

Dialectic and informed and voluntary consent: the pulse of freedom

Priscilla Alderson, Katy Sutcliffe,
Rosa Mendizabal, UCL UK

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**Table 1. Three levels of reality in consent to surgery:
voluntarism enabled or constrained by determining
contexts 1 Empirical**

Enablers	Qualifiers, inhibitors
<p>Doctors have accurate realistic knowledge and can skilfully explain it</p> <p>Patients have sufficient understanding, can weigh risks with hoped-for benefits, can form and signify decisions</p> <p>Emotions of trust, hope, courage</p>	<p>Doctors' knowledge and skill limited</p> <p>Consent involves unknown future</p> <p>Patients misunderstand clinical technical details, risks, benefits</p> <p>Uncertainty, confusion, indecision</p> <p>Emotions of mistrust, doubt, fear</p>

Table 1. Three levels of reality in consent to surgery: voluntarism enabled or constrained by determining contexts 2 Actual

Enablers	Qualifiers, inhibitors
<p>Legal procedures, 'legal capacity' information-giving methods, explain 'nature, duration, purpose, method, means...all inconveniences and hazards...effects on health or person,'²</p> <p>doctor-patient interactions, patients' recall when questioned, paperwork, signatures, clinical team support (nurses, interpreters explain and listen)</p> <p>Agreed surgery performed</p> <p>Some predicted risks/harms occur</p>	<p>Maladministration, incapacity over- or under-detailed, medicalised, legalistic discussions and forms,</p> <p>Lack of dialogue</p> <p>lack of patients' recall/recounting</p> <p>paperwork incomplete</p> <p>no nurses' or interpreters' support</p> <p>agreed terms not carried out</p> <p>Unpredicted harms occur, hoped-for benefits not achieved</p>

Table 1. Three levels of reality in consent to surgery: voluntarism enabled or constrained by determining contexts 3. Real

Enablers	Qualifiers, inhibitors
<p>Nature and origins of heart problems Doctors' motives: to benefit patients, promote health and improve services Relations: patients informed partners Patients' emotions: trust, hope, courage Information: points towards truth as far as it can be known Unseen decision-making, the centre of consent: internal conversations, 'voluntary consent...free power of choice...an understanding and enlightened decision'² Truth: real, existing, though partly unattainable Social context: politics to promote health and reduce/prevent ill-health Political economy: just, free, equal society</p>	<p>Nature and origins of heart problems Doctors' motives: to profit, enhance careers, experiment Relations: patients as work objects Emotions: fear, helpless confusion Information: 'force, fraud, deceit, duress, over-reaching'² Decision: inhibited by 'ulterior form of constraint or coercion'² Truth: solely epistemic, constructed, relative Context: healthcare and patients as commodities Political economy: market-led society</p>

Why consent matters

Consent and the vote are the personal-political rights, reality and symbol at the heart of free, just and equal societies:

- To prevent cruelty, injustice, fear, oppression, exploitation, conflict, suffering;
- To prevent force and promote rational just relations;
- To recognise the dialectic between individual and collective rights and interests;
- To promote flourishing human relations, which express our fulfilled human nature.

Table 2 Four interacting planes of social being

<p>Physical bodies in relation to nature ↑↓</p> <p>The need for heart surgery All our experience filtered through the senses and brain</p>	<p>Interpersonal relations</p> <p>Family ↔ clinical team ↑↓</p>
<p>Social structures</p> <p>Political economy of healthcare, history of medicine, surgery, ↑↓ nursing, law, ethics, disability</p>	<p>Inner being</p> <p>From fear and doubt to certainty, ↑↓ trust and courage, voluntary consent</p>

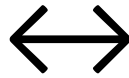


Table 3 Three levels of truth and consent, the default in human relations

	Truth	Consent
Empirical	Often misunderstood, partial, misrepresented	Often partly misunderstood, confused, fearful; the unwanted but 'least worst choice'
Actual	Often betrayed, broken promises, reneged manifestos	Often hurried, partly pressured, unequal negotiation, failed surgery
Real	Infinite enduring unseen reality and power of truth, like gravity	Enduring ideal of informed and voluntary consent in human agency and relations



Table 4 Consent as emergence and process



experiences, ideas and options	catalyst of consent	decision and action
Socialisation	society ↔ individuals, TMSA	reproduction, transformation
social and cultural structures	inner conversations morphogenesis, morphostasis structures ↔ agents	agents reproduce, transform or resist

Table 5 Benign MELD

dialectic - movement, interaction of opposites
the surgeon's and the patient's tasks

1M first moment (non-identity, absence and the epistemic fallacy):
stand back, suspend stereotypes, try to grasp reality/ontology,
many interacting causal mechanisms underlying unseen influences

2E second edge (negativity and power₂):
recognise the problem, needs and risks,
discuss options,
decide the diagnosis and treatment,
move to intervene, negate negations in causes and effects.

MELD benign process

dialectic - movement, interaction of opposites,

3L third level (open totality):

See larger wholes: possible future life, use of scarce healthcare resources, common good, global economics and international staff, possible alternatives?

4D fourth dimension (praxis, self-transformative agency and power₁, movement to freedom, solidarity and justice):

resolve questions, decide treatment, patient moves from fear and rejection of dangerous treatment, towards doubt, hope, to trust and courage.

With new insights surgeons return to 1M and repeat virtuous cycle. Long-term patients may repeat the cycle.

MELD malign process

1M first moment (non-identity, absence and the epistemic fallacy):
Miss the deep analysis and questioning

2E second edge (negativity and power₂):
Leave patients' under-informed, confused, fearful and unheard

3L third level (open totality):
Ignore social and economic contexts, causes and prevention of illness

4D fourth dimension (praxis, self-transformative agency and power₁, movement to freedom, solidarity and justice):
Block self-awareness, shared consciousness, voluntary consent, and new insights. Keep repeating malign cycle.

Critical realist analysis of consent

These to include:

- unseen underlying causal mechanisms

 - of respect and trust;

- children's and young people's dignity (scars);

- their inner conversations while they journey from fear

 - to trust and weigh risks with the hoped-for

 - benefits of surgery;

- clinicians' use of new technologies, and how floods of

 - complex new information affect human

 - relationships;

- old ideas of voluntary consent in new clinical contexts.

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