

## When autonomy and beneficence come into conflict 9/19/2011

| Salim El-Hoss Bioethics and Professionalism Program |  
[media@aub.edu.lb](mailto:media@aub.edu.lb) |

Clinical ethics serve as a guideline for desired actions in the realm of health care. Yet, dilemmas occur when different concepts and weights are assigned to competing notions of autonomy and beneficence and this is so particularly in a culture when the tension between those two principles is quite high.



In an attempt at shedding light on this controversial issue, the Ethics Matters initiative of the Salim El-Hoss Bioethics and Professionalism Program (SHBPP) at the American University of Beirut Faculty of Medicine invited Dr. Henry Silverman, Professor of Medicine and Chair of the Clinical Ethics Committee at the University of Maryland School of Medicine to discuss this problematic which is of interest to clinicians, nurses, bioethicists, medical students and patients.

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The presentation took place on September 15, 2011 at AUBMC.

Dr. Silverman's presentation was case-based and highlighted the tensions that can occur when patients and health care providers balance autonomy and beneficence differently. The influence of culture on this balancing act was also discussed. Put simply, the principle of autonomy acknowledges the rights of individuals to self-determination while that of beneficence recognizes actions that serve the best interests of patients.

According to Dr. Thalia Arawi, Clinical Bioethicist and Founding Director of the SHBPP, "one important question that often arises when caring for patients is when does care become coercive? Matters related to soft paternalism vs. hard paternalism are bound to arise". Arawi contends that "one should not to look at the principles that came to govern medical ethics as principles suspended in space, rather, the physician-patient relationship is dynamic in that it evolves within particular social contexts". The presentation was attended by professionals from Lebanon and the region.

