

# Autonomy in Bioethics

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**Abstract:** Autonomy in bioethics is coming under sustained criticism from a variety of perspectives. The criticisms, which target personal or individual autonomy, are largely justified. Moral conceptions of autonomy, such as Kant's, on the other hand, cannot simply be applied in bioethical situations without moralizing care provision and recipience. The discussion concludes with a proposal for re-thinking autonomy by focusing on what different agents count as reasons for choosing one rather than another course of action, thus recognising their involvement in the decision process.

**Keywords:** autonomy, agentic skills, bioethics, feminism, involvement, particularism, principlism

Autonomy in bioethics is coming under sustained criticism from a variety of perspectives.<sup>1</sup> In what follows, I consider different conceptions of autonomy and argue that either they fail to explain why we should care for autonomy, or their answer to this normative question is tied to conceptions of skillful or moral agency that cannot be imported unproblematically in the bioethical context. The critical argument, which takes up most of the paper, sections 1 to 5, aims to motivate a re-appraisal of autonomy in bioethics. I conclude with some programmatic remarks about the need to re-connect personal autonomy to moral autonomy.

## 1. The Problem

In their 2003 book, *The Perversion of Autonomy*, Willard Gaylin, one of the co-founders of the Hastings Centre for Bioethics and Bruce Jennings, a senior advisor, describe the problem as follows:

Our thesis in this book is that the morality of interdependence and mutual responsibility has been clashing with respect for autonomy with increasing frequency and harshness in the past thirty years and that autonomy has won these clashes too often. ... When obeisance to personal liberty and independence triumphs systematically over relational, communitarian common sense morality, then a set of attitudes, unexamined assumptions, and a political and ethical style and rhetoric develop that we shall refer to as the 'culture of autonomy' (Gaylin and Jennings 2003, 4).

Gaylin and Jennings argue that this culture of autonomy prevents what they call 'common sense' moral responses and cite as exemplary the case of William Black. When Black, a homeless man, is taken ill, his friends call for

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<sup>1</sup> See O'Neill 2002, Burt 2005, and Brudney 2009.

assistance from a nearby hospital. The ambulance arrives, but Black refuses treatment. At this point, his friends plead that intervention is warranted by the severity of Black's condition. The paramedics do not treat Black who dies soon after the ambulance leaves. The example is intended to show how respect for individual autonomy, expressed in this case as respect for Black's decision to refuse treatment, defeats expectations and obligations of mutual assistance.

Gaylin and Jennings run together two distinct issues in this example. The first is what Christopher Coope in a recent essay calls 'automania' (Coope 2009, 183). This is basically a phenomenon of bad practice, consisting in the failure of those who have the requisite expertise to assume the authority their expertise gives them and so also the responsibility, which comes with exercising this authority. The failure is upstream from commitment to the principle of autonomy, because, on this version of the criticism, respect for autonomy is a convenient means used by some professionals, perhaps under pressure from institutional targets or the threat of litigation, to serve a prior end, namely to minimise the weight of their responsibilities. So it is reasonable to suppose that given this end, other convenient strategies can be devised to attain it. Nonetheless, the diagnosis of automania, shows that there is indeed a problem, which consists in a shift of the burden of responsibility for decision-making from the professional to the recipient of advice or treatment who is lacking the requisite expertise and so has no expertise-based authority. As a result the autonomy promoted by this 'do-it-yourself ideal,' as Coope calls it, appears perfunctory. What would modulate, perhaps even reverse, this judgement is showing that respect for individual autonomy acknowledges or preserves some *other* kind of authority that is not expertise-based, but which is both relevant and important. Gaylin and Jennings suggest that this argument is currently missing. This, however, is not a cultural problem, it is unfinished conceptual business.

