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Abstract

Julian Savulescu performs an analysis of the relationship between autonomy and the idea of a “good life”, starting from the perspective of controversial elections. The author shows that the choices based on individual values and different from the common ones, represent a challenge in generally, and particularly in medical ethics, which call into question the principle of action in the interest of the patient.

Keywords:

Julian Săvulescu, authonomy, authenticity, bioethic,

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Introduction

Julian Săvulescu performs an analysis of the relationship between autonomy and the idea of a “good life”, starting from the perspective of controversial elections. The author shows that the choices based on individual values and different from the common ones, represent a challenge in generally, and particularly in medical ethics, which call into question the principle of action in the interest of the patient. Controversy starts from the relationship between the construction “idea of economy” and the welfare, in relation with themselves and to others. Of course, the controversial elections are not always expressions of autonomy. The author distinguishes between the perspective of Kant and the one of Mill with regard to this concept – the autonomy. From both perspectives, the individual should be encouraged to make rational choices to improve the authenticity of individual’s life. The author shows that certain choices, no matter how destructive they are, sometimes are essential for the individual in building their lives and welfare. Also there are presented a series of controversial elections like: sadomasochism, mutilation for apotemnophilia, the right to refuse unnecessary and degrading treatment unnecessary and degrading.

When asked how far can a person choose a certain behavior, considered to be at odds with their own interest, the answer may come from understanding how personal values act (other than those socially acceptable) upon the decisions and the autonomous behavior.

Julian Savulescu makes taxonomy of controversial elections, as in the following:

- Refusal of medical intervention in their own interest, or that which is plausible in their own interest. Refusal of interventions, whose effectiveness is not proven yet, or whose effect is limited, including in this case situations where extending life is uncertain or limited.
- Requesting interventions that appear to be opposed to the interests of the person, such as: assisted suicide and euthanasia, requesting interventions considered less effective than other more common, and requesting treatments proven

to be ineffective, including antibiotic therapy against viral diseases, injections of vitamins.

- Body changes with a significant degree of risk including: plastic surgery, sex changing etc.
- Engaging in high-risk health activities: excessive and dangerous diets, smoking, drug use, organ donation, extreme sports, and occupations with high risk, sexual practices with high-risk, lifestyle that involves risks liabilities.

There are identified two categories of regulatory actions: prudential and moral motivations.

Theories of well being

1. Hedonistic theories or of mental condition

Well-being is defined according to hedonistic theory as mental states of happiness, pleasure, or as combined psychic mental states that generates pleasure. This includes the states of fulfillment, calm, peace, hope, love and friendship. Motivations generated by the “well” mental states justify the risky actions that produce pleasure.

2. Theories of wish fulfillment

According to this theory the well being is in fulfilling own desires. This theory focuses on individual values and their place in the plurality of values.

3. Objective list theories

Called also the theories of substantive good, or perfectionistic theories, states that a particular situation or something can be good or bad for a person according to how these contribute to creating a pleasant mental state and welfare for the individual.

4. Composite Theories

Well being is seen under aspects that belong to all other theories, in general by engaging in activities which are considered as important, desired and which cause pleasure.

The implications of ethical theories on controversial elections

1. Health vs. other components of well-being

Health is seen as a tool that facilitates our implication in desired activities, and that create pleasure. At this level the question is whether the main goal of medicine should be health or wellbeing? This problem affects the way of understanding the effectiveness of health services and the acceptance of controversial elections.

2. Differences in conceptions of right and the risk estimation.

The theory of conceptualist decision believes that we have prudential reasons to choose a certain route, according to the positive probability of business success and expected positive results, that the probability of expected negative results or a negative valuation for the results.

The autonomy from Kant's perspective

Patient's right to accept or refuse treatment is a customization of the right to exercise freedom of choice, being understood as the right to self-determination and respect for individual autonomy. Individual competence to take autonomous decisions is related with his information, his ability to understand this information and make estimates of the consequences of the taken decisions. In legal terms the ability to accept or refuse treatment is related to the possession and ability to use in the decision process of some information on the nature of the purpose and effects of treatment, regardless if the reasons of the choice are rational, irrational, unknown or if even exist. The rationale is based on the principle of self-determination, which is viewed as a choice weighed upon possible and probable paths of action, and not just a simple choice. Informed choice is one that allows understanding the nature of actions and consequences. Completely autonomous actions reflect a normative and axiological deliberation on existing options. Deliberation about value is equally important as the consequences Julian Săvulescu believes that true autonomy is the result of confrontation between the desire to act on a rational base and the concern to be rational.

Autonomy understood from John Stuart Mill's perspective

From the perspective proposed by John Stuart Mill, autonomy is related to the exercise of rational choice and of the rational involvement in the election process.

Stuart Mill correlates autonomy with individuality and originality. For Mill, the option to freedom implies support for original elections. Autonomy is undermined by laziness and passivity. Those who made controversial choices are more autonomous than those who obey uncritically under habits and status-quo. Will bondage is seen as a distance by his own life, and enslavement in front of habits and patterns, indifference to their own individuality and lack of originality.

Limits of respect for their autonomy

1. Distributive Justice

Distributive justice requires a fairly allocation of limited resources. From this perspective, doctors may choose to disconnect from artificial ventilation a person whose chances of survival are minimal or inexistent, in order to use the equipment in saving the life of a person whose chances of survival are increased. Maintaining artificial life (artificial feeding and hydration) of a person, can be from distributive justice's perspective, correlated with patient's life quality, creating thereby a motivation for euthanasia.

2. Evil done to others

This view has many facets, starting from doctor's psychological trauma, whom performs euthanasia, to the increased risk of violence by refusing to medications, to freedom restriction of movement of a pregnant woman for avoiding damage to the fetus.

3. Public Interest

Public interest limits the right to self-determination within the freedom of others. In conclusion the author summarizes the concepts of autonomy, emphasizing the relationship between this one and risk taking.

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- Săvulescu J. (2007) *Autonomy, the Good Life, and Controversial Choices*, in Rhodes R., Francis L.P., Silvers A. (eds.), 2007 *The Blackwell Guide to Medical Ethics*, Blackwell Publishing Ltd., pp.: 17 – 37.