

Introduction

Personal autonomy is often lauded as a key value in contemporary Western bioethics.¹ Indeed, on their widely endorsed ‘four principles’ approach to biomedical ethics, Beauchamp and Childress propose that the principle of respect for autonomy is one of four fundamental principles of biomedical ethics (alongside the principles of beneficence, non-maleficence, and justice).² The concept of autonomy is also commonly understood to undergird the doctrine of informed consent, a doctrine that is invoked ubiquitously in contemporary bioethics.

In light of this, it should come as little surprise that considerations of autonomy are salient in a wide array of contemporary bioethical questions. To take just a small sample, debates about the moral permissibility of euthanasia,³ gene-editing,⁴ so-called ‘sin taxes’,⁵ mandatory vaccination policies,⁶ markets for human organs,⁷ genome screening,⁸ and involuntary psychiatric treatment⁹ all turn to a significant extent on arguments about personal autonomy. Furthermore, the emergence of new neurotechnologies that can modulate neural circuits associated with thought, behaviour, and mood are raising important new questions about autonomy and its value in contemporary bioethics.¹⁰

¹ For example, see Gillon, ‘Ethics Needs Principles—Four Can Encompass the Rest—and Respect for Autonomy Should Be “First among Equals”’; Beauchamp and Childress, *Principles of Biomedical Ethics*; Smith, ‘The Pre-Eminence of Autonomy in Bioethics’. However, for non-Western perspectives of autonomy’s value, see Yang, ‘Serve the People’; Kara, ‘Applicability of the Principle of Respect for Autonomy’; Foster, *Choosing Life, Choosing Death*, 11.

² Beauchamp and Childress, *Principles of Biomedical Ethics*.

³ Brock, ‘Voluntary Active Euthanasia’; Velleman, ‘A Right of Self-Termination?’

⁴ Habermas, *The Future of Human Nature*; Pugh, ‘Autonomy, Natality and Freedom’.

⁵ Barnhill and King, ‘Ethical Agreement and Disagreement about Obesity Prevention Policy in the United States’; Green, ‘The Ethics of Sin Taxes’.

⁶ Grzybowski et al., ‘Vaccination Refusal’.

⁷ Annas, ‘Life, Liberty, and the Pursuit of Organ Sales’; Rippon, ‘Imposing Options on People in Poverty’; Jaycox, ‘Coercion, Autonomy, and the Preferential Option for the Poor in the Ethics of Organ Transplantation’.

⁸ Andorno, ‘The Right Not to Know’; Harris and Keywood, ‘Ignorance, Information and Autonomy’.

⁹ Dickenson, ‘Ethical Issues in Long-Term Psychiatric Management’; Rudnick, ‘Depression and Competence to Refuse Psychiatric Treatment’; Tan et al., ‘Competence to Make Treatment Decisions in Anorexia Nervosa’.

¹⁰ Maslen, Pugh, and Savulescu, ‘The Ethics of Deep Brain Stimulation for the Treatment of Anorexia Nervosa’; Kraemer, ‘Authenticity or Autonomy?’; Sharp and Wasserman, ‘Deep Brain Stimulation, Historicism, and Moral Responsibility’; Pugh et al., ‘Brainjacking in Deep Brain Stimulation and Autonomy’.

How we conceive of autonomy has highly significant practical implications. If an individual is deemed to be autonomous with respect to a decision, then that decision is often taken to have considerable weight in bioethical discussions. For instance, it is widely accepted that if a patient has made an autonomous decision to refuse treatment, then this decision typically ought to be respected, even if we believe that this decision is contrary to the patient's best interests. In contrast, if an individual is not autonomous with respect to a decision that will have harmful consequences for them, then it is far less clear that this decision ought to be respected. This is of course a descriptive, rather than prescriptive point at this stage; however, it is undeniable that autonomous persons are typically understood to have a considerable (although not complete) sphere of authority over self-regarding matters in Western bioethics. To use Ranaan Gillon's memorable phrase, although the four principles of biomedical ethics are (in theory) meant to have equal weight, the principle of autonomy is commonly understood to be 'first amongst equals'.¹¹

As such, in developing a theory of autonomy, we are walking a tightrope between two errors, each with a significant cost.¹² Most obviously, a theory of autonomy might be deficient because it renders the standards of autonomy too demanding. An overly demanding conception of autonomy would lead to 'false negative' judgements that would serve to deny decision-making authority to individuals whose decisions should warrant respect. However, a theory of autonomy can also be deficient if it fails to make the standards of autonomy sufficiently demanding. Such a theory would lead to 'false positive' judgements that would grant authority to potentially harmful decisions, without the justificatory evaluative force of autonomy.

Accordingly, there is a great deal at stake in trying to develop an adequate understanding of autonomy. Yet, autonomy is an ambiguous concept that has lent itself to a plethora of different uses in moral philosophy.¹³ Indeed, the ambiguity of the concept has led contemporary bioethicists to reach divergent conclusions about bioethical issues (such as those listed above) in which autonomy related concerns are salient. Moreover, abstract philosophical discussions about autonomy in a broadly metaphysical sense are often divorced from the concerns about autonomy that are raised by the clinical realities of medical decision-making in practical contexts.

In particular, there has been considerable disagreement amongst theorists about the relationship between autonomy and concepts such as rationality and freedom. Over the course of the development of bioethics, the claim that there is an important relationship between autonomy and rationality has sometimes been treated as quite uncontroversial, and perhaps even obvious. Nonetheless, as I shall go on to explain, a number of theorists have vehemently objected to the apparent inherent elitism of supposing that rationality lies at the heart of autonomy.

¹¹ Gillon, 'Ethics Needs Principles—Four Can Encompass the Rest—and Respect for Autonomy Should Be "First among Equals"'.
¹² Herring and Wall make a similar observation in Herring and Wall, 'Autonomy, Capacity and Vulnerable Adults', 698.

¹³ See Arpaly, *Unprincipled Virtue*, 118–25 and Dworkin, *The Theory and Practice of Autonomy*, 3–6 for surveys of the different understandings of autonomy in the philosophical literature.

