

# Informed consent in health care ethics

[Life](#), [Friendship](#)



Informed Consent in Health Care Ethics Name Course Date Informed Consent in Health Care Ethics Part 1 Informed consent is a person's compliance with surgery or medical treatment based on a complete disclosure of facts required to make the decision wisely. Ethics demand that any decision made by a health care worker should be after obtaining patient approval, except for slight exceptions when the patient is incapacitated. A recent enquiry session with a doctor would bring out a sense of too much knowledge on the patient's side. The doctor may have a perspective that such a patient is a 'know it all' person who cannot just take the doctor's prescription without asking questions. However, health care workers have no right to enforce judgment on a 'doctor knows best' basis. Part 2 The principle of autonomy states that no patient should be treated without their informed consent or their lawful surrogate unless in slightly defined emergencies. The patients have to bear consequences of decisions made and should therefore, be allowed to make rational, informed decisions.

The surrogates in this case are parents to minor children, grandparents to grandchildren and spouses for each other. The patient must be provided with the nature of treatment, risks, effects or expected benefits and alternatives to the procedure. In addition, any personal research related to the procedure and a right to reject the treatment is included. The court might be required to give consent at times and the health professionals can only administer treatment when the patient's life is under direct threat. Factors related to values, family, religious beliefs, lifestyle, friends and family are assessed on the patient side. Instances arise where the physician is prevented from disclosing all information necessary to secure a patient's informed consent.

One is when the physician believes that disclosing the entire information is not medically healthy and poses a stern danger to the patient. This is called therapeutic privilege and it requires an extra consulting physician, not directly related to the patient's care. A perfectly informed consent is impossible when the patient is under intense stress and is not capable of making rational decisions. Competency in health care ethics is an ability to make decisions based on understanding the vital effects of a patient's choice on themselves and others. An emergency treatment is authorized by law when delay results in jeopardizing the patient's life. Part 3 The physician has not revealed sufficient information for informed consent.

Patients either agree or disagree to undergo a medical procedure after they have all the information. In M's case, this would include the side effects of the chemotherapy she has to undergo. The physician is obviously concerned about M's life. He worries that she will refuse the chemotherapy based on how much she loves her hair, and how much she would hate to lose it. The physician has to take considerable risk in this situation. He has to inform M concerning all the side effects of the treatment. M can decide that she wants to live and she can decide to go on with the treatment, because other than taking care of her hair, she also likes reading. There are possible risks if the physician makes the decision for M.

M can suffer psychological trauma if she undergoes the treatment and loses her hair if the physician fails to inform her of the side effects. M does not have a surrogate. The physician has to inform the patient of the medical

treatment and the procedure, including any complications that might arise, and the possible risks of undergoing the treatment.

He has to inform the patient of the benefits of the treatment. He can use this as the motivating factor. The doctor should also offer the patient other treatment alternatives. He should inform the patient of any possible alternative, the risks and consequences of taking the treatment, and the possible benefits for the patient. Looking at the patient's age, she seems competent enough to make decisions and give the doctor the consent he needs to go on with the procedure. Although the patient is confined to a wheelchair and she does not seem to have any form of social life, there is no evidence that she is demented psychologically. Therefore, she is in a position to give her consent, and the physician is not in a position to invoke any therapeutic privilege. The type of cancer that the patient has is not curable, and the chemotherapy is not a guarantee that the patient will respond well to the treatment.

If the physician proceeds with the treatment and it fails, the patient will die within a few months. Therefore, having the chemotherapy is not the best alternative in this situation. If the cancer is not curable, there might be other therapeutic procedures and treatments that can help the patient live in a better way and prolong her life.

The patient can choose these alternatives instead of going through the chemotherapy because she has a chance of living longer. With these considerations, invoking therapeutic privilege is not justified in this case.

References Baillie, H. W., Mcgeehan, J., Garrett, T. M.

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