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**On the Meaning and Some Contexts of the
Term ‘Autonomy’**

A Conceptual Investigation

Abstract

The paper aims to analyse conceptually the meaning of the term ‘autonomy’ and to examine critically its relations with other ethical norms. The question posed is whether autonomy is a right, or an ability, or a capacity, or an achievement, and whether it ought to be distinguished from self-determination. It is shown that autonomy is an anthropological principle, and that self-determination as its manifestation is a human right. As to its relation with other ethical norms, it is shown that there are possible conflicts between a patient’s and his doctor’s autonomies, as well as between autonomy and the duty to protect life, and between autonomy and care, so that trust plays an important role. The author concludes that man is autonomous not if and only if he is able to determine himself, but rather that he has the right to determine himself because he is autonomous. This holds for everybody from their beginning to their end, irrespective of what they are able to do and the situation they may be in. Since every human being is autonomous, autonomy entails self-limitation, and so it does not mean independence, but interdependence. As to trust, autonomy is to be acknowledged, while trust is to be practised, since autonomy is of people, while trust is in people.

Key words

autonomy, self-determination, self-limitation, duty to protect life, care, trust

Introduction

The term ‘autonomy’ entails – particularly in the field of bio-medical ethics – two main problems: (i) it is *understood in various ways*, and (ii) it stands in different contexts *in tension with other ethical norms*.

Thus, both a conceptual analysis of the meaning of the term ‘autonomy’ and a critical reflection on its relation to other ethical norms are at stake.

In what follows, I shall, in *Part one*, dwell upon the notion of ‘autonomy’ *as such*, and, in *Part two*, inquire into the relation of this notion to other ethical norms. Finally, in *Part three*, I shall sum up my argument with seven theses on the meaning and some contexts of autonomy.¹

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For further details see: Jan P. Beckmann, *Medizin, Alber, Freiburg – Munich 2009, p. 13 et passim.*

Part one.

The notion of ‘autonomy’ and the variety of its interpretations

1. Autonomy – unrestricted self-determination of the individual?

‘Autonomy’ (henceforth referred to as ‘A’), from the Greek ‘auto-nomía’, means self-legislation and is the opposite of its contrary term ‘heteronomy’. ‘A’ is often understood to be an expression of the total emancipation of the individual from legal and/or moral traditions, in the sense of the limitless “being master in one’s own house” (cf. the slogan “My body is my own!”). Such an understanding of ‘A’ overlooks the double aspect of this notion or confounds the two aspects: ‘A’ as a *status* and ‘A’ as an *application* by an act, i.e., ‘A’ as a *state of independence* and ‘A’ manifested by an *act of self-determination*. That man² is independent in the sense of selfhood is *one* thing, and that he can determine himself is *another*. There are situations in which a person knows himself to be independent of others, but feels unable to determine himself, as when, e.g., a patient knows that he is independent of doctors, but at the same time feels unable to decide for himself which therapy he wants. Or, *vice versa*, e.g., most employees may well determine themselves, but still remain dependent of their employers.

That independence and self-determination are not one and the same thing has both a *formal* and a *material* reason: *formally*, the two terms differ from each other – independence is a *relation*, while self-determination a *reaction*. Independence necessarily presupposes a relation with regard to which one is independent, while self-determination is always a way of responding to a specific challenge. Thus, it remains unclear whether the slogan “Man is master in his own house” is based upon the idea of independence, or upon the idea of self-determination, or upon both, or whether it confounds the two.

2. Autonomy – “revolt against paternalism”?

Some authors take ‘A’ to be mainly a negative attitude or a kind of “revolt” against paternalism. Now, it goes without saying that the argumentative context in which the idea of ‘A’ in the field of medical ethics appears is the traditional attitude of doctors who “patronise” patients rather than acknowledge their will. However, opposing paternalism is not yet ‘A’, because opposing means an *action*, while ‘A’ is a *status*. One *is* autonomous, while one may *act* against paternalism by opposing it. Thus, the relationship between ‘A’ and paternalism is that of cause and effect. Accordingly, they necessarily differ from each other.

