

Respect for Personal Autonomy, Human Dignity, and the Problems of Self-Directedness and Botched Autonomy

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This paper explores the value of respect for personal autonomy in relation to clearly immoral and irrational acts committed freely and intentionally by competent people. Following Berlin's distinction between two kinds of liberty and Darwall's two kinds of respect, it is argued that coercive suppression of nonautonomous, irrational, and self-harming acts of competent persons is offensive to their human dignity, but not disrespectful of personal autonomy. Irrational and immoral choices made by competent people may claim only the negative liberty to be left alone. Lives disposed to autonomy are worthy of solidarity and active support in addition to the right of free choice and action. Autonomous premeditated desires (distinguished from mere consent) may embody transcendental choices, which transcend consideration of physical and psychological well-being. Choices made by incompetent persons (e.g., children and the mentally disabled) are not related to autonomy, but to self-directedness. The value of human dignity confers protection to self-directedness, but not at the expense of other vital interests.

Keywords: *autonomy, beneficence, human dignity, incompetent persons, responsibility*

I. INTRODUCTION

In this article, I wish to discuss the value of respect for personal autonomy by means of three paradigmatic situations:

1. Autonomous actions (whatever the particular theory of autonomy might be)
2. When competent and free agents act in ways that fail the standards of autonomy (whatever the particular theories of competence and

- autonomy might be). This failure, which I refer to as “botched autonomy,” may be further divided into
- a. Non-autonomous actions originating in people who are principally disposed to autonomy.
 - b. People, who despite being mentally competent, fail to show any significant level of autonomy.
3. Free actions of mentally incompetent people (self-directedness).

The hub of the discussion is a persistent logical incompatibility between the so-called bioethical side of the discourse on autonomy and its so-called philosophical side. According to leading voices in bioethics, the value of respect for personal autonomy demands respect, at least in the sense of non-interference (“the right to be left alone”), for every choice made by free, adequately informed, and mentally competent persons; whereas according to virtually all philosophical theorists of autonomy, some choices that are made by free, adequately informed, and mentally competent persons cannot be considered autonomous.

There is little, if any, motivation to allow nonautonomous action to hurt someone. Philosophers debate the extent and kind of harm a person might inflict on others through autonomous choices (e.g., [Williams, 1981](#), chapter 1; [Thomson, 1986](#)). Here, I wish to focus mainly on situations of self-harm, where a commitment to the good of the person and a commitment to the value of respect for personal autonomy seem to collide.

II. THE “BIOETHICAL” CONCEPT OF RESPECT FOR AUTONOMY AND SELF-MADE CHOICES THAT FAIL THE CRITERIA OF AUTONOMOUS DECISION MAKING

According to Beauchamp and Childress’ influential textbook, an autonomous action consists of a competent agent who acts intentionally, with understanding of the relevant information, and in the absence of controlling influences (see [Beauchamp and Childress, 2001](#), 59; [Feinberg, 1986](#), 59–68). Alas, this definition seems to fit voluntariness, not autonomy. Many intentional actions committed by well-informed free and competent persons are capricious, careless, and even self-destructive. We cannot apply the concept of “self-governance” or “self-legislation” (auto-nomia) to unruly persons, whose life is a chaotic chain of “local acts,” none of which seems to bear any rational connection to another, and few, if any, congeal into meaningful pursuits and values.

People who demonstrate no consistent pattern of aiming at some good (be it the common good, something they conceive of as such, or even selfish pursuits), and those whose lives are dominated by wantonness, malice, self-abuse, substantially contradictory goals and behaviors, or no aim at all, present us with the problem of botched autonomy.

Ethicists recognize that patients may be morally responsible for their avoidable errors (Buetow and Elwyn, 2006). How do health care professionals stand in relation to patients' autonomy when we face self-injurious and self-degrading behaviors? One pragmatic response is humility. We act on the assumption that our own judgment might be flawed, not the choice of the other person. However, sometimes stupidity and irresponsibility stand out conspicuously from people's actions so as to make them appear so in the eyes of every observer. In the absence of any attempt at self-justification, an attitude of humility seems highly unlikely. At times, the person himself confesses to extreme unhappiness, regret, or shame over dominant patterns of his behavior. In the face of this, humility would be misconstrued and even cruel.

Utilitarians, who are committed to the fair promotion of the general happiness, are less troubled by this problem. For them, the morally relevant criteria of "personal autonomy" should fairly increase overall well-being and may not necessarily constitute a comprehensive and consistent account of autonomy as a psycho-moral concept (Christman, 1988, 117–9).

