Bioethics:

#### Autonomy, Decision Making & Case Studies

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We start with case series to discuss autonomy &

decision making in medical setting.

Samira Kohli’s case… a landmark court case and a major precedent case in India that referred to “real or valid consent”. …

* Samira Kohli, an unmarried woman, 44 years, consulted Dr Manchanda on May 9, 1995, complaining of prolonged menstrual bleeding.
* She was admitted and the consent form for hospital admission, medical treatment and also, surgery, were signed.
* The consent form for surgery said “diagnostic and

operative laparoscopy. Laparotomy may be needed”.

Case cont….

* She was subjected to a laparoscopic examination under general anaesthesia. While Samira was unconscious and was being examined, Dr Lata Rangan came out of the operation theatre and took the consent of the patient’s mother for a hysterectomy.
* After her mother’s consent was obtained, Dr Manchanda

removed the patient’s uterus (abdominal hysterectomy), ovaries

and fallopian tubes (bilateral salpingo-oophorectomy).

* *On January 19, 1996, Samira Kohli filed a complaint before the National Consumer Disputes Redressal Commission, claiming compensation of Rs 25 lacs from Dr Manchanda*.
  + She complained that the doctor had been negligent and that the radical surgery, by which her uterus, ovaries and fallopian tubes were removed, had been performed without her consent.
  + The compensation claimed was for the loss of her reproductive organs, diminished prospects of matrimony, irreversible damage to the body, loss of the opportunity to become a mother, as well as painful emotional trauma.

The National Commission dismissed the complaint, declaring that the hysterectomy had been performed with adequate care and also, that the patient had voluntarily sought

*treatment at the clinic…*

Your views…?

***Consent***



Medical Council of India (MCI) Code of Ethics

Regulation, 2002 defines consent as:

* + Before performing an operation the physician should obtain in writing the consent from the husband or wife, parent or guardian in the case of minor, or the patient himself as the case may be.
  + In an operation, which may result in sterility the consent of both husband and wife is needed.
  + Implied consent

Consent

* + Expressed consent – verbal or written, witnessed
    - Real consent (UK)
    - Informed consent (US)

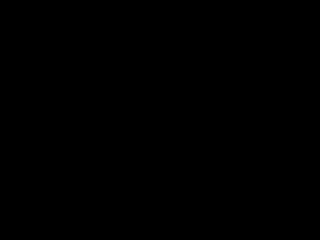
Implied consent

In circumstances such as….

* + arranging an appointment with a doctor
  + visit to OPD, admission to hospital wards
  + answering questions relating to the history
  + physical examination (e.g. chest auscultation), investigation etc.

Expressed consent

* + Stated in distinct and explicit language.
  + Expressed consent may be oral or in writing.
  + Written consent is regarded as superior because of its evidential value
  + Obtained for treatments that involve risk or involve more than mild discomfort or when it will result in diminishing of a bodily function.

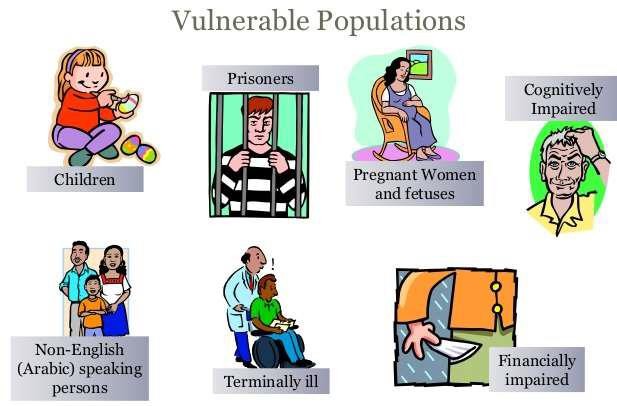


Supreme Court of India:

“*A doctor has to seek and secure the consent of the*

*patient before commencing a ‘treatment’ (surgery)*

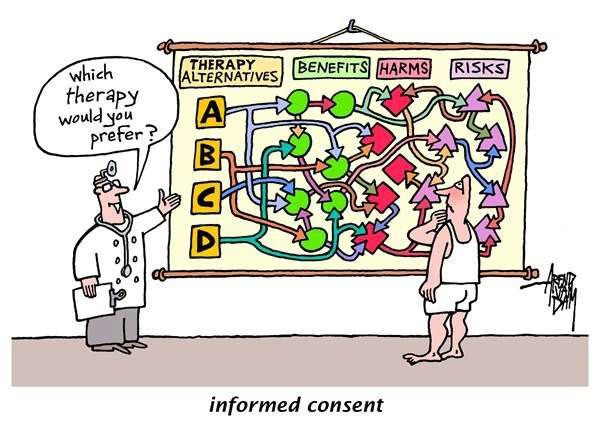
* + Given voluntarily without any coercion
  + Patient has the capacity and competence to give consent
  + Patient has the minimum of adequate level of information about the nature of the procedure to which he is consenting to.



Extent of information to be disclosed …

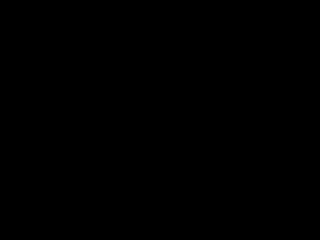
* + which is accepted as normal and proper by a body of medical men skilled and experienced in the particular field
  + Need not be stringent and high-degree
  + A balance should be achieved between the need for disclosing necessary and adequate information and at the same time avoid the possibility of the patient being deterred from agreeing to a necessary treatment or offering to undergo an unnecessary treatment.
  + *No need to explain the remote or theoretical risks involved, which may frighten the patient resulting in refusal of consent for necessary treatment*

or

*No need to explain the remote or theoretical risks of refusal to take treatment which may persuade a patient to undergo a fanciful or unnecessary treatment.*

Informed consent and informed refusal

* + Procedure whereby a patient consents to or refuses (**informed refusal**) a medical intervention.
  + Based on the information provided by a health care worker regarding the nature and potential consequences of the proposed treatment regimen.



What should a patient be told about a procedure ?

