

Patient Autonomy in Health Care Decisions

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Abstract:

Background: Patient autonomy means patient engagement and involvement in decision making process in medical care, with respect towards their choices over treatment methods, infra structure facilities, financial package, physician responsible for the treatment, participation in hospital research, expert opinion etc. Right to choose is a human right guaranteed as consumers of medical service.

Objectives: The plan of the research is to search the hospitalized patients' knowledge in right to choose including their practicing behaviour in health care decisions.

Material & Methods: A questionnaire used among hospitalized patients for collection of data. Data on demographic variables, health care details, patient knowledge and practicing behaviour on right to choose in their health care medical treatment collected. For doing analysis SPSS Version 20.0 used.

Result: Result shows patient knowledge on right to choice and make decisions in health care is at moderate level and their practicing behaviour of right to choose in health care decisions is at a very low level.

Conclusion: Study reveals the knowledge and practice by patients' of their right to choose by participating in health care decisions remain limited. There is an urgent need for implementation of integrated patient rights centered approach to strengthen patients' right issues in hospitals.

Keywords: Patient autonomy, Patient practice, Patient knowledge, Right to Choose, Medical Care Decision Making.

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Introduction

Past decades, we witness key change in patients' physician association from the initial reliance on protectiveness towards a fresh era of knowledgeable patients (1). Article 21 of the Constitution of India safeguards a person for 'Right to Life', which is based on 'Right to Choice'. Born as a human being all of us have right to self-decision to decide what should and should not be done with his/her body. Choice is what everyone

wants in all walks of life and it makes no greater difference when it comes to health care decisions. There is an increasing consciousness that, patients' must involve in making choices in medical treatment. Reviews on health upkeep shows importance of patients' participating in medical treatment and involve in choice method, by means of concepts as "taking part", "association" and "collaboration", "end user", and "customer" (2). Moreover, it reveals that active role of patient in

medicinal care decisions is related with enhanced medical results. In a digitalized world huge quantity of knowledge are available on the internet to anyone who can use a computer. This leads to shift of power from physicians to patients (3). Hence, an informed patient or internet patient expects to play a greater role in the choices made in medical treatment. This is related to better-quality medical treatment results and plays as a motivation to health care providers and physicians to promote patients' contribution in nursing care.

To help patients' make choices it is essential to increase patient access to multifold information, systems and day to day routines to make choices in their medical treatment (4,5). Hence it is a duty on the part of the doctor to obtain consent from every patient before starting medical treatment. Moreover, a doctor has to disclose all the risk inherent in the proposed medical treatment so as to enable a patient to come to a decision whether to undergo the proposed medical treatment or not.

Literature Review on Patient autonomy

Medical definition of patient autonomy is arriving at conclusions in treatment devoid of physicians influencing their choices. Physicians and team can inform patients but should not do the decisions on behalf of patients. Autonomy becomes autonomous decision if unrestricted or unguided. Autonomy is legal freedom for all human beings worthy of esteem and safeguard (6). Reviews found that autonomous decision-making brings outcome reflecting consistent behaviour, greater satisfaction in decisions and choices made and over all wellbeing of the patient (7). Giving choices enable patient autonomy and patients be better informed of their health conditions and availability of different medical treatment methods (8). In medical care as long as treatment selections offered to patients' it profits all involved in it. On emotional implication, choosing generates fulfillment but few face anxiety hence moderation always best. Limited and acceptable choices are better than numerous choices (9).

In previous research done, involving in medicinal care choices end in improved value of lifetime in the future (10). Health care workers should work on circumstances to respect selections set and choices made. This will pave way for recognition of individuals' moral status (11).

Although patient experience high level of satisfaction when they exercise their right of choice in medical treatment decision making yet numerous barriers like views on choice, struggling about autonomy, being a good patient etc. prevent their involvement in medical decisions autonomously. Many patient recalled a desire for more information and discussion with health care staff during decision-making process. Moreover, patient engaged in making choices in their medical care along with physicians expressed high level of satisfaction showing confidence and pride in their choices made (12). Evidence from research study suggest that patient participation in decision-making enhances patient satisfaction with medical care (13,14), patient trust on physicians (15), patient obedience to treatment and to patient medical care outcomes. Patient aligned implementation upgraded physical condition, improved the competence of service by decreasing test, scans, expert opinions (16). Patients' involvement in decision making also decreases future utilization of healthcare (17), prevents health complications (13) and subsequently reduces medical litigations (18).

