American Journal of Health Research
2022; 10(4): 179-184
http://www.sciencepublishinggroup.com/j/ajhr
doi: 10.11648/j.ajhr.20221004.15
ISSN: 2330-8788 (Print); ISSN: 2330-8796 (Online)

Paternalistic Approach in Physician-Patient Relationships in Medical Care in the Light of Contemporary Ethical Theories and Principles of Bioethics

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To cite this article:
Dya Eldin Mohammed Elsayed, Omsalama Diyaeldin Bakri. Paternalistic Approach in Physician-Patient Relationships in Medical Care in the Light of Contemporary Ethical Theories and Principles of Bioethics. *American Journal of Health Research*. Vol. 10, No. 4, 2022, pp. 179-184. doi: 10.11648/j.ajhr.20221004.15

Received: August 5, 2022; **Accepted**: August 26, 2022; **Published**: August 31, 2022

Abstract: Medical and health care are described as a relationship between physician and patient, where the patient's concerns are presented. The role of the physician is to listen, reach a diagnosis and describe the appropriate treatment. National as well as international ethical guidelines encourage physicians to act in the best interest of the patient. In concept, this seems to do good (beneficence) for patients. For centuries, physician-patient relationships were based on unilateral decision-making which was always done by the doctor. This wrought medical paternalism. Medical paternalism is based on the basis that doctors and other medical workers are more knowledgeable about the human body and its health problems than the patients themselves. This idea clearly leads to the adoption of neglecting the opinion and desire of patients, i.e. the principle of respect for autonomy. In this article we discuss the concept of medical paternalism, its historical development, typology of medical paternalism, paternalism and ethical theories and arguments for and against medical paternalism. We conclude that medical paternalism is refused in contemporary medical practices because it is a usurpation of patients' autonomy. Instead, we suggest an integrated physician-patient relationship module. We suggest that a follow-up or future work on this topic should be made.

Keywords: Paternalism in Medical Field, Beneficence, Autonomy, Respect for Autonomy

1. Introduction

Medical care is often described as a relationship between a physician (and/or other health care providers) from one side and the patient (health care seeker and/or his family) from another side. This partnership leads to a decision primarily related to the health of the person who seeks the service. [1] The medical profession is more than any other profession in which workers are confronted with health, life and death issues. Physicians and other medical workers are concerned with how to provide their services and deal with patients and their families in a manner that they do their job and safe welfare and dignity of the patients. The physician-patient relationship should be governed by the four principles of medical ethics: respect for autonomy, beneficence, non-maleficence and justice [28]. Physicians may be well acquainted with medical science and technology and understand when and how to apply them. So, they approach the patient from a purely clinical perspective, doing all that the medical profession requires. This experience does not in itself answer many ethical questions about the circumstances in which this science should and should not be applied. Therefore, it often collides with patients' demands and their expectations.

In Sudan, medical, dental and pharmaceutical practices (professions) are governed by the Sudanese Medical Council (SMC). Based on ethical principles, SMC developed in 1969 the "Medico-Legal and Ethical Guidelines" [now] "Medical Ethics Manual; 2013." [25] to rule on medical, dental and pharmaceutical professional conduct. Which is encapsulated in international ethical guidelines, namely the Declaration of Geneva, the Declaration of Lisbon and other declarations in the same essence. It is noteworthy that these guidelines are not just a prescription or set of rules to be followed blindly. They rather intended to regulate, advocate and recommend

only concepts of right and wrong behaviour, and are designed to guide and assist healthcare professionals in the performance of their duty and to ensure that life is preserved with the greatest care and dedication [11].

There is no doubt that the Medical Ethics Manual applies principles, values and judgment to the practice of medicine. There have been numerous diagnostic and therapeutic opportunities over the last half of the previous century and now, have created more medical decision-making situations. This is supposed to open new horizons for patients to participate in decisions that concern their health. Yet the decision-making process in medical institutions or during medical care is often taken by physicians (or other care providers) only (example, ordering routine blood tests). Physicians don't consider patients' choices. Indeed, patients are forced to abide by physicians' decisions. i.e. physicians often don't ascertain patients' values and expectations [3].

This is what has become known as "paternalism" in medical care. Paternalism doesn't involve more patient (autonomy) in the decision-making process [30].

Paternalism is defined as: "the interference of a state or an individual with another person, against his will, and justified by a claim that the person interfered with will be better off or protected from harm" [26]. Paternalism is not only enforced by the state, it is also enforced by society in terms of dictating people's behaviour and dress. Dealing with a sense of paternity is widely practiced in health and medical care institutions by physicians and other professionals. Paternalism in health and medical care is the usurpation of decision-making power, by preventing individuals from doing what they have decided concerning their health, interfering in how they arrive at a decision, or attempting to substitute one's judgment for theirs, expressly for the purpose of promoting their health and welfare. Paternalism is the interference with the liberty or autonomy of another person, with the intent of promoting good or preventing harm to that person [6].

