

MAINS MASTERY 2026 · GS PAPER IV · QUESTION 4(A) · STUDENT EDITION

Paternalism and Beneficence

THE QUESTION, AS SET IN UPSC CSE MAINS 2026

Citing the serious adverse effects of long-term medication, a doctor convinces the family of a female patient for surgery. This led the patient to reluctantly consent for the surgery, though her original choice was to opt for medication. Explain the concepts of paternalism and beneficence by analysing the doctor's action.

Directive: Explain | 10 marks | 150 words | Ethics: medical ethics, autonomy

1 **PYQ Deep Decode**
Demand, hidden demand, structure, form

2 **PYQ Intelligence**
2013 to 2026: consent, autonomy, care

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1 PYQ Deep Decode

Read the question the way the examiner set it: the demand, the hidden demand, the structure that follows from both, and how the answer should be presented, opened and closed.

1.1 The demand

One directive, two concepts, one case. **Explain paternalism and beneficence**, not in the abstract but **by analysing the doctor's action**. So each concept must be defined and then located in what the doctor actually did: the doctor cited real risks (beneficence), then persuaded the family rather than the patient, and her consent came reluctantly against her own first choice (a paternalism concern). The marks lie in showing **where one ends and the other begins**.

Words in the question	What they ask you to do	What goes wrong if you miss them
Citing the serious adverse effects of long-term medication	Recognise a genuine clinical reason: the doctor's motive is the patient's good. That is the beneficent element.	Treating the doctor as a villain; the case is harder than that.
convinces the family	Note the route: the doctor persuaded the family, and the patient then consented reluctantly. Assuming she has decision-making capacity, bypassing her direct participation raises a concern about paternalism. The question does not state her age, capacity or the full content of the doctor-patient discussion.	Missing the detail the examiner placed on purpose.
reluctantly consent … her original choice was to opt for medication	Ask whether the consent was **free and informed**, or yielded under pressure; her initial preference changed after the family was persuaded; the question leaves open whether that change followed real understanding and free reflection, or improper pressure.	Accepting a signature as valid consent.
Explain the concepts	Define each precisely; give types (soft and hard paternalism); place both among the principles of medical ethics.	Loose definitions that make the two sound identical.
by analysing the doctor's action	Apply each concept to each step of the case, and reach a view on what the ethical course would have been.	Theory with no case, or case with no theory.

THE DEMAND IN ONE LINE

Define beneficence and paternalism, show the doctor's motive was beneficent but the method risked paternalism, because the doctor worked through the family and her consent came reluctantly, and state what respecting her autonomy would have required.

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1.2 The hidden demand

Beneficence and paternalism are not necessarily opposites. **Paternalism invokes a person's welfare to justify interfering with, or bypassing, her own choice**; a paternalistic act need not actually benefit her. The ethical question is whether the doctor pursued a possible clinical benefit by weakening the patient's own decision-making authority. The question asks whether a clinically protective intention was pursued through a method that risked replacing the patient's independent judgement. A strong answer also sees the **gender and family context**: in many Indian households a woman's medical decisions are shaped by her family, so persuading the family can quietly replace her voice. The resolution is not to abandon beneficence but to pursue it **through her autonomy**: full information, time, alternatives, and acceptance of her informed choice.

Each point should name the principle, show it in the doctor's action, and judge it. The last column is where the hidden demand begins.

Step in the case	Principle at work	The judgement
Identifying serious long-term drug risks	Potential beneficence and non-maleficence.	Clinically relevant; but the risks, benefits and alternatives must be explained to her directly.
Persuading the family	Possible paternalism through family influence.	May sideline her decision-making authority; how far she was consulted directly, and her capacity, are not stated.
Reluctant consent	Voluntariness in question.	A warning sign; valid only if informed and free.

WEAK

The doctor showed paternalism by forcing surgery on the patient, which violates her rights. Beneficence means doing good.

STRONG

The doctor's motive was beneficent, since the warning concerned real long-term harms; the method risked paternalism, since the doctor persuaded the family and obtained reluctant consent that displaced her initially expressed preference for medication, raising the question whether the change was her own informed and voluntary decision.

