Letters to the Editor

Dana J. Lawrence, DC, MMedEd, MA

*Topics in Integrative Health Care* 2011, Vol. 2(1)  ID: 2.1009

Published on March 30, 2011  |  [Link to Document on the Web](#)

To the Editor:

While I certainly appreciate and applaud the work by Dr. Brian Gleberzon in his paper on jurisprudence and the older patient,¹ I believe he may have conflated a number of issues in his discussion on informed consent. In his paper, he states that informed consent is built on 5 ethical principles, including autonomy, veracity, justice, nonmaleficence and beneficence. This is not correct. Informed consent is a direct outgrowth of the principle of autonomy and is one of the “4 principles” espoused through the work of Beauchamp and Childress.² In the historical development of American bioethics, consent is a direct outgrowth of respect for autonomy. As noted by Beauchamp,³ in the original draft of the Belmont Report⁴—a document which forms the basis for all modern American bioethics including 45CFR46⁴—a key organizing concept was that respect for persons applied to informed consent; beneficence then applied to risk-benefit analysis (nonmaleficence only later was factored out as a stand-alone topic); and justice applied to the selection of research participants. Thus, while veracity, justice, beneficence and nonmaleficence are all important components of modern bioethics, they do not comprise consideration, *per se*, for informed consent. Indeed, as Beauchamp and Childress conceptualize American bioethics, it is 1 of the 4 main planks of the discipline, the other 3 being, as noted, justice, beneficence and nonmaleficence; veracity is not part of this consideration as a main plank of bioethics (though, of course, still important).

Informed consent, as it is typically positioned within bioethics, has 4 important components: competence (what Gleberzon refers to as “capacity”), disclosure, comprehension and voluntariness. Each of these components has a rich history and a wealth of literature in support of understanding. While I do understand that physicians needs to discuss risk and benefit (beneficence and nonmaleficence), as well as to be forthright in providing information (veracity), these are only part of
an in-depth understanding of consent. Indeed, according to Engelhardt,\textsuperscript{6} this is the critical issue in all ethics, what he refers to as “permission.” It stands above the other core components.

I note this only to ensure the record is correct and that readers understand the distinction made between these very important aspects of current bioethical thinking. None of this changes the message that Dr. Gleberzon provides, but I hope it simply burnishes the material and perhaps encourages readers to look a bit more deeply into a fascinating but little understood arena.

Sincerely,

Dana J. Lawrence, DC, MMedEd, MA  
Senior Director, Center for Teaching and Learning  
Professor  
Palmer College of Chiropractic  
1000 Brady Street  
Davenport, IA 52803