This article explores barriers to informed decision making in health care, and it proposes palliative care as one means of responding to the challenge of a widespread lack of autonomy in decision making. Through an exploration of research in the fields of autonomy and palliative care, the advantages of informed decision making and advance care planning by patients with advanced illness are discussed, and the implications for clinical practice and patient outcomes are described. Continuity, collaboration, and communication have a synergistic effect on autonomy. The expectation that the palliative care team will be in constant communication with the attending physician, nurses, and other specialists also promotes autonomous decision making. Patients who receive palliative care may have multiple advantages, including increased survival, improved quality of life, and opportunities for the exercise of autonomy.

Ruth Zalonis, MSN, RN, OCN®, CHPN, is a staff nurse and member of the palliative and support care team at Jefferson Regional Medical Center in Pittsburgh, PA, and Margaret Slota, DNP, RN, FAAN, is an associate professor in the College of Health and Wellness and director of the Doctor of Nursing Practice and graduate nursing education and leadership programs at Carlow University in Pittsburgh. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the authors, planners, independent peer reviewers, or editorial staff. Zalonis can be reached at ruth.zalonis@jeffersonregional.com, with copy to editor at CJONEditor@ons.org. (Submitted October 2013. Revision submitted March 2014. Accepted for publication March 4, 2014.)

Key words: autonomy; palliative care; advance care planning; decision making

Digital Object Identifier: 10.1188/14.CJON.707-711

Healthcare delivery is structured with the expectation that recipients of that care will exercise autonomy in decision making. The reality of autonomous decision making remains elusive, however. Although control has ostensibly shifted to consumers, many who access health care have little or no preparation for making informed decisions that will allow them to exercise autonomy (Porter-O’Grady & Malloch, 2007). Autonomy has been described as one of the four major ethical principles (Beauchamp & Childress, 2001), and the principle of autonomy is widely accepted in the United States, as well as in other Western countries (Tong, 2007). Autonomy may be defined as the “right of a capable person to decide his/her own course of action” (Hospice and Palliative Nurses Association [HPNA], 2003, p. 236). An autonomous person possesses a set of values and goals, deliberates, arrives at a decision, and then communicates this decision to others (Tong, 2007). In this article, the authors will explore some barriers to the exercise of autonomy in health care today and propose palliative care as one means of addressing the challenge of a widespread lack of autonomy in decision making.

Palliative care is defined by the Center to Advance Palliative Care (CAPC) as an interdisciplinary approach to the care of patients diagnosed with a life-threatening illness, along with their families (Meier, Spragens, & Sutton, 2004). Goals of this comprehensive care are relief of symptoms and pain produced by serious illness, improvement in quality of life (CAPC, 2012), and promotion of self-determination (CAPC, 2009). Care is provided regardless of the stage of disease (National Consensus Project for Quality Palliative Care, 2004) and may be concurrent with curative treatment (American Academy of Hospice and Palliative Medicine, 2008). Palliative care also provides the assurance of continuity of care across delivery settings (Ferrell et al., 2007).

Among the chronically ill, the need for decision making is particularly salient. As the proportion of this group in the general population continues to increase, the challenge created by a failure to exercise autonomy will also increase. Palliative care addresses the needs of the chronically ill throughout the continuum of illness in a holistic manner: physically, intellectually, emotionally, socially, and spiritually. Major aspects of palliative care are the facilitation of patient autonomy, access