Scientific Contribution

Health and autonomy

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Abstract. Individual autonomy is a prominent value in Western medicine and medical ethics, and there it is often accepted that the only way to pay proper respect to autonomy is to let the patients themselves determine what is good for them. Adopting this approach has, however, given rise to some unwanted results, thus motivating a quest for an objective conception of health. Unfortunately, the purportedly objective conceptions of health have failed in objectivity, and if a conception of health is not acceptable for all agents, the threat of offending the patients’ autonomy arises. This article sketches an objective conception of health that is able to respect individual autonomy.

Key words: autonomy, health, objective, subjective, value

Introduction

The question of how the concept of health should be defined has given rise to quite a lot of discussion in recent philosophical literature. To a great extent this discussion concerned the question of whether or not health is an evaluative concept. Accepting that health is an evaluative concept is often taken to imply that what is good and bad for persons is ultimately determined by the idiosyncratic interests and desires of individuals or groups of persons. This opens up the possibility of ending up with various kinds of unfortunate results. If some particular person or group of persons is allowed to determine what in general is healthy and what is not, the possibility of justifying the violations of autonomy of such groups as, for example, sexual minorities and political deviants in the name of promoting their health arises. Consequently, those who see health as an evaluative concept have sometimes accepted that patients themselves should be allowed to determine what is healthy or good for them. Unfortunately, this approach faces the problem that the resulting conceptions of health may be confused even by the lights of the patients themselves, not to mention those of psychiatry and biomedical science. This is demonstrated, for example, by the cases in which patients have subsequently been grateful that they have been coerced to undergo treatments that they initially refused altogether.¹ As a result of these kinds of problems with evaluative conceptions of health, philosophers have attempted to formulate value-free conceptions of health. However, it seems that all of the purportedly value-free definitions of health lead to counter-intuitive results concerning what is healthy and what is not, involve at least some evaluative notions as essential parts of them, or both.² The obvious compromise between finding a value-free concept of health and allowing that anything could be construed as healthy would be to find a plausible concept of health that involves only values that are accepted by everyone, objective values that is. However, such an objective set of values has proven to be quite hard to find, and if the concept of health is based on values that are not objectively acceptable, the threat of offending the patients’ autonomy arises again. In this article, I will argue that health can be given an objective definition that is compatible with respect for individual autonomy. I will start by considering two recent attempts to present an objective conception of health and pointing out the places where they fail in objectivity. Against the background provided by this discussion, I go on to present my suggestion for an objective conception of health that is compatible with respect for autonomy.

Two versions of objectivism about health considered³

In a plausible objective concept of health the evaluative component should be such that all agents
can accept it. This component should thus not commit one to controversial evaluative views. Below I will consider two ways in which philosophers have tried to avoid this kind of commitment to controversial evaluative views in recent medical ethics. According to the first one of these, the evaluative component in a plausible objective concept of health can commit one to having evaluative views as long as it does not imply commitment to any particular evaluative views. The second way of avoiding evaluative controversy maintains that the objective evaluative component in a plausible objective concept of health should be neutral between different substantive evaluative views in the sense of being a necessary value if one values anything.

Health as ability to realize well-being related goals

According to the first of the two approaches mentioned above, health should be seen as the ability to realize goals whose fulfillment is necessary and jointly sufficient for a (minimal level of) well-being. Well-being can be defined subjectively, objectively, or in a way that combines subjective and objective features with each other. If well-being is defined subjectively, we end up with a definition of health which presupposes that an agent has goals, but it does not take a substantive stand concerning the exact nature of the goals that the agent is to have. According to this approach, what is healthy and not healthy for an agent is ultimately determined by the agent’s subjective conception of well-being. Consequently, we end up with a subjective conception of health. If the conception of well-being that determines the nature of the conception of health is subjective, so is the resulting conception of health.

If well-being is defined objectively, as altogether independent of the patient’s attitudes of favor and disfavor that is, this difficulty is avoided, but another serious problem arises. This problem has been clearly expressed by Railton (1986, p. 9) who writes as follows:

It does seem to me to capture an important feature of the concept of intrinsic value to say that what is intrinsically valuable for a person must have a connection with what he would find in some degree compelling or attractive, at least if he were rational and aware. It would be an intolerably alienated conception of someone’s good to imagine that it might fail in any such way to engage him.

This intuition sounds very plausible. Consequently, I accept that well-being should not be defined objectively for the reason that objective theories of well-being are unable to satisfactorily explain the prudential goodness of the things they consider to be good for one. And since it would be unreasonable to try to base a plausible conception of health on an implausible conception of well-being, I conclude that objective conceptions of health that are based on objective views on well-being in the way presented above are not acceptable. The view that health is somehow connected to agents’ goal-directed action does sound plausible, but, for the reasons presented above, I think that this connection should not be conceived of in terms of well-being. I will return to this issue after considering the second possible way of avoiding evaluative controversy in an objective definition of health mentioned above.

The concept of health based on life as a necessary value

The other one of the two ways of avoiding controversial evaluative views distinguished above does not define health in terms of well-being, but tries to find a basic value that would be necessary if one is to value anything at all. It could be maintained that life is a value of this kind, since it seems that if one values anything at all, then one must value life. However, this view is problematic for the following reason (at least). There are persons who value non-existence more than existence and it is not necessarily true of these persons that they value their life. It is indeed true that their being alive is a necessary condition for their being able to make the value judgement that non-existence is better than existence for them, but this does not imply that they value the state of affairs of their being able to make this judgement of value. So, valuing life is not a necessary condition of valuing anything at all. Consequently, I take it that this way of avoiding controversial evaluative views in an objective definition of health is not successful. It does not succeed in presenting an objective value that could function as a basis of a plausible objective conception of health.

An objective conception of health

Above I argued that a plausible objective conception of health cannot be formulated in terms of the ability to realize goals essential to well-being nor on the basis of life seen as a necessary value. However, these two ways of conceiving health point towards an objective conception that defines