



An Ethical Examination of Patients' Autonomy and Informed Consent

Abstract

One of the ethical dilemmas in healthcare is the issue of patients' autonomy and the principle of informed consent. Patient autonomy represents the essential right of an individual experiencing illness to make informed decisions regarding the type, extent, and methods of treatment they wish to receive from a qualified healthcare provider. This right can only be exercised when the patient is mentally competent and conscious enough to evaluate and choose the specifics of their medical care, and they must also be provided with comprehensive and adequate information about all aspects, procedures, advantages, and potential risks associated with the treatment being proposed. Therefore, informed consent serves as the cornerstone and prerequisite that enables patient autonomy. The ongoing ethical focus on the individuality of patient autonomy has raised questions regarding the utilitarian and situational interests of family and the broader community as they navigate medical issues. This study explored the personal and societal/utilitarian considerations in medical treatments that rely heavily on informed consent with the viewpoint that healthcare professionals should never treat patients against their wishes by striking a balance on the recommendations that patients' autonomy can be overridden as far as there are justifiable rational grounds for such decisions. A qualitative research approach was used for the investigation and the data sourced was analyzed using the analytical, hermeneutical, historical and evaluative method. The study concluded that to maintain respect for patient autonomy, minimize the risk of unprofessional behavior, foster trust between patients and caregivers, and protect patients against unethical practices, adherence to informed consent and patient autonomy is essential through the careful scrutiny of both the patient and the professional ethical practices which informs the medical decision making.

Keywords: Patient Autonomy, Informed Consent, Medical Paternalism, Situation Ethics, Utilitarianism.

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Introduction

The advances and breakthrough made in medical profession through developed sciences, technologies, globalization and economics has made

the profession a very attractive discipline. Traditionally, diseases and sickness that have defied sustainable diagnosis and remedies have now become contestable. With scientific laboratory experiences and

experiments, accurate diagnosis and proper medications are assured. These developments have made both public and private institutions, governments and organizations to prioritize and commit much economic resources to medical researches and development. Among the budgets of federal and state governments, greater percentage of the budget is assigned to health related categories—insurances, pharmacology, laboratory research institutions, teaching hospitals and medical centers.

However, as there are many numerous benefits and developmental strides in medical science; so also, there are unethical practices and assaults prevalent in the field, which have necessitated the need for ethical and professional codes of conducts among the medical practitioners. These codes of ethics serve as regulation, guide and control to all medically related activities, in order to curtail, diminish and possibly ameliorate or eradicate all unethical medical practices, such as using humans as means to an end via using humans as medical and research tools, violation of patient's autonomy, non-confidentiality and uninformed consent and so on. The paternalistic approach which abhors a detailed explanation of the administration of drugs and healthcare services was on rampage initially and had its' own phase untold effects, hence; the need for informed consent. Parth Shah et'al argues that "in the early twentieth century, medical practice was highly paternalistic, with Clinicians making decisions on behalf of the patients

without informing them of the details." (Shah 2024) On this footnote, it is a necessity to maintain a viable medical relationship; hence the need for medical ethics. The interest area of human existence which looks into these ideas is known as medical ethics, with its foundation and formation on the Hippocratic Oath and code of Hammurabi that has been in existence since 2000 BC., (Ratna, 1999: 260). Medical ethics is a field that examines the moral principles guiding the practice of medicine, focusing on the ethical obligations of healthcare professionals towards patients and other healthcare providers. With Hippocratic Oath and codes of Hammurabi, medical ethics ensure that medical decisions and actions are morally based, laying more emphasis on fairness, probity, equality, justice, the best interest and well-being of patients while respecting their well-being, confidentiality and trust, autonomy, informed consent and other fundamental values, (AI Overview, 2025: 1)

