

## Special Article

# Paternalism VS Patient Empowerment: Nursing Challenges from Spain and Greece

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### Abstract

Paternalism as opposed to patient empowerment creates challenges for nursing and the medical profession.

**Aim:** The main objective of this paper is to provide a platform of reassessing paternalistic infiltration to nursing practice versus the recent drive towards patient empowerment, within a context of two contemporary European societies, i.e. Spain and Greece. Moreover, a specific objective of this paper is to provide a background illustrating the new ethical model of nursing.

**Method:** A particular method of description was chosen, based on proverbs and sayings of lay wisdom which served the basis for critical analysis and discussion based on papers selected from both the English and Spanish literature.

**Results:** A thematic analysis revealed five subheadings as follows: Professional-user/patient relationship: a bioethical view; Overprotection or negligence; Autonomy and beneficence; The problem: how to face it from the training and Legal framework in Spain and Greece.

**Discussion:** Results were discussed as they were presented in a narrative form of presentation and proverbs were used accordingly. The paternalistic model presents many problematic aspects on the patient and his/her course of treatment. Yet, it would not be necessary to weigh individual autonomy against other principles such as, for example, the principle of the sacred nature of life or not harming during professional health care delivery.

**Conclusions:** The relationship between a health professional and an individual with health needs that used to follow a clearly paternalistic model has been transformed and continues to evolve towards a relationship with the active participation of the health service user. Overall, through dialogue, communication in all its forms in consultations and discussions is the optimum alternative approach to achieve excellent nursing care.

**Keywords:** patient consent, paternalism, autonomy and beneficence

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### Introduction

Paternalism is a model in which the doctor-patient relationship is asymmetric, since the doctor carries the weight of decisions. A few decades ago it was a subject of liberal criticism while nowadays, is more inclined to indicate a respect for the autonomy of the patient. Yet, these two concepts still cause considerable controversy and conflict within the nursing paradigm (Hyland, 2002). The doctor/nurse-patient relationship is presented as an interesting and little understood topic in which many concepts come into play. In the history of nursing, the rights of the patient were not always

respected, because of the paternalistic model that prevailed. The United Nations declaration of human rights has recognised the value of life independently of one's beliefs and values. Moreover, as stated in Article 19. "Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers" (United Nations, 1948). In this context, one could argue that both patient and doctor have an equal right to freely express their will, desire and decisions regarding health care.

According to Dworkin (2017), "*Paternalism is the interference of a state or an individual with another person, against their will, and defended or motivated by a claim that the person interfered with will be better off or protected from harm...and in medical contexts by the withholding of relevant information concerning a patient's condition by physicians*". In the context of a health care setting, the doctor represents an authoritative-father figure, the nurse the caring-mother figure and the patient is the helpless-child figure.

Moreover, paternalism is also characterized as "the attitude of the person who applies the forms of authority and protection, typical of the father in the traditional family, to another type of social relations: political, labor, etc". This school of thought implies and even accepts the reduction of autonomy and personal freedom under certain circumstances (De Almeida & Zélia, 2007).

But what is medical paternalism? It is recognized as a form of authoritarianism, in which one person exercises power over another by making decisions based on a self belief of superior knowledge thus enforcing a form of patriarchy i.e.:

*"- I am the one who knows, therefore I decide what suits you"*.

Yet, this is often an attitude believed to benefit the patient (Iñiguez et al., 2012). Acts directed to satisfy the medical curiosity or in the eager search of evidence may not be perceived as paternalistic, but rather power exercises (Martínez & Medina, 2014).

European Medicine on the other hand has been recently criticized as been a strong paternalistic tradition that comes from Ancient Greece, like all the foundations of Western civilization. According to the paternalistic model, the doctor is in full power, i.e. he/she is the decision-maker on the patient's behalf. This attitude stems from the belief that only the doctor who knows what is best for the patient. This model dominated the course and evolution of medicine up until the occurrence of social developments that led to advanced patient participation in the healing process, hence creating new models in the doctor-patient relationships (Papamichail, 2010).

The deep-seated changes that have occurred the doctor patient relationship in recent decades, whose aim is to ensure respect of the patient's rights, resulted in the distancing of the doctor

from their paternalistic role and the patient's participation in the healing process.

The two basic models we see in the doctor-patient relationship are the paternalistic and informative models.

