



SaskEthics

An Ethics Newsletter for Catholic Healthcare Organizations in Saskatchewan

Decision are often made in a web of relationships

Dear *SaskEthics* Readers,



If we are supposed to respect patient autonomy, why are there so many situations where we watch families tell our patients/residents what to do?

I am often asked this question by team members who believe they know their patient's wishes, and feel confused as they watch the family direct care in a way that does not seem to respect these wishes.

Imagine, for example, someone with diabetes who is fully aware of the impact sugar has on his body. His children want him to maintain a strict diet and instruct his care team not to bring him sweets, which he agrees to in a care meeting. And yet, when the dessert cart comes around and his family is at home, the resident is the first in line. Should his care team remind him of the commitment he made to his family? Should they outright stop him from having a cookie? If he gets caught, should they defend his decision to live at risk? Understanding this scenario rest on a concept called *relational autonomy*.

First, we need to understand *autonomy*, which is a philosophical concept that made its way into medical ethics as a reaction to paternalism. Instead of relying on physicians to make decisions, the focus shifted to empowering a patient to exercise their autonomy in choosing the treatments that they would accept.

Autonomy is a valuable concept. However it leads to a false idea that human beings make their decisions free from the influence of others. This is not true for most of us, as for the most part we make decisions in a web of relationships in which the people we care about influence our choices and we influence theirs. As anyone who has ever been woken up by a baby could tell you, sometimes we do things not because we want to, but because someone we love needs us to. This is *relational autonomy*.

Relational autonomy is just as present in the hospital as it is in life outside the hospital. Just because someone is admitted, does not mean they have suddenly become a purely autonomous being. They will continue to share their lives with their families. The challenge is in understanding how health care professionals should respond to this reality



St. Paul's Hospital



Catholic Health
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given that laws around informed consent are focused on the individual person making a clear decision for themselves.

When teams are faced with these situations, there are three things that I encourage them to look at: (1) does the resident/patient have capacity to make this decision (e.g., do they understand that the cookie will result in higher blood sugar levels)?; (2) what is their relationship to their family member (e.g., is the family member engaged in their care in a supportive way)?; and (3) is this a medical or a personal decision (e.g., is their diabetes such that this cookie will actually create a medical problem for this person)?

I imagine some things would be simpler if our decision-making reflected the pure autonomy that is often referenced in text books. Instead, we are influenced by the people around us for better and for worse. How does your team respond when the family's goals are not aligned with the patient or resident's goals? Do you respond in a way that cherishes the relationships that are valuable to those in your care?

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