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ABSTRACT

Autonomy, literally meaning self-rule, is an essential ethical principle, especially within the field of medicine. An individual with autonomy can make decisions on the basis of reflection and deliberation [1]. In general philosophy, autonomy is thought of as "the ability to be one's own person, to live life according to rationale and purpose that are taken as one's own and not the consequence of controlling or distorting outside forces" [2]. Individual autonomy is a notion that cultivates both self-ownership and self-governance and is based on 'respect for persons', which states that all persons have the right "to make their own choices and develop their own life plans" [3]. The scope of autonomy reflects how far-reaching autonomy is, and what its boundaries are. This paper analyses the scope of autonomy in order to achieve greater clarity, and asks if this ethical principle should be superior to the three other principles (beneficence, non-maleficence and justice) rather than just "prima facie".[4] Indeed, if there were to be a single overriding principle at all, should it definitely be autonomy rather than any of the other three? These questions will be dealt with and explored with the aid of medical ethical scenarios which help illustrate the points raised. We will identify what the limitations of autonomy are, and how far-reaching it is, all within the medical context.

Key Words: autonomy; medicine; independence

Introduction

Respect for autonomy is widely accepted as imperative in medical ethics within the Western world. Although there are cultural differences on the importance of autonomy, it is on the whole the scope of autonomy where the conflict lies. Certain medical cases can be sources of dilemma for doctors. This raises the question whether autonomy is only truly respected on the condition that it is the overall absolute principle to be adhered to, or whether respect for autonomy can remain intact without it being a conclusive concept. In order to answer this question, the issue needs to be looked at from different angles. Two aspects in dealing with this subject are in an action-based as well as a situation-based approach [4].

Principlism is an action-based approach that is based on the development of the four principles by Beauchamp and Childress [4]. It applies four prima facie principles [5] ('prima facie' meaning that the principles are binding unless conflicting with another principle) - respect for autonomy, beneficence, non-maleficence, and justice. Beneficence takes into account the patient's best interests, non-maleficence (literally meaning "to do no harm") considers the risks and benefits to the patient, and finally justice is doing what is fair for the patient. Beauchamp and Childress state that these four principles can be used as a starting point in order to justify and make an ethical decision, where all the principles are balanced against each other in order to determine which has the most weight in each case. Casuistry is a situation-based approach where different cases impact on the moral principles chosen, and not the other way round. Therefore, unlike principlism, the starting point for making ethical decisions is to look at other similar cases, and from those, learn how to best handle

the situation at hand. Generally, in medical ethics principlism is preferred to casuistry. This tends to be due to the fact that in medicine every case will be unique in its own way. Even cases that are similar in many respects can have different outcomes due to one small difference between them. Principlism is also preferred in cases where time is an issue, and a decision needs to be made quickly and other cases cannot be looked upon.

Both systems of thought, however, are open to critique. The main disparagement of principlism is the inability of choosing one principle over the other when dispute arises between principles. One could argue that when trying to balance the principles, in the style Beauchamp and Childress advise, the principles become open to interpretation and can become nothing more than principles that can be manipulated to justify a hidden agenda. This lack of solid defining criteria can leave the four-principle approach vulnerable to those with ill intentions. The same can be said of casuistry.

WD Ross [5] makes an effort to give a clearer idea of how to come to a decision when there is conflict between two principles by mixing both the ideas of casuistry and principlism. He asserts that in times where more than one prima facie principle is involved in a situation, the case should be analysed as thoroughly as possible until an opinion is formed where one principle is "more incumbent" than the other. Even with this method, a person's idea of what is "more incumbent" is influenced by any pre-existing judgements or prejudices that they already have.

Scope of Autonomy with Ethical Case Studies

Various ideas of autonomy have evolved from the many philosophical stances on respect for autonomy. From Immanuel Kant [6] to John Stuart Mill [7], the intricacies of respect for autonomy differ depending on whose model you read. The scope is even further widened when culture is brought into play. A whole nation's outlook on autonomy can differ vastly from that of another. In one country you may find that autonomy is strongly based on the rights of the individual, whereas in another you may struggle to see if respect for autonomy really exists at all. Therefore, in instances where these cultures clash, an area of conflict can arise. Here is a possible case which highlights an example of this conflict in dealing with respect for autonomy:

A known Jehovah's Witness arrives in A&E, unconscious, with heavy bleeding from a road-traffic accident. He needs an urgent blood transfusion, as without it the prognosis could be fatal. This particular case touches upon both cultural medicine and capacity. These are concepts that deserve being scrutinized in detail separately; however, they will be briefly discussed here.