The second issue is lack of care, which the authors attribute to a 'culture' of autonomy. This is a rather broad diagnosis aiming to draw attention to the deleterious effects of erosion of social and cultural bonds.<sup>2</sup> At its heart is a conceptual puzzle that defenders of autonomy in bioethics have an obligation to address. Autonomy is usually understood as self-determination, which is a relation to self. Ethics, on the other hand, is primarily about our treatment of others and so our relation to others. Understood as a self-relation, autonomy, not only lacks any obvious reference to other-regarding considerations, it actively *excludes* them. The puzzle then is why should it guide our ethics? Compare for example autonomist ethics with self-interest based ethical theories, such as enlightened egoism or Aristotelian flourishing. The latter includes prudential or

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<sup>2</sup> Gaylin and Jennings's analysis of the moral costs of the culture of autonomy has continuities with what Christopher Lasch, writing in the late seventies, called 'culture of narcissism' (Lasch 1979), and Charles Taylor, writing in the late eighties, described as 'narcissistic individualism' (Taylor 1991, 35).

instrumental justifications for complying with moral demands, for displaying virtuous behaviour and for cultivating philanthropic dispositions. By contrast, autonomy appears to encourage minimal interference by others and in the lives of others. This presupposes a rather exalted view of our powers and some would say promotes a perverted image of ourselves as godlike.

## 2. A Defense of Autonomy and a New Problem

The criticisms of autonomy in bioethics appear well-motivated and *prima facie* plausible. The question then is why should the idea of autonomy continue to guide our ethics?

Bioethical cases arise, for the most part, between parties that find themselves in asymmetrical relations of power. The powerful agent can be the state, the medical institution, or the medical professional. The weak agent is the group that is being legislated about, who may be excluded from some services or whose freedoms may be curtailed, or individuals who are already vulnerable, such as patients and their relatives who are the recipients of the professional's decision. Respect for autonomy can play a role similar to the role some rights play, when they are used as trumps to halt intrusions in the individual's life by powerful corporate entities, in a context in which there is no accepted notion of the common good. In a similar fashion, autonomy can be used as a trump-card the individual plays when a decision is made that is contrary to his well-being as he conceives it (Dworkin 1978, xi). A case that is routinely used to illustrate this function of patient autonomy in the context of mental health is the Re C case of 1994.<sup>3</sup> While detained in a high security hospital, a mental health patient developed gangrene secondary to chronic diabetes. Contradicting the doctors attending him, he refused treatment. The court judged that he retained decision-making capacity with respect to life-saving treatment and granted him his refusal.

In this trump-card role, autonomy stipulates non-interference in matters regarding the individual's view of his own good. So the idea is that each should be free to choose their good as they see fit. Why should we go along with this idea? Autonomy as non-interference draws support from John Stuart Mill's 'very simple principle' that "the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not sufficient warrant" (Mill 1989, 13). What justifies adherence to the principle are its consequences for human welfare. Of course, welfare considerations *also* justify coercive intervention. To decide whether the claimant holds a valid trump card or not, we need to look at overall or general welfare. But the very idea of a trump-card presupposes a context in which there is disagreement about how the good may be defined. If the normative foundation of autonomy as non-

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<sup>3</sup> See Stauch 1995 for discussion of the case.

interference is welfare, then appeal to the principle can go in ways that negate autonomy, for example involuntary treatment orders. In practice, conflicts of this sort are left to the law courts to decide. But this practical solution does not relieve us of the conceptual obligation to justify individual autonomy, precisely in cases of competing views about the good.

### 3. A Second Defense of Autonomy and More Problems

Why then should we care for autonomy? Here is the context of our modern concern with individual autonomy as set out by Gerald Dworkin in his groundbreaking paper for the Hastings Center:

The advent of new modes of behavioral technology raises important issues for our understanding of human nature and our moral views about how people ought to influence one another. On the theoretical level we find claims that an adequate explanatory scheme for understanding human behavior can dispense with notions of free will, dignity, and autonomy. On the practical level we are faced with claims of effectiveness, efficiency, and moral legitimacy for methods of influencing people such as operant conditioning, psychotropic drugs, electrical stimulation of the brain, and psychosurgery (Dworkin 1976, 23).

Dworkin argues that we are right to consider these theoretical and practical developments as threats. It matters to us that our choices are our own, it is essential to our identity as agents. Autonomy both names this value and shows how it is realised by describing a relation between the agent and her desires and motivations. For this reason, I'll call this conception internalist.