Furthermore, this ambiguous treatment of rationality and autonomy is also reflected to some extent in medical law. On the one hand, the recent Montgomery ruling governing standards of disclosure in cases of medical negligence in England and Wales explicitly appeals to the concept of rationality in outlining its standards of information disclosure; information is deemed to be material if a 'reasonable person' in the patient's position would be likely to attach significance to that information, or if the doctor should reasonably be aware that the particular patient would be likely to attach significance to it.¹⁴ In contrast, it is instructive to compare this feature of medical law in England and Wales to Lord Donaldson of Lymington's famous judgment that competent patients have an absolute right to choose whether to consent to medical treatment, regardless of whether '... the reasons for making the choice are rational, irrational, unknown or even non-existent'.¹⁵

Whilst not contradictory, these two features of medical law certainly evidence something of a tension regarding the relationship between rationality and autonomy. The tension is exemplified even more clearly when we contrast the Donaldson judgment with the approach to mental capacity enshrined in the 2005 Mental Capacity Act of England and Wales. This approach seems to implicitly incorporate considerations of rationality in claiming that mental capacity requires the ability to 'weigh' information that is relevant to a treatment decision. Indeed, in a recent case, judge Jackson J concluded that an individual suffering from anorexia nervosa lacked capacity to refuse treatment because her:

... obsessive fear of weight gain makes her incapable of weighing the advantages and disadvantages of eating in any meaningful way ... The need not to gain weight overpowers all other thoughts.¹⁶

Cases such as these raise a descriptive legal question of whether patients do have an absolute legal right to make even irrational decisions concerning consent to treatment (as Donaldson contends). Yet they also raise the moral question of whether they *ought* to have such a right. I shall explore this question in more detail later in the book. At this point though, I simply observe that the tensions alluded to above arguably reflect deeper ambiguities in medical law, philosophy, and bioethics about what we mean to capture when we invoke the concept of rationality, and how different conceptions of rationality are understood to relate to autonomy and its value.

My aim in this book is to outline a more fully developed account of how we may plausibly understand one conception of rationality to play a significant role in an account of autonomy that can be usefully invoked in bioethics. In doing so, I shall attempt to unite some disparate threads in the literature on different aspects of autonomy, and seek to present a unified theory of the concept, one that can elucidate the relationship between autonomy, rationality, and freedom, and the nature of forms of influence that can subvert autonomy. In this introductory chapter, I shall

¹⁴ *Montgomery (Appellant) v. Lanarkshire Health Board (Respondent)* (Scotland). See also *Canterbury v. Spence* (464 F.2d 772) 1972.

¹⁵ *Re T (Adult: Refusal of Medical Treatment)*.

¹⁶ *Re E (Medical Treatment Anorexia)* EWHC 1639 (COP) at [49].

make some preliminary remarks about the nature of autonomy broadly construed, and delineate what has been termed the ‘standard view’ of autonomy in the bioethical literature. I shall conclude by explaining the framework that I shall adopt in developing my own rationalist account of personal autonomy.

1. Introducing Autonomy

The term ‘autonomy’ is derived from the Greek ‘autos’ (self), and ‘nomos’ (law); as such, the concept that the term ‘autonomy’ aims to capture seems to be, broadly speaking, the property of self-government.¹⁷ Accordingly, as a preliminary observation, we might say that in investigating the nature of autonomy, we are investigating what it is for an agent to be self-governing.

Even this formulation might be understood to be making an important presumption, since it assumes that autonomy is a property of *agents*. Although Gerald Dworkin has averred that this is one of the few claims that autonomy theorists agree upon,¹⁸ in developing what has come to be seen as the standard account of autonomy in bioethics, Beauchamp and Childress primarily focus their discussion of autonomy as a property of choices or actions rather than agents.¹⁹ I shall argue below that these differences in our understanding of what autonomy is a property of more plausibly reflect a distinction between autonomy in a *local* sense, and autonomy in a *global* sense. For the purposes of this preliminary discussion, I shall assume that autonomy is a property of agents, and that a choice can be autonomous only in a derivative sense, in so far as it is made by an agent who is autonomous with respect to it.

What then is it for an agent to be self-governing? Immanuel Kant famously claimed that in order to be autonomous, an agent must be governed by her *noumenal* self, that is, the self as it is conceived as a member of the transcendent realm of pure reason, and not the self as a member of the phenomenal realm, in which it is subjected to external causes according to Kant’s dualist metaphysics. It is worth noting three features of the Kantian account, as it is commonly understood.²⁰ First, on Kant’s view, the autonomous agent is not moved to act by their desires; on the contrary, this would be the paradigm of heteronomy on the Kantian account, since desires represent contingent external causes on the will in Kant’s metaphysics.²¹ Second, autonomy is an inherently *moral* concept for Kant, since on his view pure reason demands that agents act in accordance with the Categorical Imperative. Third, autonomy is a property that undergirds the unique value of human life on the Kantian view; as autonomous agents, humans are understood to have dignity, a non-fungible objective value beyond mere price.

Onora O’Neill has set out a detailed account of the role that Kantian autonomy can play in bioethics, in particular how such ‘principled autonomy’ can provide the basis

¹⁷ Dworkin, *The Theory and Practice of Autonomy*, 12.

¹⁸ *Ibid.*, 6.

¹⁹ Beauchamp and Childress, *Principles of Biomedical Ethics*, 102.

²⁰ These are at least features of Kant’s account on orthodox understandings of his view. For an alternative see Herman, *The Practice of Moral Judgment*.

²¹ See Hill, *Autonomy and Self-Respect*, 30.

for our interpersonal obligations, and in turn a framework for human rights.²² However, as O'Neill points out, the conceptions of autonomy that many bioethicists invoke in their discussions are decidedly un-Kantian, instead taking their lead from John Stuart Mill's views regarding liberty and individuality.²³ *Pace* Kant, many contemporary theorists understand an agent to be autonomous if they direct their decisions in the light of their own desires, without the controlling influence of others;²⁴ notice that on this understanding, an autonomous agent's desires can have non-moral content.

O'Neill suggests that contemporary admirers of personal autonomy in bioethics '...crave and claim Kantian credentials'.²⁵ Whether or not this is true of others, I want to quite clearly state that, despite my interest in the role of rationality in autonomy, I neither crave nor claim Kantian credentials for the theory that I shall develop here. As I shall explain in more detail below, in this book I shall be interested in a Millian, rather than Kantian understanding of autonomy and its relation to rationality.

Before setting the Kantian approach aside though, it is worth noting that Kant's is a *substantive* account of autonomy, in so far as it stipulates that the choices of autonomous agents must have certain (on Kant's account, *moral*) content. According to substantive accounts of autonomy, an agent is not autonomous '...unless she chooses in accord with certain values'.²⁶ We may contrast substantive accounts of autonomy with *procedural* accounts; according to procedural accounts, the question of whether an agent is autonomous with respect to a particular decision depends on the manner in which they came to make that decision. The precise details of the sort of decision procedures that are indicative of autonomous decision-making will differ from theory to theory; however, the key point is that procedural theories do not claim that the autonomous agent's choices must have a particular *content*.

In this book, I shall develop a procedural theory of autonomy. There has admittedly been a revived interest in substantive theories of autonomy in recent years.²⁷ As I suggested above, Kant believed that autonomy requires that agents act in accordance with pure reason, and that this implies a substantive account of autonomy, in so far as reason demands that agents act in accordance with universalizable moral maxims. In contrast, modern-day philosophers who endorse substantive accounts have accepted a metaphysical claim that Kant denies here, namely that acting in accordance with one's desires can be compatible with autonomous agency. Instead, they have rejected procedural theories for other reasons. For instance, some feminist philosophers reject procedural theories on the basis that agents who make their choices in accordance with such theories might still lack autonomy because their

²² O'Neill, *Autonomy and Trust in Bioethics*; see also Velleman, 'A Right of Self-Termination?'; Secker, 'The Appearance of Kant's Deontology in Contemporary Kantianism'.