The principle of autonomy, which respects the dignity of all people, defends respect for the patient's will. It can be defined as "self-determination" weighing up the opinion of the professionals and their own personal circumstances. Nowadays, the relationship has become more participative (patient-centered), in which the patient must be informed of their health situation and all the processes. The patient is more actively involved with their own health decisions. This is how the relationship ceases to be experiential, in which the knowledge is imparted, empathy prevails and a interrelationship is set between health care professionals and society which improves public and individual health (Samuels, 2006).

Paternalism tends to apply protection and an attitude of authority, like parents in the traditional family, but imposed on social relations of another kind. The doctor is the one who has the knowledge, the means and the legal force to make an improvement in health and that is why in this model he is the one who carries the weight. This way of understanding the art of healing led to an increase in respect for the principle of beneficence on a moral level (Choi, 2015).

Occasionally, paternalism can be considered as an attitude towards the patient's benefit, rather than a power attitude or simply a peculiar medical approach. In this sense, being less paternalistic does not mean "abandonment to the patient" but to provide the patient with autonomy, information, support and letting him/her the freedom to decide (Unger, 2012).

The main aim of this paper is to provide a platform of reassessing paternalistic infiltration to nursing practice versus the recent drive towards patient empowerment, within a context of two contemporary European societies, i.e. Spain and Greece. Moreover, a specific objective of this paper is to provide a background illustrating the new ethical model of nursing.

**Method:** for this paper's needs, a particular method of description was chosen, based on proverbs and sayings of lay wisdom which served the basis for critical analysis and

discussion based on papers selected using the following key words both in the English and Spanish literature: patient consent, paternalism, autonomy and beneficence. These were found in Medline and Cinhal, from 2000 onwards.

### Results and Discussion

A thematic analysis of the chosen papers revealed five subheadings which incorporate a holistic overview as follows: Professional-user/patient relationship: a bioethical view; Overprotection or negligence; Autonomy and beneficence; The problem: how to face it from the training and Legal framework in Spain and Greece. Results were discussed as they were presented in a narrative form of presentation and proverbs were used accordingly.

#### **Professional-user/patient relationship: A bioethical view**

There are many barriers that can hinder a correct communication with the patient, such as the care burden and the lack of time, which favors paternalistic approaches. In order for the professional to have good communication with the patient, one must be compassionate and empathetic. The nurse-patient encounter is an interpersonal relationship that requires respect and empathy, serving as a basis for health care delivery in a humane way. Therefore, the autonomy of each patient must be fully respected and this is the responsibility of each nurse. All health professionals have the same responsibility to users, regardless of their status and specific training (Stewart et al., 2000).

Good communication in health care is essential and is a way to defeat paternalism. This new health care paradigm, in which there is active patient participation ensuing that nurses are treating sick people and not just illnesses, thus treating people holistically i.e. keeping the biological, psychological and social integrity of the individual.

The formally vulnerable individual i.e. the patient without access to medical knowledge may now obtain more information about his/her health and procedures via the internet. This is one reason why professionals must know how to communicate correctly within the context of the worldwide web. It is noteworthy that health care professionals need to be up-to-date in order to counter the misinformation that is also on the web. In addition, nurses need further educating on how to recognize the specific needs of

their patients and to decipher their 'messages' or 'cries for help'.

Yet, the patient too, must participate, to get involved in expressing their needs and clarify their values, preferences, habits and lifestyles in order to incorporate change according to their individual needs.

In other words, communication must be bidirectional to guarantee a comfortable and trustworthy environment to transmit the necessary information to the patient and establish an action plan with it. The performance of health care professionals should be one of solidarity which establishes reciprocal actions and inspires the patient to take greater responsibility for their own health and wellbeing. Yet, there should be awareness that selfishness spoils this relationship and creates barriers in communication that can lead to malpractice.

Currently, with scientific and technological developments in modern society, the traditional paternalistic model becomes incompatible. Professionals, service users and society must work to deepen an effective dialogue that leads to further improvements in quality care and public health. It would be easier to achieve such objectives if the decision-making process was done in a shared manner, involving professionals and the patient, in order to reach excellence of standards. This involves the promotion of certain values that are essential in nursing practice and adequate communication which enhances the nurse/doctor-patient interrelationship.

In this context, the nurse-patient relationship forms a very sensitive and human aspect of our profession. Communication skills need to be taught and adopted as a core attribute of nursing. The very first act of communication is usually visual, i.e. an empathetic facial expression or an encouraging gesture which sets up a positive start as opposed to an unpleasant, accusatory or prejudiced gesture. Yet, sometimes, silences are also necessary and do not always form a gap in communication, rather they may serve to provide an expressive and necessary space.