When we respect someone's autonomy, we recognise the authority of the autonomous agent to judge for herself. This authority is not based on her expertise or wisdom in running her affairs, it is authority she claims merely by virtue of the fact that these are indeed her affairs. In bioethics this person-based authority is worth our recognition John Harris argues, because "*it is only by the exercise of autonomy that our lives become in any sense our own*. By shaping our lives for ourselves we assert our own values and our individuality" (Harris 2003, 11). Securing this sense of 'our own,' however, is precisely what the internalist conception fails to do.

In the original paper, Dworkin offers the formula 'autonomy equals authenticity + independence' (Dworkin 1976, 26). The formula speaks to our pre-theoretical intuitions about autonomy: independence states that our choices should be free from external interference and authenticity that they should be *ours*.

To define independence, we need to identify which influences or conditions are problematically external and so should be resisted. Alert to the fact that features of our ordinary moral lives, such as compassion or loyalty require that our actions be determined to some extent by the needs of others, Dworkin argues *against* substantive independence, which encourages the sort of individualism Gaylin and Jennings deplore. Instead, Dworkin defends procedural

independence by giving a list of hindering conditions such as “hypnotic suggestion, manipulation, coercive persuasion, subliminal influence and so forth” (Dworkin 1976, 28). These conditions aim to define the ‘right way’ of arriving at a decision so that it can count as autonomous. In part then, procedural independence spells out a requirement of agential control, that the agent has power over her will or at least that no-one else does. Even a perfectly controlled agent, however, would not count as autonomous, if her will is shaped by values she takes unquestioningly for granted. So independence is also about avoiding what Dworkin calls ‘false consciousness,’ encouraging critical reflection to identify insidious dependencies that cheat the agent of her autonomy.

The problem is with the standard against which the contents of one’s will are to be judged. The internalist conception can only give us an inner standard, the true or authentic self. There is a trivial sense in which choices we make are ours because we make them. Authenticity is intended to give us a deeper, normatively significant sense of self. We are encouraged to undertake an internal audit to locate this self, but this is an impossible task. Of course, we often say for unimportant things, “that’s not me” and for important things “this is who I *really* am.” But we are also capable of mistaken self-ascriptions of identity because of self-deception or self-ignorance. Dworkin warns that if we insist on a ‘ground-zero’ of agency, we make autonomy impossible. One may add, in support, that the ground-zero view is based on a simply false model of agency as *causa sui*. So we have to start with some motivations and then reflect on them. Standard hierarchical models of personal or individual autonomy, of which Dworkin’s is an early version, are premised on the idea that we make some motivation our *own* by endorsing it. As critics point out, however, it is one thing to have a more or less plausible endorsement account and yet another an explanation why the psychological feature that authenticates the decision is itself to count as authentic, and if it is not authentic, then the question is how non-authentic psychological elements give rise to authentic ones. This is the so-called *ab initio* problem.

Defenders of individual autonomy have adopted two sorts of strategies for getting round this.

The first strategy is conventionalist. Effectively, it does away with authenticity, starting with a basic self, consisting of a bundle of motivations acquired one way or another and an endorsement procedure. The advantage is that there is no need to respond to the *ab initio* problem. The normative weight is shared between decision procedures that are accepted as good or good enough and independence from manipulation, hypnotism, subliminal influence.

The threshold for autonomy is quite low. It is low enough to count as autonomous those who consider themselves to be second class citizens because they have been raised in oppressive environments or respond to peer-pressure. Applied to bioethics this seems to confirm Coope’s original suspicion that such autonomy is perfunctory. But the bioethical autonomist would justifiably object

that this is too hasty a condemnation. Maybe conventionalism leaves something to be desired as a general theory of autonomy, but its weakness can prove a strength in the bioethical context. After all, we are not looking at the whole person, the concern is with specific choices about treatment; it is the choices and decisions about treatment that need to be autonomous. What we want then is a decent endorsement procedure. This is recognised in current practice through the notion of informed consent. The issue now is this: if consent is about signing at the bottom of a form, the perfunctoriness charge sticks. If, on the other hand, we take consent seriously, by recognising and trying to put aright the various distorting factors, including asymmetries of power and of knowledge, impeding social and cultural factors and so on, then we look to define not just an endorsement procedure but a thicker context of advice, discussion, education, advocacy and so on. This thicker context, however, presupposes a substantive conception of autonomy: the agent makes an autonomous choice if she properly and competently reflects on her options, wishes, aims and various facts of the matter.

