
Ethics: Bioethics (Fall 2014)

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EMPATHIC ENGAGEMENT & ENABLING AUTONOMY

Jodi Halpern

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 and the proper role of a physician?

ASSESSING CAPACITY

Appelbaum & Grisso

× Communicating choices

- + Sufficiently clear communication of a stable, intelligible choice

× Understanding relevant information

- + Memory, reception, storage, and retrieval of information; basic understanding of cause-and-effect and probabilities

× Appreciating the situation and consequences

- + “realistic evaluation of factors”; ability to grasp what the proposed medical intervention means for that patient

× Manipulating information rationally; reasoning

- + Ability to produce “recognizable reasons”

→ ALL ON A SPECTRUM

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, including medical team

NECESSARY CONDITIONS FOR AUTONOMY

1. “a person needs to assume that her future is not wholly determined, so that her practical reasoning about what to do really matters” (107-108)
 2. “she must see the world as sufficiently (if not perfectly) responsive to her own agency” (108)
- ✘ BOTH IMPACTED BY SUFFERING
- + Long hospital stay, undesirable diagnosis/prognosis → hopeless, unimagined future in the face of illness, impairment
 - + Fears of abandonment → lost sense of support, relationality

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
→ cultivate **healing curiosity**
 - + 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? What about Ms. G’s insistence that she be left alone and have her privacy protected?
 - + 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?

ADDITIONAL REFERENCES

- ✘ Appelbaum, P. S. and T. Grisso. 1988. Assessing patients' capacities to consent to treatment. *The New England Journal of Medicine* 319 (25): 1635-1638.
- ✘ Buchanan, Allen E. & Dan W. Brock. *Deciding for Others: The Ethics of Surrogate Decision Making*. Cambridge: Cambridge University Press, 1990.

QUESTIONS? COMMENTS?
