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Advancing Healthcare Interactions: A Case for the Deliberative Model

In the evolving outlook of modern medicine, the dynamic between healthcare providers and patients has become a focal point of ethical, practical, and interpersonal considerations. This paper explores the critical need for a more collaborative physician-patient relationship model amidst the complexities of modern-day medical practice. Specifically, it argues for the adoption of the deliberative model, which emphasizes mutual respect, informed participation, and shared decision-making between physicians and patients. **The deliberative model not only respects patient autonomy and encourages personal growth but also integrates the physician’s expert guidance in a manner that aligns medical decisions with the patients’ values and preferences.** Through this approach, healthcare interactions can transcend the limitations of traditional models, cherishing a more personalized, effective, and ethically sound medical practice.

**The Argument for the Deliberative Model in Physician-Patient Relationships:**

In the evolving landscape of healthcare, where patient autonomy and informed decision-making are predominant, the Deliberative Model, as described by Emanuel and Emanuel, presents a compelling framework for the ideal physician-patient relationship. This essay argues for the Deliberative Model as the most suitable approach to healthcare interactions, particularly in an era where technological advancements and patient approval are at the forefront of medical practice (Funer, pp. 167). The model’s emphasis on dialogue, mutual understanding, and moral development aligns closely with present-day ethical necessities in healthcare, advocating for a relationship that transcends pure information exchange to one that fosters patient autonomy and moral growth.

**Premise 1: Enhanced Patient Autonomy through Dialogue and Understanding**

The Deliberative Model considers that the primary objective of physician-patient interactions is to assist patients in identifying and choosing the best health-related values within their clinical situations (Vaughn, pp. 136). Unlike the models that prioritize physician authority or patient dominance to the rejection of one another, the Deliberative model fosters an environment where patient autonomy is enhanced through dialogue and understanding. This approach acknowledges the complexity of healthcare decisions and the importance of aligning medical interventions with the patient’s values and life goals.

**Premise 2: The Physician’s Role as Teacher and Friend**

Central to the Deliberative Model is the concept of the physician as a teacher or friend who engages the patient in discussions about the most admirable course of action considering the available medical options (Vaughn, pp. 136). This perspective shifts the dynamics of the physician-patient interaction from one of the directives advice to collaborative deliberation. In doing so, it empowers patients not just to make choices based on predefined preferences but to engage in moral reasoning and value exploration, facilitated by the physician’s expertise and compassionate guidance (Funer, pp. 169).

**Premise 3: Moral Self-Development and Informed Decision-Making**

The Deliberative Model emphasizes moral self-development as an integral aspect of patient autonomy. By engaging in deliberative dialogue with the physician, patients are encouraged to reflect on their health-related values, consider new perspectives, and make informed decisions that resonate with their broader life goals. This model enlightens the idea that autonomy is not solely about making independent choices but about making choices that are informed, reflective, and aligned with one’s values.

The Deliberative Model, as advocated by Emanuel and Emanuel in our text, represents a standard for physician-patient relationships that is both ethically powerful and deeply profound with present-day healthcare values. By prioritizing dialogue, mutual understanding, and moral self-development, this model ensures that healthcare decisions are not only informed by the best available medical evidence but are also reflective of the patient’s personal values and life context. In an era where patient empowerment and ethical integrity are increasingly important, the Deliberative Model offers a comprehensive framework that respects patient autonomy while fostering a collaborative and morally cultivating physician-patient relationship.

**Strongest Objection:**

The Deliberative Model is glorious for its advocacy of patient’s autonomy and its attempt to position the physician as a guide in the decision-making process. However, critics argue that this model overlooks several critical realities of modern medicine practice and patient diversity.

To start off, the model assumes a uniformity in the health-related values that physicians believe to be most beneficial for their patients. This assumption does not hold in a pluralistic society where both patients and physicians come from diverse backgrounds, holding varying values and beliefs. This diversity inevitably leads to discrepancies in what is considered valuable or important in healthcare decisions, suggesting a fundamental flaw in the model’s expectation for consensus on health-related values between different physicians and their patients. (Aoun, Al Hayek, El Jabbour, pp. 382).

