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Response to: "Patients' Autonomy at the End of Life: A Critical Review"

Dear Editor,

Dr. Houska et al. carried out a critical review about patients' autonomy at the end of life[1] in which they compare their results to a previous systematic review conducted by our research group.[2] We appreciate the comments of Dr. Houska et al. regarding our review. As the authors highlight, our conclusions about the relationship between dignity and autonomy are similar to their autonomy model among patients at the end of life.

However, they state that our "description of autonomy as a determining factor of perceived dignity limited to the traditional understanding as the desire for having control over the dying process and the desire for self-determination." We consider that two important aspects need to be clarified in relation to this statement:

1. In our review, we observed that only the patients "whose sense of dignity was based on values such as autonomy, the ability to control their circumstances, or quality of life found that their dignity was undermined." And, only in this sense, did we state, "autonomy can be a determining factor of perceived dignity." In no other sense or context, did we suggest that dignity can be understood as autonomy.
2. From the very beginning of our systematic review, we clearly define that "dignity is considered to be a fundamentally intrinsic feature of the human individual." In the same way that all the qualitative studies focus on the perception of personal dignity[3–5] have underlined, the former is sensitive to the image that patients have of themselves (identity), to the relationship with others, and to their surroundings.

As Houska et al. also highlight, we acknowledge that dignity and autonomy are different and complex concepts. Putting the idea of self-determination above everything else is not always appropriate or beneficial in a palliative care context due to the vulnerable and dependent situation that these patients face.

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Authors' Response

Dear Editor,

We would like to thank you for the opportunity to respond to the issues raised in Dr. Rodríguez-Prat et al.'s letter concerning our critical review on patients' autonomy at the end of life[1] and to offer an explanation of our comment to their systematic review.[2] We would also like to thank Dr. Rodríguez-Prat and her colleagues for their interest in our paper and for taking the time to express their concerns. In their letter to the editor, Dr. Rodríguez-Prat et al. argue that their results show autonomy as a determining factor of dignity only at one particular context and not in general and also highlighted their

understanding of dignity as a "fundamentally intrinsic feature of the human individual."

It would be mistake to interpret the results of Dr. Rodríguez-Prat et al.'s review in a reductive way and to generalize the determining role of autonomy for perceived dignity. The aim of our review was to develop a structural model of patients' autonomy that extends the traditional understanding of autonomy as a capacity to make an independent rational choice and so our perspective was specifically orientated on autonomy. Dr. Rodríguez-Prat et al.'s review highlights the relation between perceived dignity, autonomy, and control in patients at the end of life. If we understood the results of their analysis correctly, Rodríguez-Prat et al. argue in their review that autonomy plays an important role at the end of life, although it is mostly described in a negative way—for example, how "loss of autonomy" can influence dignity. In their review, autonomy is defined positively only in patients whose sense of dignity was based on autonomy and predominantly in the context of the control over the dying process, self-determination, and the right to decide. The results of our review highlight the need for broader positive definition of autonomy with emphasis on "patients' engagement in daily activities, in contributing to others, and in active preparation for dying."

We would like to point out that the objective of our comment was not to criticize the explanatory model of dignity presented by the authors of the cited paper. On the contrary, we appraise the methodological robustness and the empirical background of the model which present important contribution to the discussion about patients' perspectives on dignity.

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