3. Autonomy – a capacity, an ability or an achievement of the individual?

A majority of authors take ‘A’ to be a human capacity or an achievement – i.e., the ability to choose and determine one’s own wishes. Now, human capacities and abilities vary both within the same person at different times and amongst different persons. If ‘A’ is taken to be a capacity or ability of people in specific contexts, then that means that those who do not have this capacity at their disposal or are unable to achieve it – are not autonomous. This means that, for instance, youngsters who are not yet able to decide on their own are not yet autonomous, that old people who may no longer be able to decide on their own have lost their previous autonomy, that the mentally disabled who are unable to decide for themselves throughout their lives can never be autonomous.

Even one and the same individual at times would lose his autonomy – for instance, while being narcotised during an operation.

Accordingly, the understanding of ‘A’ as a human capacity or ability causes two problems: (i) it reduces man to his faculties, and (ii) in case of its deficiency, exposes him to grave ethical difficulties. But reducing man to his faculties discriminates against those who at times or throughout their lives lack these faculties; and nobody may be deprived of protection because of lack of the power to decide for themselves. To this some answer: A lack of ‘A’ is to be compensated for by care, which I shall come back to in *Part two*.

4. *Autonomy – a human right?*

In view of the aforesaid difficulties which result from making ‘A’ dependent on human faculties and circumstances, some say that ‘A’ is a right, i.e., the right to self-governance. Etymology seems to support this, given that ‘A’ is originally a *legal* term; but *autonomía*, taken in its original sense, means *self-legislation*, and not ‘self-governance’ as it is today often understood. The advantage of understanding ‘A’ as a right lies in the fact that any disrespect of ‘A’ would be a *legal offence*. The grave disadvantage, however, would be the consequence of *over-juridification* of the doctor–patient relationship: any infringement of respect for ‘A’ would eventually lead to a court case. Moreover, man is *autonomous* if he is granted the possibility to decide about his own wishes. But, if autonomy is something *granted*, the question is *by whom?* By an *outside* source? But that is *heteronomy* then. So, if autonomy is taken to be something granted, then it is a self-contradictory term.

5. *The distinction between autonomy and self-determination – a way out of the aforesaid difficulties?*

The aforesaid difficulties seem avoidable if one distinguishes between ‘A’ and self-determination: ‘A’ is then a *status*, and self-determination its *manifestation*.³ ‘A’ is a state-of-affairs which is proper to *every* human being from their beginning to their end, *regardless of what their abilities and circumstances are*. The advantage of this understanding lies in the fact that ‘A’ applies to *everybody* and that it does not allow for any *grading* of ‘A’ (i.e., “more or less ‘A’”) and, at the same time, allows the safeguarding of *one remaining autonomous* if one is unable to manifest ‘A’. It also allows for calling ‘A’ not a right, but an anthropological *principle*, i.e. a *proprium* of man, while its manifestation is a *right*, which like any right has to be respected, but may also be violated. Thus, nobody can take ‘A’ away from people, although one can disrespect it as a right to manifest ‘A’.

‘A’ and its manifestation by way of self-determination are to be distinguished, although they are not to be separated from each other. They are, in fact, two sides of the same coin. ‘A’ as an anthropological principle may be called the

² In what follows, masculine pronouns are used for both men and women for reasons of simplicity.

³ Jan P. Beckmann, “Patientenverfügungen: Autonomie und Selbstbestimmung vor dem Hintergrund eines im Wandel begriffenen

Arzt-Patienten-Verhältnisses”, *Zeitschrift für medizinische Ethik*, Vol. 44 (1998), No. 2, pp. 143–156. Reprinted in: Eberhard Schockenhoff et al. (eds.), *Medizinische Ethik im Wandel. Grundlagen – Konkretionen – Perspektiven*, Schwabenverlag, Freiburg 2005, pp. 287–299.

essential and its manifestation the *functional* side of ‘A’. Man is *always*, i.e., by necessity, autonomous, though he may not always be able to manifest this autonomy: as a baby because he is too young, as an elderly person because he may become demented, as a mentally disabled person because his disposition hinders his ability to utter his own wishes and will. The relation between ‘A’ and its manifestation through self-determination is such that the former is both logically and actually prior to the latter. *Logically*, man is autonomous *not if and only if* he is able to determine himself; it is rather the case that, *because* man is autonomous, he has the right to determine himself. *Actually*, ‘A’ belongs to those principles which apply to humans *for their very own sake* and not for their being young or old, healthy or sick, able or not.