²³ O'Neill, *Autonomy and Trust in Bioethics*, 30.

²⁴ Taylor, *Practical Autonomy and Bioethics*, xiii.

²⁵ O'Neill, *Autonomy and Trust in Bioethics*, 30; see also Foster, *Choosing Life, Choosing Death*, 7–8.

²⁶ Friedman, *Autonomy, Gender, Politics*, 19.

²⁷ For an insightful discussion of this development, see Dive and Newson, 'Reconceptualizing Autonomy for Bioethics'.

choices are guided by values that have been determined by oppressive patriarchal norms that run contrary to the very value of autonomy.²⁸

The debate on this point has important implications for the role that autonomy can play in practical debates. One obvious example is the ethics of cosmetic procedures. If one holds the view that a woman's desire for a beautifying cosmetic procedure is merely an artefact of the influence of a pervasive and oppressive societal ideal,²⁹ then one might deny that a woman can be autonomous with respect to that desire, no matter how much she personally endorses it. Others have argued that procedural theories are inadequate because they do not rule out the possibility of individuals qualifying as autonomous when they decide on the basis of pathologies that distort their values and beliefs.³⁰ Consider, for instance, the patient suffering from severe and enduring anorexia nervosa who strongly endorses her desire to avoid weight-gain, whilst understanding that her disordered eating behaviour may have fatal consequences.

Problematic cases such as these have prompted some theorists to endorse substantive accounts that stipulate that there are normative restrictions, grounded by objective moral norms or prudential values,³¹ upon what autonomous agents can desire; for instance, such theories might claim that an autonomous agent cannot choose a life of servitude³² or one of self-destruction.³³ Despite this revived interest in substantive theories, I shall not directly consider them in this book. In order to justify this narrower focus, it is prudent to highlight what I take to be the main issue facing these theories. The crux of the debate between procedural and substantive theories lies in the importance (or lack thereof) of the individual's subjective understanding of their own desires and values. On substantive accounts of autonomy, one cannot be autonomous with respect to those of one's choices that fail to comply with certain norms, even if one does not endorse those norms, or the values they imply. Yet, even at a pre-theoretical level, this seems somewhat jarring; autonomy, it seems, should allow for the possibility that agents can reach different views about value, and that part of being autonomous is choosing to act in accordance with one's own beliefs about value, even if those beliefs are not universally shared.

The significance of acting in accordance with one's own values is something that John Stuart Mill stresses in his discussion of the importance of what he termed 'individuality', when he claims:

If a person possesses any tolerable amount of common sense and experience, his own mode of laying out his existence is the best not because it is the best, but because it is his own mode.³⁴

²⁸ Stoljar, 'Autonomy and the Feminist Intuition'; Westlund, 'Selflessness and Responsibility for Self'; Griffiths, *Feminisms and the Self*; Nedelsky, 'Reconceiving Autonomy'. See also Oshana, 'Personal Autonomy and Society'.

²⁹ For a detailed discussion of the beauty ideal, see Widdows, *Perfect Me*.

³⁰ Pettit and Smith, 'Backgrounding Desire'; Ciurria, 'A Virtue Ethical Approach to Decisional Capacity and Mental Health'.

³¹ Although I believe that autonomy should be conceived as a value-neutral concept, I accept that it must also be a value-utilizing concept, as will become clear in my discussion. For more on this distinction, see Meyers, 'The Feminist Debate Over Values in Autonomy Theory'.

³² See Benson, 'Freedom and Value'.

³³ Nordenfelt, *Rationality and Compulsion*.

³⁴ Mill, *On Liberty*, 131.

Mill's claim here is not simply that individuals are in a privileged epistemic position with regards to what mode of existence will be best for them, although this is also a claim that he endorsed.³⁵ Rather, Mill's broader claim is that even if we were to concede that a third party is in a better epistemic position with regards to the question of what is in another person's interests, there is still significant value in the individual herself making her *own* decisions about her life, even if these decisions are not the best for her from a third-party perspective.

Reflecting on this passage reveals a reason to be wary of substantive theories of autonomy in bioethics. The worry it raises is that such accounts threaten to subsume the notion of autonomy into considerations of purely objective morality or well-being. This, however, would overlook the fundamental thought motivating procedural accounts of autonomy, namely that the individual's acting in accordance with their own understanding of the good is integral to that which we value in the concept labelled 'autonomy', and, moreover, that considerations of autonomy can be distinguished from purely objective norms of morality and well-being.³⁶ Of course, this is not a knock-down objection to substantive theories;³⁷ such theorists would surely respond to the above observations by arguing that those values that are congruous with oppressive norms are not truly 'the agent's own', even if she cannot perceive that this is so. However, I take this general issue to be sufficient to motivate an enquiry into alternative procedural accounts of autonomy that take seriously the thought that the salience attributed to personal autonomy is grounded by a concern to live a life of one's own; a concern to live a life that is *valued* by oneself, rather than simply construed as one that is lived in accordance with that which is *valuable*.

In spite of my dismissal of substantive theories, the criticisms raised by opponents of procedural theories are genuine concerns. The procedural theory that I shall develop shall aim to engage with these issues, and will aim to be compatible with at least some of the elements that have motivated substantive theories of autonomy. First, the theory that I shall endorse is compatible with a broadly relational view of the autonomous agent. However, contrary to some substantive theorists, I do not believe that these relational influences must undermine procedural autonomy, even if they lead an agent to endorse values that reflect oppressive norms. I shall say more about this in Chapter 3. Second, the rationalist account that I shall develop shall draw on an account of rationality and the good that grants the possibility of impersonal goods, and denies relativism about the good.³⁸ Third, by outlining a detailed account of rationality and its relationship to well-being, I shall explain how the procedural theory that I develop can respond to cases of 'pathological values' raised by supporters of substantive theories. Finally, in Chapter 9, I shall suggest that there is considerably more overlap between the concepts of autonomy and well-being than is

³⁵ *Ibid.*, 140.

³⁶ Frankfurt makes a similar objection in Frankfurt, *Necessity, Volition, and Love*, 130–5. See also Haworth, *Autonomy*, 156–7 and Noggle, 'Autonomy and the Paradox of Self-Creation', 96.

³⁷ For deeper refutation of substantive theories, see Friedman, *Autonomy, Gender, Politics*, 19–25; Christman, *The Politics of Persons*, 138–9.

³⁸ As Ciurria points out, concerns about relativism can plausibly motivate a move towards substantive theories. See Ciurria, 'A Virtue Ethical Approach to Decisional Capacity and Mental Health'.

often taken to be the case in procedural theories. This somewhat complicates our understanding of both the prudential value of autonomy, and how we ought to conceive of the principles of beneficence and autonomy in medical ethics.