* + Nature of the procedure – what is to be done and how is it to be done.
  + Risks involved – the most likely risks; if a patient asks about a risk not told to him, he should be explained about it.
  + Consequences – likely outcomes of the procedure and alternatives
  + Alternatives – what would be the possible outcome if the patient chooses not to have the procedure performed/ have an alternative procedure

Extent of patient autonomy

* + Doctor is obligated not only to respect the free choice of his patient, but more importantly, to facilitate in every reasonably possible way the making of such a free choice by the patient.
  + Even when only one type of medical treatment available to the patient, he still has two choices Accept/ Refuse the said treatment.

An individual who has been affected by medical

negligence or malpractice can approach the judicial system under :

* + Civil Procedure Code
  + Criminal Procedure Code
  + Consumer Protection Act (CPA) – compensation
  + Code of Medical Ethics Regulations, 2002 for disciplinary action

***Can consent for diagnosis be extended for performing additional or surgical procedure?***



* + As per the judgment of Supreme Court no additional procedure can be performed in violation to what had been explained to the patient.
  + Even if the procedure is time, money and pain saving
  + Any additional act amounts to assault and deficiency in services
  + Exception - life threatening situation only

When Consent is not Necessary?

Emergency Exception

* + Patient Cannot Consent
  + A Reasonable Person would have Consented

*(Cannot Use the Emergency Exception if the Patient Refuses Care)*

Court Ordered Care

Some Public Health Treatments

* + Mandatory vaccination requirements
  + Statutes requiring quarantine in cases of contagious diseases

Samira Kohli’s case…..

* + *Physician acted in excess of consent but in good faith and for the benefit of the appellant*
  + Samira alleged that she had to undergo hormone therapy but no other serious repercussions arose as a result of the removal*.*
  + *As she was already fast approaching the age of menopause and in all probability, required such hormone therapy.*
  + Even assuming that the AH-BSO surgery was not immediately required, there was a reasonable certainty that she would have ultimately required the said treatment for a complete cure*..*

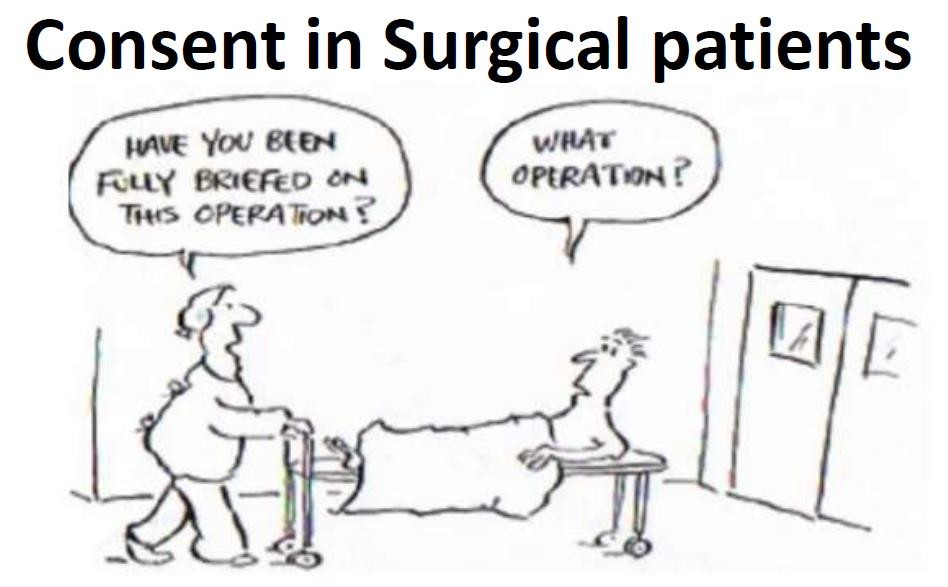
Samira’s case decision - Supreme Court opined that ….

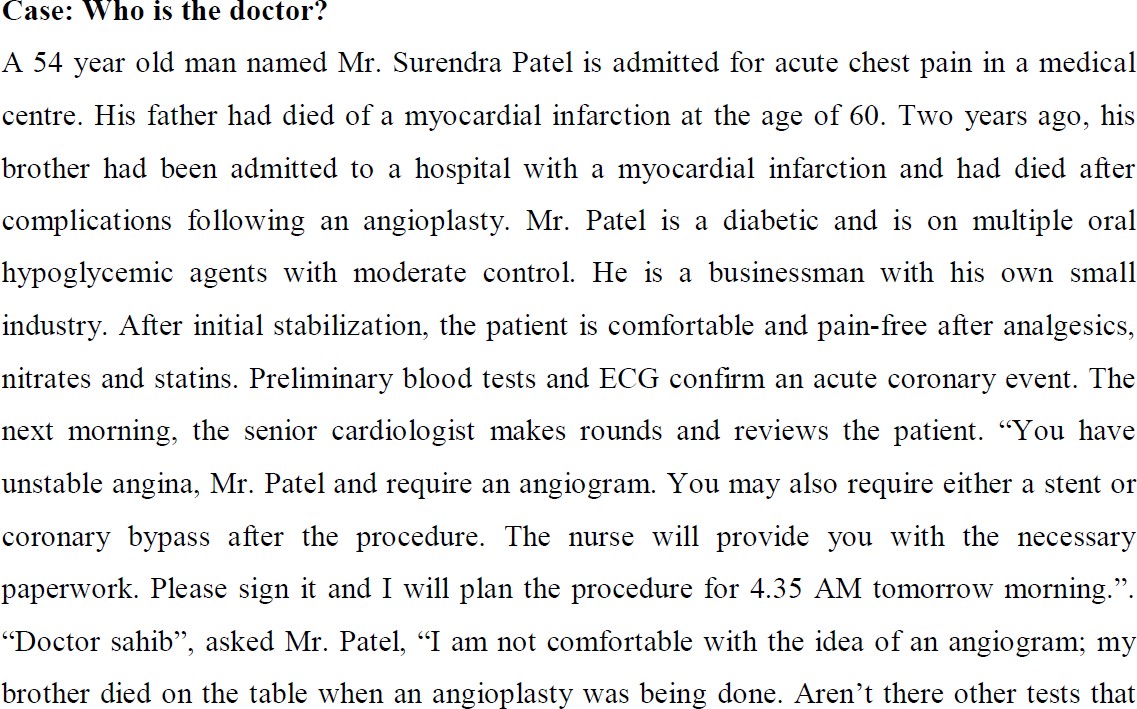
“Physician is liable for malpractice”

