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Presenting the Prolife Perspective

delivered to

The Citizens' Assembly

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05 Feb 2017

Autonomy and Abortion

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Members of the Citizens' Assembly, and Justice Laffoy. Ba mhaith liom buíochas a chur in iúl daoibh as an gcuireadh chun labhairt libh inniu. It is a privilege for me to address this body on such an important topic. Today's topic is particularly challenging because it involves something we hold to be very valuable: our freedom to make decisions about our own lives. In ethics terminology, this is the principle of autonomy.

In recent decades, the principle of autonomy has become more widely respected in many areas of life, especially in healthcare. In general, this is a good thing. I'm glad we are putting behind us the days of clergy running people's lives, husbands making all the decisions for their wives, or doctors telling patients what to do. But in moving away from one end of the spectrum, we must avoid swinging to the other extreme. Some versions of autonomy fail to avoid this.

Arguably one of the most influential books in healthcare ethics is Beauchamp and Childress's *Principles of Biomedical Ethics*. Seven editions have appeared between 1979 and 2013, where ethics decision-making is presented as involving four ethical principles, autonomy being one. They state: 'At a minimum, personal autonomy encompasses self-rule that is free from both controlling interference by others and limitations that prevent meaningful choice, such as adequate understanding' (2013, p. 101).

Self-rule is what the Greek behind 'autonomy' literally means. "It's my body, and I decide what happens to it." When applied to abortion, this supports freedom of choice. If a woman finds herself pregnant, and does not want a baby, this 'self-rule autonomy' declares she

should be free from interference and have no limitations on her choice. Self-rule autonomy sounds attractive, but it isn't really.

First of all, the world doesn't work that way! The increased importance placed on autonomy has developed partly because of past abuses. People denied autonomy (like slaves, women, and other minorities) won major victories through various civil rights movements. Because of patient autonomy, people come to the hospital and are asked to consent to what happens to them. I support this. It corrects an imbalance where doctors sometimes made decisions without consulting patients.

But when a person comes to the hospital, personal autonomy does not decide what should be done. If the person wants narcotics without being in pain, or to have a healthy appendix removed, they would not get what they wanted just because of autonomy. We put limits on people's autonomy legally, by insisting they pay taxes or obey the rules of the road. Ethically, we encourage people to do the right thing, not just do what they want. If a patient had a sexuallytransmitted disease and refused to inform his partner, many would object that this was unethical, even if based on the patient's autonomy.

Autonomy is limited in other ways. If a doctor wants a patient hooked to technology, and the patient doesn't want this, autonomy says it's the patient's decision. That is good. But it doesn't help the patient decide whether the technology is right. Autonomy only tells us *who* should decide. Patients with sexually-transmitted diseases might insist on their autonomy and right to privacy, but something else tells us this is wrong.

Other ethical principles and values and beliefs must be brought in to give us balance in ethics and in society. With self-rule autonomy, freedom to choose becomes more important than what choices we make. That misses what ethics is all about: making decisions that are right and good. Good for who? Self-rule autonomy focuses only on the individual making the decision. But in reality, many others are impacted by our decisions and theirs influence us. This is central to good relationships. We influence one another, which means we also need to consider others in our decision-making.

The approach I advocate has been called 'relational autonomy.' This holds that people should make important decisions about their lives, but these happen within relationships which bring ethical responsibilities. These put limits on autonomy by balancing it with other ethical principles. Abortions involve a pregnant woman, but other relationships are involved, at the very least the father. A woman may not want to give birth for many reasons, some highly complicated, some tragic, some less weighty – most relational. All these situations are difficult, and lead to decisions that cannot be made lightly. But pulling out autonomy as an ethical trump card, does not address the deeper issues.

Even when the life of the woman is threatened by pregnancy, it's not just about autonomy. I believe it is ethical to save one life when two cannot live. Two lives can be intimately related and in conflict with one another. If only one can live, the autonomy of each and the good of each can give ethical justification for saving only one of the lives. Relational autonomy better expresses the pain of this tragic situation, rather than claiming it is about freedom of choice.

Autonomy is a means to an end; it does not tell us what ends are ethical. Relational autonomy goes beyond the right to choose; it includes the responsibility to choose the right thing. We don't have the right (or the ability) to do what we want. Just think about it. Sometimes

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society believes some choices are so unethical that they are illegal. We do not allow people to sell their bodies as prostitutes, nor even to sell parts of their bodies as organ donors. If I chose to put certain illegal substances into my body, I can be arrested. The whole basis of society is that certain autonomous acts are neither ethical nor legal. I can lie, cheat, hurt others, or just refuse to help them, but just because I freely chose those things does not make them ethical. We may have the freedom to choose, but still we must decide if our choices are ethical.

