Patient Autonomy and Refusal of Life-Saving Medical Treatment

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Introduction to Patient Autonomy

In medical ethics, a challenging situation that many physicians face is whether to respect patient autonomy rather than provide treatment that could potentially be life-saving, given that every individual holds the right and autonomy to make decisions and determine the course of their own medical care. This principle of respecting patient autonomy is especially salient in cases where the patient refuses care based on deeply held religious beliefs. However, in some situations, such as in the case of Dr. Sullivan, complexities arise when a patient refuses to receive care based on religious beliefs despite the need for urgent medical intervention. Building on this case, the paper argues that a physician should always respect patient autonomy even when the physician disagrees with the patient's beliefs and values regarding medical interventions. I will discuss the supporting evidence for the violation of the patient's autonomy and the underlying reasons that led up to this incident on an evening in Cook County. The paper also includes the individuals who, in my opinion, should be held responsible and the parts of the professional code of ethics that were violated.

Autonomy as an Ethical Principle

Jukka Varelius (2006), in "The Value of Autonomy in Medical Ethics," emphasizes that patient autonomy is a fundamental ethical principle in medical care that upholds the right of every person to make medical decisions on their own behalf, including the freedom to decline any proposed treatment option.[1] On the one hand, medical professionals have a responsibility to provide benefits to a patient and promote the patient's overall well-being even if those interests are influenced by religious beliefs. Central to the principle of honoring patient autonomy is the concept of informed consent. James Stacey Taylor (2004), in the work "Autonomy and informed consent: a much misunderstood relationship," argues that informed consent has a vital role in patient autonomy because it provides the patient with information and ensures that the information is sufficiently understood. For consent to be valid, it must be informed and given voluntarily by a capable patient who is not pressured or persuaded by family, health professionals, or others. The individual must have been adequately informed about the benefits, potential risks, and available alternatives of the proposed treatment [2]. From a medical perspective, transfusing blood might be the most effective course of treatment to save Sullivan's patient's life, but respecting her autonomy means acknowledging her right to make

basic decisions about her own body and medical treatment, even if she refuses treatment based on her religious faith. This paper discusses how physicians can effectively treat patients while respecting patient autonomy and how certain situations require interventions while giving precedence to autonomy.

Case of Refusal of a Blood Transfusion

Consider the scenario in which a woman was diagnosed with a life-threatening condition that required urgent medical intervention, such as a blood transfusion, to save her life after she was brought to the emergency department with critically low blood pressure. However, she was a devout adherent of a religious belief that prohibits certain medical treatments, including blood transfusions, so she adamantly refused on religious grounds. The physician, Dan Sullivan, explained the potential life-threatening outcome if she did not receive the blood transfusion: “I told her there was a very high likelihood she would die without blood, and again she refused.” [3] The patient stated that she understood the possible life-threatening outcome, and she repeated back the informed-consent statement. Shortly afterward, the patient lost consciousness and her blood pressure continued to plummet. Doctor Sullivan inquired with his colleagues about what action he should take, but they were also uncertain: “I asked my physician colleagues what they thought, and they had no idea.” Afterward, Dr. Sullivan was advised by the hospital administrator to “call the hospital attorney, who was not available after hours,” and then the administrator “began calling for a judge on call” in their “jurisdiction,” but they “ran out of time” as the woman’s condition continued to deteriorate.[4] When Dr. Sullivan realized that the patient’s death was imminent as her health deteriorated further, Sullivan decided to transfuse the blood. Sullivan also called the “GI specialist and surgeon” and requested gastrointestinal surgery to stop the internal bleeding after the patient had received “4 units of blood” and woke up within 2 hours.

Ethical and Legal Consequences

When the patient learned that she had been treated with another person’s blood, she was not only enraged but also threatened to sue Sullivan and the other healthcare team members involved, leading the case into a deeply complex and ethically challenging situation. In cases such as Sullivan’s administration of blood transfusions without the patient’s consent when her condition posed a significant risk to her health, questions arise about the limits of respecting patient autonomy and whether healthcare professionals might face a moral obligation to intervene, even if it means overriding the patient’s wishes. Although the judge agreed with Sullivan’s decision once he returned the call, based on the fact that the woman had lost consciousness and was no longer capable of making her own medical decisions, patient autonomy was compromised because Sullivan might have sought a solution that respected both her religious convictions and medical needs. In this case, the patient was initially competent and refused blood transfusions based on her religious beliefs as a Jehovah’s Witness, one of the individuals who do not accept blood products from other people for

religious reasons. However, once she became unconscious, the situation became more complicated, and the responsibility fell heavily on the treating physician to decide whether to proceed with the transfusions and prioritize preservation of her life, even though the woman's prior explicit refusal should have been honored. Sullivan could have sought guidance from an ethics committee or legal counsel, but in the heat of the moment, these resources were not readily available, so he used his best judgment to prioritize what he viewed as the patient's best interests.