There are two principal or cardinal actors in medical profession; the physicians and the patient. The Physicians includes but not limited to doctors, nurses, pharmacists, laboratory technicians, administrators, healthcare policy makers and all those who are directly or indirectly involved in shaping medical science. Patients are the receivers of healthcare. For medical science to advance better and more adaptable to societal and human needs and cherished values, these two cardinal actors must work in synergy, trusts and

confidentiality, possess benevolent approaches and must act on a just background at every given time. This has made autonomy, well-being, non-maleficence and equitable justice; the four fundamentals of medical ethics, which dictate and guide the activities of medical practitioners, (Harish and Sane, 2017: 334). Of all these four fundamentals, the most relevant among them and also the most violated is the principle of autonomy and confidentiality which are hinged on the informed consent of the patients. The violation stems from first, the assumptions that caregivers have authority, know more and are better informed than a care receiver, and as such is the right position to decide or dictate the nature and level of treatment a patient ought to receive, secondly, family and societal considerations hinging on Jeremy Bentham's philosophy of utility often take precedence over what a patient want. Spinoza's articulation on this ground emphasizes that the meaningful existential lives of the human person is dependent on reason and as well; must be guided by reason. He opines that for informed consent and harmony to be maintained, human beings must be guided by reason, and by doing so, they naturally desire for others what the desire or themselves. (R.H.M. Elwes (ed.) 2010). This study examines patient's autonomy and informed consent with the view of fostering more benevolent and confidentiality in medical practices and professionalism.

Patient Autonomy in Medical Diagnosis and Treatments

Autonomy comes from Greek words, *autos nomos*", which means self-rule and self-determination. Patients' autonomy is the view that patients have total, free and unhindered moral claims to their body, and as such can direct, control, limit, extend, accept, and or reject the course and direction of their own medical care, and to be given reasonably full information in order to make informed or reason-based medical decisions (Baumgarten, 1). The question of patient autonomy is hinged on the fact of the need to always respect the dignity of human person not minding the physiological state of the person. Baumgarten wrote that

Every medical decision includes both a scientific and an ethical component, but the special expertise of physicians is limited to the area of medical science. For example, a physician's training equips him or her to determine the genetic risks a couple may face in having children. But medical training cannot address the ethical question of whether these risks imply that a couple *should* refrain from reproduction. Medical decisions include a *value* dimension often requiring that medical benefits (such as continued life and health) be weighed against not only medical risks but non-medical values as well. That more invasive surgery decreases the risk of cancer recurrence by 3% compared to less invasive surgery is a medical judgment, but whether that benefit is *worth* tolerating the cosmetic and other effects of the surgery is not a question for medical science, (Baumgarten, 2).

In order words, medical examination and treatment are based on two fundamental perspectives – the scientific and moral

perspectives. The scientific perspective is taken care of by the rigorous training of a medical practitioner. The moral perspective is standpoint of an individual who receives the professional expertise. On this note, it becomes imperative that a patient has the full right to exercise his or her moral rights and insights; in as much the individual is not mentally and rationally incapacitated. Patient autonomy further portrays that the views of an individual must be sought and obtained before the commencement, continuation and stoppable of any medical treatment as the need arises. Its emphasis is on individuality and freedom of choice on medical care.

Patients' autonomy as a principal ethical code in bioethics is against the traditional paternalistic ideology of conventional medical science. Paternalism in medical science is of the view that healthcare givers have the authority and expertise to render a comprehensive medical discourse given the level and rigorous nature of their professional training. In the light of their authority, a medical professional can restrict the freedom of a patient in exercising the full custody of his or her body on the ground that doing so; was for the overall best interest of the patient. For instance, in early 1960s, Donald O'ken argued that in United State of America, nearly eighty-eight percent of American doctors would not tell patient of a cancer diagnosis the actual result, (Oken, 1961:1120). It is the view of the proponents of paternalistic philosophy in medical field that a medical care giver

knows more, have more accurate and adequate data than the medical care receiver. Here, it is assumed that the sole objective of a care giver is the overall good health of a patient and this main aim is enough for a caregiver to influence, manipulate and even coerce a patient into the choice of adhering to medical treatments. This in sum, is the principle of benevolence in medical ethics or bioethics. Dworkin G. concludes that

This means that the doctor has the power to and may override his patient's preferences, choices and decisions and justify doing so by appeal to the goal of benefiting from his patient or preventing or mitigating harm to his patient, (Dworkin, 1972: 64)

The other ways in which patient choices and decisions can be overridden includes: deception, lies, manipulation of information, non-disclosure of information, the use of coercion and force or indeed outright refusal to carry out the patient's wishes, (Beauchamp, and Childress, 2009: 64).

