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# ABSOLUTE AUTONOMY AND PATERNALISM IN MEDICINE

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Art, to me, has an expressive dichotomy between the individual artist and the collective audience. Whether listening to a piece of music, watching a ballet, or pondering a painting, I find myself reflecting on the connection between the individual artist and the collective of people who will witness and enjoy the work. Even within the art itself, there may be a single person of focus or a large variety of individuals. I began to notice that in any single room there could be a portrait of a wealthy aristocrat on one wall and directly next to it a scene of peasants drinking in a tavern. As I wandered the halls of the MFA, I found myself noticing these variations within works all around me.

As I tried to focus my vision through the perspective of Law, Medicine, and Ethics, I realized the practice of medicine, much like art, involves the frequent interplay between the individual's experience of independent choice and the collective thought or wisdom, expressed through a physician's practice of medicine. Further, I began to think about how this relationship was epitomized by the contrasting ideas of patient autonomy and physician paternalism. I ultimately chose *Lake Nemi* by George Inness and *Museum Epiphany III* by Warren Proserpi as my two works to investigate based on their portrayal of autonomy and paternalism and the suggestions they make about the necessity of balancing both concepts.

Patient autonomy has taken an unprecedented position as

one of the most valued aspects of modern medicine. The importance of patient autonomy, however, has only developed quite recently and has been in no way a historical mainstay of medicine. Many believe this apparent rise of patient autonomy has occurred in response to overpowering paternalism. In the words of Richard McCormick, "the last 30 years have seen a gradual rejection of paternalism ... the attitude and practice that visits a benefit on a patient or wards off a harm without the patient's knowledge or against the patient's preferences."<sup>1</sup> Perhaps the first open rejection of physician paternalism, however, occurred in the case of *Schloendorff v. Society of New York Hospital* over one hundred years ago. In 1914, a physician removed a tumor from a woman's leg without her authorization. The woman developed gangrene as a result of the procedure and sued the hospital over the physician's actions. The court decided the doctor was not only negligent, but also trespassed on the woman. The court documents included one of the earliest definitions of patient autonomy by stating, "every human being of adult years and sound mind has a right to determine what shall be done with his body."<sup>2</sup> This case represented a paradigm shift moment in which people began to see the dangers of paternalism and the value in respecting patient's desires.

The focus on patient autonomy intensified in the years following the *Schloendorff* case. In response to increasing medical research during the mid-20th century, the National Commission for the Protection of Human Subjects crafted The

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*Belmont Report* to establish ethical guidelines for medical researchers. The protocol's provisions for respecting patient safety and privacy in research studies were founded on Immanuel Kant's philosophy to "act so that you treat humanity whether in your own person or in that of another, always as an end and never as means only."<sup>3</sup> Ultimately, the *Belmont Report's* interpretation of Kant's instructions on the respect for persons became the respect for autonomy described as "refraining from obstructing the actions (of autonomous persons) unless they are clearly detrimental to others."<sup>4</sup> This concept of patient autonomy was promptly applied not just to medical research, but clinical practice as well.

In Western medicine today, patient autonomy has become what many consider to be an absolute right. Individuals who believe in absolute patient autonomy are represented by John Stuart Mills' famous quote "Over himself, over his body and mind, the individual is sovereign."<sup>5</sup> This "absolutization of autonomy"<sup>6</sup> has resulted in the almost total rejection of physician paternalism and many patients now feel there are only select circumstances in which a physician may impose his or her will over a patient. These circumstances align with the principles of the *Belmont Report* and are summarized again by Mills as he explains "the only purpose for which power can be exercised over a member of a civilized community, against his will, is to prevent harm to others."<sup>7</sup> By providing such limited opportunities for a physician to act on a patient, the door for any sort of "doctor knows best" paternalism has been closed. Physicians, for all intents and purposes, function as only a medical advisor or counselor if absolute patient autonomy is preserved.<sup>8</sup> Such circumstances, however, places the executive decisions in their hands – a power that is often conflated with emotional distress in the face of uncertainty.

