

Autonomy on the Global Stage

Bioethics: Autonomy & Health (Fall 2012)

Laura Guidry-Grimes



RUIPING FAN'S ARGUMENT

The Problem

- Note: *Principles of Biomedical Ethics* by Beauchamp & Childress has gone through many revisions and editions.
 - Fan is quoting from the 4th edition, which is 18 years old.
- What is at the heart of the principle of respect for autonomy?
 - What is the minimal substantive content?
 - Should East Asian bioethics use different approaches and principles?

The Structure of a Principle

Apply
everywhere?

General and indeterminate principles,
rules, and rights

Specification and
prioritization based on
different cultural/
religious/ philosophical
commitments

Apply to
specific
region?

Principles, rules, and rights that reflect diversity & different
commitments **but still retain minimal content of original precepts**

A Western Principle?

- Autonomy as (nearly) synonymous with self-sovereignty and individual independence
- Prioritization of patients' self-determination over other values and concerns
- “A good decision is one that satisfies an individual's prudent desires, preferences and expectations, no matter whether or not they are in conformity with a set of impersonal values objectively defined” (314~315).



East Asian Conception

- Family as the smallest autonomous unit:

- “Every agent should be able to make his or her decisions and actions **harmoniously in cooperation** with other relevant persons”

AND

- “No harmoniously made decisions and actions should be subjected to controlling constraints by others” (316)

 Harmonious dependence

East Asian Conception

- “It is a Confucian **moral requirement** that one should take one’s family as an autonomous unit from the rest of society, flourishing or suffering as a whole” (317)
- **Objective (and impersonal) conception of the good** outweighs subjective desires, preferences, or expectations
 - Basis in community values
 - Overlapping consensus rooted in Confucian, Buddhist, Taoist, and Shinto beliefs

East Asian Conception: Implications

- Family can be informed first and make initial decision
 - Inappropriate to inform patient directly
 - Family representative should sign consent form
- Both family and patient have the final word on clinical decisions
 - If no agreement, then physician should wait until patient and family negotiate
 - EVEN if patient is competent

Fan's Conclusion

- Minimal content of bioethical principle of autonomy differs for the East and West.
- Crucial implications for decision-making and how the physician respectfully treats a patient
- Left with a “procedural principle of freedom by which every group of people as well as every single individual has freedom to act as they see appropriate, insofar as their action does harm other people” (322)
 - → so two separate principles, both of which should be respected when invoked



ANDREW FAGAN'S ARGUMENT

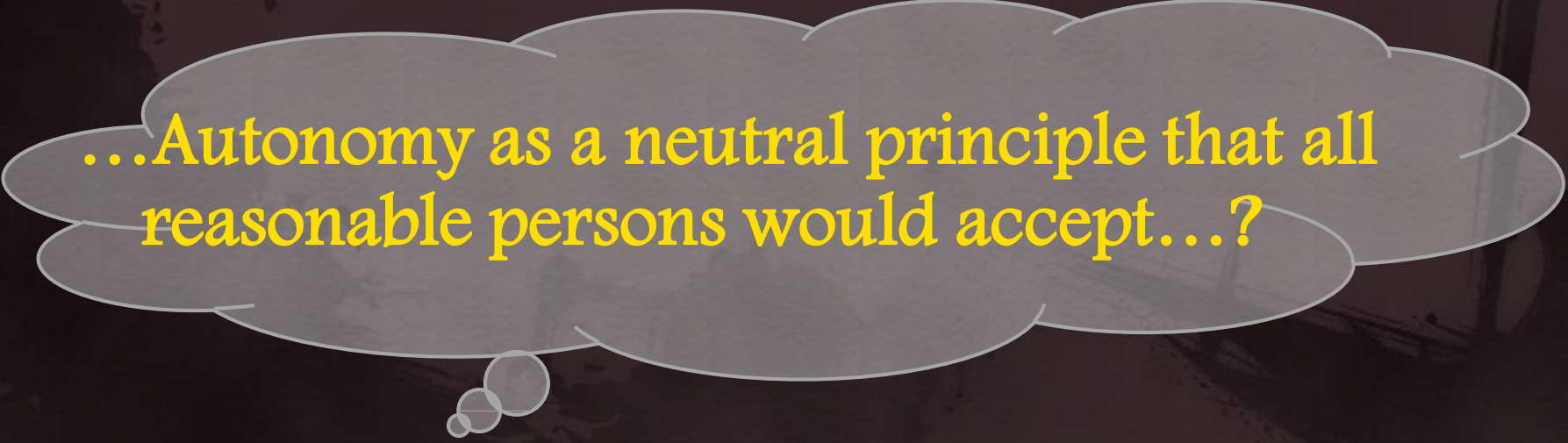
The Problem of Moral Strangers

■ From bioethicist H. Tristram Engelhardt:

■ Profoundly different views of regarding morality of particular action or endeavor

AND

■ No common framework for meaningful and rational resolution



...Autonomy as a neutral principle that all reasonable persons would accept...?

Requirements for Autonomy

- “at the very least, to possess the cognitive ability to rationally deliberate upon the objects of one’s will” (18)
- Ability to decide otherwise
 - capacity + opportunity
 - freedom from coercive/controlling influences

The Problem

- “In determining when the autonomy principle may be legitimately invoked, one must ensure that individuals are not heteronomously complying with the demands of their deepest cultural or religious commitments” (21)
- Oppressive cultures can *significantly* restrict the options available
 - Important to note: This could be an issue in *any* region of the world.

The Problem

- Formal circumstances of decision-making
 - Consider the range and diversity of options
 - Not an issue of what specific options are available
 - “do the *reasons for one’s action* allow for the *possibility* of alternatives courses of action?” (24, emphases added)
 - Is the individual will trumped by the will of the community? Are the results of her deliberation *irrelevant*?

Coercion and the Right of Exit


- If someone's personal identity is constituted by membership in a highly coercive (and oppressive) community, then there is no option to exit that community.
- To lose the community is to lose oneself.
 - → so not a viable, live option
 - “To assume that continuing membership of such a community is an object of the autonomous wills of its individual members misrepresents the relationship” (27)
 - Not all communities or cultures have this effect.

Fagan's Conclusion

- Not promoting paternalism in these communities
- Calling for a “philosophical reassessment of the form and value of the autonomy principle within multicultural societies” (29)
 - Liberal deontological conceptions of autonomy are improperly applied in these contexts.

Discussion Questions

- Has Fan convincingly argued that the minimal content of the bioethical principle of autonomy is fundamentally different in the West and East Asia?
- Do you think that ethical relativism is a serious concern if we give equal weight to Western and Eastern principles of autonomy?
- What do you think is the solution to the problem that Fagan discusses?



QUESTIONS? COMMENTS?