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Daniel Moseley, Gary Gala

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Daniel Moseley and
Gary Gala

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Brent Kious presents an important meditation on the relation of paternalism, autonomy, and values in "Autonomy and Values: Why the Conventional Theory of Values Is Not Value-Neutral." We begin by giving a brief overview of the main argument. Kious claims that if a paternalistic intervention is justified, then that intervention does not impede an agent's autonomous decision: considerations of autonomy are necessary for justifying paternalistic interventions. He also maintains that considerations of autonomy may focus on either competence or voluntariness. Accordingly, individuals that lack autonomy either lack competence or lack voluntariness. Kious argues that individuals with certain mental illnesses possess competence and therefore it is a lack of voluntariness, and not a lack of competence, that undermines their autonomy. Although many authors agree with Kious that a lack of autonomy in many cases of mental illness is the result of non-voluntariness, they have often tried to give value-neutral accounts of voluntary decision making. Kious proposes a non-value neutral (or as we shall call it 'normative') account of voluntariness. Kious maintains that all voluntary actions are motivated by values, where 'values' are defined as psychological states that provide the motivational component of action and decision, but value-neutral accounts of autonomy and voluntariness deny that voluntariness requires a voluntary action to meet any standard of objective goodness (or any other standard external to that agent's goals, preferences, desires, or other conative states). Kious defends a normative account of autonomy because, in the cases of mental illness that he describes, a person's autonomy is "undermined when a person's values do not accurately reflect her own objective good." (2015, 1).

Our evaluation of Kious's arguments proceeds as follows. First, we raise some worries that psychiatrists may have with Kious's account. Next, we consider some concerns with the philosophical content of the arguments.

Psychiatric Concerns

From a psychiatric point of view, our main concern with Kious' account is the general scope of his claims about anorexia nervosa (AN), which, he argues, may undermine one's voluntary decision making and thereby undermine that individual's autonomy. Kious tells us: "Although distorted perceptions of her appearance sometimes influence the anorexic person's behaviors, her non-autonomy cannot be explained by incompetence" (p. 3). We

dispute this claim. There is strong evidence that not only perceptual distortions but also cognitive deficits occur in AN involving memory, set shifting, and central coherence and that the severity of some of these deficits are weight dependent (e.g., Cucarellaa, Tortajadab, and Morenoc 2012; Roberts et al. 2007; Lopez et al. 2008a; Lopez et al. 2008b; Zakzanis, Campbell, and Polsinelli 2010). So we would suggest that for patients with AN, a lack of autonomy due to non-voluntariness only explains a *subset* of patients with AN and perhaps only a subset of them at *certain* times in their illness. At other times in the patients' illness, a lack of autonomy may be explained clearly by incompetence, arising as a result of cognitive deficits that impair understanding.

A second psychiatric concern we have with Kious's account arises from the discussion of mental illness as the cause of non-voluntariness. Kious explores the relationship between non-voluntariness, competence, illness, and values. He wants to show that illness is essentially evaluative, but that in value-neutral accounts of autonomy many decisions remain autonomous despite the presence of illness and competence. He assumes that individuals with AN are competent, but that their illness "causes the victim to have certain values" and that those values do not reflect their good (p. 5). We agree with Kious's claim that illness is a value-laden concept. However, the assumption that all individuals with AN are competent and that AN effects a patient's behavior mostly via a shift in the individual's values is not supported by the empirical data. There is a persuasive body of literature that suggests that AN primarily involves a perceptual change in body image (a small sample of this literature includes Cash and Deagle [1997], Hrabosky et al. [2009], and Konstantakopoulos et al. [2012]). The person with AN who is 90 pounds and 6 feet tall but sees an overweight person in the mirror is most likely in the grip of a delusion and is therefore making decisions on the basis of a distorted body image. According to Kious, a decision that is based on a delusion would imply a failure of competence because it is false that a person has an adequate understanding of her situation when that understanding is based on a delusional belief, which was itself based on a distorted perception. Perhaps there is a subset of cases of AN in which the disorder is directly targeting a patient's values and undermining voluntariness and autonomy in that manner. However, we believe that the evidence suggests that in a significant number of cases of AN, a lack of competence is the basis for the lack of autonomy.

In addition, if the scope of Kious' account is limited to certain phases of AN, that is *within* a diagnosis, we have additional concerns for this account across diagnoses. Kious briefly discusses major depressive disorder and substance use disorders. Even if we accept, for the sake of argument, his account for certain phases of these illnesses, what about the positive symptoms of schizophrenia or the manic phase of bipolar disorder? It is unclear to us how Kious' account would apply here. Maybe Kious accepts that his account is only applicable in a limited range of cases. If so, it would have been helpful to make this point clear and explicit in the paper.

Philosophical Concerns About Objective Goodness

Our second set of concerns with Kious's arguments focuses on philosophical problems that arise from his conceptions of objective goodness, autonomy, and paternalism. We first examine a concern with the remarks about objective goodness and its role in the arguments. Next, we examine some problems with Kious's account of the relation between paternalism and autonomy.