Role of Hospital Administration

Although Sullivan was primarily responsible for treating the patient against her religious beliefs, the hospital administrator also contributed to the decision-making. As a hospital administrator, it is their professional responsibility to oversee operations within a hospital setting and ensure that the facility complies with all laws and regulations.[5] Healthcare professionals must follow the principle of treating patients according to their preferences and must not perform interventions against a patient's wishes.[6] In accordance with the first principle of the "National Association for Healthcare Quality" (NAHQ) code of ethics, "Healthcare quality professionals understand that recipients of healthcare services are the most vulnerable stakeholders in the system. They treat recipients with empathy and respect, honoring their autonomy and privacy" (NAHQ 2024).[7] In the present case, Dan Sullivan did not meet his professional standards because he violated patient autonomy by disregarding the woman's wishes rather than honoring them.

Philosophical Foundations of Autonomy

Furthermore, according to the National Library of Medicine, "The philosophical underpinning for autonomy, as interpreted by philosophers Immanuel Kant and John Stuart Mill, and accepted as an ethical principle, is that all persons have intrinsic and unconditional worth, and therefore, should have the power to make rational decisions and moral choices, and each should be allowed to exercise his or her capacity for self-determination." [8] Building on the National Library of Medicine's argument, utilitarianism, as defined by Mill, is a consequentialist ethical theory that evaluates actions based on their outcomes in promoting happiness or reducing suffering. When applied to Dan Sullivan's case, utilitarianism emphasizes the importance of patient autonomy as independently valuable. According to Mill, the theory of utilitarianism is based on the idea that "actions are approved when they are such as to promote happiness, or pleasure, and disapproved of when they have a tendency to cause unhappiness, or pain." [9] Mill equates happiness with pleasure and the absence of pain or suffering. In this context, respecting a woman's decision takes precedence over potentially saving her life through a blood transfusion because it promotes her overall happiness and well-being. This theory shows that allowing patients to make informed decisions regarding medical interventions, even in the case of life-threatening conditions, gives them a voice in their healthcare and fosters a sense of respect and trust in the patient-physician relationship. Mill's theory also shows that providing patients with detailed information about treatment options enables them to make decisions that align with their preferences

and values, including their religious beliefs, while weighing the risks and benefits of different medical interventions.

Arguments for and Against Life-Saving Intervention

On the one hand, it may be argued that the physician fulfilled his responsibility and ethical duty by providing life-saving treatment to the patient because she might not have been in the right capacity to make decisions for herself and her medical care due to her religious faith. In accordance with the first principle in the AMA code of ethics, "A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights." [10] Sullivan's reaction not only disregarded the patient's religious beliefs but also failed to respect her human dignity and rights. The term "human dignity," as defined by Emmaline Soken-Huberty, is "the belief that all people hold a special value that's tied solely to their humanity" (Human Rights Careers, 2020).[11] When a physician respects human dignity, they are also holding patient autonomy in high regard. However, in Dan Sullivan's case study, it was also the responsibility of the hospital administrator and fellow physicians to intervene when Sullivan was administering transfusions and patient autonomy and self-determination were being violated. It may also be argued that the patient had sufficient information to make an informed decision and that condescending or paternalistic actions might violate her autonomy. On the other hand, the patient's refusal of a life-saving treatment option, though based on her religious faith, could be viewed by others as irrational or as compromising her judgment. However, it is important to recognize that respecting patient privacy and autonomy means respecting the patient's right to make informed decisions even if those decisions are perceived as irrational by others.

Conclusion

In conclusion, Dan Sullivan and the other healthcare team members involved were not charged with medical malpractice, nor did Sullivan lose his license to practice after violating the patient's autonomy. Patient autonomy is complex and, in certain situations, can be difficult to navigate, but it should be respected even when a patient's decisions contradict a physician's recommendations. Many factors play into why a person's patient autonomy is violated, including time pressure and personal biases, raising broader ethical implications and potential consequences of care providers' actions. Within the healthcare system, patients and the community place a significant amount of trust in healthcare professionals. It is up to the medical team to work collectively to respect not only patients' autonomy but also their values and morals while respecting patients' values and beliefs.

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