

Ethics: Autonomy and Health (Spring 2014)

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**INTRODUCTION:
AUTONOMY AS A
BIOETHICAL PRINCIPLE**

CASE IN POINT



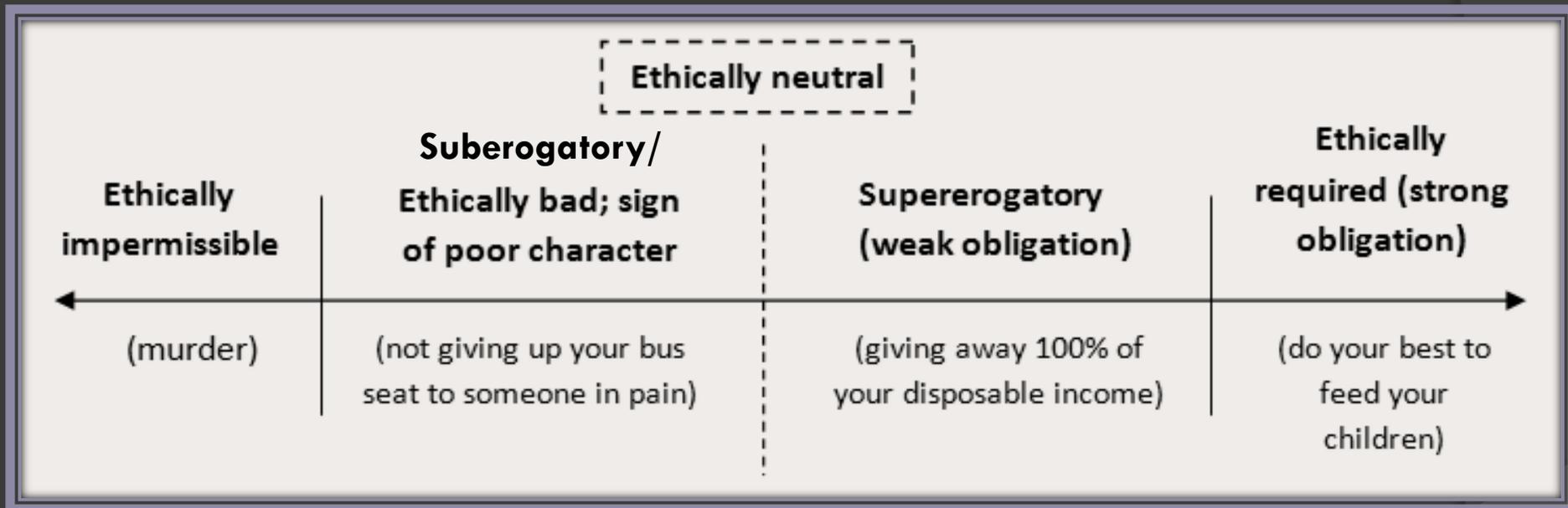
- ◎ [Breaking Bad, "Gray Matter"](#) (S1E5)

- (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?

USEFUL DISTINCTIONS

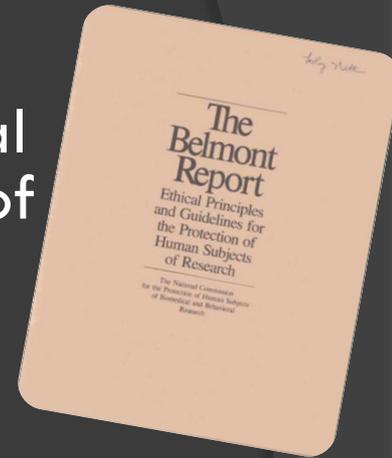
especially for applied ethics...



- *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

- “capable of deliberation about personal goals and acting under the direction of such deliberation” (5)
 - How might this conception of autonomous agency be flawed/incomplete?
- 1) Respect autonomous agents; and 2) protect those with diminished autonomy

THE BELMONT REPORT

“To show a lack of respect for an autonomous agent is to repudiate that person’s considered judgments, to deny an individual the freedom to act on those considered judgments, or to withhold information necessary to make a considered judgment, **when there are no compelling reasons to do so**” (5).



PRIMA FACIE!

- What are some examples, in healthcare or research contexts, where there are compelling reasons to override someone’s autonomy in each of the three ways mentioned above? Are there any uncontroversial examples?

THE BELMONT REPORT

➤ BENEFICENCE

- *Strict obligation* to 1) do no harm, and 2) maximize potential benefits and minimize potential harms
- (Note: B&C break this into two principles: beneficence + non-maleficence)

➤ 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

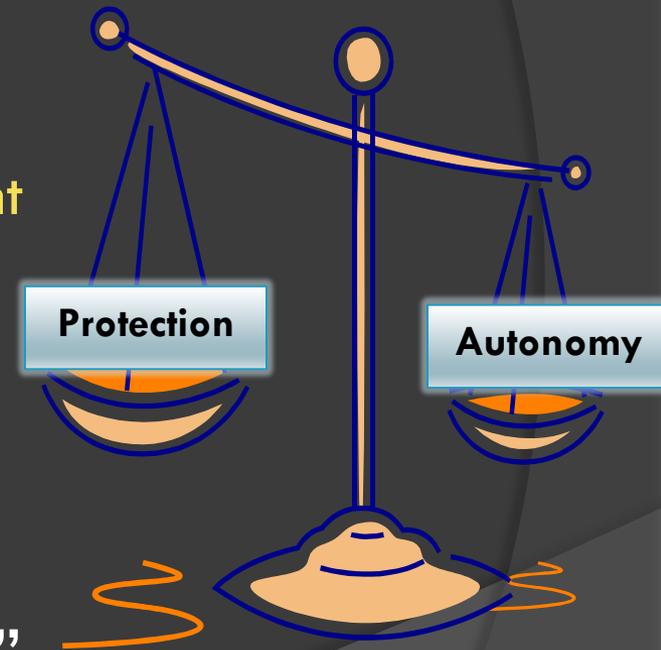
- ◎ “Respect involves *respectful action*, not merely a *respect attitude*. It requires more than noninterference in others’ personal affairs. It includes, in some contexts, building up or maintaining others’ capacities” (103)

WHAT RESPECT FOR AUTONOMY DOES NOT DEMAND

- ⊙ Rugged individualism or “Western” ideals
- ⊙ Ignoring or overriding all other ethical considerations
 - Does not necessarily trump other principles...
 - Do you agree that the principle of respecting autonomy does not immediately carry more weight than the other principles?
- ⊙ “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
 - Do you think some of these forms of consent are so problematic as to be without moral legitimacy?
- ◎ 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.
- ◎ “25th 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?