What the advocates and projectors of patient autonomy is supporting is that, no matter how sound, logical and good the intents of a medical experts are to a patient, the ethical or professional values of the experts should not override the ethical inclinations and values of a patient, who receives the medical treatments. Patient autonomy enriches physician-patient relationship, because its cornerstone is the need to breed trust and confidence between medical practitioners and their patients. Adwedaa E. wrote

Patients want doctors to use their medical training to promote a partnership in the doctor-patient relationship where the doctor

uses his or her superior knowledge and skill in medicine to acknowledge, encourage and support the patient's right to self-determination in his or her health care. If doctors did that, patients will be more satisfied, the doctor-patient relationship will be enriched, trust between the doctor and his patient will be enhanced and patient care will also be enhanced, (Adwedaa, 2015: 30).

He further emphasized that although the idea of the patient has been interpreted in different ways by different people in different or same situations, there are three indices that explain patient autonomy, namely; that patient wants to be listened to, that patient wants to be provided with adequate information about their health condition, and be involved in the management decision about their health care, (Adwedaa, 2015: 30). Patient autonomy highlights the needs of a patient to be protected in receiving healthcare services and delivery. Protecting the rights of a patient enhances the positive conviction of the patient on the system, thereby, boosting the morale of the patient in seeking and sustaining medical attentions without fear. On this note, Dasari Harish, Ajah Kumar and Amandeep Singh maintained that patient autonomy requires that; "a person should have the capacity to decide upon a course of action, and to put that plan into action" (Dasari, Ajah & Amandeep, 2015: 410).

Towing the same line of thought, Teresa is of the view that informed consent connotes the practical manifestation of manifestations which mandates healthcare providers to disclose every necessary information such that the patient becomes fully aware and

knowledgeable enough to make decisions regarding healthcare services (Okonkwo: 2025: 1) It succinct to say therefore that patient autonomy requires the ability to decide for the self, free from control of the others, and with sufficient level of understanding so as to arrive at a meaningful choice.¹¹ Its imperative lies on the fact that caregivers are not just mandated or obligated to respect the free choices of patient but also to facilitate all reasonable measures in ensuring that patient exercise such free choices.

The Concept of Informed Consent

All things being equal, there is a necessary condition that must be met before a patient can be said to be autonomous in medical decision-making and practice. This absolute condition is *sin qua non* for patient autonomy. The condition is termed informed consent. It is a mediator between the extreme and negative application of paternalism, using the benevolent principle of bioethics and indiscriminate application of patient autonomy in medical diagnosis and treatment.

Informed consent is a simplified, clear, concise, comprehensive and rational explanation and understanding a care giver owes and offers to a patient before continual or stoppable of a medical treatment. A medical care giver explains in detail the conditions, alternatives, nature, scopes and limits of a diagnosis and a proposed medical plans, risks and treatments. After careful examination of all that are involved in the medical prognosis and treatment, the patient

freely and willingly without coercion, undue influence or manipulation chooses the course of medical treatment to follow. After satisfying him or herself completely with the details of the explanation given, a patient makes a decision either by accepting or refusing treatment and a caregiver is strictly obliged to abide by such decision. R. B. Purtilo writes

Informed consent is not just a legal duty to warn the patient about potential risks and obtain this signature on the dotted line. It is not just a formality for ensuring that the conditions of understanding between the doctors and his patient are placed in writing. (Purtilo, 1984: 934)

Further explanations on this idea were enunciated by J. A. Coy who opines that

It is a process that underlies the doctor - patient relationship; an ongoing dialogue between the patient and his doctor and not merely a dateable event that occurs when ever a decision must be made because of the potential harmful consequences. It brings about a different equation to the doctor-patient relationship: one based on mutual trust and respect. It becomes an ongoing dialogue where in the risks and benefits of all treatment alternatives are explained and explored so as to customize (tailor) the same for the patient, keeping in view his personal values, interests and goals, (Coy, 1989: 826)