6. Autonomy is an anthropological principle and not a right, while self-determination is a right

6.1. On the character of autonomy as a principle

Taken as a *principle*, ‘autonomy’ is formally a fundamental “first proposition” which can neither be derived from another proposition nor needs to be derivable. And it is a *human proprium* and, formally, an *anthropological principle* in that it concerns humans *in all their different statuses* – be they young or old, alert or demented, healthy or ill. ‘A’ is completely independent of any *human faculty or accidental* situation that a human being may find himself in.

Two important *consequences* follow from this:

- (i) As an *anthropological principle*, the notion of ‘A’ does not allow for gradation. Statements (often heard in clinics or homes for the elderly) such as “The patient is – due to age and/or illness – limited with regard to his autonomy” are logically impossible. The logic of the notion of ‘autonomy’ does not allow for different intensities. A person cannot be said to be more autonomous or less autonomous.
- (ii) ‘A’ in the sense of *uninstrumentalisability-by-others* is not a principle that *isolates* the individual from his fellow individuals. Popular expressions such as “My body is my own”, “I am my own master, and so I can do what I want” have nothing to do with ‘A’. Quite the contrary, ‘A’ understood to be *undisposability-by-others* is a *relational* principle. It means that all fellow humans are *also* undisposable. Thus, an individual’s ‘A’ is both grounded in as well as logically limited by the ‘A’ of a fellow individual. This is one of the reasons why Kant says that ‘A’ necessarily implies determination (‘*Begrenzung*’).⁴ The human individual is ‘autonomous’ if and only if he respects the ‘autonomy’ of every fellow human being. This is, so to speak, ‘A’ *within the limits of the autonomy of fellow humans*. Thus, man is autonomous *by himself*, but not *for himself*. If he denounced the ‘A’ of others, he would denounce his own ‘A’.

6.2. Self-determination as manifestation of autonomy

With the notion of ‘determination’ we have arrived at a particularly important notion in this context. *To determine oneself is to manifest one’s ‘A’*. Unlike ‘A’, self-determination as the manifestation of ‘A’ is a *right*. Like other rights, it has to be respected, but can also be violated. And unlike ‘A’ which, logically speaking, does not allow for grades or different shades of intensity, self-determination of course *does*. A new-born, although autonomous, cannot yet claim

self-determination – due to biological limitations; while on the operating table and narcotised, one remains autonomous, but is unable to manifest his ‘A’; an old and demented person – although he does remain autonomous – may be able to manifest his ‘A’ only in a reduced way; and a severely mentally disabled person may never in his lifetime be able to do so, and yet he too remains autonomous.

7. *Autonomy – a social characteristic relating all humans to each other*

Because ‘A’, as has been argued so far, represents a necessary human *proprium* that applies to *everybody irrespective of what they are able to do and the situation they may be in*, any understanding of ‘A’ as limitless self-determination would overlook the fundamental *social* implication of this human *proprium*. As *all* people are autonomous, ‘A’ is not confined to the individual nor does it isolate the individual from his fellow humans. In this view, ‘A’ *does not consist* in everybody issuing their own laws without taking into account the right of fellow humans. On the contrary, ‘A’ necessarily implies respect of the ‘A’ of all fellow humans, because *everybody is autonomous*. ‘A’, thus, represents a state which unites *all* human beings. The notion of ‘A’ would entail an inner contradiction if one were to leave out its *social dimension*. The individual is autonomous in the sense of self-governance *if and only if fellow humans are in the very same position*, because the individual can set up “his” laws only under the condition that the same laws are *valid for everyone else*. Otherwise, it would not be ‘A’, but tyranny.

