



Autonomy

Duty and Decision (2)

The previous blog highlighted four cornerstones of clinical ethics – beneficence, non-maleficence, justice, and autonomy. This blog focuses on the last of these.

In the medical ethics literature, an ‘autonomous person’ is typically said to have control over their destiny - i.e. to be self-determining. This means that they can determine what they desire and that out of respect for their autonomy no-one will stand in their way of getting it. The importance of respecting a person’s autonomy is enshrined in clinical practice through the legal requirement for informed consent. This requirement is in turn supported through clinical decision-making frameworks such as Shared Decision Making.

Consent is arguably only one facet of autonomy. In his 2009 book – Ethics: The Heart of Health Care - David Seedhouse distinguishes between respecting and creating autonomy. Whilst the former refers to letting the patient make up her own mind, the latter includes taking steps to support her to unlock the range of options open to her. Seedhouse argues that this places autonomy at the heart of health work. He suggests that this work is most helpfully characterised as removing obstacles in the way of human potential – i.e. supporting people to access the range of choices available to them. He notes that:

“Not all of these [obstacles] can be eliminated by cutting away. Some can be removed only through the provision of something else. For instance, ignorance is an obstacle that can be remedied only by giving information. Work for health, thought of in this sense, is work to enable, work to provide a stage on which to perform. The greater a person’s stage the more movement in life she will have.”

(page 149, parentheses added)

In the image below, the man has six potential options. Let’s assume that four of these doors are locked. In this scenario, respect for his autonomy would be allow him to make the choice about which of the two remaining doors to open. Facilitating autonomy would be working to broaden his choices by supporting him to unlock other doors. This is the approach taken by Care Aims.



Health work is seen as creating autonomy by working with people to develop a shared understanding of what is important to their wellbeing, and how ill health and other factors are impacting on or putting these things at risk. This then sets the scene for co-constructing plans to stabilise, ameliorate, or remove barriers to greater choice. Where this is not possible the aim switches to creating opportunities for comfort with or greater acceptance of risks and adverse impacts.

The next blog looks more closely at two of the other cornerstones of biomedical ethics – beneficence and maleficence. This blog looks at how these are related to the concept of foreseeable risk.