

Reflective Essay

The focus of this essay is to explore the collaboration between the reasons for becoming a physician assistant and what is important to me as an individual and a future clinician. The hope of this exploration is to develop a foundational outline that will morally guide my future practice as a physician assistant.

The reason I have chosen to become a physician assistant is deeply rooted in my love for literature. Growing up in rural Upstate New York, I was able to explore every region of the world through written language. It was as a young child I grew fascinated with the machine-like qualities of the body; however, it wasn't until I was doing volunteer work in Guatemala before college where I realized I was interested in medicine because of the access and privilege I was given to hear other people's stories. For me, patient care is the ultimate character development where I get to understand what combination of qualities create the physicality of a person, what perspectives and beliefs create a background, and what emotions and thoughts define motive. It's in the story telling and relationship building that I'll be able to connect, validate, and create treatment plans that align with the core, depth, and essence of each individual patient.

The aspects of clinical practice that I anticipate will be the most important are: (1) involvement of patients in a collaborative manner so their culture, opinions, and thoughts about treatment options are honored and rooted in their personal truth; (2) commitment to patient education to ensure health competences; and (3) enrollment in studies where patients understand the experimental method of clinical trials. I name collaborative discussion, patient education, and appropriate enrollment in research as the most important domains as these align with my desire to capture the essence of the patient story. It presents as a commitment to ensure that patients have an active voice, their desires are incorporated in order to maintain the most individualized care, and that they have a thorough understanding of their health status and non-standard of care treatment options that may result in the elongation of their story.

I predict that autonomy (specifically free action and moral reflection) and beneficence with an emphasis on truthfulness will be the most significant ethical principles for my future practice. When time is so finite, I do not want to utilize my role in a capacity that causes patients to not get the outcome that they want. Free action autonomy ensures the right to make independent choices about health, wellness, life trajectory, and preparation for death (1). Similarly, moral reflection acknowledges the awareness of patient values and how patient choices are rooted in what is most important to them. These sections of autonomy align with my desire to have consistent, collaborative, and open dialogue with patients to ensure self determination (1). Beneficence is rooted in my desire to focus on patient education and research concerns. In the simplest forms, beneficence focuses on actions that benefit others, specifically clinicians actions that affect patient outcomes (2). The duty of clinicians is to outweigh harm and enhance benefit, which means it is my duty to ensure that patients fully understand their health status and their responsibilities and role in clinical research. Lastly, truthfulness is an important component to note. While it is not an ethical principle, it is the essence of patient-centered care. Truthfulness is found in all areas of my significant clinical aspects -- it allows for genuine

rapport and relationship building; it creates a dynamic where patients are able to fully learn about their health and long term effects; and it ensures that therapeutic misconception is not at play and that research participation is a voluntary decision.

As a reminder, my quest for a career in medicine is deeply rooted in my desire to highlight the patient story and experience, and enhance the experience through collaboration, education, and research. In regards to collaborative discussion, autonomy as free action can quickly be taken away from a patient when sickness or injury gets in the way, which subsequently takes their active voice away as they are reliant on the decisions of others (1). This knowledge of power in healthcare has created another level of awareness for me, as I can now identify that freedom in healthcare can quickly be taken away as it can be justified that a patient is not autonomous in regards to decision making (1). Choosing autonomy as free action supports collaborative discussion as it requires the patient's wants and desires to be the focal point of the conversation. Similarly, choosing autonomy as moral reflection confirms that the discussion is aligned with decisions and a thought process that respects the character of the patient.

In regards to patient education, the process can often be condescending and might not correct for health literacy. This can mean that patients are left unsure about next steps, treatment options for their diagnosis, and/or ways to improve their health and wellness. Patient education aligns with the principle of beneficence as it demands a focus on ensuring that next steps are in the best interest of the patient. If the patient is unsure about next steps, there is a significant chance that outcomes are not going to be efficacious, which wholly goes against the best interest of the patient and essentially the essence of beneficence (2). Similarly, beneficence calls for research integrity and honesty which demands that patients understand the experimental purpose of the intervention, that the trial may not directly benefit the patient, and that patient's participation is voluntary (2). If participation is not in the best interest of the patient or their health status, it is the responsibility of the clinical team to determine the risks and benefits of a trial on the individual patient.

Lastly, truthfulness is captured in all aspects. In terms of autonomy and collaborative discussion, a patient requires the truth in order to actively and independently choose a course of action (3). In terms of patient education and beneficence, the patient requires the truth in order to fully understand health status, benefit and risk analysis of treatment options, the details of prognosis, and the harms of declining treatment (3). In terms of autonomy, beneficence, and clinical research, the ethical principle of physician assistants in research is honesty (4). Patients, as they are enrolled, will be told the risks, benefits, alternative options, roles/responsibilities, and purpose of the study in order to determine if a trial is in their best interest.

To conclude, my interest in medicine is deeply rooted in my love of literature and character development. In this career, I will provide medical care while also exploring the essence and story of patients. The most important aspects of my future practice are collaborative discussion, patient education, and clinical research, and I believe these areas are morally supported by the principles of autonomy and beneficence and the supporting ideals of truthfulness.

References:

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