

Ethical Models of Doctor-Patient Relationship

Ethical concerns over doctor-patient relationship

Autonomy and patient choice

Patient right Vs patient interest

Integrity of the medical profession

Shared decision-making in medical intervention

What constitutes a person's autonomy?

Three aspects of autonomy

Freedom of thought

Freedom of will

Freedom of action

Principles of medical ethics

Respect for patient autonomy

Beneficence

Non-maleficence

Justice

Autonomy and patient rights

Which of the following are derived from the value of patient autonomy?

Right to treatment

Right to information

Right to choices

Right to privacy

Right to compliant

Conflicting Values

Paternalism:

The doctor should act in a way that protects or advances the patient's best interests, even if it is against the patient's will.

Patient autonomy:

The doctor should help the patient to make real choice, and provide intervention under the constraints of (a) informed consent and (b) confidentiality.

Difficult cases for doctors: some examples

Active and passive euthanasia

Right to refuse treatment

DNR (Do-not-resuscitate) order

Abortion

Experimental/risky interventions

Ethical models at a glance

Paternalistic model

Informative model

Interpretive model

Deliberative model

Paternalistic model

Principle

Assumptions

Sources

Problems

Objection and modification

The doctor should make all the decisions for a patient.

People are not always rational/mature.

Experts know better about the needs of patients.

Qualified doctors have good will.

Hippocratic Oath; Plato.

Are the needs of patients objective? How can we be sure that doctors have good will?

John Stuart Mill's liberal principle

Informative model

Principle

Assumptions

Problems

The doctor should provide all the relevant information for the patient to make a decision, and provide the selected intervention on this basis.

A fact/value division of labor yields the best medical result.

What is good for a patient depends on what his/her personal values.

Consumerism.

What if the patient is unconscious, incompetent, and making choices totally unacceptable by our ethical standards?

The interpretive model

Principle

Assumptions

Sources

Limitation

The doctor should help the patient to articulate his/her values through interpretation, and provide intervention which is truly wanted.

Patients have unconscious and inconsistent desires.

Their conscious decisions may not reflect their deepest values.

Sigmund Freud; hermeneutics.

All that a doctor can do is to help the patient see his/her own desires/values more clearly, but not to criticize them.

The deliberative model

Principle

Assumptions

Source

Problems

The doctor should help the patient to deliberate well through dialogue and discussion, and so develop values which are objective and truly worthy.

The objectivity of values.

The patient's good life consists not in the satisfaction of desires, but maturity and rationality.

Aristotelian ethics

Is the model different from the paternalistic model? What is the difference between dialogue and persuasion?

Relating the models to ethical theories

How are they supported by the major ethical theories?

Ethical relativism

Ethical egoism

Utilitarianism

Deontology

Virtue ethics

Discussion

Give an example which indicates the tension between doctors and patients in Hong Kong.

Which ethical model of doctor-patient relationship can give help resolving this tension? And how?

Does your favorite model suggest that we give more rights to patients? Or less?

Suggestions for further reading

Parker, Michael & Dickenson, Donna (2010), *The Cambridge Medical Ethics Workbook: Case Studies, Commentaries, and Activities*, Cambridge; New York: Cambridge University Press, Chapter 9.

Emanuel, Ezekiel J., & Emanuel, Linda L. (1992), "Four Models of the Physician-Patient Relationship", *Journal of the American Medical Association*, vol.267, no.16, pp.2221-2226.