Why Doctors Should Intervene
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Respect for patient autonomy is distorted when autonomy is understood as mere noninterference, says Ackerman. On this prevalent hands-off view, “[t]he doctor need be only an honest and good technician, providing relevant information and dispensing professionally competent care.” But this approach fails to respect autonomy genuinely, he argues, for it does not recognize that many factors can compromise autonomy, including illness and a host of psychological, social, and cultural constraints. At times, true respect for autonomy may require the physician to intervene, to deviate from the patient’s stated preferences. The goal of the physician-patient relationship should be “to resolve the underlying physical (or mental) defect, and to deal with cognitive, psychological, and social constraints in order to restore autonomous functioning.”

Patient autonomy has become a watchword of the medical profession. According to the revised 1980 AMA Principles of Medical Ethics, no longer is it permissible for a doctor to withhold information from a patient, even on grounds that it may be harmful. Instead the physician is expected to “deal honestly with patients” at all times. Physicians also have a duty to respect the confidentiality of the doctor-patient relationship. Even when disclosure to a third party may be in the patient’s interests, the doctor is instructed to release information only when required by law. Respect for the autonomy of patients has given rise to many specific patient rights—among them the right to refuse treatment, the right to give informed consent, the right to privacy, and the right to competent medical care provided with “respect for human dignity.”

While requirements of honesty, confidentiality, and patients’ rights are all important, the underlying moral vision that places exclusive emphasis upon these factors is more troublesome. The profession’s notion of respect for autonomy makes noninterference its essential feature. As the Belmont Report has described it, there is an obligation to “give weight to autonomous persons’ considered opinions and choices while refraining from obstructing their actions unless they are clearly detrimental to others.”

Or, as Tom Beauchamp and James Childress have suggested, “To respect autonomous agents is to recognize with due appreciation their own considered value judgments and outlooks even when it is believed that their judgments are mistaken.” They argue that people “are entitled to autonomous determination without limitation on their liberty being imposed by others.”

When respect for personal autonomy is understood as noninterference, the physician’s role is dramatically simplified. The doctor need be only an honest and good technician, providing relevant information and dispensing professionally competent care. Does noninterference really respect patient autonomy? I maintain that it does not, because it fails to take account of the transforming effects of illness.

“Autonomy,” typically defined as self-governance, has two key features. First, autonomous behavior is governed by plans of action that have been formulated through deliberation or reflection. This deliberative activity involves processes of both information gathering and priority setting. Second, autonomous behavior issues, intentionally and voluntarily, from choices people make based upon their own life plans.

But various kinds of constraints can impede autonomous behavior. There are physical constraints—confinement in prison is an example—where internal or external circumstances bodily prevent a person...