In the next section, I shall consider what an adequate procedural theory of autonomy should aim to achieve, and suggest that procedural theories pertain to one of two dimensions of autonomy.³⁹

2. The Decisional Dimension of Autonomy

Given the diverse array of approaches to the concept of autonomy, it seems unlikely that we will be able to capture the essence of autonomy by attempting to unite all the disparate accounts into one single theory. Rather, as Neil Levy suggests, it seems that in attempting to provide an adequate theory of autonomy we must ‘restrict the range of meanings that we attribute to the word’.⁴⁰

In this book, I shall be interested in the concept of autonomy in bioethics. From the outset, it should be acknowledged that this focus shall unavoidably influence my understanding of the concept, given the role that it plays in this specific context. To illustrate the significance of specifying the context in which I shall be discussing autonomy, consider the fact that theorists who are interested in autonomy as a broader social ideal have often suggested that one can only qualify as autonomous with respect to one’s life-choices if one has a range of qualitatively different choices available.⁴¹ Whilst it may be important to stress the necessity of adequate opportunities for autonomous agency in a broad social context, in bioethics we may often be interested in the autonomy of individuals who are facing severely restricted choice sets. For instance, we may be interested in what might affect the autonomy of a patient who faces a choice between certain death and undergoing an invasive medical procedure. This is not to deny that the breadth of an individual’s choice set can matter. Rather the point here is that focusing on autonomy in the bioethical context means that it may be appropriate to set different thresholds for satisfying the minimum conditions for autonomy in this context, which may not translate straightforwardly to the use of the concept in other contexts.

Accordingly, in this book, I shall understand the concept of autonomy to denote a particular capacity to which we attribute value in bioethical contexts, and that we mean to invoke with respect to two particularly salient concerns:

³⁹ There are of course other ways of cutting the autonomy pie. Recently, Catriona Mackenzie has suggested that there are three dimensions of autonomy in Mackenzie, ‘Three Dimensions of Autonomy’. Her dimensions of self-determination and self-government roughly map onto what I call below the decisional and practical dimensions of autonomy. Mackenzie also postulates a third dimension of self-authorization pertaining to an individual’s regarding oneself as having the *normative authority* to be self-determining and self-governing. Notably, though, Mackenzie suggests that it is a mistake to believe that this is a necessary condition of self-government (Mackenzie, ‘Three Dimensions of Autonomy’, 35). Furthermore, we may note that self-authorization is plausibly less of a concern in bioethics than in broader social contexts given the widely accepted normative authority of individual decision-making, and the various instruments through which that is facilitated, most notably through robust consent procedures.

⁴⁰ Levy, ‘Autonomy and Addiction’, 429.

⁴¹ For example, see Raz, *The Morality of Freedom*; Hurka, ‘Why Value Autonomy?’; see also Mackenzie’s discussion of self-determination, ‘Three Dimensions of Autonomy’.

- (i) Is an agent making her own decisions about what to do?
- (ii) Is an agent able to act on the basis of those decisions?⁴²

In view of the first concern, a theory of autonomy must be able to explain what it is for an agent to make their own decisions. I shall refer to this dimension of autonomy as ‘the decisional dimension of autonomy’. In this section, I shall explain that the decisional dimension of autonomy incorporates elements that pertain to two different senses of voluntariness. In the next section, I shall turn briefly to the second concern outlined above, according to which autonomy, on the understanding that I shall employ, is an inherently practical concept.

To begin this discussion of the decisional dimension of autonomy with a methodological point, we should note that an adequate account ought to reflect at least some of our pre-theoretical intuitions about which agents are autonomous. Of course, it would be a mistake to claim that an adequate theory of autonomy should be able to justify *all* of our pre-theoretical intuitions about which agents might appropriately be deemed to be autonomous in bioethical contexts. After all, it may be possible to debunk some of these intuitions. However, it seems plausible to claim that we should aim for a reflective equilibrium between theory and our robust intuitions in our thinking about autonomy.⁴³

According to what I shall call the ‘standard view’ of this dimension of autonomy in bioethics,⁴⁴ an agent is autonomous with respect to an action, including an act of making a decision, if it is performed:

- (1) intentionally,
- (2) with understanding,
- and
- (3) without controlling influences that determine their action.⁴⁵

The standard account sets out conditions that *constitute* an agent’s autonomy with respect to their decisions. As Friedman notes, we can distinguish such conditions from those conditions that may be causally necessary for the realization of autonomous choices and actions.⁴⁶ In the biomedical context, the second kind of conditions will be spelled out in theories of decision-making competence or capacity. In the first part of the book though, I shall be concerned with conditions of the first kind—those that constitute the agent’s autonomy with respect to their decisions.

The standard account of autonomy implicitly reflects a distinction that Aristotle draws between two types of non-voluntary action at the beginning of Book III of the *Nicomachean Ethics*.⁴⁷ Here, Aristotle claims that an action can be thought to be non-

⁴² For a similar understanding, see Brock, *Life and Death*, 28.

⁴³ See also Dworkin, *The Theory and Practice of Autonomy*, 9.

⁴⁴ Rebecca Walker refers to this as the standard view of autonomy per se in bioethics. I agree with this sentiment, but suggest that this account only captures the decisional dimension of autonomy. See Walker, ‘Respect for Rational Autonomy’, 340.

⁴⁵ Beauchamp and Childress, *Principles of Biomedical Ethics*, 103. See also Faden and Beauchamp, *A History and Theory of Informed Consent*, ch. 7.

⁴⁶ Friedman, *Autonomy, Gender, Politics*, 4.

⁴⁷ In the interests of accurate exegesis, it should be acknowledged that Aristotle’s discussion of the voluntary here is situated within an examination of virtue, and is motivated, not by considerations of

voluntary if it is either performed from reason of ignorance, or if the action takes place by force, in such a manner that the moving principle of the action is most appropriately understood to be ‘external’ to the agent.⁴⁸ Conditions (1) and (3) of the standard account above can primarily be understood to reflect this latter sense of voluntariness, whilst condition (2) primarily reflects the former (although deception represents a form of controlling influence that can be understood to determine action by adversely affecting the patient’s understanding). The standard account of autonomy thus understands the concept of autonomy to incorporate both of these senses of voluntariness.

