Autonomy & Consent

The following is a listing of some websites, texts, videos, courses, conferences and articles that have been identified as a result of literature or web searches on this topic. The views expressed in these sources are those of the authors or presenters and do not necessarily reflect MB-PHEN positions or perspectives. If you have any suggestions or ideas to help us update this Information Sheet, please contact MB-PHEN at 204-926-7124 or ethics@wrha.mb.ca.

TEXT


Chapter 4 of this book is a thorough treatment of the precedent-setting cases in Canadian informed consent law.


This primer on law and ethics covers nursing-related issues of informed consent in Chapter 6.


Essays from a group of well-known ethicists and scholars include one on Autonomy and Consent by Beauchamp.

JOURNALS

The following list is a sample of articles from various disciplines and specialties that illustrate some of the ethical issues around consent and autonomy.


With rapid evolution of technology and the development and marketing of new procedures of dentistry, dentists have difficulty keeping pace with all of this new technology and information. How do these clinicians know whether a new product, technique or technological advance is good and should be recommended? At what point do they have an obligation to inform their patients about new procedures supported by research? This first report of a 2-part series investigates the ethical aspects of these issues and describes some of the professional ethical dilemmas and obligations involved when new therapies are offered to the public.


**BACKGROUND:** Every day thousands of surgeons and patients negotiate their way through the complex process of decision-making about operative treatments. We conducted a series of qualitative studies, asking patients and surgeons to describe their experience and beliefs about informed decision-making and consent. This study focuses on surgeons’ views. **METHODS:** Open-ended interviews and focus group discussions were conducted with thoracic surgeons who treated esophageal cancer patients by esophagectomy, and general surgeons who routinely performed laparoscopic cholecystectomy. Their views were analyzed using a qualitative approach, grounded in the perspectives of the participants. **RESULTS:** Five dominant themes emerged from the analysis: (1) making informed decisions; (2) communicating information and confidence; (3) managing expectations and fears; (4) consent as a decision to trust; (5) commitment inspired by trust. These themes are illustrated by verbatim quotes from the surgeon interviews. **CONCLUSIONS:** Surgeons carefully assess the risks and benefits of treatment before consenting to perform operative interventions. They are influenced by objective findings and by affective factors such as courage and the determination to survive expressed by their patients. They manage risks, doubts, and fears-both their patients’ and their own-relying on trust and commitment on both sides to ensure the success of the surgical mission. The trust of their patients has a strong influence on the surgeons’ decisions and actions.


**PURPOSE:** When patients are unable to communicate their own wishes, surrogates are commonly used to aid in decision making. Although each jurisdiction has its own rules or legislation governing how surrogates are to make health care decisions, many rely on the notion of “best interests” when no prior expressed wishes are known. **METHODS:** We
purposively sampled written decisions of the Ontario Consent and Capacity Board that focused on the best interests of patients at the end of life. Interpretive content analysis was performed independently by 2 reviewers, and themes that were identified by consensus as describing best interests were construed, as well as the characteristics of an end-of-life dispute that may be most appropriately handled by an application to the Consent and Capacity Board. RESULTS: We found that many substitute decision makers rely on an appeal to religion or God in their interpretation of best interests, whereas physicians focused narrowly on the clinical condition of the patient in their interpretations. CONCLUSIONS: Several lessons are drawn for the benefit of health care teams engaged in end-of-life conflicts with substitute decision makers over the best interest of patients.


Advocacy has been positioned as an ideal within the practice of nursing, with national guidelines and professional standards obliging nurses to respect patients autonomous choices and to act as their advocates. However, the meaning of advocacy and autonomy is not well defined or understood, leading to uncertainty regarding what is required, expected and feasible for nurses in clinical practice. In this article, a feminist ethics perspective is used to examine how moral responsibilities are enacted in the perinatal nurse-patient relationship and to explore the interaction between the various threads that influence, and are in turn affected by, this relationship. This perspective allows for consideration of contextual and relational factors that impact on the way perinatal nursing care is given and received, and provides a framework for exploring the ways in which patient autonomy, advocacy and choice are experienced by childbearing women and their nurses during labour and birth.


**POLICY**

WRHA Informed Consent Policy: Available at [http://home.wrha.mb.ca/corp/policy/files/110.000.005.pdf](http://home.wrha.mb.ca/corp/policy/files/110.000.005.pdf)