1.3 The structure

The question names **two concepts**, and the hidden demand sits in the line between them. So a useful answer has **two analytical parts** and a short **ethical course**. The shares are of the body between the introduction and the conclusion; they are a teaching guide, not a UPSC rule.



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Parts 1 and 2 **The two concepts, applied** most of the body

Beneficence	Motive to protect her from drug harms; duty to disclose risks; but her good includes her values.
Paternalism	Persuading the family; reluctant consent as a warning sign; persuasion that may turn into pressure.

Part 3 **The ethical course** the rest

Shared decision	Inform her directly; explore her reasons; offer both options with risks.
Her choice	A competent adult's informed choice prevails (Samira Kohli, 2008).

1.4 How to present it

The form follows the question. Two concepts applied to one action suit **two headed parts** of short points, each pointing to a step in the case. The ethical course is a **sequence**, so a small flow shows it in few words.

Form	Fit here	Reason
Two headed parts, then a flow	**Best**	Separates the concepts and ends with the right course.
Table: concept, case, judgement	Good	Compact, but thin on the explanation the directive wants.
Essay paragraph	Weak	The line between the two concepts blurs.

1.5 The introduction and the conclusion

The introduction serves the whole question. It defines both concepts in one sentence each, and shows how they relate: paternalism invokes a person's supposed welfare to justify interfering with or bypassing that person's choice; it need not produce genuine benefit.

The conclusion settles the demand. It gives the view: a good motive does not license a bypassed choice; beneficence must work through autonomy, not around it.

2 PYQ Intelligence 2013 to 2026

The question's footing in medical ethics and Indian law, its place in a line of GS IV questions on consent and autonomy, and what to prepare next.

2.1 Where the concepts stand

A GS IV concept question is not driven by the news, but these concepts have a clear footing in ethics and in Indian law. GS Paper IV was held in late August 2026. Everything in this table predates the examination.

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When	What it established	Why it matters for this question
1859	J.S. Mill, **On Liberty**: "Over himself, over his own body and mind, the individual is sovereign"; the harm principle limits interference to preventing harm to others.	The classic case against paternalism.
1972	Gerald Dworkin's essay **"Paternalism"** defines it as interference with a person's liberty justified by reference to that person's own good.	The standard definition.
1979	Beauchamp and Childress, **Principles of Biomedical Ethics**: respect for autonomy, non-maleficence, beneficence, justice. The Belmont Report the same year: respect for persons, beneficence, justice.	Beneficence as one principle among four, not a trump.
16 January 2008	**Samira Kohli v. Dr. Prabha Manchanda**: a competent adult's own consent is required; a relative's consent is no substitute; consent for a diagnostic procedure does not cover further surgery except in an emergency.	Indian law on whose consent counts.
24 August 2017	**K.S. Puttaswamy v. Union of India**: privacy includes decisional autonomy over one's body.	Autonomy as a constitutional value.
9 March 2018	**Common Cause v. Union of India**: the right to die with dignity in the end-of-life context, with safeguards for advance medical directives and withdrawal of life-sustaining treatment; an order of 24 January 2023 simplified the procedure. Not a general regime for elective surgery.	The right to refuse, recognised.
2026	The same GS IV paper sets **Q7**, a case in which a surgeon removes a patient's uterus on a relative's consent during a diagnostic procedure.	Consent tested twice in one paper.

2.2 The skill UPSC keeps testing

These questions form three strands: **autonomy, voluntariness and informed consent**; beneficence and duties of care in medicine and administration; and the limits of pursuing good ends by questionable means. The most direct precedents are 2023 Q2(b), 2024 Q12 and the two other 2026 medical-ethics questions. Questions are verbatim unless marked.

Year	The question as UPSC set it, or a marked summary	What it asked of you	What changed in 2026
2014 GS IV	Summary, not verbatim: Q3(b), the meaning and significance of the maxim that human beings should always be treated as ends in themselves and never as merely means.	Kantian respect for persons.	Respect for the patient as a chooser.