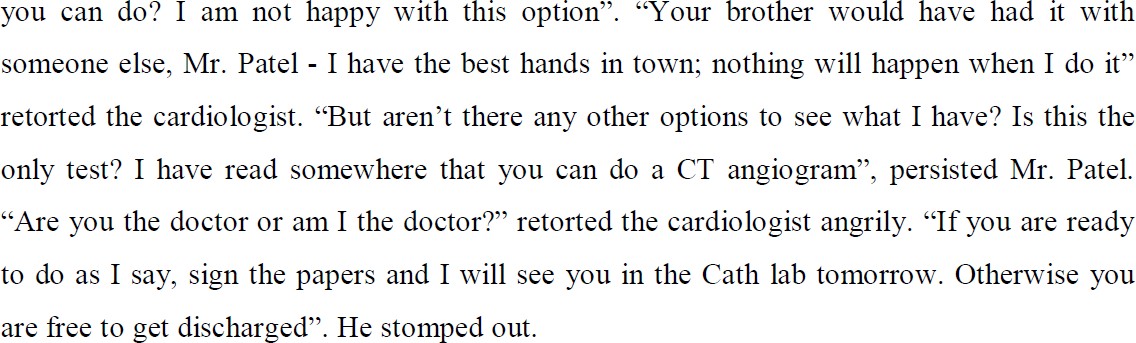
* + Mother’s consent, is not considered valid since it amounts to **trespass of the bodily integrity** of the patient and **deficiency in service**.
  + Surgery performed without consent is an **act of negligence**
  + While additional surgery was beneficial to the patient in terms of saving time, suffering, pain and expenses, this was NO ground for defense.

Final decision….

***The interests of justice would be served if, the physician is denied the entire fee charged for the surgery and in addition, directed to pay Rs 25,000/- as compensation for the unauthorized surgery.***







### Before we end this session:

* + Divide the batch into 6 groups and work on the questions allotted to you.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Group 1** | **Group 2** | **Group 3** | **Group 4** | **Group 5** | **Group 6** |
| **Qs 1& 2** | Qs 3 & 4 | Qs 5 & 6 | Qs 1 & 2 | Qs 3 & 4 | Qs 5 & 6 |

* + Prepare Ppt presentation for your task & share with your facilitators at least a day before the session
  + You may choose a presenter for next session

1. What is extent of Patient autonomy? Discuss with examples

including this case.

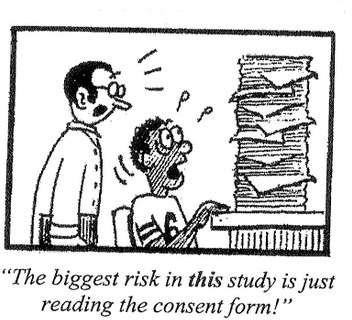
1. Why did treating doctor get angry? What kind of model of doctor-patient relationship does this depict? Discuss to justify your views.
2. Name the ethical principles in conflict in this case and what makes you to say so?
3. What are the components of Informed Consent? Who should obtain consent ?
   * Who should sign consent ?
   * When to get the consent form signed ?
   * What is the role of witness ?
4. What all you as a doctor should tell your patient about the investigations and treatment?
5. What is Informed Refusal? Discuss with examples and do include this case in your discussion.



**Thank you**

Session 2

* Discussion of questions by the 6 groups of students



1. What is extent of Patient autonomy? Discuss with examples including this case.

* For a patient to make a fully informed decision, he must understand all risks and benefits of procedure & the likelihood of success.
* This includes the need to tell the truth (veracity) and

to be faithful to one’s commitments (fidelity).

* With regard to health care, autonomy justifies the doctrine on informed consent.
* Informed, competent patients may refuse unwanted medical interventions. Such refusals respect patients bodily integrity, patients may not be subjected to invasive interventions without their consent .
* As per the judgment of Supreme Court no additional procedure can be performed in violation to what had been explained to the patient.
* Even if the procedure is time, money and pain saving
* Any additional act amounts to assault and deficiency in services
* Exception - life threatening situation only
* In some cultures, authority is given to members of the family (especially senior men) to make decisions that involve other members on marriage, job, and health care.
* The woman may be a dependent of her son, and given cultural perspective, the son can rightfully claim to have the authority to make health-care decisions for her.
* Thus, the physician is faced with multiple tasks that may not be consonant. To respect cultural values to directly learn the patient’s preferences, to comply with the western norm of full disclosure to the

patient, and to refuse the son’s demands.

Principle of autonomy provides patient the option to

delegate decision-making authority to another person.

Therefore, the appropriate course would be to take the tactful approach of directly informing the patient (with a translator if needed), that the diagnosed disease would require decisions for appropriate treatment.

The physician should ascertain whether she would prefer to make these decisions herself, or whether she would prefer all information to be given to her son, and all decisions to be made by him.

1. Why did treating doctor get angry? What kind of model of doctor-patient relationship does this depict?

Discuss to justify your views.

1. Name the ethical principles in conflict in this case and what makes you to say so?

*Conflict between Autonomy and Beneficence…..*

* It is not ethical to do good for the patient without obtaining an informed consent from him.
* Determining what is good to oneself should be

person‘s own decision

* May differ from what the doctor/ relatives etc, think would be best for the patient. E.g. blood transfusion

1. What are the components of Informed Consent? Who should obtain consent ?
   * Who should sign consent ?
   * When to get the consent form signed ?
   * What is the role of witness ?

Three components:

1. Access to information
2. Competence of patient
3. Freedom to choose

##### Access to information

* This includes providing information regarding the nature and prognosis of illness, treatment options available and their adverse effects.
* Patient has freedom to withdraw consent and choose another line of treatment at a later date.
* Many psychiatric patients are not in a position to understand this information either due to lack of insight or due to problems in comprehension.
* Hence, this information may be provided to a relative of the patient, who can make decision on his behalf.