Objectives

Purpose of research to search the hospitalized patients' knowledge on right to choose in their health care decisions and its practicing behaviour during medical care.

Methods

Research design used in the study is Qualitative Research. Population of the study comprises of hospitalized patients in private hospitals in Coimbatore city. Pilot study conducted in various hospitals among hospitalized patients and it proved the tool has adequate stimulus value to gather the required authentic responses from respondents. Data collected using interview schedule using structured questionnaire on patients' awareness and practicing behaviour of their right to choose in medical treatment decisions. Likert scale ranging from one to five (strongly have knowledge to strongly do not have knowledge). In total 789 patients surveyed notifying the learning goals.

Analysis

For doing analysis SPSS Version 20.0 used. Expressive measurements mean and standard

deviation done to achieve the research objectives. Very high response from patients resulted from long waiting in hospitals and few distractions.

Patients' awareness of their right to choose

The patient's awareness of making decisions in their medical treatment measured using mean and standard deviation with the help of Likert scale ranging from one to five (strongly have knowledge to strongly do not have knowledge) by collecting the opinion of the hospitalized patients on various aspects of choices in medical treatment.

Table 1: Patients Awareness - Right to Choose

Sno	Measuring Questions	N	Mean	Sd
Q1	Method of medical treatment (surgical or Non-surgical)	789	1.02	.141
Q2	The doctor responsible for your medical treatment	789	1.06	.270
Q3	Medical treatment proposed	789	2.07	.821
Q4	Financial package for the proposed medical treatment.	789	4.33	.550
Q5	The infra structure facility for the proposed hospital stay.	789	3.51	.642
Q6	Accept or decline the proposed medical treatment	789	1.03	.172
Q7	Participate / refuse to participate in the hospital research	789	1.30	.460
Q8	Sign the consent form only after the contents is well understood	789	1.14	.345
Q9	To get opinion of other experts (doctors)	789	1.45	1.078
	Mean Score	789	2.00	.142
	<i>* Source – Primary Data</i>			

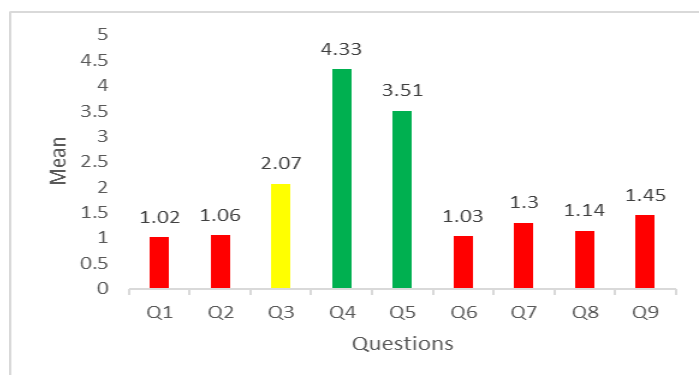


Figure 1: Patients Awareness - Right to Choose

The hospitalized patients strongly agree that they have high level of awareness in right to choose with respect to financial package for the proposed medical treatment and in the choice of infra structure facility for the proposed hospital stay, to

controversy they are having a neutral feel in the medical treatment proposed reflecting having knowledge or neither having knowledge. Also they have low level of awareness regarding getting opinion of other experts, to participate or refuse in the hospital research, to sign the consent form only after the contents is well understood, to choose the doctor responsible for the medical treatment, to accept or decline the proposed medical treatment and finally the method of medical treatment (surgical or non-surgical).

Patients practicing behaviour of their right to choose

The patient's practicing behaviour of making decisions in their medical treatment measured using mean and standard deviation with the help of Likert scale ranging from one to five (strongly practice to strongly do not practice) by collecting the opinion of the hospitalized patients on various aspects of choices in medical treatment.

Table 2: Patients Practicing Behaviour - Right to Choose

Sno	Measuring Questions	N	Mean	Sd
Q1	Method of medical treatment (surgical or Non-surgical)	789	1.00	0.000
Q2	The doctor responsible for your medical treatment	789	2.11	.546
Q3	Medical treatment proposed	789	1.41	.493
Q4	Financial package for the proposed medical treatment	789	1.23	.423
Q5	The infra structure facility for the proposed hospital stay	789	4.50	.622
Q6	Accept or decline the proposed medical treatment	789	1.11	.315
Q7	Participate / refuse to participate in the hospital research	789	1.15	.357
Q8	Sign the consent form only after the contents is well understood	789	1.34	.475
Q9	To get opinion of other experts (doctors)	789	1.28	.450
	Mean Score	789	1.81	.395
	<i>* Source – Primary Data</i>			