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2021 GS IV	Summary, not verbatim: Q10, a public hospital administrator must justify exposing staff to infectious patients during COVID-19 amid shortages.	Risk and duty in health care.	From duty to staff to duty to a patient.
2023 GS IV	In the context of work environment, differentiate between "coercion" and "undue influence" with suitable examples. (Q2(b))	Coercion and undue influence.	The closest concept: possible undue influence from family pressure, if improper pressure or exploitation of dependence is established.
2024 GS IV	Summary, not verbatim: Q12, a scientist pressed to speed up a drug trial as colleagues propose data manipulation and bypassing informed consent.	Consent in research.	From research to treatment.
2022 GS IV	Q4(b): Online methodology is being used for day-to-day meetings, institutional approvals in the administration and for teaching and learning in education sector to the extent telemedicine in the health sector is getting popular with the approvals of the competent authority. No doubt, it has advantages and disadvantages for both the beneficiaries and the system at large. Describe and discuss the ethical issues involved in the use of online method particularly to the vulnerable section of the society.	Health ethics and the vulnerable.	From access to care to the voluntariness of consent.
2022 GS IV	Summary, not verbatim: Q1(b), how empathy and compassion, beyond intellectual competence and moral qualities, help civil servants handle difficult decisions, with illustrations.	Care as a public-service value.	Care that respects choice.
2023 GS IV	Summary, not verbatim: Q7, a bank manager arranges money from a dormant account for an employee's father's urgent heart surgery.	Compassionate motive, unjustifiable means.	A good motive does not settle the means.
2026 GS IV	Same paper, summaries: Q2(a), whether a DM should use an untested supplement on an endangered tribe; Q7, a surgeon's decision to remove a patient's uterus with a relative's, not the patient's, consent. Also Q6(a), a DM stopping a schoolteacher's transfer at his PA's request because the teacher privately tutors the PA's daughter, who has a learning disability (summary).	Medical and administrative ethics.	Three questions on beneficence and consent in one paper.

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CARRY THIS METHOD TO ANY "EXPLAIN THE CONCEPT BY ANALYSING" QUESTION

1. **Define** each concept in one line.
2. **Locate it** in a specific step of the case.
3. **Judge** that step against the concept.
4. **Show where** one concept turns into the other.
5. **End with** the course that satisfies both.

2.3 What to prepare next

CONCEPTS

Four principles	Autonomy, non-maleficence, beneficence, justice.
Soft and hard paternalism	Soft: intervening only where a choice may not be informed or voluntary. Hard: overriding an informed, voluntary choice.
Informed consent	Capacity, disclosure, understanding, voluntariness, authorisation.
Shared decision-making	The doctor brings evidence; the patient brings values; they decide together.

LAW AND PRACTICE

Samira Kohli (2008)	Patient's own consent; relative's consent no substitute.
Montgomery (UK, 2015)	UK Supreme Court, 11 March 2015: material risks and reasonable alternatives must be disclosed; materiality turns on what a reasonable person in the patient's position would find significant, or what the doctor knows matters to this patient. Comparative, not binding in India.
Mental Healthcare Act, 2017	Mental healthcare only: capacity, advance directives and nominated representatives who support decisions; Section 89(7) allows temporary representative consent in narrow cases. Not the consent law for ordinary surgery.
Common Cause (2018)	Advance medical directives and safeguards for withholding or withdrawing life-sustaining treatment in the end-of-life context.

3 Additional information

Everything needed to answer this question well. Tier 1 holds what the demand needs; Tier 2 places it within the wider debate on autonomy and care.

TIER 1 · ESSENTIAL: THE TWO CONCEPTS, THE CASE AND THE LINE BETWEEN THEM

From respect to override: where the doctor's action sits

RESPECT
Informed choice
Full information to the patient; her decision, whatever it is, prevails.

SHARED
Shared decision
Doctor's evidence, patient's values; persuasion by reasons, addressed to her.

THE DOCTOR HERE
Possible family-mediated pressure
Persuasion routed through the family; she consents reluctantly. A concern, not yet a proven override.