##### Competence of patient

* Refers to the patient’s ability to understand the nature and severity of his disorder and the need to take treatment.
* For being competent to give consent, the patient should be able to comprehend the information;
* should objectively understand that he is ill and that he requires treatment; and be able to understand the nature of treatment, its benefits and limitations. Most psychiatric patients lack these abilities.
* Mental Health Care Act of India allows specified relatives to give consent for admission to the hospital.
* However, a patient can be treated in an emergency situation without any consent (if relatives are not present), when the patient may cause harm to himself or others (e.g. a stuporous patient who is not eating anything, or an excited patient who may injure himself or others).

### Freedom to choose

* Patient should be informed about the various treatment options available for his condition,
* Type of response expected and its side-effects. Based on the information provided, patient makes a choice regarding his treatment.
* A subset of psychiatric patients may be unable to make such decisions if they cannot comprehend or do not realize that they are ill. This option may be given to a significant relative.

### When is the right time?

* Not hurried
* Given sufficient time

-to take information given or

-to gather more information about treatment options

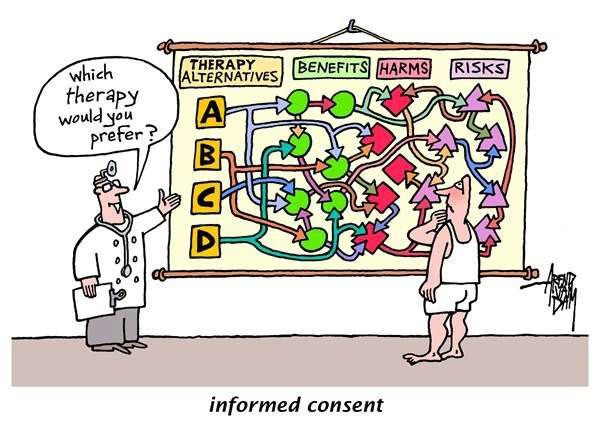
- to discuss with family/friends/second opinion Not to forget the anxiety component.

1. What all you as a doctor should tell your patient about the investigations and treatment?

Extent of information to be disclosed …

* which is accepted as normal and proper by a body of medical men skilled and experienced in the particular field
* Need not be stringent and high-degree
* A balance should be achieved between the need for disclosing necessary and adequate information and at the same time avoid the possibility of the patient being deterred from agreeing to a necessary treatment or offering to undergo an unnecessary treatment.
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1. What is Informed Refusal?

Discuss with examples and do include this case in your discussion.

Informed consent and informed refusal

* Procedure whereby a patient consents to or refuses (**informed refusal**) a medical intervention.
* Based on the information provided by a health care worker regarding the nature and potential consequences of the proposed treatment regimen.

What can help to ease this process?

Shared decision making

* Is a collaborative process that allows patients & their providers to make health care treatment decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences.
* Gives patients the support they need to make the best care decisions for their own needs, while allowing providers to feel confident in the care they prescribe.

Clinician

Information

Decision

Patient/ Family Member

##### Shared decision making

* + Practice “patient-centered medicine,” with emphasis on empathic listening and communication to build therapeutic alliance.
  + While collaborating with patients for shared decision making clearly explain your assessment of various treatment options.
  + Recognize that a patient’s poor health literacy and fear can create barriers to effective communication and understanding.
  + Use lay language when explaining medical concepts to aid patients’ comprehension.
  + Do not comply with patients’ wishes if doing so would cause you to provide substandard care.
  + In pediatric patients, the relationship is a tripartite one “you, parent(s) & patient. Information is “by proxy” through a parent.

### Shared decision making

Invite patient to participate.

Present options

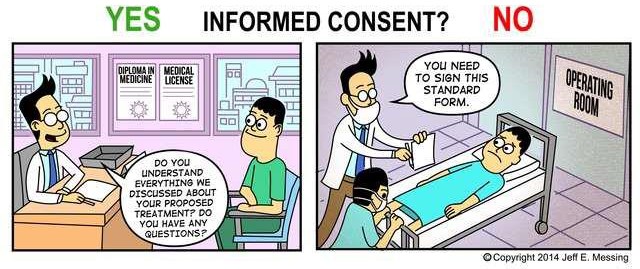
Provide information on benefits and risks

Assist patient in evaluating options based on their

goals and concerns

Facilitate deliberation and decision making

Assist with implementation



Assessment

* + Formative: The student may be assessed based on their active participation in the sessions.
  + Summative: Short questions on: Informed consent Informed refusal



**Empathy**

**Dr. Rahul Bhati**

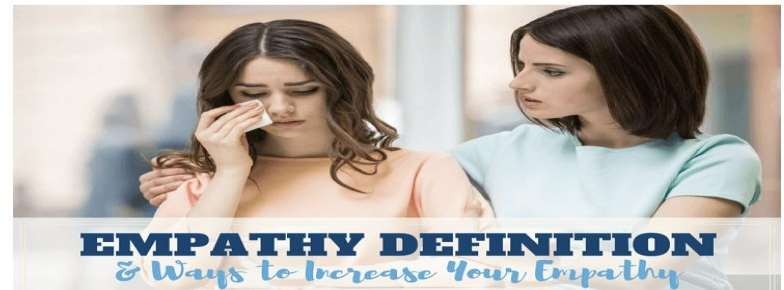
**Assistant Professor Department of Pharmacology ESIC MCH, Faridabad**



A *recent article published January 26 ,2019modern health care* talks about the importance of having all members of the health care team constantly educated regarding how to utilize patient – communication – best

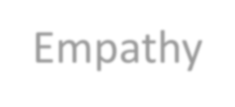
– practice to ensure best outcomes .

Physician empathy a key driver of patient satisfaction



3 07/12/1442

Empathy



**Empathy** is the capacity to ***understand or feel* what another person** is experiencing from within the other being's frame of reference, i.e., *the capacity to place oneself in another's position.*

**Empathy** is *seeing with the eyes* of another, *listening with the ears of another*

and *feelings with the heart* of another.

There are many definitions for empathy which encompass a broad range of

emotional states.