This brings us to the second strategy, which consists in advocating a substantive conception of autonomy. On the substantive model, the contents of the preferences or values of the agent are placed under normative constraints. These are defined in terms of competencies and skills that stop short of sensitivity and responsiveness to specific values. Some of these competencies include: “well-developed, well-coordinated repertoires of agentic skills” (Meyers 2002, 21) that include introspection, communication, memory, imagination, analytical reasoning, self-nurturing, resistance to pressures to conform and more. Applied to bioethics this is unhelpful because more often than not the putatively autonomous agent is in a vulnerable position that inhibits the exercise of these skills. The threshold here is too high.

At the same time, the indirect reference to contents can have perverse effects: by *modus tollens*, someone is counted as lacking the skills because of the content of her choices. This strikes me as relevant in the case of a refusal of treatment that reached the High Court, in which the patient’s request was challenged on the grounds that she is lacking agentic skills if she seeks discontinuation of her treatment that would lead to her death. Here is an extract from her witness:

I felt that I was being treated as if I was being unreasonable by putting people in this awkward position. I fully accept the doctor’s right to say, ‘I personally will not do it,’ and I respect that position, but I was angered at the arrogance and complete refusal to allow me access to someone that would. I felt my path was being blocked and I was being pressurised to accept this option, to quietly go away conveniently, even though at tremendous cost to me and my family.<sup>4</sup>

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<sup>4</sup> Ms B v An NHS Hospital Trust [2002] EWHC 429 (Fam) 50.

The substantive model of autonomy is underpinned by a conception of what constitutes skillful agency. Autonomous choices are competently considered, ultimately, well-made choices. Because of this, the model allows for maternalistic interventionism; possession of ‘agentic skills’ confers on the agent the right to intervene in the lives of others less skilled than her, second-guessing their true choices. This problem is vividly illustrated in a division among feminist legal theorists who argue that recognition of women’s autonomy requires respecting women’s right to make bad choices and those who argue that certain choices such as consent to prostitution and sex trafficking can never be thought as autonomous.<sup>5</sup>

#### 4. Kantian Autonomy and Its Limits

An important feature of Dworkin's internalist conception of autonomy is the thought that it matters that we recognise and respect individual choice. When I say that such and such decision is *mine* – I ask others to recognise that I made it, I endorse it, I stand by it. These terms describe agential involvement and control. The agent is involved in the exercise of her agency *through* judging something to be the right course of action and she controls the exercise of her agency by shaping her choices in accordance to her deliberations.

Kant's moral theory contains a model of agential determination of ends in light of reasons based on “the idea of the will of every rational being as a will giving universal law” (Kant 1999, 81).<sup>6</sup> He calls this idea autonomy. His is a moral conception. It provides the basis of an objectivist morality; the universalisability test formalises the notion of duty and directs us to reflect about ends we *ought to* make our own – so ‘mine’ is not just any end I have. Unlike the internalist conception, we are asked not to make a special case for ourselves and our interests. The specific Kantian formalisation of this familiar moral content is that we entertain others in our minds not as recipients of our legislative efforts but as co-legislators – as universally legislating wills – and *therefore* as fellow rational beings. The model of agency that supports this moral conception requires only that we are capable of acting for reasons.

However, the reasons that secure a normatively robust sense of involvement and control are moral. This has advantages and drawbacks. The advantage is that the authority we respect when we respect each other’s autonomy has a rightful claim to our respect, it is the authority of morality in our lives. Moral autonomy sits awkwardly within the ineliminably plural aspect of moral deliberations in bioethics. We can neither count on nor enforce free

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<sup>5</sup> Representatives of the first view are Sullivan 2003, Sullivan 2004, Doezema 2005. For the second view see MacKinnon 2005, 242-48, and Auchmuty 2002.

<sup>6</sup> In the Akademie edition, which has become standard for references to the German, the reference is volume 4, page 431. For a more detailed discussion of these claims see Deligiorgi 2012, 6-31.

uptake of moral injunctions. Even assuming such free uptake, the content of the moral duty will, very likely, be intrusively revisionary for some of the agents involved.