At a critical point in the argument Kious writes,

> [I]f a person has anorexia, something is harmful about her thought or behavior. Because the condition is not consistently and uniquely marked by any cognitive deficits, the behavior of the person with anorexia must be harmful because her values—the values in virtue of which she has anorexia—are harmful. And because anorexia is mainly bad for the person afflicted, presumably her values are bad for her—that is, they do not accurately reflect her good. So if her decisions are non-voluntary because of her illness, they are non-voluntary because her values do not reflect her good. (p. 5)

It is not clear to us what Kious's means when he speaks of 'her good.' Kious's theory of autonomy states that having values that do not reflect one's good directly undermines one's autonomy. Un-

fortunately, Kious does not offer an account of the 'objective good.' He states that "the good is plural," "reasonable persons can disagree about it," "each person has an objective good and can be mistaken about it," it is not invariant, and the relation between a person's values and one's good is complicated (p. 10). It would be unfair for us to demand that Kious articulate a theory of the good. However, it is fair to request for elaboration with regard to what Kious might have in mind when writing of 'her good.' Prima facia there is a tension between the idea that 'her good' is unique, and particular to her—it is *hers* (which seems to be a form of subjective value), and yet it is also a form of *objective goodness*. We see three ways that Kious might attempt to resolve this apparent tension. One way of understanding 'her good' would be to construe it as a matter of prudential value, which is commonly distinguished from moral, aesthetic, and other values. Perhaps Kious is construing prudential value as a form of objective goodness. Another way to characterize 'her good' might involve characterizing what the agent's preferences would be if that agent were an ideal rational observer. (For an example of a developed ideal rational observer theory, see Smith [1996].) So, according to this suggestion, 'her good' is what would be chosen by the agent if that agent were an ideal rational observer (or as Hume might say, an 'impartial spectator'). A third way that Kious might explain 'her good' would be to distinguish agent-neutral and agent-relative values, and construe 'her values' as a form of agent-relative value. (See Nagel [1970] and Parfit [1986] for classic expositions of the distinction.) According to this suggestion, 'her good' is a form of agent-relative value: this kind of value would be objective (it universally provides reasons), but things that have this kind of value are not goods for all agents. These three potential ways of unpacking Kious's concept of 'her good' are not mutually exclusive and might be helpful tools for developing the account of objective goodness. Without a clear concept of objective goodness in view, it is difficult to imagine how it would be possible to operationalize Kious's theory in a manner that would be able to provide practical guidance for clinicians that would be interested in paternalistic interventions involving patients with AN.

The last sentence of the above quoted passage also contains a dubious inference. Suppose that an agent's decision to do something is the result of AN and AN causes the agent to have values that are harmful to the agent. It does not immediately follow that the harmful values "do not reflect the agent's good." Something may be harmful to an agent along one dimension of evaluation (e.g., whether it contributes to health), but it may be positive to the agent along another dimension of evaluation (e.g., whether it promotes personal liberty, cherished activities, occupational goals, happiness, or a particular social/cultural identity). Kious does not only need a theory of objective goodness, he also needs a theory of harms or objective badness. The work of Bernard Gert may provide helpful guidance (e.g., Gert 1998). Here is a rough sketch of Gert's view. Gert offers an account of irrationality that he takes to be basic to rationality and that is linked to a person pursuing harms without adequate reason. He believes that the pursuit of these harms over time without adequate reason may be a sign of mental illness. He views the harms and their pursuit by a person without adequate reasons as fundamental to any justification for treatment over objection. We think that Kious's account would benefit from sustained engagement with Gert's theory of mental maladies. (Kious makes passing reference to the definition of 'autonomy' offered in Gert, Culver, and Clouser [1997], but he does not discuss their own systematic approach to paternalistic interventions or their discussion of *maladies*.) Adopting a Gertian approach would promote a normative/value-laden account of non-voluntariness without committing him to any specific theory of the good. We believe that this is a desiderata of Kious's account since although he wants a normative account of non-voluntariness his account does not reject plurality. He writes,

> An important feature of all these views is that they are ostensibly value-neutral, since their criteria do not involve any assessment of whether persons' desires, preferences, priorities, or goals (all of which I will call values) are good. This feature is important because it allows them to accommodate widely-shared intuitions that the good is plural and that disagreements about the good between reasonable persons are intractable. (Kious 2015, 2)

We believe that further engagement with the systematic approach advanced by Gert, Culver and Clouser would provide a helpful framework for Kious to examine when developing a pluralistic framework for justifying paternalistic interventions.

Philosophical Concerns About Paternalism and Autonomy

In the opening sentence of the paper, Kious writes, "One of the most widely accepted views in bioethics is that paternalistic interference in others' self-regarding decisions is justified only if those decisions are not *autonomous*" (p. 1). Paternalistic interventions are not always bad or immoral. It is not immoral for a parent to prevent her infant child from crawling near a ledge. So, Kious's claim must be restricted to *wrongful* paternalistic interventions. However, even if it is true that many bioethicists accept this autonomy condition on paternalistic interventions, it does not follow that the principle is correct. In fact, many bioethicists are act-utilitarians, for example, Alastair Norcross, Julian Savulescu, and Peter Singer. Many of them would reject Kious's autonomy condition on paternalistic interventions on the grounds that any paternalistic intervention that leads to a net gain in aggregate utility would be morally justified, regardless of whether that paternalistic intervention interfered with an individuals' autonomous decision. According to many mainstream act-utilitarians, it is a good general rule to encourage autonomous decision making (because doing so is usually a reliable way encourage people to do things that will promote their own well-being and the well-being of others), but whenever an interference with an individual's autonomy would lead to a net gain in aggregate utility, morality requires us to forsake autonomy and pursue the course of action that will lead to greater well-being in the world. By ignoring act-utilitarian approaches to bioethics and paternalism, Kious ignores an important and influential segment of bioethicists who would reject the autonomy condition for principled reasons.

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