**Types of empathy :**

**Cognitive Empathy and Affective Empathy**.



**Empathy** *n*. **the power of entering into another’s personality and imaginatively experiencing his experiences.**

*Chambers English Dictionary, 1989 edition*

***"[Empathy is] awareness of others’ feelings, needs and concerns.*"**

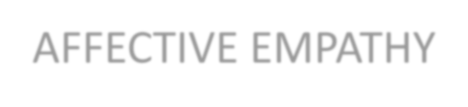
*Daniel Goleman, in Working with Emotional Intelligence*

***"I call him religious who understands the suffering of others.*"**

*Mahatma Gandhi*

***"Empathy is intuitive, but is also something you can work on, intellectually. "*** *Tim Minchin*

###### AFFECTIVE EMPATHY



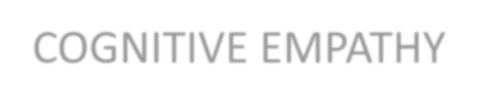
This pertains to the feelings and sensations that people get in response to

others’ emotions or feelings.

This is often described as “mirroring” others feelings, emotions or actions. A good example would be a person feeling tremendous amounts of stress when they see another exhibiting anxiety, fear or deep depression.

A person who easily tears up when watching a sad movie or television show demonstrates strong affective empathy

###### COGNITIVE EMPATHY



* + Cognitive empathy on the other hand, refers to how one switches perspectives in order to identify, understand and share others’ emotions or feelings. It involves actually knowing what others want, think, believe, or even care about.



**There is an important distinction between empathy, sympathy and compassion.**

Both **compassion and sympathy** are about feeling for someone: seeing

their distress and realizing that they are suffering.

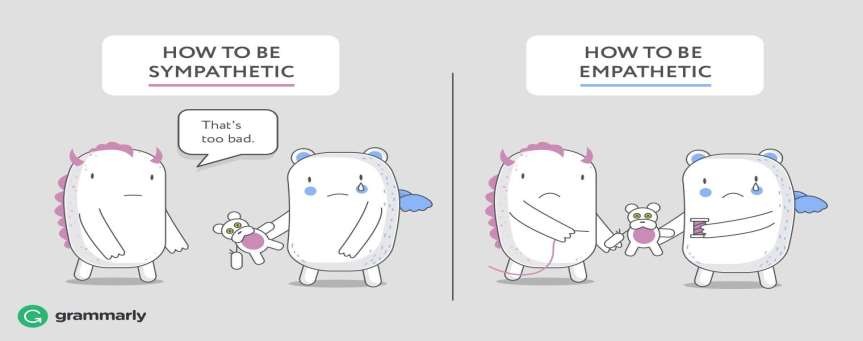
**Compassion** has taken on an **element of action** that is lacking in

sympathy, but the root of the words is the same.

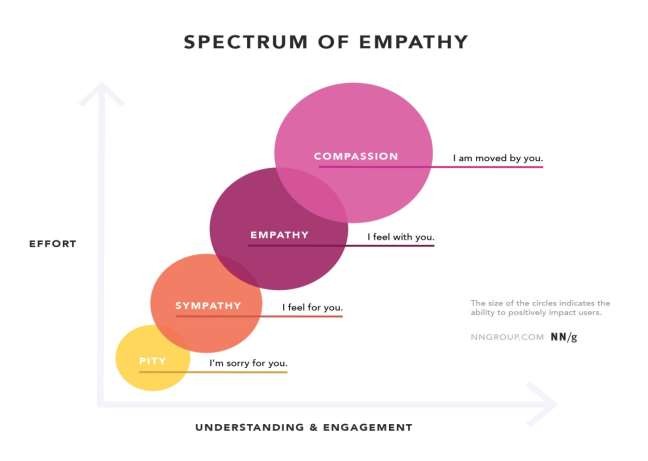
**Empathy**, by contrast, is about experiencing those feelings for yourself, as if you were that person, through the power of imagination.



* + It is recognition and validation of a *patient fear, anxiety, pain, worry* . It is the ability to understand patient feeling and facilitate a more accurate diagnosis and more ***caring treatment*** .
  + Expressing patient **empathy** indeed ***advances humanism*** in healthcare is a matter of fact –expressing empathy in healthcare is ***THE KEY INGREDIENT*** to enhancing the patient experience and patient encounter.



10 07/12/1442



07/12/1442 11



07/12/1442 12

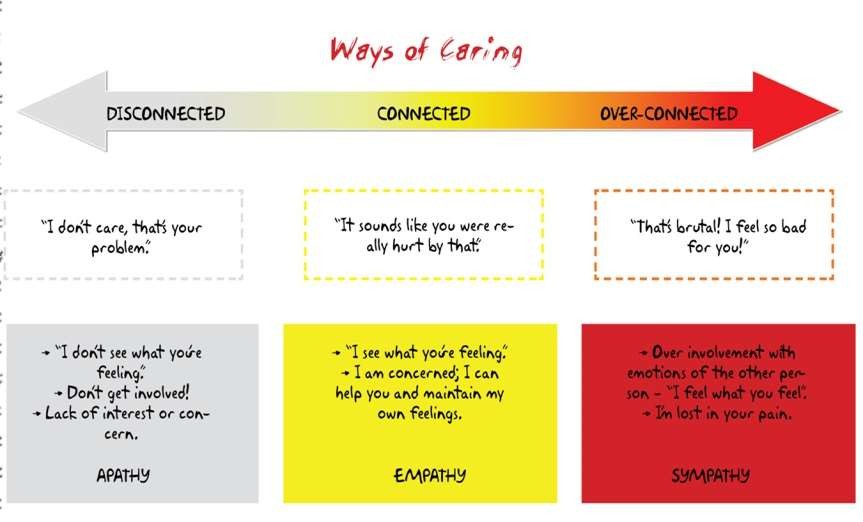


Both ***empathy*** and ***compassion*** in healthcare play vital roles in the ***patient experience*** and are key components of the physician-patient relationship .

When a patient arrives to see their healthcare provider the patient medical Condition –whether it is a severe illness or injury ,a chronic condition , or simply a routine check -up- will often manifest emotions such as anxiety, fear , and apprehension .

Patients want to know they are receiving the very best care , and that

is conveyed when their care team is empathetic and compassionate.



###### Importance of empathy

**Empathy reduces the level of negative emotions or ill feelings**

**towards other people.**

**Racism and various other prejudices** are decreased when people are more able to empathize with people of **different cultures, nationalities,** beliefs or some other affiliation or grouping.