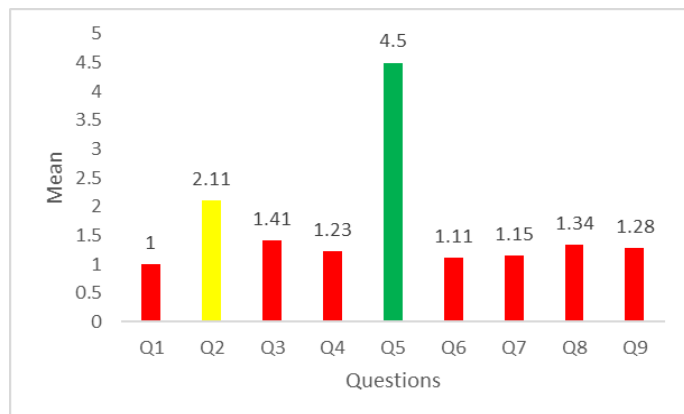


Figure 2: Patients Practicing Behaviour - Right to Choose

The hospitalized patients strongly agree that they have high level of practicing their right to choose with respect to the choice of infra structure facility for the proposed hospital stay, and moderately practice their right to choose in treatment to choose the doctor responsible for the medical treatment. In contrast, the practicing behaviour of right to choose in their health care decisions is very low with respect to financial package of the proposed medical treatment, to the medical treatment proposed, to get opinion of other experts and to participate or refuse in the hospital research. It is also low in choices made to sign the consent form only after the contents is well understood, to accept or decline the proposed medical treatment and the method of medical treatment (surgical or non-surgical).

Discussion

In this study, various factors contributing to assess the level of knowledge among hospitalized patients of their right to make choices and their practicing behaviour during medical care studied. From the result, debated that the knowledge of patients of their right to choose varied and are generally low. Most of factors results were in agreement of previous research studies. For example the level of knowledge and practicing behaviour of patients are very low at 2 point with respect to getting opinion of other experts. This is in agreement with research findings in Alexandra (24) where majority of the patients do not exercise their right to get opinion of experts. Also, patient participating or refusing the hospital investigation,

to sign the consent form only after the contents understood is very low. This finding is in agreement with the research done by Kagoya et al in Uganda (20). Moreover, the knowledge level or practice of their right in choosing the doctor responsible for the medical treatment, to accept or decline the proposed medical treatment, the method of medical treatment (surgical or non-surgical) and the proposed medical treatment and is low at 2 point. This research findings similar to the result reported in Iran (21), Iraq (22) and Egypt (23) where several patients' perceive have no right in contributing to medical decisions or allow their physicians to make all the choices (19) and hence patients' behaviors affects if not up-to-date. (21). Structure and governance in hospital is a constraint that do not give the opportunity to make choices.

The reason for inadequate awareness results from lack of information on patients' rights. This limits patient capacity to demand participation in medical care choices and ends in poor health outcomes. In addition, rise in sum of hospital admittances, assignment, and staff scarcity these factors suggest that health care providers spent a lesser amount of period when in contact with hospitalized people (25).

In contrast, patients' knowledge level with respect to right to choose financial package of the medical treatment is very high at 4.33 in a 5-point Likert scale whereas their practicing behaviour very low at 1.23 level. The reason being the patient hospitalized or their relatives and family given no choice or opportunity to have a say in financial matters. Financial packages fixed and dictated by the care upkeep suppliers and they run as corporates functioning as multi-specialty and naturally the cost of medical service is high. Hospitals do not make aware of their patients about government subsidies, government insurance plan or any other type of financial support. Moreover, even if insurance companies offer products for zero free payment the hospitals insist on patient to pay the hospital bill first and then go for a claim. In addition, in some cases particular insurance schemes not applicable in the treatment hospital the patient pays the bill and claim it later. Hospital systems need to be relaxed to empower patient to make choices in the financial package of the medical treatment.

Moreover, the knowledge level of patient in choosing the infra structure facility during hospital stay is high at 3.51 and their practicing behaviour

very high at 4.50. Reason attributed not only to the fact that the knowledge level is high but also on the role played by the hospitals. The financial gains out of infra structure facility goes directly to the health care providers as gains and so hospital systems followed are conducive to practice this right. Moreover, hospitals provides many options in choosing infra structure facility and at times make admissions based on availability of hospital rooms to keep its infra structure to maximum capacity to make huge profits.