8. *Excursus: Autonomy according to Kant*

‘A’ necessarily implies, as has already been mentioned,⁵ self-limitation. This is closely connected with Kant’s *categorical imperative*.⁶ The basis for this is the central importance of ‘A’ which rests on *being-a-moral-subject of one’s own doing*.⁷ This status of *subjecthood* does not depend upon either any actual state or situation of the autonomous individual, or upon any abilities or capacities.

To subject a person without or even against his will totally to the command of another person or group of persons is to deprive this person of his moral *subjecthood* and of his being an “*end in itself, not merely a means*”.⁸ For, like

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Cf. Kant’s notion of “Fähigkeit, allgemein gesetzgebend, obgleich mit dem Beding, eben dieser Gesetzgebung zugleich selbst unterworfen zu sein”. Immanuel Kant, *Grundlegung zur Metaphysik der Sitten* (= GMS), BA 17, in: Immanuel Kant, *Gesammelte Schriften*, ed. by Königlich-Preussische Akademie der Wissenschaften (= AA), Berlin 1911 [1972], Vol. IV, p. 440.

5
See footnote 4.

6
“Handle so, dass du die Menschheit, sowohl in deiner Person als in der Person eines jeden anderen, jederzeit zugleich als Zweck, niemals bloß als Mittel brauchest.” I. Kant, *GMS*, BA 67. According to Kant, the categorical imperative is the “principle of autonomy”; cf. *ibid.*, BA 83.

7
The understanding of ‘A’ here presented does not allow for grading. For criticism, cf. Markus Rothhaar – Ralf Kipke, “Die Patientenverfügung als Ersatzinstrument. Differenzierung von Autonomiegraden als Grundlage für einen angemessenen Umgang mit Patientenverfügungen”, in: Andreas Frewer – Wolfgang Rascher (eds.), *Patientenverfügung und Ethik. Beiträge zur guten klinischen Praxis (Jahrbuch für Ethik in der Klinik, Vol. 2)*, Königshausen & Neumann, Würzburg 2009.

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I. Kant, *GMS*, 4.428; cf. the UN Charter from 26 June 1945, which, in the Preamble, speaks of the dignity and value of human personhood.

human dignity, ‘A’ also has nothing to do with intellectual capacities or any abilities whatsoever.

Self-determination on the basis of subjective or individual wishes, inclinations, needs or decisions of will would, according to Kant, not count as a manifestation of ‘A’, but would, quite to the contrary, be an example of *heteronomy* due to a lack of freedom – freedom as the property of the will to release laws according to universalisable premises. This is Kant’s understanding of “the concept of every rational being that must consider itself as *universally legislating* through all the maxims of its will”.⁹ This is the effect of the categorical imperative.¹⁰ The moral value of an action is measured by good will, and the will is good if it goes along with the categorical imperative. Kant:

“Autonomy is the basis of human, and every rational, nature.”¹¹

‘A’ and human dignity share two aspects which can be distinguished, but not separated: *self-legislation* and, through the latter, *self-restriction*. Both provide the basis for human dignity. Kant writes:

“A rational being [...] belongs to the kingdom of ends as a *member* if it is universally legislating in it, *but also itself subject to these laws*.”¹²

Thus, the dignity of man consists, according to Kant, in his “obeying no law other than that which at the same time he himself gives”.¹³

“Autonomy is [...] the ground of the dignity of a human and of every rational nature.”¹⁴

The notion of human dignity addresses both an actuality and a task. The human being possesses unimpeachable dignity (= actuality) because he is, by his very nature, a *moral subject*. Yet, in being this, he is, at the same time, responsible for the community of his fellow humans (= task). Human dignity is, therefore, not the result of an achievement, but a sign of man’s specific constitution (*Verfasstheit* in German), which is not a product of acknowledgment, but a sign of mutual estimation. Human dignity is violated if somebody is completely instrumentalised, i.e., if he is being made the pure object of actions by others.¹⁵

The notion of ‘A’ is, thus, closely connected with human dignity. The two notions share the property of not being gradable – it is logically impossible to speak of ‘more’ or ‘less’ human dignity, much like the way we cannot speak of ‘greater’ or ‘less’ autonomy. In addition, both notions apply to man from his very beginning to his very end, i.e., to every moment or situation during his entire life.