Kant does offer also a juridico-political conception of freedom that looks much closer to the non-interference principle we considered earlier: “independence from being constrained by another’s choice” (Kant 1999, 393).<sup>7</sup> Such independence however does not quite fit the bioethical context because it is an answer to a question that is not ours: how is state law justified? Kant’s answer is that it is justified through freedom: as a condition for the formal unification of a plurality of wills that preserves their independence.

Of course, bioethical issues cut across political ones about what is allowable and what is fair. But they are also distinctly ethical, in a way that the justification of state law need not be. Consider for instance surrogate or substitute judgement, when we ask “what would the patient choose?”, the question strikes us with moral force (Brudney 2009, 33). Or consider refusal of treatment cases, when the High Court judges weigh the right of individuals to dispose of their bodies as they see fit and the social duty to protect the sanctity of life, they engage in moral as well as legal deliberation.<sup>8</sup> Additionally, the plurality of wills that are involved in each particular bioethical situation need to reach a decision they actually agree with, because they will have a role in implementing it. Independence understood as freedom to pursue ends I have looks orthogonal to these situations, either because cure or health depends on changing my ends, or because obtaining what I want for health, cure, or some cases death, depends absolutely on the will of others.

## **5. A More Radical Set of Criticisms and an Unsatisfactory Response**

If we are to defend autonomy in bioethics we need access to a normative justification for our conception that explains the intuition that respect for autonomy is recognition of an ethical value, but which does not presuppose or lead to unrealistic expectations of each other.

In a recent paper about end of life choices, reliance on patient autonomy is described as a remedy for “the now discredited reliance on physician autonomy” (Burt 2005, 11). This agonistic way of putting things is interesting for two reasons. First, it reinforces the earlier point about asymmetrical relations of power, reflected here in the perspectival assignments of autonomy, which incur different obligations on the party that lacks it. What is unsettling about this pass the parcel picture of autonomy is that it fails to do justice to the thought that if we care for autonomy we care for it as beings who make choices, whichever position one is occupying in this situation.

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<sup>7</sup> The reference to the Akademie edition is to volume 6, page 237.

<sup>8</sup> High Court case Lord Justice Elizabeth Butler-Sloss Ms B v An NHS Hospital Trust [2002] EWHC 429 (Fam).

Second, it illustrates the point made earlier that the bioethical decision situation involves by necessity a plurality of agents of whom very little can be assumed regarding shared intentions, shared moral convictions, or shared role-based obligations. Parties in the bioethical situation start with already prescribed sets of rules (contracts, institutional, professional and so forth). Bioethical principles will have to sit atop these rules that already determine what each may do.

Because of these features of bioethics, radical critics have urged that we do away with ambitious theory building or what Annette Baier calls the 'vault' view of moral theorising, that is a "fairly tightly systematic account of a fairly large area of morality with a keystone supporting all the rest" (Baier 1987, 55). Autonomy based bioethics fit this type of theorising because they place one principle, autonomy at the heart of the theory. The cost, Baier argues, is neglect of the particularities that give each case its specificity. In a similar spirit, Margaret Urban Walker criticises the practice of 'armchair' bioethics and 'decontextualised arguments' and advocates that we resist the 'pull to purity' in moral theorising that has affected bioethics (Walker 2008, 7).

Walker recommends a naturalised bioethics which is an ethics "committed to understanding moral judgment and moral agency in terms of natural facts about ourselves and our world" (Walker 2008, 1). It turns out that 'natural' here is intended to include social, economic, and cultural facts because we are naturally social beings. This pragmatic naturalism offers an entry point for feminist considerations about the inequality of openness of these social 'circuits' and the failure to treat people "under conditions of comparable respect and credibility" (Walker 2008, 3). The upshot is a feminist naturalised bioethics that rejects the 'characterisation of moral reason as timeless and universal' and is sensitive to 'situated discourse'. Walker is not prescriptive about the method of such ethics, but overall the advice is that moral thinking should be driven by the specifics of the case, be critical and empirically informed.<sup>9</sup>

The issue then is not theory-building as such. After all, moral theories do not arise in idleness, they arise because we confront problems that drive us to think deeper about our commitments and those of others, to try to find what if anything is justified, good or true even. Ordinary common sense is a fine guide, but sometimes it is not reliable or ought to be revised, which is the point of Walker's insistence on the importance of critical reflection on our assumptions. Baier and Walker are not anti-theory just against the immodesty of a certain type of theory-building. In arguing for an alternative approach, they are raising a deep question about how we deal with moral situations, how we recognise that a moral response is demanded of us and what resources we bring in responding.

