Advocacy and change are irrevocably linked. In fact, the term advocacy suggests that individuals and communities are working to promote change. Additional insights into patient care advocacy can be obtained from the patient advocacy literature.

Virginia Henderson described advocacy as providing health care for people that they would do for themselves, if they had the “strength, will or knowledge to care for themselves” (Halloran, 1996, p. 18). However, other theorists such as Kohnke (1982) suggested that the nurse advocate’s primary role is to inform and support the patient in making decisions. Gadow (1980) and Curtin (1979) cautioned care providers, stating that professionals cannot decide what is in the best interests of the patient unless they understand the individual patient’s values. Zomorodi and Foley (2009) further advised that the “thin line between advocacy and paternalism may be crossed” (p. 1748) when patients are unable to communicate or practice autonomy due to illness or intimidation.

Paternalism is defined as “intentional overriding of one person’s known preferences or actions by another person, where that person justifies the action with the goal of benefiting or avoiding harm to the person whose will is over written” (Johnson, as cited in Zomorodi & Foley, 2009, p. 1747). Paternalism is contrary to the values expressed by the World Health Organization in the Ottawa Charter for Health Promotion (WHO, 1986), including that which affirms that every person has the right to control all factors that contribute to his or her health. Recent authors stress that patients have the right to make their own decisions, even when professional caregivers believe that the decisions are wrong (McKinnon, 2014; Zomorodi & Foley, 2009; Griffith, 2015; Risjord, 2013). This debate between autonomy and paternalism has raged over the centuries, with John Stuart Mill voicing clear support for autonomy almost two centuries ago:
The only purpose for which power can be rightfully exercised over any member of a civilized community against his will is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant. (as cited in McKinnon, 2014, p. 677)