QUESTIONING THE PATIENT IN PERSON CENTRED CARE: ETHICAL ASPECTS

CHILDREN, FORENSIC PSYCHIATRY, AND PUBLIC HEALTH

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Open argumentation in SDM and PCC

• PCC: (a) 'narrative medicine', (b) shared decision making, (c) continuity of care.
  – (b) is central: (a) serves (b), (c) feeds back to (a) and then (b), etc
  – Usually aiming for empowerment and emancipation of patient.


• SDM: Can be understood in many ways, more or less ambitious.
  – Sandman & Munthe: 9 generic variants (widely cited and used).
  – 3 of these imply "high-level dynamics": mutual open argumentation where goals of care, factual assumptions, and underlying values can be questioned.

Resulting issue in clinical ethics

• To what extent and how should clinicians openly question a patient’s assumptions, aims and values in the course of SDM?

• Questioning as such not ethically problematic from a PCC/SDM standpoint, rather the opposite!

• How: in one way easy. No need to be nasty, professional responsibility to control one’s own frustration. Importance of maintaining care relationship. Importance of not sliding into coercive pressure.
  – Big ’But’: health care professionals usually not trained to master this.
  – Maybe abstaining from questioning is being better safe than sorry? Until they are?

• To what extent more tricky issue ➔ may complicate the otherwise obvious how issue in effect, e.g. in light of training issue.
'To what extent’ in regular clinical situations

- **Example:** patient wants to adjust drug dosage to make room for personal interests, in spite of lesser effect and increased risk of serious complications (diabetes, congestive heart failure)

- **Competent and capable adult**, who apparently prioritizes personal interests over managing biomedical health risks

- **Good clinical ethical reason to probe**, as apparent preference may easily depend on factual error, practical irrationality or be incompatible w. ethical norms. Would be irresponsible not to!
  - “Your wish and your aim may not be consistent. If you die or become severely disabled, you risk your ability to pursue personal interests even more.”
  - “Health care has a responsibility to observe certain limits and standards, your wish transgress these”
  - Think about your friends and your family!
  - **If done well can be part of recognising the patient as an equal: a person capable of own reflection.**

- **Pragmatic complication:** patient may wish to sever the therapeutical relationship, and seek a more tractable physician.

- **Sandman & Munthe (2010) generic variants**
  - No. 7: Severe the therapeutic relationship ➔ the patient does as he/she pleases
  - No. 9: Agree to a strategic compromise with hope to move the patient with argument in the future.
Non-standard contexts?

**Children**
- Less competent
- Less capable, more vulnerable & fragile
- In development towards competence and capability

**Public Health**
- Social, collective values
- Emancipation & em-powerment not given
- Collective action problems
- Coercive context: communicable disease, drug resistance

**Forensic Psychiatry**
- Legally unaccountable
- Undermined capacities
- Coercive institutional context
- Public security dominant value

Coercive institutional context: communicable disease, drug resistance
Questioning children

• PCC & SDM for children known to introduce challenges, and also ethically controversial.

• If PCC/SDM at all, it needs to consider long term effect on development. Interesting case: teenagers.


• Pro: Teenagers have less developed authenticity, experience & control, motivates probing and questioning.

• Risk 1: Undue questioning: A teenager may rationally embrace very different aims and values than a health care professional.
  – Leaves room for questioning "internal" inconsistencies, and factual errors

• Risk 2: The authority position of the health professional makes questioning difficult to perform in defensible ways → how

  Hartvigsson, T, et al. Errortrawling and Fringe Decision Competence: Ethical Hazards in Monitoring and Addressing Patient Decision Capacity in Clinical Practice, resubmitted manuscript
Questioning the criminally insane

• Surprise: growing support for PCC/SDM in forensic psychiatric care.
  El Alti, L, et al: Ongoing study of prerequisites for PCC in this setting, incl. staff interviews regarding their perception of patient moral agency.

• Flexibility obviously constrained by prison-like context, and security considerations.

• But: Legal unaccountability of patients does not imply general incompetence.

• Basic challenge: the patients do not want to be there ➔ bad setup for PCC.

• Questioning morality of crime and norm breaches within care.
  – Pro: developing a moral perspective on others and society is part of the aim of this care.
  – Risk 1: the patient is alienated rather than empowered.
  – Risk 2: the patient is taught how to better deceive the system, frustrating the aim of the care.
  – Risk 3: may address aspects that patient is unable to relate to due to weak reasoning ability.

• Questioning pragmatics/practical rationality of non-compliance
  – Pro: care success is very much measured in compliance terms + patients want to be free.
  – Risk 1: may undermine the rationale for questioning moral reasons by stressing instrumental reason.
  – Risk 2: may address aspects that patient is unable to relate to due to weak reasoning ability.
Questioning patients for public health purposes: vaccination & drug resistance

- Persuasion to vaccinate, and motivation to abstain from resistance driving drugs (antibiotics)
- Both cases: complex and sometimes disputed (incl. ”alternative”) facts
- Complicated relationship between individual and public interest
- The best interest of the individual patient not a given priority


- Pro: opportunity to educate and straighten out misconceptions
- Pro: activating sense of due responsibility of the patient to take part in collective action
- Risk 1: Alienating the patient, undermining the care relationship
- Risk 2: Undermining trust in the institution of healthcare: the questioning makes clear that patients cannot expect their individual interest to be in focus.
Conclusion (provisional)

• If PCC ideal ambitiously aims for patient empowerment and emancipation …
• … PCC/SDM in standard settings provides a strong reason for open argumentation incl. questioning of patients’ beliefs, wants and values.
• To what extent the questioning is handled well determines to what extent it may be justified.
• Non-standard settings of PCC, such as pediatrics, forensic psychiatry, and public health, introduce peculiar types of reasons for and against questioning patients, as well as new risks.
• Weak patient competence undermines reason for PCC and gives risk of counterproductivity.
• Public health and security considerations give risks of counterproductivity due to patient responses, and serious undermining of healthcare capacity to address problems, such as epidemics and drug resistance.
• BUT: Argumentation and questioning may also contribute to fostering decision capacities, and a sense of moral and collective responsibility.