

Abstract

Background

One of dilemma frequent etiquette appear in service health is conflict do Good with attitude honor autonomy patient. Doctor (and staff health) is obliged give healing (*beneficence*) and prevention happen deterioration (*non- maleficence*) in the patient. is all Meaning kind the can accepted with well by the patient. Or, whether all good done _ doctor done with still involve patient in the retrieval process decision?

Research purposes

Study This aim for get data about factors that influence its formation decision clinical patient based on the prognosis of the disease he is suffering from.

Research methods

Formed A decision clinical very complex. Dynamics formation decision clinical different in each country and each time. Study This done with method *Scoping Review* that uses 5 adapted steps with the framework of Arksey and O'Malley (2005). Quality articles obtained _ will selected with use form from *Critical Appraisal Skills Program* (CASP, 2018). All preference data patient, preference doctors (and staff health) and the process of its formation decision clinical patients obtained _ will analyzed in a way narrative for interesting conclusion in a way inductive. Study This expected can help find solution on dilemma mark ethics beneficence and autonomy.

Research result

Preference patient in make decision the clinical course varies greatly, esp influenced by age, level education, culture, beliefs and existing facilities and infrastructure. Patient age youth, education high and the economy is good tend make his decision in a way independent, though still some don't commitment with his decision alone. Paternalism still developing in several countries behind poor economy. Preference doctor (person health) is also affected a number of matter like factor intrinsic, competence medical and skills communicate. The prognosis of the disease also affects patient in make decision clinical.

Conclusion

Doctors can help patient for own appropriate preferences with desire good with do communication empathetic persuasiveness without forceful and persistent honor autonomy patient.

Keywords: soft paternalism, communication persuasiveness, empathy, disease prognosis, preferences patient, preference doctor (person health)