Secondly, the model’s emphasis on moral deliberation to guide patient decisions is critiqued for potentially basing interventions on the physician’s personal values, rather than on objective scientific evidence. Critiques are that medical decisions should be made with an emphasis on scientific evidence and best practices, not on the subjective values of the physician or patient. This would mean that clinical practices should remain value-neutral to avoid bias and ensure that patient care is not compromised by personal beliefs or values. (Aoun, Al Hayek, El Jabbour, pp. 382)

Lastly, the Deliberative Model is criticized for possibly misaligning with the primary objectives of patients seeking medical care. Patients typically approach physicians with the expectation of receiving treatment based on medical expertise, not to engage in a deep review of their personal values (Funer, pp. 169). This aspect of the model risks unintentionally veering into paternalism, where physician’s role in guiding the decision-making process could overshadow the patient’s autonomy and desire for straightforward medical advice and treatment. (Aoun, Al Hayek, El Jabbour, pp. 382)

In summary, while the Deliberative Model aims to cherish a more engaged and value-conscious approach to the physician-patient relationship, these objections highlight significant challenges. They question the model’s application in diverse, real-world settings where the clarity of scientific evidence and the authority of patient treatment needs may necessitate a more realistic approach to healthcare decision-making.

**Defending the Initial Argument:**

First, the objection regarding the plurality of values in a diverse society does not necessarily weaken the Deliberative Model. This critique assumes that differing values between physicians and patients naturally lead to conflict or misalignment in healthcare decisions. However, the reality of the Deliberative Model is not to impose uniform health-related values but to engage in a dialogue that respects and considers the diverse values of patients. The model’s strength lies within its capacity to bridge differences through open discussion, enabling physicians to guide patients in understanding how their values can inform their health choices. This process does not require unity on values but an acknowledgment and integration of these differences into the process.

Secondly, the critique that the model may prioritize the physician’s values over scientific evidence misunderstands the model’s intent. The Deliberative Model does not advocate for decisions based solely on personal values, neglecting scientific evidence. Instead, it promotes a balance between evidence-based medicine and the patient’s values, ensuring that healthcare decisions are both scientifically sound and aligned with the patient’s life goals and preferences. The discussion-based process is a medium through which patient’s values are considered alongside the best available evidence, rather than a platform for value trickery.

Additionally, the concern that the Deliberative Model could inadvertently lead to a paternalistic model overlooks the model’s core principle of mutual respect and partnership. The model encourages physicians to act as facilitators of informed decision-making rather than authorized figures of dictating choices. This approach nurses an environment where patients feel powerful enough to engage actively in their healthcare decisions, guided by the physician’s expertise but not overshadowed by it.

Finally, the critique regarding the potential misalignment with patient’s expectations for their healthcare process fails to recognize the evolving nature of patient autonomy and the increasing desire among patients for a more participant type of role in their healthcare. The Deliberative Model responds to this shift by providing a framework that respects patient autonomy while ensuring that decisions are informed and considerate of the patient’s broader life context.

To summarize, the objections to the Deliberative Model, while highlighting important considerations, do not sufficiently account for the model’s non-biased approach to integrating evidence-based medicine with patient values in a respectful and empowering manner. By fostering open dialogue and mutual respect, the Deliberative Model addresses the complexity of modern healthcare, ensuring that decisions are not only scenically sound but also deeply connected to the patient’s values and life goals.

**Conclusion:**

The argument in favor of the Deliberative Model in the physician-patient relationship is withheld in the principles of mutual respect, patient autonomy, and the integration of evidence-based medicine with individual patient values. This model acknowledges the complex nature of healthcare decisions, which cannot be solely determined by scientific evidence or patient preferences. Instead, it promotes a collaborative approach where both the physician’s expertise and the patient’s values are considered in making healthcare decisions.

The strongest objection to the Deliberative Model centers on concerns about value differentials, the potential for physician bias, and the risk of inadvertently paternalistic relationships. However, this objection does not adequately consider the model’s capacity for dialogue and mutual understanding. The Deliberative Model’s foundation in open communication effectively addresses these concerns by emphasizing the role of the physician as a facilitator rather than a director. It allows for the considerations of diverse values and preferences, ensuring that healthcare decisions are both informed by the best available evidence and reflective of the patient’s personal values and life goals.

Furthermore, the objection underestimates the evolving expectations of patients regarding their role in healthcare decisions. The Deliberative Model aligns with present-day shifts towards greater patient involvement and autonomy, offering a framework that respects patients as active participants in their healthcare journey.

In conclusion, the objections raised against the Deliberative Model, while highlighting important considerations, ultimately do not impair the model’s value in fostering a more patient-centered, respectful, and informed healthcare decision making process. Though its emphasis on dialogue, mutual respect, and the integration of scientific evidence with patient values, the Deliberative Model stands as a powerful approach to the physician-patient relationship, meeting the complexities of modern medical practice with a refined and patient-centered perspective.

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