It is generally accepted that conditions (1) and (2) of the standard account are necessary conditions of autonomy. For instance, although there may be considerable debate about how we should cash out the details of what sort of understanding autonomy requires, the basic thought that autonomous choice requires some minimum degree of understanding is uncontroversial. As Savulescu and Momeyer write in discussing the relevance of true beliefs to evaluative choice, ‘we cannot form an idea of what we want without knowing what the options on offer are like’.⁴⁹

However, the standard account becomes more controversial when we consider condition (3). The main inadequacy of the standard account in this regard is that it fails to offer a sufficient account of the sorts of influences that can undermine our decisional autonomy. Contra the standard account, the mere fact that an influence can be understood to ‘determine action’ is not sufficient to establish that the influence in question undermines autonomy.⁵⁰ To claim otherwise would be to beg the question against compatibilist views of autonomy of the sort that I shall consider in the first two chapters of this book. On these compatibilist theories, autonomy is understood to be compatible with the truth of causal determinism; on these views, not all forms of determining influence are understood to undermine autonomy. Moreover, as relational theories of autonomy correctly point out, autonomous decision-makers are relationally situated beings, and will thus be subject to unavoidable but legitimate influences.⁵¹

In Aristotle’s discussion of the sense of voluntariness under consideration, he claims that actions are forced in the relevant sense when their cause is in the ‘external circumstances’, and when the agent contributes nothing.⁵² Whilst this may seem like a natural way to draw the relevant distinction between internal and external moving forces of action, it is not an adequate approach for understanding voluntariness in a bioethical context. The reason for this is that on this Aristotelian understanding, the

autonomy, but rather by the thought that voluntariness is a necessary condition of praiseworthiness and blameworthiness. See Meyer, ‘Aristotle on the Voluntary’. It might be argued that conditions of voluntariness undergirding ascriptions of praiseworthiness may differ from those undergirding the validity of consent. See Wertheimer, ‘Voluntary Consent’, 239.

⁴⁸ Aristotle, *Nicomachean Ethics*, 1110a. Note that acting from ignorance or forced action is only sufficient for non-voluntariness for Aristotle. In order for the action to qualify as *involuntary*, the agent must also be pained by the action or regret it afterwards. See Aristotle, 1110b18–20.

⁴⁹ Savulescu and Momeyer, ‘Should Informed Consent Be Based on Rational Beliefs?’, 283.

⁵⁰ For a similar criticism, see Walker, ‘Medical Ethics Needs a New View of Autonomy’, 601.

⁵¹ Ploug and Holm, ‘Doctors, Patients, and Nudging in the Clinical Context—Four Views on Nudging and Informed Consent’, 30.

⁵² Aristotle, *Nicomachean Ethics*, 1110b.

decision to comply with a coercive threat should be understood as voluntary, in so far as the moving principle of compliance lies within the agent herself.⁵³ However, this approach runs contrary to the widespread view that coercion undermines voluntariness in bioethical contexts.

Naturally then, the standard account of autonomy in bioethics rejects the Aristotelian understanding of coercion and voluntariness, instead explicitly claiming that coercion is a controlling influence that can determine action. It also suggests that other forms of external influence such as manipulation and deception undermine autonomy, in addition to forms of internal influence including ‘... conditions such as debilitating disease, psychiatric disorders, and drug addiction’.⁵⁴

However, the standard account lacks a unified explanation of what it is that makes these forms of influence controlling in the sense that undermines the voluntariness of an agent’s decision, and *a fortiori*, their decisional autonomy. Those who defend the standard view simply stipulate that coercion, non-rational persuasion, and manipulation can all render putative acts of autonomy void,⁵⁵ whilst other influences (such as rational persuasion) are paradigmatic examples of influences that are compatible with autonomy.⁵⁶ Yet, even if we assume that these stipulations are correct, it seems that an adequate theory of autonomy should be able to explain how and why these forms of influence undermine autonomy; listing examples of internal and external controlling influences is not satisfactory and instead appears to be simply *ad hoc*.⁵⁷

Even more problematically though, in some cases the standard account’s conception of the forms of controlling influence that undermine autonomy seems misguided. For instance, although Beauchamp and Childress suggest that psychiatric disease can undermine autonomous choice, it is far from clear that patients suffering from such diseases must lack autonomy with respect to their choices, particularly if they identify and positively endorse their choice to act in certain ways. More generally, Rebecca Walker expresses scepticism about the standard account’s condition of controlling influences because the fact that an action is controlled does not entail that the individual lacks autonomy with respect to it. As she points out, some paradigmatic examples of autonomous choice involve decisions to do things that are highly controlled, in the sense that they are necessitated by moral or emotional commitments such as love. What seems to matter in these cases is not the fact that an action is controlled *per se*, but rather ‘... the sources of that control and the reasons why those sources necessitate the action’.⁵⁸ Accordingly, she claims that the standard

⁵³ Aristotle is initially somewhat ambivalent about this claim. He starts by noting that such decisions are ‘mixed’ with regards to voluntariness (*Nicomachean Ethics*, 1110a 12–20). Ultimately, though, he concludes that such decisions should be understood to be voluntary, even if they do not appropriately occasion blame (*Nicomachean Ethics*, 1110b 1–9).

⁵⁴ Beauchamp and Childress, *Principles of Biomedical Ethics*, 138. ⁵⁵ *Ibid.*, 139.

⁵⁶ Nelson et al., ‘The Concept of Voluntary Consent’, 7–8.

⁵⁷ The criterion of intentionality offers little assistance here. The criterion merely states that intentional action amounts to the agent acting in accordance with a plan proposed for the execution of an action, corresponding to the actor’s own conception of the act in question. Nelson et al., ‘The Concept of Voluntary Consent’, 10.

⁵⁸ Walker, ‘Medical Ethics Needs a New View of Autonomy’, 602.

accounts' requirement of the absence of controlling influences is a requirement of the wrong sort, at least when those controls are 'internal'.

What we need then is to develop a theory about what sorts of control are compatible with autonomy and which are not. One way in which it is possible to develop such a theory is to draw on legalistic approaches to voluntariness, and to develop an account of controlling influence grounded by the moral significance of the illegitimate, intentional control of third parties.⁵⁹ However, such theories adopt a narrow conception of voluntariness that overlooks an important point captured by the standard account, namely that non-agential forces (such as debilitating disease) can plausibly be construed as undermining voluntariness in some cases.

In view of this, the alternative strategy that I shall adopt in order to supplement the standard account in this regard shall be to draw on the philosophical literature concerning autonomy, rationality, and authenticity. I shall suggest that the standard account of autonomy should be supplemented with a rationalist authenticity condition, which can explicate what it is for an agent's motivating desire to be 'external' to the self in the manner that may aptly be construed to undermine the second sense of voluntariness identified in the Aristotelian distinction. Further, by reflecting on the role that rationality plays in autonomy, we will be able to offer a deeper justification for why certain forms of *external* controlling influence undermine autonomy. Crucially though, whilst I have identified the standard view of autonomy as having broadly Aristotelian roots, the theory that I offer here departs from both the standard view and an Aristotelian conception of voluntariness in emphasizing the role of rationality in the relevant sense of voluntariness.⁶⁰

To close this section I shall illustrate two cases in which agents seem to face internal impediments to making decisions in the light of their own desires and values, impediments that philosophical accounts of authenticity may serve to illuminate, and which the legalistic approach to voluntariness neglects. To begin, we may observe that being autonomous cannot always simply be a matter of 'doing what one wants to do'. Such sheer independence will often not be sufficient for autonomous agency, since one's motivating desire might be an impostor on one's will.⁶¹ To illustrate, consider the following example:

⁵⁹ Appelbaum, Lidz, and Klitzman, 'Voluntariness of Consent to Research'; see also Wertheimer, 'Voluntary Consent'. This sort of account also seems to be implicit in Taylor, *Practical Autonomy and Bioethics*; Bublitz and Merkel, 'Autonomy and Authenticity of Enhanced Personality Traits'.

