Virtual Mentor
American Medical Association Journal of Ethics
April 2003, Volume 5, Number 4: 133-134.

IN THE LITERATURE

Physicians' Responsibilities in the Face of Patients' Irrational Decisions

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As more value is placed on the patient-physician partnership and joint decision-making, physicians increasingly face the dilemma of how to respond to patients' treatment choices that appear irrational. In a 1990 Sounding Board article for *New England Journal of Medicine*, a bioethicist and a physician explore the dilemma in a way that has retained its currency and offers practical suggestions for today's clinicians. Dan Brock's and Steven Wartman's "When Competent Patients Make Irrational Choices" discusses (as their title makes clear) only decisions of *competent* patients whose requests for or refusals of treatment appear to frustrate their own medical goals.[1]

An "irrational" decision, Brock and Wartman say, is one that satisfies the patient's "aims and values less completely than other available choices."[2] So, for example, a patient who wishes to go on living a healthy, productive life yet refuses a life-saving intervention has made an irrational choice in the context of his or her own values and future plans.

The authors present a taxonomy of irrational choices and their causes. (1) It is irrational, they say, to bias one's decision toward the present and near future, eg, to refuse to undergo a painful experience now if it will prevent a much worse experience in the future. (2) A second source of irrational decisions is the belief that a given unwanted outcome "won't happen to me." Here patients might be denying the risk (as invulnerable adolescents might); acknowledging the risk but deciding to take the odds, entertaining magical beliefs about the situation, or simply viewing the medical problem in a different way. It is important for physicians to distinguish among the causes for "it won't happen to me" decisions, because they may be able to help the patient understand the risk more realistically or might need to see that the patient gets counseling or psychiatric evaluation. (3) Patients frequently refuse or delay a diagnostic procedure because they fear it will uncover a dreaded disease; they refuse or delay treatment because they fear the experience—being put to sleep, being cut open. Physicians should respect the value that patients place on avoiding pain and suffering while attempt to help them overcome unrealistic fear that prevents them from consenting to beneficial treatment. (4) A most troubling instance for physicians occurs when patients make choices that just don't make sense. If a decision of this type accords with a well recognized belief or cultural value (eg, no blood transfusions), physicians generally respect it. When the decision is not attributable to a religious belief or cultural value, the physician should try to

determine whether it is, nevertheless, a strongly held value or a "distortion of values caused by a treatable condition such as depression."[3]

When faced with irrational decisions, physicians must be certain that the patient understands the treatment and non-treatment alternatives and their consequences. Physicians should also be aware that they can unwittingly contribute to irrational decision making by the way they frame choices. The authors suggest, for example, that risk of loss "looms larger" than possibility of gain in decision-making. Presenting the options in different ways can minimize framing effects.

Understanding irrational decisions and their causes is important because physicians must decide when to accept patients' decisions—even those that seem not to be in their best medical interest—and when to try to persuade patients to change them. Physicians have a responsibility to try to change the irrational decisions of competent patients, but irrational choice does not, in itself, constitute grounds for declaring that a patient's decision making capability is compromised. A judgment of compromised decision making capability is the only justification for overriding a patient's irrational treatment or non-treatment decision. In the presence of decision making capacity, irrational decisions must be respected if the patient cannot be persuaded non-coercively to change them.

References

1. Brock DW, Wartman SA. When competent patients make irrational choices. *NEJM*. 1990;322(22):1595-1599.
2. Brock and Wartman. 1596.
3. Brock and Wartman. 1598.

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