J. A. Awadalla

Dr. Amanda Pacheco

IDS 4934 – Interdisciplinary Studies Capstone

November 24, 2013

Patient Respect: an Interdisciplinary Inquiry

1. Introduction and Purpose. "Treat others the way you want to be treated." When I asked an elderly woman during my volunteering what respect meant to her, this is what she answered me. Most people would agree that this phrase is the epitome of respect. While it is easy to define respect in a broad, general context, it becomes much less so when you apply the word "respect" within the framework of another ideal. What does "respect" mean when utilizing it in, for instance, a medical, educational, or legal context? Without knowing anything about what is considered ethical practice in any of these disciplines, it would not be possible for the average person to know what respect really means to these professions. This is what makes the central inquiry of this essay so crucial: what does it mean when the practitioners of these disciplines themselves do not know what defines respect in their fields? Although examining all of these fields is far beyond the scope of this essay, examining one of them is not. It is the author's hope that others will investigate other disciplines and pick up where the author has left off.

The purpose of this essay is twofold: 1. to attempt to answer the question, "What constitutes respect toward patients in the medical field?" and 2. to raise awareness to the fact that this question must also be asked in other disciplines. The medical field lacks any kind of formal definition of "patient respect." (Papastavrou, et. al 370) This is a problem because patient respect—which from this point forward will be referred to as "respect" for simplicity's sake—is

interpreted differently from person to person. The medical field needs some sort of standard to guide their students as to how they should behave with patients because it is as much a part of healing as surgery, therapy, or even medicine.

2. Approach and Disciplines Chosen. The reason this problem should be approached in an interdisciplinary manner is simple: if the field of Nursing since its inception has not come up with a unified answer as to what respect means, why should we not seek wisdom in this matter from other disciplines that have studied Nursing from their differing perspectives? These new perspectives may lead us to new ideas in defining respect in a medical context, as well as set the framework for defining it in other disciplinary contexts wherever the definition does not already exist. Many disciplines have unique definitions of respect, and a powerful, comprehensive definition may be obtained from a combination of these disciplines' respective definitions. To aid in this redefinition, I will be utilizing English, Nursing, Psychology and Sociology.

3. Analysis: Disciplinary Contributions, Conflicts, and Commonalities. English's main contribution may stick out as obvious: the discipline can directly define respect in textbook terms, but it also lends insight into what that same word means to different people, explaining the high variance. Nursing, as the center of the conflict, does have insights into what respect ought to entail, even if the discipline has been reluctant to define it outright. Nursing also helps one understand what particularities the discipline may have as regards respect from a medical standpoint: as was mentioned to me frequently during my volunteering, such issues as privacy and autonomy are paramount—especially privacy. I approached a nurse manager with some questions I wanted to ask patients during an early phase of this project, and she told me I would have to get special permission to ask so many questions; she also raised an interesting notion to me: the questions may not have been fair to ask along with my survey questions the hospital has

me ask ("Was the room clean when you arrived," "Is it quiet enough to rest at night," etc.) because of the mental state a patient may be in due to medications or overall mood while being in a hospital setting. Psychology calls attention to respect in regards to age, race, gender, and ethnicity, while Sociology calls attention to respect in terms of culture and religious beliefs.

The most obvious conflict, then—and the most prevalent one—is the outright definition of respect itself. No discipline seems to want to define it outright, and instead lends insights into facets of the definition. Disciplinarians of English and literature already seek to expand the definition they already have. They have gone so far as to include such insights as respect for personality, how Chinese philosopher Confucius defined respect, and respect for one's unique personality, defined as "[getting] to know [others]. . . .we must ourselves respect the personality of the individual . . . . [and] we must aid [others] to achieve that same respect." (Rounds 126) Confucian ethics explores giving the respect due to others because of their "worth" as human beings "Mencius said, 'In making friends with someone you do so because of his virtue, and you must not rely on any advantages you may possess.''' (Yee Chan 233)

Nursing itself loosely defines respect by such common rhetoric as "knowing, being with, doing for, enabling and maintaining belief [between patients and caregivers], are the hallmarks of a caring disposition . . . . add involving, interest in, concern for, compassion and commitment, to that list." (Reid 218) Other common points discussed include statements along the lines of "individuality, autonomy, dignity, privacy, and other values and responsibilities." (Papastavrou 370) What directly defines what respect is, however, is not described in very much detail. It is still vital, however, to keep these concepts in mind as a formal definition is formed, particularly privacy and dignity.

Psychology discusses things that both English and Nursing do not: that people deserve equal care regardless of who they are or the severity of their condition. As Goodwin and Landy point out for example, "much evidence points to the fact that the young are often prioritized over the old in life-and-death decision-making contexts." (pp. 1) The question of a patient with strong religious beliefs is controversial, however; Knapp and Vandecreek's study outline this controversy from the perspective of psychologists, but this issue could potentially come up in other aspects of medicine as well. They explain that, "Psychologists sometimes find themselves in situations in which they need to balance respect for patient autonomy with other competing values and neither the laws nor ethics codes provide clear direction on how they are to do so." (pp. 397) Psychologists are split down the middle on this issue, but both sides of this debate argue that legal and ethical codes do not adequately cover this point.

