

## THE APPLICABILITY OF AUTONOMY AS A UNIVERSAL PRINCIPLE IN MEDICAL ETHICS AND “COLLECTIVE AUTONOMY”

\*OĞUZ, N. Yasemin

\*\*KAVAS, M. Volkan

TÜRKİYE/TURCIЯ

### ABSTRACT

Medical ethics, as a recent academic field in Turkey and in the most developing countries, received its core elements like principles, terms and definitions of the terms from Western, to be precise Anglo-Saxon, world. For Turkey, one of the main resources for this discourse was Beauchamp and Childress's famous book *The Principles of Biomedical Ethics*. The well-established and strong tradition of Hippocratic ethics helped the principles such as beneficence, non-maleficence and justice to be received well. Autonomy, as a universal principle, did not receive the same attitude. At the beginning of the studies on autonomy, the academicians themselves had difficulty in fully understanding the concept, foreseeing its applications in the practice and appreciating the overall consequences for medicine and research. While these difficulties still exist, it was generally accepted that autonomy, as a concept, is the basic element of Western biomedical ethics and that most of the procedures of the developed world originated from this concept. Without autonomy, it would not be possible to decode Western bioethical discourse.

Introducing the concept of autonomy to the other health professionals and adopting the procedures stemming from this concept have arisen many problems. The health professional who is willing to respect the patient's or a research subject's autonomy in his/her daily practice could not find an autonomous individual in the Western sense of the term. The individuals were mostly unwilling to participate in the process as an autonomous unit. In Turkish society, the smallest unit that can function as an autonomous entity is the family. It is necessary to understand family as a larger unit

---

\* Ankara University School of Medicine Department of Medical Ethics; Prof. Dr.

\*\* Ankara University School of Medicine Department of Medical Ethics; Dr.

than it is usually conceptualized in Western societies. The nuclear family is a phenomenon that is limited to a few large cities in Turkey, in the rest of the country, mainly in the rural settlements a Turkish family generally consists of grandparents and other blood relatives. Whatever the dimensions of the decision-making unit become, the most interesting feature of the social construct of the Turkish society is the undetermined nature of the individual boundaries and the complexity of interpersonal relationships. The crucial point for the health professional is that the individual expects the health professional to involve the entire culturally structured decision-making unit into the decision making process. The Western definition of autonomy does not provide a solution for handling this situation; in fact, there is nothing in the definition that recognizes the situation at all.

In the beginning, most of the biomedical ethicists in Turkey and the Research Ethics Committee members, including the author, thought that this issue was directly related to the level of development and were convinced that their function should be to enhance this development of individual autonomy through education. Some, including the author, does not believe that anymore. They believe rather that this uncertainty about individual boundaries has more fundamental origins that stem from the conceptualization of the universe: life, community, and human. The differences in conceptualization are so fundamental that people who exist in this cultural environment will have a very different decision-making process than that of the Western people when they reach a further level of development. Hence the original task for these biomedical ethicists is to create or discover a method to honor this “collective autonomy”.

In this presentation the concept of “collective autonomy” will be introduced and the processes in the medical field that can stem from this concept will be discussed.

**Key Words:** Autonomy, collective autonomy, principles, medical ethics.

-----

In an ethical grand-round at the University of Minnesota Center for Bioethics, a case about 50 years' old woman was being discussed. She was the human resources department director of a cable TV company in Minneapolis. The company had decided to change its employee profile and to adopt a younger image. So the lady decided to undergo a face lift operation in order to comply with this decision and keep her position. The

subject of discussion was whether this was an autonomous decision or an unethical forcing on the part of the company. A friend of mine, also a medical ethics scholar from China, Prof. Jing Bau Nee asked what the other employees had been thinking about her decision. Other colleagues surprised in the face of this question, they did not understand the relevance. According to them, the issue was as simple as the company versus employee. On the contrary, Dr. Nee was content that the lady must have a responsibility towards her fellow employees who will see her everyday and share the same work place as well. It was not comprehensible for our western colleagues. According to them even the family had no say in such matters. After thinking over the case I realized that Prof. Nee had really a point in that. Even a child must have quite a say if his/her mother will change how she looks; because individual boundaries between a child and a mother are not that clear cut. After this case discussion I have started to think about the universality of the principle of respect to autonomy. Here is what I have thought so far.

At that time and even today medical ethics, as a recent academic field in Turkey and in the most of the developing countries, received its core elements like principles, terms and definitions of the terms from western, to be more precise Anglo-American world. In Turkey, one of the main resources for medical ethics discourse was and still is Tom Beauchamp and James Childress' famous book 'The Principles of Biomedical Ethics'. The well-established and strong tradition of Hippocratic Ethics helped Beauchamp and Childress' principles such as beneficence, non-maleficence and justice, to be received well. However Hippocratic ethics denies patient autonomy by putting the total burden of medical decisions on the physician's part. On the contrary, Beauchamp and Childress, in addition to the other western medical ethicists, propose and adopt autonomy as a basic value of their discourse and a necessary concept to limit physician's authority. As they claim that these principles are universal and applicable everywhere that medicine is being practiced; autonomy and its applications in medical practice, such as receiving patient's informed consent, present a new task to non-western medical ethicists. The task happens to be translating this concept into their universe of values in a culture sensitive manner. In this presentation I will ground my speech on the definition Beauchamp and Childress suggested for autonomy. It reads as follows:

Autonomy is or as they put it **“an autonomous action is the conduct of normal choosers who act (1) intentionally, (2) with understanding,**

**and (3) without controlling influences that determine their action.”**

At the beginning of the studies on autonomy, the non-western academicians themselves had found it difficult to fully understand the concept. In the abstract the definition is quite simple, but its counterpart in the real life world is not quite so. In the most of the eastern cultures individual does not have social boundaries as clearly as it is claimed to be in the western cultures. For example in Turkey, individual's boundaries with his or her family are especially undetermined. These undetermined boundaries are not a matter of lack of individualization. Actually conceptualizing interpersonal boundaries as undetermined embraces human condition better than the western ethicist do. Nevertheless the academicians had to accept without autonomy as a dominating principle, it would not be possible to decode western medical ethics discourse as it is the basic element from which most of the ethical procedures of western medicine originated. Therefore at the beginning they had to be content with the abstract and that was where the problem has begun.

Introducing the concept of autonomy to the other health professionals was a first hand encounter with the real life world. This immediate confrontation showed the academicians that they had not only failed in fully understanding the concept, but also failed foreseeing its applications in the practice and appreciating the overall consequences for medicine and research as well. Leaving the legal requisites aside, adopting a moral stand with patient autonomy at its center and following the procedures stem from it have arisen serious issues.

The health professional who is willing to respect the patient's or research subject's autonomy in his/her daily practice, could not find an autonomous individual in the western sense of the term. The individuals were mostly unwilling to participate in the process as autonomous units. They were demanding to be accepted in the process as a family unit which is even larger than the family in the western sense. If the physician denies to involve the family in the process, then the patient insists that the physician should accept him or her as if (s)he is a family member and decide accordingly. If we examine the concept of individual through western ethics codes, we surprisingly notice that they were established to protect individual from the physician, from other parties, from the state and even from their own families. Their main characteristic is being an ethical order between strangers. These codes reduce the family relationships to interactions between strangers as well. We know that this is not correct or

applicable to most of the eastern cultures no matter how modernized they are. I doubt that it is not correct for many western societies either. Therefore I claim that this ethical perspective fails to understand an important aspect of human condition.

In Turkish society, the smallest unit that functions as an autonomous entity is the family. As I have said already, it is necessary to understand family as a larger unit than it is usually conceptualized in western societies. The nuclear family is a phenomenon which is limited to a few large cities in Turkey. In the rest of the country, especially in the rural settlements, a Turkish family generally consists of grand parents and other blood relatives; in some ethnic and religious groups even a religious leader can be assumed as a family member. Whatever the dimensions of the decision-making unit become, the most interesting feature of the structure of the Turkish society is the undetermined nature of the individual boundaries and the complexity of interpersonal relationships. The crucial point for the health care professional is that the individual expects him or her to involve the entire culturally structured decision-making unit into the decision-making process as one united entity. The western definition of autonomy does not provide a solution for handling this situation; in fact, there is nothing in the definition that recognizes this situation at all.

In the beginning, most of the biomedical ethicists in Turkey and the Research Ethics Committee members, including myself, thought that this issue was directly related to the level of development and were convinced that their function should be to enhance this development of individual's autonomy through education. Some, including myself, do not believe that anymore. We rather believe that this uncertainty about individual boundaries has more fundamental origins that stem from the conceptualization of the universe; life, community, and human. The differences in conceptualization are so fundamental that people who exist in this cultural environment will have a very different decision-making process than that of the western people when they reach a further level of development. Hence the original task for these biomedical ethicists is to create or discover a method to honor this 'collective autonomy'.

The term 'collective autonomy' fits in very well with the situation in Turkey. The definition I suggest reads as follows:

**'Collective autonomy' is a decision-making process which consists of intentionality of a certain collective about one of its member or member's matter, as well as collective understanding that surrounds**

**this matter without controlling influences which is defined as outsiders by the collective. The collective is made up of individuals who define themselves as a part of that entire group of people.**

I think if we like to keep the principle of respect to autonomy as a universal principle, we have to modify it according to our cultural features. This is to introduce uncertain individual boundaries into the concept. For medical practice, its application would be allowing as many decision-makers as the patient tends to bring in and leaving them adequate time and space to come to a collective conclusion. It is different from letting the patient have time to go and discuss the matter with the ones he or she desires. It is the physician's acceptance of the collective unit as a decision-maker and act accordingly. This is especially hard when recruiting research subjects is at stake. Researchers prefer to approach to the subjects individually, but even according to the universal declarations on research ethics, collective autonomy such as ethnic or religious collectives are being honored.

In conclusion, we can say that respect to autonomy as a universal principle is not universally applicable in the western sense of the term; it requires modifications. Collective autonomy as a newly introduced concept poses some opportunities to acquire a more culture sensitive principle, but it has its own difficulties in application. Both the concept and its procedures to be suggested need further inquiry.