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Autonomy and Genuine Choice

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Abstract. This short paper would first briefly argue out the reason for the importance of the notion of autonomy in the field of medical ethics. It will then raise two objections against the prevalent view of autonomy in medical ethics, which I argue isolates the agent from the broader necessary context of a shared moral space.

Keywords: Autonomy, Moral Choice, Medical Ethics, Ethics, Moral Agent.

1. Introduction

When I choose to hand my wallet over to a man pointing a gun at me, I do make a choice. That I make a choice is clear from the fact that I will to, and undertake an action from a set of possible alternative actions available to me under the circumstances, even if the available options are curtailed and grim. But as discourse on ethics would argue, such an act of choice would not be, truly speaking, a case of genuine choice. It would not be a real act of choosing or a real choice; a choice that obliges one to respect it[2]. One of the pressing tasks of moral philosophers has been to lay out the precise nature of the qualifier 'real' when attributed to the act of choosing or to a choice. The primordial question, therefore runs like, what makes a choice real or how do we characterize a choice that is genuine?[3]

While addressing this question, philosophers have often transferred the qualifier 'real' over to the agent from the choice. Thus, the most standard practice has been to provide an account of an agent whose choice, by virtue of being hers, becomes a *real* or a *genuine* choice. This move provides the *realness* or the *genuineness* to the choice by virtue of transference, so to speak, transferring the realness *to* the choice *from* the nature of the agent making that choice. Let us call this way of addressing the question of realness or genuineness of a choice the *Transference position*. Thus, in the *Transference position,* the primary locus of the value shifts from the choice itself to the agent who makes such a choice. A move close to this one has been attempted, for instance, by Rebecca L. Walker[4]. However, the Transference position in itself cannot resolve the question of a genuine or a real choice, unless it comes to provide an account of an agent that is characterized such that her choices by virtue of being hers is essentially characterized as real or genuine. In the quest for the characterization of such an agent, the epithet 'autonomous', following Kant, has been the most opted mode of qualifying an agent whose choices would be real or genuine choices by virtue of the agent bearing the mark of being autonomous. Thus, the generally accepted view goes that a real choice is a choice that is autonomous, where the autonomous nature of the choice is transferred from the autonomous nature of the agent who makes that choice. Thus if one marks or characterizes an agent as autonomous, then in this variant of *Transference position*[5] (and the most prominent one among the other variations) a choice becomes real, if it arises out of an autonomous agent[6]. Hence this variant of the Transference position, holds that the necessary relation between an autonomous choice and a genuine choice necessitates not only that

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[2] Of course though one could legitimately raise the question pertaining to the necessity to respect a real or genuine choice in the first place, we pass that important question in this paper.

[3] Of course, the question gathers importance since moral responsibility is held to ensue only of actions that follow out of real choices.

[4] See; Rebecca L. Walker, Medical Ethics needs a new view of Autonomy, *Journal of Medicine and Philosophy*, 33: 594-608, 2009.

[5] Other variation of the Transference position, may for instance, mark the agent as rational. Thus in this version a choice becomes real or genuine if it arises out of a rational agent.

[6] This way of addressing the question of a genuine question, of course, assumes the flow from the notion of autonomy as a capacity of an agent to the notion of autonomy as a product of this capacity to be unproblematic. However, this assumption can be challenged as it blurs the crucial distinction between the conditions of agency and the conditions of action, and consequently seems to blur the distinction between autonomous agents and autonomous actions, and is not as unproblematic as we would suppose it is

autonomous choices demand moral respect but also that moral respect for a choice demands that the choice be an autonomous one, thus restricting, in a way, that only autonomous choices entail moral respect. However, this transference that is deployed also transfers the question from the genuineness of a choice to the notion of autonomy.

An alternative, and the dominant view in circles of medical ethics, to any *Transference position* in addressing the issue of genuineness or realness of a choice, is the view offered by Beauchamp and Childress in their *Principles of Biomedical Ethics*, where this transference is avoided and the question of genuineness of a choice is sought to be resolved by asserting the genuineness of the choice in terms of the choice itself being either autonomous or otherwise[7]. That is to say that the choice is genuine because the choice is autonomous irrespective of the nature of the agent. Of course, the challenge for any such position is to avoid, on the one hand, the invariable falling back upon the notion of the 'chooser' (for instance the notion of 'normal choosers' for Beauchamp and Childress) in an attempt to provide a foundation to the genuineness of the choice (since then it would simply be a variation of Transference position), and on the other hand to keep in mind that the value of a choice, whether genuine or not, must ultimately accommodate the notion of the chooser (agent) that makes the choice for choices as categories do not exist but subsists (we do not have choices without choosers as much as we have qualities without the substratum of these qualities).

What however, remains central to both the approaches, is the notion of autonomy, for it is the notion of autonomy that characterizes, either the agent (as in the Transference Position) or the choice (as in the alternative provided by Beauchamp and Childress), thereby providing the choice the legitimate basis for the respect that such a choice demands. This seems to me, to be the basis for the steady rise in the interest in the notion of autonomy and its historical trajectory in general[8] and in the bio-medical discourse in specific, in the last two decades. Thus, the pivotal question demanding immediate attention in so far as the discourse on bio-medical ethics is concerned boils down to, what precisely are we to understand by the term *autonomy* and its derivative, *autonomous*, when applied as a qualifier to the terms *agent* and/or *choice*?