Sociology raises the importance of spiritual needs of a patient and contends that this is also something that must be respected. Huey-Ming and Yin-Chang recount the story of a Taiwanese healthcare worker afflicted with SARS and his personal struggle (pp. 24-25), and from this, they conclude:

> Although medications and medical procedures may cure our physical ailments, the psychological problems may not be so easily defeated . . . . consciousness of survival, as well as willpower, is important to their motivation to live. . . . [which] may be restored through obtaining support and resources from their folk health care system. (Huey-Ming and Yin-Chang 25)

Sociology also advocates increased patient autonomy, the idea that a patient is an end rather than a means (patients should not be seen as objects), that it is mutual and egalitarian, that how a

patient or caregiver sees themselves affects whether they respect themselves and others (Schrimer, et. al 58) and that respect should be mutual and unconditional. In the words of Bjorn Hofmann, "Attending to every person as an end in him/herself involves concern for the person's welfare, but also requires a certain respect and distance." (pp. 89) Of all the views listed here, patients I spoke to while volunteering seemed to echo Sociology's views the most.

Each discipline has its own valid points. The best way to proceed would be to integrate parts of each discipline's individual definitions into one broad, new definition that covers the needs of patients and caregivers alike. Sociology and English both already agree that individuality is vital to respecting others and that respect is mutual, while Nursing and Psychology touch on the issue a bit more technically, discussing patient autonomy, privacy, dignity, and consent. An adequate definition would then include all of these insights to some degree.

5. Conclusion. To explore what a new definition of respect would need to include, we need to keep in mind these three main actors impacted by this redefinition: the patient, the nurse(s), and the doctor. The struggle to provide the best care possible to patients actually starts with the patients themselves. As Clucas and St. Claire, a pair of researchers studying this matter, point out:

> The relationship between patients' self-respect and their respect feelings could also help provide an explanation for why patients with worse perceived health are also less likely to report being treated with respect and dignity in the UK . . . . being self-sufficient, working to the limits of your abilities and giving back to others are seen as respect worthy qualities in Western society (Sennett, 2003), patients who are unable to perform these behaviours because they have poorer

> health are likely to have lower self-respect and consequently feel less respected when visiting the doctor . . . . [which] might affect the quality of the doctor–patient relationship and possibly health-related outcomes. (174)

Given how delicate a patient's emotional state can be upon entering the hospital, this is perhaps the most important aspect of any redefinition. It can be difficult enough to simply get a patient to a physician in the first place. Not only does self-esteem affect patients, but it also affects the caregivers themselves—self-esteem could just as readily affect work performance. Schirmer, et al. seem to agree, "participants [in their research study] connected respect to what social scientists call 'ascribed agency', in the sense that the act of showing respect towards another person is targeted at this person's ascribed agency (social category, i.e. race)." (pp. 71) In simpler terms, if a patient or caregiver does not feel like an equal, this is one definite place where lack of respect occurs.

A redefinition of respect would require that the doctor, the nurse, and the patient are equal partners. No one has an advantage over the other, for any reason. The three of them, although one of them is in need of the other two, are still people at their core. Eloquently put, "we must ourselves respect the personality of the individual. This concept is vital. We may know all there is to know about the [a] field . . . . if we do not have respect for personality, we cannot [assist others]." (Rounds 127) As equal partners, all three parties should have equal say about what comprises the patient's care. This concept is reminiscent of an Egyptian proverb: "You are your own best doctor." While doctors and nurses may have years of education in the medical field, it is still the patient actually experiencing the illness or injury. This is a rudimentary fact that can be easily forgotten, which is why this point is important.

Another vital component of any redefinition of respect is an emphasis on clear communication. Medical practitioners and patients should not be afraid to ask questions about each other. Healthcare providers absolutely should not make assumptions about patients—ask. Likewise, patients should cooperate with healthcare providers to help them better understand just what it is a patient is feeling or has been going through. Both patients and healthcare providers must to empathize with the other person's viewpoint. At the least, healthcare providers should be there for patients, even if the healthcare disagrees with the patient's opinion. The matter should be seen as a partnership, not a display of superiority and inferiority. Most important is actually helping the patient feel better physically, emotionally and mentally, and the feeling of equality will guarantee this, even if the improvement seen is minute.

In light of all I have just said, my revised definition of patient respect is this:

1. To care for a patient's physical, emotional, mental, and spiritual needs.
2. To do so in a respectful, protective, and unbiased manner.
3. To care for a patient both based on what the patient needs and what the patient wants; if the patient refuses care for a spiritual reason, listen to them. Depending on how religious a patient is, denying them can actually serve to harm them.
4. For caregivers: To respect and acknowledge both your own limits in ability and your limits under the law. Even if a patient is dying, they will at least know that they did everything they could for them.
5. To always remain positive in front of a patient, even when things look grim. (But this last one probably goes without formal statement.)

The most important thing of all to remember is that all three parties are still human beings.

