Patient Self-Determination and Complementary Therapies

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Many people who seek health care from conventional biomedical health care providers utilize other healing modalities as well, which are often referred to as alternative or complementary therapies. When considering ethical issues regarding complementary therapies, attentiveness to patient self-determination is imperative. Although it is the patient's responsibility to seek information about complementary modalities and to make health choices in this regard, it is prudent for conventional providers to become knowledgeable about other modalities and to provide a nonjudgmental atmosphere in which patients can discuss and explore approaches to addressing their health care needs.

Choices and expectations concerning health care and healing practices are influenced by many factors, including cultural perspectives, personal values, social norms, and availability of resources. These factors guide choices regarding when and from whom persons seek health care, the kind of care sought, and how long persons participate in care.

Although most people in the United States seek health care from conventional biomedical practitioners, many people utilize other healing modalities as well (Eisenberg, Kessler, Foster, Norlock, Calkins, and Delbanco 1993). Such therapies, which are often termed alternative or complementary, may derive from traditions in the patient's own culture or are borrowed from traditions of other cultures, and may be used concurrently with or chosen in lieu of conventional therapies.

Sometimes therapies that are considered alternative or complementary include practices, techniques, and systems that may challenge viewpoints or priorities of the dominant health care system (National Institutes of Health 1994). Nevertheless, this paper contends that it is in the best interest of patients to provide a health care environment that allows people to choose modalities that address their needs for healing from within and beyond the biomedical system.

Patient Self-Determination

Patient self-determination is basic to discussion of ethical considerations regarding integration of complementary therapies and conventional medical care. Self-determination derives from the principle of autonomy. Autonomy, which literally means self-governing, denotes having the freedom and ability to make choices about issues affecting one's life, to make decisions regarding personal goals, and to act on the choices made. Respect for persons is implicit in the notion of autonomy. Autonomy cannot exist in a climate

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that disallows independent planning of personal goals or the privilege of examining and choosing options to meet goals. Although autonomy speaks to the choices of an individual, these individuals are members of social worlds in which decisions regarding issues such as health care affect others and are made in conjunction with trusted persons.

The Influence of Culture

Decisions about health care are based on more than scientific expertise. A patient's values, culture, spiritual and other beliefs, evaluation of risks, benefits, and economic considerations, and affects on lifestyle and role influence a person's choice of therapies. All these factors must be considered in deliberations about health care.

The influence of culture is particularly important because emotional, psychological, aesthetic, interpersonal, and other dimensions of health concerns differ across cultures and belief systems, impelling certain actions and constraining others (O'Connor 1996). Culture teaches one the meaning of health, how to be sick, and when, how, and from whom to seek care. Values, goals, and beliefs of personal culture, the culture of the biomedical system, and that of other healing systems may all be involved in making sound, ethical health care decisions.

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Worldview and Explanation of Sickness

The biomedical explanation of sickness is termed *disease* (Tafoya 1996). The goal of the biomedical system is to cure the disease, or at least to control the symptoms. Biomedicine has greatly advanced the understanding of and ability to manage many disease processes and has contributed to knowledge of how to stay healthy. A danger, however, is an attitude within the biomedical system, that implies that this model is superior to and should be embraced to the exclusion of other approaches to dealing with health concerns.

While the biomedical system focuses primarily on curing, many complementary modalities attend to the broader experience of healing. Healing addresses the personal and cultural response to sickness as well as the person's biophysical integrity. Where curing focuses on restoration of integrity of a specific diseased component of the person, healing is an organismic, synergistic response emerging within the person supporting or restoring harmony within the whole body-mind-spirit person and includes the personal, cultural, and social meaning of the life situation created by illness (Burkhardt 1985; Quinn 1989). Quinn notes that, although diseases may be cured, the need for healing often leads people to modalities beyond the boundaries of biomedicine. Healing may incorporate curing; however, it may also occur in the absence of cure.

Complementary modalities may potentiate healing, curing, or both. However, because the processes and modes of action of many of these modalities are not understood within the biomedical paradigm, the use of such modalities by patients who seek care from conventional health care providers (hereafter referred to as providers) may be discouraged, or at best, ignored by these providers.

Knowledge of what is considered best for patients is grounded in the provider's explanatory model. Some of the complexity related to ethical considerations regarding complementary therapies derives from the differences in knowledge and moral consensus about health and healing between biomedicine and other modalities (Hufford 1996b). The biomedical explanatory model reflects a hierarchical and reductionistic worldview which emphasizes the expertise of practitioner over patient, prefers treatment modalities that cause obvious reactions in the physical body, and tends to reject nonmaterial explanations of cause (Cassidy 1996). Many patients utilizing the biomedical system, while not reject-

ing the importance of physiological integrity, hold to explanatory models that may offer different explanations of cause and care.

