Balancing paternalism and autonomy in professional practice

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Jehovah’s Witnesses generally take the decision to obey the Bible’s command to ‘abstain from blood’ – Acts 15:20. The impact on medical care could include a refusal, on religious grounds, to consent to the administration of blood transfusions or blood products such as Anti-D. In late April 2008, two related cases came before the Irish High Court.

The more straightforward of the two cases dealt with the birth of severely anaemic twins at 32 weeks’ gestation. The ideal management of such a pregnancy would involve the twins receiving a transfusion in the womb, an option not consented to by their Jehovah’s Witness parents. The twins would then be delivered prematurely and provided with a transfusion immediately after birth. Given the likelihood of harm to the twins if such transfusions were delayed, the medical team sought, and received, a Court order authorising the delivery of the twins prematurely and provide them with a transfusion immediately after birth. Given the likelihood of harm to the twins if such transfusions were delayed, the medical team sought, and received, a Court order authorising them to provide such care in the absence of parental consent.

The second case resulted from the transfusion of Ms K’s baby by staff at the Coombe hospital, against the wishes of Ms K. The judgement considered, amongst other things, that members of the medical team were entitled to doubt Ms K’s capacity to give a valid refusal at that point in time, based on her medical condition after major haemorrhage, communication difficulties and the apparent absence of family members with whom the medical staff could confirm her religion and her understanding of the situation.

Autonomy may be defined as the right to consent to or refuses a healthcare intervention as offered. This represents a right to control what will be done with one’s body. In Western societies there is a general belief that people have total autonomy over healthcare decisions relating to themselves. In order for consent to be exercised, the patient must have capacity/competence to make a decision, be appropriately informed and be free from coercion. It is rare that the courts deem an adult to not have capacity to make healthcare-related decisions for themselves.

Paternalism by a healthcare practitioner can result in the wishes of a patient being over-ruled, most pharmacists would enter a phase of paternalistic overdrive if faced with such a scenario. Interference in the family affords parents the ‘paternalistic’ right to make decisions on their behalf. Interference in the family, in a manner that over-rules choices made by competent parents is rare. The above cases are a reminder that, despite the centrality of ‘respect for autonomy’ in modern Western healthcare, exemplified by the right to consent, there is still a role for professional or state paternalism.

Indeed it could be argued that medicines used in the practice of pharmacy operate under an umbrella of ‘valid’ paternalism. The objective of pharmacy is to improve a patient’s quality of life by managing medicines usage. No medicine is consumed without risk. Society restricts access to medicines according to their perceived potential to do good or harm – restricting some to be sold ‘by or under the direct supervision of a pharmacist’, others to require a prescription, while those believed to have little potential to improve quality of life, while having considerable potential to cause harm, are classified as illegal. In choosing to make certain drugs ‘illegal’ the state is certainly acting paternalistically.

Pharmacists may not face dilemmas regarding this balance between respecting a patient’s autonomy and making paternalistic attempts to act in what the pharmacist sees as the patient’s best interests, most difficult being the scenario where the pharmacist truly believes that serious harm will inevitably come to the patient if he/she does not take appropriate advice.

Consider ‘Liz’, who becomes convinced that a particular complementary product will supersede the need for Tamoxifen therapy for a particularly aggressive type of breast cancer (Chaar, 2006). Research on the complementary product produces little ‘evidence to support the claim that the product helps prevent breast cancer metastases or recurrence at a previously cited position (of controlling supply of the product) and acting in the patient’s best interest (where the pharmacist perceives that the patient is using the medication in a manner which leads to more risk than benefit).

And finally to the question of why you might not sell a large pack of laxatives? The potential for OTC laxative misuse, being a perceived route to the slim figure so desired by many young teenage girls (and indeed teenage boys and older adults), is something pharmacists need to be conscious of. For example, when I owned my own pharmacy, I did stock anything other than the smallest pack size of proprietary brands. Quite apart from the potential risks, physiologically, of laxative misuse, it seemed to me that it represented a route to a philosophy of misusing. ‘Appropriately informed’ status of such risks could not be guaranteed.

While I believe a professional duty of care entitles pharmacists to take a paternalistic approach to many such aspects of day-to-day practice, practitioners could certainly be accused of using the position as gatekeeper of such medicines to obstruct purchase by ‘consumers’ and of making significant efforts to exert influence over potential purchasers. The challenge is to ensure that such paternalism is represented as professional, rather than unprofessional, behaviour.

References

Chaar, B. (2006) Decisions, decisions: ethical dilemmas in practice (or how to pass the ‘Red Face Test’). Australian Pharmacist, June 25(6); 444–449.


1 Jehovah’s Witnesses statement by the office of public information of the Jehovah’s Witnesses, published in the Irish Times, Friday April 25th 2008, P4

2 Fitzpatrick and Anor. v. F. K. and Anor. [2006] ICHC 392

3 However this perception of the individual’s rights being supreme is not held so precisely in other cultures. China, for example, would place more emphasis on collective decision-making and the rights of the group or society as a whole, with individual autonomy taking a somewhat less prominent position.