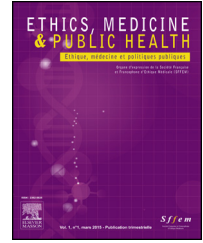




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## THOUGHTS

# The epistemic responsibilities in medicine of beneficence and respect for patient autonomy



*Les responsabilités épistémiques en médecine pour être bienveillants et respecter l'autonomie des patients*

**A.P. Schwab**

*IPFW, 2101 E Coliseum Boulevard, Fort Wayne, 46805 IN, United States*

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### KEYWORDS

Autonomy;  
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**Summary** Medical practitioners have foundational responsibilities to be beneficent toward patients and to respect patient autonomy. In this article, I analyze these responsibilities considering the uneven support medical science provides for practitioner judgment and the cognitive biases of judgment demonstrated by psychological science. Specifically, medical science provides the foundation for practitioner judgment about beneficent medical practice. This foundation, however, provides a limited scope of support. In some cases, medical science provides clear and unambiguous directives. But in others, it provides limited directives or only background information. In these latter cases, where practitioner recommendations are based on intuitive innovations, their judgment goes beyond the scope of medical science's conclusions, opening up these judgments to cognitive bias. As psychological science has robustly demonstrated, decision-makers, lay and expert, are subject to unconscious bias in their judgment. Accordingly, the intuitive innovations of medical practitioners will be biased in predictable ways, which threatens to undermine their efforts to make beneficent judgments on behalf of patients. These same conclusions of psychological science indicate that patient judgment will likely be biased as well. Even when practitioners offer unbiased recommendations, patient attempts to make judgments about medical care that matches their interests and values may fail because of unconscious bias. Considering these characteristics of patient and practitioner

*E-mail address:* [schwaba@ipfw.edu](mailto:schwaba@ipfw.edu)

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judgment, this article identifies several features of practitioner responsibilities to be beneficent and respect patient autonomy. Specifically, practitioners are obligated to be cognizant of the uneven reliability of their recommendations and the likely biases that can affect these recommendations. Further, practitioners should favor recommendations based on more reliable processes and should “nudge” patient decisions under certain circumstances. Finally, questions about the extent of practitioners’ responsibility to respect patient autonomy are raised.

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## MOTS CLÉS

Autonomie ;  
Bénéfique ;  
Préjugé ;  
Jugement

**Résumé** Les praticiens médicaux ont les responsabilités fondamentales d’être bienfaisant et de respecter l’autonomie du patient. Dans cet article, j’analyse ces responsabilités en ce qui concerne le support inégal que la science médicale fournit au jugement des praticiens médicaux et aux biais cognitifs du jugement démontrés par psychologie. Plus précisément, la science médicale fournit la fondation du jugement pour les praticiens médicaux à propos des pratiques médicales bienfaites. Cette fondation, cependant, est limitée en portée. Dans certains cas, la science médicale fournit des directives claires et sans ambiguïté. Mais dans d’autres, il fournit des directives limitées ou des informations générales. Dans ces derniers cas, dans lequel les recommandations des praticiens sont basées sur des innovations intuitives, leur jugement dépasse les conclusions de la science médicale, ouvrant ces jugements au biais cognitif. De même que la psychologie a démontré, tous les deux décideurs (les laïcs et les experts) ont un biais inconscient dans leur jugement. Alors, les innovations intuitives des praticiens médicaux seront biaisées en manière prévisible, ce qui menace leurs efforts pour faire des jugements bienfaites au nom des patients. Ces mêmes conclusions de psychologie indiquent que le jugement du patient sera également biaisé. Même que les praticiens proposent des recommandations impartiales, les jugements de patients au sujet des soins médicaux correspondant à leurs intérêts et valeurs peuvent faiblir parce que d’un biais inconscient. En ce qui concerne de ces caractéristiques des jugements du patient et du praticien, cet article identifie plusieurs caractéristiques des responsabilités des praticiens pour être bienfaisant et pour respecter l’autonomie des patients. Plus précisément, les praticiens médicaux sont obligés d’être conscients que leurs recommandations sont inégalement fiable, et que c’est probable que les biais peuvent affecter ces recommandations. En plus, les praticiens devraient favoriser les recommandations basées sur des processus plus fiables et devraient « pousser » les décisions des patients dans certaines circonstances. Enfin, cet article soulève des questions sur quelle mesure existe la responsabilité des médecins pour respecter l’autonomie des patients.

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## Introduction

Epistemic responsibility requires medical practitioners to ground their judgments, as much as possible, on the robust conclusions of medical science and to limit, as much as possible, their reliance on their intuitive innovations [1]. These intuitive innovations are problematic in light of evidence from cognitive psychology that decisions-makers are predictably biased in their judgments. And yet, the robust conclusions of medical science remain incomplete. Medical practice spills the banks of evidence-based medicine and so intuitive innovations will be unavoidable. Epistemic humility, then, requires medical practitioners to be aware of the extent and limits of the support for their recommendations [2]. They should be aware of the difference between medical judgments based directly and clearly on robust support and those that require inferences that are consistent with, but not directly supported by, medical science.

While I have argued previously for awareness of the biases of judgment and the varied levels of support for practitioner judgment, my focus in this article turns to the implications of this awareness for medical practitioners’ traditionally recognized responsibilities of beneficence and respect for patient autonomy.

## Issues

The responsibility to be beneficent remains foundational to good medical practice. Specifically, medical practitioners are obligated to exercise their judgment as a means to “do good” for their patients while also minimizing or eliminating harm. Historically, this exercise of judgment was primarily paternalistic. The locus of judgment rested entirely with the practitioner to diagnose and prescribe. Over the last century, cultural and political movements towards a liberal

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