One way we decide involves the so-called harm principle: that people have the freedom to do what they want, so long as they do not harm others. This is precisely where the freedom of choice argument breaks down in abortion. There is always an *other* where abortion is concerned. And by definition, that other ends up dead. Whatever opportunities or potential opportunities, the unborn might have, they are terminated totally.

To determine if autonomous actions are ethical, we need a view of what the good life entails. Self-rule autonomy focuses only on the good of the individual. "It is my life, and I will do with it as I choose." But who actually can live that way? Only those who have the power and the resources to get what they want. This is where autonomy touches up against justice. Where is the fairness in this for the unborn who are totally without power? Relational autonomy holds that in relationships we must consider our responsibilities towards others, not just our rights.

Relational autonomy recognises that we live in relationships, where our choices impact others and are impacted by others. Partners, children, parents, friends, even society, influence and are influenced by our decisions. We do not live in autonomous bubbles, bouncing off one another. Relational autonomy means we still make our choices, but we have ways to consider if they are ethical. One consideration is the impact they have on others. We act ethically when we use our autonomy to further the autonomy and good of others, especially the weakest and most vulnerable. After much debate, white men gave freedom to slaves; eventually, men recognised women's autonomy; doctors have acknowledged patients' autonomy. Those with autonomy chose to use it to promote the good of others, and we admire them.

The unborn are one group of humans least able to express autonomy. Yet if given the opportunity, they, with the same uncertainties we experience, can become autonomous and live their lives. Their good is to be cared for and protected so they grow and develop, reaching for their potential. Our mothers did that for us, giving each of us the opportunity to be here today.

Relational autonomy points to the responsibilities intimately linked to our choices. When we drive a car, we take on certain responsibilities, whether we realise it or not. If we get in an accident, we have ethical responsibilities, for example to stop and help. If we get into bed with someone, we take on certain responsibilities whether we acknowledge them or not. Intended or unintended, a pregnancy may result. This is partly why becoming sexually active is such a momentous decision, with most societies urging that it be reserved until a committed, permanent relationship exists to welcome a child into society.

This aspect obviously doesn't apply in rape situations. If a woman had no choice in becoming pregnant, how should she be responsible for the unborn? Rape is abhorrent, and my heart goes out to anyone who has been raped. But at the same time, the unborn had nothing to do with the harm inflicted. Why should they be the ones to have their chance at life terminated? If allowing the unborn to grow and experience life is the right thing in other situations, it does not matter how the pregnancy came to be. Certainly, after rape, this would be very difficult, heroic in many ways. I know some people born after their mothers were raped, and they are glad to be

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alive. Taking away the life of the innocent because of a man's crime will not relieve the pain or bring justice. Allowing life to come from a heinous crime can let some good come from something bad.

Moving away from rape situations, the unborn come to be because of a relationship. It might not be planned, but those relationships bring responsibilities. This applies to both people: the father and the mother. Both are autonomous. Both have choices. Self-rule autonomy means I choose what I want. He's gone and she wants it gone. Relational autonomy means considering what is best for others and helping them develop and grow to be all they can be. How will she be having terminated that little bit of life in her? How will he be after running away from maybe the biggest responsibility he has had? And in the middle is a new, vulnerable being, entirely dependent on the choices others make. They can exercise self-rule autonomy and find a way to end that life. Or they can choose to promote the good of that life, helping one another in a difficult situation and giving the unborn some chance of becoming autonomous. The length of that life, or how able or disabled it is, or how it got started, makes no difference ethically. The ethical decision involves helping those in need when they are depending on us. That helps repair and build relationships.

Self-rule autonomy leads to isolation because our focus is on ourselves, not our relationships. Relational autonomy involves those around the pregnant woman and reminds them of their ethical responsibilities. Irish families sometimes failed to live up to this, but also made difficult choices to parent unplanned grandchildren, or open up their arms to women and babies in need. Building a society like this is not easy, but it would be worth it. It would be based on authentic autonomy: people making choices to serve others and promote the well-being of all the

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living, especially the most vulnerable and dependent. This view of autonomy thus promotes justice as fairness to all, especially the least among us.

Autonomous choices are not always ethical. Being free to choose an abortion does not address the deeper needs and challenges. Our society should be one that supports and encourages and forgives people as they make hard choices to fulfil in life-enhancing ways the relational responsibilities that arise from our choices. Our Constitution should help to point people towards such decisions by upholding everyone's equal rights.