

Analysis: An introduction to ethical concepts

Self-determination

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A recent report on the ethical problems of repetitive research may illustrate the role which 'self-determination' and related concepts can play in medical ethics. The authors of the report were convinced that the informed consent of the patient was essential in clinical research but they drew attention to certain problems arising out of this requirement. In particular they pointed out that because patients are dependent and anxious to please they are under strong pressure to accept the advice of their doctors. The report emphasised that research teams should not exploit this influence unfairly. These views are probably uncontroversial but if one wanted to explore the matter more deeply one might ask 'Why is informed consent essential?' and 'Why should psychological pressure from doctors be thought to vitiate consent?' In answering these questions many philosophers would use the concept of self-determination. 'Consent', they would say, 'is essential because doctors like everyone else have a duty to respect the self-determination of their fellow men, but if someone gives his consent because of psychological pressure he is not exercising genuine self-determination'.

What is self-determination?

To be self-determining is to be able to determine for oneself the course of one's own life. As usually interpreted this means that self-determination requires the mental capacity to make one's own choices together with the physical capacities and freedom to carry out these choices. The trouble with this account is that it is not clear when a person is genuinely choosing for himself. In practice it is easier to point to cases where self-determination is absent than to cases where it is clearly present. Thus a patient who is compulsorily subjected to treatment is clearly not being allowed to exercise self-determination. Similarly I cannot exercise self-determination if political or legal restrictions prevent me from doing what I would myself choose. For this reason, in political contexts 'self-determination' is often used as a synonym for 'freedom'. A

colonial people may, for example, be described as attaining self-determination when the colonial power departs. But it is not only political and legal restraints which hinder self-determination. If a patient agrees to undergo treatment simply because he is overawed by his doctor then it may be said that he is not making a genuine choice and so is not self-determining. Similarly one is not self-determining if one acts purely out of habit or social conditioning. So if a geriatric institution, for example, is conducted in such a way that patients no longer expect to make any decisions for themselves or to accept any responsibilities it may be accused of undermining their self-determination.

Just as there have been both positive and negative accounts of liberty so there can be both positive and negative accounts of self-determination. A negative account of liberty interprets liberty as simply the absence of external constraints; a negative account of self-determination would say that one is self-determined to the extent that one's acts are not determined by other people. But even philosophers who propound negative conceptions of liberty often seem to assume positive conceptions of self-determination. For example J S Mill, a leading protagonist of negative liberty, makes it clear that his defence of liberty is based on the idea that what is most valuable about man is his capacity to choose his own way of life, i.e. his capacity for self-determination. Many other philosophers in the liberal tradition have also argued that the capacity for self-determination is either the most valuable or, at least, one of the most valuable characteristics of human beings. But it would be strange to say that what is most valuable about human beings is their capacity for self-determination if we went on to say that self-determination is nothing more than the absence of determination by others. Why should one want to be free from the interference of other people unless there was some positive capacity which we valued and whose exercise was prevented by such external interference?

What we seem to need is a positive account of what it is to choose one's own actions for oneself. We might try to do this by distinguishing a man's rational self or ego from his desires, instincts or habits. We might then say that people are self-determining only to the extent that their acts are the product of their rational selves. The trouble is that there is no clear criterion by which we can

distinguish a man's rational self from the other elements within him, and, in any case, our desires, instincts and habits are just as much part of ourselves as our reason. So someone who claimed to be encouraging the rational self in his fellow men while freeing them from their lower self could well be accused of simply manipulating them to fit his own ideals. A satisfactory account of self-determination must avoid this kind of difficulty.

Self-determination and determinism

Similar problems arise if we try to work out the implications for self-determination of doctrines about determinism and free will. Determinism is the doctrine that all events have causes and that all human acts are therefore ultimately caused by things outside our control. It may well look as though this doctrine would be incompatible with a belief in self-determination, for if our acts are caused by things outside our control it seems that we could not be said to choose them. Indeed it looks as though the reason why we say that the patient who acts out of awe of his doctor or the institutionalised geriatric patient is not self-determining is precisely that we can give causal explanations of his acts. It would seem to follow that if all human acts have causal explanations, we are never self-determining. If, on the other hand, we say that human acts are not caused then it looks as though they are due to chance, and we could hardly call acts done by chance *self-determined*. The concept of self-determination seems to imply that in some sense our acts arise out of ourselves and hence are not pure accidents. So 'self-determined' cannot mean simply 'uncaused'.

Self-determination and reasons

In trying to answer these problems we may find that the most promising approach lies in considering the nature of man as a being who deliberates and acts for reasons. We could then say that a man is self-determining to the extent that he acts for his own reasons. Someone could be said to act for his own reasons if:

- a) His act is directed to goals or conforms to standards which he himself accepts
- b) He does the act because he believes it may help to achieve those goals or will conform to those standards.

Arguing in this way we could say that a patient who consents to treatment because he is overawed by his doctor is not self-determining because it is the doctor's goals and beliefs not the patient's which determine what is to happen. The acts of a severely institutionalised patient are likely to be

determined by the goals and beliefs of the staff rather than those of the patient himself. So an account of self-determination on these lines might give us a positive interpretation of self-determination which would make sense of the kinds of example we have been considering. It would not necessarily commit us either to determinism or to indeterminism since it looks as though advocates of both theories ought to be able to give some account of what it is to act for a reason.

The limits of self-determination

If human self-determination is something of great value we clearly have a duty to respect the self-determination of our fellow men. But even the most enthusiastic advocates of self-determination do not believe that people should always be left to do exactly what they want. They would concede that coercive measures may be used to prevent people harming others or when they are incapable of acting rationally. It is on grounds such as these that the compulsory treatment of those with severe mental illnesses would presumably be justified. There has been less discussion of the circumstances which would justify doctors in exploiting emotional pressures to influence their patients' decisions. The report discussed above implies that it would be improper to use this influence to persuade a patient to take part in clinical research, but one suspects that most people would take a different attitude if it was a question of persuading a patient to undergo treatment which was essential for his health. It might well be argued that in these circumstances, although it might not be permissible to use physical coercion, the doctor ought nevertheless to use all the emotional influence he has. The point may be that the exertion of even a very dominating influence does not restrict self-determination as much as coercion does, since a patient who is sufficiently sure of his own mind can usually resist it. So, although it is undesirable that a doctor should use this kind of influence, it may be more easily justifiable than the use of outright coercion.

Suggestions for further reading

- Mill, J. S. *On Liberty* (many editions).
 Downie, R. S. and Telfer, E. (1969). *Respect for Persons*, Chapter 1, London, Allen and Unwin.
 McDermott, F. E. (ed.) (1975). *Self-Determination in Social Work*, London, Routledge & Kegan Paul.
 Habgood, J., et. al. (1977). 'Ethical problems of repetitive research', *Journal of Medical Ethics*, 3, 14-17.
 Downie, R. S. (1975). Determinism, *Journal of Medical Ethics*, 1, 49-50.
 Steiner, Hillel, (1976), Liberty, *Journal of Medical Ethics*, 2, 147-8.