Some philosophers insist on separation of personal autonomy, as a pragmatic bioethical/legal term with marginal moral significance, from "moral autonomy" that requires conscientious transcendence beyond personal interests and desires (Raz, 1986, 370; for a recent review and criticism, see Arpaly, 2005 and Waldron, 2005). In a similar vein, O'Neill (2002, chapter 4) and Tauber (2005, chapter 3) propose a shift from personal autonomy to "principled autonomy." Within the framework of this concept, people have a moral duty to respect only those actions and regulations that members of a well-ordered society would arrive at through free and fair deliberations. This framework of thought is allegedly more strongly embedded in the philosophy of Kant, who coined the term "respect for autonomy." Nevertheless, it is still unclear how we should address personal acts that clash with principled autonomy. Whether there is permission to suppress such acts or there is a duty to respect them in the name of principled autonomy only, the original meaning of respect for personal autonomy as a primary value seems to have lost its bite. Rather, omission of the "personal" from the value of autonomy and a shift of attention to its rational elements (Savulesco and Momeyer, 1997) might enhance the nonpersonal and impersonal features of ethics at the expense of the individual. Such developments are certainly not the factors responsible for the prominence of respect for autonomy in clinical ethics and in public opinion.

After considering the protean uses of the word autonomy, Dworkin (1993, 6) concludes that "it is very unlikely that there is a core meaning, which underlies all these various uses of the term" (see also Feinberg, 1986, chapter 18). Consequently, Dworkin focuses his practical discussion of autonomy on resistance to perfectionist and paternalistic views as well as to external ideologies and loci of power (Dworkin, 1993, 10). Dworkin himself adheres

to a voluntariness account of autonomy. He asserts that autonomy is evaluated within the “global” context of a life plan (15ff).

The “authenticity” and the degree of “self-identification” with self-generated desires and actions are also moot issues in the literature (Young, 1988, chapter 5; Arpaly, 2003, 119–24).

The problem of botched autonomy may be cast in two different ways. The first relates to the erroneous and negligent side of life disposed to autonomy; the other relates to people who, in spite of their capacity to lead autonomous lives, entirely fail to do so. This paper offers a non-utilitarian account of respect for personal autonomy (it may be compatible with utilitarian thinking) that meets the challenges of botched autonomy—when informed, competent, and free agents make willful decisions whose structure cannot be regarded as law-like or conducive to the shaping of one’s life or to infusing it with meaning or whose content, from any globalized mode of valuation conceivable, is akratic or involves self-harm. This account will be developed relative to the values of respect for personal autonomy and the regard due to choices made by incompetent persons.

III. THE IDEAL OF RESPECT FOR PERSONAL AUTONOMY

Respect for personal autonomy is respect for persons disposed to the development and pursuance of coherent, nonpredatory¹, and rich life plans and their corresponding systems of values. A coherent and rich life plan is an ideal few people realize. However, following Dworkin, we may say that every person who manifests sincere and active commitment to self-criticism for the sake of a good life is autonomous, despite his or her errors, weaknesses, and failures in both critical thinking and in fulfillment of its conclusions (see Sidgwick, 1998/1898, 22).

In this context, “critical” is a mode of thought that examines in terms of moral worth or condemnation one course of action against an alternative one, prospectively (What shall I do? What good may be done?) as well as retroactively (Did I act rightly?) (Benson, 1987; Arpaly, 2003, 69). Reflective self-criticism (“critically scrutinized choice”—Sen, 2009, 180–3) also entails monitoring of situations that might undermine genuine self-criticism, such as “brain-washing,” “false consciousness,” failing mental faculties, diminished self-esteem (see Barclay, 2003), subtle forms of coercion and manipulation (Santiago, 2005), and cognitive biases and failures (Camerer et al., 2003; Schwab, 2006). In addition to sincerity and related subjective states of mind, an autonomous position must stand the tests of coherence (logical structure of reasoning), of ontology (reasoning is not based on delusions or deceit), and of plasticity (absence of overtly rigid adherence to one’s own beliefs).

It may be said that the autonomous person acts out of a conscientious stance (see Stocker, 1981). However, this stance is not only action-oriented

self-reflection, but is also open to reflections coming from other people. The person is open to deliberation, to “reason-giving,” and to persuasion. What counts toward a strong concept of respect for personal autonomy is not self-governance as such, but self-governance that is sincerely interactive with some other people and which targets substantial questions of value and personal choice.

It follows that autonomy comprises three aspects: critical and deliberative voluntariness, application of this critical and deliberative voluntariness to choices regarding fundamental human values, and to integrating some of these choices. Such integration ultimately brings forth “rational life plans.” A person who is open to critical and interpersonal deliberation of questions on fashion and gardening is not yet autonomous. A person deliberating occasional values and desires and actions is not yet autonomous.² Only when fundamental human values constitute the content of a critical deliberation that aims at a balance or a resolution motivated by concepts that transcends each individual value or desire is a person autonomous. Autonomy is deliberative and integrative. Being sincere, autonomy may shape action; and it may inform and alter internal states of mind such as emotions and desires. Carelessness and contempt to the well-being of other people are not compatible with sincerity and the sharing of consciences, which are the hallmarks of moral deliberation (Barilan and Brusa, 2011). Since personal interactions with other people and especially relationships of care rank very high among sources of well-being, sincere deliberative attitudes are also associated with well-being. A sense of self-control is also strongly correlated with happiness (Argyle, 1996; Myers and Diener, 1996).

A person cannot be autonomous unless she respects the autonomy and human dignity of others from an attitude of care and of sharing responsibilities. Respect for the personal autonomy of others entails self-respect and care for self and others as vulnerable (embodied and needy), free, and rational humans. Respect for personal autonomy situates self-care, care for others, and transcendental goals (see below) within the framework of interpersonal regard and rational deliberation.

