
The Concept of Autonomy

Mitchell M. Levy MD, MCCM

Professor of Medicine

Chief, Division of Pulmonary, Sleep, and Critical Care

Warren Alpert Medical School of Brown University

Providence, RI



Beneficence vs. Autonomy

- ◆ Beneficence model dates to time of Hippocrates
- ◆ The oath provides that physicians will “apply dietetic measures for benefit of the sick according to their ability and judgment; keep the sick from harm and injustice.”
 - Establishes physician responsibility
 - No mention of a patient role in decision-making

Beneficence

- ◆ Early physicians could not rely on competence, skill, or efficacy of treatment to legitimize their claims to authority
- ◆ Behaviors and attitude that cultivated respect was key to gaining patient trust and cooperation.
 - Little training, no regulation
- ◆ This model existed for almost 2000 years.

The Roots of Autonomy

- ◆ Until end of 19th century/early 20th century:
 - Physicians had intimate, personal relationships with patients
 - ◆ Mainly home visits
 - ◆ Diagnosis was mainly history and physical
 - ◆ Cared for all aspects of patient and family
 - Hospitals created more opportunities for research
 - Less home visits
 - Equipment became heavy and complex
 - Specialization of medical disciplines
 - ◆ Less personal, more scientific
 - ◆ Profound impact on physician-patient relationship

The Roots of Autonomy

- ◆ Medical Malpractice (1970s)
- ◆ Medical Research during World War II
 - Unregulated
 - Without consent
 - Nuremberg Code
 - Declaration of Helsinki (1964)
- ◆ Henry Beecher (1966)
 - NEJM expose on post war research practices
 - ◆ orphanages, prisons, etc.

The Roots of Autonomy

- ◆ Reluctance to trust researchers to protect the well-being of their subjects
- ◆ Turned into unwillingness to trust physicians to protect the well-being of their patients
 - Baby Doe at Johns Hopkins (1969)
- ◆ This occurred during era of civil rights movement and woman's liberation in U.S.
 - Cultural reaction against submitting to arbitrary authority

Philosophical Roots of Autonomy

- ◆ Autonomy is a key concept that has a broad impact on different fields of philosophy.
- ◆ Kant (1724–1804) argued that morality presupposes this autonomy in moral agents.
- ◆ Kant applied the concept of autonomy also to define the concept of personhood, and human dignity.
- ◆ Autonomy, along with rationality, are seen by Kant as the two criteria for a meaningful life.
- ◆ According to Kant autonomy is part of the reason that we hold others morally accountable for their actions. Human actions are morally praise or blameworthy in virtue of our autonomy.

The Roots of Autonomy

- ◆ Canterbury v Spence (1972)
 - Established informed consent
 - “...true consent to what happens to one’s self is the informed exercise of a choice, and that entails an opportunity to evaluate knowledgeably the options available.”
- ◆ American Hospital Association
 - Patient Bill of Rights
- ◆ Karen Ann Quinlan (1976)
 - Right to die

Autonomy

- ◆ “Fundamental and universal moral truth...that humans are owed respect for their ability to make reasoned choices that are their own and that others may or may not share.”
- ◆ “Informed consent is not merely legal doctrine, but also a moral right of patients that generates moral obligations for physicians.”
- ◆ “Competent individuals are better judges of their own good than are others.”

Supported Autonomy

- ◆ In certain unique circumstances government may have the right to temporarily override the right to bodily integrity in order to preserve the life and well-being of the person.
 - Unique situations in mental health
 - ◆ Forced feeding of a person dying from the eating disorder anorexia nervosa,
 - ◆ Temporary treatment of a person living with a psychotic disorder with antipsychotic medication
 - ◆ The principle of supported autonomy aligns with the role of government to protect the life and liberty of its citizens

Informed Consent

- ◆ Seven elements of informed consent
 - Competence
 - Voluntariness
 - Disclosure
 - Recommendation
 - Understanding
 - Decision
 - Authorization

Autonomy in the ICU

- ◆ Informed consent in the ICU raises some special issues.
 - the decision maker is often a surrogate rather than the patient.
 - The surrogate decision maker should have access to all relevant information the patient would need to make informed decisions;

Questions

- ◆ Is informed consent truly possible in the Intensive Care Unit?
- ◆ Is there a time when it is appropriate to withhold information from patients/families during decision-making?
 - When is parentalism acceptable?
- ◆ When is autonomy abandonment of decision-making to patients/families?