The relationship between physicians, patients and broader society has undergone significant changes in recent times. A physician should always act according to his/her conscience, and always in the best interests of the patient. Equal effort must be made to guarantee patient autonomy and justice [29].

In this article we discuss the concept of medical paternalism, its historical development, typology of medical paternalism, paternalism and ethical theories and principles of bioethics and arguments for and against medical paternalism.

2. Methodology

This review article was prepared based on a thorough literature review and extensive consultation process. Consultations involved many experts in the field, interested organizations and individuals, a wide range of researchers and colleagues. The thought began early in 2020. We searched for similar articles using search engines like Google search, PubMed, research gate and universities and research institutions' websites. We used keywords like: paternalism in the medical field, beneficence, autonomy and respect for autonomy. We found numerous articles on paternalism. Then we reviewed everything and sorted out the most relevant articles. All ideas gained from the discussion and literature review were gathered together and summarized. Finally, we have to propose this article which is entitled "Paternalistic Approach in Physician-patient Relationships in Medical Care in the Light of Contemporary Ethical Theories and Principles of Bioethics".

2.1. History of Paternalism

Medicine is considered as an alleviation of suffering. From ancient times, physicians have striven to help people to restore and preserve their health and to achieve maximum benefit. People usually recognize physicians and accept them as guardians. They have faith that they use their specialized knowledge and training to benefit patients, including, unilaterally, determining what constitutes a benefit to them. The relationship is thus similar to the relationship between a wise father and his own child, hence the use of the term "paternalism" [9].

For centuries, physicians have been allowed to step in and overrule a patient's preferences with the goal of securing the patient's benefit and preventing harm. The patient was treated like a child, innocent, uneducated, and too simple to know how to take care of himself. This judicious father-child relationship led to an ingrained paternalistic model of the physician-patient relationship. Medical paternalism has thus been seen as a practice that shapes health care and decision making.

In the 18th century, medical paternalism was considered essential. This means that the individual patient's history was not important in the process of health care delivery, so the patient himself had nothing to do with the medical interview. Thus, it was normal for clinicians to make decisions about patient care and treatment [20].

The upsurge of bioethics in general, as it is known and practiced today, can be traced back to three different but interrelated events. These are: first; discovering a set of scandals in biomedical research committed by Nazi scientists during the Second World War and other research atrocities. Second, the contemporary advancement in medical technology and finally, the wide spread of civil human rights movements. People, especially in the developed countries, have become (to some extent) aware of their health rights and physicians' job.

Nowadays, the principle of patient autonomy and self-determination has become at the center of physician-patient relationships as the dominant factor that characterizes medical care. Patients, more or less, are no longer "children" but "adults", and are therefore entitled to their rightful place in the process of medical care and have to actively participate in decision making [23].

2.2. Types of Paternalism

Medical paternalism as a concept has been divided into several types using different standards, such as the principle

of respect for autonomy, the degree of intervention and capacity of interfered individuals. Types of paternalism vary from weak/soft and strong/hard paternalism, broad and narrow paternalism, pure and impure paternalism, moral and welfare paternalism, and active and passive paternalism. We think that weak and strong paternalism are the most common types occurring in the medical field. So, in this paper we will cover the weak and strong paternalism only [3].

Weak/soft paternalism is referred to a situation in which an actor attempts to prevent it without full or sufficient knowledge or understanding of the consequences of the person acting. It is a philosophy that believes the physician can help a patient to make choices that he/she, like a reasonable person might make for him/herself. Weak paternalism believes that it is reasonable to interfere with the means chosen by individuals to achieve their ends, if they have had sufficient knowledge. For example, giving life-saving therapy to a young child whose parents refuse such treatment. The intervention may involve violation of the individual's (patient) autonomy based on the principle of beneficence in acting in the patient's best interest. Providing that the patient at that time was not capable of reasonable autonomous decision making. The intervention is justified by the means of preventing harm to the patient, if the physician has not intervened. In such a case, the principle of beneficence toward the patient does not conflict with the principle of respect for autonomy because of inability to provide informed consent. Hence, there would be a clear and easy justification for overriding the patient's (or parents') opposition to the treatment in question, especially if it is necessary to produce a major health benefit. Various means that would otherwise be morally problematic could also be justifiable, such as nondisclosure of information. An example might be nondisclosure of the diagnosis of Alzheimer's disease to a patient who already has advanced symptoms [7].

