

Rethinking Autonomy & Responsibility in (Bio)Ethics

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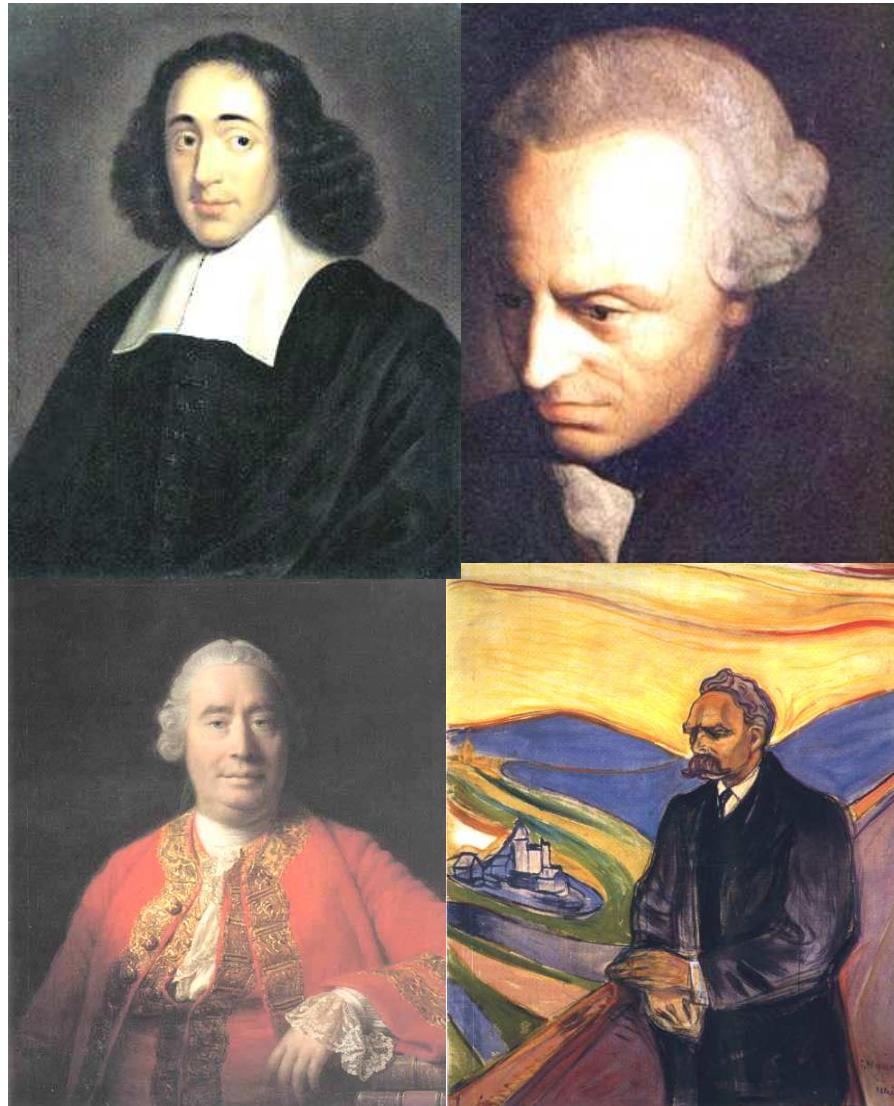
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Questions

What a naturalist account of ethics could be like?

in the past: Aristotle, Spinoza

in the present: Damasio, experimental philosophy?

What are the challenges posed by neurosciences to moral theory?

Pettit's response to the breakdown of the act-of-will picture

What role do emotions play in ethics, particularly in generating intuitions about moral responsibility?

ethics as the domain of deliberation and choice (not simply moral judgment, but full-fledged decision-making)

dialogical responsibility: recovering Kantian insights into the picture?

Haidt puts the blame of “attempting to deduce a foundation for ethics from the meaning of rationality itself” on Kant, but Pettit’s general response puts reasons (not Reason) back into the game

How the concept of autonomy is being applied in bioethics?