OVERRIDE
Hard paternalism
Treating without, or against, a competent adult's consent.

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A teaching spectrum, not a legal test. Persuasion by reasons addressed to the patient respects her autonomy; pressure that works through people she depends on moves the action towards paternalism even when a signature is obtained.

Concept	What it is	In the doctor's action
BENEFICENCE		
Definition	The duty to act for the good of the patient: to promote welfare and prevent harm. With non-maleficence (do no harm), it is one of the four principles of biomedical ethics.	The warning about long-term side-effects is a genuine effort to prevent harm.
Its limit	The patient's good is not only medical; it includes her values, fears, circumstances and preferences. Surgery has its own risks and costs.	Her preference for medication may reflect reasons the doctor never heard.
PATERNALISM		
Definition	Interfering with a person's choice, or bypassing it, for that person's own good (Dworkin, 1972).	The doctor sought a different decision from the one she made.
Soft and hard	Soft paternalism intervenes only to check that a choice is informed and voluntary; hard paternalism overrides a choice that is.	Giving her accurate risk information is part of informed consent, not paternalism. Briefly checking whether an apparently harmful choice is informed and voluntary may be soft paternalism. Overriding an informed, voluntary choice for her supposed good is hard paternalism.
By proxy	Working through those a person depends on, instead of through her own understanding.	Convincing the family, not the patient.
CONSENT AND AUTONOMY		
Informed consent	Capacity, adequate disclosure, understanding, voluntariness and authorisation. A signature is evidence, not the substance.	Reluctant consent against her first choice raises doubt about voluntariness.
Indian law	Samira Kohli (2008): a competent adult's own consent is required and a relative's consent is no substitute, outside emergencies. Puttaswamy (2017) and Common Cause (2018): bodily and decisional autonomy.	The family could not decide for her; only her free consent counts.
Undue influence	Pressure that does not threaten but exploits a relationship of dependence to bend a choice.	Possible family pressure on her consent; whether dependence amounted to undue influence needs more facts.

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Why the family matters here. Indian clinical practice often involves families, which can be supportive. The problem arises when the family becomes the doctor's audience instead of the patient. For many women, family approval shapes care, money and recovery, so persuading the family can weigh heavily on her choice; whether it did here needs more facts.

When treatment without ordinary consent may be justified. In a genuine emergency, treatment may be permissible where the patient cannot decide, delay threatens life or health, and safeguards permit it; an emergency alone does not override a competent patient's informed refusal. Where capacity is absent or the patient is a minor, the relevant consent and best-interest safeguards apply. No emergency or incapacity is mentioned, so the ordinary assumption is that she can decide for herself, while noting that the vignette gives no formal capacity assessment.

Four distinctions examiners reward

Distinction	What it means here
Advice and paternalism	Accurate, direct, transparent counselling is not paternalism.
Persuasion and undue influence	Strong reasons may rightly change a preference; improper pressure undermines voluntariness.
Reluctant and invalid consent	Reluctance is a warning sign, not a legal conclusion.
Medical benefit and patient welfare	Clinical outcomes matter, and so do her own values and acceptable risks.

Q4(a) and Q7 of 2026 differ. Q4(a) is about the quality and voluntariness of the patient's own consent; Q7 is about surgery beyond the consent the patient actually gave, on a relative's signature, which is closer to the facts of Samira Kohli (2008).

TIER 2 · EXTENDED UNDERSTANDING: THE WHOLE TOPIC AROUND IT

The case for some paternalism

1. **Expertise:** doctors know risks patients may underrate.
2. **Bias:** people discount long-term harms.
3. **Capacity:** fear or pain can distort a choice.
4. **Duty of care:** silence in the face of harm is not neutral.

The case against

1. **Dignity:** a competent adult governs her own body.
2. **Values:** only she can weigh risks against her life.
3. **Trust:** pressure damages the doctor-patient relationship.
4. **Gender:** it can reinforce control over women's choices.
5. **Law:** consent must be hers, free and informed.

Two debates worth knowing

Is a nudge paternalism?

