

## **Clinical Ethics Consultation**

### **-- A Checklist Approach from Asian Perspective**

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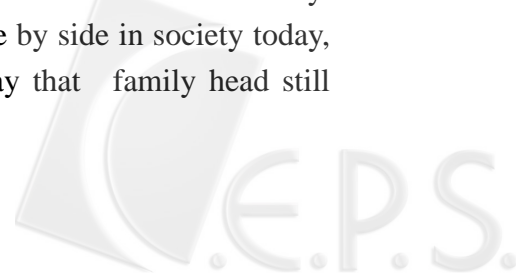
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Key words : Compassion, Soft autonomy, Responsibility

Ethical consultation aims at providing help to patients so as to improve health care and ensure patient-centered medical treatment. An ethical decision-making, however can be complicated by social, cultural, religious and personal differences. Although the four principles advocated by the Georgetown scholars have been regarded as the norms for medical decision-making in many countries, when applying them to Asian settings, a “soft” interpretation is required to ensure that the essence of their original spirit is upheld in practical settings. For instance, the post enlightenment of European understanding of personal autonomy of decision-making is missing in Asia because where-in the decision-making is traditionally done in a familial way. The family led by father or elder son functions as an “individual unit” to make decision. The well-being of each individual effects the well-being of whole family, thus the decision-making is made in a communitarian way. A father fulfilling his duty as the head of family bears the responsibility to act on behalf of the whole family to ensure what is decided is for the optimal well-being of all. The individual patient’s wish is often “felt” in a collective way and considered in a broader sense of how his/her wish will effect the whole family. This familial decision-making can be called a soft autonomy as it is not the individual patient’s wish alone, but the family’s well-being is considered. The following cases reflect this Asian practice of soft autonomy.

One wonders how is an individual patient’s wish is “felt “ ? The close family bond is regarded as being able to intuitively understand what is going on in a family member’s mind. This is known as “ a silent communication is worth more than a thousand words”. Without familial closeness, this silent communication cannot be sensed.

With the impact of modern way of life, the closeness of family in Asian is gradually fading and being replaced by the western-styled individualistic autonomy. These two different models of decision-making co-exist side by side in society today, yet we cannot overlook the influence of the traditional way that family head still



plays a major role in each individual's decision-making process.

Despite the fact that Asians function somewhat different from the western world, the Bochum Questionnaire for Medical Ethics Practice developed in 1987 by Dr.Hans-Martin Sass, however can be applied as a checklist to help arrive a best solution to bioethical dilemmas for Asians . Asians will ask similar questions as the Bochum questionnaires except that they will add family element into consideration such as “ would the decision made yield the best result of all for whole family ? what influence would it exert on family and how to reduce the negative impact to the minimum ? ...etc”. These questions must be pondered in an ethical consultation in Asia.

In Taiwan, the consultation will proceed to consider from three aspects, firstly, under so and so circumstance, what would be the best solution for all ? secondly, would the action taken reasonable and done according to the social principles ? thirdly, is resolved action lawful ? These three considerations based on situation/motivation, reasonableness/principles and lawfulness/legality have served as the guides for moral decision-making in Confucian society for centuries. These three considerations are based on and striving for the virtues of compassion, respect in the spirit of filial piety, righteousness ( fair to individual, family and society), soft-autonomy ( familial consent ) and responsibility.

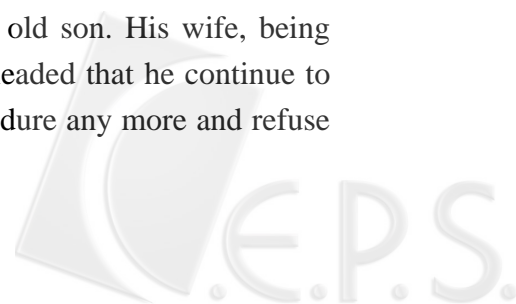
Cases:

Case I – A 76 years patient suffered stroke while he was hospitalized for liver biliary cirrhotic. His condition was improving after immediate attention. Nex day his family noticed that he was painfully gasping for breath, thought that the end was near and demanded to take him home for the belief that a person dying outside his home would become a wondering ghost after death. This 76 years patient had been too weak to make his wish known and his son had served as his surrogate. The doctor treating the patient indicated that the patient still had a good chance of recovery if treated in hospital. But the family insisted to take him home.

Question:

Should doctor respect familial autonomy and discharge the patient or should the doctor explain to the family that death is not immediate and some kind of recovery is still possible ? What if the family complies yet the patient dies short time afterward in hospital ?

Case 2 – A 64 years old man expressed that he would take no more treatment and wish to die after a painful chemotherapy for liver cancer. He married to a Vietnamese wife 15 years junior of him and had a 8 years old son. His wife, being dependent on him in Taiwan because of language barrier pleaded that he continue to be treated for his son's sake but he said that he could not endure any more and refuse



to be treated again.