It is important that the nurse achieves the affection, respect and even 'admiration' of their patients, in a way that does not equal a paternalistic model. Some situations, however, may inevitably induce a certain degree of paternalism such as treatments which involve use of advanced technification. Yet, one should

cherish a Spanish saying with universal significance:

*"Heal sometimes, relieve often, always comfort".*

### **Overprotection or negligence**

The discourse of autonomy is currently located, in the recognition of dignity and the ability to choose freely. However, nursing and the health sector in general, has difficulties when putting this principle into practice. One drawback is the lack of clarity in the meaning of autonomy and its applied relevance in the clinical arena. Yet, by recognizing the principles of autonomy and beneficence, we can ensure that respecting fully the autonomy of the patient would not be a contradiction to our duty, i.e. caring. Therefore, a bioethical discourse regarding this matter is essential in nursing education. However, due to a wider access of information technology, these concepts are challenged and it has been proposed that although humans are reasoning beings and with the right to decide for their lives, yet and one aspect of autonomy, i.e. privacy is often compromised via technology itself.

For many years, doctors have been following a paternalistic model with their patients. Yet, today, the principle of autonomy within the concept of patient-centered care, forces change in this previously entrenched approach (Newell & Jordan, 2015). Therefore, this principle has become a modern bioethical challenge and a controversial issue to health care professionals. The health system does not know how to express the principle in practice and fears that it is seen as divergent in relation to the history of the profession, respect and follow-up of this principle could be seen as a contradiction, as we have said previously (Pomey et al., 2015). Furthermore, one needs to consider the autonomy of the patient in relation to lack of professional autonomy that nurses often face. Lack of clear policies, guidelines on professional accountability and requirements of the health care system itself upon its employees often contradict patient autonomy and expected professional care. In these lines, the boundaries between overprotection of the patient and carelessness become blurred. Moreover, respect for autonomy raises the issue of the concept of advocacy as a seamless professional duty and not an occasional attitude towards the vulnerable.

Within an explicit professional decision model, based on ethical values, nurses must meet the

needs of patients whilst respecting their choices and individual values. They can help them decide on care dilemmas by providing balanced information according to each patient without imposing forced decisions. This enhanced a culture of respect for patients, in which the nurse protects their dignity, privacy and decision-making potential. In this way, the nurse discusses with the patient the advantages and disadvantages of various health options to help him/her make the most advantageous decisions within their personal value and belief system.

Thus, the nurse has to protect the dignity, privacy, patient choices and act accordingly. But this raises doubts, since nurse-patient may have totally different visions, and what the patient may choose may not be the wisest choice. This draws limitations in the extent of nursing interventions and the decision power of the patient.

When a nurse acts as the patient's advocate, she/he should ensure that all the information is offered, to enable the patient to decide from an informed stance, thereby respecting their autonomy. In this sense, the task is to educate and help the patient, reach and maintain a genuine interest and responsibility of their own wellbeing. In these lines, another Spanish proverb dictates that:

*"Society expects the best from health professionals, we must work accordingly"*

From a Greek philosophical viewpoint though, health care professionals should also note that autonomy should not be a strict dogma as the very concept of autonomy can not only be interpreted in solely individual terms and thus neglecting the consequential and social dimensions of many moral dilemmas within the health care sector. Thus, autonomy not only goes back to ancient Greek philosophy but also to the concept of 'tragedy', whereby :

*"We need to develop a 'tragic' wisdom".*

### **Autonomy and beneficence**

The principles of beneficence and autonomy in nursing can appear divergent which may lead to a nurse-patient conflict. In order to face it, it is necessary to weigh the importance of compassion, yet at the same time, take into account the duty to deliver care to the full. Compassion remains a complex concept to define and has failed to be more accurately described since the Aristotelian

virtue of confronting suffering as illustrated in these words:

“...a deep awareness of the suffering of another coupled with the wish to relieve it”.

In this context, compassion is the moral obligation to care for vulnerable people, without asymmetry of power. This attitude within the nursing profession is essentially altruistic, seeking the good of others (Wardrope, 2015). Yet, a possible drawback is that the concept of compassion being misconstrued, and therefore, lead to a violation of autonomy. In return, this falls back into a paternalistic model. In other words, another Spanish saying propts:

“Do not confuse compassion with overprotection”.