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<sup>9</sup> Walker characterises the contributions in the volume as "self-reflexive, socially inquisitive, politically critical, inclusive" (Walker 2008, 5), which would fit any number of different sorts of ethics and bioethics. See too her earlier monograph Walker 2007.

They offer a contextualist and particularist approach against a principle-based approach.

What is wrong with a principle-based approach? First, we do not think morally in terms of principles (Baier). Second, we should not think morally in terms of principles; decontextualised theorising ignores large parts of our moral life and essential features of it such as relationships and the values that define them (Walker). Third, principles commit us to an inferential model of practical reasoning which is false, and more generally, principles do not seem to be very useful when we judge specific cases (Baier, Walker).

The first point is perhaps the weakest. It is hard to see how one can accept it, for patently we do think morally in terms of principles, or some of us do some of the time. The claim would have more weight if it stated that although we *take* ourselves to be using principles (e.g. “do as you would be done by”), in fact these principles play no actual role in our deliberations. This would require an account of our deception, when we think we are using principles, but nothing like this is on offer here.

The second point is easy to respond to because some principles, such as “love thy neighbour,” “honour your father and mother,” are just formalisations of relationships in terms of values (love, honour). So there is no antagonism here between approaches. Of course, principles are purposely designed to abstract from the particulars of the situation in order to be useful. They do not capture the rich texture and nuance of our moral life, because they are not meant to.<sup>10</sup>

This brings us to the question, what use are principles for? This links with the third point against principles, namely that they commit us to a false picture of practical reasoning. Principles come in different forms and with different content, some look like rules “do this,” some look like facts “x is wrong.” We can think of principles as tools for unifying disparate cases. This is how they are supposed to provide guidance: when something is uncertain, we can use the principle to make our way into the unknown. In this way, they can be used by individuals and groups to steady outcomes and firm up expectations of consistency. In addition, they can perform a useful testing role enabling us to gain reflective purchase on our moral intuitions. Of course, other things too can perform this role, heeding other voices, attending to stories, examples and so on. But the point of this brief discussion of principles is that they can be part of a reflective process, which both Baier and Walker applaud, and they can also be reasons to which the agent responds directly without engaging in moral inferences.

A currently popular defense of autonomy in bioethics offered by proponents of ‘principlism’ favours so-called midway principles. The purported

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<sup>10</sup> The application of principles is obviously a matter of context. So a principled approach is not ex hypothesis contrary to reasons holism, a position to which both Baier and Walker subscribe and which states that reasons that are good or bad in one context need not be so in another context.

advantage of these principles is that they are midway between formal and substantive. So they do not fall foul of the earlier criticisms of substantive autonomy, yet can accommodate the criticisms coming from a particularist perspective. Principlism aims to help us first of all recognise something as a moral problem and secondly offer guidance for how to deal with it. It is not intended as a general theory of the vault type, on Baier's classification. It is designed from the start with a plurality of principles, "respect for autonomy, non-maleficence, beneficence (including utility or proportionality), and justice, along with such derivative principles or rules of veracity, fidelity, privacy, and confidentiality" (Beauchamp and Childress 1994, 12). These principles are not to be seen as providing foundations for the theory. In addition, these are not justified *a priori* but empirically, the authors claim they are historically important, shared widely and embedded in moral thinking especially in the medical profession. This fits Walker's empirical sensitivity recommendation and also what Emerich says about the role of bioethicists, since the proponents of the theory identify principles that are 'generally held moral values' and formalise them to help guide practical thinking. Finally, these midway principles are to be seen as non-absolute; they are rules of thumb, which means that if one of them is ignored, then the agent is under obligation to justify herself. Other things, such as how they are ranked or which are most appropriate in judging a case, are, as Urban Walker urges, to be decided in context, so the principlist moral discourse is, despite its name, a 'situated discourse'.

