Goldman’s and Ackerman’s Distinctive Arguments Regarding Medical Paternalism

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Medical Paternalism

This paper demonstrates Goldman’s and Ackerman’s distinctive arguments regarding medical paternalism and expresses an explicit viewpoint as well as objection to each argument. In literal terms, medical paternalism is an act that refers to putting restraints in order to do well for patients without their knowledge or consent to hinder patients’ autonomy. Physicians in healthcare settings utilize their authority to provide patients with the best medical facilities to control clients regarding treatments by allocating a restrictive set of resources for them. However, compromising patients’ autonomy and making deliberate decisions from physicians’ perspectives does not bring desired outcomes because patients are unwillingly coerced into following medical instructions. It was an approach that was accepted in the past, as physicians and medical providers were considered intellectual members of the healthcare system, and people were not permitted to challenge them. However, for now, medical paternalism is seen as a disrespectful attitude that violates the self-determination and autonomy of the patients.

There has been a long debate in the practical medical field regarding adopting the medical paternalism approach, as it leads patients to compromise situations that do not seem right to their finances, ethics, religion, and values. Thus, there are arguments both in favor and against the act of medical paternalism. The first argument that is against medical paternalism lies in the roots of the autonomy of every individual. On the other side, the second argument regarding paternalistic practice has its base on the grounds of the topic. The former argument is theoretically interesting, whereas the latter one has some practical effects, having the potential to prove a paternalist’s case wrong or defective. To discuss these arguments, two articles by Terence Ackerman and Alan Goldman have been taken to get an insight into two different sides of the topic, medical paternalism.

Presentation of the Topic

The term “medical paternalism” refers to the well-being of patients within a healthcare setting without their consent, knowledge, or will. The rise of medical knowledge and technology has made physicians utilize microscopic tools to perform surgeries and other medical-related procedures in an outpatient setting, which has reduced the mortality rates in the past. The disguise of medical paternalism has permitted care providers to enforce suggestions and instructions on their clients against their will. This paternalistic action entails mutual benefits between pharmaceutical companies

and healthcare providers, such as doctors, to prevent the solicitation of unnecessary services to patients.

The hidden schema behind this approach is that sometimes doctors make technological paternalistic decisions that are not beneficial in patients' point of view and therefore patients refuse medical services. Goldman, in this regard, declares that a patient's fundamental right is to decide about his/her future and therefore strong medical paternalistic action is unjustified. Under extraordinary circumstances, the patient's fundamental right to choose better for his future can be transferred to a doctor as long as he manages himself to be consistent in accordance with the patient's long-term priorities (Goldman, 2013). On the other hand, Ackerman puts forward his viewpoint that a patient who falls sick loses his/her rationality and therefore his/her autonomy is impeded. Ackerman further argues that the personal autonomy and intellectual ability of the patients are restrained by certain cognitive, physical, psychological, and social constraints. Ackerman demonstrates another essential aspect of medical paternalism that a doctor or any medical professional should resolve the above-mentioned constraints first and then give patient-related knowledge to the clients and their families on the selected criteria of the practical medical field (Ackerman, 2013).

Reconstruction of Received View

Goldman in his essay "The Refutation of Medical Paternalism," presents his argument in favor of the act of medical paternalism in the practical medical field of today's world, that physicians and patients play their distinctive, definite roles in their capacity. He argues that patients have to face unnecessary harm when doctors override patients' consent and their ability to make decisions and substitute it with their own decisions (Goldman, 2013). In this scenario, Goldman puts forward his argument that every individual presumes that he is the best and sole judge of his destiny, so he must have the freedom to enjoy the intrinsic value of making the best decisions for himself.

Goldman supports his argument with a scenario where a motorcyclist refuses to take his helmet on a long journey just for the thrill, and meanwhile, a paternalist interferes in the cyclist's way of cycling, which, according to Goldman, is an illustration of justified paternalism. He argues that helping such people out under extraordinary circumstances is a justified act of paternalism, and sometimes, short-term priorities of the individuals remain unsettled and do not meet their long-term objectives and goals. However, he differentiates between ordinary and extraordinary circumstances and claims that the practice of paternalism is justified only in extraordinary circumstances rather than ordinary ones. Goldman's argument throughout his essay revolves around the fundamental right of a patient as an "autonomous individual (Goldman, 2013).