Incidents of **bullying, aggression and violence** are also reduced when

people display more empathy towards weaker ones.

###### Importance of empathy

**Empathy improves workplace relationships and processes.**

There are hierarchies even in the workplace, and if empathy is demonstrated in this setting, it will result in a more harmonious and peaceful working environment, while improving productivity of the workers.

###### Importance of empathy

* + Empathy promotes equality.
  + People will start to act and think more “in the spirit of fairness”.
  + Fights against inequality are often grounded on empathy, with the advocates promoting the idea of reaching out to the less fortunate ones, or those who belong to marginalized and stigmatized groups.

###### Importance of empathy

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**Relevance and Practical use of the consultation and Relational empathy**

**(CARE)measure in general practice *(family practice,volume22,issue 3 ,june 2005)***

***This article indicate that every day consultation in general practice have***

***direct relevance in both high and low deprivation setting .***

07/12/1442 19



***British journal of general practice :***

***Empathy in general practice its meaning for patient and doctors***

Empathy is an important factor in patient satisfaction and adherence in decreasing *patient anxiety and , distress , In better diagnosis and clinical outcome, in strengthening patient enablement.*

07/12/1442 20



**Frank is feeling annoyed**, **(via facial, vocal or postural expression).**

Frank is feeling annoyed due to not getting what he wants, **(general object of**

**emotion )**.

Frank is feeling annoyed because he missed his train, **(particular object of**

**emotion)**

Frank is feeling annoyed because he missed his train, but only by a few

seconds, **(focus of particular object**).

Frank is feeling annoyed because he only just missed his train and he had an

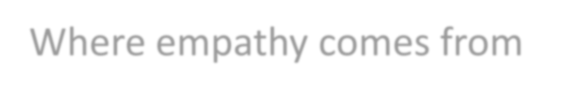
important meeting to get to, **(background non-psychological context).**

Frank is feeling annoyed because he only just missed his train, and he had an important meeting and because he is generally an irritable sort of person **(character traits).**



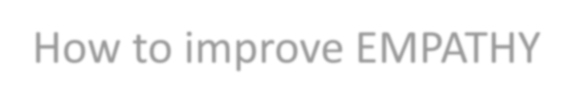
* + **Empathy** builds trust and respect, enables the disputants to release their emotions, reduces tensions , encourages the surfacing of information,and creates a safe environment that is conducive to collaborative problem solving .

Where empathy comes from



* + Early childhood
  + Environment and culture
  + Empathic behavior models

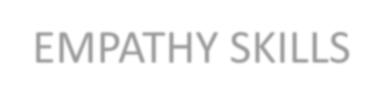
###### How to improve EMPATHY



Pay more Attention

* + When conversing with people, pay heed to even the slightest visual clues and voice changes. Even the indicator words spoken must not be taken lightly, because they may be saying more than they seem.
  + Do not just hear, but listen and actually make an effort to make sense of what you are hearing. For many people, listening is a skill that is difficult to hone, because it often requires a lot of patience and tolerance against distractions.
  + The context within which words are spoken vary greatly depending on a lot of circumstances and if you do not listen well enough, it is easy to interpret a perfectly innocent and valid question for a malicious and insulting one

###### EMPATHY SKILLS



**Understand yourself**

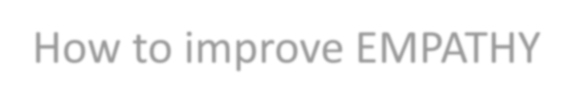
* + Of course, understanding comes with acceptance. Once you have understood yourself, and accepted your emotions, then you can move on towards understanding others.

**Understand other**

* + It takes a deep level of commitment and whole lot of practice until such time that you can say that you are able to gain an understanding of how others feel or think, and why they act the way they do.

**Practice non verbal empathy**

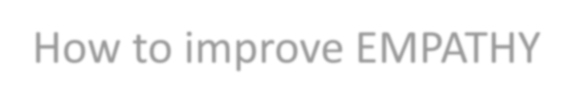
###### How to improve EMPATHY



**Be Curious**

* + There is nothing wrong with asking questions, provided they make sense. Highly empathic people are almost always very curious about others, even if they are strangers. Of course, some may say this is tantamount to being nosy, so one should to be able to know how to draw a line between being curious out of empathy and being intrusive about it.
  + Curiosity should be enough to bring out comfort zone, which then exposes to a wider “world”, so to speak. By broadening horizons, that are given more room to nurture empathy.

###### How to improve EMPATHY



**Avoid being too Judgmental**

* + If quick to judge people and jump to conclusions even before getting all the facts,

one will not be able to improve your empathy.

* + Do not be a cynic and assume that everyone deserves what they get, at least until

you have all the facts.

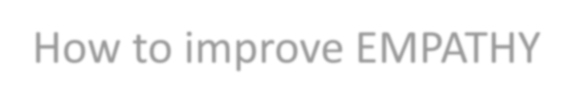
* + People are often too quick to attach labels or a stigma to certain groups because of generalizations formulated from one or a couple of what should be considered as isolated incidents.
  + The tendency is to lump them in one group with a common identifying trait or

characteristic, making it hard to empathize with them.

* + Do not be one of those who make these generalizations.
  + Always remember that, before they are part of a group, they are still individuals,

and that is how you should start viewing them.

###### How to improve EMPATHY



Communicate

* + Some of the most empathic people are excellent conversationalists and, to be a good conversationalist, there should be an openness, or the willingness to share part of yourself.
  + Somewhere, it was said that empathy is a two-way street, just like communication.

it cannot expect to get something without parting with anything.

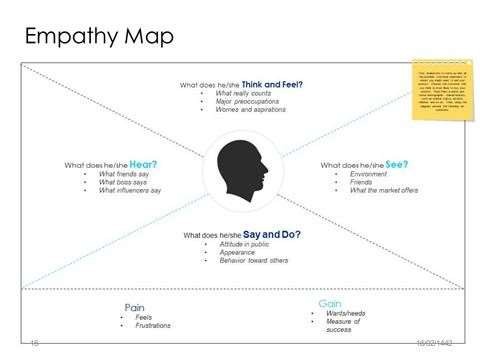
* + Say what you feel, and say it out loud.
  + Being an active listener is not going to be enough. People often open up to others

because part of them wants to hear some words of comfort or consolation.

