



FEINBERG ON AUTONOMY

Ethics: Autonomy and Health (Spring 2014)

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A KEY DIFFERENCE: FRANKFURT VS. G. DWORKIN

(wrapping up from last week)

Higher
order

What I want to want, desire to desire, value about values, believe about beliefs

First
order

Wants, desires, values, beliefs

❖ **Frankfurt:** Need to **identify**, at the higher order, with my first-order wants for my acting on those desires to be autonomous



❖ **G. Dworkin:** Need to have **capacity to raise the question** of whether I will identify, at a higher order, with my first-order desires for my actions to be autonomous



SENSES OF 'AUTONOMY'

- **Capacity**
- **Actual condition**
 - *De jure vs. de facto*
- **Ideal of character**
- **Sovereign authority**

AS A CAPACITY

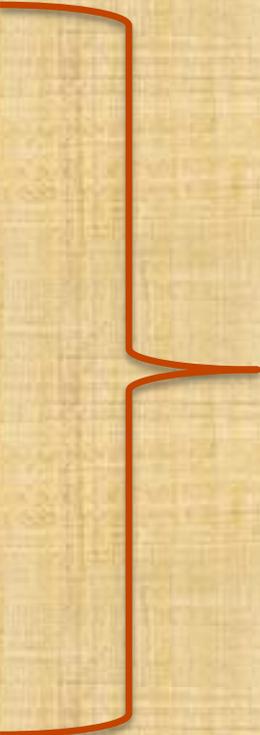
- Capabilities in varying degrees
 - Reasoning ability, ability to understand, extensiveness of personal values, etc.
- Threshold for *competence*
 - Threshold determined by task at hand
 - Everyone above threshold is equally competent for task, though some might perform it more or less well
 - Everyone below threshold is unable to perform task

AS AN ACTUAL CONDITION

- Internal + external factors
 - Opportunities to exercise these capacities (largely a matter of luck and circumstance!)
 - What are some examples of how bad luck can threaten someone's actual exercise of autonomy? How should physicians respond to these instances of bad luck?
- Congruence of virtues tied together through family resemblance relation
 - Causally and conceptually interconnected
 - “corresponding to each is a distinctive way of falling short of the composite ideal” (32)

AS AN ACTUAL CONDITION

- Virtues:
 - Self-possession
 - Individuality
 - Authenticity
 - Self-determination
 - Self-legislation
 - Moral authenticity
 - Moral independence
 - Integrity
 - Self-control
 - Self-reliance
 - Initiative
 - Responsibility for self



**Be careful of over-idealizing
and overrating any of these
dimensions!**

AUTHENTICITY

- Threatened by
 - Conformism
 - Rugged individualism
- “he can and does subject his opinions and tastes to rational scrutiny [...] he can and does alter his convictions for reasons of his own, and does this without guilt or anxiety” (33)
- Do you think clinicians have a moral responsibility to help patients make *authentic* decisions?
 - What if what is authentic, what is morally preferable, and what optimizes the patient’s physical well-being are all in conflict?

SELF-DETERMINATION



- Process of self-development does not require *ex nihilo* self-creation
 - Given set of circumstances → dispositions, unintended socialization and learning
 - Child slowly and gradually contributes more and more up through adulthood
- “Self-creation in the authentic person must be a process of self-re-creation, rationally accommodating new experiences and old policies to make greater coherence and flexibility” (35)

MORAL AUTHENTICITY

- Characterized more by a moral court than laying down the law for oneself



- Weigh and balance interests, obligations, morally salient factors, reasons in favor of viable alternatives

HUMANS AS SOCIAL ANIMALS

“The human world does not and cannot consist of millions of separate sovereign ‘islands’ each exercising his own autonomous choice about what, where, how, and when he shall be, each capable of surviving and flourishing, if he so chooses, in total independence of all the others, each free of any *need* for the others” (46)

DISCUSSION QUESTIONS

- Feinberg argues that moral action, if it is a mindless reflex, is not autonomous, whereas a self-reflectively and intentionally evil person can be autonomous (39). Do you agree?
- Do you agree that, for autonomy to be an ideal, it cannot be the case that the uncommitted person is an “autonomy hoarder”?
 - What is the right amount of commitment?

QUESTIONS? COMMENTS?