From a definition of autonomy that is derived from a deliberative stance on fundamental questions, it is possible to see why respect for personal autonomy is a moral value. Three aspects of the psycho-mental state of autonomy already include elements of respect for other persons—sincere openness to critical and interpersonal deliberation, responsible regard for other people, and self-respect. Respect for personal autonomy entails beneficent care for self and other persons; it reciprocates an attitude of respect in terms that are very close to contractarian foundations and it recognizes the things most important to persons. This includes transcendental values, which only moral agents can have.

Autonomy does not require a habit of conducting moral deliberation prior to action. Whatever the conscious and unconscious mechanisms of our

actions are, competent persons can principally suspend action and respond to critical questions about their own desires, plans, and conducts. They will not attempt technical or matter-of-fact answers but will deliberate out of recognition of the personal and moral centrality of practical reason.³ Often, rational and virtuous people do not need to deliberate much, since for them, proper action has become a habit. At other times, the autonomous and prudent choice is to deliberately suspend freedom of choice or options to choose from, in order to protect one self from temptations that are hard to resist (Ainslie, 1992, 162–70). A classic example is Odysseus asking his sailors to tie him to the mast of his ship in order to prevent him from following the Sirens (Odyssey, bk. 12). Had the sailors tied Odysseus without his request, the act would not have been autonomous. So the facts that count toward autonomy are the potential deliberative endorsement and lack of other and more powerful sources of control.⁴

Authentic and sincere deliberation might result in flawed and even irrational conclusions, but the process of interpersonal deliberation always is open to correction through internal and inter-personal deliberation. A free and competent person is never barred a priori from arriving through rational and interpersonal deliberation at sound, coherent, and authentic moral judgment and action. An autonomous person is sincerely committed to engagement in such deliberations on many things that matter most to humans.

IV. RESPECT FOR AUTONOMY: THE REALITY

The medical context of the bioethical discourse on autonomy highlights three crucial points. First, failure to envision a realistic ethos of autonomy is of philosophical and ethical importance far beyond mere incompatibility with popular sentiments. It seems impossible to expect altruistic and responsible caregivers to deliver care in a manner that is respectful of personal autonomy without having a clear concept of autonomy and why it should be respected. The second is a need to conceptualize this value in realistic terms so as to allow us to apply it to real circumstances of real people, who are often far from the prime of their physical and mental powers and within the exigencies of healthcare delivery. Even people at their prime are far from conditions of “full rationality” and “full virtue” (Williams, 1985, 240; Smith, 1994, 134–6). The third point is a widespread conviction, particularly among lay people, that respect for autonomy is not an abstract concept; its normative essence lies in our respect for each other as human beings. We respect real persons and real lives whose visions, wishes, and acts are always colored by the weaknesses and idiosyncrasies of human nature and by specific circumstances of life.

Over and above the envisioning of respect for autonomy as a fundamental moral value, prudential considerations of moderation and the moral attitudes of charity and humility put an additional weight against dismissal of other

people's acts, even when they seem to act wrongly, harmfully, and non-autonomously. Even when policing competent persons seems apt, practical experience teaches that attempts to regulate decisions of a personal nature are doomed to failure (Mill, 1989, 83). The attitude of charity implies acceptance of the hypothesis that people "believe what they ought to believe and desire what they ought to desire or at least what it makes sense for them to desire" (see Davidson, 1991, 136–7; Blackburn, 1998, 54). An attitude of humility encourages people to hold fast to charitable dispositions despite having good (but not compelling) reasons against it.

Kant stresses the uniqueness of every person's perception of his or her own happiness (Metaphysics of Morals, 6:215), underlining the intrinsic connection between a subjective point of view (which others may have difficulties in sharing) and personal values and even personal well-being (see Varelius, 2006). Moreover, as Mill (1989, 65) points out, original actions conceived by creative autonomous selves are prone to be misunderstood as meaningless. Hence, extra caution and humility are mandatory when we judge competent people, most particularly, when they are otherwise clearly disposed to autonomy.

Occasionally, absurd and utterly unexpected actions prove themselves salubrious and responsible. Berofsky (1995, 135–6) observes that "many great achievements were effected by persons who ignored the odds" and concludes, "Occasional breaches, which are not indicative of a general breakdown of rationality and which preserve other elements of autonomy, are permitted [within the notion of autonomy]."

Autonomy is a property of the subject (the "self"); respect for autonomy is an attitude of one subject regarding another. Since complete transparency between subjects (two different selves) is impossible, the value of respect for autonomy is never about an ideal but about approximations. This results in an overlap of the ideal of respect for autonomy, respect for human dignity, the virtue of prudence, and the attitudes of charity and humility. Having explicated the meaning of "autonomy" in the moral value of respect for autonomy, the next section will examine the "respect" in the value of respect for autonomy. The sections that follow discuss respect for dignity in situations of botched autonomy.