“we are more autonomous than what Haidt tells us we are”

“we are less autonomous than what standard bioethics tells us we are”

advances in biology and cognitive science
understanding of ethics (deliberation & choice)
role of conscious reflection in human agency
moral responsibility not compromised
implications to bioethics
autonomy in healthcare



***People are more inclined to regard
an agent as morally responsible
when the case is described in vivid
and concrete detail than they are
when the case is described more
abstractly.***

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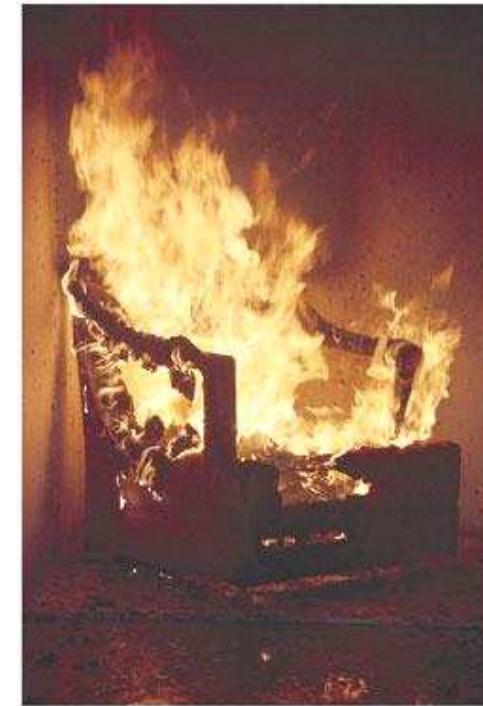
People's intuitions about moral responsibility are shaped by the interaction of two different systems—one that employs an abstract theory, another that relies more on immediate emotional reactions.

X-Φ



Empirical turn in philosophy
What is ethics?
Knobe and Nichols
naturalism in ethics

= commitment to understand moral judgment and moral agency in terms of natural facts about ourselves and the world



Spinoza's *Ethics*

humans have causal natures
ought to be understood in the
same way as the rest of
nature

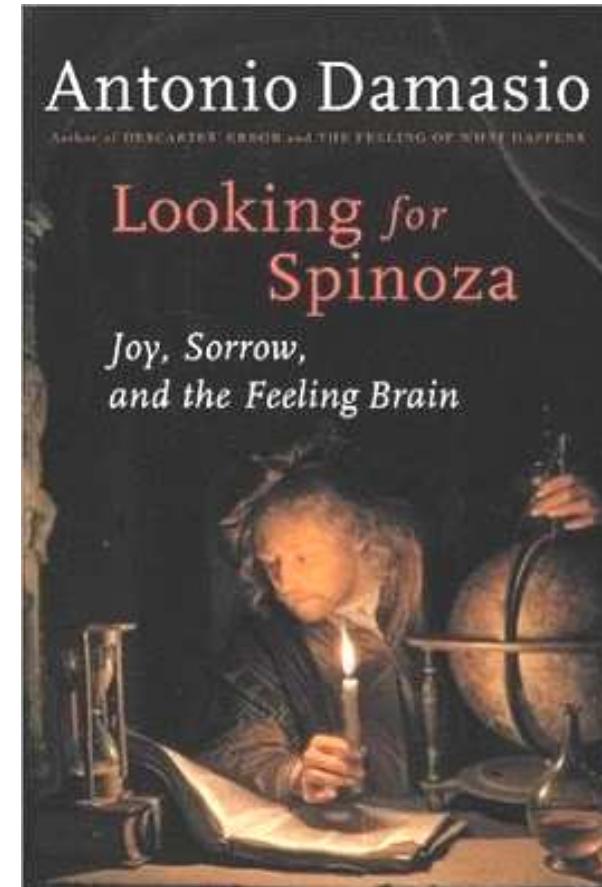
moral concepts are no different
from others
based in human psychology
account of human emotions



emotions as “modifications of the body, whereby the active power of the said body is increased or diminished, aided or constrained, and also the ideas of such modifications” (E. III def. 3).

Deus sive Natura

mind and body are two of the attributes of the same entity
not two separate substances that interact causally, but coordinated properties of the same substance



emotion

Spinoza: the idea of a modification in the body
the object of emotion is the feeling body