The idea of informed consent moves the responsibilities in medical discourse and remedies from the medical caregiver to the patient who is the receiver. It exempts a medical practitioner from taking responsibility from a failed medical treatment arising not from professional misconduct and negligence. To achieve a justifiable patient informed consent,

Harish, Kumar and Singh outlined the conditions of a justified informed consent. These conditions include; a patient should be able to understand (i) Nature of the procedure includes what is to be done and how is it to be done (ii) Risks involved suggests the most likely risks; if a patient asks about a potential risk which the individual may lack the necessary knowledge, all the necessary procedures must be made available and should be succinctly explained. (iii) Consequences which implies the likely outcome of the procedure and alternatives (iv) Alternatives indicates what would be the possible outcome if the patient chooses not to have the procedure performed/ have an alternative procedure, (Dasari, Ajah & Amandeep, 2015: 413).

From the foregoing, it could quality that the elements of informed consent include disclosure of information, competence, understanding, voluntariness and decision making. A doctor provides information to a competent patient, who after understanding the information, makes a valid decision. It follows that patient autonomy that is hinged on informed consent is a collaborative effort of both the doctor or medical practitioner, patient and caregivers, family members, and friends. Given that the patient is the spokesperson for all medical responsibilities, the role of informed consent in patient autonomy encompasses the patient's right and capacity to direct treatment and other interventions, have the necessary

information and guidance to make decisions, and have the opportunity to choose their own treatment plan (Govender & Naidoo, 2020: 224). It is suggested that in the absence of accurate information, patients cannot succinctly exercise the franchise towards their autonomy. This is to say that informed consent entails a dialogical process which tends to ensure that patients have rights to determining their medical health interventions (Okonkwo: 2025: 5)

On a peculiar note, Sophia Chrysosofos et al suggests that the clinical skill of the retention of informed consent must involve providing the patient a reasonably all-inclusive analysis of the rationale, benefits, risks, every possible alternative that is involved in medical decision making so as to ensure that the patient enjoys informed choice(s). The stipulation or requirement as suggested above entails criticality, patience, absolute honesty and defined line of integrity and high level of professionalism to integrate informed consent. The satisfactory professional practice of information delivery is the only sustainable yardstick for authenticating patients' autonomy.

Ethical Consideration of Patient Autonomy and Informed Consent: Challenges and Prospects

A careful observation of this study will authenticate ones understanding that the trajectory kicks towards respecting the rights of a patient to make informed decisions concerning one's medical care. It is against a conventional paternalistic

medical idealism that everything done by a medical personnel, practitioner or caregiver; is for the good of the receiver of the treatment without involving the medical care receiver on the nature and extent of the goodwill. In involving a patient in deciding the management of his medical status, patient autonomy; based on informed consent entails that the necessary full details of a patients' condition must be divulged to him. This will enhance patient-doctor relationship that is based on trust, confidentiality and fidelity. Thus, "the fiduciary genre of the doctor-patient relationship demands that the physician owes the highest degree of fidelity, honesty and lack of self-interest to his patient", (Molina-Mula, Peter, Gallo-Estrada, & Perelló-Campaner, 2017: 25)

However, there are some fundamental challenges that have been raised by ethical philosophers on the nature and even the limit of autonomy of a patient. For instance, Hippocratic oath is modelled on the principle that medical practitioners or caregivers should ascribe for good and not harm of a patient or medical care receiver. This means that a physician can use his or her professional training, which can be termed here as Clinically informed consent, and is solely hinged on the overall wellbeing of a patient even when the patient may have a contrary decision. This is what the principle of Benevolence in bioethics entails. Given this instance, a vital question is of essence and it goes this way; if the Hippocratic oath is to be adhered to at all instances, does the patient still the

concept of his or her autonomy? Hence, in certain conditions, not all truth can be told in details to a patient to avoid escalating the issue at hand. Thus:

