

# From the Paradigm of 'Listen to the Doctor', to 'Listen to the Patient'

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## Kata Kunci

'Dengarkan pasien', respek terhadap otonomi, keselamatan pasien, kualitas kehidupan, preferensi terbaik pasien

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**Abstrak** Saat ini, paradigma 'Dengarkan Dokter' melemah dalam pelaksanaan layanan kesehatan. Harapan yang lebih tinggi terhadap kualitas pelayanan kesehatan, preferensi pasien yang lebih baik, dan sistem yang lebih rumit dalam pemberian pelayanan kesehatan telah menyebabkan pergeseran paradigma ke 'Dengarkan Pasien'. Secara etis, situasi ini meningkatkan posisi tawar pasien berdasarkan prinsip menghormati otonomi. Prinsip-prinsip etika dalam pelayanan kesehatan sangat penting sebagai landasan yang tepat untuk mengantisipasi kemungkinan terjadinya perilaku tidak etis oleh pemberi layanan kesehatan dan pemberi perawatan. Evolusi tersebut juga meningkatkan upaya perbaikan untuk peningkatan kualitas sumber daya manusia kedokteran, teknologi kedokteran mutakhir di bidang kedokteran, penelitian kedokteran baru di segala bidang kedokteran, dan cost-benefit ratio yang efisien, sehingga kesehatan pasien, pasien keselamatan, kualitas hidup, dan preferensi pasien dapat dicapai pada tingkat tertinggi. Paradigma 'Dengarkan Pasien', yang sejalan dengan prinsip penghormatan terhadap otonomi, hendaknya diterapkan untuk mewujudkan pelayanan kesehatan yang berkualitas, kualitas kehidupan yang baik, keselamatan pasien, dan preferensi terbaik pasien.

**Abstract** Nowadays, the paradigm of 'Listen to the Doctor' is weakening in health-care-delivery. The higher expectation of health-care-delivery quality expectation, the better patient-best-preference, and the more complicated system in health-care-delivery, have led to the shift of the paradigm to 'Listen to the Patient'. Ethically, these situations are enhancing the bargaining position of the patient based on the principle of respect for autonomy. The principles of ethics in health-care-delivery are very important as the proper ground to anticipate the possibilities of unethical behavior by the health-care-provider and caregiver. Those evolutions are also enhancing the efforts of improving the quality of medical human resources, up-to-date medical technology, novel medical researches, and efficient cost-benefit ratio, so that the patient's health, safety, quality-of-life, and patient-best-preference, can be achieved on the highest level. The paradigm of 'Listen to the Patient', which is in line with the principle of respect for autonomy, should be implemented to improve health governance and create the best health-care-delivery quality, good quality-of-life, patient safety, and patient-best-preference to any extent.

The paradigm of 'Listen to the Doctor' used to be known in the past when patients came to the doctor for a treatment. During that period, patients just followed the advices of the doctor for having diagnostic and therapeutic procedures, without fulfilling the patients' curiosity about information of those procedures. Evolution of the health-care-delivery system which is grounded on the appropriate ethical principles has made a shift to the new paradigm of 'Listen to the Patient', which is basically respecting the patient's autonomy. Furthermore, deeper discussions between the

caregiver and care-receiver on detailed and specific information are needed.<sup>1</sup>

## Respect for autonomy

Autonomy is defined as the right to self-determination and is related to concepts such as privacy, authority, liberty, and self-governance. Respect for autonomy is an important ethical principle because it stresses the importance of personal values and beliefs, and emphasizes that a person is able to decide what might be the best preference for him or her, even if this would be at the detriment of his or her own

health. Autonomy is also related to equality and freedom of choice as the paradigm of the basic human rights. Therefore, from this perspective, paternalism that interferes with personal autonomy should be avoided.<sup>2</sup>

### ***Paternalism, should it be upheld?***

The four ethical principles that consists of autonomy, beneficence, non-maleficence, and justice, should be inline each other. Unfortunately, sometimes unavoidable conflicts between those principles could happen. The principle of paternal administration might be justified as an interference of the patient's free will or preference on the beneficence of the care-provider (Kant et Mill 1880). The good intention of the care-provider that is based on doing-good and do-no-harm, might be incompatible with the patient's best preference, so that this conflict between the care-receiver's autonomy and the care-giver's beneficence creates the coercion and force for the treatment of the care-receiver, particularly for the non-autonomous or incompetent patient.<sup>2</sup>

### ***Informed consent as the ethical approval***

Informed-consent is defined as the approval and permission which is given by the care-receiver after receiving and understanding the complete information for taking-action on diagnostic and therapeutic procedures by the caregiver. The principle of consent is based on human dignity, human right, and respect for autonomy. The objectives of informed consent are asserting the patient autonomy, protects patient status as human-being, prevents coercion and deception, encourages the doctor's self-criticism, supports the process of rational decision-making and educates the public at large. There are some exceptional circumstances for the principle of consent, such as emergency situations, minors, mental patients, some beliefs, euthanasia, and HIV cases.<sup>3</sup>

