Ethical Dilemma: Autonomy versus Beneficence

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Author Note:

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The ethical dilemma presented in this case study is whether or not it is ethical for the emergency department to interfere with the patient’s religious beliefs. The father and the son needed a blood transfusion after their car wreck to replace the immense amount of blood they lost. The mother refused this transfusion due to religious beliefs. The hospital has the ethical dilemma of honoring their beliefs or honoring their obligation to treat those that are in dire need of medical treatment.

Jehovah’s Witnesses are one religion that refuses blood products. “Doctors are bound in their practice by codes of ethics as to their professional conduct. When it comes to lifesaving situations where transfusion is absolutely needed, a conflict arises between the doctor’s professional duty to save lives and the right of autonomy of the patient to his body” (Wong, 2012). That is where the ethical dilemma of autonomy of beneficence comes into play.

Autonomy is the right of a patient to make their own choices. “In conversation, we speak of people as autonomous when they can think and act independently and take care of themselves” (Goree, Manias, & Till, 2011). Beneficence is the obligation to help others. In health care, that means the obligation to help patients. “The modern terms beneficence and nonmalfeasance can be directly tied back to the Hippocratic Oath. These principles summarize the commitment of the physician to consider the benefit of any treatment against potential risks and to first “do no harm” in any medical-related endeavor” (Goree, Manias, & Till, 2011). That is where the ethical dilemma comes to a head. Does the physician honor the patient’s autonomy or the Hippocratic Oath?

There are two main stakeholders in this dilemma. The woman is responsible for her husband and her son. It is also her religious belief and that of her family’s that she is voicing.
ETHICAL DILEMMA: AUTONOMY VERSUS BENEFICENCE

The other stakeholder is the physician. The physician has taken the Hippocratic Oath to do no harm and to take care of patients. Their medical license is on the line if they violate that oath. The hospital also has some stake in this issue as they also could be held liable for violating their duties to protect and care for patients.

From a legal perspective, doctors are generally not to intermingle with the wishes or beliefs of their patients. An adult of sound mind is allowed to decide which treatment they wish to receive and which they wish to refuse. “A decision to refuse medical treatment by a patient capable of making the decision does not have to be sensible, rational or well-considered. Whether the patient comes to a sensible decision is thus outside the remit of the doctor’s consideration” (Wong, 2012). Thereby, the hospital would not be at risk for legal trouble if they honored the patient’s beliefs.

Even though they may not be a legal need to treat these patients, the issue is whether there is an ethical need. In the medical field, the practice of nonmalfeasance is important. Nonmalfeasance is the theory of “to do no harm”. Again, this is the fundamental focus of the Hippocratic Oath. Since there is the potential for these types of ethical dilemmas in the medical field, paternalism has to exist. “In this medical context, paternalism is the practice of doctors taking on a parental role with other autonomous persons and making decisions for them that they would normally be expected to make for themselves” (Goree, Manias, & Till, 2011). This case presents a particularly challenging moral dilemma as a four year old child is also a victim of this car accident. It is expected that parents make the best choices for their children and their health. But what happens when that choice is not viewed as medically sound?

This ethical dilemma is intensified due to the fact that one of the patients is only four years old. While the parents are adults, capable of the autonomous decisions of their medical
ETHICAL DILEMMA: AUTONOMY VERSUS BENEFICENCE

care; they are also making life and death decisions for their child. “The consensus that parent’s rights to consent must be limited to decisions that are in the child’s best interests, is overwhelming and it is incorporated not just in national, but international accords on the rights of children at the highest levels” (Birchley, 2010). So the physicians and the hospital must evaluate if the decision the mother is making is the best for the child. In this case, it does not appear to be so.

My personal values affect how I view this ethical dilemma. First of all, I am a licensed practical nurse. Although we do not take the Hippocratic Oath, we do take a nursing oath to care for all patients. While I understand and support the right for religious freedom in the United States, I also believe strongly in the medical treatment that we have available to us. My career goals include becoming an administrator in a health care facility. Administrators hold even more responsibility in these types of situations. They are responsible for the facility as a whole and put their licenses on the line. When issues happen at a medical facility, the administrators are the first people that get looked at. They are not only responsible for holding up legal standards but the ethical and moral standards as well. Since I have experience in this field already, I have some conflicting thoughts on this issue. I side with beneficence over autonomy, especially when it comes to children.

My first recommendation for dealing with this issue is that the ethics committee at the hospital meets. It is important to get a general consensus from the entire committee before taking any action. It is also important that a hospital has policies and procedures on how to deal with situations such as this. I believe that the committee must examine what is best for the patients and tries their best to come up with a solution that comes as closely to honoring their autonomy while still caring for the patient. I also think it is important to closely examine the
father and the child separately as an adult can make decisions for themselves while the child cannot. My recommendation would involve a compromise.

Although blood transfusion was deemed necessary in this case, my second recommendation is to explore alternatives. “In extreme situations, ventilation and hyperbaric oxygen have been reported to be useful…Volume expanders, such as gelatins and dextrans, might also be lifesaving” (Wong, 2012). I would try this route first to see if the blood transfusion is absolutely necessary. If this method does not help the patients, I believe it is time to explore other options.

If the alternative medical options do not work, I would try to appeal to the mother again on behalf of her child. “Decision-making in paediatric medicine is characterised by a ‘shared’ approach where, in the ideal setting, all parties (patient, family and health-care team) strive to reach consensus on decisions in the best interests of the child” (Alessandri, 2011). If a consensus cannot be reached, I would explore paternalism and seeking legal assistance to override the mother’s decision. There are other issues involved here as well. The four year old was riding in the front seat and was not wearing a seat belt. A child of that age should be in a child seat in the back seat. This can be looked at as negligence on the parent’s part. This can contribute to the fact that the parents do not have the child’s best interests and well-being in mind.

“Parents, acting on behalf of their children, have authority to decide among reasonable treatment choices; they do not, however, have authority to deny lifesaving or medically necessary care. On the contrary, they are generally required by law to provide adequate health care” (Hill, 2014). Although, there is some risk involved; with most states having laws requiring parents to provide adequate health care, there should not be issues with getting a judge to grant rights for the hospital to treat. The father and mother are adults and capable of practicing their religious freedom and medical autonomy.
ETHICAL DILEMMA: AUTONOMY VERSUS BENEFICENCE

However, the child is only four years old and the hospital must practice beneficence and nonmalfeasance. The hospital is ethically and morally responsible for caring for the child.
References


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