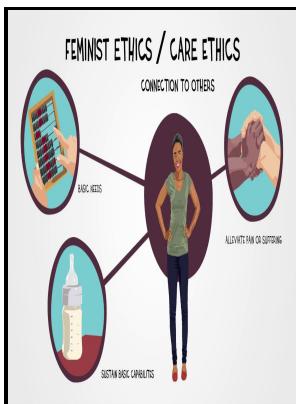


No longer patient - feminist ethics and health care

Temple University Press - No Longer Patient



Description: -

- Women -- Health and hygiene
- Feminism -- Moral and ethical aspects
- Medical ethics
- No longer patient - feminist ethics and health care
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- Notes: Includes bibliographical references (p. [265]-280) and index.
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No Longer Patient: Feminist Ethics and Health Care by Susan Sherwin

Further, he maintains, the consent process is more closely aligned to the concept of positive liberty because it provides patients with options and so supports choice. Accordingly, Sherwin examines many issues central to bioethics today, maintaining that feminist ethics allows a deeper and broader analysis.

No Longer Patient: Feminist Ethics and Health Care

A leader in the fields of feminist theory and ethics, Sherwin demonstrates that an anti-woman bias is deeply rooted in the history of philosophy.

No Longer Patient: Feminist Ethics and Health Care by Susan Sherwin

Although communication with patients and their families is given a high priority in most of the documents, there is a lack of clarity over the decisional status of patients' wishes. As Sherwin has reasoned, arriving at an autonomous decision is a collaborative activity, in which people rely on particular others in a variety of ways.

No Longer Patient: Feminist Ethics and Health Care by Susan Sherwin

In withdrawing care, there is a clearer imperative for the doctor to include patients or proxies in decisions, share information and secure consent, even when continued life support is deemed futile.

Susan Sherwin, No Longer Patient: Feminist Ethics and Health Care

Where the direness of a patient's condition curtails the appeal process, Biegler firmly resists requiring doctors to provide treatments they consider harmful. Contemporary ethical guidelines for critical care give ambiguous advice, largely because they focus on the moral equivalence of withdrawing and withholding care without confronting the very real differences regarding who is aware and informed of intervention options and how patient values are communicated and enacted.

No Longer Patient: Feminist Ethics and Health Care by Susan Sherwin

Patients may thus insist that treatment not be given or be withdrawn, and doctors may be expected to comply. If physician integrity is understood to require that interventions be more beneficial than burdensome, he argues, integrity is not necessarily compromised when doctors provide interventions they consider to be medically futile.

Susan Sherwin, No Longer Patient: Feminist Ethics and Health Care

These statements do not suggest that patient consent is required for the withholding or withdrawing of treatment, or that patient autonomy entitles patients to treatment, in large part because critically ill patients can rarely engage in any dialogue about their healthcare. Feminism and Moral Relativism 4. The positive obligations that are attached to being a doctor—for example, the duty to provide appropriate care—derive from the principle of beneficence and from professional accountability, not from patient autonomy.

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And although an English ICU study showed a very high 96% rate of discussion, Swedish practice corresponds to the European practice, despite explicit guidelines from the Swedish Society of Medicine and the National Board of Health and Welfare. And even an intervention viewed by a doctor as having a 0% chance of achieving its physiological goal might function and be desired by a patient just in case it might be helpful. In all of the above, the assumption is that benefit can be measured without input from patients although most authors cited do highlight the importance of discussion and disclosure.

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