

Bioethics: Autonomy and Health (Fall 2012)

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**INTRODUCTION:  
AUTONOMY AS A  
BIOETHICAL PRINCIPLE**

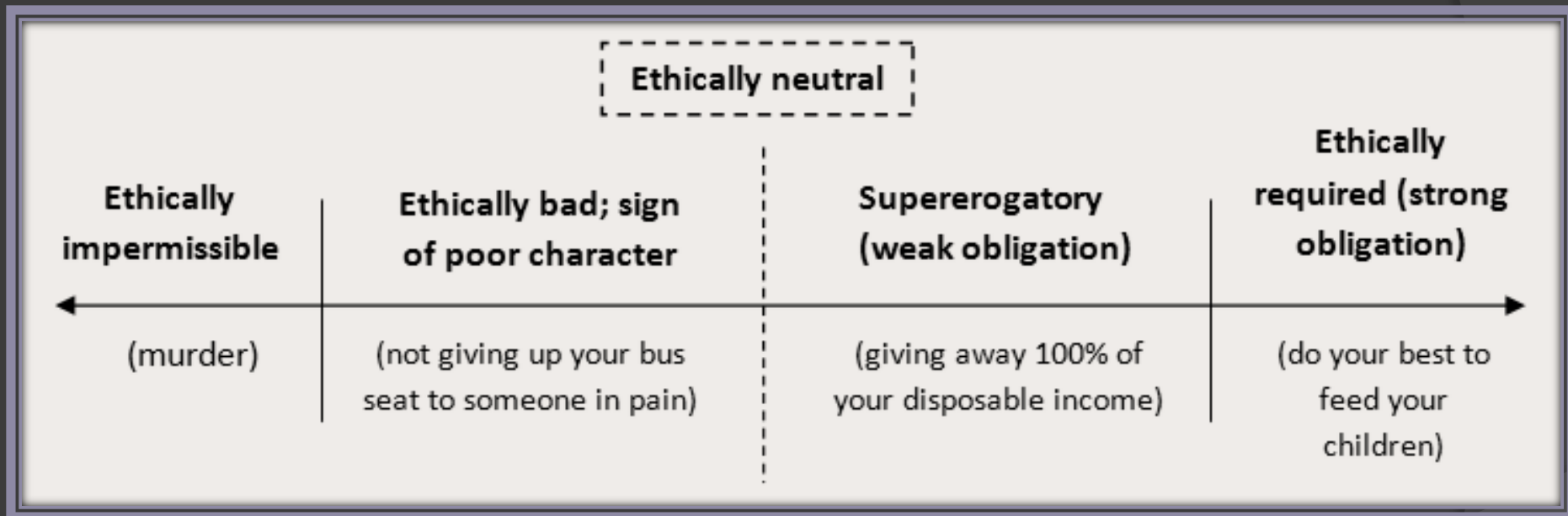
# CASE IN POINT



- ◎ [Breaking Bad, “Gray Matter”](#) (S1E5)
  - (32:58-39:00)
- ◎ When a patient has a terminal illness, are loved ones ethically justified in guilt-tripping the individual to pursue treatment?
- ◎ What types of family pressures are ethically permissible? Which are unfairly coercive?
- ◎ How can family members best respect the individual’s autonomy in this scenario?
- ◎ Do illnesses with poor prognosis threaten a patient’s autonomy?

# USEFUL DISTINCTIONS

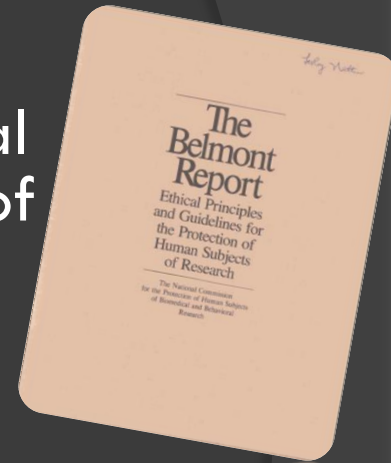
especially for applied ethics...



