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PATIENT AUTONOMY AND DECISION-MAKING IN CONFUCIAN CULTURE

"An Explorative Study"

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Abstract

Objective: This study examines doctors' current perceptions on "patient autonomy" and its moral value in Confucian clinical culture in the university hospital setting in South Korea.

Methods: Three separate semi-structured focused group interviews were conducted at two university hospitals with a total of ten participating doctors.

Results: All participants understood or could infer the correct meaning of "patient autonomy," but provided short, simple answers with no in-depth knowledge. All agreed that paternalistic decision-making is still prevalent in Korea, even though there are signs that the desire for autonomy is increasing among patients.

Conclusions: Patient autonomy is still in its early stages, but is pervasive as an idea and principle. There is a significant disjunction between theory and practice, and no clear-cut demarcation between patient autonomy and family autonomy.

Practice Implications: Negative cultural tendencies collide with growing individualism, globalization and awareness of patients' rights. Doctors in the Confucian cultural setting must be aware of such changes, and adapt accordingly.

Background

In 2008, the Korean Medical Association will celebrate the centennial of the first doctor

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to have graduated from a government licensure process in Western medical education. Since its introduction, Western medicine has dominated South Korean healthcare despite the coexistence of traditional naturopathic Oriental medicine.

Recently the principle of patient autonomy was introduced to South Korean medical society, and patient autonomy subsequently became an issue for adaptability in South Korean culture. Autonomy is a foreign word to Korean society; even though it has been introduced into Korea's academic medical society, it has not found its way into clinical practice. If embracing the science of Western medicine is the cultural norm in Korean society, then the ethics of Western medicine can also be the norm. Due to cultural relativity, however, the ethos around the concept of autonomy is very challenging. In this study, doctors' perceptions on "patient autonomy" and its moral value in Confucian clinical culture were examined in two university hospital setting in South Korea. Also, the current status of patient autonomy exercised by physicians at the university hospital was explored. By doing so, doctors' concept of "patient autonomy" was put into perspective. This can be the foundation for future empirical research.

Methods

Study Design

The semi-structured focused group interview was chosen. Questions for focused group interview were developed by the author, and then these were piloted to (and subsequently reviewed and discussed by) a group of seven faculty members from seven different medical schools in December 2007. A field note was made from the first pilot. Two non-clinicians were included. One of them was a physician whose specialty is medical ethics, and the other was an educational specialist whose background is in medical education. The group perceived the question structure to be simple and short, but able to elicit the information sought. During the piloting of the questionnaires, one doctor expressed the view that "All of us Koreans have never understood the real meaning of civil society," and "the concept of individual autonomy is really a new discovery." Due to the significant generation gap in terms of ethos and educational background among doctors, the group recommended that the focus group interview should not be carried out with doctors of relatively older age as it could be very difficult for the participants, without having any prior concept of patient autonomy, to engage in a meaningful focused group interview. Instead, it was recommended that interviews be conducted only with doctors under the age of 50, as the notion of Western patient autonomy was introduced into the medical curriculum only recently; thus, patient autonomy is not yet universally accepted and well appreciated among Korean physicians. The focus group also recommended that super-subspecialty doctors (e.g., pediatric psychiatry) should be excluded as participants because of possible bias, and that the interview only should be conducted for doctors in primary care specialties.

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Participants

Four male and six female doctors participated in three focused group interviews in two different university hospitals from January 2008 to March 2008. Among them, four were family physicians, one was a psychiatrist, and five were internists. The age range was from 32 to 45, and the mean age was 35.1 years.

Ethics Committee Review

Even though this study was considered an institutional education study, the focused group interview was submitted to the institutional review board (IRB) of Korea University Medical Center and was subsequently approved. Also, the participating physicians were aware of the possibilities of external publication in the future.

Data Collection and Analysis

A trained discussion facilitator, who already reviewed and discussed the field notes with the author, conducted the focused group meeting. Interview questionnaires were given in English because the English word "autonomy" has no equivalent translation in the Korean language. The discourse itself, however, was conducted in Korean. All session tapes were transcribed. The discussion facilitator reviewed the transcripts and audiotapes. The author examined the transcript data from each questionnaire and then analyzed the same data by categories (based on grouping concepts and opinions) that put the interview discourse content into perspective, which allowed for the identification of several themes necessary to understand the data characteristics. This 'triangulation process' verified the findings of the trained discussion facilitator. Finally, the review of three separate focused group interviews in two different university hospitals added to the credibility and consistency of the findings.