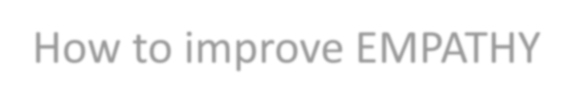
* + Maybe they are even seeking advice or helpful suggestions and are not even aware

of it.

* + Simple phrases such as “I understand” and “I get it”, or “Of course you feel that way” and “that is perfectly natural” will go a long way in making someone feel better, and improving your relationship with them.



###### How to improve EMPATHY



Use your Imagination

* + Put yourself in other people’s shoes, figuratively. Imagine how you would feel if roles were reversed and you were the one experiencing a certain situation instead of that other person.
  + How will you react? How will you handle it? Put your imagination to work. There is an adage that goes, “you can never truly know someone until you have walked a mile in their shoes”.
  + This means that, unless you try to picture yourself in their position, and consider things from their point of view, you will never know what they are thinking or feeling.

**Guidelines for Empathic Listening**



Be attentive. Be interested. Be alert and not distracted. Create a positive atmosphere through nonverbal behavior.

Be a sounding board -- allow the speaker to bounce ideas and feelings off you while assuming a nonjudgmental, non-critical manner.

Don't ask a lot of questions. They can give the impression you are grilling the speaker Act like a mirror -- reflect back what you think the speaker is saying and feeling.

**Indicate you are listening**

by Providing brief, noncommittal acknowledging responses,

I see Invitations to say more Tell me about it, I'd like to hear about that

**Follow good listening ground rules**

Don't interrupt.

Don't change the subject or move in a new direction.

Don't rehearse in your own head.

Don't interrogate.

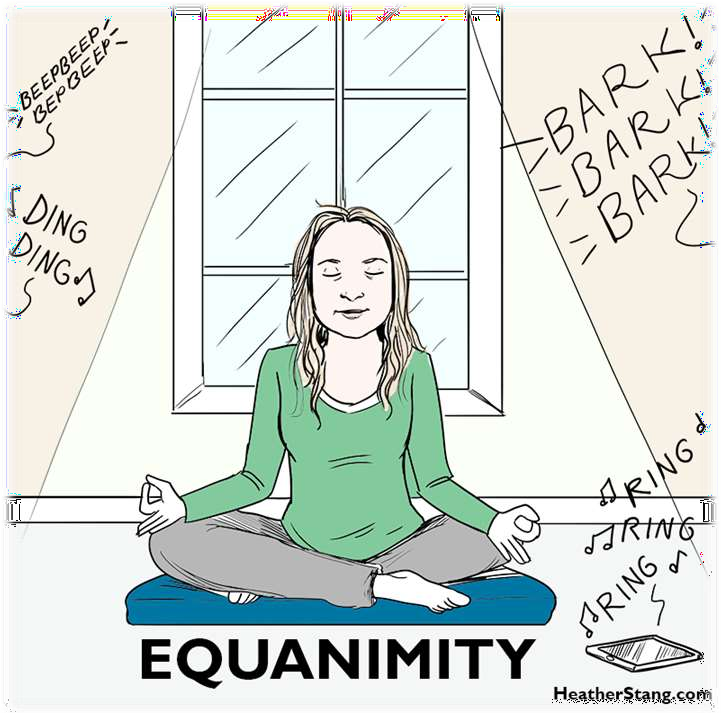
Don't teach.

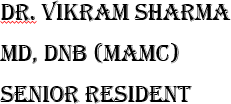
Don't give advice.

**Do** reflect back to the speaker what you understand and how you think the speaker feels



### Thank you





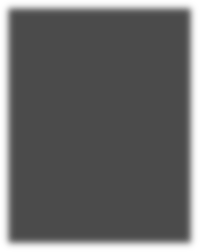
Definition

* + - State of psychological stability and composure which is undisturbed by experience of or exposure to emotions, pain, or other phenomena that may cause others to lose the balance of their mind.

# History

## WILLIAM OSLER

* Canadian physician and one of the "Big Four" founding professors of Johns Hopkins Hospital.



* Was first to bring medical students out of the lecture hall for bedside clinical training.
* Frequently been described as Father of Modern Medicine and one of the "greatest diagnosticians ever to wield a stethoscope.