Part two.

Autonomy in different contexts

1. Autonomy versus autonomy?

Take, for instance, the doctor–patient relationship. There is a *natural asymmetry* between the positions of the doctor and the patient. On the doctor’s side we have competent medical knowledge and abilities, and on the patient’s side the need for help and lack of (sufficient) medical knowledge. At the same time, the doctor depends on the patient’s (*informed*) *consent to be treated*, so, in a way, one can speak of a “symmetrical asymmetry”. This, however, is only possible if one realises that ‘A’ is not to be found only on one side, but on both sides: *because* the patient is autonomous, he can decide about his being treated by the doctor, who is, also *because* he is autonomous, entitled to

refuse a patient’s inappropriate wishes. Take the debate about *doctor-assisted suicide*: a patient wanting to commit suicide because of an *infaust* diagnosis may ground his wish on his ‘A’ and his right to self-determination. However, in asking for the doctor’s help, a suicidal patient cannot use in his argument the principle of the doctor’s duty to always help, because the doctor might feel instrumentalised by his patient – which would entail disrespect for the doctor’s ‘A’ and right to self-determination.

2. *Autonomy versus protection of life?*

Grave ethical difficulties are involved in situations when a patient whom the doctor could help refuses his help. This does not pose ethical problems in normal circumstances. An adult patient always has the right to refuse therapy and, to that extent, the doctor depends upon his patient’s wishes. But how about situations in which a patient’s refusal of medical help endangers his life? Some argue that, in this case, the principle of the protection of life outweighs the patient’s ‘A’ and right to determinate himself, so the doctor may treat the patient even against his will. The answer of traditional paternalism to this was the following: the patient does not have sufficient medical knowledge, and so the doctor’s ability to help prevails ethically (cf. the old slogan “Who cures is justified”). Today, some physicians are convinced that their duty to cure patients prevails over the patients’ ‘A’, following the motto: “*salus aegroti suprema lex esto!*” (“the well-being of the patient shall be the most important law!”). On the other hand, there is also the following argument: since it is the life of *the patient* and not of anybody else, how can anyone force him against his will to continue a possible *vita minima*? This, it seems, would render man’s life an absolute duty.¹⁶ Apart from this, it may be argued that the patient’s well-being, which doctors are obliged to work towards, cannot be determined by third persons including doctors. Only the patient himself can do so, and therefore “*salus ex voluntate suprema lex esto!*” (“the well-being of the patient as determined by his *will* shall be the most important law!”).

This means the following. Medical, as well as nursing, measures presuppose – with the exception of emergency cases – the patient’s ‘A’ and right to manifest the same in the form of informed consent. In addition, everybody has the right to determine, by means of a living will, what he agrees to or refuses in the event of his becoming incompetent to decide, *even if irreversible damage ensues*.¹⁷

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I. Kant, *GMS*, AA IV, p. 433.

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Cf. *ibid.*, p. 447.

11

Ibid., p. 436.

12

Ibid., p. 433; cf. *ibid.*, p. 440.

13

Ibid., p. 434.

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Ibid., p. 436.

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German jurisprudence has a term for this (in the context of Art. I of the Constitution):

‘Objektverbot’. Cf. Günter Dürig, “Die Menschenwürde ist getroffen, wenn der konkrete Mensch zum Objekt, zu einem bloßen Mittel, zur vertretbaren Größe herabgewürdigt wird”, in: Theodor Maunz – Günter Dürig, *Kommentar zum Grundgesetz*, Beck, Munich 1958.

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Jan P. Beckmann, “Selbstbestimmung versus Lebensschutz?”, *Jahrbuch für Wissenschaft und Ethik*, Vol. 10 (2005), No. 1, pp. 55–86.

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Cf. Jan P. Beckmann, “Das Recht auf Erstellung von Voraussetzungen aus ethischer Sicht”, *Zeitschrift für medizinische Ethik*, Vol. 59 (2013), No. 3, pp. 179–190.

