-making fosters the evolution of a more patient-centered healthcare system that upholds the autonomy of individuals seeking medical attention [5].

Challenges to Patient's Autonomy: Autonomy for patients within healthcare systems often encounters obstacles, primarily because treatment typically requires the involvement of a clinician, limiting patients' authority to demand specific treatments. Consequently, clinicians wield their own moral agency, and even when competent patients request a particular treatment, clinicians may refrain from administering it. This is influenced, in part, by the rights and interests that clinicians, as medical professionals, also possess. While a general practitioner has an obligation to act in the best interest of the patient, this duty must be weighed against an autonomy-based obligation to honor the patient's requests. For instance, if a patient requests a complex surgical procedure, the clinician is expected to decline.

Despite the emphasis on respecting patient autonomy, clinicians impose constraints on the range of decisions patients can make [6,7], disallowing options beyond the presented choices. Restricting the volume of requests accepted by clinicians is advisable for reasons such as efficiency, equity, and cost-effectiveness.

Challenges persist in promoting patient-centered care, requiring a delicate balance between patients' autonomy and the complexities of healthcare delivery, especially in the face of language and cultural barriers that may impede effective communication and limit a patient's understanding of their own perspectives.

Emerging Technologies Cultural Sensitivity: The advancement of medical technology has em-

powered patients, introducing a new dimension to their autonomy and control over healthcare decisions. An idea proposed for the outpatient setting suggests granting non-medical laboratory specialists direct access to patients for delivering laboratory test results, eliminating the necessity for physician intervention. However, providing patients with raw numerical values without an appropriate, individualized clinical interpretation of the results is deemed ineffective and potentially unethical(8). Mobile health apps play a crucial role in enabling individuals to actively manage and monitor their health in real-time, contributing to self-care. The convenience of telemedicine facilitates remote discussions and provides patients with easy access to medical equipment.

Additionally, artificial intelligence aids in the development of personalized treatment plans by furnishing patients with customized information. Respecting patients' autonomy and recognizing their diverse practices, beliefs, and values is crucial in healthcare. To honor individual preferences, healthcare providers need to navigate the array of cultural perspectives on decision-making. Understanding cultural subtleties not only ensures efficient communication but also fosters trust and cooperation.

This includes recognizing the impact of traditions, religious convictions, and family dynamics on a person's health-related decisions. Embracing cultural sensitivity and promoting an inclusive approach to patient autonomy contributes to the cultivation of a more patient-centered and respectful healthcare environment by healthcare professionals [9].

Patient's Beneficence: Beneficence stands as a foundational ethical principle in medicine, emphasizing the promotion and protection of a patient's well-being and interests. However, the concept of well-being itself varies, raising questions about whether it aligns with the patient's goals and wishes or adheres to an objective standard. This principle urges healthcare practitioners to choose treatments that enhance the patient's benefits, considering their unique requirements and preferences. Beyond merely curing ailments, beneficence, when viewed through the lens of Comfort of Life, encompasses the patient's overall quality of life, including everyday functioning, emotional well-being, and engagement in meaningful activities. In situations where remedial therapies are not viable, beneficence guides medical professionals to provide comfort care, focusing on pain reduction and improving the patient's quality of life. Risk assessment plays a crucial role, involving the examination of potential harms, patient characteristics, and potential advantages, with ongoing evaluation and adaptation to changing circumstances. Ethical considerations, including consultation with colleagues, ethicists,

and patients and their families when appropriate, are essential for ensuring morally sound decisions aligned with beneficence. Clear communication about possible risks and benefits empowers patients to make informed decisions, aligning with the values of beneficence and autonomy [10].

Honouring Autonomy: The autonomy aspect involves providing patients with comprehensive information on their medical condition, treatment options, and potential risks and benefits, enabling them to make informed decisions in alignment with their values and preferences. Concurrently, in the beneficence aspect, healthcare providers ensure that patients are well-informed about the potential benefits of recommended treatments through informed consent, fostering active patient involvement in decision-making to tailor care to individual needs and goals, ultimately contributing to overall well-being [11].

Cultural competence further enhances beneficence by ensuring that healthcare decisions consider the patient's cultural context, improving the effectiveness and appropriateness of care. Clear communication, patient consideration, and patient-centered care, emphasizing patient preferences and values, all contribute to beneficence by aligning decisions with the patient's best interests. Prioritizing preventive care and wellness activities also aligns with beneficence by actively promoting the patient's well-being and preventing future health problems [12].

Additionally, the principles of justice contribute to beneficence by ensuring equal access to healthcare services regardless of background, and fair resource allocation aims to maximize overall health benefits in the population, utilizing scarce resources in ways that promote health.

Conclusion

In conclusion, the foundation of moral healthcare practices is the complex interaction between beneficence and patient autonomy. Healthcare that is moral, caring, and patient-centered results from the effective fusion of the patient's preferences with the professional purpose in providing quality care.

The approach recognizes the unique needs and viewpoints of every patient with the goal of enhancing their general health and well-being. By striking this careful balance, medical professionals support an atmosphere in which patients' choices are respected, autonomy is valued, and the best interests of those they are caring for are actively pursued.

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