Paternalism versus patient autonomy

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The concept of paternalism on the one hand or patient autonomy on the other are polarized extremes which seem to have more to do with media hyperbole than the real world of clinical medicine. This theoretical hypothesis smacks of a notion developed by some academic debating group which is attempting to dissect out the perceived mystique of medicine that it both instinctively distrusts and despises. During the process it creates an over-simplified caricature in an attempt to understand the important personal interplay between patients and their doctors, making the assumption that doctors have too much power and patients too little.

However, like all oversimplifications there is a basic case for discussing how far patients may wish to hand over the responsibility for their illness to the expert, or how far they wish to take part in the decision making. The fact is that patients' attitudes vary. Some even highly intelligent patients take great pains to seek out a doctor whose knowledge and skills they trust, but thereafter prefer to let that doctor lead in the decision making. Other patients have strong views and wish to decide on what should be done, recognizing their ownership of their body and believing that with sensible discussion the experts can provide them with all the information necessary for them to decide on a course of medical action. There is a superficial notion abroad that doctoring used to be conducted on a basis of paternalism or worse - playing God - when patients' views were totally disregarded and no explanations were given. Maybe there still exist a few throwbacks who somehow escaped the influence of good modern medical education and still flout this attitude mistakenly believing that it engenders confidence. On the other hand, there are other doctors who, in their efforts to leave decisions to their patients, provide no leadership at all, leaving the patient with the responsibility of making important decisions which the wise patient knows that without guidance he or she cannot make. Both approaches enhance mistrust. Further, it is alleged that medicine has undergone some sudden change in cultural attitudes, transforming the autocratic dominance of the doctor into the autocratic dominance of the patient. Anyone who fails to recognize this change is out of touch with the modern world of medicine. What a lot of bunk!

The reality of good medicine is and always has been based on mutual trust. Trust is earned, not given, and there are as many different ways of building that trust as there are patients. A doctor must above all have the capacity to listen as well as demonstrate with due humility his competence and skill. Not only must the patient have confidence and trust in their doctor but the doctor must, of course, recognize that the patient has a right to have an attitude to illness and his preferred way of tackling this. Mutual trust is about mutual understanding and without this doctors cannot effectively treat their patients and patients will not get the best value from their doctors. There is nothing new in this restatement of the good patient/doctor relationship. Fortunately, most patients and most good doctors are well aware of their mutual interdependence and that this is the most secure basis for achieving the best results when tackling *jointly* their common enemy, namely disease.

Clearly patients usually have strong preferences and these include not having an illness in the first place. When illness does strike it should not be serious. If investigation is necessary this should be non-invasive and have a definitive answer and if treatment is necessary it should be rapid, pain-free, without risk and achieve a cure. Unfortunately, patient autonomy does not in practice extend to satisfying these criteria on all occasions. Some diseases are serious and the outcome is uncertain even when every available professional skill has been recruited. Many investigations are no more than indicative and many treatments both medical and surgical are not without risk. Tackling the reality of the medical problems can be the only satisfactory way for both the patient and the doctor if mutual understanding and trust are to prevail. There is simply no room for either paternalism or patient autonomy and fortunately most patients and doctors understand this. Clearly the doctor will develop a view on what he believes is the best way of controlling some medical or surgical problem but, if he fails to consider his patients' attitudes and anxieties, he had better consider pursuing some other profession. Conversely, patients will have preferred approaches to their illness.

The concept of paternalism on the one hand or patient autonomy on the other are exaggerated extremes of view which have no place in real clinical medicine. Patients vary in how far they wish to rely upon the expert advice from their doctor and how far they wish to feel that they are making the decisions on the basis of professional advice. Good medical practice must be based on mutual trust which is earned and not given. There are many ways in which this trust is created. Most patients and doctors know that, without trust, doctors cannot treat their patients and patients know that they cannot get the best value from their doctor. Only in this way can the patient and doctor tackle jointly their common enemy - namely - the disease. The most important issue currently in the UK is how far the pressures introduced by the NHS reforms and the Patients' Charter are helping or actually hindering patient/doctor relationships.