Results

The discourse content of interview from 10 participants was summarized according to each questionnaire. That part of the discourse with meaningful contribution to the results was translated and properly formatted (from colloquial to formal Korean) before excerpts were taken.

1. What is patient autonomy?

All but one participant understood the meaning of the English expression "patient autonomy." Although one participant had never heard the English phrase "patient autonomy" before, he correctly summed up the concept of "patient autonomy" in Korean. This may be due

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to the fact that an informal translation of autonomy suggests 'choice or freedom.' All participants understood patient autonomy in relation to medical decision-making and providing relevant information. Their answers were short, simple, and did not provide in-depth knowledge on patient autonomy. Most responded to "patient autonomy" as such:

Patient autonomy is based on the provision of ample information and explanation to a patient on behalf of patient-physician relationships. However, patient autonomy can be practiced by a "competent patient," i.e. a patient who is physically/mentally capable of making his or her own decisions.

Patient autonomy has the goal of providing patients with the opportunity to make a decision for themselves.

Patient autonomy works in conjunction with the aid and support of a physician.

2. How can you respect patient autonomy?

Most doctors agreed that providing full information to patients is critical to securing patient autonomy. However, they were very skeptical about full disclosure. One suggestion was:

In this "information age" we live in, there must be systems in place to allow patients to access information appropriate to each of their cases, for them to be able to make informed decisions.

Also, some doctors raised the issue of protecting their positions against undesirable choices made by patients, in which case doctors may be held responsible for the patients' choice:

When a patient makes an informed decision based on his or her own desires, and the attending physician consequently follows through with this choice, there must be policies in place to protect the physicians from negative repercussions. This will ensure the autonomy and decision-making authority of patients.

3. Is patient autonomy relevant in Korean culture?

All participants agreed upon the cultural relativity of patient autonomy in Korean culture:

Patients, legal guardians, and physicians alike all feel the need for patient autonomy, yet its development in Korea is still in its initial transitional stages.

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The older the patient, the more he or she will tend to rely on someone else to make the decisions for them (i.e. their families or their doctors).

Because of the cultural differences and the novelty of the concept itself, directly implementing the Western definition of patient autonomy will be very difficult.

Some relatively young people, either patients or their family members, research their information through the Internet, and are asking specific questions regarding treatment options, including no treatment. What they ask for is a set of choices that they can choose from.

4. Is patient autonomy protected in the Korean healthcare system?

Most participants agreed that "patient autonomy" is not protected in the Korean healthcare system and complained that the government policy on fee-for-service forced doctors to see a large number of patients to meet their expected standards of living:

When measured by Western standards of medical practice, patient autonomy is not currently being fully protected. Much important medical decision-making is still coming from the doctors, very often without proper explanation to the patients.

While it is agreed that doctors are providing better and more specific information relating to each patient's individual illnesses, not enough objective information is being shared with patients. In terms of complete disclosure of information, patient autonomy is not being protected.

Appropriate physicians' decision-making, and respect for patients' autonomy seem to be considered mutually exclusive issues in the Korean healthcare system.

Simply, there is not enough time for doctors to explain to each patient in detail what their condition/treatment is. I have to see more than 50 patients in the morning only.

5. Are patients in favor of patient autonomy?

All agreed that this varies greatly, depending on the age and medical status of the patients and their illness, and the individual patient-doctor relationships:

Even assuming there were two identical patient-doctor relationships, the personality and characteristics of the patient can change whether they are in favor of patient autonomy.

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Because the majority of patients are heavily influenced by the decision-making process of their families, patients will favor patient autonomy if it incorporates their families' opinions and decisions as well.

However, while the concept of patient autonomy itself may be welcomed by all, the amount and limits of this autonomy is still a vague, undefined area filled with conflict between patients and doctors.

Autonomy may not be applicable in cases where patients do not have enough background information and knowledge regarding their illness. Informed patients who fully understand their situation, however, will be much more receptive to patient autonomy.

6. Who does the medical decision-making?

All participants agreed that paternalistic decision-making is still prevalent in Korea, even though there are signs that the desire for autonomy is increasing among patients:

As of yet, the doctors still do most of the medical decision-making for the patients.

There are an increasing number of cases where patients make their own decisions under the supervision of their doctors.

