



Professional and Social Dialogues (**The Forum**)

MEDICAL DIALOGUES – SYNTHESIS BRIEF

Topic: *The implications for Respect for Patient's Autonomy in medical ethics: Perspectives & Reflections on Medical mandates. (23/11/2024 held at the FASE Plaza, Silverest, Chongwe)*

Roundtable Discussion: The Forum roundtable discussions was a collaborative meetings where participants had an equal opportunity to contribute. The Forum applied the Chatham House Rule.

The Roundtable Participants: Hon. Dr. Chris Kalila (MP), Dr. Chrispin Moyo, Dr. Shailen Desai, Dr. George Mutambo, Dr. Francis Mupeta, and Prof. Sekelani S. Banda

Definition of Terms

The Forum agreed on the following definition of key concepts:

1. **Medical Ethics** – a set of values, principles and code of practice for the medical profession.
2. **Respect for patient's autonomy** – Adult human beings of sound mind have the right and capacity to be autonomous (self-governing) and can make decisions for themselves, including right of refusal of treatment and they should be provided with full information of benefits, side-effects and other treatment options, such autonomy of adults should be respected.
3. **Medical mandates** – policy decisions based on medical considerations, which are made by an authority/agency that requires individuals and/or organizations to comply with the dictate of the policy. Such a policy in essence takes away choice from the individual/organization.

Purpose of the Roundtable Discussion

In recognizing that medical mandates effectively contradict the medical ethics principle of respect for patient's autonomy, the Roundtable discussion explored the implications of medical mandates on the former with a view to curate a position on how to deal with such tension between medical ethics principles and policy dictates.

Key Discussion Points

Other key medical ethics principles should also be taken into account, in particular, a) to do good, b) to do no harm, and c) justice (distributive justice, legal justice, and human rights justice). This was thought to be important because many medical mandates are made in the interest of protecting the public health of the many over an individual's rights.

The Forum further recognized that many medical mandates may not be made purely on the grounds of protecting public health interests of the many but may have other underlying motives, such as, political, business ('big pharma', for example), or knee jerk/copycat interventions copied from other precincts.

To increase the credibility of medical mandates, the Forum, agreed that policies (as much as possible) should be supported by credible evidence after consideration of both supportive and opposing submissions. Dogma is not science and not sufficient.

Conclusion

The conflicting tension between respect for the patient's autonomy and medical mandates is a delicate balance. The best available credible knowledge should be applied to promote evidence-based decision making for medical mandates if a real threat exists to the many. However, the medical fraternity should respect the patient's autonomy to the extent possible, setting a very high threshold, before public interest for the many is applied to waiver this respect of autonomy. *Respect for patient's autonomy is not absolute but the threshold for abrogating this principle must be very high and supported by credible objective evidence, free of other non-scientific motivations.*