However, absolute truth may not be digestible to the patient and may actually be harmful to him. That is when; the doctor can invoke the Doctrine of Therapeutic Privilege and refrain from telling the whole truth to the patient. If the doctor is of the opinion that disclosure of the complete information can seriously harm the patient's life, he has the privilege to withhold such information, but he has to take any of the close relatives of the patient in to confidence and share this information (Harish, Ajah & Singh: 413)

Even when a relative of a patient is well informed and consented to, there are certain conditions of a care receiver that will erode his autonomy and informed consent. Consequently, we should not regard the obligation to respect autonomy as absolute. Nor should we think that it requires that we do whatever patients say they want. (Baumgarten; 3)

Explaining further, another dimension that questions the absolute validity of a patient's autonomy and informed consent is the duty of a caregiver to distinguish between a patients' current choices and that of patients' genuine inclinations.

A challenge to a simple notion of patient autonomy is that it fails to recognize that a patient's current choice might not represent what even the patient himself *truly* wants. The effects of illness, or of the treatment itself, could distort a patient's perceptions. Even though such a patient's capacities might not be compromised to the point that he would be considered incompetent, he might, for example, refuse a treatment that his "true self" would have accepted, (Baumgarten; 5)

For instance, based on religious indoctrination, a patient may decide not to follow a benevolent medical regimen not because his genuine intention does not support the treatment in order to get well, but because the present choice of religious coloration made him or her to make decisions that could be fatal. The issue of blood transfusion and taking of synthetic drugs are typical examples whereby some staunch religious fanatics are forbidden from some medical practices because, such practices are abhorred by their doctrinal foundations. To follow patient autonomy and informed consent *simpliciter*, may aid in committing more harm than good, and this is against the codes of medical profession. In other words, there are certain choices that will make a patient's autonomy and informed consent conflict with paternalistic principle of conventional science, and that of paternalism takes precedence. Hence, the concept of self-determination and autonomy should not be oversimplified.

Another dimension of the challenges of patient autonomy and informed consent is the conflict of choice between a patient autonomy and professional requirements of a medical caregiver. It has been clearly stated that a medical caregiver also has moral obligation to the medical profession that may outrightly outweigh moral obligation to respect a patient's autonomy and informed consent. For instance, some of the patient autonomy that may violate the ethical values of medical profession

are the request for a mercy killing (Euthanasia), abortion (unlawful termination of a foetus in a patient body), and tubal ligation (freedom to choose not to bear children via destruction of fertility organs). It is argued that patients' autonomy and informed consent does not extend to assist in harming, killing, or help to die or the engagement in euthanasia, (Hathout; 1997: 235).

A just distribution of scarce resource is another issue to contend with when ethically examining patient autonomy and informed consent. The question is should a medical care giver continue giving treatment even when such treatment is clinically ascertained to be an exercise in futility? It should be noted that just distribution of scarce resource is an important ethical topic in medicine. In these regards, the position of family members and their roles, and the utilitarian needs of the society are put into consideration before patient autonomy and informed consent prevails. Family roles are made inundated by cultural practices that influence patient autonomy. Instances are bound in Chinese and African cultural practices where communal responsibilities supersedes individuality.

What is very imperative from our discussion so far on the challenge and prospects of patient autonomy and informed consent is that, morally in medical healthcare, patient autonomy goes beyond abstract conception of individualism and freedom of choice to a more developed creative apparatus for determining how to respect the choice of

individuals in exercise their autonomy. While upholding the autonomy of individual to have informed consent in managing their health status, this ethical principle should not project individual as an independent entity without embodiments of family, economic, cultural, religious, medical professional contexts.

