

Reining in autonomy?

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TITLE In defence of moral imperialism: four equal and universal *prima facie* principles

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SUMMARY

In this paper, the authors criticise the stance adopted by Gillon, who, in a recent publication,¹ holds that the principle of respect for autonomy should be understood as *primus inter pares* (the most important among otherwise equals) of the 'four principles' of medical ethics explicated by Beauchamp and Childress. Dawson and Garrard argue that this idea is untenable if these four principles are to retain their *prima facie* (at first sight, needing further examination) nature. Gillon argues that respect for autonomy is paramount for three reasons: it is morally precious because it makes morality, of any kind, possible; beneficence and non-maleficence towards others demand respect for their autonomy; it is central to ideas of justice in all contexts.

Dawson and Garrard suggest that these arguments are not only insufficient to justify the notion that autonomy is the first among equals, but that this claim might even lead to the conclusion that the other principles are more important because they are promoted by respect for autonomy. Their belief is that, within a general theory of *prima facie* duties and principles, no moral principle trumps the others. Their conclusion is that, in a given ethical dilemma, there can be no avoiding the need for particular judgement within the context of principles and rules guiding our ethical considerations. The principles and rules afford structure to the debate, but they do not provide the resolution.

Dawson and Garrard also challenge Gillon's position that use of the 'four principles' allows a middle ground between potentially incompatible moral theories, particularly moral relativism, and what Gillon calls 'moral imperialism' (thought to be his idea of moral objectivism), and thus facilitates dialogue in intercultural ethics.

OPINION

The 'four principles' approach to medical ethics, that is, the application of the notions of autonomy, beneficence, non-

maleficence and justice to the analysis of ethical problems presenting in clinical medicine, is generally accepted as a firm basis for addressing these issues. In this perspective, these principles are widely regarded as *prima facie*, and the relative importance of each of the four will vary according to each circumstance under examination, without any one being regarded generally as taking priority. In clinical medicine, health care professionals are bound to act in the best interests of their patients at all times. Paternalism is frowned upon, justifiably, on the grounds that its practice fails to respect the importance of allowing the competent individual to effect informed consent with regard to treatment offered, thereby compromising autonomy. Some limits to autonomy have been defined in case law, in that doctors may not be forced to provide interventions which confer no clinical benefit. The boundaries continue to be challenged elsewhere, however, for example in Joffe's Assisted Dying for the Terminally Ill Bill.* The assessment of 'best interests' involves a complex examination of all potentially conflicting influences according to the 'four principles', and the priority of each of these principles may change for each patient during the course of each period of indisposition. There can be no special place for autonomy above the other three 'equal and universal *prima facie* principles'.

The extrapolation of the 'four principles' to international relations is challenging but highly relevant. Gillon regards his approach as proposing a 'global moral ecumenism', which is worthy. However, ecumenism elsewhere has foundered, and an aspiration for this in ethics might be regarded as naïve.

REFERENCES

- Gillon R. Ethics needs principles – four can encompass the rest – and respect for autonomy should be 'first among equals'. *Journal of Medical Ethics* 2003; 29:307–12.

*Editor's note: The appropriateness of the proposals in this Bill for the care of the dying was challenged recently in a *Journal* Editorial. See: Jeffrey D. The Assisted Dying for the Terminally Ill Bill: an appropriate response to the challenge of caring for the dying. *J R Coll Physicians Edinb* 2005; 35:195–6.