Conclusion:

In this study emphasis given to the assessment of patient knowledge and practicing behaviour of their right to select and contribute in their health care decisions. Nowadays, patients' involvement observed a lawful right and being set a global standard that health professionals strive to attain since, participative patient will enjoy greater safety and satisfaction during medical care.

Recommendations:

Build in responsive strategies on patients' rights based care approach implemented in the systems and day-to-day routines in medical service. Good understanding among the health hospital staff plus patients' be improved to contribute a sense of control and responsibility in their medical care. Health care providers have obligations to inform patients of their right to choose regarding medical care decisions. It can done by placing posters on notice boards displaying the right of patients in participating in medical care decisions in the point of care and registration desk. Also, use of LCD's in waiting room, sample collection room to display audiovisual content on patients' rights and responsibilities. The forms used in hospitals need to be designed to create avenues for patients to participate in making choices in medical care. The consent forms must give more information to patient on health condition, benefits and risk associated, alternative treatment methods etc. to create opportunities for patients to clear doubts to understand the contents to accept or reject the proposed medical treatment before signing it.

Government role is greater in increasing the level of knowledge of patient rights;

hence, bilingual leaflets on patient rights distributed with the help of NGOs and social organization working for the welfare of consumers of goods and services. Moreover, social media on internet like facebook, whatsapp, Instagram etc along with TV channels , short films can be utilized to increase the level of awareness of patient rights as consumers of health service.

Health care providers to identify important apt tackles and systems to assess patient contribution in medical care decisions. Tools for evaluating patient contribution such as Patient self-Advocacy Scale and Control Preferences Scale are regularly used by health care providers (26, 27). Patient contribution caused enhanced results, greater value of natural life, and provision of more proper operational facilities (29). In health care consider patients' associates, they would enthusiastically join in their personal fitness care procedure, and more judiciously observe their personal upkeep (28). Above all medical care providers need to create an environment for patient to feel safe, secure and comfortable asking questions to help making choices in their medical care leading to closer compliance to legal requirement and reduce risk of litigation.

Limitations:

Data collected for assessing level of awareness and practicing behaviour of patients of their right to choose by participating in health care decisions collected only from patients. In future study data collected from health care providers will give a broader outlook of the subject under study.

REFERENCES:

- [1] Coulter A. (1999) Paternalism or partnership?. British Medical Journal, 319: 719–720.
- [2] Sahlsten MJ, Larsson IE, Sjöström B, Plos KA. (2008) An analysis of the concept of patient participation. Nursing Forum. 43(1):2–11.3. (2)
- [3] Ringstad Ø. (2016). Patient autonomy in a digitalized world: supporting patients' autonomous choice. Croatian medical journal, 57(1), 80–82. <https://doi.org/10.3325/cmj.2016.57.80>
- [4] Hawley ST, Lantz PM, Janz NK, Salem B, Morrow M, Schwartz K, et al. (2007) Factors associated with patient involvement in surgical