When I encountered *Lake Nemi* by George Inness, I was struck immediately by the sense of absolute autonomy portrayed and the parallels that could be drawn between the scene and medicine. The subject in the painting is a man walking along a barely visible path. He is completely alone and seems small compared to the massive landscape around him. He is following a path that disappears over the crest of a hill directly in front of him, leading the viewer to wonder where the path leads and whether the traveler even knows where he is headed. I began to imagine this lone traveler to be analogous to an autonomous patient on a journey through the immense world of medicine. The vastness of medicine may at times make the patient seem comparably quite small, just as the man appears in the painting. Further, like the traveler, patients often are following medical paths without knowing where the path will lead or where they will ultimately arrive. Finally, like a patient who desires to be fully autonomous, the traveler is free to make decisions about his journey. At any point, he could deviate from the path or stop altogether. As I continued to create these parallels in my head and consider the value of autonomy, I made a realization: what if the man was actually lost? I began to consider the drawbacks of his complete autonomy and his potential interest in guidance on his journey.

Despite the acknowledged importance of respecting patients' desires, some wariness has arisen toward the implications of absolute autonomy, as suggested by the possibly lost *Lake Nemi* traveler. At the extreme end, Pope Pius XII counters Mills' claim and questions the very possibility of absolute autonomy by claiming the patient "is not absolute master of himself. He cannot, therefore, freely dispose of himself as he pleases."<sup>9</sup> Although this claim may be too steep, there are other valid claims to the adverse effects of absolute autonomy. The first of these effects is the negative

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impact on the patient-physician relationship. Albert Jonsen expresses his belief that respect for autonomy has “retarded and undermined the re-establishment of the patient-physician relationship.”<sup>10</sup> He continues to say that although the respect for autonomy clearly has priority as an ethical principle in medical research, as suggested by the *Belmont Report*, this may not be the case for clinical ethics. This claim is based on the premise that the purpose of clinical medicine is to cure and aid the immediate patient, while medical research seeks to benefit future patients, not the directly involved study participant.

Absolute autonomy also places an immense burden on the patient. Once patients have decided that they will be in sole control of their medical decisions, they have taken on the weight of comprehending their illness, including the diagnosis, prognosis, and direction of treatment. Dostoevsky understood this perfectly well when he wrote, from the perspective of the Grand Inquisitor, “there is nothing more alluring in man than his freedom of conscience, but there is nothing more tormenting either.”<sup>11</sup> By allowing patients to assume total control of their medical decisions, society has inadvertently placed burden of choice on individuals who are already very likely overwhelmed.

Finally, absolute patient autonomy has unforeseen ethical implications. Richard McCormick worries that when “the rightness or wrongness of a choice is reduced to a signal factor that it is this individual’s choice, morality has been impoverished.”<sup>12</sup> This highlights the necessity of continuing to question not only who is making the medical decision, but also the ethical elements of the choice itself. We cannot allow ourselves to become so wrapped up in the rights of the patient to lose sight of the fact that decisions can in fact be considered good or bad, better or worse, right or wrong. At

times, it seems as though “absolutizing autonomy”<sup>13</sup> provides physicians with an escape from tackling the actual ethical or moral aspects of a decision.

In light of the limiting aspects of absolute autonomy, there seems to be a realistic opportunity for “the right kind of paternalism.”<sup>14</sup> The question then becomes what is the “right kind of paternalism” and how do physicians avoid the same professional attitudes that led to an over-zealous turn towards absolute autonomy. There is no doubt that many patients see the physician as the gatekeeper to a world of knowledge or practices that can only be accessed through the benevolence of the gatekeeper.<sup>15</sup> With this in mind, it is important to recognize the position a patient may be in when they find themselves in front of a physician. Illness has the ability to demoralize patients, change their perspectives, and even cloud their better judgment. Peter Marzuk acknowledges this reality by explaining, “We must be careful not to discard all vestiges of paternalism, particularly those that serve to guard against patient decisions that are ill-conceived because of emotional reactions to illness.”<sup>12</sup> The key foundation for “the right kind of paternalism” may actually be trying first to understand the patient before directing them this way or that.