Annotated Bibliography

Clucas, Claudine and Lindsay St. Claire. “Influence of patients’ self-respect on their experience of feeling respected in doctor–patient interactions.” *Psychology, Health, and Medicine*. Vol. 16, No. 2, pp. 166–177. Web. March 2011.

A highly mathematical research article, the article’s main point is that if patients feel negatively about themselves from the moment they enter the doctor’s office, this can make them reluctant to tell a doctor if something is wrong because they may feel they are not worth the time. This article also points out that if doctors do not empathize with their patients, this will lower how a patient feels about himself or herself, making the problem even worse.

Goodman, Geoffrey P. and Justin F. Landy. “Valuing Different Human Lives.” *Journal of Experimental Psychology: General.* pp. 1-26. Web. May 6, 2013.

While this study researches ageism in the medical field, the indirect message—and hence the title of the article—is that all people should be given the same priority in terms of medical care and that triage should not be based on any factor than the severity of the condition. This concept plays into one aspect of my redefinition of respect.

Hofmann, Bjorn. “Respect for patients’ dignity in primary health care: a critical appraisal.” *Scand J Prim Health Care.* Vol. 20, pp. 88-91. Web. 2002.

This article highlights why dignity and respect are hard to define, as well as the importance of seeking a definition. This article also talks about the controversy currently surrounding the

medical field on patient autonomy and privacy; included within are several stories, one of which regarding a doctor who asked a patient questions about his private life to get to the bottom of back pain, suggesting that it may be psychologically related—the patient got a second opinion and found out he only had hemorrhoids.

Huey-Ming, Tzeng and Yin Chang-Yi. "Learning to Respect a Patient's Spiritual Needs Concerning an Unknown Infectious Disease." *Nursing Ethics.* Vol. 13, No. 1, pp. 17-28. Web. n.d.

This article discusses the importance of spirituality in the face of an unknown condition. The authors argue that religious beliefs give people the strength to carry on in the face of adversity and centers on patients' spiritual behavior during the SARS epidemic in China and Taiwan. This is why I argue in my essay that spiritual needs must be respected; I feel this is important to patient health and recovery, as outlined in this article.

Knapp, Samuel and Leon Vandecreek. "Balancing Respect for Autonomy with Competing Values of Principle-Based Ethics." *Psychotherapy: Theory, Research, Practice, Training.* Vol. 44, No. 4, pp. 397-404. Web. 2007.

This outlines the controversy in psychology and psychotherapy arguing against completely abiding by others' religious beliefs if those beliefs endanger the patient, and calls for intervention if necessary. While I do personally disagree with the article's central argument, it was still useful in highlighting psychology's stance on the issue.

Papastavrou, Evridiki, et. al. “Patients’ and nurses’ perceptions of respect and human presence through caring behaviours: A comparative study.” *Nursing Ethics.* Vol. 19, no. 3, pp. 369-379 n.d. Web.

This was the article that first caught my attention on defining respect—before reading this article, I did not know that there was no formal definition for patient respect. This article essentially introduced me to the topic and its relevance, making it the most important article to the construction of this paper.

Reid, Jane. “Respect, compassion, and dignity: the foundations of ethical and professional caring.” *Journal of Perioperative Practice.* Vol. 22, No. 7, pp. 216-219. Web. July 2012.

This article also highlights the current issues surrounding patient respect and takes the issue from the angle of caregivers. The article primarily describes how caregivers can empathize with patients, but also goes into the importance of cooperation and teamwork with other members of staff.

Rounds, Robert W. “Respect for Personality.” *The English Journal.* Vol. 36, No. 3, pp. 126-129. Web. March 1947.

Although this article is about teaching English, I felt it had some excellent general points about respecting others and their individual peculiarities. I also appreciated the author’s position on how education does not necessarily make one superior to someone else. Most important was his

assertion that this uniqueness should not be hindered, an unusual but understandable position. I felt this also applied well to the medical field and doctor-patient relations.

Werner Schirmer, Linda Weidenstedt, and Wendelin Reich. "Respect and agency: An empirical exploration." *Current Sociology.* Vol. 61, No. 57, pp. 57-75. Web. April 13, 2012. http://csi.sagepub.com/content/61/1/57

This article discusses how the perception of belonging to a particular social group—which includes anything from race to ethnicity to what sports team you like—can impact doctor-patient relations. This can be important in terms of differing race, ethnicity, religion, and even class, and plays into the importance of the patient having respect for himself or herself. This also lends to the argument that a redefinition of respect requires that patients and caregivers become equal partners—otherwise, the differences agency-wise may prove too great to bridge depending on he situation.

Yee Chan, Sin. "The Confucian Notion of Jing 敬 (Respect)." *Philosophy East & West.* Vol. 56, No. 2, pp. 229-252. Web. April 2006.

I felt this article could lend unique insight into how another culture defines respect and I especially liked that one major concept is that one person does not have an advantage over another if they truly respect one another. The fact that an article about Chinese philosophy was found in an English disciplinary database also shows that English and literature disciplinarians really are seeking to expand the definition of respect and not simply rely on the traditional textbook definition.