



THE AGA KHAN UNIVERSITY

eCommons@AKU

---

School of Nursing & Midwifery

Faculty of Health Sciences

---

December 2015

# Conflict between paternalism and autonomy.

Amber Hussain Sayani  
*Aga Khan University*

Follow this and additional works at: [https://ecommons.aku.edu/pakistan\\_fhs\\_son](https://ecommons.aku.edu/pakistan_fhs_son)



Part of the [Nursing Midwifery Commons](#)

---

## Recommended Citation

Sayani, A. H. (2015). Conflict between paternalism and autonomy.. *Journal of Clinical Research & Bioethics*, 6(6), 1-2.  
**Available at:** [https://ecommons.aku.edu/pakistan\\_fhs\\_son/302](https://ecommons.aku.edu/pakistan_fhs_son/302)

## Conflict between Paternalism and Autonomy

Sayani AH\*

Aga Khan University, School of Nursing and Midwifery, Karachi, Sind Pakistan

\*Corresponding author: Sayani AH, Master of Science in Nursing (MScN) student, Aga Khan University, School of Nursing and Midwifery Karachi, Sind Pakistan, Tel: 0345-3574850; Email: [amber.hussain.mn14@student.aku.edu](mailto:amber.hussain.mn14@student.aku.edu)

Received date: Oct 10, 2015; Accepted date: Nov 24, 2015; Published date: Nov 29, 2015

Copyright: © 2015, Sayani AH. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

### Abstract

In the past, paternalism played an important role in making decisions at the end of life. However, in the modern era its significance has become unpopular as it requires physicians to decide what is good or bad for the patient without considering patients' wish and interest. This commentary article is based on a case study of a woman whose life was lost due to complications of pregnancy. The paper critically reviews this case study, and attempts to provide a reasonable and systematic framework to make sound decisions in similar cases.

**Keywords:** Paternalism; Autonomy; Beneficence; Emergency cesarean section

### Introduction

According to Edward De Dono, "An expert is someone who has succeeded in making decisions and judgements simpler through knowing what to pay attention to and what to ignore" [1]. Successful decision making needs constant human attention. In clinical setting, health care professionals encounter ethical dilemmas where sincerity, integrity, moral values and ethical principles need to be considered while keeping chauvinism and personal biases aside, in order to reach a reasonable decision for the best interest of clients.

This paper is based on a scenario of a 32-year-old pregnant woman, who came for vaginal delivery. She had two previous babies with emergency cesarean section. The second baby was born just a year back. Due to this doctors wanted Mrs. X to avoid any risk and to get her baby delivered through c-section. The staff members tried to convince Mrs. X and her husband, but to no avail. Finally, the patient was sent home for trial of normal labor. Two weeks later she came up with strong pains, but during delivery her uterus got ruptured. The baby was delivered normally, whereas, mother was transferred to the intensive care unit for close observation. Unfortunately a few weeks later she died.

Before reflecting upon this case, let us start by posing relevant questions, "Could medical paternalism have saved patient life?" and if so, how could the principle of autonomy be justified?" In this emblematic ethical dilemma, if couple autonomy was respected, women were exposed to complications. While if a health care professional's decision was taken into account, then patients' autonomy was violated. According to Beauchamp and Childress [2], there is a disparity between the principle of paternalism and autonomy. Paternalism is the intrusion of a person with another individual, counter to their wish, and justified by a claim that the individual will be protected from harm [3]. There are two important forms of paternalism, i.e., soft and hard. Soft paternalism is a type that is justified when an individual being interfered with is not knowledgeable. Hard paternalism is justified when and individual being interfered with is knowledgeable, while autonomy is opposite to

it. Autonomy is referred to the ability of living own life as per own motives, and no any involvement of external forces [4]. Some authors asserted that despite that paternalism aim for beneficence, but it is erroneous because it violates the patient's autonomy [5].

### My Position

After internalizing the picture, in my view point health care professional (HCP) should take the decision in the best interest of the patient. HCP's can reasonably pertain the theory of paternalism in those meticulous cases where no alternate non-paternalistic courses of action can be determined. Favoring elective section would not only be advantageous for HCP's own safe practice in terms of successfully patient care delivery, but also for patients' life. Burkhardt and Nathaniel [6] have clearly highlighted that though, this approach prohibits others from participating in decisions on the equal basis but it is used to benefit patient. Uterine rupture is an obstetrical emergency which is associated with the increase risk of maternal mortality and morbidity. Therefore an elective cesarean section is preferred in women with a double scarred uterus [7]. It is also evident from the literature that the patients that are laboring for vaginal birth after cesarean section, the chances of maternal mortality rate are 3.8 per 100,000 [8]. These findings support my stance that if the HCP's would have acted on a decision, then the death could have been prevented.

