Table: Comparison of Autonomy Frameworks

Feature	US Autonomy	Asian Relational/Duty Model	European (selected)
Role of family	Secondary (family input is formally recognized only if the patient is deemed incompetent, though families often participate in discussions and accompany patient appointments; surrogate decisions are tightly constrained by legal standards).[1]	Central (families frequently co-decide; physicians often communicate with family members first).[2]	Mixed. In Southern Europe (e.g. Italy, France), family duties are assumed (a duty to care for relatives), whereas in the UK and Netherlands the patient is explicitly empowered to decide independently.[3]
Physician authority	Limited by consent laws; doctors generally must follow a competent patient's choices.	Enhanced; physician and family may jointly decide on care, and "benevolent deception" is culturally tolerated in some settings.[4]	Varies. Southern European systems historically granted more paternalistic authority to physicians, while Northern Europe gives stronger legal autonomy to patients (within a welfare-state framework).[5]
Legal enforcement	Courts and statutes explicitly enforce autonomy (e.g., the HIPAA privacy rule and state informed consent laws), often by imposing high evidentiary thresholds.[6]	Less litigation; conflicts are often handled by hospital ethics committees or resolved via professional norms. Laws tend to emphasize "best interests" over strict consent requirements.[7]	Most countries have consent laws but with built-in safeguards or communitarian nuances (e.g. France's Loi Leonetti on end-of-life care, the Netherlands 'emphasis on advance directives and best interests). [8]
Cultural emphasis	Values individual rights and personal choice; distrust of authority can be relatively high.	Values social harmony, duty, and trust in authority; strong individual autonomy may be viewed as self-centered in comparison.[910]	Combines individualism with communitarian solidarity; a strong welfare state underwrites patient welfare and shared responsibility.[11]

[1] *Lane v. Candura* (1978)
[2] Ho, A. (2008), Relational autonomy or undue pressure? Family's role in medical decision-making. Scandinavian Journal of Caring Sciences, 22: 128-135. https://doi.org/10.1111/j.1471-6712.2007.00561.x
[3] Dickenson DL. Cross-cultural issues in European bioethics. Bioethics. 1999 Jul;13(3-4):249-55. doi: 10.1111/1467-8519.00153
[4] Zhang et al., 2021.
[5] Dickenson,
[6] *Canterbury v. Spence*, 464 F.2d 772 (D.C. Cir. 1972), https://law.justia.com/cases/federal/appellate-courts/cadc/22099/22099.html
[7] Tanaka, M., Kodama, S., Lee, I. *et al.* Forgoing life-sustaining treatment – a comparative analysis of regulations in Japan, Korea, Taiwan, and England. *BMC Med Ethics* **21**, 99 (2020). https://doi.org/10.1186/s12910-020-00535-w

[8] Gaille M, Horn R. The role of 'accompagnement' in the end-of-life debate in France: from solidarity to autonomy. Theor Med Bioeth. 2016 Dec;37(6):473-487. doi: 10.1007/s11017-016-9389-1. PMID: 27915459; PMCID: PMC5167768.
[9] Bhakuni, 2022.
[10] Banerjee, 2022.
[11] Dickenson, 1999.