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AUTONOMY AND COERCION IN DISEASE PREVENTION
AND HEALTH PROMOTION*

ABSTRACT. Most of the attention regarding the balance between autonomy and paternalism has been focused on the therapeutic relation. Much less attention has been devoted to the problem of autonomy in the application of medical knowledge for preventive purposes. Here, because the good to be achieved is social as well as individual, an unavoidable dilemma ensues. Effective preventive measures of benefit to all must necessarily limit autonomy and involve some coercion. I argue that there are principles which can be established to guide society in a moral use of coercion. The question of employing medical knowledge is not, as it is in therapeutic medicine, to preserve or enhance autonomy. Rather its aim is to enhance voluntary co-operation. Principles for moral use of coercion must thereby be derived from health as a moral value.

Key words: Health, Disease prevention, Health promotion, Values, Moral values, Ethics, Autonomy, Coercion, Preventive medicine.

INTRODUCTION

In free societies, preservation of personal autonomy is a primary ordering principle of virtually all human relationships. Its abridgement is permissible for only the gravest reasons, and only when voluntary measures are inapplicable. This principle has in recent decades been enunciated with increasing force in the therapeutic relationship. Here the vulnerability of the sick person confronts the power and authority of the physician exposing the subtle ambiguities that may attend the operations of the autonomy principle. Here too, the doctor's concern for doing 'good' may conflict with the patient's definition of what is 'good'. The whole is further complicated by the pathophysiological impediments illness may place in the way of fully autonomous decisions by those who are ill.

Preservation, even enhancement, of patient autonomy is a central obligation of contemporary medical ethics for the very good reason that it is firmly rooted in the obligations we owe each other as human beings, endowed with intelligence and therefore capable of choosing our own ends, goals and purposes. Even those who incline to a paternalistic interpretation of the principle of beneficence would grant the competent patient considerable latitude of choice among alternative modes of treatment.

As a consequence, medical ethicists and physicians, as this special issue of Theoretical Medicine attests, continue to refine their understandings of the principle of autonomy in the therapeutic relationship. Much less attention has been given to autonomy in the application of medical knowledge for preventive

purposes. Here the tensions between personal autonomy and paternalism or coercion occur in a different context. The ‘good’ to be achieved is not only that of the individual but of the whole society. The paternalism is not simply that of the physician but of the whole community. The ‘good’ sought is a healthy society, one that aims to reduce the social costs — fiscal expenditure, loss of productivity and efficiency — imposed on all by the health damaging behavior of individual members of that society. The central, unavoidable dilemma is that effective preventive measures can benefit a whole society only if they limit autonomy and involve some coercion. The focal ethical question in preventive as opposed to curative medicine is to what extent, and under what circumstances, can personal autonomy be abridged to promote the health of the whole community?

This essay will proceed as follows: First, it will define some key terms, then proceed to a consideration of health as a moral and normative value, and then to some ordering principles that might guide the moral use of coercion as a means to a socially desirable end.

SOME KEY TERMS DEFINED

The key terms of this discussion are all subject to varied and often contradictory interpretation. I am obliged, therefore, to spell out my operating definitions for the following terms: ‘health’, ‘disease prevention’, ‘health promotion’, ‘values’ and ‘moral values’.

Defining health is my most difficult assignment since philosophers and physicians have argued its meaning since ancient times. Indeed, one of the central enterprises of contemporary philosophers of medicine is to clarify the concepts of disease, illness, health, and healing.3

In the Timaeus, Plato defined health as a state of harmony, and proportion between the elements that make up the body, and between the body as a whole and the mind. Illness he defined as any disturbance of this balance.4 In the Charmides, he further asserted that physicians must heal both mind and body if health is to be restored.5

Aristotle, with his greater interest in biology defined health as “the excellence of the body, that allows us by keeping free from disease to use our bodies”.6 Galen said it a little differently, “That state in which we do not suffer and are not impeded in the activities of life we call health”.7 Edward Kass, one of our contemporary philosophers of medicine, has termed it the “well working of the organism as a whole”.8

I would draw some aspects of each of these insights for the operational definition of health I will use in this essay. I think the Platonic idea of balance