3. *Autonomy versus care?*

However, are people not responsible for each other? And is a patient whose life is at stake but is saveable by a well-established medical therapy not overburdened by ‘A’? Is claiming “‘A’ always prevails” not an excessive demand? Alain Ehrenberg, for instance, speaks of a “culture of autonomy” featuring the thesis that the idea of ‘A’ is to exhaust man’s striving to become himself an independent being.¹⁸ Moreover, how free is an individual in life-threatening situations? There are, it seems, good reasons to let ‘A’, if threatened, be compensated for by care. Thus, there are more than just a few who say that lack of ‘A’ is to be compensated for by care. Just as it can often be heard in clinics or in homes for the elderly that “the patient, due to age and/or illness, is ‘reduced’ in his ‘A’, so doctors and nurses have to compensate for this lack and take over the decision-making”.

There are, however, three grave difficulties with the said:

- (i) this can lead to the opposite of ‘A’, namely to heteronomy,
- (ii) ‘A’ is mistakenly taken to be gradable, which, as we have seen, would dissolve ‘A’ as an *anthropological status* proper to every human being from his beginning to his end, and
- (iii) care cannot, logically speaking, compensate for ‘A’ because care *presupposes* ‘A’. To take care of a person presupposes the person’s consent – even if the person is, at a given moment, unable to manifest his will. A patient may appear to be reduced in – or even deprived of – *autarchy* due to age and/or illness because he has lost self-sufficiency and, accordingly, needs the help of others. But, as has already been said, he can never “lose” ‘A’ because, unlike autarchy, ‘A’ is not a potential, but a necessary state which cannot be separated from the individual.

4. *Autonomy versus trust?*

One of the early criticisms of the idea of the importance of patient ‘A’ is that it would evince distrust of medicine in general and of doctors in particular. So, taking a closer look at the relation between ‘A’ and trust seems worthy of inspection. The English term ‘trust’ belongs to the large semantic field of *confidentiality* and *reliability*, as well as to that of *security* and *safety*, but also to the field of *comfort* and *consolation* (cf. its etymological kinship with the German term ‘Trost’). According to the *Oxford English Dictionary*,¹⁹ intransitive and transitive uses of the verb ‘trust’ are to be distinguished. (i) *Intransitively used*, ‘trust’ is to have faith or confidence in somebody or something, while (ii) *transitively used*, it is to rely on somebody. In addition, the *noun* ‘trust’ can be of three different kinds: (i) over against oneself, which presupposes self-knowledge; (ii) over against others, which presupposes community with and knowledge of others; and (iii) over against something (reasons, proofs, traditions, practices, institutions, etc.), which presupposes knowledge of facts.

For our purposes, the following is of importance:

- (i) ‘Trust’ is, in bioethical contexts, *neither a principle nor a right*, but an *action* or an *attitude* of a person towards another person or towards an institution. Thus, ‘trust’ is formally *relational*.
- (ii) ‘Trust’ always entails a motive, be it a wish or an expectation, etc. Thus, ‘trust’ is *intentional*.
- (iii) ‘Trust’ always has a reason: need, help. Thus, ‘trust’ is *causal*.

Thus, trust and ‘A’ share the state of being relational terms, but are different with regard to their categorical level. ‘A’, as we have seen, belongs to the categorical level of principles, while trust belongs to the category of attitudes.

Can the two, in spite of this categorical difference, be interlinked in bioethical analysis?

They cannot be interlinked if their formal difference has been overlooked. This could be the case if one of the two notions were to be understood to be possibly compensating for a lack of the other one. *A principle cannot, by its very nature, compensate for an attitude.*

However, the two notions can in bioethical analyses be linked with each other if their formal difference is *observed*. This, for instance, is the case in the doctor–patient relationship. A patient’s trust in his doctor denotes his confidence that something desired will be achieved:

- (i) The patient entrusts himself to the doctor (in German: “Der Patient vertraut sich dem Doktor an”) = *relational* aspect.
- (ii) This puts the doctor in a position of trust = *intentional* aspect.
- (iii) ‘Trust’, in this case, means that the patient gives credit to his doctor for goods to be achieved = *causal* aspect.

