Paternalism, Autonomy and Ontology

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The bond with the patient, in the asymptomatic phase of natural history of the rheumatic heart valve disease (RHVD), provided certain lessons for the communication physician-patient that respects both beneficent paternalism of Medicine (guidelines, for example), and values and preferences of the human being (principle of autonomy).

Alliance among nature and medicine

As said by Aristotle (384 BC-322 B.C.), Nature favors utilities and, therefore, when a RHVD occurs, it is the natural heart plasticity, held as Adaptation for Beneficial - Cardiac Ontological Remodeling (AB-COR), or simply heart remodeling[1], that sustains the preservation of good ejection performance.

Medicine validates AB-COR "therapeutic" effect and advises against interruption with the use of drugs, plastic surgeries, and valvular prosthesis while the patient remains asymptomatic, i.e. myocardium is then signaled[2] and is under active surveillance. It is known the participation of this "therapeutic of Nature" in algorithms of guidelines on valvopathy[3] using intersection *Symptoms?*

But such "therapeutic" of Nature has an expiry date and, when AB-COR utility is over[4], surviving RHVD requires the administration of technoscience of Medicine.

Naturism and heart

The natural adaptive capacity of myocardium has universal laws "promulgated" by remarkable people such as Otto Frank (1865-1944), Ernest Starling (1866-1927), Pierre Simon, Marquês de Laplace (1749-1827), and Jean-Louis-Marie Poiseuille (1797-1869). But Thomas Wilkinson King (1809-1847)[5] noticed in an isolated heart that tricuspid valve opens at a certain pressure with certain volume of fluid, which does not happen to mitral valve, presuming Nature made the tricuspid valve a safety valve. The volume overload determined by "tricuspidization" means, therefore, a help of Nature in view of the limitation of right ventricle in order to withstand pressure overloads.

Remodeled myocardium and insufficient tricuspid valve are, therefore, natural utilities of human survival, comprehensible, either based on Edward Stone's (1702-1768) rational theology, that the Nature places the medicine along with the disease - he found in a swamp, place of fevers, that the willow bark has acetylsalicylic acid - or by evolutionism.

Consent

Activation of "therapeutic" plasticity[6] of AB-COR happens naturally, such as wound healing, coagulation, and bone callus. It is *self*, and the organic freedom of happening discards the patient's consent and specially rationale on the potential of adversities, as a future systolic myocardial failure – such as a wound healing may result in keloid, coagulation may result in mass effect, and bone callus may perpetuate misalignments. Therefore, there is a similarity of the exposed and the deontological denial of autonomy to the human whose life is at imminent risk.

It should be noted that the Nature "therapeutic" under active surveillance represents the replacement of the patient's unconscious submission by consent form to disclosure by the physician. And when the "prescriptive endorsement" of self acting for life quality maintenance by the patient is no longer valid, technoscience administration should be granted to the physician, i.e. it requires from a human (physician) - and not Nature - a noncoercion certificate. The emphasis of autonomy in Medicine emerged from violence between human beings which could not be perceived as natural.

Physician-patient communication

For supporting a usually long term asymptomatic phase of RHDV, AB-COR provides frequent physician-patient conversations, from one medical appointment to another, in which, gradually, more realistic expectations are molded, and giving clarity on future consent situations. These are opportunities where the use of narrative competence[7] helps to improve the absorption, interpretation, and response of the patient regarding explanations on medical resources, contributing to aggregate empathy, professionalism, and trust.

Thus, when the patient needs to perform the surgery, this decision becomes less stressful, because the prior moments developed the basis for this consent. This avoids the large amount of "new" information for an immediate response and, therefore, according to hot-cold empathy gap[8], concerning emotions on decision making, this reduces the probability of poor future analysis (patient prioritizes getting rid of diseases

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at that moment and does not assess future consequences of the method) and sub-treatment (patient rejects the medical recommendation due to an excessive impact of possible adversities).

Moreover, having the perception that Nature provides the benefit of AB-COR without anticipating inherent negative consequences, proves that communication considering a future consent term in order to obtain a benefit must be more emphatic than the possible adversities, avoiding early frustrations.