- treatment decision making for breast cancer. Patient Education Council. 65(3):387–95.10.
- [5] Baldwin LM, Taplin SH, Friedman H, Moe R. (2004) Access to multidisciplinary cancer care: is it linked to the use of breast-conserving surgery with radiation for early-stage breast carcinoma? Cancer. 100(4):701–9.
 - [6] Entwistle VA, Carter SM, Cribb A, et al. (2010) Supporting patient autonomy: The importance of clinician-patient relationships. Journal of General Internal Medicine 25: 74–745
 - [7] Ryan RM, Patrick H, Deci EL, et al. (2008) Facilitating health behavior change and its maintenance: Interventions based on self-determination theory. The European Health Psychologist 10: 2–5.
 - [8] Elwyn G, Edwards A, Thompson R. (2016). Shared decision making in health care: achieving evidence-based patient choice. Oxford: Oxford University Press; <https://doi.org/10.1093/acprof:oso/9780198723448.001.0001>. [Google Scholar]
 - [9] Zolkefli Y. (2017). Evaluating the Concept of Choice in Healthcare. The Malaysian journal of medical sciences : MJMS, 24(6), 92–96. <https://doi.org/10.21315/mjms2017.24.6.11>
 - [10] Hack TF, Degner LF, Watson P, et al. (2006) Do patients benefit from participating in medical decision making? Longitudinal follow-up of women with breast cancer. Psycho-Oncology 15: 9–19.
 - [11] Parker M. (2001) The ethics of evidence-based patient choice. Health Expectations. 4(2):87–91. <https://doi.org/10.1046/j.1369-6513.2001.00137.x>. [PMC free article] [PubMed] [Google Scholar]
 - [12] KerenLadin, NaomiLin, EmilyHahn, GregoryZhang, SusanKoch-Weser and DanielE.Weiner (2017) Engagement in decision-making and patient satisfaction: a qualitative study of older patients' perceptions of dialysis initiation and modality decisions. Nephrol Dial Transplant 32: 1394–1401 doi: 10.1093/ndt/gfw307
 - [13] Weingart SN, Zhu J, Chiappetta L, Stuver SO, Schneider EC, Epstein AM, et al. (2011) Hospitalized patients' participation and its impact on quality of care and patient safety. Int J Qual Health Care. 23(3):269–77. doi:10.1093/intqhc/mzr002.
 - [14] Williams S, Weinman J, Dale J. (1998) Doctor-patient communication and patient satisfaction: a review. Fam Prac. 15(5):480–92.
 - [15] Fiscella K, Meldrum S, Franks P, Shields CG, Duberstein P, McDaniel SH, et al. (2004) Patient trust: is it related to patient-centered behavior of primary care physicians? Med Care. 42(11):1049–55.
 - [16] Stewart M, Brown JB, Donner A, McWhinney IR, Oates J, Weston WW, et al. (2000) The impact of patient-centered care on outcomes. J Fam Pract. 49(9): 796–804.
 - [17] Bertakis KD, Azari R. (2011) Patient-centered care is associated with decreased health care utilization. J Am Board Fam Med. 24(3):229–39. doi:10.3122/jabfm.2011.03.100170.
 - [18] Finset A. (2011) Research on person-centred clinical care. J Eval Clin Pract. 17(2):384–6. doi:10.1111/j.1365-2753.2010.01608.x.
 - [19] Merakou K, Dalla-Vorgia P, Garanis-Papadatos T, Kourea-Kremastinou J. (2001) Satisfying patients' rights: a hospital patient survey. Nurs Ethics. 8(6): 499-509.
 - [20] Kagoya H.R, Kibuule D, Mitonga K.H, Ekirapa-Kiracho E, Ssempebwa J.C. (2013) Awareness of, responsiveness to and practice of patients' rights at Uganda's national referral hospital. Afr J Prm Health Care Fam Med. 5 (1), Art. #491, 7 pages. <http://dx.doi.org/10.4102/phcfm.v5i1.491>
 - [21] Mastaneh Z, Mouseli L. (2013) Patient's awareness of their rights: insight from a developing country. Int J Health Policy Manage 1:143–6.
 - [22] Khalaf S, Al-Asadi J, Abed A et al. (2014) Assessment of patients' knowledge and awareness about their rights and duties. Kufa J Nurs Sci 4: 1–11.
 - [23] Merakou K, Dalla-Vorgia P, Garanis-Papadatos T et al. (2001) Satisfying patients' rights: a hospital patient survey. Nurs Ethics 8:499–509.
 - [24] Ghanem M, Megahed H, Abd El-Fattah N. Practice of patient's rights among physicians and nurses in two Egyptian hospitals from patients' perspective. J Nat Sci Res 2015;5:159–69
 - [25] Eman Sameh Mohammed, Amany Edward Seedhom, And Eman Ramadan Ghazawy (2017) Awareness and practice of patient rights from a patient perspective: an insight from Upper Egypt† International Journal for Quality in Health Care, 30(2), 145–151 doi: 10.1093/intqhc/mzx182.
 - [26] Brashers DE, Haas SM, Neidig JL. (1999) The patient self-advocacy scale: measuring patient involvement in health care decision-making interactions. Health Commun. 1(2):97–121.27.
 - [27] Degner LF, Sloan JA, Venkatesh P. (1997) The Control Preferences Scale. Can J Nurs Res. 29(3):21–43.
 - [28] Shaghayegh Vahdat, Leila Hamzehgardeshi, Somayeh Hessam, Zeinab Hamzehgardeshi

- (2014) Patient Involvement in Health Care Decision Making: A Review Iran Red Cres Med J. e12454. DOI: 10.5812/ircmj.12454.
- [29] Dr. M. Sampath Nagi and Dr. Shibu Joseph Kottayil published articles on “Impact of Service Quality on the Customer Satisfaction in Hospitality Industry at Kerala” in International Journal of Management Technology and Engineering, Volume 9, Issue V, May 2019, ISSN: 22497455, Pg. No. 3186 - 3195, Impact Factor: 6.4, UGC Code: 45550, <http://ijamtes.org/VOL-9-ISSUE-05-2019-3/>.