To address these two principles we also have to acknowledge the duty of caring, i.e. protecting the health of another by creating a positive nurse-patient bond, recognizing the vulnerability of the other. But if for example a diabetic patient refuses to comply with dietary advice, do we limit their autonomy, e.g. asking for sugar in his/her coffee when already seriously hyperglycemic? So, if we attend to this desire, have we stopped caring and if we refuse, have we abused our power? Based on the work of Specker, 2016 and Fry & Gergel 2016, there are various forms of paternalism as follows:

- **Reduced paternalism**, applied to patients with considerably reduced autonomy, where the paternalistic model is necessary because they may be unconscious or incapacitated in general.
- **The requested paternalism**, which is consented by the patient and relies on the health worker.
- **Unsolicited paternalism**, which is viewed as morally inappropriate because the patient's autonomy and rights are not respected.

The two elements, i.e. compassion and caring, may be conflicting in relation to respect for autonomy in nursing. Often, nurses tend to give prevalence to the principles of beneficence and the avoidance of non-maleficence, overriding patient autonomy, believing that granting full autonomy to the patient conflicts with delivering full care. In these lines, a challenging ethical example involves that of euthanasia, and the conflict that arises for nursing within this subject. Studies have suggested that nurses would be willing to apply euthanasia even without medical authorization. This was due to a feeling of

responsibility for the patient's ‘ultimate interest’, as the nurse’s prime concern was to eliminate the patient’s extreme suffering. In this case, respect for the patient's autonomy was not presented as a consideration. Thus, the arguments for and against euthanasia, should entail careful prior consideration of whether this would be an act of benevolence, not malevolence (Theofanidis, 2016; Monforte-Royo et al., 2015; Roig, 2009).

### ***The problem: how to face it from the training***

Currently, the principle of autonomy in nurse education is of paramount importance. It the right of all, that a symmetrical relationship with beneficence is sought, without maleficence and based on justice. It is important to know how to make this effective in practice in the education of new students. Moreover, it is necessary to clarify possible confusion of the terms, not to abuse power and to make decisions based on the patient’s beliefs and values and not ours as professionals. These principles should be reinforced in the training of nurses, recognizing the importance of autonomy and beneficence without excluding either. Along these lines Bioethics plays an important role in the development of the profession and in some instances may have been under-rated. It is necessary that bioethics be inserted more precisely in our sector, in nursing faculties, until we have an academic discourse based on the topic.

### ***Legal framework in Spain and Greece***

The General Health Law in Spain states that oral and written information must be given, and the consent of the patient must be obtained before ‘any intervention’ is performed with an understanding as such of any diagnostic or therapeutic procedure. i.e. *Law 41/2002, basic regulatory of the autonomy of the patient and of rights and obligations in matters of information and clinical documentation.*

In these lines, it should be noted that patients have the right to know, on the occasion of any action in the field of their health, all the information available about it, bar exceptions recognized by the Law. Yet, every person has also the right to express his/her concerns and whether they wish to be informed. The information which, as a general rule, is initially provided verbally, is recorded within the clinical history, and includes the purpose and nature of each intervention, its risks and consequences. In

contemporary Greece, it is widely acknowledged that health care constitutes a basic social right for all citizens. Furthermore, this is not just an individual right but moreover; it is a collective social right. Patients' rights are clearly guaranteed by legal statements within the Greek legislative framework (Biskanaki & Charalampous, 2018). In Greece, informed consent was officially established by the provisions of articles 2, paragraphs 1, 2, 5 and 7 of the Constitution which protects human dignity and the freedom to develop one's personality and prohibit any form of bodily harm or harm to one's health and, generally, any affront to one's dignity. Furthermore, paragraph 4 of Law 2071/92, explicitly refers to the right of the patient to be informed by doctors on the state of their health as well as the possible risks to their health posed by the application of experiments (Papamichail, 2010).

### Conclusions

A good relationship between health professionals and their patients is vital in routine clinical practice. The active participation and education of subjects in decision making is important within this relationship. However, many professionals have an inadequate perception regarding the principles of patient participation and this may lead to confusion and even malpractice. Historically, the decision makers had the responsibility of assuming a paternalistic position. An attitude that today is still common in many countries and should be modified by the right of patients to participate in the decisions that involve them. The relationship between a health professional and an individual with health needs that used to follow a clearly paternalistic model has been transformed and continues to evolve towards a relationship with the active participation of the health service user. Overall, through dialogue, communication in all its forms in consultations and discussions, is the optimum alternative approach to achieve excellent nursing care. The right of patients to participate in informed decisions that involve their health must be promoted and safeguarded at all times.

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