Time for a conversation, time for critical analysis, and time to use good common sense are situations that benefit the freedom of speech, elucidate opposite opinions between what medical knowledge justifies and the consent of a patient's individuality.

So, remembering Pitágoras de Samos (580 B.C.-497 B.C.), who realized that the combination of organization and time is enough to do anything and do it right, and Sigismund Schlomo Freud (1856-1939), who knew intuitively that countless unconscious processes have an impact on a conscious attitude, the time spent on physician-patient intersubjectivity contributes to the ethical value of integrating deliberation, system availability, and effective deployment of diagnostic and therapeutic processes.

Lesson on paternalism/autonomy

The great lesson on AB-COR "therapeutic of nature" in Bioethics is the inconvenience of a radical negative view of paternalism. The Manichaeism (Manes, 3rd century), paternalism is bad and autonomy is good, can restrict the physician when understanding that it is essential to be more persuasive with a particular hesitating patient, as this is a more acceptable behavior in response to the clinical need. Not settling for being a Poncio Pilatos means to make good use of the professional tension[9] supported by cautiousness and diligence that enhances the perception on reconciliation between the singularities of medical evidence and diversity of patient behaviors - often on opposite sides. Thus, the physician is able to make more adequate adaptations in order to match the practice of two sequential articles of the Code of Medical Ethics from 2010, with the main section the physician is not allowed to: art. 31 - Disregard the patient's right to freely decide on the use of diagnostic or therapeutic practices; art 32 - Not employ every available diagnostic and treatment measures, scientifically renown and at the physician's reach, to benefit the patient.

The physician's effort to obtain the consent for a justifiable technoscience for a particular case does not make the patient feel unsure of the decision, because there is no pretense in suppressing free thought, the purpose is merely the choice rationality. Trying to convince[10] is a cooperation morally acceptable to whom sought you to lead, it is an encouragement to inertia reaction, a sound argument in favor of survival, it is understanding human hesitations about the drop (in relation to animals) of instinctive efficiency. Overall, when facing emotional situations too strong to be rationalized, it is contributing to make the patient aware that the denial may represent a negative progress of the clinical condition, resulting in carrying out what is being proposed under worse prognosis. This is not about brainwash, simply because the physician would accept the recommendation himself.

The structure of a communication on technoscience which is fed-back by a desirable compassion that goes beyond the informative-clarifying, which sounds like a theory class, is characterized by what Erich Fromm (1900-1980) called benign narcissism, i.e. a glimpse of a scientific reality reflected by the case which, however, it does not shut its eyes for a different point of view, perhaps considered by the patient. Authority without authoritarianism.

Longevity of the asymptomatic phase of valvular disease (AB-COR-dependent) that provides time-facilitation for good physician-patient intersubjectivity practices legitimately paves the way to deliberation on surveillance, which has a start point in paternalism (physician's proposal) and guidance to autonomy (patient's adaptation), with several exits along the route, each accordingly appropriate to the specific realities of each physician-patient relationship.

Absolute paternalism or autonomy is a chimera that in an elective surgery causes resentment, which does not comply with the articles of the Code of Medical Ethics. Nature temporality serves as a guide for the cautiousness of a communication based on "pencil and rubber." Through drawing, fences become bridges that connect the good according to the physician and patient. The pencil tip is strengthened by rational medicine comprehended by the patient and the rubber would become softer as the physician understands how the patient expresses his needs and desires.

Basically, a continuous and structured physician-patient communication can reduce asymmetries between what is shown by Medicine and the irrefutable patient's feelings and, then, give shape and spontaneity to decision makings. Subsequently, paternalism slides towards autonomy, pari passu, looking for the most appropriate point of equilibrium in between.

Finally, AB-COR acronym represents the modeling of physician-patient relationship that seeks a consent and legitimate Medicine in addition to technicism, each letter with a double meaning: Autonomy/Acceptance, Beneficence/Brazilianness, Communication/Compassion, Organization/Optimism, and Respect/Realism.

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