Although any help provided by doctors needs the patients’ *informed consent* – which is the manifestation of their autonomy by an act of self-determination – patients need to trust doctors in view of the insecurity and risks of any kind of medical treatment and therapeutic options made available by the rapid developments of modern medicine. Thus, ‘A’ is to be acknowledged, and trust is to be practiced.

In bioethical analysis this means that *trust presupposes respect for ‘A’ and not vice versa*. In order to trust people, one has to be aware of both one’s own and of other peoples’ ‘A’ and of their right to self-determination. In a word, ‘A’ is *of* people, while trust is *in* people. The connection between trust and ‘A’ shows once more the *relational (not relative!)* implications of ‘A’. Thus, living wills as expressions of ‘A’ are not isolated documents, but need to be integrated into communicative structures (e.g., “advance care planning”, cf. recent developments in the United States).

I have tried to show that ‘A’ denotes a human *proprium* and an anthropological *principle* which is to be distinguished from ‘self-determination’ as its *manifestation*, and that ‘trust’ signifies both a *relation* and an *intention*. Although each notion stands on a different *categorical level*, they can fruitfully be used in bioethical analysis, following the maxim “Away from the practice of distrust, and towards a culture of trust!”

Part three.

Autonomy: seven theses

In the foregoing two parts, I have tried to develop the following theses:

1. ‘Autonomy’ is an anthropological *principle* or human *proprium*, and not a right. However, self-determination is a right. Man is autonomous *not if and only if* he is able to determine himself; it is rather the case that he has the right to determine himself *because* he is autonomous. Thus, the distinction

- between autonomy and self-determination is as essential as the priority of the former over the latter.
2. As a principle, autonomy does not depend upon any of man's abilities or faculties, and particularly not upon his ability to manifest autonomy. As a human *proprium*, autonomy belongs to *everybody from their beginning to their end, irrespective of what they are able to do and the situation they may be in.*
 3. As a human *proprium*, autonomy means that the individual is to be kept free from becoming totally instrumentalised by others. For the same reason, autonomy does not allow for gradation.
 4. Both autonomy and self-determination are bound within the limits of acknowledging the autonomy and the right to self-determination of all fellow humans. Thus, autonomy does not mean independence but *interdependence*, while self-determination means *self-limitation*.
 5. Autonomy is *relational* (not *relative*!). Thus, a living will as a manifestation of autonomy is no isolated document, but is to be integrated into communicative structures.
 6. Formally, autonomy and trust stand on different categorical levels. Trust is a human attitude, and not a moral norm, although it does have moral implications. Autonomy is to be acknowledged, while trust is to be practised. Autonomy is *of* people, trust is *in* people.
 7. Away from the practice of distrust, and towards a culture of trust. Or, modifying one of Kant's famous sayings: Medical treatment without respect for the patient's autonomy and his right to self-determination would ethically be unjustifiable; however, without the patient's trust in his doctor, it would be impracticable.

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O značenju i nekim kontekstima termina 'autonomija'

Konceptualno istraživanje

Sažetak

Članak nastoji konceptualno analizirati značenje termina 'autonomija' i kritički ispitati njegove odnose s drugim etičkim normama. Postavlja se pitanje je li autonomija pravo ili sposobnost ili mogućnost te da li bi ju trebalo razlikovati od samoodređenja. Pokazuje se da je autonomija antropološki princip te da je samoodređenje kao njezina manifestacija ljudsko pravo. Što se tiče njezina odnosa s drugim etičkim normama, pokazuje se da su mogući sukobi između autonomije pacijenta i autonomije liječnika, kao i između autonomije i dužnosti zaštite života te između autonomije i skrbi, tako da važnu ulogu igra povjerenje. Autor zaključuje da čovjek nije autonoman ako i samo ako je sposoban za samoodređenje nego da ima pravo na samoodređenje zato što je autonoman. To važi za svakoga od njegova početka do njegova kraja, bez obzira na to što je sposoban učiniti i situaciju u kojoj se može naći. Budući da je svako ljudsko biće autonomno, autonomija za sobom povlači samoograničavanje, tako da ne znači nezavisnost, nego međuzavisnost. Što se tiče povjerenja, autonomiju treba priznavati, a povjerenje treba prakticirati zato što se radi o autonomiji ljudi, a povjerenje se ima u ljude.

