

Principles autonomy beneficence and double effect law medical essay

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ANOREXIA HUMAN RIGHTS PATERNALISTIC APPROACH MENTAL HEALTH
ACT GUARDIANSHIP ACT PRINCIPLES - AUTONOMY, BENEFICENCE & DOUBLE
EFFECT VALUES - JUSTICE, COMPASSION AND CARE. CODE OF

ETHICS Anorexia nervosa is a severe, distressing and often chronic mental illness, which causes severe weight loss, chronic physical and mental disability such as growth retardation, infertility, osteoporosis, bowel and intestinal disorder, impaired thinking and concentration as well as major disruption in their social, emotional and educational development.

Ultimately, it is a life threatening illness (Tan, A., Hope, T., Stewart, A. & Fitzpatrick, R., 2006). It is characterised by anxiety and preoccupation with body weight and shape, particularly in eating and weight control. Moreover, this disorder if not treated can cause complications such as bone weakening, decrease in white blood cells that would increase the risk of infection; low potassium level or electrolyte imbalance which may cause dangerous heart rhythms; malnutrition and seizures due to fluid loss from repeated diarrhoea and vomiting (Tan, et al., 2006). Incidentally, they are also characterised as patients who frequently refuse to engage with treatment, in spite of the danger to health and life (Tan, et al, 2006). The rights of anorexia patient are not different compared to a normal person. Since the Declaration of Human Rights in 1948, a lot of people most especially health care professionals, have been influence into practicing human rights and the preservation of human dignity of the patient (Australian Nursing and Midwifery Council, 2008). Human rights are essential and inclusive in the society that respects the rule of law, human dignity, equality and freedom (Austalian Human Rights Commission, 2013). It is stated in the Article 1 and 25 of the Universal

Declaration of Human Rights (United Nation, 2013), that all human beings are born equal in dignity and rights, particularly in the standard of living such as adequate health and well being of himself and his family. These includes food, housing, medical care and necessary social services, also the rights to security in the event of unemployment, sickness and disability. Undoubtedly, all individual, including people mental disability (anorexia patient) have rights and liberty to choose medical intervention according to their needs (WHO, 2013). On the contrary, people with mental illness are exposed to a wide range of human rights violation. Violations often occur in psychiatric institution through inadequate, degrading and harmful care and treatment, as well as unhygienic and inhuman condition (WHO, 2013). They also occur outside the institutional context, with people all over the world experiencing limitation in the exercise of their civil liberties and in the fields of employment, education and housing due to the stigma associated with mental illness (Kreek, 2011). Therefore the World Health Organisation developed a resource book for mental health, human rights and legislation, which brings together information on international norms and standard related to the rights of the people with mental disorders (WHO, 2013). The fundamental aim of the mental health legislation is to protect and promote the peoples' rights of autonomy and liberty, as well as to improve their lives and mental well being (WHO, 2013). Similarly, in Australia, human rights are valued and respect with some protections offered by way of common law and legislation. The Federal Parliament has passed a number of laws relating to the rights of each individual, including the rights of person with disabilities and mentally ill (Austalian Human Rights Commission, 2013). In particular,

the Mental Health Act of 2007, which aims to make provisions with respect to care, treatment and control of mentally ill and mentally disorder persons, while protecting their civil rights. Moreover, Act also facilitates the involvement of the patient and the persons caring for them in decisions involving care, treatment and control (Mental Health Act 2007, 2012). There are two kinds of patient according to the Mental Health Act (2012), the voluntary patient and the involuntary patient. The Involuntary patients are persons who are ordered to be detained against their own will after a mental health inquiry or otherwise by the tribunal. On the other hand, voluntary patients are persons who are willingly admitted their selves in an institution (Mental Health Act, 2012). However, there is a possibility for voluntary patients to be detained against their will, if they are proven mentally incapacitated and/or dangerous to the people around them as well as to themselves by a doctor (Mental Health Act, 2012). Clearly, the rights of the patient to consent to and refuse are temporarily deferred, even though most anorexia nervosa patient show congruent skills with what is required for legal capacity test (Silber, 2011). Therefore, treatment for anorexia patient without consent is achieved by guardianship orders. This guardian is a statutory official appointed by the Guardianship Tribunal or the Supreme Court under the Guardianship Act of 1987, to make lifestyle or personal decisions for patients who are incapable of making decision for themselves (Guardianship Tribunal, 2012). Therefore, Guardianship orders are obtained by demonstrating to the court that the patient is unable to make his or her own treatment decision (Tan, et al, 2006; Mental Health Act 2007, 2012; Guardianship Tribunal, 2012). Sighting the best course of treatment for both

voluntary and involuntary treatment are rare, hence, it requires a closer examination of ethical principles of autonomy, beneficence, non-malificence, and justice. Firstly, the notions of autonomy are explicit in a number of standard conceptions, such as, liberty, the responsibility for personal behaviour, freedom of action and freedom of choice. The principle of autonomy entitles the right to make informed consent about treatment without coercion and unconscionable influence. However, autonomous decisions are empirical to one's ability to use rational reflection and whether or not one is competent to make a particular decision (ethical dilemmas MATUSEK). Therefore, the restraining of refusal to treatment is arguably a violation of autonomy. Nevertheless, this is justified on the grounds of accommodating a guardianship order (Guardianship Tribunal, 2012). Furthermore, the condition of being anorexic itself, in spite of the fact of cognitive capacity, could be represented of failure to autonomy in terms of loss of capacity to self actualisation and self realisation which are essential in human dignity (BRATTON). Secondly, the concept of beneficence entails in doing good by contributing to and promoting overall health and wellbeing. This requires healthcare professionals to work in areas of competence to simulate that patients will benefit from seeking effective health care. However, doing what is right for the patient and promoting wellbeing can conflict with avoiding harm, for instances where both potential benefit and harm exist. Similarly, the principle of double effect often appeals to explain the admissibility of an action that cause harm as a side effect just to obtain a good end. Thirdly, the principle of justice can be defined as striving for fairness in the distribution of benefits, risk and cost. Issues of justice include

client dignity, respect for human rights and limiting unreasonable and unfair treatment (MATUSEK). Therefore, just treatment for clients with anorexia involves using the least restrictive intervention to ensure patient safety and promote good treatment outcomes (Fedyszyn & Sullivan, 2007). Moreover, it is highlighted in anorexia cases that patients are usually clear that they do not want to die (Carney, 2009) Lastly, in relation with beneficence and justice, the notion of non-malificence originates from the Hippocratic Oath, which means above all do no harm (lecture). The principle of non-malificence forbids healthcare professionals into actions that will harm or reasonably bring harm to patients (evidence base book). At the heart of the dilemma healthcare professionals are torn between conflicting ethical principles and demands of the patient as well as their loved ones'. Genuinely, healthcare professionals are bound by their duty to protect the health and wellbeing of the patient, particularly when patients are in imminent danger of dying or in serious medical danger. Although, healthcare professionals are obliged to respect the patients' autonomy, the kind of treatment they want, as well as the use the least restrictive treatment as possible (Fedyszyn & Sullivan, 2007).