

O'NEILL ON AUTONOMY AND TRUST

Bioethics: Autonomy and Health (Fall 2012)

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REJECTION OF INDIVIDUAL AUTONOMY

- **In bioethics, common to see autonomy as a matter of independent decision and action**
 - [note: 'relational' as O'Neill uses it is not how feminist critics use it!]
- **Could result in choices that are arbitrary or not properly other-regarding**
- **In conflict with trust**
 - "Trust flourishes between those who are liked to one another; individual autonomy flourishes where everyone has 'space' to do their own thing" (25)
- **Individual conception → illusion of patient autonomy**
 - *Volenti non fit iniuria* ("to the willing person, injury is not done")

FORAY INTO MILL

- **Central concern of Mill's: independence from coercive influences and reliance on (social or political) authority**
- **More than mere choice: “Character and individuality require persons to ‘own’ or identify with certain desires” (31)**
- **Problem: How do reflective desires secure more independence on a utilitarian account than spontaneous choosing?**

MOVING AWAY FROM INDIVIDUAL AUTONOMY

- **O'Neill's philosophical project:**
 - **Defend obligations as ethical requirements with structural connection to rights (74-82)**
 - Rights entail obligations; if there are no obligations, there are no rights
 - “takes *relationships* between obligation bearers and right holders, including institutionally defined relationships, as central” (82)
 - **Defend an interpretation of Kant and principled autonomy to ground obligations (83-89)**
 - “large doses of individual autonomy may lead agents to flout principles autonomy [...] principled autonomy is expressed in action whose principles *could be adopted by all others*” (85)
 - **Give an account of principled autonomy as providing the basic requirements of reason (89-95)**

PRINCIPLED AUTONOMY

- **To give and receive reasons, those reasons need to be generally intelligible and adoptable principles for thought/action**
- **To make reasons adoptable, there needs to be restrictions on the principles behind thought/action**
 - **Otherwise, we have “incoherence and isolation” (94)**
- **“in bioethics the task will be to identify ways of living up to these principles in actual circumstances” (95)**

DISCUSSION QUESTIONS

- **What are the limits of individual autonomy? Do you agree with O'Neill that it can do damage to clinician-patient relationships?**
- **What sort of engagement is necessary for trust?**
- **Do you find her interpretation of Kant compelling?**
 - **How could you use the notion of principled autonomy in bioethics?**

QUESTIONS? COMMENTS?
