



Defense Health Agency (DHA) Clinical Communities Speaker Series

2026 SEP CCSS: Mission Ready: Advancing Clinical Practice in Women's Health & Obstetrics

2026 SEP CCSS S03: Against Medical Advice Forms: A Bridge or a Barrier? An Ethical Approach to Informed Refusal in Women's Health

Resource List

[Refusal of Care](#) (2023) discusses that adult patients with decision-making capacity have the fundamental ethical and legal right to refuse medical care based on the principle of bodily autonomy. Before accepting a refusal, clinicians must evaluate and confirm the patient's capacity to understand their clinical condition, treatment alternatives, and the specific risks associated with foregoing care that include permanent disability or death. Healthcare teams should actively explore the patient's reasoning to address concerns, resolve conflicts, and offer viable alternative management strategies or safe discharge plans. Finally, providers must thoroughly document the informed refusal discussion to protect both patient welfare and clinical legal integrity.

[Harming One to Benefit Another: The Paradox of Autonomy and Consent in Maternity Care](#) (2021) examines the ethical tension in maternity care where interventions performed on a pregnant individual's body are intended primarily to benefit another entity—the fetus. The author argues that maternity care parallels high-scrutiny fields like non-therapeutic research and organ transplantation, which demand the most stringent consent protections in medicine. Despite this heightened requirement, perinatal medicine frequently exhibits an inverse tendency to disregard or override maternal autonomy under the guise of fetal beneficence. The paper concludes that treating pregnant individuals as autonomous decision-makers is an absolute legal and ethical requirement that cannot be subordinated to fetal interests. Respect for informed consent and informed refusal must serve as primary indicators of institutional healthcare quality.

[Obstacles to Accepting Care: Understanding Why Obstetric Patients Leave against Medical Advice](#) (2024) studies the structural and interpersonal factors driving pregnant and postpartum patients to leave healthcare facilities against medical advice (AMA). Through qualitative thematic analysis of clinical records, the authors categorized patient rationales into extrinsic barriers (such as urgent childcare needs) and intrinsic barriers (including perceived clinician disrespect and medical mistrust). The findings demonstrate that labeling discharges as "AMA" disproportionately penalizes marginalized populations while obscuring underlying systemic healthcare failures. The article argues that healthcare systems must reframe refusal from an adversarial encounter into a harm-reduction opportunity. Clinicians are encouraged to proactively negotiate outpatient plans rather than terminating therapeutic relationships when recommendations are declined.

[Partnering with the Woman who Declines Recommended Maternity Care: Development of a Statewide Guideline in Queensland, Australia](#) (2025) presents the development and statewide rollout of an institutional framework designed specifically to maintain care partnerships when patients decline standard obstetric recommendations. Developed through multi-stakeholder collaboration among clinicians, legal ethicists, and patient advocates, the guideline introduces a structured "Discussion and Partnership Care Plan". Rather than abandoning care or resorting to coercive measures, healthcare teams use this framework to explore patient values, outline contingency pathways, and maintain open communication. The authors demonstrate that formalizing the documentation of informed refusal improves provider confidence and reduces adversarial confrontation. Ultimately, the study highlights how institutional pathways can successfully uphold patient autonomy without compromising clinical safety protocols.



Defense Health Agency (DHA) Clinical Communities Speaker Series

References

- Jenkinson, B., Gray, L., Sketcher-Baker, K. and Kimble, R. (2025), Partnering with the Woman who Declines Recommended Maternity Care: Development of a Statewide Guideline in Queensland, Australia. *Aust N Z J Obstetrics & Gynaecology*, 65: 243-247. <https://obgyn.onlinelibrary.wiley.com/doi/10.1111/ajo.13889>
- Kingma E. (2021). Harming One to Benefit Another: The Paradox of Autonomy and Consent in Maternity Care. *Bioethics*, 35: 456–464. <https://doi.org/10.1111/bioe.12852>
- Lu, C.F., Matovina, C.N., Premkumar, A. & Watson, K. (2024). Obstacles to Accepting Care: Understanding Why Obstetric Patients Leave against Medical Advice. *Maternal Child Health Journal* 28, 1612–1619 (2024). <https://pubmed.ncbi.nlm.nih.gov/38951297/>
- Pirotte BD, Benson S. *Refusal of Care*. (2023). In: *StatPearls*. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK560886/>