



Patient Autonomy in Life-Sustaining Treatment Decisions

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DESCRIPTION

Patient autonomy is a cornerstone of modern medical ethics, emphasizing the right of individuals to make informed decisions about their own healthcare. This principle becomes especially significant when considering life-sustaining treatment decisions, where choices often involve complex medical information, emotional distress, and profound moral implications. Respecting patient autonomy in these situations is essential to uphold human dignity, personal values, and the ethical integrity of healthcare delivery. Life-sustaining treatments encompass interventions such as mechanical ventilation, cardiopulmonary resuscitation, dialysis, and artificial nutrition or hydration. These technologies can prolong life in critical conditions but also raise difficult questions about quality of life, suffering, and the natural process of dying. Patients facing such decisions must be empowered to express their wishes regarding initiation, continuation, or withdrawal of these treatments.

Autonomy demands that these choices be respected, even when they conflict with the preferences of family members or healthcare providers. Informed consent is the practical mechanism through which patient autonomy is exercised. To make autonomous decisions about life-sustaining treatments, patients need clear, comprehensive, and understandable information about their medical condition, prognosis, treatment options, and possible outcomes. Healthcare professionals have a duty to communicate this information compassionately and without coercion, ensuring that patients can weigh the risks and benefits in the context of their own values and goals. This process can be challenging, particularly when patients are critically ill or cognitively impaired, necessitating early discussions and advance care planning. Advance directives and living wills are tools designed to uphold patient autonomy when individuals become unable to communicate their wishes. These

legal documents specify preferences for life-sustaining treatments and appoint surrogate decision-makers.

They provide guidance to healthcare providers and families, reducing uncertainty and conflict during emotionally charged moments. However, advance directives must be regularly reviewed and updated, as patients' values and health status can change over time. The role of surrogate decision-makers is critical when patients lack decision-making capacity. Ideally, surrogates should make decisions based on the patient's known preferences and best interests, preserving autonomy as much as possible. Ethical dilemmas arise when surrogates' judgments conflict with documented wishes or when the patient's preferences are unknown. In such cases, healthcare teams often seek ethics consultations to balance respect for autonomy with beneficence and non-maleficence.

Cultural, religious, and social factors influence how autonomy is perceived and exercised in life-sustaining treatment decisions. In some cultures, decision-making is more collective, involving family or community leaders, which may contrast with the Western emphasis on individual autonomy. Healthcare providers must be culturally sensitive, facilitating dialogue that respects these values while advocating for patient-centered care. Challenges to patient autonomy also occur in situations where the prognosis is uncertain or where aggressive treatment might extend life but also increase suffering. Physicians sometimes face moral distress when patients or families insist on treatments perceived as futile. Navigating these conflicts requires open communication, shared executive and sometimes ethical mediation to reconcile differing perspectives. Patient autonomy in life-sustaining treatment decisions is vital for ethical healthcare practice. It requires transparent information-sharing, respect for personal values, advance care planning, and culturally competent communication.

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