### ***Privacy and confidentiality deliberation***

Talking about the paradigm of 'Listen to the Patient', automatically the patient data should be protected as the privacy and confidentiality of the care-receiver. Privacy is

defined as the right of individual or group to be free from intrusion from others, including the right to determine which information about them should be disclosed to others. While confidentiality is defined as an attribute of personal information should not be disclosed to others without sufficient reason. Reasons for respecting privacy and confidentiality are some important things of the patient: personal integrity, dignity, respect for personhood and trust. Caregiver should protect the patient privacy and confidentiality to the greatest extent possible in the circumstances. Justified breaches of confidentiality are sharing information for patient care, using interpreters, teaching, mandatory disclosure in law, danger to others, and under consent of patient.<sup>3</sup>

### ***Individual responsibility should escort the autonomy***

Responsibility is defined as the awareness of one's obligation to make decisions and to act appropriately based on certain commitments. This should be possessed by either caregiver or care-receiver. It is important to avoid infringement or violation against another person's autonomy. Everyone should respect the autonomy, privacy, confidentiality of each other to avoid unethical conflict between the care-giver and care-receiver. 'Listen to the patient' paradigm could avoid the ethical tension by both sides.<sup>3</sup>

### ***From principleism to care ethics***

Principleism, which consists of autonomy, beneficence, non-maleficence, and justice, can sometimes inflict inter-principles discrepancy or tension. This problem might be caused by the rigid and ambitious autonomy, so that those situations can undermine other principles. For example, paternalism is the undermining of autonomy by beneficence. At this point, care ethics could be the better option to be the proper ground of the paradigm of 'Listen to the Patient', because in care ethics the autonomy is shared between the care-giver and the care-receiver. The vulnerable care-receiver would restore his or her dignity by the care of responsible and competent care-giver, which is

based on mutual relationship with care, love, attentiveness, willing for giving of care-giving and willing for accepting of care-receiver.<sup>4</sup>

### ***Informed dissent, why?***

Informed dissent is defined as a denial, refusal, or disagreement for diagnostic or therapeutic medical procedures, after receiving adequate information. This circumstance is based on the patient autonomy and free will, as the result of balancing the doctor's information or advice and patient-best-preference. Some dilemmas could be enhancing this situation, such as considerations of cost, fright, anxiety, and inconvenience. Incompetence and unclear information delivered by the caregiver could inflict informed dissent. In-depth interview and discussion with mutual understanding and respecting each other could reduce the conflict and safeguard the expected ethical relationship between patient and doctor.<sup>5</sup>

### ***Patient-safety as the ethical and medical focus***

Patient-safety is defined as the absence of preventable harm to a patient during the process of health care and reduction of risk which could happen during hospitalization. Sometimes the cure can be worse than the disease. By overdoing to achieve patient-safety, caregivers might perform the so-called defensive medicine or even heroic medicine, which is inevitable. Therefore, the appropriate ethical ground and medical focus should be performed to avoid those circumstances, including other hospital harms, such as nosocomial infection, resistance, sepsis, surgical errors, and iatrogenic harms (clinical, social, cultural). 'Listen to the Patient' could reduce these circumstances.<sup>6</sup>

### ***Ethical ground for enhancing patient quality of life***

Quality-of-life is defined as the standard of health, comfort, and happiness, experienced by an individual or group. Proper ethical ground would support the quality of life because the ethical principles of beneficence and non-maleficence are the foundation of human well-being as the indicator of quality-of-life. The quality of life could influence the quality of human offspring. 'Listen to the patient' paradigm is enhancing the good quality of life on the proper ethical ground.<sup>7</sup>

### ***Patient-best-preference as the prominent factor.***

Patient-best-preference is defined as the demand and need of the patient, for receiving the best treatment at the highest level based on the patient's knowledge and autonomy. This is also the reason for the patient to look for a second opinion to enrich the knowledge about all the information on the diagnosis and treatment, so that the best decision-making can be done by the patient. Unfortunately, some doctors are not pleased about the effort of the patient to do so. It is unethical if the caregiver prohibits the care-receivers to look for a second opinion. In case of incapacitated or non-autonomous patient, patient-best-preference will be decided by the surrogates or the assent of the patient. Ethical behavior of the doctor would create enhancement of patient-best-preference as the prominent factor of the paradigm of 'Listen to the Patient'.<sup>8</sup>

**Table 1.** Distinction between the paradigm of 'Listen to the Patient' and 'Listen to the Doctor'.

<b>Listen to the Patient</b>	<b>Listen to the Doctor</b>
Always respecting autonomy of patient	Sometimes practicing paternalism
Patient-best-preference platform	Doctor's knowledge
Ethical behavior	Clinician opinion
Decision sharing	Rigid protocol
Pleasant ending	Conflict ending

## CONCLUSION

The 'Listen to the Patient' paradigm is better rather than 'Listen to the Doctor', because it respects the autonomy of the patient and it is based on patient-best-preference platform, ethical behavior, decision sharing, and pleasant ending. Some important points should be kept in mind by the health care provider and care-giver to perform a 'State-of-the-Art' quality of health care delivery, such as respect for autonomy, paternalism, privacy and confidentiality, informed-consent, informed-dissent, care ethics, responsibility, patient-safety, quality of life, and patient-best-preference. Higher expectation of health care delivery quality should motivate the health care provider to overcome the challenges and issues by performing researches in health and medicine.

## CONFLICT OF INTEREST

There is no conflict of interest in the contents and writing of this article.

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