Strong/Hard Paternalism: in this type of physician-patient relationship, the decision is made by the physician or other health worker (actor) not by the patient. Physician's intervention in this kind of paternalism often involves unjustifiable violations of the patient's autonomy. It is a sort of physician centered consultation style, in which it is assumed that the physician is an expert and the patient is expected to cooperate. A strong paternalist believes that people may be mistaken or confused about their ends and that it is legitimate to interfere or to act for the benefit of persons by limiting their autonomy measures to prevent them from achieving those ends. An example of this is forcing patients who deny blood transfusion for religious beliefs to be transfused. From a professional point of view, the physician views this particular situation in these patients as impractical, unjust, or even harmful and his intervention is justified by the principle of beneficence [7, 10].

2.3. Paternalism and Ethical Theories

There are many theories attempting to explain human actions and why they are or aren't right or ethically sound. We will discuss, briefly, paternalism in light of due ethical theories in order to better understand the philosophy behind the concept of medical paternalism. Efforts will be made to discuss, briefly, paternalism in the light of utilitarianism and deontological ethical theories [2].

Utilitarianism (outcome-based) ethical theory suggests that an act should be judged right or wrong according to the pleasure produced and the pain avoided. It states that an action is right that leads to the greatest balance of good over bad consequences. The principle of utility requires the maximization of total collective benefits. From a utilitarian perspective, the utilitarian principle is the ultimate moral principle from which all other principles are derived. Thus, utilitarianism strives to maximize beneficial outcomes for individuals or for a greater number of people. Medical and health care have long been associated with the utilitarian school of moral philosophy. Utilitarianism is essentially consequentialist in analyzing issues, holding that the most ethically reasonable course of action is that which produces the greatest good for the greatest number [26].

According to utilitarianism, if a physician or health worker imposes his or her idea on a patient, or treats or performs a procedure on a patient who does not consent to it or rightly ignores the patient's feelings, idea, or desires, then this is morally acceptable as far it benefits more people as the patient himself, his family or relatives. However, if paternalistic actions by physicians and other health workers lead to pain or grief for patients, it is morally wrong. So, Utilitarian theory provides justification for paternalism. Thus, the most common criticism of utilitarianism is that the ends are used to justify the means [16]. This school of thought frequently leads into protracted debates about the potential utility of intervention (e.g., does vaccination against COVID-19 truly save the lives of the population at risk?).

Deontological theory: Actions are right or wrong in and of themselves, i.e. it focuses on the intrinsic nature of an action itself. It holds that people should not be treated as a means to an end and that some actions are right or wrong, regardless of the consequences. Deontological theory provides strong support for protecting individuals and whole communities of people, even if protection for human subjects slows public health activities or individual procedures [19].

As Deontological theory requires us to deal with human individuals as an end and not as a means to an end. For example, physicians and health workers are encouraged to treat patients based on duty or out of respect for ethical principles and to treat their humanity. According to Deontological theory, soft/weak paternalism is advocated while strong paternalism is discouraged.

2.4. Arguments in Support of Medical Paternalism

Childress states that medical paternalism has a moral basis in the principle of beneficence and/or the virtue of benevolence. In a purely paternalistic approach, the intended beneficiary is an individual whose interest is pursued (or, for health-related policies, classes of individuals whose interests are pursued) [8]. However, there are many arguments made by those who advocate medical paternalism as a worldwide

applicable ethical practice. The arguments range from the following: Physicians justify supporting paternalism since they act for the patient's own good. They think that without physicians' assistance, people or patients would behave irrationally and thereby harm themselves. Physicians have the right to override a patient's decision in order to benefit that individual's overall health, since they are experts and have the capability of making the proper decision in their field of expertise. Physicians think that the patients are influenced by cultural and religious beliefs that might conflict with fulfilling their duties to diagnose and treat them. The advocates of paternalism believe that the paternalistic approach enables physicians to correct wrong knowledge, behaviour and practices acquired by individuals on cultural or religious grounds. Finally, the advocates of paternalism strongly believe that the aim of medical care is to prevent harm and bring about pleasure or happiness to individuals as well as the whole society [3, 4, 17, 24]. So, paternalism exists on the ground of the doctrine of legal moralism. Advocates of paternalism look more at the principles of beneficence and non-maleficence and omit the principle of respect for autonomy [15].

2.5. Arguments Against Medical Paternalism

In light of the above, we can describe some arguments against medical paternalism, which range from the following:

Paternalism itself is self-defeating because life has no meaning at all, if man is dictated to it externally. With the widespread dissemination of information on the Internet and social media, possessing medical information, even in the perception of some patients, is no longer the reservation of physicians [9]. So, it seems that the aura that was surrounding the doctors has receded or its luster is hidden. Paternalism is denied because it entails usurping the patient's right and responsibility to make a decision about his/her own health. It also denies a patient's right of informed consent, which is central to medical care. Failure of obtaining a patient's informed consent in medical care involves a great deal of disrespect for autonomy and treating an adult individual as incapable of making decisions about him/herself [13, 14].