Once a physician acknowledges the intense situation in which a patient may view him-or-herself in, the physician can begin to practice a form of appropriate paternalism. This renewed paternalism is based on communication and understanding between the patient and the physician. Instead of the adversarial roles created by absolute autonomy, the patient and doctor can form an alliance that is focused on arriving at a reasoned decision with which both parties are comfortable. The physician should explain the diagnosis, prognosis, describe pros and cons to each treatment op-

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tion and then, instead of asking the patient to make a choice, the physician should recommend a course of action.<sup>13</sup> If this process is followed, physicians will be able to feel they have done their job while patients can feel as though they made the ultimate decision about their treatment.

Having considered autonomy and its limits, as exhibited by the traveler in *Lake Nemi*, I turned and found myself looking at *Museum Epiphany III* on the opposite wall. The painting focuses on a mother and her child in an art museum, the child peering up at a white marble sculpture. Her facial expression is one of curiosity, but also exhibits a degree of confusion. The mother is bent over and turned toward her child as if she is explaining the piece in front of them. In the background, there are other museum patrons, noticeably all adult, investigating various pieces of art. Like *Lake Nemi*, I began to draw parallels between *Museum Epiphany III* and the medical world. I imagined this-little-girl-surrounded-by-art as a patient enveloped by physicians in the foreign world of medicine. However, unlike the traveler in *Lake Nemi*, another person stands alongside this little girl. The mother could represent a physician accompanying a patient through the complicated aspects of his or her medical journey. The girl is free to make her own decisions about the art, but her mother is there, aware of the girl's confusion, to provide counsel and guidance. The scene in *Museum Epiphany III* began to represent what I felt Marzuk described as "the right kind of paternalism" or "maternalism" for this particular work. I must admit I stifled a laugh when I looked at the descriptive plate next to the piece and saw *Museum Epiphany III* was painted in collaboration between the artist and his wife.

The recent past and present of medicine seem to exhibit a constant ebb and flow between overpowering paternalism

and absolute patient autonomy. It is important to look at the patient, like the traveler in *Lake Nemi*, as an individual on a journey through immense, unfamiliar territory. They must feel capable of making decisions according to their own desires and a physician needs do his or her best to understand both the patient's perspective and decisions. However, it is unwise to dismiss the knowledge and guidance a physician can give to his or her patients, just as the mother gives her child in *Museum Epiphany III*. Perhaps, just as I stood in the middle of the gallery, midway between the two paintings, we must see the positives in both aspects of the patient-physician relationship and conclude that the truth of the matter is not absolute.

#### ENDNOTES

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4. Department of Health, Education, and Welfare. "Ethical Principles and Guidelines for the Protection of Human Subjects of Research," The Belmont Report (April 18, 1979).
5. Mill, John Stuart, *On Liberty* (West Strand, 1859).
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8. Cole, Helene, "Legal interventions during pregnancy. Court-ordered medical treatments and legal penalties for potentially harmful behavior by pregnant women," *JAMA*. 264 (20). (November 1990).
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10. Childress, James F.; Meslin, Eric M.; Shapiro, Harold T., *Belmont Revisited: Ethical Principles for Research with Human Subjects* (Washington, DC: Georgetown University Press; 2005), 3-11.

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11. Dostoyevsky, Fyodor, *The Brothers Karamazov : A Novel in Four Parts with Epilogue* (1st Vintage Classics ed. ed., New York, Vintage Books, 1991).

12. McCormick, Richard. "Bioethics: A Moral Vacuum?" *America*. 180 (15). 8-12. May 1999.

13. Ibid.

14. Marzuk, Peter, "The Right Kind of Paternalism," *New England Journal of Medicine*. 313(23): 1474-1476. (December 1985).

15. Franz, J. Ingelfinger, "Arrogance," *New England Journal of Medicine*. 303(26): 1507-1511. (December 1980).



*Lake Nemi*  
George Inness, 1872



*Museum Epiphany III*  
Warren Proserpi, 2012  
Courtesy of the MFA