V. NEIGHBORLY LOVE (THE GOLDEN RULE) AND RESPECT FOR PERSONAL AUTONOMY

Kant invokes rational coherence in order to establish a moral duty of benevolence (Kant, 1981, 30–3; O'Neill, 1989, 81ff; Korsgaard, 1996a, 77ff). Nelson (2008, 96) takes Kant's morality a step further:

I suggest that the additional idea in the formula of autonomy is that we are not only to respect the *capacity* to make plans and the *persons* who have it but also that we are to respect the *plans* they make.

Following Darwall (1977), I wish to argue that this kind of respect is of the “recognition” kind. It is a positive valuation that entails the supportive involvement of autonomous persons. With the exception of act-utilitarianism, most ethical doctrines teach that the duty of noninterference is much stronger than the duty of active help; the first is formulated in terms of human rights and cannot be overruled unless by exceptionally strong reasons. The duty of active assistance might be quite weak, as other duties and interests override it easily. However, I contend that in the absence of reasons against the provision of help, there is a moral duty to assist fellow humans in realizing their life plans. As trivial as they might be, there is no complete duty to forgo my current preoccupations and engagements, for the sake of autonomous projects of other people. Yet, human autonomy and autonomous projects of others should be regarded as open ethical callings for support and for consideration on behalf of the public and of individual agents. There is no moral praise in assisting someone to realize a stupid action;⁵ assisting the rational projects of others is praiseworthy, even if we were morally entitled to prefer idle repose to helping. So a substantial difference, even if minute, exists between the moral attitude towards nonautonomous desires and the moral attitudes towards autonomous choices.

Although love may be directed at anybody, active support from an attitude of love can only target moral and rational endeavors. Aristotle already identified activity and goodness as two essential features of love (*philia*—*Magna Moralia*, 1210b). In this context, we may compare the virtues of compassion and love. Love is a complex emotion whose practical dispositions include respect, identification, and support of the beloved along with his or her interests and cares. Compassion or empathy is limited in scope since it is only triggered by suffering and it only stimulates action for the sake of relieving suffering. We might be called upon to offer personal sacrifices for the sake of compassionate aid to the needy. But clinical care is a sophisticated enterprise that is far from being exhausted by relief of suffering and by the transfer of resources from one place to another. The action tendency in compassion is restorative (see Elster, 1999, 60); the action tendency in love is forward looking, visionary, creative, and evaluative.

There is a strong intuitive presumption that anybody having the power to alleviate suffering also has a moral duty to do so (Mayerfeld, 2002, chapter 5; Sen, 2009, 205). It does not make sense to argue that relief of suffering is the only moral value with the power of creating obligation. This might reduce morality to a kind of hedonism. It follows that although relief of suffering may be more urgent and more demanding morally, an incomplete duty of help exists beyond issues of suffering (Barilan, 2012b). Respect for personal autonomy in the form of active assistance is one such moral value. Moral commitment to an active support of other people’s autonomous projects does not necessarily entail endorsement of either the immediate goals or the overarching projects. Such endorsement is mandatory only regarding our

own life plans. The commitment in question is respect for personal autonomy not respect for agendas that happen to belong to life plans of other persons. Therefore, if we encourage people, who due to irrational or wrong considerations happen to promote goals that we also aim at rationally we do not respect the personal autonomy of those people. We promote our own values. We respect the autonomy of other people when we share with them the relevant value judgments. This is trivial.

When we lend a hand to the projects associated with people's rational life-plans, but not with ours, we do respect their autonomy in a nontrivial way. Our love of our neighbor and our respect for her autonomy make us identify, at least partially and indirectly, with projects, ideas, and visions we are otherwise careless about. Through such processes of identification, we become involved in broader dimensions of human life. Some such projects we learn to esteem independently of the persons harboring them. Through differentiation from other people's projects and values, we may refine our own personal and communal identities and intensify our commitment to our own life plans. This kind of dialectical growth is, possibly, the chief source of creativity in the realization of autonomy as "self-creation" of the person as a social and rational creature (Cocking and Kennett, 1998).⁶ We have no duty to act in ways that collide with our own autonomy and values. But we do have a duty of respect for the autonomy of others, even when their values are different from ours. Only from readiness to actively support life plans and values which we do not share and have no stakes in, does our respect for personal autonomy become distinctly manifested.

VI. HUMAN DIGNITY AND SELF-DIRECTEDNESS

Many people are not autonomous because they are not sufficiently free and rational; they are not competent. However, many such persons walk about, explore objects, interact socially, and have rich lives that contain elements of moral behavior and judgment. Many mentally incompetent persons participate in critical moral deliberations. Arguably, they bear some moral responsibility. Since incompetent humans cannot be autonomous, their so-called autonomy is better referred to as "natural self-directedness," a mode of existence found in animals as well (cf. Gewirth, 1978, 141–2). I wish to argue that we refrain as much as possible from restraining the free action of incompetent people, and the reason for this is respect for the liberty inhering in human dignity and not in the value of respect for personal autonomy. Although autonomy is at the heart of human dignity, human dignity addresses issues beyond the pale of autonomy and voluntariness (Barilan, 2012a).