It is against the religious belief of Jehovah's Witnesses to undergo blood transfusions. However, there are many factors that come into play for this individual case as well as religion. If the patient was conscious and was verbally communicating to the doctors that he does not wish to have a blood transfusion, then a quick decision would need to be made to determine whether the patient has the capacity to make that choice. Kant [6] believed that autonomy does not embrace those who lack reason. This can be a point of critique, as it narrows the scope of autonomy by eliminating all those without any rational way of thinking. Nevertheless, the respect for an individual's autonomy should still be maintained even if he lacks capacity. Assuming this patient was conscious and had capacity, it could be argued that the patient indeed has no autonomy at all, as he is no longer self-determining and is being led by his beliefs and religion. On the other hand, yielding your autonomy is

indeed an autonomous action in itself. This could be partial or complete, from allowing a doctor to make a decision on your behalf, to allowing relatives to take medical custody of you, or indeed as it is in this case, to giving yourself wholly to a higher religious power. This patient is unconscious which automatically makes him lack capacity at that time, and although we know that he is a Jehovah's Witness, it would be foolish to make assumptions that if he were awake he would definitely refuse a blood transfusion. If there was enough time, relatives could be questioned, and past notes could be studied, to build a clearer picture as to what the patient would want. If time was an issue, then the doctor would have to make a decision based on the four principles.

Autonomy looks to be compromised as it can only be an assumption of what the doctor believes the patient would want. If non-maleficence is thought of, then what actually would be "not to do harm"? Is it doing harm not to give a transfusion and let the patient die, or would it be more harmful to do so and later find out that the patient did not wish this and will have to live with the spiritual consequences of the doctor's action? Beneficence and justice can also be justified either way. Beauchamp and Childress [4] declare that when trying to balance out the principles, a degree of instinct is inevitable, and in a case such as this a person's own intuition will possibly be the true decision maker, and will leave the balancing act of the principles effectively redundant.

The demand for, and refusal of, treatment are also closely bound to autonomy. The following two cases present the issues that can arise due to this. The first case deals with the refusal of treatment that will lead to the death of the patient, and the second considers a demand for treatment in fear of dying.

Dax Cowart was an American pilot who suffered a terrible accident in 1973 where most of his body was severely burned by a propane explosion. The burns had severely disabled Dax, blindness and the loss of his hands being the two most traumatic disabilities. On his way to the hospital he had refused any medical treatment, wanting to die as he believed he would never become his normal self again. He continued to tell the doctors that he did not want any treatment, however the doctors rejected this and forced treatment upon Dax. He was an in-patient for 10 years, and Dax begged his doctors to let him die, however they continued to force treatment upon him which caused him pain and suffering. Dax went on to obtain a law degree, speaking publicly on the right to be allowed to die and still believes that at the time of his accident the doctors should have granted him his wish.

This case occurred in the USA forty years ago. Current GMC guidance [8] in the UK states that if a patient has capacity then he or she has the right to refuse treatment even if it results in death. In Dax's case he was deemed to be lacking in capacity in order to make that decision. His doctors' justification was that he was in too much pain to make a rational choice, yet patients like this are in pain for considerable amounts of time. Should that necessarily mean their autonomy should be compromised because of the pain? Dax's doctors believed that ultimately the ends justified the means. This standpoint can be interpreted as the doctors taking an action in order to satisfy their own moral convictions and not to do what is in the patient's best interest. Kant [6] believed that patients should be treated as ends in themselves, and this gives power in restoring a balance between doctor and patient, by reducing the natural paternalism and inequality in place.

Another possible case is that of a 28 year old female who had a family history of breast cancer. Her mother died of breast cancer, as well as her older sister. She asked doctors for a mastectomy, and did not want to go through any kind of screening or genetic testing. She

didn't see the point in going through those kinds of rituals because she "knew" that she had breast cancer, and was tired of living in fear of finding a lump in her breasts. The doctors refused to do a mastectomy without her going through the initial procedures first.

Mill's [7] version of autonomy is directed towards the wishes and requests of the individual. So from that alone, it could be said that demanding various treatments is within the rights of an individual. In our patient's case her request for a mastectomy was not without any reason and logical thinking, so it is hard from that to deem that she lacks capacity. However, her downright refusal and lack of compromise with the doctors in figuring out a way to solve her problem led to an impasse for the operation she seeks. So does autonomy allow negotiation? After all, the doctors were not against giving the patient the operation, but only on the prerequisite that she undergoes initial tests to see if it is clinically indicated.

Once more, this falls under Kant's [6] idea of treating patients as ends in themselves and not merely means. Even if the viewpoint is taken that the surgery requested was nothing more than an elective surgery, and not a certain life-threatening situation, what is it that makes this case different from someone who wishes to have cosmetic surgery done to his/her nose to make themselves feel better? If the patient has full capacity, then both autonomy and beneficence would be fulfilled if the procedure was to be done, giving the patient peace of mind and respecting her wishes. Conversely, non-maleficence and justice can be argued to be compromised if the patient's request was granted. As with any surgery, there are risks involved in a mastectomy. In this case, the risks could not be assumed to outweigh the benefits since there is no clinical evidence to indicate the need for surgery. In terms of justice and fairness, whether or not to provide a female patient such as this with the resources available for surgery can be questioned when there are other cases for which the need for surgery are clinically indicated, not only for breast cancer, but various other diseases as well.

