

### Reflection Essay

In this reflective essay I will explain my reasoning for pursuing the career of physician assistant, the aspects of clinical medicine that I believe will be most important, the principles of autonomy and beneficence, and how they will guide my ethical decision making when dealing with patients.

I have chosen to pursue a career as a physician assistant for many reasons, the main one being that I want to help patients navigate the complex, and often overwhelming choices related to their healthcare. Unfortunately, there are many patients whose needs “fall through the cracks” because physicians simply don’t have the time, or do not make the time, to speak with them and have a thorough conversation. Conversely, I have seen many PAs who fill this need for patients. For example, when I worked as a medical assistant in a pediatric office in Williamsburg, Brooklyn, a measles outbreak was having a devastating effect of families in the community. The PAs that I worked for spent hours dispelling misinformation that patients were receiving via the internet and rumors regarding the measles vaccine and encouraging parents to adhere to the Department of Health’s regulations. I understood that only through their efforts to build strong relationships with their patients were they able to gain their trust and help them make the right decisions for their health and for their children. On seeing this, I realized that I, too, want to fill this role for my patients in the future— to be the one that patients feel they can trust and discuss their concerns with.

I anticipate that patient education and effectively communicating with patients will be the most important aspects of clinical medicine for me. I believe these will be most important because they

each have a significant effect on the patient and clinician interaction, and subsequently on patients' health. Effective communication includes asking open ended questions, active listening, and displaying empathy and compassion. If there is no effective communication, for example, if the patient feels their concerns are not being taken seriously, or if the treatment options are not clearly explained, then they will likely not adhere to the clinician's suggestions, they may even feel hesitant to seek medical assistance from professionals in the future. In addition, if patients are educated about preventative measures that they can take to improve their health before they develop an issue, it would reduce their medical costs and improve their quality of life. They also need to be educated regarding the diagnosis, prognosis and alternatives of a treatment in order to make the best decision for them. Therefore, even in busy clinical settings, I feel it is important to focus on these things to improve the quality of patient care.

The principles of autonomy and beneficence will play a strong role in guiding my ethical decision making in clinical practice. The principle of autonomy states that patients should be allowed to have the liberty to make choices regarding their own care with free action. That is, to do as they wish, and refrain from doing what they do not want to do, without coercion from anyone or anything. It also includes effective deliberation, which allows the patients to think through their options, compare them, and come to their own conclusion. When the patients have all the pertinent information presented to them in a way that they can understand, they can then rationalize, think-through, and decide what the best option is for them. The third aspect of autonomy is authenticity, which is the patient's ability to act in a manner that is consistent with who she is as a person and the choices she would usually make. The last aspect is moral reflection, meaning that the choice the patient makes is in line with her values and principles that she has thoughtfully examined (Yeo et al, 2010.)

I believe that the principle of autonomy supports my decision to focus on patient education and effective communication because only through the patients being educated about their current medical situation and treatment options and being given the time to talk through their concerns can they fully be said to have given informed consent autonomously. If, for example, they did not understand the side effects of a medication, or that a certain procedure was high risk, then their decision is not autonomous—it is impeded by their lack of information and the deliberation they had done would not be effective. Education regarding preventative measures also increases autonomy because once the patient is ill or contracts a disease their autonomy of free action is hindered by their condition. However, by teaching them to how prevent initial contraction, the patient retains the maximum amount of autonomy. For example, once a patient develops diabetes, what she can eat becomes more limited. In addition, taking the time to communicate with patients builds a relationship between PA and patient, allowing the patient to feel comfortable to speak up about her concerns and participate in her care. Only through talking with the patient can a provider find out what which option is most authentic to the patient and most consistent with her values, versus a paternalistic approach that limits patient's autonomy.

The other principle that will guide my clinical decision-making is beneficence and its counterpart, non-maleficence. Acting with beneficence means to work to promote the good and wellbeing of others. The options should be weighed for their benefits and harms in bio, psycho, and social areas, and the one which has the most good and the least harm should be chosen. Non-maleficence is the orientation towards inflicting no, or the least amount of harm to the patient. (Yeo et al, 2010.)

Beneficence supports communicating with and taking the time to listen to patients because what is deemed “good” is guided by the patient's goals of care. Meaning, that the best, or “highest level of good,” option is the one that most aligns with what the patient hopes to gain. The only way to

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find out what the patients' goals are is to talk with them and explore the options together. Patients come from so many diverse backgrounds and have a myriad of opinions, so no assumptions can be made regarding what their goals of care would be. For example, even if I think one option would have the best physical outcome, the patient might be looking for the option that costs the least or has the quickest recovery time. Patient education also supports beneficence and non-maleficence because if the patient understands how to prevent certain illness, they will have improved health and wellbeing. In contrast, if they leave my office confused about how to take their medication, they will likely not utilize it correctly and then have a poorer health outcome—which is harmful to them (and the opposite of non-maleficence.) Also, certain medical errors can be prevented by communicating openly, such as conducting a medication reconciliation with the patient, to ensure that the patient is taking the appropriate medications.

In this essay, I explained why I decided to be a PA and used the ethical principles of beneficence and autonomy to support my belief that patient education and effective communication are most important in clinical practice.

Yeo, Michael et al. (2010). [Beneficence](#). In M Yeo et al. (eds.). *Concepts and Cases in Nursing Ethics*. [3rd edition] Ontario: Broadview Press, pp. 103-116.

Yeo, M et al. (2010). [Autonomy](#)[selections]. In M Yeo et al. (eds.). *Concepts and Cases in Nursing* [3rd edition] Ontario: Broadview Press, pp. 91-97, 103-109.