- *Prima facie* vs. absolute obligations/duties
- Negative vs. positive rights/obligations

# HISTORY OF THE BELMONT REPORT

- ◎ Proximate US events leading up to the Belmont Report:
  - Thalidomide and infant deformities (1950s), Declaration of Helsinki (1964), Tuskegee syphilis study (1932-1972)
- ◎ National Research Act (1974) creates the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research
- ◎ Belmont Report written in 1978
  - Named after Belmont Conference Center—location of initial drafting of report
- ◎ Led to revisions of Code of Federal Regulations ([45 CFR 46](#))
  - Adopted by 14 other federal agencies in 1991 → the Common Rule



# THE BELMONT REPORT

- ◎ Basic ethical principles
  - Cut across moral philosophies
  - No principle is always prioritized over the others.
- ◎ Respect for persons
  - 1) Respect autonomous agents; and 2) protect those with diminished autonomy
- ◎ Beneficence
  - *Strict obligation* to 1) do no harm, and 2) maximize potential benefits and minimize potential harms
- ◎ Justice
  - Equals ought to be treated equally; fair distribution
  - Prevent exploitation (taking unfair advantage of another's vulnerability)

# RESPECT FOR AUTONOMY

## ⦿ Autonomous choice:

- Intentional
- With understanding
- Free of controlling interferences

⦿ “Respect involves *respectful action*, not merely a *respect attitude*. It requires more than noninterference in others’ personal affairs. It includes, in some contexts, building up or maintaining others’ capacities” (103)

# WHAT RESPECT FOR AUTONOMY DOES NOT DEMAND

- ⊙ Rugged individualism or “Western” ideals
- ⊙ Ignoring or overriding all other ethical considerations
  - Respect for autonomy as a *prima facie* obligation
- ⊙ “correlative *right* to choose, not a mandatory *duty* to choose” (105)
  - Allow for transferring decisional authority to others; limiting what information or options are available

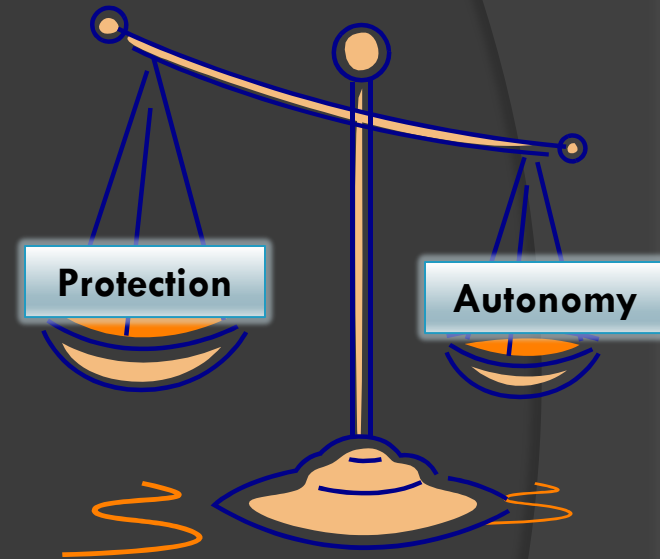
# SOME COMPLEXITIES

## ◎ Solicited consent?

- Express, tacit (by omission), implicit (inferred), presumed
- Specific consent vs. general consent
- Opt-in vs. opt-out

## ◎ Competence determinations are *normative*: “qualifying or disqualifying persons for certain decisions or actions” (112)

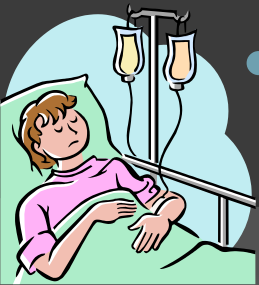
- Task-specific, choice-specific





# DISCUSSION QUESTIONS

- ◎ If you were a physician with a Navajo patient, would you respect his desire not to hear about any negative diagnosis or prognosis?
  - How would you navigate this ethical dilemma?
- ◎ Do you think that female patients at a teaching hospital have consented to pelvic exams by students while anesthetized, merely in virtue of having consented to treatment?
  - If you were the student, how would you respond to being asked to participate in this lesson?



# ADDITIONAL RESOURCES

- ◎ Kukla, Rebecca. “Autonomy.” *Intensive Bioethics Course*. Kennedy Institute of Ethics. Summer 2012.
- ◎ “25<sup>th</sup> Anniversary of the Belmont Report.” Office for Human Research Protections. Archive. 2008 November 13.  
<http://www.hhs.gov/ohrp/archive/belmontArchive.html>
- ◎ “IRB Procedures: History of Ethics.” Claremont Graduate School.  
<http://www.cgu.edu/pages/1722.asp>

**QUESTIONS? COMMENTS?**