7. Do you value patient autonomy?

All participating doctors understood and valued the importance of patient autonomy.

Lately, relatively younger doctors are making efforts to give more freedom of choice to patients through emphasis of shared decision-making. However, there is still a large difference between valuing autonomy, and the practical clinical application of patient autonomy.

There is a constant feeling of unease and even guilt among physicians when they did unilateral paternalistic decision-making with inadequate explanation to the patients.

On the other hand, it is a natural phenomenon for the vast majority of such cases to pass without any major problems.

However as time passes, the definition of personal autonomy within Korean society is evolving and the clinical practice of patient autonomy will have to change as well.

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DISCUSSION

The results of this study illustrated the underlying cultural context of South Korea that has shaped physician perceptions of patient autonomy in medical encounters. The authoritarian and patriarchal characteristics of Confucianism are in direct contrast with the concept of patient autonomy. The phenomenology of one particular country can be ascribed to its underlying culture in the most general sense, which entails historical, educational, familial, and healthcare systems. From this study, sociocultural accounts central to patient autonomy emerged in several themes that require interpretation and critical appraisal.

Patient Autonomy as a Theory

All participating doctors could not explain in detailed the concept of patient autonomy, but understood it in the paradigm of desirable communication in medical encounter. Patient autonomy is not yet well acknowledged by South Korean doctors. It is not even possible to do a word-for-word literal translation of the word "autonomy." The situation is no different for other languages using Chinese characters, due to the fact that China and Japan have the same problem (Ishikawa and Yamazaki 2005). Some doctors understand patient autonomy in the context of a good theory, with more applicability to the medical school classroom than hospital practice; others think that patient autonomy is applicable only to Western culture. All participants agree that patient autonomy will become an issue, especially given the recent rapid socioeconomic development and overall change in our society. Patient autonomy, however, faces great difficulty in gaining acceptance in a Confucian culture such as South Korea, where politeness, piety, and strong social hierarchy for the professional still prevail. Nevertheless as a starting point, appreciating autonomy as a theory may ensure relevant basic paradigms such as informed consent and shared decision-making are put into practice. Even though clinical practice is detached from theory, participating doctors conceive patient autonomy as a good and desirable practice, which gives the theory significant moral meaning. This implies the possibilities of patient autonomy as an utmost universal value in theory regardless of cultural context.

Patient Autonomy and Family Autonomy

In South Korea, patient autonomy is very often expressed only in relation to family autonomy. Traditionally, physicians discuss the diagnosis, prognosis, treatment and other relevant issues with members of the patient's family, rather than with the patient alone. All participants used the concept of patient autonomy interchangeably with family autonomy. However, specific questions on family autonomy were not pursued during the interview. The phenomenon of family surrogate decision-making is partially due to low health literacy, the burden of medical expense, and the feeling that the family's role is in the best interest of the

patient. Often, it is not considered desirable to burden the patient by asking for his or her own decision on treatment (Fan 2002). Many patients do not want to engage with the doctors directly; when doctors explain, or offer open discussion to a patient, the usual response is a simple and polite request to postpone this important process until the family arrives (Wallace 2007). Some patients believe that if a patient asks detailed questions directly, it may be quite offensive to doctors (Ishikawa and Yamazaki 2005). This hesitation is caused by the collective culture of Confucianism, which emphasizes strong human bondage in dependency, subordination to the group, waiving personal privacy, forced conformity to institutional norms, and respect for authority (Chen, French, and Schneider 2006). Elliot (2001) pointed out how previous studies have shown that family decision-making takes precedence over individual patient autonomy. Therefore, it is family autonomy (or surrogate autonomy, in a real sense) that has an equivalent status to the concept of patient autonomy.

Healthcare System

During the focused group interview, participants frequently complained about the structural obstacles on clinical autonomy imposed by the national healthcare system. Every Korean participates in a single national co-payment system. Those that place high value on patient autonomy are easily frustrated, as autonomy is not applicable in South Korea's current healthcare system. The primitive patient referring system, the anomalous predominance of specialists, and poor government reimbursement for medical services that limits interview time for overflowing outpatient numbers (particularly at university hospitals)—all of these interfere, in practice, with the implementation of patient autonomy. Simply put, there is not enough time allocated for each patient for shared decision-making, disclosure, proper history taking, or even physical examination. In the South Korean healthcare system, the patient-physician relationship is reduced to economy; efficiency is first. Patients' criticisms of abbreviated medical encounters have been verbalized with exaggeration and sarcasm as "three hours of waiting for a three-minute interview." Thus, autonomy in medicine is almost unachievable in this harsh milieu. Participating doctors who work in tertiary university hospitals deplore this stalemate and complain about their helplessness. They think it is a shame to value economy, but not autonomy. This controversial healthcare system, however, was built almost overnight—during a military regime that used coercion and oppression—and doctors did not have any choice but to accept it against their will. Therefore, in this sense, the Korean healthcare system is very culture-specific (Lee 2003).