Supporters of libertarian paternalism (Thaler and Sunstein) say framing choices to help people is acceptable if they stay free to choose. Critics say nudges bypass reasoning. The balanced reading: **transparent persuasion by reasons** respects autonomy; hidden pressure does not.

Does a family-centred culture change consent?

Some argue Indian ethics is relational, so families rightly share decisions. Others answer that relational autonomy still leaves the final word with the patient. The balanced reading: **involve the family if she wishes; decide with her, not for her**.

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4 Pitfalls and variations

The mistakes that cost marks here, the claims never to make, and how the answer changes when the question changes.

4.1 Six pitfalls, each with its correction

The doctor as villain

~~The doctor acted unethically for personal benefit.~~

The motive appears beneficent; the concern is whether the family-mediated method compromised her independent, informed choice.

Concepts as opposites

~~Paternalism is the opposite of beneficence.~~

Paternalism invokes a person's supposed welfare to justify interfering with or bypassing that person's choice; it need not produce genuine benefit.

Signature as consent

~~She signed, so nothing more needs asking.~~

A signature is evidence, not the substance: ask whether her consent was informed and free.

Missing the family

~~The doctor forced the patient.~~

The doctor persuaded the family; any pressure came through them.

No types

~~Paternalism is always wrong.~~

Soft paternalism can be justified; hard paternalism over a competent adult is not.

No course of action

~~Thus paternalism should be avoided.~~

Inform her directly, explore her reasons, accept her informed choice.

4.2 Never write these

- "Beneficence means doing whatever the doctor thinks best."
  It means acting for the patient's good, which includes her values.
- "The family's consent is sufficient for an adult."
  Samira Kohli (2008): the competent patient's own consent is required.
- "Paternalism is always unethical."
  Soft paternalism, and action in emergencies or incapacity, can be justified.
- "'First, do no harm' is a line of the Hippocratic Oath."
  The idea is Hippocratic; the Latin phrase is a later formulation.
- "Autonomy means the doctor should stay silent."
  Autonomy needs full information; the duty to warn remains.

4.3 If the question changes

If it asks	The structure becomes	What must change
Autonomy versus beneficence	Each principle; the conflict; resolution by informed choice	Autonomy at the centre.
Paternalism in public policy	Helmets, tobacco, nudges; soft and hard; limits	The State as the paternalist.

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If it asks	The structure becomes	What must change
Informed consent	Elements; Samira Kohli; emergencies; capacity	Law and procedure.
A **case study** on the same facts	Stakeholders, dilemmas, options, best course	Options and a decision.

5 The model answer

One model answer, written to the 150-word limit, in the form this question calls for: each concept applied to the doctor's action, then the ethical course as a flow. The introduction covers the whole question; the conclusion settles its demand.

Model answer ### Two concepts applied, and a flow

150 words

Beneficence means promoting a patient's welfare; paternalism means substituting another's judgement for her choice in her supposed interest during a medical decision.

1. Beneficence in the doctor's action

- **Motive:** the doctor identifies serious long-term drug risks; surgery may offer greater clinical benefit.
- **Limit:** surgery too entails risks, and clinical benefit must be weighed against her values and preferences.

2. Paternalism in the doctor's action

- **By proxy:** persuading the family may marginalise her voice if their influence, rather than her own deliberation, determines consent.
- **Voluntariness:** reluctance raises concern; it does not alone invalidate consent or prove hard paternalism.
- **Family role:** legitimate only when she freely welcomes and controls it.

3. The ethical course

Explain options, risks → **Explore concerns privately** → **Family if she agrees** → **Check understanding, freedom** → **Respect her decision**

Thus, beneficence justifies the doctor's protective advice, not any circumvention of autonomy; a capable patient's free choice, including a voluntary change of mind, must govern.

DEMAND
Both concepts defined, then located in the doctor's action

HIDDEN DEMAND
Paternalism invokes welfare to bypass choice; the family route and reluctant consent are warning signs

STRUCTURE
Beneficence, paternalism, then the ethical course

BALANCE
Introduction 22 words, conclusion 25 words; 150 words in all

Why it works: the introduction defines both concepts and shows how they relate; Part 1 credits the beneficent motive and marks its limit; Part 2 locates the paternalism risk in the route, the voluntariness of consent and the family's role; the flow gives the ethical course; the conclusion settles that the doctor's care must work through her free choice.

