

Specific ethical considerations relevant to the care and treatment of vulnerable patients

Respect for Autonomy

The principle of respect for autonomy underpins the requirement for valid consent to treatment. This principle acknowledges the right of a person to determine how his or her life should be lived and to make choices that are consistent with his/her life's plan.

Autonomy is not all or nothing. Very few of us are able to make fully autonomous choices all the time. Some of us, in certain situations, will not have the ability to understand and evaluate the options in order to make a choice. The more complex the choice and the more impaired our ability to understand, the less we are likely to be able to make an autonomous decision.

This has implications for respecting autonomy in the context of health care, specifically in consent to treatment. First, health professionals have an obligation to endeavour to enhance autonomy and facilitate the likelihood of a patient being able to make an autonomous decision. Second, where a patient is unable to make an autonomous decision, it is the duty of the health professional to act in the patient's best interests. However, even in these situations, an effort should be made to discover any previous preferences of the patient, or current wishes, in order to respect his/her autonomy as far as possible.

Rationality, competence and autonomy

Does an autonomous decision have to be rational?

"In the ideal of autonomy day - to -day decisions should be rational, i.e. consistent with the person's life plans" (Hope, Savulescu and Hendrick, *Medical Ethics and Law*, the core curriculum, Churchill Livingstone 2003 p 34).

However this internal rationality may not be viewed as rational by an external view. A health professional may judge the rationality of a patient's decision by its consistency with the professional's view of what would be in the best interests of the patient. A decision that is seen as contrary to the patient's best interests may be interpreted as irrational by the health professional and therefore the patient may be seen, erroneously, as not competent to make an autonomous choice. It is the internal rather than the external rationality that is important here. A patient is not necessarily incompetent simply because he/she doesn't agree with the health professional about the suggested treatment. A good example of this is the case of a Jehovah's Witness who refuses a life saving blood transfusion. The decision appears irrational to the health care professional but is internally consistent with the beliefs of the patient.

Beneficence and Best Interests

The principle of beneficence highlights the moral importance of doing good to others. When a patient is unable to make an autonomous choice the health professional has a duty of beneficence. Beneficence is usually considered to rely on an objective view of what would be best for the patient whereas respect for autonomy identifies what the patient subjectively considers to be in his/her best interests.

The concept of 'best interests' is linked to well-being / beneficence but includes considerations wider than purely medical risks and benefits such as the religious and cultural interests of the patient. This implies a duty to discover if possible what the patient would have wanted or what is likely to be appropriate in the context of this patient's particular life. Thus respecting the patient as an individual person (or respecting his/her autonomy) is an intrinsic part of the process of determining best interests.

There is generally no conflict between beneficence and the principle of respect for autonomy - most patients would choose the course of treatment that is objectively considered to be in his/her best interests.

But there is a particular tension between the concepts of respect for autonomy and beneficence in the treatment of a vulnerable patient. The vulnerable patient may, because of the situation he /she is in, make treatment decisions that are arguably not in his/her best interests objectively speaking.

Where the view of a competent adult patient as to what is in his/her best interests conflicts with medical opinion - for example where a Jehovah's Witness patient refuses treatment using blood products, the principle of respect for patient autonomy overrides the principle of beneficence.

But what about the situation of a teenager who is apparently competent to make a decision about treatment, for example a pregnant 15 year old who seeks a termination without the knowledge of her parents? In such a situation the tension between respecting the patient's autonomous decision and acting in her best interests may be informed by consideration of relevant professional guidance and the legal issues.

There is much discussion in ethics literature about the interpretation of best interests. If a wide interpretation is given to "best interests" then the interests of those other than the patient may be taken into account in determining the interests of the patient, for example the best interests of the family unit, and there is a danger of moving away from the patient as a focus for legal / ethical decision-making.

This is taken from a more detailed discussion of ethical issues of consent and refusal of treatment to be found on the UK Clinical Ethics Network website:

Ethical Issues-Consent and Refusal of Treatment

<http://www.ethics-network.org.uk>