Autonomy, Power and the Doctor-Patient Relationship

Walter S. Davis, MD
Center for Biomedical Ethics
Department of Physical Medicine and Rehabilitation
Hippocratic beneficence...  
the “old” ethics

“The regimen I adopt shall be for the benefit of my patients according to my ability and judgment, and not for their hurt or any wrong...

Whatsoever house I enter, there will I go for the benefit of the sick, refraining from all wrongdoing and corruption...

I shall regard my life and my Art as sacred…”
The “New”, Autonomy-Driven Medical Ethics

- The primary “evil” is physician paternalism

- Patient autonomy is the best defense against the evil of physician paternalism
Problems with Autonomy-Driven Medical Ethics

- Over-reliance on duties, rights, rules, and protocol
- Autonomy becomes “a blunt instrument - good for chasing away bullies but useless as a wise and friendly counselor.” (Callahan)
- The positive aspects of the ethical use of physician power are ignored
Physician obligations
(Charles Fried, 1974)

- lucidity - communication and truth-telling
- autonomy - self-determination
- fidelity - trustworthiness
- humanity - compassion, sensitivity, recognition of vulnerability
Components of physician power

- Knowledge and skills to diagnose and treat illness
- Higher social position - privileged educational and socioeconomic status
- Charismatic power - “personality traits”, the “mystique” of medicine, media representations of medicine
Components of patient power

- Patients’ life plan determines goals of treatment
- Presentation, chief complaint, and history of present illness often within patients’ control
- Social, legal, and financial “contract” of the medical relationship takes patients’ vulnerability into account
Guidelines for the ethical use of physician power (Brody, 1992)

All power should be used to affect a good outcome for the patient, which is determined by:

- the patient’s life plan
- the patient’s definition of the presenting problem
- a coherent conception of excellence and quality in medical practice
Guidelines, (cont.)

- Power should be “shared” by informing the patient, to the degree that the patient wishes, about the disease and its treatment.
Guidelines, (cont.)

- Recognize and acknowledge the vulnerability of the patient’s position, respond by:
  - sharing knowledge
  - identify specific psychological sequelae of illness and include management in treatment
  - explicitly remind patients of their own power and how it is necessary for treatment
  - assure the patient that your power is being used to reach a positive outcome
Guidelines, (cont.)

- Support and encourage the patient’s exercise of power when consistent with good therapeutic outcome and the patient’s own long-term goals. When there is a conflict, use frank negotiation and persuasion rather than deception and manipulation to redirect patient’s power toward the best outcome.
Guidelines, (cont.)

- Use the physician-patient relationship as a primary therapeutic tool. Go beyond resolving the problem of the moment and work towards longer-term goals.