⁶⁰ Although Aristotle acknowledges that rational choice is obviously voluntary, he notes that voluntariness is a broader notion, since non-rational agents can act in voluntary ways, even though they cannot choose voluntarily (Aristotle, *Nicomachean Ethics*, 1111b7–10). Furthermore, he notes that non-rational feelings are also a part of human nature, and that it would thus be odd to class them as involuntary (Aristotle, *Nicomachean Ethics*, 1111b3–4). Although my account is broadly compatible with the elements of truth in these statements (truths that are contingent on particular understandings of rationality), I am not intending to provide an Aristotelian conception of autonomy here. For a broadly Aristotelian conception that can be invoked in medical ethics, see Radoilska, *Aristotle and the Moral Philosophy of Today (L'Actualité d'Aristote en Morale)*.

⁶¹ As David Velleman has pointed out, it is possible to formulate examples of motivating desires that an individual lacks agential authority over, but which are not deviant in the sense that they are compulsive. See Velleman, 'What Happens When Someone Acts?', 474. For further discussion of construing autonomy as sheer independence, see O'Neill, *Autonomy and Trust in Bioethics*, 26–7.

Jane is a drug addict. She is aware that her addiction is jeopardizing her ability to maintain her career and family, aspects of her life that she values. However, she continues to take drugs knowing that this will destroy her career and her marriage. Although Jane continues to take drugs, she feels alienated from her action whenever she does so; she believes that it is not a reflection of what she really wants.⁶²

It seems that part of the reason that Jane is not self-governing is that she is moved to act by a desire from which she feels alienated. We might say that her motivating desire is thus 'inauthentic' in some sense; it does not reflect what Jane truly wants. Although I use the example of drug addiction to illustrate an 'inauthentic' desire, there are various medical conditions that could cause an agent to be alienated from their desires in this manner. For instance, some (although clearly not all) sufferers of psychiatric disorders might be understood as being motivated by a desire that they feel alienated from when they engage in self-harming behaviour. Furthermore, my use of this particular example should not be understood to imply that *all* addicts lack autonomy in the manner that Jane does;⁶³ it is rather an illustrative example of how one individual might plausibly lack autonomy.

Of course, an advocate of the standard account might point out that Beauchamp and Childress stipulate that drug addiction is an internal form of controlling influence that undermines autonomy. However, as I suggested above, without a deeper account of *why* drug addiction in particular threatens autonomy, this observation lacks explanatory power; in contrast, a theory of authenticity and its role in autonomous agency, could plausibly give us a deeper explanation of why drug addiction and psychiatric disorders may represent forms of internal control that undermine autonomy. Furthermore, it is possible to construct cases that raise a similar problem for the standard account that do not involve pathological behaviour. For example, Rebecca Walker describes the case of a woman named Desiree who feels an impulsive desire to undergo cosmetic surgery, despite the fact that she herself strongly believes that this is an immoral practice, and that women should be accepted 'as they are'.⁶⁴ Like Jane, Desiree is plausibly not self-governing because her motivating desire is 'inauthentic' in some sense.⁶⁵

These cases both suggest that in order for an agent to be autonomous, they must bear a certain sort of relation to the motivational states that give rise to their decisions and actions. Procedural theorists tend to cash this out by claiming that agents are only autonomous with respect to their motivating desires if they carry out some sort of reflection on these desires to ensure their authenticity to the agent. In carrying out such reflection on one's motivating desires, it is believed that agents can have a greater degree of assurance that those desires are in some way 'their own', and not

⁶² This is adapted from Frankfurt's example of the unwilling addict in Frankfurt, 'Freedom of the Will and the Concept of a Person', 12.

⁶³ For accounts of how addiction can be compatible with autonomy, see Foddy and Savulescu, 'Addiction and Autonomy'; Foddy and Savulescu, 'A Liberal Account of Addiction'.

⁶⁴ Walker, 'Medical Ethics Needs a New View of Autonomy', 598. Walker has two further examples that speak against the standard account.

⁶⁵ Substantive theorists might claim that Desiree lacks autonomy even if she endorses her desire for cosmetic surgery, and does not hold the belief that it is immoral.

merely the outcome of determining forces of the sort that serve to undermine autonomy.

I propose that the above discussion suggests that an adequate theory of decisional autonomy will incorporate what we may term a *reflective element* that captures what it is for an agent to make decisions in accordance with her own desires and values. This dimension reflects the second Aristotelian senses of voluntariness discussed above, pertaining to actions that are motivated by forces that are in some sense 'internal' to the self. This can be understood as a primary explanandum of procedural theories of the decisional dimension of autonomy.

A second explanandum pertains to the criterion of understanding, which reflects the first sense of voluntariness identified in the Aristotelian distinction. I shall refer to this as the 'cognitive element' of decisional autonomy. Whilst considerations relevant to the cognitive element shall arise in the first three chapters, I shall consider this element in much more detail in my discussion of informed consent in Chapter 6. Henceforth, when I intend to refer to agents who meet the conditions pertaining to both of these elements of a procedural theory of autonomy, I shall say that such agents are 'autonomous' with respect to their decision, on that theory. In turn, when I intend to refer to agents who meet only the conditions pertaining to a theory of the reflective element of decisional autonomy, I shall say that such agents are reflectively autonomous.

Many of the questions that I shall consider in my investigation of the decisional dimension of autonomy have also been understood as pertaining to the concept of moral responsibility, rather than autonomy. This is a by-product of the fact that these two concepts have often been conflated in the philosophical literature.⁶⁶ I lack the space here to consider the extent to which these two concepts differ. However, it is prudent to warn the reader against extrapolating the arguments that I shall make regarding autonomy to the concept of moral responsibility, and the questions that these theorists are seeking to answer. Where possible, I shall restrict my discussion of autonomy to works that ostensibly discuss autonomy as opposed to moral responsibility.

Bioethicists should similarly take care not to simply extrapolate philosophical theories of moral responsibility and autonomy to the bioethical context without reflecting on the role that these concepts might be playing in different contexts. Theories developed in the philosophical sphere are often designed to answer a narrow set of questions about internal control, without attending to issues relating to the cognitive element of decisional autonomy, or the practical dimension of autonomy I introduce below. Accordingly, they may not be well-placed to answer the questions that are the primary concern of medical ethicists. Nonetheless, bioethicists who reject the standard view of autonomy have appealed (either implicitly or explicitly) to a diverse range of philosophical theories of both autonomy and moral responsibility, often without acknowledging important philosophical objections to

⁶⁶ See Fischer, 'Recent Work on Moral Responsibility', 98 for discussion of this point. For attempts to differentiate the two concepts, see Oshana, 'The Misguided Marriage of Responsibility and Autonomy'; McKenna, 'The Relationship between Autonomous and Morally Responsible Agency'.

these theories.⁶⁷ Moreover, the standard view itself explicitly eschews reference to what I have termed the reflective element of autonomy due to concerns that it would render autonomous decision-making too demanding, and so risk the first error that I identified at the beginning of this introductory chapter.

