Ethics: Autonomy & Health (Spring 2014)

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Empathic Engagement & Enabling Autonomy

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THE CASE OF MS. G

- **Play the part of a clinical ethicist**
- Assess the following:
  - Halpern's initial concerns about abandoning the patient in respecting her wish to die
  - Dr. L's argument about the patient needing comfort, not an extension of life
  - A medical ethicist's emphasis on patient rights
  - The psychiatrist's suggestion that Halpern put aside her "wishes to rescue" in this case
- **Why does this case pose a particular challenge for respecting patient autonomy?**

AN IRRATIONAL PATIENT?

- *Procedural vs. substantive rationality*
- Met criteria for decisional capacity and procedural rationality…
  - "able to think in a logical way" (5)
  - awareness of her condition, treatment
  - justified beliefs "taken individually"
- Problem: "it was actually the irrational manifestation of a strong, unprocessed emotional state" (5)
  - Unable to hope…

GRIEF, FEAR, RAGE

- Can be rational in a practical sense
  - Healing, sense of realism, coming to terms
  - Strategic psychological response
  - But problematic if not transient…

- Features of emotional irrationality
  - Concretization
  - Unshakable conviction (conscious or not)
  - Selective responsiveness to evidence

Can be transmitted to others

RESPECTING PT AUTONOMY

"Recovering autonomy [...] may require as little as finding new goals or as much as finding a new sense of oneself as a center of initiative and efficacy. If respect for autonomy is to be genuinely relevant to patients, then it must be responsive to these experiential needs" (104)

- What can threaten our sense of self as an effective agent?
- How do we regain trust or satisfaction in ourselves as agents?
- Will avoidance or detachment be instrumental in recovering autonomy?

CHOOSING AMONG FUTURES

- Trade-offs, priorities will be specific to the individual
- Problem of choosing which harms and benefits are bearable for someone else
- "the mental freedom needed to deliberate wisely about her future is precisely what was lacking in Ms. G's case, and non-interference did nothing to restore it" (105)
  - Kantian model: "through reasoning people can generate goals" (109)

EMPATHIC ENGAGEMENT

- Looming problem: People who are suffering "lack enough security and comfort to feel a sense of ongoingness into the immediate future. Without the sense that life is currently tolerable, practical reason loses its point" (112)

- Should empathize with specific threats, harms, concerns that are crowding patient's experience
  - How deep does this obligation go? Should doctors have to receive training in this?

EMPATHIC ENGAGEMENT

- "Respecting another as an end-setter begins with understanding her present state of mind" (114)
  - Do you agree? Were the physicians in care of Ms. G not properly respecting her as an agent?
  - Do patients not have a fundamental right to non-interference?

- If suffering/trauma changes someone's fundamental sense of self, how should medical professionals respond to the person's new ends, values, priorities?

- How should Ms. G's case have been handled? What do you think are morally appropriate steps? Are these supererogatory or morally required?

QUESTIONS? COMMENTS?