We take personal cleanliness as a moral value beyond the benefits of hygiene. Similarly, we believe that demented patients deserve decent clothing, even if the persons in question cannot tell dirty tatters from clean pajamas.

We identify people by given personal names, not serial numbers, even if those people are not capable of having any sense of self-identity. Medical confidentiality also applies to people with mental retardation, who cannot comprehend or feel breaches of privacy. All these attitudes, and similar ones, express our respect for human dignity as a way of regarding all human individuals as endowed with a special moral value and regardless of considerations of autonomy.

In the same vein, I argue that we have a moral duty to allow every human being to pursue his or her naturally given life and to empower self-directedness without fetters that are of no substantial value to personal well-being, other aspects of human dignity or future autonomy. Whereas environmental values speak against interference with the self-directedness of natural forces, plants and animals, and human dignity calls for active protection of non-rational humans. We do not let mentally disabled people mingle self-directedly with the wild forces of nature. We actively intervene whenever incompetent humans are being injured, self-injured, or injurious to others. On the other hand, a distinction between “competent” and “incompetent” animals does not exist; and it makes no sense to call for the protection of small animals from being preyed upon by bigger animals. Those who speak on behalf of “animal rights” cannot aspire, morally as well as practically, for more than whatever the natural self-directedness of every animal can lead to (Barilan, 2005). Respect for human dignity also requires empowerment of “human capabilities” and “human agency” (Sen, 2009) among self-directed, potentially autonomous, and autonomous people. Whereas respect for personal autonomy is a master value, transcending its fundamental constituents (e.g., life and health), empowerment of and respect for self-directedness is one value among others constituting the notion of “human dignity.”

VII. AUTONOMY AND TRANSCENDENTAL DECISIONS

A central part of the concept of autonomy is actions that transcend the well-being of the person at the bio-psycho-social levels for the sake of his or her ulterior values (see Johnston, 1994, 71). Sen writes,

We are not only ‘patients’ whose needs deserve consideration, but also ‘agents’ whose freedom to decide what to value and how to pursue what we value can extend far beyond our own interests and needs . . . The manifest needs of the patient, important as they are, cannot eclipse the momentous relevance of the agent’s reasoned values (Sen, 2009, 252).

Autonomy is a prime moral value because it unifies (or at least connects meaningfully) many elements of identity, personal interests and chosen goals, and regard for others. As an overarching, organizing power, autonomy prioritizes values, and may even place non self-serving values above vital needs. When this happens, autonomy is transcendental.

Especially in the context of transcendental choice, one has to distinguish consent from premeditated choices. Mere consent may or may not express an autonomous choice; but premeditated desire is a more reliable sign of autonomy. This is so because the deliberative elements (premeditation) and the duration in time (premeditation is not spontaneous) typically (but not always) correlate with the strength of personal identification with and endorsement of a desire. Transcendental choices must arise from the conscientious person and may require the recruitment of considerable psychic energies and physical stamina (cf. *Nicomachean Ethics*, 1150a). Generally speaking, we do not suspect that acts that promote personal interests might be heteronomous. But, when a person acts in a manner that seems to be against important personal interests, there is a need to verify that the person has chosen freely and conscientiously. Since the objective (or relatively objective) measuring stick of well-being is irrelevant to the assessment of transcendental choices, the authenticity of a potentially self-denying act can be established only on the basis of premeditated wishes articulated freely, consistently and convincingly by the person herself.

Whereas animals' lives are not valuable intrinsically beyond their mere biological existence, the notions of autonomy and of transcendental choices imply that some autonomously chosen human values are more valuable than life, health, bodily integrity, and other basic needs. This crucial distinction between animal life and human life renders the transcendental aspect of autonomy related directly to the value of human dignity. The relationship between autonomy and fulfillment (discussed in the next section) is another important link between transcendental choices and human dignity. Among transcendental choices, one may count altruistic acts (such as donations of kidneys for transplantation) and self-chosen violations of bodily integrity for the sake of a chosen good (such as body modifications). Usually, transcendental choices receive endorsement only when coupled with another basic value shared by society. Regardless of one's personal judgment about transplantation and research, contemporary society approves of kidney donations for the sake of saving life not medical research. Even those who support the selling of kidneys for transplantation do not allow such transaction for the sake of medical research. If only one's autonomy in assessing the "advancement of a person's interest on balance" was at stake (Sreenivasan, 2005, 267), the distinction between selling for transplantation and selling (for the same amount of money) for research would be irrelevant.

In the same vein, we may observe that supporters of assisted suicide invoke the values of "good death" and "death with dignity," not taking seriously a so-called right to die that is motivated by romantic crises. Hunger strikes are undertaken due to substantial causes not to protest traffic rules. Even those who oppose all the above examples of transcendental choices, usually respect religious martyrdom and voluntary humanitarian work in war zones. I am not aware of any doctrine or ideology that does not promote any

transcendental choice whatsoever. Morality that does not allow any choice that is harmful (or potentially harmful) to personal well-being and to the biological needs of the human organism is ipso facto an egotistic morality (Sen, 2009, 288–90; Barilan, 2011b). The choice to die or risk death is a special transcendental choice because it is irreversible and because it negates all possible choices and goods in the future. However, together with a genuine valuation of life, and sometimes because of its deep and sincere valuation, a person may autonomously judge certain other values (such as the lives of others) as more important than one's own life; or the person might decide when it is time for his or her life to end. In this context, we may think of a traveler who ends her journey, not in contempt of or carelessness about the journey; but because journeys must end.