In the history of medical ethics, both the principles of non-maleficence and beneficence provide a basis for paternalistic actions towards patients. Mill and Feinberg [6] emphasize that beneficence is to do good, and prevent harm while, non-maleficence stresses on purposefully avoiding those actions that can cause harm. Examining the scenario from the angle of beneficence and non-maleficence, the knowledge and skill HCP poses, can prevent patient from risks and harm, and also save the patient's life.

### Counter Arguments

On the other hand, a couple's decision can be justified as the reproductive rights equally lie on both partners. My position can be argued on the grounds of the ethical principle of autonomy. According to Beauchamp and Childress [2] an individual has a complete right and liberty to make independent decisions on the matters which are

affecting their lives. In the scenario, the decision taken by the couples not to opt for cesarean section was impartial as they are autonomous beings. Reproductive health entails that couples have potential to reproduce and independence to decide where, when, and how to do so [9]. The reasons most couple share about not going for cesarean section is the perception of adverse psychological impact, the negative experience of a previous cesarean birth, effect on woman's future pregnancies, and perceiving instrumental birth as terrifying [7].

### Justification of My Position

I consider my stance to be ethically sound because in the tug of war of benefits and harm, the ultimate benefit is in the field of science and humanity for good to prevail for other human beings. This altruistic act will have its own reward and blessings which is evident by Hippocrates oath, "I solemnly promise that I will do the best of my ability to serve humanity - caring for the sick, promoting good health, and alleviating pain and suffering." In this case couple desires to take decision was irrational because they do not appear to have "an adequate reason" to do so. An adequate reason would be the belief that the decision would avoid serious evils, or produce great good, for patients or for others. In such circumstances, any rational person would accept that in this type of Violation of moral rules, the paternalistic intervention is strongly justified. From the Islamic principle of Maslaha (Public benefit), beneficial method should be chosen always, when the benefits are greater than the damage [10].

### Possible Consequences

My viewpoint is strongly advocated in the spheres of patient advantages which favor for obtaining medical help in health matters. Some of the benefits of abiding HCP's decision as an option are that it can prevent the risk of life threatening complications such as infection, uterine rupture and death. However, HCP'S decision on the patient's behalf can also create disagreement, apprehension and ambiguity among patient and her family. HCP's may also perceive the sense of abandonment feelings from patient and family.

### Conclusion

The couple usually perceives elective cesarean section as unsafe, however, in reality the safer is the one that is for the benefit of that particular patient. In such cases, medical decisions face a conflicting debate with patient and family decisions. All ethical aspects have their own significance related to particular situations. However, for the betterment of humanity, there is no definite and clear cut answer.

### Recommendations

The implications of my positions for health care professionals are clear. It is of utmost importance that the nursing and medical curricula should emphasize such ethical issues and the role of the HCP within them. The medical team should be trained in communication and counseling skills in order to convince family for their life saving decisions.

Paternalism is almost always perceived in a negative light, regardless of intention and outcome. Therefore the awareness sessions should be arranged regarding its cultivation at the appropriate time. HCP's must keep in mind the Oath they have taken in order to reap the benefits to the patient.

### Acknowledgement

I would acknowledge Dr. Rozina Karmaliani and Dr. Rubina Khan for their support.

### References

1. Williams K (2011) *The Secret of Successful Coaches*, Troubador Publishing, UK, p. 89.
2. Beauchamp T, Childress J (2001) *Principles of Biomedical Ethics* (5thedn). Oxford University Press, New York. USA.
3. Dworkin G (2002) Paternalism. Zalta EN (ed.). *The Stanford Encyclopedia of Philosophy*.
4. Christman J (2003) Autonomy in Moral and Political Philosophy, Zalta EN (ed.), *The Stanford Encyclopedia of Philosophy*.
5. Mackie BS (2001) Patient autonomy and medical paternalism: Can nurses help doctors to listen to patients? *Nurse Ethics* 8: 510-521.
6. Burkhardt M, Nathaniel A (2002) *Ethics & Issues in Contemporary Nursing* (2ndedn), Australia: Delmar.
7. McMahon MJ, Luther ER, Bowes WA, Olshan AF (1996) Comparison of a trial of labor with an elective second cesarean section. *N Engl J Med* 335: 689-695.
8. Oregon Evidence-based Practice Center (2010) *Vaginal Birth After Cesarean: New Insights. Evidence Report/Technology Assessment*, pp. 1-397.
9. World Health Organization (2004) *Reproductive health strategy to accelerate progress towards the attainment of International development goals and targets. The Strategy to Accelerate Progress*, pp. 21-22.
10. Atighetchi D (2007) *Islamic Bioethics: Problems and Perspectives. An Islamic Perspective of Paternalism*. Springer.