

Patient autonomy is very important in the world of healthcare. Autonomy is what allows a patient to make his or her own decisions regarding to what medicine they take, what medical procedures can be done to them, and so on. Without it, doctors and other healthcare providers would have absolute rule over how their patients are treated. Some would argue that the doctor knows what's best for their patients, and others would argue that the patient or patient's family has complete authority over what happens to them.

Comment [MD1]: Remove

Today, there is a heated argument over whether either of these point of views are absolutely correct. Before I dove in to research about patient autonomy, it seemed to me that the patient or patient's family should have complete authority in making critical health decisions, but now I feel that sometimes the doctor should have more authority than what they are given.

Comment [MD2]: Nice job characterizing the conversation early.

Comment [MD3]: Avoid cliché. That said, this concluding sentence is a good way to end your intro.

In *Principles of Biomedical Ethics*, by Tom L. Beauchamp and James F. Childress, autonomy is explained in a principality view. The writers outline the origin of autonomy, and how it is one of the four main principles of biomedical ethics. They argue that the principle of autonomy must be respected (Beauchamp and Childress 103). They also bring up points about how sometimes respecting autonomy can be complicated. One of these complicated cases is knowing what to do when a patient is thought to be incompetent. Many steps are taken through to see if the patient is incompetent, and this can affect their autonomy because they cannot give actual consent. So in place, a surrogate is put in to make the choice for the patient, knowing what they patient would want.

Comment [MD4]: You don't need "in place" and "surrogate." That's redundant.

David W. Crippen gives his views about surrogates and autonomy in his essay, “Dealing with Difficult Surrogates”. He offers another point of view about autonomy for cases that involve a patient that is surely to die, but he or she wants everything done to keep them alive. However, Crippen states that in a case like this, doctors are not required to do everything to keep them alive (93). If the patient is going to die anyway, why keep using resources to keep them alive, and prevent the inevitable? This argument brings my point of view in: if a patient is being kept alive by a ventilator or any other machine, why let them suffer? Just let them be at peace if nothing else can be done to bring them back to their normal selves. But the patient’s family always has to be in on everything that’s going on. Crippen states points that surrogates should know. The main point he states is that the surrogate cannot decide what they would want for the patient (94). They have to know what the incompetent patient would say, and that’s how the procedure goes.

Having a surrogate in place of the patient can be tricky towards the principle of autonomy because no one can really know if the surrogate was lying, and just said what he would want done for the patient. This can spark an argument that the way decision making is handled in society. Changing how bioethical decision-making is made is primarily what Thomas May explains in *Bioethics in a Liberal Society: The Political Framework of Bioethics Decision Making*. He argues for standard of informed consent for any kind of patient (May, 14).

Another interesting point about autonomy is how it’s handled in other countries. In the October 2000 issue of *Chest*, doctors from America and Japan gathered to see how their patients are treated in their respective countries. Many statistics and tables are given to show how patients are treated ethically in the two countries.

Comment [MD5]: Good transitional idea.

Comment [MD6]: Is this you or Crippen? Also, avoid these sorts of instructional statements. Just like using second-person pronouns, they’re a bit confusing. For instance, I’m not a doctor, so this statement doesn’t really apply to me.

Comment [MD7]:

Comment [MD8]: Avoid repeating the same words.

Comment [MD9]: Avoid these list transitions if you can.

Comment [MD10]: Avoid the passive voice. Who gives the stats and tables?

For what it's worth, patient autonomy comes down to how the patient is treated in a healthcare setting. Doctor-Patient relationships are crucial in respecting autonomy. This parallels with the main point of "Supporting Patient Autonomy: The Importance of Clinician-patient Relationships". Without a good relationship between the doctor and patient, no one will benefit, and some bad choices must be made.

For me, autonomy is **very** important, and it should always be respected and a priority in a healthcare setting. But based on the research I've done, autonomy **is not perfect in any way**. Surrogates can sometimes lie, doctor-patient relationships may be rocky, and sometimes either the doctor or the patient can be too stubborn to do what is best for the patient. **Autonomy is Greek for "self-ruling"**, but sometimes the doctor needs to step in and really make the patient know what's best for them, not just what they want.

Comment [MD11]:

Comment [MD12]: I'm not sure what you mean here, but the problem might merely be phrasing.

Comment [MD13]: I like this. It sort of introduces the wide philosophical scope you're talking about here. "Self-rule" is important in a democratic society, but it's not the only important idea.

All of that's to say, I like that you're thinking about the broad implications of this conversation.

J.

You've done a number of things quite well here. Your organization was usually strong (I noted a few weak links); as a result, the disjointed feeling sometimes present in research proposals was absent here, and that's a good thing. I also liked that we got a sense for how you're developing your idea, as it changed within the proposal.

I did note a number of concerns throughout the paper that you need to examine closely. At the sentence level, be sure to watch out for passive voice, VERY, repeating words within a sentence, etc. We all can benefit from more revision, and this paper needed a bit more.

M. Grade: A- (92)