Transcendental choices are always self-referring. With the possible exception of extraordinary circumstances and very intimate relationships (e.g., good marriage) nobody can make a transcendental choice for another person. Therefore, I am not sure that a guardian can take transcendental moral decisions in the name of his or her charge, such as “donation” of a kidney from a mentally disabled child for the sake of his sibling. Perhaps only the value of saving life combined with the very minor harm to the “donor” may justify such an act.

Sexuality is a domain of human existence in which the very same acts, externally observed, may either be of utmost joy, promise, and value or be painful, abusive and humiliating. Some sexual offenses (e.g., voyeurism, sex with demented persons) are not harmful in any biological or even psychological sense of harm. Yet they are offensive to the human dignity of the person. Sometimes, nonconsensual sex may be worse than death. Because of its potential gravity and because differentiation between “love” and “rape” transcends objective criteria of well-being and depends only on the subjective state of mind of the person, sexual choices are also transcendental. For this reason, erotic contacts with incompetent patients are universally condemned, even though it is not impossible that some mentally disabled and demented people may enjoy sex and may derive from it emotional sustenance. The possibility of pregnancy along with its impact on the person and the child is an additional transcendental dimension of heterosexual sex involving fertile partners.

Although the law relies on consent and relative equality in power to differentiate between legal and criminal sex, I contend that morality requires the presence of premeditated wishes of competent (not necessarily adults) partners. Whereas “self-directedness” describes the behavior of babies, adolescents, and even younger children are governed by an evolving capacity for autonomy. Reason, values, self-control, and personal identity motivate and regulate their behavior, even before full psychological maturity appears. Although respect for personal autonomy does not entail full compliance with their choices, a significant degree of freedom, commitment

to sincere information and efforts at guidance and education do embody the values of respect for personal autonomy and “respect for human dignity” in relation to minors. In other cases, the law recognizes some minors as “mature” or “emancipated.” Abiding by the decisions of a fifteen-year-old girl/woman regarding issues such as contraceptives and abortion may not be related to autonomy at all, but to considerations of public health and the profound indignity associated with violation of privacy in matters of sexuality.

VIII. HUMAN DIGNITY AND BOTCHED AUTONOMY

It is logically impossible to respect personal autonomy by respecting acts that originate from that person’s own negligence in his or her capacity for autonomy. However, in the name of respect for personal autonomy, contemporary bioethics is loath to coerce mentally competent patients who act irresponsibly and without a pretense of reason and self-respect. If such patients were incapacitated care would probably be forced upon them. How, then, can mental capacity that is not being used at all make a difference? The person neglecting his or her autonomy may suffer from forced treatment and from the infringement on her liberty. So are the young child, the mentally disabled, the demented, and the lunatic. We strive to minimize their discomfort, but we do not see it as a reason to refrain from unpleasant but vital care. Our efforts to ameliorate frustration and agony do not reflect respect for autonomy but sympathy with the sufferers. Even if we decide that the benefit of care does not outweigh the anguish of coercive treatment, our judgment is unrelated to the value of autonomy but to the balance of interests.

Those who make decisions in the benefit of incompetent persons act as their proxies; their good will occupies the lacuna of absent capacity. Guardians also strive to accommodate and cultivate individual personality and inchoate expressions of autonomy, such as awareness of property rights over toys, personal taste in clothes or a liking for religious ceremonies. I contend that the invocation of respect for autonomy in the context of botched autonomy is actually respect for human dignity in its manifestation in the human capacity for autonomy.

The value of respect for human dignity is bidimensional. One normative dimension is about the behavior expected from people only because they are humans. It may be said, for example, that the dignity of the human person forbids vandalizing a natural field of flowers. Following many traditions and philosophers (Jewish rabbis, Islam, Thomas Aquinas, Kant), it may be said that autonomous life is the fulfillment of those expectations.

However, another normative aspect of “human dignity” addresses the moral treatment people deserve only because of their humanity, regardless

of gender, ethnicity, merit, and any other mode of categorization. In contemporary political and ethical discourses, this second dimension of respect for human dignity is the dominant value behind the notions of human rights and respect for persons. Freedom in terms of opportunity (empowerments) and liberty (lack of external constraints) is valuable independently of the value of what is chosen. They are valuable because they enable autonomous life and by serving as its inalienable background (Sudgen, 2003). These two aspects bear on each other. Active and full respect for human rights and dignity is possible with regard to either life disposed to autonomy or to the life of incompetent persons. The very judgment of botched autonomy entails the presence of competence. Competence in itself is part of human dignity. Competence is actually freedom (voluntariness) combined with rationality. It is not possible to respect the human dignity that is manifested by the freedom of the will by means of coercion, manipulation, or deceit.

