Letter to the Editor

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Medical ethics

To the Editor : Thank you for an important and very informative issue (January *CME*). It certainly stimulated thought and I learned a great deal from it.

Much of bioethics is based on the faulty premise that 'autonomy' exists at a cognitive level. Particularly in issues involving disclosure, end-of-life decisions and consent, the infuence of the subconscious mind is often completely ignored.The truth is that in most instances people have very little cognitive free will.What is alleged to be so is actually the behaviour directed by the subconscious mind in the interests of survival.

In the discussion of confidentiality an example of an abused woman who rejects disclosure is provided. It is stated that 'overriding that autonomy in the name of benefiting the patient is an unwarranted form of paternalism and is unjustified'. Really? Consider that such a patient has been unsure of her rightful place in the world, unsure of her own worth and belonging in the family, community, wider society and the universe.This is termed an identity problem and is usually the result of a perception or actual absence of love *ab initio*. This is precisely the patient who is vulnerable to all forms of abuse and there are two emotional reasons for this.

The first is *fear* ... fear of *rejection*. In subconscious survival terms, this loss of love and acceptance is infinitely worse than physical or sexual pain.The subconscious will likely choose spiritual survival over physical death.The second reason is *guilt*. This group often feels guilty about the fact of being and are vulnerable to the consequence of atonement — inculcated in humankind over millennia. For, subconsciously, the patient feels it is far better to suffer in this life rather than for eternity. Indeed, it is commonly found in therapy that such a patient is subconsciously *seeking* punishment to atone for her faulty internal belief system. The non-disclosure promotes ongoing abuse and fulfils the need for atonement.

This is clearly not a logical behaviour! To say that this patient has autonomy of cognitive free will is simply not true. It is the subconscious mind that has directed the behaviour of electing non-disclosure ... for fear of rejection both by her fellow humans and by her deity! 'Persuading' the patient at a logical, cognitive level rarely achieves the goal — and if it does it is after years of battering.The patient is unaware of the subconscious dynamics — all she knows is that she must endure this abuse.

Siegler's framework therefore has inadequacies in two categories: patient preferences and external factors such as family. It is these areas where subconscious forces operate.

Should a doctor then respect the patient's alleged 'autonomous' decision? Do we turn our backs on the real underlying pain? Do we ignore the scream from the patient's subconscious: 'Please help me — I am a stranger and afraid in a world I never made'? Are we not then guilty of neglect? Surely, this act of omission is *not* beneficence and consequently must be categorised as unethical.

Bioethics *is* a minefield with much still to be explored.The tragedy is that potentially recoverable patients are abandoned through ignorance of subconscious dynamics and this is ethically unacceptable.

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Thank you,Dr Modlin, for expressing your viewpoint. This letter has been shortened by the author and any reader who would like to view the full text is welcome to send an e-mail to **elamprop@samedical.org** *and an MSWord file will be supplied. — Editor.*