As stated above, John Stuart Mill's [7] vision of autonomy was firmly based on the liberties and desires of the individual. A unique case of autonomy that is distinct from others is that of the pregnant woman. Cases of respect for autonomy involving pregnant women can be tricky to deal with, taking into account that it is effectively the autonomy of both a female and an unborn child that is at hand. John Stuart Mills [7] declared that self-determination was valid only on the condition that it does not cause harm to others.

This is a necessary factor in autonomy, as an individual's autonomy cannot be adhered to if it is causing direct harm to another or several other human beings. Therefore, let us think of the case of a pregnant woman who refuses to have a C-section recommended by her doctors. She has been told that if she does not have a Caesarean, and continues to go into labour naturally, there is a significant likelihood that her baby could have severe disability and mental retardation. Under current guidance recommended by the GMC [9], a pregnant woman is allowed to refuse treatment that would be beneficial to the unborn child and the rights of the unborn child are not established until it is an independent entity from the mother (ie – until it is born). Using Mill's attitude towards autonomy and the requirement of respecting others to make individual autonomy valid, an argument could be made for a change in guidelines. Of course, the standpoint of those who favour women having the right to choose abortion is that the foetus should not be treated as a human being, rather only as something that has the potential to become one, and so should not be allowed the same rights as a human being. However, in this particular scenario of the mother refusing a C-section, it is not a question of termination, as this potential has turned into a certainty. So does that mean that the mother's autonomy should be denied, due to the fact she is putting

her unborn child at harm? The fact is that if GMC guidance were to allow the pregnant woman's autonomy to be infringed, this could set the precedent for evolution to further possible restrictions as well.

It is obvious that the well-being of the mother and her unborn child are intimately tied to each other, and even though current guidelines states that the unborn child has no rights, this is not to say that respect for autonomy should imply that a decision is made without taking into consideration the effects on the child. In fact some believe that morally, we have duties to those close to us, and therefore believe that relational autonomy [10], as opposed to individual autonomy, is more justified.

Conclusion

So indeed, what is the scope of autonomy in medical practice? We have explored methods of thought such as principlism and casuistry, different ideologies on autonomy and several specific medical ethics cases in order to be able to answer this question. We can now see that autonomy is indeed extremely far-reaching and has many boundaries, but what is most interesting of all is that it is the same things that make autonomy far-reaching which can equally limit it. From a legal, cultural, and humanitarian perspective, these are the factors which enable as well as limit autonomy. We saw that in the case of the pregnant woman, that the principles of guidance from a governing body such as the GMC were facilitating her autonomy, adding strength to her choice which she may not have had if those guidelines were not there. However, in the case of the woman requesting a mastectomy, she had no right to demand to have that procedure from a legal position or from any documented regulatory authority like the GMC, even if she had reasons that justified her wishes. Culturally, depending on the part of the world you are from, your autonomy can be viewed at the highest esteem, or indeed it may be an issue not even worth discussing. Medical procedures are done on humane grounds to help alleviate the patient's illnesses whilst respecting his/her autonomy. In the case of Dax Cowart, it was considered humane to treat the patient against his wishes in order to keep him alive, despite the pain he was in, hence compromising his autonomy. Humanitarianism is also rightly considered as a boundary for autonomy whenever it causes harm to another individual. The scope of autonomy consists of all these concepts which give will to power to individuals, whilst simultaneously setting in place limitations.

In terms of the four principles, it could be posited that autonomy should be regarded at a higher standard to the other three principles and be the principle that guides the others in order to make a decision. In a doctor-patient relationship, the balance of power is naturally shifted towards the doctor. If this position of power was to be abused and the patient's autonomy disrespected then this can damage the doctor-patient relationship and give the patient a sense of distrust towards the doctor. If this attitude was to become widespread, then this would lead to a general lack of trust in the medical profession as a whole, undermining the health care system, and reflecting badly on those who try their best to ensure autonomy is maintained. That is why if the autonomy of a patient is held in a high regard, to the extent that it is leading the other three principles, but not in an absolute sense, the balance in the doctor-patient relationship can be restored, giving a greater sense of equality to the patient. Using this approach doctors could have a clear idea of the first principle that should be looked at, and from there relate autonomy to the other principles. It is often said that there is no right and wrong answer when it comes to ethics, and this at times can make the process of coming to a suitable resolution all the more challenging

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