Similar to life, human capacity for autonomy is a privileged and fundamental value since it enables moral acts and autonomous life. However, only moral and autonomous actions transcend personal needs at the biological level, and may even transcend the value of life itself. Hence, sometimes the values of life, future autonomy, and self-directedness justify temporary suppressions of personal liberty, but usually not confrontationally and on the presumption of future, retrospective, and consent.⁷ Consequently, it is a common practice to stop people, even those who are competent, from directly harming their body or person fatally or severely. However, when persons consciously and persistently wish to die or when they lead irresponsible, chaotic, and ruinous lives, there is nothing we can do out of respect for their personal autonomy. We respect their human dignity by leaving them alone, not violating their capacity for autonomy, which is by necessity a capacity for making transcendental choices. We thus abide by a “negative” conceptualization of liberty (following Berlin, 1969, 122).

In the face of botched autonomy, we have a moral duty to try and develop rapport with the capacity for autonomy and to try and persuade the person to abstain from harm and to adopt moral goals. With regard to some people, attempts at persuasion are the only way to respect their human dignity and their capacity for autonomy by means of a positive action (Barilan and Weintraub, 2001). Stopping competent persons from harming others is respectful of the human dignity and the well-being of their victims; just punishment is respectful of the human dignity of the sufferer of punishment. Possibly, the benefits of some singular paternalistic interventions against self-harm may be greater than the insult to the person and his or her dignity. However, ongoing coercion, deceit, or manipulation of competent people, merely for the sake of serving their physical or psychological own good, or in obedience to communal values, is morally unacceptable. Additionally, coercion involves harm and significant anguish. Taken together, along with some measure of humility, there is a very considerable moral

argument against life-saving and health-promoting coercion of competent persons.

It follows that we may collect an inebriated alcoholic from the street once or twice, keep him away from the bottle and tend to his body and person. But once it is evident that the alcoholic in question is mentally competent and intentionally and freely leads a life of self-debasement and self-destruction, there is neither duty nor permission to take advantage of a condition of stupor to interfere against his will. A well-groomed alcoholic looks much more respectable than one lying in the squalor of his vomit. But if the better kept alcoholic was taken from the street by force and washed against his own verbal or physical protest, the difference in appearance would be only external; from a moral point of view, the latter is better treated as a human person endowed with human dignity. As long as his or her capacity is there, we will not dim its light, even when it is shining ominously.

We should also keep in mind that moral wisdom and fortitude is often found in the least expected agents and in the least expected circumstances. The cream of society might succumb to tyranny and temptation or run away from natural calamity, whereas the debauched risk their lives and much more in the service of moral causes. As long as a person is competent, he or she is never regarded as having lost all chance for moral reform or for making moral and transcendental decisions.⁸ A whole life might pass in utter depravity and yet the very last competent act of a person could be a moral one.

Coercion may divert stupid and harmful acts, but it simultaneously preempts self-generated self-reform and transcendental choices. Any external restraint on either violates human dignity additionally to the offense to human dignity incurred through mere obstruction of self-directedness and the usurpation of moral competence. Rational competence is an incessant train of opportunities for personal reform as well as of unique acts of moral transcendence. Moral action might even arise within the context of life committed to values that do not prescribe that act, as in the case of Huckleberry Finn who conscientiously helped Jim escape in spite of Huck's moral and social allegiance to the enslavements of Africans (Bennett, 1974; Arpaly, 2002). The same line of thinking behind the notion of transcendental choices operates here as well—the combination of respect for human dignity as involving either autonomy or capacity for autonomy, humility regarding relevant distinctions and judgments (capacity for autonomy versus autonomy; autonomy versus botched autonomy, incompetence versus competence; prediction of future action on the basis of past behavior), and the humiliation and suffering involved with coercion of people in matters related to their bodies and persons.

Returning to Darwall's "two kinds of respect," noninterference in choices made by informed and competent persons, even when botched, manifest "recognition respect" that sets limits on action, as in the case of choices

made by competent persons. A similarly relevant distinction is made between “esteem” and “regard” (Offer, 2006, chapter 5). Esteem is an impersonal and objective valuation. Human dignity should be esteemed by all people. Regard is personal and subjective. In certain cases, considerations of utility add additional weight to the attitude of non-interference or transform an attitude of non-interference into an attitude of active involvement. For example, provision of clean needles to IV drug abusers may not reflect respect for either dignity or autonomy, but active complicity with a bad habit for the sake of public health and the good of the person involved.

IX. INTEGRATION: RESPECTING HUMAN DIGNITY OF IRRESPONSIBLE PERSONS, RESPECT FOR PERSONAL AUTONOMY AND HUMAN RIGHTS

If respect for personal autonomy was only about allowing persons to lead their own lives freely, then we would find ourselves similarly disposed toward autonomy and botched autonomy. However, it would be absurd, if not self-contradicting, to argue that autonomy is a moral value, but failure of autonomy bears no normative dimensions. In this paper, I have argued that fulfilled and even very partially fulfilled autonomy deserves an entirely different kind of moral attention and commitment than botched autonomy.

