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An Examination of Decision-making: The Classical Models, Checklists and Asian Approaches

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Abstract

Some would argue that debating biomedical ethics provides no answer at all while others would say that the purpose of biomedical ethics is simply to find a better answer among many possible alternatives. The important question, however, is how does biomedical ethics influence decision-making? In other words, how is a decision made? Many approaches are available to come to a conclusion. Some follow a teleological argument while others will consider what our duties are from a deontological perspective. Asians also have their own way of coming to a conclusion. This article will look first at Western arguments such as the deontological, consequential and checklists approaches, and then look at the Asian way of decision-making such as the Confucian, Taoist and Motist approaches. This paper will also argue that a sound decision-making process must not only be autonomous but should also involve family members. (*Tzu Chi Med J* 2008;20(4):337–342)

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1. Introduction

What kind of decision can be regarded as ethical? When a person makes a certain decision, the question they usually consider is not "Is it ethical?" but rather, "Is it good?" A good decision can be ethical but it can also be unethical depending on the individual's motivation. If the decision-maker is concerned only with his/her own welfare and benefit, a decision that is regarded as good by the decision-maker may not be ethical at all. On the contrary, a decision that is ethical may not necessarily be good for the person who makes it if the concern is simply to make the decision morally right. Further, a trend is self-evident here. What is ethical is no longer a universal set norm but is culturally, situationally and individually determined.

A good decision is often defined by the benefit the act brings to the concerned person in a given situation. Some may argue that a good decision has to be ethical, otherwise it cannot be good at all. This is because what is defined as good is set according to beliefs, traditions or what is in the best interest of the greatest number of people. Here, we see that a good decision can be understood from a deontological perspective, a teleological perspective or from an objective or subjective point of view (1).

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Objective goodness has to be universal and imminent in that what is good is determined not by man but by God or by the will of a society in which people share a common sense of value. In a similar vein, Dr Hans M. Sass defines universal ethics as the "moral principles, values and attitudes evident to all reasonable people and shared by individuals and communities independently of their particular system of belief or orientation" (2). Hence, good is objectively recognized and acknowledged.

Conversely, subjective goodness is determined by man. One example of this is a hedonist. According to hedonism, a hedonist equates good with pleasure in that a good act is one that produces pleasure. Thus, a good decision is what brings satisfaction of a set goal. The act that realizes a person's desires is good. Therefore, what is good for me may not be good for you. If a decision is determined objectively because it is expected by society or by the will of God, then what is good for me has to be good for you as well on moral grounds. If such a decision is not what one personally desires but the decision is made because it is expected, then this decision, though ethical, does not fulfill the person's desire. In this day and age, nothing is absolute anymore; everything has become relative, and what is ethical becomes subjectively determined. In this sense, a good decision is now only ethical to the person who makes it. Reinhold Niebuhr called this the ambiguity of decision-making because now we can never have a clear-cut choice between pure truth and pure error, between good and evil (3).

In medical decision-making, what is ethical depends also on the view of the beholder. In other words, what is ethical is not absolute but relative. If we are searching for an absolute answer to a medical dilemma, we will fail because there is none. We can only find a better answer among many possible answers. The situation sets the tone and when the circumstances change, the ethicality of a certain decision also shifts. Therefore, we can only recommend what is good and ethical from our own perspective and share it with others who are making their own choice from among many possibilities.

2. Classical models of decision-making

Several "ethical" or, shall we say, "good" systems have been recommended by various scholars over the years to help people make decisions because everyone has to make some tough decisions one way or another. Neutrality does not exist because every decision is the result of taking sides and making choices. Three value theories have emerged in recent times that show how a good decision can be made (4). These are the *duty-centered*, *consequence-oriented* and *virtue-emphasized* approaches. I call them classical approaches because they are historically and academically recognized.