Question:

This patient obviously cannot take any more suffering deserved from the side effect of the chemotherapy. Yet in Asian tradition, a person should be willing to endure for the sake of others. It is called filial piety that the father nurturing his children and when father becoming old, children taking care of his needs. His patient has two dependents and should have a strong will to live for others. What doctor should do to help or should he remain neutral simply respecting Patient autonomy ?

Case 3 – A 4 years old girl remained in comas three weeks after a brain surgery for a traumatic hemorrhage. Since she was refused treatment by a well-equipped Taipei City Municipal Hospital and transferred to a smaller hospital hundred miles south of Taipei where she was operated, public opinion was most sympathetic to her and supportive to apply all efforts to rescue her. When a brain death was declared, her parents refused to give up and demanded continuous treatment. Because the pressure from the public, the health team treating her promised that they would try their best to keep her alive hoping for a miracle.

Question:

What should doctor respond to the pressure coming from all sides of society Especially in a case where a patient's life is sustained by un-natural means ? Remove the life-supporting system or continue treating the patient ? Is national health care program a warrant of endless waste of medical resources ? program ?

In additions to the questions posted, there are also other questions need to be considered, such as:

- 1) What is autonomy ? Whose decision is it ? Should the decision be based only on individual wish ? Should not family's wish be part of the consideration ?
- 2) When health professional knows that the patient is still treatable yet the family or the patient decides to forgo, should health professional go along and respect patient's autonomy ?
- 3). When treatment is futile according to physician's knowledge and experience yet the patient or his surrogate insists continuing treatment, should patient's autonomy be respected ?

## Discussion based on Bochum Protocol for Ethical Medical Practice

What would an Asian see the Bochum Protocol ?

Essentially speaking, this protocol has considered all aspects for an ethical



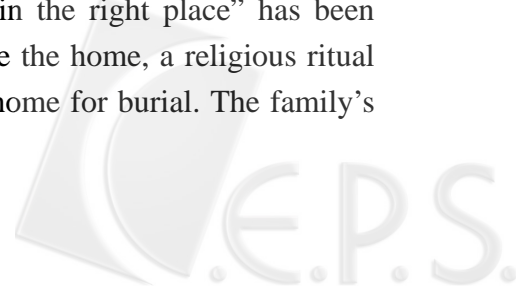
decision-making in medical settings from Asian perspective except one area, the family aspect. Traditionally, decision is made in a collective fashion taking into account not only the wish of the individual, for instance, patient himself, but also the well-being of whole family. This presentation thus will focus only on “ Self -determination and the patient autonomy” in the section of Medical-Ethical Analysis.

Kinship is central to Asian family that serves as the basic unity of society. An individual is not only an individual, s/he is the meantime an extension of a family, a larger self. The patient's autonomy, thus is not solely patient's. It has to include the whole family. Autonomy in Asia thus has a different meaning that refers also to the well-being and wish of the larger self. I call this a soft autonomy. A question must be asked, when we respect patient's autonomy, whose autonomy are we talking about ? The cases mentioned above obviously reflect the Asian thinking that patient's autonomy cannot be solely patient's. Thus the autonomy of the man's wish to forgo treatment must be re-considered to include his family's well-being, such as in case 2. Ethical consultation must encourage the patient to discuss the whole matter with his family before making his own decision to refuse any more treatment if there is slight chance of holding on. A consultant has to be culturally aware.

Secondly, when the wish of patient or his surrogate like in Case 3, insisted the continuation of treatment while all efforts in physician's view, would be futile, should physician exercise his respect toward the wish of patient/surrogate and continue to give treatment especially when there was sympathetic pressure coming from society on the side of the patient ? In other words, what is medical responsibility when conflict surfaces ? The case 3 in reality was finally resolved through counseling and consultation that the parents of the patient eventually agreed to remove the life supporting system and donated the patient's organs for transplants.

The first case is worthy of our attention. Although the similar case decreases along with the prevalence of education, it still exists in rural villages. The patient was incompetent and his family made decision on his behalf to stop all treatments believing the end was near. Why didn't family trust the prognosis of physician that the patient was still treatable ? Should physician easily give up on his/her patient simply because the family members of the patient decided to withdraw from hospital to prepare the death ritual at home ? In Bochum protocol, it states: “ To what degree should the physician permit the patient to determine the treatment plan ? Who else, if anyone, should make decision on behalf of a patient and his/her best interest ? ...”

Taiwanese folk religion believes that if a person dies outside his own home, the soul will become hungry ghost. As a filial son, the family members must do their best to prevent this from happening. “ Death at a good age and in the right place” has been regarded as a blessing. If death unfortunately occurs outside the home, a religious ritual must perform to find the wandering soul and lead him/her home for burial. The family's



insistence to take the patient home therefore is a filial act and done in the best interest of the patient.

The ethical consultation is involved not only with medical facts but must also consider cultural and religious elements. Should we respect the decision made by the family or should a medical professional persuade the family to give the patient another chance by remaining in hospital ? As the protocol asks: How can one work to assure that the following values be reaffirmed – the establishment of mutual trust between patient and physician and honoring the principle of truth-telling in all discussions. Our challenge is to find this answer.

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