Unfortunately the midway approach faces by now well-rehearsed difficulties. One concern is that the four core principles are not in fact as widely shared as the authors suppose.<sup>11</sup> The position is intended to be flexible enough to fit different value contexts up to a point while overlaying them with a set of principles rooted in professional practice. But here a more urgent problem arises about shareability. Principlists do not claim that all morality is contained in their four principles, but they do claim that our common morality binds us. This means there are going to be considerations not caught by the principles which are nonetheless binding for some of the agents involved in the bioethical situation. In such a case the extra values and principles will not get recognised as such, and perhaps the moral import of the situation won't get recognised. If they are, then we can add *ad hoc* values and principles hoping for the best, or a way is sought to connect these extra values and principles to the four core ones. Whatever the prospects of these amendments it should be obvious the possibility of these alternatives is damaging for the claim that the four principles offer a moral framework for bioethics.

The problem is with the very nature of mid-way principles: they are the upshot of a negotiation that is supposed to be done and dusted *before* we start on the specifics but which for the reason just mentioned never is.

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<sup>11</sup> These criticisms are carefully detailed in Walker 2009.

## 6. A Possible Way Forward

Kant's moral conception of autonomy stands apart from the other models we discussed because it links the demand that we should respect autonomy to the recognition that morality obligates us. This is a robust answer to the original normative question about why autonomy should guide our ethics and therefore have a role in bioethics. The problem with drawing directly from the Kantian source is that the model is prescriptive on the grounds of the objectivity and universal appeal of the moral demand. For reasons well-rehearsed in the literature, these grounds are not in fact shared by all those who find themselves in the sort of situations tackled by bioethicists. On the other hand, without a foundation in a moral conception, autonomy cannot be normatively secure. I conclude here with some programmatic remarks about one way in which this link can be established without ignoring the pluralism characterizing bioethical cases.

A key element of Kantian autonomy is agential involvement; the agent is acting on *her own* reasons. Involvement is essential if the agent is to *own* her action. As we saw earlier, not everything the agent decides counts as her own; the agent is under obligations of reflection to figure out what morality demands. This morally demanding conception of what is to count as properly the agent's own makes use of a thinner conception of what it is to act on reasons: the agent considers facts she judges to be relevant and then takes some as reasons for her choice to pursue some end.

Though fairly minimal, this interpretation of autonomy allows us to envisage a normative situation that accommodates a plurality of wills, each *starting* with no prejudgement about the facts that are reasons for them. The facts that are reasons for each of the affected agents should be allowed to count *prima facie* in the decision making. So unlike the pass the parcel picture we encountered before, autonomy as involvement is applicable to all relevant parties (noting that some of the facts that are reasons for some participants include facts about who should be included in the decision making). In addition, the model allows and indeed encourages negotiation, advice and so on, which were attractive features of the substantive conception of autonomy without cutting off those who lack 'agentic skills.' In short, it does justice in practice to the basic intuition, which motivates Dworkin's original paper, that there is something about the mere self that is worth respecting, without committing to the problematic internalist model.

A practical advantage is that involvement connects with a good deal of current practice so it is not unduly revisionist, it merely sets current practice in a different theoretical framework by focusing on what different agents count as reasons for choosing one rather than another course of action. On the other hand, the co-operation for the purpose of meshing agents' aims that autonomy as involvement encourages is quite demanding, not least psychologically since it is hard to recognise as reasons the reasons of those with whom we share very little.

In addition, empowering those involved in decision making, especially those who are vulnerable and feel powerless, is time and resource-taxing. But these practical difficulties attend all serious joint attempts to figure out what the right thing is and to do it. Importantly, nothing *secures* the co-operative meshing of ends, because some facts that count as reasons for some of the relevant parties will not issue into actions, so some ends will be thwarted. As a result, some views of the good, as in the Millian model, shall prevail while others not, and some instances of maternalistic intervention will be allowed while others not. This is just a function of the pluralistic model we start with. On the other hand, involvement is much more promising, I think, in recognising the need for ownership of the decision by the agents involved and explaining why such ownership should be respected.

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