Following Beauchamp and Childress, the most influential understanding of autonomy in medical ethics seems to entail, at the least, some form or the other of 'self-rule that is free from both controlling interference by others and from limitations, such as inadequate understanding that prevent meaningful choice'. Thus in this view, 'the autonomous individual acts freely in accordance with a self-chosen plan'[9]. Given this primordial characterization of autonomy, it is therefore not much of a surprise that though Beauchamp and Childress themselves have taken utmost care not to, but much of medical ethics, has therefore ended up focusing upon autonomy in terms of the individual's rights. Thus as Onora O'Neill observers, 'much of medical ethics has concentrated on the individual patient, her rights and her autonomy... Topics such as the just distribution of health care within these medical systems, public health and global health distribution have been pushed to the margins in much of bioethics. Perhaps these topics have been marginalized because individual autonomy is viewed as central to medical ethics.' [10]

However, my concern here is not where the focus of medical ethics in particular should be but rather why it cannot focus upon autonomy the way it does where the individuality of the individual gains primordial centrality over all other concerns.

First, which has a more general import, is that, it dislodges the notion of autonomy as a relational term. The notion of autonomy is explicitly relational in the sense that an autonomous agent must be independent of something to even make the term *autonomous* meaningful. But it has a second implicit and a more crucial sense in which it is relational. If the term autonomous is to be used as a characterization that has any moral significance then it must firstly be related to the moral domain. The moral domain precisely presupposes that actions are executed, and that its consequences unfold, in a shared public space. Thus, no moral action can be

[7] Beauchamp, Tom L. and Childress, James. *Principles of Biomedical Ethics,* Oxford University Press: New York, 2005 (5th ed.), p. 58.
[8] See for instance, Gerald Dworkin's *The Theory and Practice of Autonomy,* Jerome Schneewind's *The Invention of Autonomy: A History of Modern Moral Philosophy*, and Karl Ameriks' *Kant and the fate of Autonomy: Problems in the Appropriation of the Critical Philosophy.*
[9] Supra *fn*. 4.
[10] O'neill, Onora *Autonomy and Trust in Bioethics,* Cambridge University Press, 2002, p.4

isolated from this shared space of morality. It is in this sense that if the notion of autonomy is to have any moral significance, then it cannot isolate itself and confine itself to the demarcated space of the individual, and operate in detachment from this intrinsic or structural relation it has with the shared space. It is precisely for this reason that both Kant and Mill, whose works are often taken to be the foundational support both for the employment, as well as flourishing of the notion of autonomy, have emphatically put in provisions of curtailing this possibility of detaching the individual from the shared space of morality. In the case of the writings of the former, the universality of the a moral maxim ensures that the individual remains entrenched within the confines of the shared space in an act of choice, while for the latter, the social and the civic space is a precondition for the possibility of individual autonomy in true sense of the term. Thus, autonomy cannot mean, at the least, centered upon the self. Autonomous choice is therefore not identical to a choice that places the *isolated self* in all its possible existential conditions, but rather a choice that first places the self within the shared moral space. It is in this sense, that Kant for one, clearly and emphatically demarcates the *will*, and acts of *willing* from *desire* and *acts of desiring*. In absence of this, there would be no difference between an action that arises out of a desire and an action that arises out of a choice. In the wholesale and somewhat uncritical application of the concept of autonomy in medical ethics, the distinction between desire and choice has been completely blurred and autonomy seems to be confused with the liberty to fulfill what one desires. The anticipation of this danger, I feel, was responsible for the insistence by Beauchamp and Childress on the criteria of a choice being 'informed' to be an autonomous one, but the notion of 'informed' in practice remains largely confined to the information that needs to be provided to the individual making the choice *about* the individual and ignores the information that is needed to highlight and make the individual understand her choices in terms of the relation of her choice to the shared moral space in which this choice is being made. An action, in this formulation is autonomous and demands respect, if and only if, it is made within the context of this shared moral space. Thus, a patient or a doctor making an autonomous choice must first posit herself as a member within a shared space in the act of deliberating upon her choices if they are to be autonomous. It is also due to this reading of autonomy as pertaining to the isolated individual, that autonomy is wrongly claimed to be the basis of individualism.

The second outfall of this view of autonomy confined to the isolated individual, specifically felt within the domain of medical ethics, is that it tends overlook the potential conflict between the individual's goal and the goals of medicine as such. First and foremost, debates pertaining to the goals of medicine seem to be completely marginalized in the discourse in medical ethics and it seems to be implicitly assumed what these goals are. Secondly, given the fact that bio-medical ethics as a discipline arose as a response to concrete historical practices within the discipline of medicine, both in terms of practice and research, it is important that we understand, evaluate and if needed, re-cast the goals of medicine itself. This is important, for if the autonomous nature of a choice within the field of medical ethics is to be decided then one cannot undermine the nature of the decision with respect to the broad context of the goals of medicine, in which the decision is in fact being made.

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