What, then, is the appropriate ethical response when patients wish to explore or include treatments that derive from explanatory models that differ from that of the provider? What is the role and relationship of conventional practitioners toward therapies outside their realm of expertise? Several considerations related to these questions are briefly discussed here.

The Right to Choose

The principle of patient self-determination directs us to honor the right of persons to utilize modalities other than conventional medical therapies in addressing health care needs. Honoring and respecting the convictions derived from belief systems that underlie these choices is another challenge. To deny such convictions in health care is "to deny the patient's very reality, sometimes risking serious psychological and emotional impact on patient and family alike, and always raising genuine ethical concerns about patient autonomy, provider beneficence, substituted judgment, and distributive justice" (O'Connor 1996, p.93).

Attentiveness to a patient's desire for treatment options requires a willingness to take seriously the patient's need for healing as well as curing and the contributions to health offered by other explanatory models. When providers do not understand the other modality or question the efficacy or safety of the choice, it is important to explore these considerations with the patient. A nonjudgmental approach that is respectful of differing values and beliefs and sensitive to ethnocentric bias enhances joint exploration.

Providers need to be aware of the various therapies being considered or utilized by patients in order to have a broad picture of the many factors affecting a patient's health and healing. It is helpful for providers to incorporate discussion of complementary therapies into assessment because patients may be hesitant to bring up the subject. Providers need not ascribe to such therapies in order to become knowledgeable about them, nor do they need to be practitioners of other modalities in order to discuss them. Creation of an atmosphere that encourages nonjudgmental discussion of all modalities being considered or employed, with a goal of using whatever is beneficial for and will meet the needs of the particular patient is important.

Providers need to develop at least a talking knowledge of nonconventional therapies commonly used by patients in order to discuss their use with patients. Many therapies work as an adjunct to medical interventions, some may interact in unhealthy ways with particular medical interventions, and the efficacy of many modalities is not fully known. In discussing choices with patients, providers should offer all relevant information regarding particular therapies from studies that they know, allowing clinical and personal experience into the conversation in judicious ways, while recognizing that the provider never has all the pertinent information and that uncertainty is inherent in health choices (Hufford 1996b). Providers may find it appropriate to support or recommend some complementary modalities while discouraging the use of others. Complementary modalities should not be discounted merely because they are not understood within the western biomedical framework; however, it is helpful to counsel patients to explore the validity of claims made about particular therapies, especially if the provider perceives a potential for harm.

Hufford (1996b) suggests that the patient has major responsibility for seeking out information regarding alternative therapies and making health choices in this regard, but that providers need to have some knowledge about risks and benefits associated with these therapies. When patients are interested in complementary therapies, it is important to determine whether there are risks involved. When the potential for significant risks exists and the patient is committed to utilizing the therapy, the goal is to minimize risks and maximize treatment. If there is not a strong commitment to the nonconventional modality it is worthwhile to encourage ongoing discussion of

known risks and benefits related to various options (Hufford 1996a). When conventional health care providers work with traditional systems and their healers, the overall care becomes more effective and culturally congruent.

Informed Consent

Informed consent, an issue that goes hand in hand with discussions of self-determination regarding health care decisions, provides legal and ethical protection of a patient's right to personal autonomy. It is a process by which patients freely agree to a treatment option after being informed of possible outcomes, alternatives, and risks of treatment. Inherent in the choice is the right to refuse interventions or recommendations about care, and to choose from available therapeutic alternatives.

Respect for persons includes an attitude of openness to views other than one's own and an appreciation that there are many paths to healing.

"Ethically valid consent is a process of shared decision making based upon mutual respect and participation, not a ritual to be equated with reciting the contents of a form that details the risks of particular treatments" (The President's Commission 1983, p.2). Respect for persons includes an attitude of openness to views other than one's own and an appreciation that there are many paths to healing.

Patients require sufficient information to enable them to understand their health concerns and to make decisions regarding treatment. The content of informed consent must include the nature of the health concern and prognosis if nothing is done, description of all treatment options, even those which the health care provider does not favor or cannot provide, and the benefits, risks, and consequences of the various treatment alternatives, including nonintervention.

Since noting alternatives is a key factor in informed consent, an important consideration is whether it is ethically incumbent on practitioners of bioscientific medicine to include complementary modalities in discussion of therapeutic alternatives, and whether practitioners of other healing modalities should be sure that patients are aware of biomedical alternatives. Hufford (1996b) raises the question of whether any practitioner can be sufficiently knowledgeable about all available alternative practices to mention them to patients.

Determining reasonable parameters for information required for an informed consent is based on one or more standards:

- The *professional practice standard* — the disclosure is consistent with the standards of the profession;
- The *reasonable person standard* — the disclosure is what a reasonable person in similar circumstances would need in order to make an informed decision;
- The *subjective standard* — the disclosure is what the particular person wants or needs to know.