Table 1 — Decision-making steps of the duty-, consequence- and virtue-oriented approaches

Duty-oriented reasoning
1. Describe the problem
2. List the solutions
3. Compare the solutions with **principles**
4. Rank the principles
5. Select the choice
Consequence-oriented reasoning
1. Describe the problem
2. List the solutions
3. Compare the solutions with **utility**
4. Select the choice
Virtue-oriented reasoning
1. Describe the problem
2. List the solutions
3. Compare the solutions with **tradition**
4. Select a correct answer

These three approaches have different emphases and value theories that they regard as important to the decision-making process. A person may accept and apply all three arguments in making a choice depending on the nature of the issue they are confronting. For instance, a person may insist that life must be respected on the grounds of the duty-oriented position, thus opposing abortion. Yet, when approaching the issue of whether to remove a life support system from a patient with incurable cancer, the same person may opt for a consequential consideration by arguing that one should respect the wish of the patient or his surrogate. When arguing how a physician should relate to patients, the virtuous emphasis can become dominant by the insistence that the physician must be compassionate and show empathy. In more detail then, the suggested steps of decision-making of the three value theories are shown in Table 1.

Each method of reasoning has its own major concern that focuses attention on different points, this being principles, utility or tradition. Naturally, each different emphasis will lead to a different decision being made. In a clinical setting, we can either follow these reasoning methods or use another decision-making approach that has been specially developed for a medical setting and places importance on autonomy among other things. An example is the Washington approach that was developed by the Seattle group. The Washington approach lists four issues for consideration (5):

1. Medical indications: what is the patient's diagnosis/prognosis and what are the risks/benefits of the treatment?
2. Patient's preferences: what is the patient's wish; is s/he competent and has s/he consented voluntarily?
3. Quality of life: what kind of life will the patient have with or without the treatment?

4. Contextual features: whose interests are affected, what are the costs involved, and what does the law say?

Obviously, this model is more patient-centered and contextually-oriented. It has moved away from deontological, teleological or virtuous considerations and focused on the contextual situation. We can say that this approach has been culturally shaped.

3. The checklist approach

Dr Hans Martin Sass and his associates developed a checklist approach also known as the *Bochum Questionnaire for Medical Ethics Practice*. This method examines two aspects, namely medical–scientific diagnosis and medical–ethical analysis, in order to provide a guide to clinical decision-making. Sass explains their approach as follows: *"...it is a formal questionnaire for evaluating the patient's values and wishes and for integrating medical diagnosis and value diagnosis into individualized medical and human treatment and for identifying potential other decision makers or advisor... Medical ethical checklists are useful to find out about the values which need to be protected and implemented in individual cases treatment"* (6).

This approach considers three key questions:

1. What is the optimal treatment after considering all the available scientific medical knowledge?
2. What kind of treatment is optimal given thorough attention to the salient and relevant medical–ethical issues?
3. What decision was made after assessing the scientific and ethical aspects of the case and how can the physician most accurately represent the medical ethical issues and the process of evaluating the medical and ethical benefits, risk and harms?

In addition to these considerations, this approach will also check some moral questions when long-term treatment is involved, when the social impact is deemed to be substantial or if the decision has something to do with research. Examples of this are, "Will the chosen medical treatment and its ethical acceptability be reconsidered periodically?" and "Who should bear the costs when the cost is considerable?" In the case of research, the moral assessment will pay attention to the soundness of the protocol, informed consent of the human subject, availability of comprehensible information and the competence of the person involved. This checklist asks a crucial question: "To what degree should the physician permit the patient to determine the treatment plan and must the patient agree with the chosen therapy?" (7). No wonder Dr Sass said this method has a soft paternalistic orientation because it will not give the physician full authority to make hard paternalistic decisions on the argument that "doctor knows best". This method raises a question of whether we should make our voice heard when we know that the patient's wishes are not in his best interest or if we should simply respect his wishes on the basis of the principle of autonomy.

To Asians, individual autonomy is not a major part of the consideration in decision-making. The family head assumes responsibility for making decisions on behalf of the whole family. This is the practice in all Asian countries including China, India, Japan and elsewhere. This does not mean that the individual's wishes are not respected, for they are "felt" in a familial way (8). One wonders how an individual patient's wishes are "felt". The close family bond is regarded as being able to intuitively understand what is going on in a family member's mind. This is known as "a silent communication is worth more than a thousand words". Without familial closeness, this silent communication cannot be sensed. Asian decision-making is done this way because the wellbeing of every member of the family, known as the smaller self, can affect the wellbeing of the whole family or the larger self. A father, or the oldest son when the father is incompetent, bears the responsibility of acting on behalf of the whole family to ensure that what is decided is optimal for all. Each member's wish is surely not overlooked. This decision-making model can be called familial autonomy as it is not the individual patient's wishes alone that are considered, but the autonomy of the larger self—the family.

