

An Ethical Dilemma of Autonomy vs. Beneficence: Should a pregnant patient's
Advanced Directive be overruled to preserve the life of the fetus?

Ethical dilemmas often emerge from conflicts between a patient's autonomy and a medical provider responsibility to act in the patient's best interest. In the case study, "*Should a Patient Who is Pregnant and Brain Dead Receive Life Support, Despite Objection from Her Appointed Surrogate?*", a physician faces an ethical dilemma: whether to follow the surrogate's wish to deny life support (autonomy) or to proceed with it to preserve the fetus until live birth (beneficence). The patient, BR, is a 28-year-old woman from Nevada who is 10 weeks pregnant at the time she was declared brain dead due to a ruptured arteriovenous malformation. According to Nevada's Uniform Determination of Death Act, it is lawful to maintain life support for a pregnant woman if there is a "probable [chance] that the fetus will develop to point of live birth" (AMA, 2020). However, her husband and surrogate, J, objects to this and wants to honor his late wife's advance directive, which stated her refusal "to depend on machines to stay alive". While healthcare providers have a duty to protect the well-being of patients, this must be ethically balanced with respect for the patient's autonomy and dignity. In this case, autonomy takes precedence over beneficence.

One of the core values that the Physician Assistant (PA) profession strives to uphold is respect for the "health, safety, welfare, and dignity of all human beings" (AAPA, 2013). This principle forms the foundation of the patient-PA relationship and requires PAs to provide care that aligns with the beliefs, expectations and preferences of patients. The expectations and preferences of the late BR are clearly documented on an advance directive (AD) and actively voiced by her husband and surrogate. Disregarding the AD would violate BR's dignity and bodily integrity. Additionally, forced intervention without patient compliance can potentially bring physical harm to BR – which goes against a healthcare provider's duty of nonmaleficence.

Disregarding BR's advanced directive also conflicts with the PA core value of justice. From a justice perspective, overruling the directive because her conditions fits the description of a state's law sets a precedent for unequal treatment of pregnant and terminally ill patients. It is important to note that while Nevada's Uniform Determination of Death Act allows for life support in such cases, it does not make it mandatory. Therefore, determining the next course of action is a clinical decision – one that should involve shared-decision making and respecting the values and preferences of the patient or their surrogate.

Some critics may argue that beneficence overweighs autonomy in this particular case study because medical providers have a moral responsibility to preserve patient's life and well-being whenever possible. Additionally, supporters of this position may point out that the husband did not specify preferences of care for a viable fetus in the directive. Because of this ambiguity, life support should be initiated immediately to act in the best interest of the fetus. However, this perspective fails to acknowledge that absence of specific directive does not imply consent. Providers cannot assume that BR will consent to life support for the benefit of her baby unless it is clearly stated. PAs are required to honor the wishes of patients especially in end-of-life care. Using BR's body to sustain a fetus without her explicit consent deprives her the means to an end without suffering and loss of dignity. This violates the PA core guidelines that emphasizes respecting patient dignity as paramount in end-of-life care (AAPA, 2013). While beneficence is understandable, it does not justify overruling a patient's right to self-determination even after death.

The cornerstone of a therapeutic relationship between patient and provider is trust. As future healthcare providers, we are entrusted to advocate for our patients, preserve their dignity, act on their best interests, and respect their autonomy. Although it is true that we are obligated to preserve and improve the life of patients whenever possible, this should not come at the cost of

risking the patient's autonomy and trust in their providers. Doing so will shift medical care from being patient-centered to paternalistic. In this case study, autonomy clearly holds precedence over beneficence. Violating patient autonomy is not only unethical but can also set a precedent to unequal discriminatory care for those in similar situations as BR.

Work-cited

American Academy of PAs. (2013). *Guidelines for ethical conduct for the PA profession* (Reaffirmed 2013; originally adopted 2000). <https://www.aapa.org>

American Medical Association. (2020). *Should a patient who is pregnant and brain dead receive life support, despite objection from her appointed surrogate? AMA Journal of Ethics*, 22(12), E1014–E1020. <https://doi.org/10.1001/amajethics.2020.1014>