Patients' Perspectives

Most participants expressed concern regarding the competence of patients' decision-making. They worried about the possible detrimental consequences from patients' own autonomous decisions. In this case, valuing autonomy may cause mistrust between

patient and physician (Qidwai 2005). In other words, what if the outcome based on a patient's own choice is negative? They suggested that securing patient autonomy may require legal protection for doctors, but this was only hypothetical. Also, they pointed out that due to cultural passiveness, patients seldom respond actively to doctors' invitations to participate in the decision-making process—more often politely refusing the suggestion (Okamoto 2007). An implicit communication style, as well as the passiveness of the average patient character, prematurely closes medical encounters. In conjunction with the competence of patients, health literacy was also a very significant issue. In addition to the existing passive culture, the poor socioeconomic and educational background of these patients further worsens the situation. Even though participating doctors are aware of the vulnerability of these patients, they honestly admitted that for these patients, patient autonomy is a fallacy, even far from real theory. This plight sheds light on family autonomy and accounts for its appeal.

Changing Society

We live in the Internet era. More than 85% of high school graduates go on to higher education in Korea (Jang and Kim 2004), and they all are very proficient with Internet research. Participating doctors begin to see many patients (and/or patients' family members) who bring detailed information with them to the consultation. Some ask very specific questions that even doctors cannot answer immediately. Doctors feel timid and cautious around this new generation of patients. In this situation, patient autonomy is an inevitable choice of heteronomy for doctors. This might be an alternative way to secure patient autonomy within an unfavorable healthcare system. High computer literacy rates with ample available web sites insidiously challenge the authority of doctors, as Internet technology is available domestically as well as internationally. Doctors described these patients as "intelligent, smart, but even difficult and fearsome." A mutually participating patient-physician relationship was established naturally and patient autonomy has become the patient's prerogative. Some doctors expressed their ambivalence toward these trends.

A different type of patient participates in so-called "doctor shopping." These patients have already visited several doctors for the same problem before they are presented to the clinic. Confronted with a confusing amount of different opinions, patients ask for clarification and final advice from professors of tertiary university hospitals. Patients actualized the freedom of choice through their ongoing search efforts. This odd patient behavior, which comes from an underlying mistrust, can be attributed to the patients' own independent, self-determined, voluntary will toward patient autonomy within an unfavorable social institution.

Conclusion

In this study, it was found that the principle of patient autonomy is still in its early stages

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in South Korean culture. Indeed, this concept of respecting patient autonomy based on freedom of choice is nonetheless very important to any human being (Okamoto 2007). Current doctors' perception on patient autonomy is still culturally very relative and contradictory. It is well known that cultural heritage influences the patient-doctor relationship (Charles, Gafni, Whelan, O'Brien 2006). In hospital practice, Confucian values regarding human relationships emphasized authority and obedience over the educational effects of medical ethics. In this study, it was suggested that respecting patient autonomy is not quite yet a real practice, but is pervasive as an idea and principle. However, there is compelling evidence indicating that young doctors value autonomy even though there is no clear-cut demarcation between patient autonomy and family autonomy in current South Korean society. There definitely exists a significant disjunction between theory and practice, as well as between intentionality and action. This causes moral unease, stress, and mental conflict for doctors. There is also a growing projective dissatisfaction among doctors with the current healthcare system, in which doctors are constantly confronted with time and resource constraints. The restriction of clinical autonomy from finite resources makes it very difficult for doctors to introduce a desirable patient-physician relationship within the paradigm of patient autonomy. Finally, doctors believe that these negative cultural tendencies collide significantly with the new culture of globalization (Lee 2005), of growing individualism, of the Internet era, and with the high degree of awareness of patient's rights as Korean society becomes increasingly democratized and modernized.

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