## WILLIAM OSLER

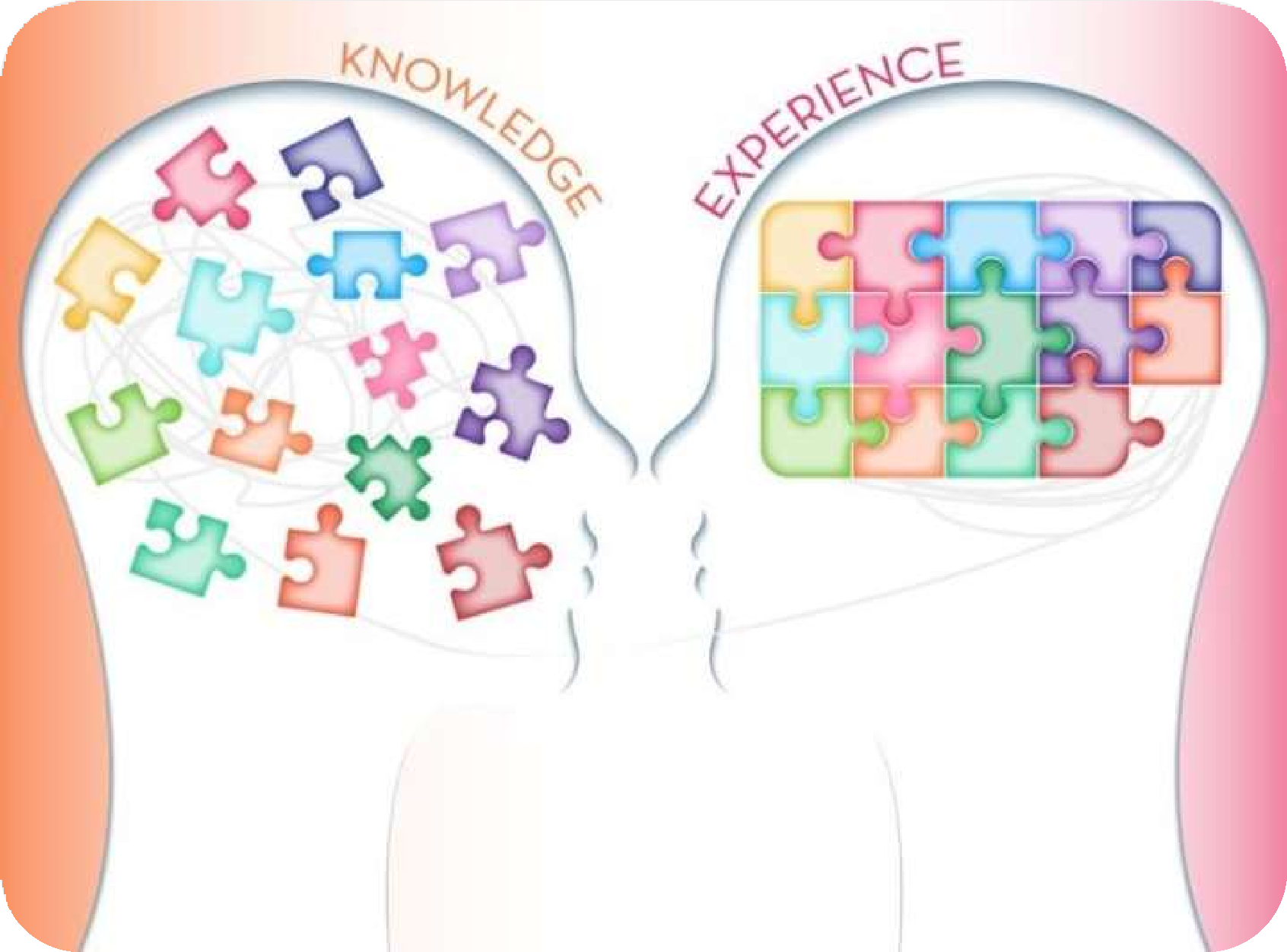
* 1889 valedictory address to University of Pennsylvania, "***Aequanimitas*** ", advocated imperturbability (coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgment in moments of grave peril) and equanimity (moderated emotion, tolerance) necessary for physicians

## HIPPOCRATES

* + About 2300 years before Osler, Hippocrates is said to have described the physician’s task in this way: “Life is short, and art long; the crisis fleeting; experience perilous, and decision difficult. While it is admittedly difficult to remain imperturbable in the face of these immutable challenges, it is our duty—and privilege—to try”

# How to Master it?

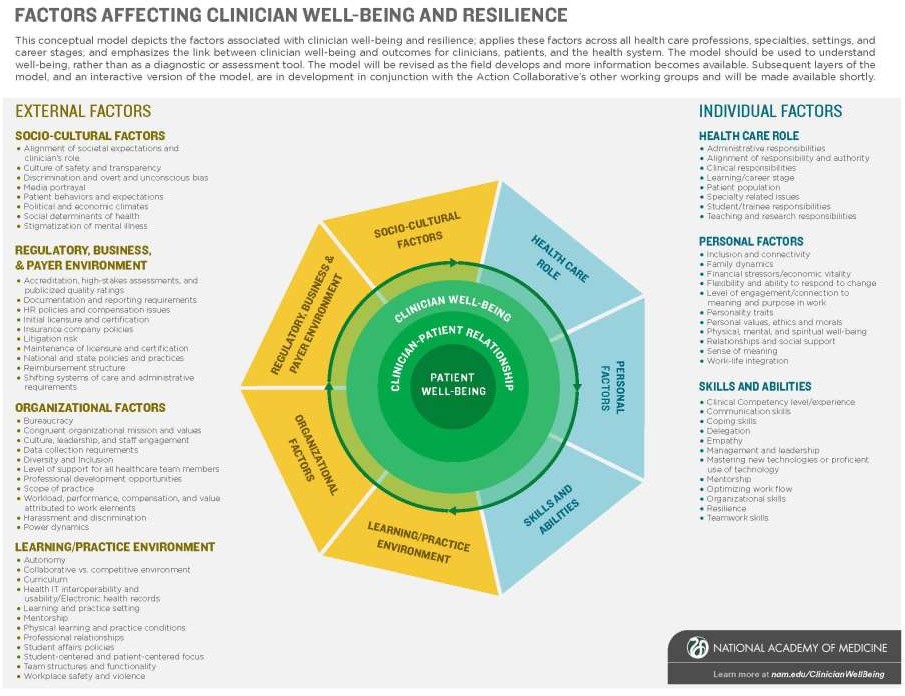
* In a true and perfect form, imperturbability is indissolubly associated with **wide experience** and an **intimate knowledge of varied aspects of disease**.
* With such advantages he is so equipped that no eventuality can disturb the mental equilibrium of physician; possibilities are always manifest, and course of action clear.



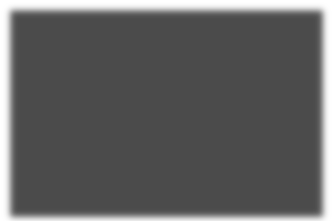
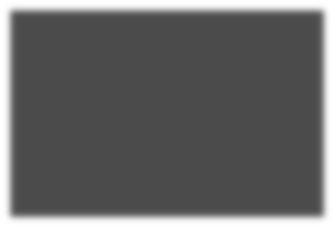
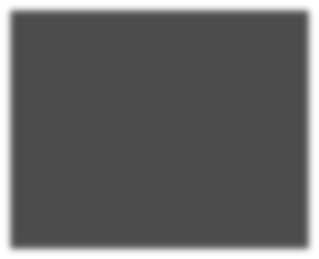
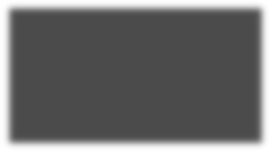
Tolerance for Clinical Ambiguity

* Ability to steer patients toward goals consistent with their values even in face of clinical uncertainty.
* For modern physician, tolerance for ambiguity has become not just a core element of character but a fundamental clinical skill.

# Factors Affecting?



###### External Factors



Individual Factors