The other article being discussed in this paper to get an insight into medical paternalism is Terence Ackerman's "Why Doctors Should Intervene," which is based on the AMA Principles of Medical Ethics, 1980 revised version. These AMA principles emphasize honest dealings and respecting patients' rights as well as doctor-patient confidentiality. According to this model of Medical Ethics, the autonomy of a

patient refers to the self-governance capacity where the interference of the doctor is completely acceptable. Ackerman also argues the same that the patient loses his rationality and therefore needs a doctor's assistance to decide for himself. According to him, a doctor who fails to interfere with a patient's decision-making capacity and stays non-interfering compromises the right amount of respect for the patient's autonomy (Ackerman, 2013).

Analysis

Goldman presents his viewpoint in favor of the justification of medical paternalism under extraordinary circumstances, as he suggests that paternalistic actions must not impede the long-term priorities of the patients. Endorsing the practice of medical paternalism in a real-world scenario subsequently discloses the related knowledge and information regarding any illness to the client. However, this can lead to a serious risk of depression if the patient gets all the information about the disease, which can bring the risk of death quickly upon him/her. Additionally, Goldman's drawback is his failure to consider what imminent harm the practice of medical paternalism may potentially offer to the patients, and therefore go to extra lengths to justify the practice in extraordinary cases. Furthermore, his stance regarding the consistency of the medical care providers considering the long-term preferences of the patients is accepted in the practical field of healthcare. The consideration of patients' preferences puts moral and ethical limits on the medical paternalistic practice, and therefore, Goldman's viewpoint is respected.

Ackerman argues in favor of the practice of medical paternalism that doctors are superior to the patients. While overtly emphasizing the role of doctors in healthcare delivery, Ackerman is supremely biased towards medical staff, nurses, and other volunteers who play a significant role within inpatient as well as outpatient settings. Similarly, he overlooks the role of patients deciding for themselves without the assistance of an expert doctor, as he considers that patients, due to their deprivation of decision-making skills and autonomy because of sickness, are unable to decide for themselves. In addition, Ackerman considers family members a hindrance who prohibit the patients from deciding for themselves. At the same time, he also puts forward his point of view that not all doctors are credible and can provide a wealth of knowledge and insights into the constraints to the patients.

Consideration and Response to Objection

The nursing profession allows the medical care providers, including doctors, nurses, medical staff, and volunteers, to see things from a tilted angle and a distinctive view. Based on the professional skills and interpersonal requirements of a healthcare provider, such as a nurse, providing healthcare in a healthcare facility within the clinical setting or outpatient setting, Ackerman presents that medical paternalistic practice is inevitable for therapeutic providence to the patients regarding medical procedures. Meanwhile, paternalism assists medical professionals in restoring a sense of normalcy to cope with the sensitivities of disease patients who are suffering from diseases while diverting their

own attention. This practice plays a significant part in eliminating anxieties and easing potential stressors to bring comfort in the lives of patients, inheriting them in patients' environments. The only drawback in Ackerman's viewpoint regarding medical paternalism is his failure to recognize the role of staff providing medical facilities, nurses, volunteers, and other members of the healthcare system, while he encourages doctors to make decisions rather than letting patients decide for their future.

Conclusion

Ackerman (2013) and Goldman (2013) have provided their insights into medical paternalism practice from two distinctive angles. The former justifies the medical paternalistic practice under extraordinary circumstances, whereas the latter has presented a case to keep up the supremacy of doctors over other healthcare providers, such as patients, family members, nurses, medical staff, and others. Unarguably, Ackerman has managed to present the most significant logic for the nursing profession by arguing critically that patients are unable to make decisions for themselves because they lose their rational capacity while being sick. The only setback is Ackerman's failure to encourage the role of other members of the healthcare system and society, other than the doctors, who contribute significantly to enhancing the decision-making skill, personal autonomy, and intellectual ability of the patient.

References

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