

Concluding Remarks

In the introduction to this book, I outlined my intention to provide an account of personal autonomy that can usefully be applied to issues in contemporary bioethics, and that clarifies its ambiguous relationship with rationality. At the most fundamental level, I understood the concept of autonomy to denote a particular capacity to which we seem to attribute prudential value in bioethical contexts, namely, a capacity that we invoke to capture concerns pertaining to an agent's ability to both:

- (i) Make their own decisions about what to do
And
- (ii) To act on the basis of those decisions.

In accordance with this understanding, I suggested that the concept of personal autonomy incorporates two corresponding dimensions: a decisional dimension, and a practical dimension.

The theory of autonomy that I have described as the standard view of autonomy in bioethics is a theory of the decisional dimension of autonomy. On this account an agent is autonomous with respect a particular decision if it is made:

- (1) Intentionally,
- (2) With understanding,
and
- (3) Without controlling influences that determine their action.

In delineating this theory in the introduction, I suggested that it implicitly bases its understanding of decisional autonomy on two senses of voluntariness, identified by Aristotle in book III of *The Nicomachean Ethics*. Conditions (1) and (3) capture the Aristotelian sense of voluntariness that pertains to acts that are motivated by forces that are in some sense internal rather than external to the agent. In contrast, condition (2) captures the Aristotelian sense of voluntariness that pertains to actions that are not performed from reasons of ignorance.

I argued that the standard account of decisional autonomy fails to provide an adequate account of what it is for an agent to make their own decisions, due to an inadequate conception of the first Aristotelian sense of voluntariness identified above. I argued that in order to offer a unified, non-stipulative explanation of why the controlling influences that the standard account appeals to (in condition (3) above) undermine decisional autonomy, an adequate conception of this sense of voluntariness requires a broader understanding of forces that can be 'external to the self'.

The concept of rationality can help in this regard. By attending to different features of rationality, and how they relate to our beliefs and values, I sought to clarify some important misunderstandings of the relationship between rationality and autonomy, and to develop a rationalist account of decisional autonomy. I argued for the following supplementary rationalist conditions of autonomy:

Theoretical Rationality: Decisional autonomy is precluded by theoretically irrational beliefs about information that is material to one's decisions.

Practical Rationality: The autonomous agent's motivating desires must be rational in the following sense. They must:

- (a) Be endorsed by preferences that are sustained on the basis of the agent's holding (rational) beliefs that, if true, would give the agent reason to pursue the object of the desire.

And

- (b) These preferences must cohere with other elements of the agent's character system.

The rationalist model I have developed provides a deeper explanation of why rationality plays such an integral role in autonomy. It sought to provide an answer to the question of why we should trust that this aspect of our agency is the right place for the 'buck to stop' with regards to autonomous decision-making. In the case of practical rationality, the answer to this question is that our evaluative judgements play a particularly central role in our character systems. Practical rationality thus facilitates our ability to decide in accordance with elements of our character that should be understood to have agential authority. In the case of theoretical rationality, the answer to this question lay in the role that rationality plays in developing the sort of understanding that decisional autonomy requires.

This rationalist account allows for a more nuanced understanding of the sorts of controlling influence that serve to undermine decisional autonomy than the understanding outlined in the standard account of autonomy. It also highlighted the role that an interpersonal sense of voluntariness can play in our judgements about what constitutes 'controlling influence'. Furthermore, by tying a rationalist theory of decisional autonomy to an analysis of the oft-overlooked practical dimension of autonomy, I suggested a new way of understanding the role of true beliefs in autonomous agency, and why some beliefs might appropriately be deemed to be decisionally necessary, as the cognitive dimension of decisional autonomy implies.

Partly on this basis, I defended the claim that the requirements of informed consent can be justified by considerations of personal autonomy, a claim also endorsed by the standard view of autonomy. However, I suggested that a rationalist account of decisional autonomy suggests that we should reform our understanding of what informed consent requires. In Chapter 6, I began to make this claim by further investigating the cognitive element of decisional autonomy, before going on to consider the implications of this investigation for standards of information disclosure and tests of materiality. I concluded this analysis by applauding the spirit, although not the letter, of the recent Montgomery judgement concerning medical negligence, in its apparent attempt to further the cause of patient autonomy in clinical decision-making.

The most controversial aspect of understanding autonomy in a rationalist sense concerns its implications for our understanding of decision-making capacity. Contrary to the anti-rationalist tenor of many philosophical treatments of the issue, I explained that existing medical law implicitly incorporates a number of considerations pertaining to the rationality of a patient's decisions. I also defended the view that a rationalist conception of decisional autonomy would not unduly restrict the boundaries of decision-making capacity. To further illustrate this point, I explained how my rationalist approach could be brought to bear on three different cases of end of life decision-making. In particular, I suggested that a rationalist approach calls for a more nuanced understanding of whether we should respect treatment refusals of psychiatric patients, and refusals based on religious beliefs.

By virtue of the objectivist approach to rationalist autonomy that I incorporated into my understanding of decisional autonomy, and my agreement with the Millian claim that we have a fundamental prudential interest in 'laying out our own mode of our existence', I claimed that there is an important relationship between personal autonomy and individual well-being on the approach that I have defended. In Chapter 9, I sought to explicate the nature of this relationship, explaining how autonomy could be understood to bear final prudential value, whilst acknowledging the possibility that we might have prudential reasons to prioritize global autonomy over local autonomy in some cases. I also suggested that my understanding of the relationship between autonomy and well-being spoke in favour of reconceptualizing the nature of beneficence and its conflict with autonomy, a move that is at least partly reflected in the evolving understanding of 'best interests' employed in medical law.

I shall conclude with two rather more general theoretical observations about what we may broadly conclude from this study. As well as developing an account of autonomy that avoids the flaws of the standard account of autonomy in bioethics, I have also been wary of the flaws attending many of the alternative philosophical accounts of this dimension of autonomy that are often invoked in bioethical contexts. However, over the course of developing this account of autonomy, I have attempted to somewhat bridge the gap between philosophical discussions of the concept of autonomy, and the way in which the concept is invoked in bioethics in other ways. It is no doubt true that our discussions of autonomy in bioethics, and the related notions of capacity, consent, and freedom, can of course be enriched by a philosophically informed understanding of autonomy. However, I also believe that the way in which the concept of autonomy is invoked in contemporary bioethical issues suggests some important insights for our philosophical understanding of autonomy. In particular, the importance of acknowledging both what I have called the practical dimension of autonomy, and the cognitive element of decisional autonomy in bioethical discussions should also be extended to our philosophical discussions of autonomy more generally. Philosophical approaches to the concept of autonomy should branch out from their somewhat myopic focus on the reflective element of decisional autonomy, because the different dimensions of autonomy that I have appealed to here are not just useful for understanding bioethical issues; an adequate understanding of the nature of autonomy must recognize the influence that each of these elements of autonomy can have.

Second, there is no ‘moral danger’ that understanding autonomy in the rationalist sense that I have outlined here would unduly restrict the boundaries of what would qualify as an autonomous decision. If there is any moral danger in adopting this approach, it lies in the highly ambiguous ways in which the concepts of rationality, autonomy, and value have frequently been treated in bioethical discussions, and the potential that this raises for misinterpretation and conflict. My hope is that this book has at the least shed some light on these ambiguities and, perhaps, offered a coherent way of thinking about these concepts that can help us navigate the various bioethical issues in which considerations of autonomy are salient.