Ključne riječi

autonomija, samoodređenje, samoograničavanje, dužnost zaštite života, skrb, povjerenje

Jan P. Beckmann

Zur Bedeutung und einigen Kontexten des Terminus ‚Autonomie‘

Eine Begriffsuntersuchung

Zusammenfassung

Der Beitrag gilt einer Analyse der Bedeutung des Terminus ‚Autonomie‘ sowie einer kritischen Prüfung seiner Beziehungen zu anderen ethischen Normen. Zu klären ist, ob Autonomie ein Recht, eine Fähigkeit, ein Vermögen oder eine Errungenschaft darstellt und ob man zwischen Autonomie und Selbstbestimmung unterscheiden muss. Es wird gezeigt, dass Autonomie ein anthropologisches Prinzip ist und Selbstbestimmung als Manifestation von Autonomie ein menschliches Recht. Was die Beziehungen zu anderen ethischen Normen angeht, so zeigen sich mögliche ethische Konflikte zwischen Patienten- und Arztautonomie, zwischen Autonomie und der Pflicht zum Lebensschutz und zwischen Autonomie und Fürsorge, was der Norm des Vertrauens eine wichtige Rolle zuweist. Der Autor gelangt zu dem Ergebnis, dass der Mensch nicht deswegen noch dann autonom ist, wenn er sich selbst zu bestimmen in der Lage ist, sondern dass er das Recht zur Selbstbestimmung besitzt, weil er autonom ist. Dies gilt für jedermann, unabhängig von seinem Können oder seiner Lebenssituation, vom Anfang bis zum Ende seines Lebens. Da jedes menschliche Wesen in diesem Sinne autonom ist, impliziert Autonomie Selbstbegrenzung und somit nicht Unabhängigkeit, sondern Interdependenz. Was die Norm des Vertrauens angeht, so muss Autonomie anerkannt, Vertrauen hingegen praktiziert werden. Denn: Autonomie gehört untrennbar zum Menschen, Vertrauen gilt dem Menschen.

Schlüsselwörter

Autonomie, Selbstbestimmung, Selbstbegrenzung, Lebensschutzpflicht, Fürsorge, Vertrauen

Jan P. Beckmann

De la signification et de certains contextes du terme « autonomie »

Recherche conceptuelle

Résumé

Cet article tente d'analyser de manière conceptuelle la signification du terme d'autonomie et de questionner ses rapports avec d'autres normes éthiques. La question est de savoir si l'autonomie est un droit, une faculté ou une possibilité, et s'il faut la différencier de l'autodétermination. Il est montré que l'autonomie est un principe anthropologique et que l'autodétermination, qui en est sa manifestation, est un droit humain. En ce qui concerne ses rapports avec d'autres normes éthiques, il est montré que d'autres conflits sont possibles, des conflits entre l'autonomie du patient et l'autonomie du médecin, entre l'autonomie et les devoirs de protection de la vie, mais aussi entre l'autonomie et les soins. Ainsi, un rôle important revient à la confiance. L'auteur conclut que l'homme n'est pas autonome, si et seulement si, il est capable d'autodétermination, mais c'est bien parce qu'il a un droit à l'autodétermination qu'il est autonome. Cela vaut pour chacun depuis ses débuts jusqu'à ses fins, indépendamment de ce dont il est capable de faire et de la situation dans laquelle il peut se trouver. Étant donné que chaque être humain est autonome, l'autonomie entraîne à ses côtés l'autolimitation, de telle manière qu'il ne s'agit pas d'indépendance mais d'interdépendance. En ce qui concerne la confiance, l'autonomie doit être reconnue, et la confiance doit être pratiquée, car ce dont il s'agit c'est d'autonomie des personnes, et c'est bien en la personne que l'on a confiance.

Mots-clés

autonomie, autodétermination, autolimitation, devoir de protection de vies humaines, sollicitude, confiance