

rational. No doubt this is a possible usage, but I think mine is quite standard. When we accuse someone of irrationality we do not (usually?) imply that he has no reasons, but that his reasons are not good enough. The interesting thing about the akratic person is that he says this of himself. It would be hard to deny that in Gillon's (excellent) example of eating *foie gras* he would have behaved *more* rationally, given his knowledge of the facts, if he had resisted the temptation rather than succumbed to it.

Davidson's akratic agent, let us remember, not only knowingly chooses the less good course of action but does so freely; he is capable of either. There is a constant temptation in the description of akratic behaviour either to supply extra reasons which we are not being told about or to suggest that either the agent lacks adequate knowledge or his choice is not really deliberate. But then he is no longer akratic. In the first case the extra reasons render him perfectly rational (in my non-metaphysical sense) because his decision *does* now correspond to what he judges best, all things considered. In the second case he is no longer akratic because he is not choosing knowingly or alternatively not choosing freely. I think Gillon succumbs to the temptation in his reactions to the puzzling case of Jones. His first inclination is to look for further reasons – perhaps he is a Jehovah's Witness or a Christian Scientist – which he is concealing from us. But then Jones becomes a standard Jehovah's Witness (with an additional problem about needles) who is being coy about his reasons. He is not akratic because he *is* choosing what he considers the best thing overall. ('Best treatment' may mislead us here. For the normal Witness best treatment is no treatment.) If this fails Gillon's second reaction is to look for signs of mental disorder. This will take the form of showing either that he is so deluded that he lacks an adequate 'knowledge base' for his decision and so decides unknowingly or that though his knowledge is adequate he lacks adequate willpower and

so is incapable of deciding otherwise. But then again he is not akratic anymore. The interesting case arises when we are unable to find any further reasons for Jones's decision, but equally there is no independent evidence of severe mental disorder (and Gillon agrees that the verdict of mental disorder requires further evidence and is not justified by the content of the decision alone). His knowledge of the facts seems adequate and there is no *independent* evidence of lack of willpower other than the discrepancy between his decision and his beliefs. What do we say now?

Autonomy is a concept with a rationalist pedigree. It combines the notion of having reasons for one's actions with that of being in control of those actions. For a rationalist where oneself is one's rational self these coincide. The interest of akrasia is that it pulls the two apart. When Gillon succumbs to temptation and eats *foie gras* he is in (non-metaphysically) perfect control of himself. He does it calmly and deliberately, unlike a compulsive *foie gras* addict. But his choice is less than completely rational. While Gillon depicts me as a super-rationalist I am in fact less of one than he is himself. His rationalism emerges in his description of children as 'autonomous in the sense of being able to make decisions for themselves based on reason' (without considering that these might be two independent attributes rather than one) and his frequent use of the phrase 'mental disorder' which has rationalist connotations (an irrational self is a disordered self). Once control over one's actions is allowed to vary independently of the rationality of those actions autonomy becomes an unstable compound. Is Jones autonomous because he is (apparently) in control of his decision to refuse treatment or non-autonomous because his reasons are, by his own admission, bad ones? Does respecting his autonomy entail accepting his decision because it is his or taking seriously his own claim that his reasons are bad ones (in which case overriding his decision would not be

paternalism at all but sincere respect for his 'real' autonomy)? Gillon's notion of adequate autonomy is a useful contribution to the debate but it does not, I think, make the question go away.

References

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International medical ethics: is it possible?

SIR

The final day of the Fifth International Conference on Ethics in Medicine (London, September 1993) was entitled International Medical Ethics: Is It Possible? Speakers came from five countries, representing four per cent of the world's population. One member of the audience could, perhaps, claim Asian origin; none was from China, Japan, sub-Saharan Africa or (I think) Latin America.

The discussion was erudite – but it was based wholly on the liberal-Judaeo-Christian ethic assumed, shared and enjoyed by every member of the audience. It was comfortable and convergent – but international it was not, for the great majority of the people of the world receive health care from systems that neither share our mind-set, nor see any point in moving towards it.

Until Western ethicists stop endlessly examining their own navels, international medical ethics, theoretically possible, certainly desirable, will remain wildly improbable.

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