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Biomedical Ethics

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Reflective Essay

This essay uses the ethical principles of beneficence, autonomy, and dignity, to support critical aspects of my physician assistant clinical practice.

My interest in pursuing a career as a physician assistant began long before I started college. My father, a board certified dermatologist for over twenty years, had spoken of physician assistants being the future of medicine. He even brought two PAs into his practice fifteen years ago, long before most of his colleagues had embraced this idea. My father treated his PAs as colleagues, not employees, and as I spent more time with them, I considered them as family. In the summer of 2008 my plans to work for my father ended, as he was undergoing treatment for lymphoma at the time. Sensing my disappointment, he suggested that I shadow his PA who was now essentially running the office in his absence. This was my unique opportunity to observe firsthand just how much influence a PA can have, not only on patients, but on an entire practice. His PA seemingly had just as much authority as my father had, and watching her travel from room to room to greet her patients, with such ease and confidence, left me awestruck. I knew that I wanted to treat each patient’s needs with genuine care and concern, just as she did everyday. By the end of that week, I knew the pursuit of my dream job had definitively begun.

In clinical practice I believe that ensuring patient-centeredness while removing forms of personal biases will be of utmost importance. Instead of focusing on the pathophysiology of a disease, patient-centeredness provides the social, psychological, and behavioral aspects of medicine. Obtaining information in totality from a patient’s point of view gives an individual the freedom to speak openly in developing their personal story. Patients are not solely seeking care because of their symptoms, as the context is also important (i.e. how this problem is affecting their life). Ultimately, this will improve patient satisfaction and relationship building by fully understanding a patient’s complaint prior to deciding on treatment. Furthermore, knowledge of bias, whether it be conscious or unconscious, is critical to improving patient care. Awareness can prevent unjust stereotyping of patients as well as unequal care, allowing every patient to be treated with respect despite differences in race, gender, sexual orientation, or religion. Therefore, it is essential to acknowledge such biases to provide quality health care to all patients.

Beneficence is defined as a practitioner acting in the best interest of a patient (AAPA 3). A major component of beneficence is obligating a practitioner to act in a certain way because of responsibility, despite personal preferences (Yeo and Moorhouse 106). As noted earlier, this is an important aspect of clinical practice. For instance, despite my religious beliefs regarding abortion, as a practitioner I am ethically obligated to perform the procedure if it is within legal timeframe. Furthermore, proper beneficence entails preventing potential future harm. For instance, if my patient were refusing specific treatment (i.e. use of feeding tube necessary for survival), surely I would prefer not to deviate from the patient’s request. However, it is in their best interest for me to ignore this personal preference, as placing a tube will prevent future harm and sustain the element of beneficence.

Autonomy is defined as a patient’s right to make his/her own decisions, displaying “self-rule” with regards to maintenance of personal health care (AAPA 3). A major aspect of autonomy is “free action,” or the capability of the patient to do as he pleases without any form of external pressure to do otherwise (Yeo et al. 93). Interacting with patients in a patient-centered manner ensures that this aspect of autonomy remains intact. Allowing the patient to speak freely regarding the situation, including the emotional and personal context, allows the health care decision to come solely from the patient himself. For instance, using open-ended questions with a patient instead of closed-ended or leading questions will give a patient the necessary freedom to make an independent health care decision.

Dignity is defined as treating individuals in a way that recognizes their worth (Royal College of Nursing 9). Respecting patient values, privacy, and taking the time to communicate with patients, all help to ensure dignity. Patient-centeredness relies heavily on the preservation of this ethical principle. For instance, using a patient’s name instead of their room number, and ensuring that the environment is clean and hygienic sends a message to the patient that they are worthy of respect. Furthermore, removing any form of judgment of patients conserves dignity. For example, a homeless patient in a persistent vegetative state deserves equal respect as a distinguished government official having a routine physical, for it is our duty as PAs to uphold the dignity of every patient.

In summary, this essay used the principles of beneficence, autonomy, and dignity, to explain the ethical significance of patient-centeredness and personal biases in clinical practice.

**Works Cited**:

1. AAPA, “Guidelines for Ethical Conduct for the Physician Assistant Profession” 2013.
2. Royal College of Nursing. (2008). *[Defending Dignity--Challenges and Opportunities for Nursing](https://bbhosted.cuny.edu/bbcswebdav/pid-37633527-dt-content-rid-259551427_1/xid-259551427_1" \t "_blank)*. London: Royal College of Nursing.
3. Yeo, Michael, and Anne Moorhouse. *Concepts and Cases in Nursing Ethics*. 3rd ed., Broadview Press. 2010.
4. Yeo, Michael, et al. *Concepts and Cases in Nursing Ethics*. 3rd ed., Broadview Press. 2010.