“Is respecting patient autonomy enough, or must we promote autonomy as well?”

Tuesday, April 7, 2015
3:30 – 4:30 p.m.
Health Sciences Building, T747
Reception to follow

Bioethics has traditionally argued that we should respect patients as persons by respecting their autonomy. This autonomy has been interpreted as a property of decision making and operationalized as informed consent. Many bioethicists argue that the duty of clinician beneficence must be balanced against this duty to respect autonomy. Dr. Sullivan will argue that in the care of chronic illness this approach to patient autonomy is too narrow and must be fundamentally reconceived.

I will argue that patient autonomy is not merely a value that qualifies or guides clinical care, but is a goal for clinical care. For patients with chronic illness, we must not only respect autonomy, but promote it. This promotion of patient autonomy is not opposed to clinician beneficence, but is found within it. Patient autonomy is threatened more by illness than by clinicians. All aspects of patient autonomy are threatened by illness; patients’ moral agency is not spared. The clinical goal of patient autonomy thus encompasses more than decision making capacity. It encompasses the general capacity for meaningful action. In fact, this capacity for action is a good patient-centered definition of health. For the goal of health care in the 21st Century cannot be merely objective health (e.g., traditional measures of mortality, morbidity, and cure) nor can it be merely subjective health (e.g., patient reports of well-being, satisfaction, or pain relief), but must be health capability: the capacity to produce health, perform meaningful actions, and shape one’s environment. The patient is the primary agent of both health and health care. Patient agency is the means and the end of health care.

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Dr. Sullivan is a UW professor of psychiatry and adjunct professor of bioethics and humanities. He provides psychiatric consultation services in the UW Medicine Center for Pain Relief with a focus on diagnosing and treating depression and anxiety in patients with chronic pain.

Dr. Sullivan earned his M.D. and Ph.D. in philosophy from Vanderbilt University. His lecture is based on his book, “Patient/Agent: The Re-personalization of Health and Health Care” being prepared for Oxford University Press.

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