2. See note 1, Ross 1930, at 19.
3. See Beauchamp TL. The "four principles" approach. In: Gillon R, ed. *Principles of Health Care Ethics*. London: John Wiley; 1994: 3–12.
4. See, e.g., Clouser KD, Gert B. A critique of principlism. *Journal of Medicine and Philosophy* 1990;15:219–36.
5. See, e.g., note 3, Beauchamp 1994, at 9–11.
6. See note 1, Ross 1930, at 30, 31.

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What Actually Happened

After long discussions, the team at the university clinic decided to refer the patient to a smaller clinic that had a palliative care unit. There was no consensus on the decision to move Angela, because some team members were convinced that only a very strict regimen at the university clinic could help her survive. The suggestion to refer her came about after the clinical ethicist at the university had a discussion with the director of the smaller clinic, who proposed pursuing a "gentle and humane" approach, involving psychotherapy and general medical care in order to try to allow the patient to decide as much as possible for herself. The director also indicated that later, if the patient still wished for a palliative approach—after she understood that it meant no effort would be used to deal with the anorexia—the option could be revisited. Angela signed a document indicating that she was leaving the university clinic at her own risk.

At the new hospital, the physicians and the psychotherapists developed a plan together with the patient. It included, as recommended, a gentle and noncoercive approach. Angela's parents were never seen alone by the clinicians. Instead, weekly meetings were scheduled together with Angela, her parents, and the clinicians, only when she agreed. This approach was free from a strict regimen or rules within which the team decided every therapeutic step together with the patient. Initially, she improved and gained weight.

As in the university setting Angela proved to be an extreme burden for both the team and other patients. After an interval, she decided that she wanted to try to return to school. However, the director of the school rejected her application on the basis of her low weight.

After several more weeks of gentle therapy, there was no further improvement. The patient finally decided to put an end to all therapeutic attempts and opt for palliative care alone. It was extremely difficult for the team to agree with her decision to reject treatment intervention. However, after long discussions, they went along with the patient, and the palliative approach was initiated. Following this change, there was a shift in the patient's attitude, and she decided—for the first time *truly autonomously*, as she put it—that she *did* want to live and that she wanted to try everything in order to get better. She decided to make the move to a different clinic that specialized in anorexia. After focused treatment Angela managed to gain enough weight to go out on her own, find a shared flat, and return to school.

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