With the impact of the modern way of life, the closeness of family in Asia has been challenged, but the influence of this traditional approach still holds sway and the head of the family still plays a major role in each individual's decision-making process.

4. The Chinese approaches

How do Asians, especially the Chinese, make their decisions? To Confucians, the theme of *Jen* would be the first consideration. For instance, in a decision-making process, the motivation must be checked: is it made out of *Jen*, humanness, or is it simply a selfish consideration based on *Li*, profit? Confucians will promote *Jen* over *Li*. In other words, a decision that promotes humanness is advocated.

To Taoists, Lao Tzu's words reflected his approach that stresses the importance of flowing with *Tao*. Lao Tzu used a metaphor of water to describe the hidden and unexpected truth that is inherent in everything. He said, "There is nothing softer and weaker than water and yet there is nothing better for attacking hard and strong things" (9). To fight against the flow of water brings disaster as one may escape the flooding temporarily but eventually, when the water

gathers up and becomes a formidable wave, it will destroy everything. Flowing with nature or favoring the way of *Tao* has been deemed as the highest good. *Tao* is natural, eternal, spontaneous, nameless and indescribable. When *Tao* is possessed by individual things, it becomes its substance. The ideal life for the individual, the ideal order for society, the ideal type of government, and the ideal decision-making are all based on it and guided by it through *Wu-Wei*, meaning to act in a way not contrary to Nature. In other words, *Wu-Wei* is a doing of non-doing, an act of non-acting. It is to abide in *Tao* and follow its guidance. When one is confronted with a dilemma, the best way is to take the natural, truthful, honest and selfless way by letting nature take its own course. A Taoist will favor naturalness over artificiality, simplicity over complication, and selflessness over egocentricity. What is made of man is unnatural and thus is artificial, and whatever is artificial is the source of evil.

Mo Tzu, a contemporary of Confucius, believed that the only law that should govern human interactions is universal all-embracing love. People should treat other people as they would treat themselves and cherish other families and other states as if they were their own. Heaven would enrich those who practiced this way of life with prosperity and peace. He said, "He who loves others must be loved by others. He who benefits others must also be benefited by others. He who hates others must also be hated by others. He who injures others must also be injured by others" [10]. The right decision is something that will bring love and benefit to all concerned.

We can summarize the decision-making processes of these three different approaches as shown in Table 2.

There is another popular way of decision-making that combines most of the teachings included in the above approaches. This approach will first examine the situation in which the decision has to be made and judge the motivation to see if it is reasonable and also if it adheres to the norms of society. If no such answer is found through this reasoning, the last resort is to rely on law, which is regarded as the most basic of ethics. We can summarize this process as follows [11]:

1. Examine the situation and motivation
2. Match with propriety
3. Appeal to law

The first consideration is to find the motivation of what one intends to accomplish under a given situation. The second consideration points to the traditional way of doing things, namely, does the intended solution conform to the expected norms? The third consideration is if the answer is still uncertain, the law becomes the final arbiter. These three considerations are based on the virtues of compassion, respect, righteousness (comparable in Taoism to being fair to the individual, family and society), and responsibility in the spirit of filial piety.

To sum up, the checklist and Chinese approaches are very similar in terms of the questions they ponder before making a decision, except for the involvement of family. Now, let us use some cases to elaborate on these ideas.

Table 2 — Decision-making steps of three Chinese approaches

Confucianism
1. Describe the problem
2. List the solutions
3. Select the solutions that uphold the virtue of *Jen*
4. The head of the family to compare these solutions within the family context
5. Select the answer
Taoism
1. Describe the problem
2. List the solutions
3. Select the solution that is most natural and truthful to all
4. This is the correct answer
Motism
1. Describe the problem
2. List the solutions
3. Find the one that creates the greatest good for all
4. This is the correct answer

5. Case discussion

5.1. *Case 1*

A 76-year-old patient suffered a stroke while he was hospitalized for biliary cirrhotic liver. His condition was improving after initial treatment. The next day, his family noticed that he was painfully gasping for breath, thought that the end was near, and demanded to take him home because the family believes that if a person dies outside his home, he will become a wandering ghost. The doctor treating the patient indicated that the patient still had a good chance of recovery if treated in hospital. Nonetheless, the family insisted on taking him home.