We exercise neighborly love by means of a principled readiness to support competent people who are disposed to autonomy by paternalistic care for the noncompetent and by education and support of evolving competence. Toward children and temporarily incompetent patients, we also direct the virtues of love, care, and responsibility through support, education, and rehabilitation. Sharing values turns out to be a template for the formation of friendships, a prerequisite for happiness and flourishing. All of this cannot be said about botched autonomy. Not only is there no moral duty to support acts and decisions that reflect botched autonomy, but there is a moral duty to refrain from doing so. Because morality cannot require either doing evil or endorsing it, there cannot be a moral duty to support immoral choices made by competent, free, and informed people. Additionally, some people’s lives are so chaotic as to make the notion of acting in the benefit of the desires and values of their persons a logical impossibility. Many well-intentioned people experience the bitter frustration involved in trying to cooperate and help such people. They are often beyond the relationship of friendship. Love targets the person as a whole; it does not necessarily involve a positive evaluation of any of his or her actions (Ben Ze’ev, 2000, 440). The manners in which we express love and act upon it may vary. Often, with regard to heedlessly immoral or inconsistent people, no matter how powerfully we love them, occasional and provisory paternalism and hopeful inanity might be the most loving course of action. We grudgingly and painfully let people whom we love embark on journeys of prodigality.

Autonomy is a relatively successful and stable state of self-governance that is based on reflective and deliberative evaluations addressing the basic questions of life and weaving from the answers sets of responsibilities (Turolfo and Barilan, 2008; Barilan, 2009). Ideally, these responsibilities are prioritized and harmonized to the extent of the creation of “rational life plans.” As an overarching synthetic organization of basic values and cares, autonomy is the richest and most comprehensive and coherent aspect of the individual person. It also includes respect for the autonomy and well-being of other people. Strictly speaking, respect for autonomy is an attitude of care and support (“neighborly love”) for autonomous lives and wishes. Only does this kind of autonomy command respect for transcendental choices. In looser and more pragmatic bioethical discourses, respect for autonomy is also used in contexts of humility and developing autonomy (i.e., adolescents), sometimes due to considerations of public health and the common good. In biolaw, we find respect for autonomy as respect for decisions made by free, competent, and adequately informed persons of legal age. Inevitably, this pragmatic definition encompasses autonomy and botched autonomy alike in ways that fail to differentiate negative liberties from moral duties of active help and sustenance.

Respect for personal autonomy cannot be articulated and exhausted only by formal and legal means; the full meaning and comprehensive practice of respect for personal autonomy requires mature moral, psychological, and spiritual faculties and commitments.

NOTES

1. By this, I exclude life plans that *necessitate* predation and aggression against other humans. Gangsters and pederasts do not have a “Dracula need” to prey on humans (Barilan, 2012a, ch. 5).

2. One reason for this is the problem of “instrumental second order desires” that is especially problematic within internalist accounts of motivation. Following Loughrey (1998), suppose I deliberate whether to ski or not, and I decide not to because I wish to avoid accidents. But this second order desire is actually an “echo” of the first order one—the desire not to get injured (Lewis, 1989). An externalist may be able to offer non-first order desires as motivations to ski—a moral duty to keep up a promise to do so, for example. It is now clear why I avoid explicit Frankfurtian language on freedom and autonomy. In my definition of autonomy, the ordering and hierarchy among values and desires is derivative from an integrational conceptualization of human values—from perspectives of identity and responsibility—not from mere placement of some desires above others. This approach is immune to the problem of infinite regression (Zimmerman, 1981). Although integration may be an open-ended process (while life is going on, along with its twists and turns), integration is not regressive. Perhaps autonomy and the set of second order desires may be viewed as an emergent property relative to first order desires.

3. Here, I do not subscribe to a constructivist theory of autonomy. Self-examination seems to be the initial heuristic step taken in order to verify the presence of and reflect on autonomy. See Thomas Aquinas, *Questiones Disputatae de Veritas*, 17,4. Kant also underscores the role of critical moral questioning in practical reason (Kant, 1976, 305). In this paper, I do not explore the distinctions among “reasonability,” non-rejectability (Scanlon, 1998), “reflective endorsement” (Korsgaard, 1996b), and similar concepts linking practical reason to deliberation and self-reflection.

4. This is the source for the “most reasonable candidate” doctrine, explaining the power of autonomous decisions over situations of incompetence (e.g., advanced directives) (Barilan, 2003; 2012a).

5. Sometimes, the stupidity is futile rather than immoral, and praiseworthiness is found in attitudes such as politeness and friendship.
6. A similar process occurs when we act in the benefit of incompetent people or non-human creatures. However, it is doubtful that if the world contained only one competent person, he or she could become autonomous only through self-care and care for the nonautonomous world (consider in Genesis 2:15–120 the proximity of [1] care, [2] moral/legal ordinance, and [3] the loneliness of man).
7. See [Feinberg \(1986\)](#), chapter 23, for an elaborate gradation and classification of coercion.
8. This observation is deducible from a certain definition of competence that is not defended in this article. However, it is compatible with the uses of “competence” in contemporary Western ethics and law, as well as other systems of thought.

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