Accordingly, once we have decided to leave the standard account behind, there is still a significant amount of work for bioethicists to do to develop their thinking about autonomy beyond the theories of the concept developed in the philosophical sphere. Having introduced what I have called the decisional dimension of autonomy, and its cognitive and reflective elements, let me now turn to what I shall call the practical dimension of autonomy. This is a distinct, but importantly related part of how we might understand the concept of autonomy in bioethics, and a dimension that has been somewhat neglected in the philosophical sphere.

3. The Practical Dimension of Autonomy

Philosophers who write on the concept of autonomy sometimes purport to provide a comprehensive analysis of autonomy by giving an account of the decisional dimension of autonomy. Still others consider only the reflective element of this dimension.⁶⁸ However, meeting conditions pertaining to decisional autonomy is not sufficient for autonomy *in toto* on the understanding of autonomy that I am invoking here. Autonomy, on this understanding, involves not only being able to make decisions on the basis of one's own desires and values, but also being able to *act* in accordance with those decisions (or to otherwise have those decisions realized) in some minimal sense.

This sort of understanding of autonomy is implicit in the bioethical application of the principle of respect for autonomy. The principle of respect for autonomy incorporates a positive obligation that enjoins us to facilitate an agent's ability to make an autonomous decision; however, it also incorporates a negative obligation not to restrain the autonomous *actions* of others.⁶⁹ For instance, the principle might enjoin us to respect a patient's decision to refuse a treatment that is necessary for saving her life. In view of this negative obligation, we can be accused of undermining another agent's overall autonomy if we obstruct their pursuit of an end that they have chosen to pursue (in accordance with the conditions of a theory of decisional autonomy). Accordingly, this negative obligation implies that autonomy can be understood as having a *practical* dimension, pertaining to the agent's ability to act effectively in pursuit of their ends.

⁶⁷ For a limited sample, Doorn, 'Mental Competence or Capacity to Form a Will' endorses a Frankfurtian hierarchical approach; for a bioethical endorsement of historical approaches, see Juth, 'Enhancement, Autonomy, and Authenticity'; Sharp and Wasserman, 'Deep Brain Stimulation, Historicism, and Moral Responsibility'. DeGrazia, *Human Identity and Bioethics*, 95–106 endorses a hybrid of these two approaches. Kihlbom, 'Autonomy and Negatively Informed Consent', 147 endorses a coherentist approach. Walker, 'Respect for Rational Autonomy' endorses a rationalist account.

⁶⁸ See Oshana, 'Personal Autonomy and Society', 83–6, for an analysis of this tendency in the philosophical literature.

⁶⁹ Beauchamp and Childress, *Principles of Biomedical Ethics*, 107.

I shall further defend this view in Chapter 3. However, I introduce the practical dimension here because I shall use the distinction between the decisional and practical dimensions of autonomy to frame my overall theoretical discussion of the nature of autonomy. Crucially, I am not claiming that we should recognize this dimension of autonomy simply because we need to be able to make sense of the negative obligation incorporated into the principle of respect for autonomy. I shall claim that neglecting to incorporate a practical dimension into our overall theory of autonomy actually leads to an impoverished view of the nature of decisional autonomy. For the purposes of this introductory chapter though, I suggest that an adequate theory of autonomy *in toto* for use in bioethical contexts must incorporate conditions pertaining to both the decisional and practical dimensions of autonomy.

With this in mind, we can present a conceptual map of autonomy in the following way (see Figure 1).⁷⁰ In the interests of completeness, this diagram reflects a claim that I have not yet defended, namely that the practical dimension of autonomy incorporates both positive and negative freedoms. I shall defend this claim in Chapter 5.

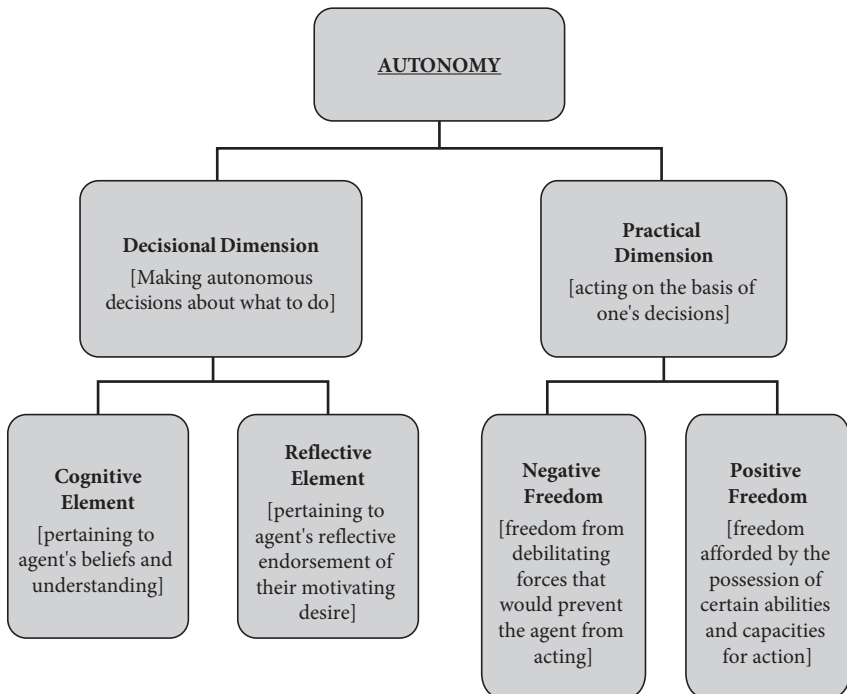


Figure 1 A conceptual map of autonomy

⁷⁰ This is an expanded version of a conceptual map I first outlined in Pugh et al., 'Brainjacking in Deep Brain Stimulation and Autonomy'.

