The futility of heroism

Alexander Holden discusses consent and autonomy

Autonomy is vitally important as a principle; many feeling it rises above the other bioethical principles of Justice, Beneficence, Non-maleficence and Veracity with respect to importance. Autonomy is respecting people as a means to themselves, respecting their choices and life-plans. It has been championed by philosophers such as Immanuel Kant and John Rawls who saw it as an integral part of creating and maintaining human dignity. However, we seem to have become lost along the way in our clinical practise of what this means and how this should be achieved.

Herodontics

A term coined ‘herodontics’ appeared not too long ago. It describes the practise of heroically performing treatment at the request of a patient; the prognosis usually being poor which the practitioner knows in his heart of hearts will eventually fail due to never having a real chance of success. Many practitioners in general practice (and I’m sure in other spheres) will have come across clinical situations where a tooth can’t be saved or a prosthesis is not appropriate, but due to the insistence and pleading of a patient, has felt obliged to at least consider it at all, we treat them like pets. Of course, we are to justify our continuance in a negligence case.

Kant believed that being autonomous meant that as individuals we have the capacity to engage in rational self-governance. This means that we are (or should be) capable of accepting that we can’t just have what we want. He links this with the idea of dignity, that in practising autonomous decision making around the concept of rational self-governance, we gain dignity as mature adults. So how does this relate to the clinical autonomy of our patients? Well, if we follow Kant’s thinking; to simply give patients what they ask for under the impression we are respecting their autonomy, we actually don’t respect their autonomy at all, we treat them like petulant children with no dignity whatsoever. In doing this, we also give up our own autonomy as skilled professionals, simply becoming the agents of patients’ desires.

Universal Principle

This is a universal principle (as with all of Kant’s philosophies) that we respect regardless of rank or status, paying or non-paying because we are all capable of being moral and dignified. In interpreting autonomy in this way, we effectively deny patients dignity whilst at the same time promoting them above ourselves as morally superior beings, with the capability of over-ruling our own professional autonomy and ability to make clinical choices. There are some in healthcare who agree with this interpretation, feeling that it is right to act as patients want (or demand) without regard to their best interests or for justice in the distribution of resources.

Autonomy has for a long time enjoyed its status as the principle to trump all others. This is evident in such legal cases where professionals’ beneficence has meant they have not gained consent for medical procedures (i.e. removing tumours found incidentally during surgery performed for other reasons) and have subsequently been sued for doing so. Whether this is right or wrong is not the purpose of this article, but needless to say it does raise questions as to the absolute sovereignty of our favourite principle. The waste of resources in providing futile treatment is the same whether the treatment is privately or publicly funded. Even the argument that if a patient is willing to pay privately for a professional’s time, then the futile treatment is less ethically perplexing is flawed as we are all health resources; unjustly spending our time on futile treatments rather than treating actual disease or complaints is not ethical.

Duty

Not only is this poor misinterpretation of autonomy unethical, it can lead to legal complaint too. Some dentists are under the false impression that if a patient says yes, if they know a treatment is futile and have signed pieces of paper acknowledging so, then they are divorced of the responsibility for that treatment’s outcome. Unlike ethical debate which does at the end of it all boil down to shades of grey, this is legally wrong as no argument can be made that we are able to side-step our professional duty of care. Improving treatment that is not in patient’s interests, not fit for purpose or damaging to that patient’s oral health, regardless of patient’s consent, that treatment is negligent. Anyone who argues that it is not forgets that our primary purpose is first do no harm. Legally, treatment that is inappropriate or not fit for purpose is likely to be shown as negligent. It will be shown in any negligence case that dentists have a duty of care to provide treatment that will be fit for purpose; futile treatment by definition is not fit for purpose.

Respect

Autonomy is important, whether it should trump other bioethical principles is a difficult argument, but either way one cannot detract away from the fact that respecting our patients and their individual preferences and needs is vital to our practise as legitimate promoters of oral health. This being said, we all need to be careful in how we put this respect into the way we provide our dentistry, making sure that patients are given treatment that is fit for purpose, ethical and dignified. We also need to care about our own role in this; are we highly skilled professionals or do we instead just want to give patients whatever treatment they demand? Our predecessors worked hard to professionalise dentistry, if we are to justify our continuance as such, we need to take our duty of care seriously in only providing treatments that ultimately respect patient’s rights, not make a mockery of them.