

**Autonomy vs. Beneficence: An Ethical Argument**

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June 18, 2023

The ethical dilemma in this case study revolves around M, a homeless 32-year-old transgender woman who is faced with the decision to either undergo a unilateral lower extremity amputation or potentially lose her life. M has a substantial history of physical, emotional, and sexual abuse that began at the age of five (Regel 2021). She also possesses a strong distrust for the healthcare system and upon hearing this news, leaves the hospital against medical advice. She returns four days later displaying symptoms of systemic inflammatory response syndrome but remains adamant in her refusal of the surgery. M later expresses to a social worker that she does not understand why the amputation is necessary and that she is fearful about what implications this procedure would have on her current lifestyle.

This case study illustrates the ethical predicament of autonomy vs beneficence. Because M is homeless, she is worried about the struggles she will face if she were to consent to this amputation without first considering other options. She says that she does not understand what her clinicians are telling her, and she does not have enough time to ask questions. M wants to do what is in her best interest taking into consideration her current circumstances while her clinicians want to do what they believe is necessary to save M's life. After expressing her concerns to a social worker, a plan is designed to mitigate M's concerns. The social worker suggests that the team use plain language and speak in slower shorter sentences so that M can better process the information being conveyed to her. It is also suggested that these clinicians take some extra time to address any questions M has.

I agree with the social worker's intervention, as this plan will allow M to grant her clinicians informed consent and subsequently give her full autonomy. In class, we have learned that patients cannot have true autonomy or make true autonomous decisions unless they have meaningful choice in the form of informed consent. According to Jonsen et al. (2022), informed

consent is a process in which clinicians recommend what they believe is the best course of action for the patient, provide alternative treatments, and explain the benefits and risks of each option. The patient is then able to make their decision based on the information provided. As future PAs, one of our values is that of upholding the tenets of patient autonomy, beneficence, non-maleficence, and justice. Implementing strategies that encourage informed consent can be used to uphold this value which reinforces our goal to provide high-quality, patient-centered care (AAPA 2017). Because M does not understand why the amputation is necessary to save her life, she cannot make a true autonomous decision and grant her clinicians informed consent.

According to Regel (2021), patients who are homeless are more psychosocially complex and strive for control and autonomy, particularly in acute care settings. In M's case, her clinicians recommended what they felt was best for her (the amputation) but did not consider how such a drastic procedure would affect her once she is discharged from the hospital. They also engaged in multiple conversations to explain why the surgery needed to be performed but did not employ methods to ensure that M understood what was being said to her. Regel (2021) mentions that trauma can influence how patients respond to complex clinical information, sometimes triggering them to respond with behaviors like M's: leaving against medical advice, refusing clinician recommendations, expressing that there is an imbalance in power dynamic, etc. Trauma can also alter a patient's cognition creating the argument that perhaps these individuals do not possess full decision-making capacity. Capacity, however, is not tantamount with cognition and fluctuates with time. A person may lack capacity at one point in time but can make the same decision at a later point in time (*Mental Capacity Act 2021*). There are also criteria which determine whether a patient is incapacitated, including the inability to understand, retain, or use relevant information

for decision-making (Ibid). M's actions do not indicate she is incapacitated rather that there is a gap in medical knowledge that must be accounted for by her clinicians.

This case highlights the importance of upholding the principles of medical ethics. Autonomy, being the principle of self-determination, allows the patient to be the final decision maker regarding health decisions. Beneficence is the responsibility to do good for the patient, to guide and restore them to a place of health. The ability to uphold these principles is critical in ensuring that patient care remains a collaborative effort between patient and provider.

### References:

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