

Tragic choices: Is it better for doctors or patient families to decide?

April 20 2009

In the medical realm, people sometimes need to make very difficult choices, such as deciding to end life-support for a terminally ill patient. A new study in the *Journal of Consumer Research* delves into the question of whether it is preferable for patients' families or doctors to make those "tragic choices."

Authors Simona Botti (London Business School), Kristina Orfali, and Sheena S. Iyengar (both Columbia University) say that from the time of Hippocrates until the 1980s the "paternalistic model" dominated the field of bioethics. According to this model, doctors made decisions in their patients' best interest. A newer "autonomous model" assumes that patients should be informed of the pros and cons of various medical treatments and make decisions for themselves or family members. When it comes to tragic choices, how do these two models play out?

The researchers conducted in-depth analysis of nineteen interviews with American and French parents who had infants in Neonatal Intensive Care Units. "The experiences of these parents were similar because they were all confronted by the choice of whether to continue or interrupt their babies' life-support therapy, the decision to interrupt the treatment was made, and the baby died. Crucially, however, the decision model in neonatology varies across the two countries: In the U.S., the autonomous model is used, so the decision to interrupt life-support therapy was made by the parents themselves; on the contrary, in France, the paternalistic model still dominates, so the same decision was made by the physicians on behalf of the parents."

In that study and subsequent laboratory experiments, the researchers found that people who made the choices were more confident that the best decisions were made. But in spite of this higher confidence, they expressed more negative emotion than those who did not choose. "In addition, both choosers and non-choosers were ambivalent towards decision autonomy," the authors write. "On the one hand, they did not like deciding by themselves, but on the other they also did not like having the physicians choose for them."

The authors did find, in a final study, that when physicians framed the withdrawal decision as "the only thing to do," people making tragic choices were able to distance themselves from the choice and experience improved emotions.

More information: Simona Botti, Kristina Orfali, and Sheena S. Iyengar. "Tragic Choices: Autonomy and Emotional Responses to Medical Decisions." [Journal of Consumer Research](#): October 2009.

Source: University of Chicago ([news](#) : [web](#))

Citation: Tragic choices: Is it better for doctors or patient families to decide? (2009, April 20) retrieved 20 April 2024 from <https://medicalxpress.com/news/2009-04-tragic-choices-doctors-patient-families.html>

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