

Bioethics for Medical Students

Learning Unit 6

Department of Medicine

University of the Philippines Manila – College of Medicine

SESSION 1: RESPECT FOR PATIENTS / RESPECT FOR PERSONS

OBJECTIVES: At the end of the session, the participants will be able:

1. To recognize the humanistic and ethical aspects of the medical profession
2. To appreciate the importance of patient preferences, perspectives and perceptions and how these affect patient care
3. To apply the basic ethical principles of autonomy, nonmaleficence, beneficence and justice in clinical reasoning and patient care

ACTIVITIES: Video clip
Reflection paper / essay with guide questions

MATERIALS: Video player in any device

TIME REQUIRED: 2 minutes to play video clip
20 minutes to read the reference materials / presentation slides
30 minutes to answer the guide questions

PROCESS:

1. Watch the short video clip of an admitted patient describing her hospital experiences (assume that she is of legal age).
2. Read the accompanying notes / presentation slides.
3. Answer the guide questions.
 - a. How should doctors and those in training do hospital rounds?
 - b. Should the sleeping hours of patients be respected? in rounds – teaching and clinical? in monitoring?
 - c. Are patients allowed to refuse procedures and interventions even if they are deemed necessary?
 - d. Assuming a competent adult patient, do the opinion of blood relatives matter?

Patient-centered versus person-centered care

- Patients should be “treated as persons”
- Person-centered care
 - care that recognizes and cultivates the capabilities associated with the concept of persons
 - intended to correct tendencies for health care to be either
 - (1) too disease-centered, or**
 - focusing narrowly on pathologies
 - applying disease-standardized and often unnecessarily high-tech “solutions” that give insufficient regard to the subjective illness experiences
 - (2) too system- or staff-centered**
 - being inappropriately oriented to serve the interests of the organizations and/or professionals who provide services
 - using one-size-fits-all approaches

Four principles approach to bioethics

- Physician's moral obligation toward his or her patient is defined by four ethical principles:
 1. Respect for autonomy
 - patients who have decision-making capacity have a right to voice their medical treatment preferences, and physicians have the concomitant duty to respect those preferences
 - to respect an autonomous agent is, at a minimum, to acknowledge that person's right to hold views, to make choices, and to take actions based on personal values and beliefs (Beauchamp and Childress, 2001)
 2. Nonmaleficence
 - directs physicians to maximize the benefit to patients while minimizing the harm
 3. Beneficence
 - promotes the welfare and best interest of patients
 4. Justice
 - demands fair, equitable, and appropriate treatment for all patients

The Patient as a Person

- Health is an important good but not the only one.
- Treating someone as a person is not simply about physicians doing what they expect will maximize the patient's health
- rational, self-conscious beings capable of valuing their own lives, hence entitled to liberty and the right to make choices for themselves
- characteristics associated with the concept of persons:
 - abilities to reason and communicate
 - emotionality

- abilities to act intentionally
- self-awareness
- self-regulation
- potential to suffer in particular ways
- interests in preserving and developing self and identity

Respect for Persons

- as a concept is poorly defined
- ethical principle of respect for persons is **often treated as almost exclusively requiring respect for autonomy**
- respecting persons involves much more than respecting autonomy
- principle developed in terms of five distinct core concerns
 1. Autonomy
 2. Dignity
 3. Integrity
 4. Privacy
 5. Vulnerability
- patients who perceive they are being treated respectfully may experience improved clinical outcomes and greater satisfaction with their care.

Relational Personhood perspective

- Doctor sees the patient:
 1. not only a person whose autonomy and dignity are to be respected
 2. but also a relational being with a family, a community, and a social-historical context—a small self, encompassed by one or many greater selves.
- A competent patient's decision making should always be an **autonomous choice** of his own.
- At the same time, however, the decision-making process should recognize that the patient—the agent—is always a **person-in-relation**.

REFERENCES

1. Beauchamp TL and Childress JF. Principles of Biomedical Ethics, 5th ed. Oxford University Press, 2001.
2. Beach, MC. Sugarman, J. , Johnson, RL., Arbelaez, JJ., Duggan, PS., and Cooper, LA. Do Patients Treated with Dignity Report Higher Satisfaction, Adherence, and Receipt of Preventive Care? Ann Fam Med. Jul; 3(4): 331–338, 2005.
3. Fu-Chang Tsai, Daniel. Personhood and Autonomy in Multicultural Health Care Settings. American Medical Association Journal of Ethics March 2008, Volume 10, Number 3: 171-176.