3. Discussion

The Medical Ethics Manual set by SMC, Declaration of Lisbon on the Rights of the Patient as well as other ethical guidelines and international conventions entrust and obligate the physicians to do what is in the best interest of the patient. In concept, this seems perfect. What is the "best" interest of the patient? Given that there are two parties involved in medical care - the physician and the patient - what is the best way to determine "best"? Who has the right to define it? There may be different perceptions and values. What the physician deems best for the patient may not match the patient's view [18]. Understanding the best interests of the patient from a medical perspective begins to differ from understanding the same interests of the individual patient. Beauchamp states that the first model is called the beneficence model of moral responsibility in medicine. The second model defines the best interests from the patient's point of view as understood by the patient, and is called the autonomy model of ethical responsibility in medicine [5]. However, the WMA Declaration of Lisbon also requires that equal efforts must be made to guarantee patient autonomy and justice. Yet, according to our observation in our country (The Republic of the Sudan), physicians still provide medical services to patients from a position of parental authority. For example, informed consent as an application of the principle of respect for autonomy is relatively implemented. It is faced by many subjective and objective constraints [27].

According to the medical requirements and the above-mentioned ethical principles, physicians are committed to treating all citizens as legally and morally as autonomous human beings and act to secure patients' best interest [21].

Pelto-Piri et al state that although medical professionals are aware of patients' right to autonomy, paternalism still appears to be the dominant perspective among them [22].

As has been mentioned above, we find it difficult to explain what the patient's best interest is. We think respecting the patient's autonomy does not mean only respecting his opinion and choices and then acting in the light of the choices. Rather, it is to reach a specific agreement on the meaning of "the patient's best interest" to which all domestic and international ethical guidelines and declarations refer. This can be achieved easily because, nowadays, patients are aware of the nature of their health problems, their need for care and knowledge of their objective rights and the duty of physicians to fulfill these requirements. Paternalism is rather odious when used as a justification for doing good for patients and avoiding inflicting harm on them. Autonomous adults are capable of making numerous decisions in their everyday lives and often in very serious affairs. Therefore, it is not difficult for them to make similar decisions when their health is concerned [12].

It is abundantly obvious that in clinical practice in Sudan, there is much more focus remaining on beneficence and doctor's decision making rather than patient independence (autonomy). This is apparent from the behavior of some physicians who assume the patient's complete ignorance, not only as regards to knowledge of medical issues, but complete ignorance of everything. On the other hand, physicians assume full knowledge of the patient's problem and his body, and that they have the solutions to all medical problems in their hands.

Usually, people in rural Sudan regard the educated people from the cities with great respect. Teachers in village schools, civil servants, police officers, and doctors in the small towns are welcomed by the people with all respect and appreciation. Of course, they approach them with no hesitation when they have health problems or the like. They involve them in their daily worries and major projects, and they comfortably accept their advice as commands to be carried out. Nor do we deny the role of these educated middle-class people in spreading awareness and enlightenment among the rural

population. We think that this social attitude towards physicians and vague definition of the "best interest" of the patient as it occurred, national and international ethical guidelines contributed much to the domination of paternalism in medical care. They pushed the principle of beneficence to the forefront, while rolling the principle of respect for autonomy to the back.

Understanding the principle of respect of autonomy seems very complicated. Not because of people's lack of self-confidence, but because of the unlimited respect and confidence they give to the doctor who is defined in the local language in the countryside, *Hakim* (the wise). They believe that he definitely acts for their benefit (their best interest) without explicitly asking him to do so. We believe that physicians should not use this privilege to their advantage, but rather use it in spreading awareness among people of their rights. Including their right to health, dignified treatment and with due respect in a simple, understandable way.

4. Conclusion

We refuse paternalism in medical care because it presumptuously denies the principle of respect for autonomy. Respect for autonomy and securing the principle of beneficence at the same time could be achieved by broadening anti-paternalism among physicians, not only as a concept, but as well as practical guidance. Ethically sound medical practice will promote the aim of medical and health care. This also contributes positively to the enhancement of physician-patient relationship.

Criticizing paternalism in medical care should not be understood that we absolutely support patient-centered medical care. It might be directed by patient's influences, beliefs and expectations and suppression of the role of the physician. We would rather suggest an integrated approach to physician-patient relationships. By integration we mean involving both, physician and patient actively in information gathering, seeking to identify physical and psychological and social factors and reaching an appropriate decision. An integrated approach guarantees application of respect for autonomy, beneficence, non-maleficence and justice subsequently and henceforth is likely to produce a better outcome.

5. Recommendation

The issue of paternalism in medical care is very important. Although our article has covered many aspects of the subject, it remains in our estimation that it needs more research and publications from those interested in ethics to cover the important aspects. It is also important to survey the opinions of patients and beneficiaries on the same subject.

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