4. Local and Global Autonomy

I have delineated an understanding of autonomy that frames the concept in terms of both a decisional and practical dimension. To conclude this introductory chapter, I shall explain the distinction between local and global autonomy that I shall also use throughout my discussion.⁷¹

Our interest in being self-governing seems to stem from our interest in being in charge not only of our individual decisions and acts, but also of our diachronic projects, and indeed, our own lives. Accordingly, when we consider the question of whether an agent is autonomous, it is possible to ask this question at both a global and local level. Conceived as a global concept, autonomy is:

... a feature that evaluates a whole way of living one's life (that) can only be assessed over extended portions of a person's life.⁷²

Dworkin claims that autonomy is intuitively only a global concept, on the basis that it is odd to claim that people can switch back from autonomy to non-autonomy over short periods of time.⁷³ I do not share this intuition; it is not at all clear why it must be odd to suppose that an agent might be autonomous with respect to a particular decision but not to another one shortly after. This is particularly true in bioethical discussions of informed consent; for instance, it seems plausible that a physician could ensure that a patient was able to autonomously consent to some intervention by adequately informing them about the nature of the intervention, but fail to do so for another intervention shortly after. Moreover, it is widely acknowledged that decision-making capacity should be treated as specific to particular decisions. Indeed, as I shall suggest below, this perhaps partly explains why the standard account of autonomy treats autonomy as a property of particular decisions and actions, rather than persons *per se*. However, I see no reason to deny that both conceptions can be coherent. We can conceive of autonomy as a global property, but we can also conceive of it as a *local* property that an agent instantiates in a specific time-slice with respect to particular acts and decisions.⁷⁴

The question of whether an agent is locally autonomous is perhaps less complex than the question of whether an agent is globally autonomous. Although it might be clear how to assess an agent's autonomy with regards to a particular decision in a certain specified set of circumstances, it is not immediately clear how we are to evaluate a person's autonomy as a feature that pertains to extended portions of their life, given the varied circumstances which 'a significant portion of one's life' can include.

One plausible way in which we might assess an agent's global autonomy is to consider whether the agent lives in accordance with diachronic plans of her own choosing, where a diachronic plan is understood to stipulate long-term goals that serve to guide the individual's local decision-making. These diachronic plans may

⁷¹ Meyers draws the same distinction using the terms episodic and programmatic autonomy. See Meyers, *Self, Society, and Personal Choice*, 48–9.

⁷² Dworkin, *The Theory and Practice of Autonomy*, 16.

⁷³ *Ibid.*

⁷⁴ Christman, 'Autonomy and Personal History', 3.

vary in length; for example, in a biomedical context, we may say that a patient might have a diachronic plan to overcome some health problem, and that they may make local decisions that will have an effect on their pursuit of that long-term goal. However, some diachronic plans may cover the agent's whole life. Furthermore, it seems that some diachronic plans may be of more importance to the agent than others; typically, it seems that an agent's life-plans concerning her career and family will often be central to the agent's sense of 'who she is', whilst other diachronic plans, such as finishing an enjoyable TV series say, may not represent goals that are particularly central to the agent's self-conception.

There has been little discussion concerning how we should understand the relationship between global and local autonomy. On one view, it might be claimed that global autonomy arises as a result of the aggregate of instances of local autonomy over a person's life.⁷⁵ I shall not employ this sense of global autonomy here, since it seems plausible to claim that some instances of local autonomy can serve to *undermine* the pursuit of global commitments. Suppose an agent values two mutually exclusive diachronic goals, such as living a healthy lifestyle and becoming a gourmand. She continually changes her mind about which goal to prioritize. Here, it seems that the agent might make a locally autonomous decision to act in pursuit of one goal that will threaten the successful fulfilment of the other competing goal. The mere fact that the agent might be autonomous with respect to each of her local decisions does not seem to contribute to her global autonomy in this case, because her locally autonomous decisions to act in pursuit of alternating competing goals undermines her ability to successfully pursue *either* of them.

In stressing the importance of diachronic plans to global autonomy, I am not claiming that an agent's life must be unified by a certain single set of static diachronic plans throughout her life.⁷⁶ Clearly, people, and their circumstances, change over time, and people may change their diachronic plans accordingly. However, it seems that at least some threshold level of stability is required, so that the agent has sufficient time to commit to long-term goals that can confer an intelligible diachronic purpose to her decisions and actions. Furthermore, the nature of the way in which we change our plans is important. If an agent is to maintain their global autonomy despite a significant change in their plans, then they must be locally autonomous with respect to their decision to change their plans.

I mentioned above that Beauchamp and Childress' primary focus on autonomy as a property of choices rather than agents belies a failure to acknowledge the distinction between local and global autonomy; I am now in a position to explain this point. Beauchamp and Childress claim that the reason why autonomy should not be understood as a property of agents in a bioethical context is that:

... even autonomous persons with self-governing capacities sometimes fail to govern themselves in particular choices... [and] some persons who are generally not capable of autonomous decision-making can, at times, make autonomous choices.⁷⁷

⁷⁵ Ibid. ⁷⁶ Raz, *The Morality of Freedom*, 37 raises this concern.

⁷⁷ Beauchamp and Childress, *Principles of Biomedical Ethics*, 102.

Pace Beauchamp and Childress, these cases do not demonstrate that autonomy should not be conceived of as a property of persons; rather, these cases just show the importance of distinguishing local and global autonomy. With respect to the first case, there is no reason to think that a person's failure to make a locally autonomous decision must necessarily undermine their status as a globally autonomous person; indeed, I shall suggest in Chapter 9 that sacrificing our local autonomy with regards to a particular decision might sometimes be necessary for facilitating our global autonomy. Furthermore, we can also claim that a person might lack the capacities that are necessary to autonomously form and execute diachronic plans, and yet claim that they can be locally autonomous with respect to simple, synchronic decisions. As such, I shall claim that autonomy is a property of persons, and that a person's desires, intentions, actions, and decisions are autonomous in a *derivative* sense; they are, I suggest, things that an agent can be autonomous '*with respect to*'.

Conclusion

I have attempted to map some of the contours of a plausible pre-theoretical understanding of autonomy, in preparation for the theoretical analysis that I shall undertake in the following chapters. In Chapter 1, I shall outline four distinctions concerning rationality that shall play an integral role in my discussion of the relationship between rationality and autonomy. In Chapter 2, I shall go on to outline how considerations of rationality can be incorporated into a plausible account of decisional autonomy. In Chapters 3 and 4, I explain how this rationalist approach can allow for a deeper understanding of how and why deception, manipulation, and coercion serve to undermine autonomy.

In Chapter 5, I turn to defend the inclusion of conditions pertaining to the practical dimension of autonomy in an overall theory of autonomy in bioethics, and consider the relationship between freedom and autonomy, and how we might seek to enhance autonomy. I also claim that considerations of the practical dimension of autonomy provide crucial insights about the beliefs that are central to the cognitive element of decisional autonomy. Building on this analysis, in Chapter 6 I consider the ramifications that my theory has for the justification and elements of informed consent. In doing so, I further flesh out how we might understand the boundaries of the cognitive element of decisional autonomy. In Chapter 7, I turn to the implications of a rationalist theory of autonomy for the related question of decision-making capacity, and respond to prominent anti-paternalist objections to such theories of autonomy. In Chapter 8, I further develop this discussion by considering decision-making capacity in the context of decisions to refuse life-saving treatment. Finally, in Chapter 9, I consider the prudential value of autonomy, and its relation to well-being.