Conclusion

Patients' autonomy and informed consent is a fundamental principle in medical ethics or bioethics that emphasizes on a cordial, confidential and truthful relationship between medical caregivers and their patients. It is an ethical perspective that propels medical practitioners to use their medical and professional skills and training to encourage, acknowledge, support and even; proposes to patients on how to use their rights when it comes to terms with self-determination and dignity of human person to choose and make decisions regarding their health challenges. The need for self-determination in health decision-making is to be construed on informed consent, where the details, nature, diagnosis, prognosis, risks, alternatives and treatment have been concisely, clearly and comprehensively communicated to the patient. Thus, patients' autonomy and informed consent are important ethical canons in medical sciences; because, they are the indicators of patient satisfaction and they further determine the standards of healthcare delivery. It entails that humans have unconditional worth, possessing the

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capacity to determine his or moral destinies and should be treated and respected as such.

However, it should neither be conceived as a value that necessarily overrides all others nor does it entail simple directives to always comply to the expressed wishes of the patients. Based on the situation at hand, patient autonomy can be overridden when there is an availability of sufficient and justifiable rational grounds for such. These good reasons can be informed by professional, family, social, cultural and economic contexts

References

- Adwedaa Ebenezer, "Respect for Patient Autonomy: A Patient Perspective". In *Postgraduate Medical Journal Ghana*, (Vol. 37 No. 4, Oct. - Dec. 2015), 30-34
- Baruch Spinoza, Elwes R.H.M.(ed), *The Ethics* (Commoditatus Vicus e-Publication, 2010) 55
- Beauchamp T L, Childress J F, *Principles of Biomedical Ethics* (sixth edition) (New York: Oxford University Press, 2009) 64-121
- Chryssofos Sophia Et'al. Current Practices, Limitations and Recommendations for Informed Consent Education in Medical Students and Physicians: a Scoping Review. In, *Journal of Medical Education and Curricular Development* (November 2025) (<https://doi.org/10.1177/238212051384380>)
- Coy J. A. Autonomy-based Informed Consent: Ethical Implications for Patient Noncompliance. In *Physical Therapy* (Vol. 69, No. 10, 1989), 826-33.
- Dasari Harish and Mandar R. Sane, "Extension of Consent: Issues Thereof. in *Journal of India Academy of Forensic Medicine*, (Vol. 39, No. 4, 2017), 334-338
- Dasari Harish, Ajah Kumar & Amandeep Singh, "Patient Autonomy and Informed Consent: The Core of Modern Day Ethical Medical". In *Journal of India Academy of Forensic Medicine*, (Vol. 39, No. 4, 2015), 410-414.
- Donald Oken, "What to Tell Cancer Patients," *Journal of the American Medical Association*, 175 (April 1, 1961): 1120-1128
- Dworkin G, 'Paternalism', *Monist* 1972; 56: 64-84
- Elias Baumgarten, "The Concept of Patient autonomy" in *Medical Updates: A Publication of the American International Health Council*,
- Feinberg J. "Harm to Self". In *The Moral Limits of Criminal Law*. (New York: Oxford University Press, 1986), 35.
- Govender, P. & Naidoo D. "Promoting Patient Autonomy: Perspective of Occupational Therapist and Nurses". In *Research* (Vol. 12, No. 4, November 2020), AJHPE, 224
- Molina-Mula J, Peter E, Gallo-Estrada J, Perelló-Campaner C.1" Instrumentalization of the health system: An examination of the impact on nursing practice and patient autonomy". in *Nurses Inquiry* 2017;25(1): e12201. <https://doi.org/10.1111/nin.12201>
- Okonkwo T. U. "Patient Autonomy and Informed Consent: Balancing Innovation and Human Values" in *International Journal of Social Sciences* (Vol 10, No 2, June 2025)
- Purtilo R. B. "Applying the principles of Informed Consent to Patient Care: Legal and Ethical Considerations for Physical Therapy". In *Physical Therapy*. (Vol. 64, No. 5, 1984), 934-37.
- Ratna Suprapti Samil, "Medical Ethics: Its Current Application". in *Journal of India Academy of Forensic Medicine*, (Vol. 8, No. 4, 1999), 264-270
- Shah Parth Et'al. "Informed Consent" in (*National Library of Medicine: national Center for Biotechnology Information*) (Last Update, November, 2024) www.ncbi.nlm.nih.gov

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