Applying the professional practice standard alone to considerations regarding complementary modalities may limit information regarding these options due to concerns that the efficacy of many complementary therapies has not been proven through research that meets the standards of the biomedical system. Such arguments fail to recognize that many modalities such as traditional oriental medicine and Ayurvedic healing derive from systems that are centuries old, scientific within the context of their own paradigms, and continue to be utilized extensively in many nations and cultures in the world (National Institutes of Health 1992). As research continues and expands in the area of complementary therapies, acknowledging such therapies as treatment options may become a requirement of informed consent in the future.

Practitioners of complementary modalities must also address issues of informed consent. As with conventional interventions, the appropriate ethical stance with complementary therapies is to offer an explanation of the intervention, the risks, benefits, anticipated affects, and other treatment options, and to receive permission from the patient or family prior to initiating the therapy. Since some complementary modalities can affect conventional interventions, it is prudent to appraise other health team members of their use, and to document both treatments and their efects. The patient maintains the right to discontinue an intervention and to choose other options.

As noted above, the ability to determine personal goals, decide on a plan of action, and the freedom to act on one's choice are basic to autonomy. Professional integrity requires an honest look at how the conventional biomedical system may inhibit patient self-determination relative to complementary therapies. The patient whose personal plan of action includes a macrobiotic diet, guided imagery exercises several times a day, and daily yoga in addition to conventional therapies may encounter restrictions in freedom to act on these choices within a conventional hospital setting. In biomedical settings it is very important to determine the congruency between patient and provider goals regarding healing and curing and to review options considered viable by each as a means to meeting the goal.

Threats to Autonomy

A number of factors may threaten patient autonomy in health care settings. Although these factors may affect many aspects of patient decision making, for the purposes of this paper they are discussed relative to choices regarding complementary therapies. A basic consideration is the power relationship between patient and provider.

In the western biomedical system the patient is generally in a dependent role while the provider is in a role of power and authority derived from professional knowledge and skills. Persisting paternalistic attitudes within health care settings, which foster the dependent role for patients, can lead to violations of autonomy. Paternalism implies well-intended actions of benevolent decision making, leadership, protection, and discipline. This may be manifested as decisions made on behalf of patients without full consent or knowledge, or as attitudes that reflect approaches to managing health concerns other than those proposed by the provider are unacceptable and without sound basis.

Although the principle of beneficence suggests that decisions focus on the patient's well being, the power inherent in such a hierarchical arrangement can be abused and decisions may reflect the interests and viewpoints of providers more than those of patients.

Consider, for example, a provider who is willing to recommend surgery or strong narcotics for management of severe pain, but who refuses to discuss the patient's interest in acupuncture, convincing the patient that such approaches are unreliable. Such attitudes contribute to increasing struggles between patients and providers over control of health care decisions.

It is important to recognize and address subtle violations of patient autonomy that flow from provider's attitudes. When providers assume that a patient's values and thought processes are the same as their own, they may believe that the only reasonable courses of action are those that they would choose. If patients choose complementary therapies in lieu of or in addition to conventional therapies, their decision-making capacity may be questioned, or they may be labeled as noncompliant, or, at best, a little strange. The ethics of such responses needs to be questioned. For example, is it ethical for providers to exert great pressure in trying to dissuade a woman from discontinuing chemotherapy treatments and seeking healing instead through prayer and herbal remedies in spite of the fact that she has thoughtfully considered the various options with their risks and benefits? When family members are encouraged to persuade her to continue with conventional interventions, can this be considered

coercion? Would it perhaps be more productive to support her choice, acknowledging that such interventions may enhance the healing process regardless of whether cure is an outcome, and leave the option open to reconsider conventional interventions.

Other subtle violations of patient autonomy occur when providers fail to recognize differences in styles of processing information or to appreciate differences in knowledge levels regarding health matters between themselves and their patients. Honoring the patient's cognitive and intuitive knowing and trusting that persons ultimately know what they need for their own healing are important factors in developing a trusting patient/provider relationship . While it is important to determine whether a person possesses the abilities necessary for informed choice, a patient's decision for complementary treatment, one that may seem unreasonable to the provider, does not necessarily mean a lack of decision-making capacity. Such a difference may merely reflect a difference in values.

Summary

Conventional biomedical practice recognizes that different health concerns require different treatments. With this in mind, it is important to acknowledge that there are interventions other than those offered by conventional medicine that are useful in treating many health concerns, and that there are health concerns that are not addressed adequately by conventional medical therapies. Maintaining an openness to the most effective treatment for each patient is more in the patient's best interest than eliminating from consideration therapies outside the realm of biomedicine. Patients have and will continue to seek therapies, both conventional and complementary, that address their healing needs. The right to choose from among alternatives and to assume responsibility for the consequences of these choices is inherent in patient self-determination.

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