Question: Should the doctor respect familial autonomy and discharge the patient or should the doctor explain to the family that death is not yet close and some kind of recovery is still possible?

5.2. *Case 2*

A 60-year-old man, after painful chemotherapy for liver cancer, expressed that he did not want to undergo further treatment and that he wished to die. He was married to a Vietnamese wife 16 years his junior and had a 9-year-old son. His wife, being totally dependent

on him in Taiwan due to the language barrier, pleaded that he continue to be treated for his son's sake, but he said that he could not endure the pain any more and requested that treatment be stopped.

Question: This patient obviously cannot take any more pain caused by the side effects of chemotherapy. In Asia, a person should be willing to endure pain for the sake of others. Filial piety here implies that the father has to try his best to nurture his children until they are grown up and children should take care of the father when he is old. The patient in this case has two dependents and should have a strong will to live, not for his own sake, but for the others in his family. Should the doctor say something to encourage this patient or should he remain neutral and simply respect the patient's wishes?

5.3. Case 3

A 4-year-old girl has remained in a coma for 3 weeks due to a brain injury. She was first refused treatment by the well-equipped Taipei City Municipal Hospital and later rushed to a smaller hospital a hundred miles south of Taipei where she was operated on. Public opinion was most sympathetic to her and prayed for her recovery. When she was declared brain dead, her parents refused to give up and demanded that treatment continue. The health team had promised to try their best to keep her alive, hoping for a miracle under pressure from the public.

Question: How should the doctor respond to the pressure coming from all sides of society, especially in this case when the patient's life is being sustained by unnatural means? Should her life support system be removed? Taiwan's National Health Insurance pays all the bills while she is in hospital. What would be a fair and reasonable decision?

Kinship is central to an Asian family and serves as the basic unit of Asian society. An individual is not only an individual, but s/he is, at the same time, an extension of a family, a larger self. The patient's autonomy cannot be solely the patient's. Instead, the whole family's wellbeing must also be brought into consideration. Autonomy in Asia must be contextualized and also refer to the wishes of the larger self that surely also includes the smaller self. The cases above obviously reflect Asian thinking that patient autonomy cannot solely be the patient's. Thus, the autonomy of the patient's wishes, such as in Case 2 to forgo treatment and allowed to die, must be reconsidered and include his family's wellbeing. Ethical consultation is necessary to encourage the patient to discuss the whole matter with his family before making his own decision to refuse any more treatment if there is a chance of improvement.

Secondly, when the wish of the patient, or that of his surrogate (as in Case 3), insists on a continuation of treatment that would yield no positive result, should the physician side with the patient/surrogate and continue to give treatment, especially when society is also on the side of the patient out of sympathy? The dilemma in Case 3 was finally resolved through counseling and consultation such that the parents of the patient eventually agreed to remove the life support system and donate the patient's organs for transplantation.

The first case is worthy of our attention. Although cases of this type have decreased as education has improved, the belief still exists in many rural villages. The patient in Case 1 was incompetent and his family made the decision on his behalf to stop all treatment, believing that the end was near. Why didn't the family trust the physician's prognosis and believe that the patient was still treatable? Should the physician easily give up on this patient simply because the patient's family had decided to withdraw him from hospital to prepare for the death ritual at home? We should ask the same question that the Bochum protocol poses, "To what degree should the physician permit the patient to determine the treatment plan? Who else, if anyone, should make a decision on behalf of a patient and his/her best interest?"

The reasoning within the family in Case 1 influenced their decision substantially and hence needs to be explained. Taiwanese folk religion believes that if a person dies outside his own home, the soul will become a wandering hungry ghost. As filial sons and daughters, the family members must do their best to prevent this from happening. "Death at a good age and in the right place" is regarded as a blessing. If death unfortunately occurs outside a person's home, a religious ritual must be performed to find the wandering soul and lead him/her back for burial. The family's insistence on taking the patient home is therefore a filial act and done in the best interest of the patient according to their beliefs.

6. Conclusion

As seen above, many good guides have been provided to help us make good and ethical decisions, but we must not forget that a sound decision must not be considered only from an individual's autonomous perspective, but also include familial and cultural elements in the deliberation.

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