THE IDEAL OF IMPERFECT AUTONOMY

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Autonomy Defined

The term autonomy derives from the Greek words for "self" and "law." It can be understood as the principle of self-direction, self-determination, and self-management. The modern conception assumes that a person who possesses autonomy is rational, satisfies a certain level of intelligence called "capacity," and is not being coerced by outside forces. It is associated in philosophical and political theory with the concepts of free will, choice, and democracy.

Autonomy's Place in Modern Bioethics

Autonomy is one of the four basic pillars of the modern bioethical paradigm, the other three being beneficence (the obligation to help), non-maleficence (the duty not to harm), and justice (the goal of distributing limited resources fairly). Each of these principles has its own justification, constituency, and advocates. The relative importance of each of these principles varies between societies based on their cultural, legal, and religious traditions. In the United States, with its rich libertarian-inflected history going back to the Jeffersonian ideal

of fiercely independent small farmers, as well as the Protestantism of the original colonies, autonomy has a unique potency vis-à-vis the other bioethical principles. That is why, for example, the concept of justice-based rationing of ICU beds or dialysis units (which can be seen as a restriction on autonomy) is more controversial in America than in Britain or Sweden.

Autonomy Is Problematic and May Even Be Reasonably Called "Illusory"

But who is, in fact, rational? Many of us are full of assumptions about the world that conflict with rationalism. A significant portion of the population believes in ghosts and UFOs. Without passing judgment on these beliefs, it's fair to say that they conflict with a rationalist view of the world. Furthermore, there is a large portion of the population that distrusts the "cold" rationality of scientific medicine or suspects a type of conspiracy on the part of doctors, hospitals, AMA, or the pharmaceutical industry. Even among the portion of the population without obviously irrational or conspiratorial beliefs, there is a deep, irreducible irrationality demonstrated through thoughtful studies in the field of behavioral psychology and behavioral economics. In classic experiments with names such as The Prisoner's Dilemma, The Ultimatum Game, and The Dictator's Game, researchers have shown that people repeatedly act in ways contrary to their own rationally calculable best interest, driven by emotional instincts, unacknowledged biases, and misvaluing of information.

And who among us acts unaffected by the coercion of internal or external forces? Who doesn't (at least sometimes) go against their own better judgment to please a loved one? Who is unencumbered by guilt, obligation, or shame so that their decisions, however couched in self-justification, are really the result of hidden coercive factors? Moreover, whose unconscious fears and drives are even known to them?

So who then is truly free? This unanswerable question has troubled philosophers from Greece's Plato to UCSD's Patricia Churchland. Clearly, our actions and thoughts are immensely influenced by genes, in-utero events, early-childhood experience, and chance encounters both good and bad. This leaves very little room — some claim no room — for free will. And yet we feel free. We feel we choose one diagnostic approach over another. Our patients feel they choose the active surveillance over the operative treatment (or vice versa). It's a choice that may feel free, uncoerced, and rational (and thus satisfy the criteria for autonomous choice), but there remain legitimate challenges to the reliability of that feeling.

Like Autonomy, All the Bioethical Concepts Are Flawed

So where does that leave our cherished bioethical principle? Acknowledging these deficiencies in the ideal concept of autonomy does not render it any less important in its interplay with the other primary principles. The problems with autonomy can also be applied to beneficence, non-maleficence, and justice. All of them are riddled by biases, tacit cultural or institutional assumptions, and by frank irrationality. Estimations of beneficence and non-maleficence are beset by the kind of errors in judgment and thinking discussed in detail by Harvard's Jerome Groopman in his book *How Doctors Think*. He posits that the most common mistakes come from the application of readily available but false analogies, a dependency on how things are "supposed" to work, and a denial of uncertainty. Justice — that magnificent concept — is itself hopelessly mired in circular thinking. To say that limited resources are to be fairly distributed in no way helps define "fairly." Definitions of fairness often refer back to "justice." And so the wheel spins, stopped semi-arbitrarily by what a culture has come to define as fair or just.

So we can no more dismiss autonomy than we can any of the other analytic principles of the modern bioethical process. All are flawed and yet each is useful. Autonomy plays its part in the ecology of decision-making by providing a bulwark against excessive domination by the medical care system. Choices that may seem perfectly obvious and ethical to a doctor (that is, satisfying the criteria of beneficence, non-maleficence, and justice) may violate the goals and beliefs of a patient. One common and obvious example is the refusal, on religious grounds, of transfusions by Jehovah's Witnesses. But there are countless others. From my practice, in particular, patients frequently exercise their autonomy by declining "rationally indicated" flu vaccines, colonoscopies, mammograms, and statin medications based on their own worldviews as well as their own "reading of the data."

Two Cheers for Autonomy

Autonomy is an imperfect and imperfectable ideal that deserved two cheers — not the full three of "hip-hip-hooray." Without its protective counterbalance, each of us would be vulnerable to the intrusion and domination by entrenched powers. Our patients would be force-fed our closest approximation to evidence-based medicine whether or not that violated their own beliefs or calculations. Autonomy provides the basis for processes of informed consent, advanced directives, and even of leaving the hospital against medical advice. It is an indispensable feature of medicine as practiced in a democratic society, a bullhorn for voices that can too easily get lost amid the roar of the medical enterprise, a flawed but necessary protector of liberty. **SDP**

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