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6 Other ways to write it

The model answer above remains the answer. These outlines show how a different, equally valid answer could be built, and when each choice works.

Approach	How it is built	When it works
Step-by-step analysis	Take the case in three steps (warning, family, consent) and name the principle at each.	When the facts carry your argument.
Spectrum	Draw the line from informed choice to override and place the doctor's action on it.	When you draw neatly and fast.
Four principles	Autonomy, beneficence, non-maleficence, justice, each applied in one line.	When you want breadth over depth.
For 15 marks	Add soft and hard paternalism with examples, and the family-centred debate.	When there is room.

7 Quick recall and Prelims crossover

Facts for rapid revision and Prelims.

1. **Beneficence**: acting for the patient's good.
2. **Non-maleficence**: avoiding harm.
3. **Paternalism**: overriding choice for the person's own good.
4. **Soft** paternalism checks a choice; **hard** overrides it.
5. **Four principles**: Beauchamp and Childress, **1979**.
6. **Belmont Report**: **1979**.
7. **Mill, On Liberty**: **1859**; harm principle.
8. **Dworkin, "Paternalism"**: **1972**.
9. **Samira Kohli v. Prabha Manchanda**: **16 January 2008**.
10. Relative's consent no substitute for a competent adult's.
11. **Puttaswamy**: **2017**; decisional autonomy.
12. **Common Cause**: **2018**; end-of-life dignity and advance directives; procedure eased 24 January 2023.
13. **Mental Healthcare Act**: **2017**; advance directives.
14. **Montgomery** (UK): **2015**; patient-centred disclosure.
15. Informed consent: capacity, relevant disclosure, understanding, voluntariness, authorisation of the specific procedure.
16. Libertarian paternalism: **Thaler and Sunstein**, **Nudge** (2008).

THE ONE SENTENCE TO CARRY OUT OF THIS DOCUMENT

Concern for a patient's welfare becomes a problem when persuading the family replaces, rather than supports, her own free and informed decision.

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8 Write it yourself

Write the answer in 150 words without looking back, then check it against each line below.

	Check	Yes / No
1	Are **both concepts** defined in the introduction?	
2	Is the doctor's **motive** credited as beneficent?	
3	Is paternalism located in the **family route** and the **reluctant consent**?	
4	Is paternalism distinguished from **legitimate persuasion**, without treating reluctant consent as proof of hard paternalism?	
5	Is the **ethical course** stated?	
6	Does the conclusion give a **view**, at about the length of the introduction?	
7	Is it **150 words or a little over**, with no claim from section 4.2?	

Sources

- Supreme Court: Samira Kohli v. Dr. Prabha Manchanda (16 January 2008); K.S. Puttaswamy v. Union of India (24 August 2017); Common Cause v. Union of India (9 March 2018).
- T.L. Beauchamp and J.F. Childress, Principles of Biomedical Ethics (first edition, 1979); the Belmont Report (1979).
- J.S. Mill, On Liberty (1859), Chapter I; G. Dworkin, "Paternalism", The Monist 56(1), 1972, pp. 64-84; J. Feinberg, Harm to Self (1986); R.H. Thaler and C.R. Sunstein, Nudge (2008).
- Montgomery v. Lanarkshire Health Board, UK Supreme Court (2015); Mental Healthcare Act, 2017.
- UPSC Civil Services (Main): GS Paper IV 2014, 2021, 2022, 2023, 2024 and 2026. Official question papers.

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YOUR NEXT STEP

Now write GS Paper IV 2026 again.

You now know what this question asked, what it expected without saying so, and how its answer is built. Write the whole paper under the clock, have it evaluated, and read the feedback against this document.



1 Write the full paper in three hours — 2 Self-check this answer with section 8 — 3 Have the paper evaluated — 4 Read the feedback against this document

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