Damasio: bodily process of self-regulation
maintaining homeostasis
providing values, drives and preferences

fear



joy



surprise



disgust



grief



anger



emotions are processes activated by meaningful changes in the environment

resulting from complex mechanisms for embodied appraisal

involved in the evaluation by an agent of its situation

represent concerns, agent-environment relations that bear on well-being

help us prioritize demands and mobilize resources

help us decide

“Kant rejects the wisdom of emotions, the fine and patient job with which evolution has amassed some useful guidelines for the governance of social life. It should be said, however, that Kant also rejects the not-so-wise and the cruel aspects of nature as expressed in the apparatus of emotion. His sweeping rejection guarantees that he will not be fooled by natural moral emotions. Instead, he trusts human reason and creativity to invent better solutions than evolution ever did, or perhaps ever could, without deliberate human effort. Therein lies the problem, because unfeelingly tempered reason can be just as bad a counsellor as natural emotions.” (Damasio 2003, 320-1)

Kant's failure emotion studies

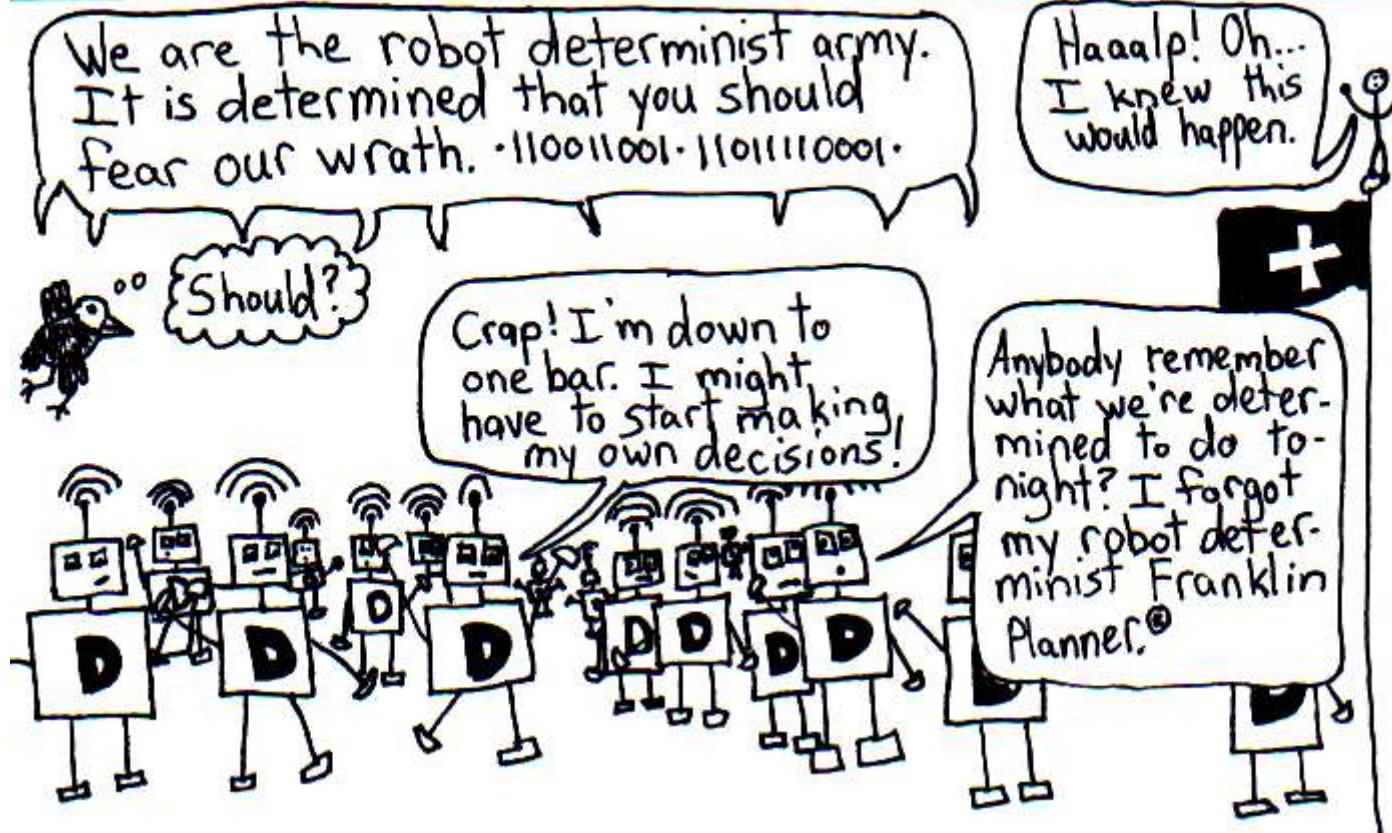
enlargement of the concept “cognition”

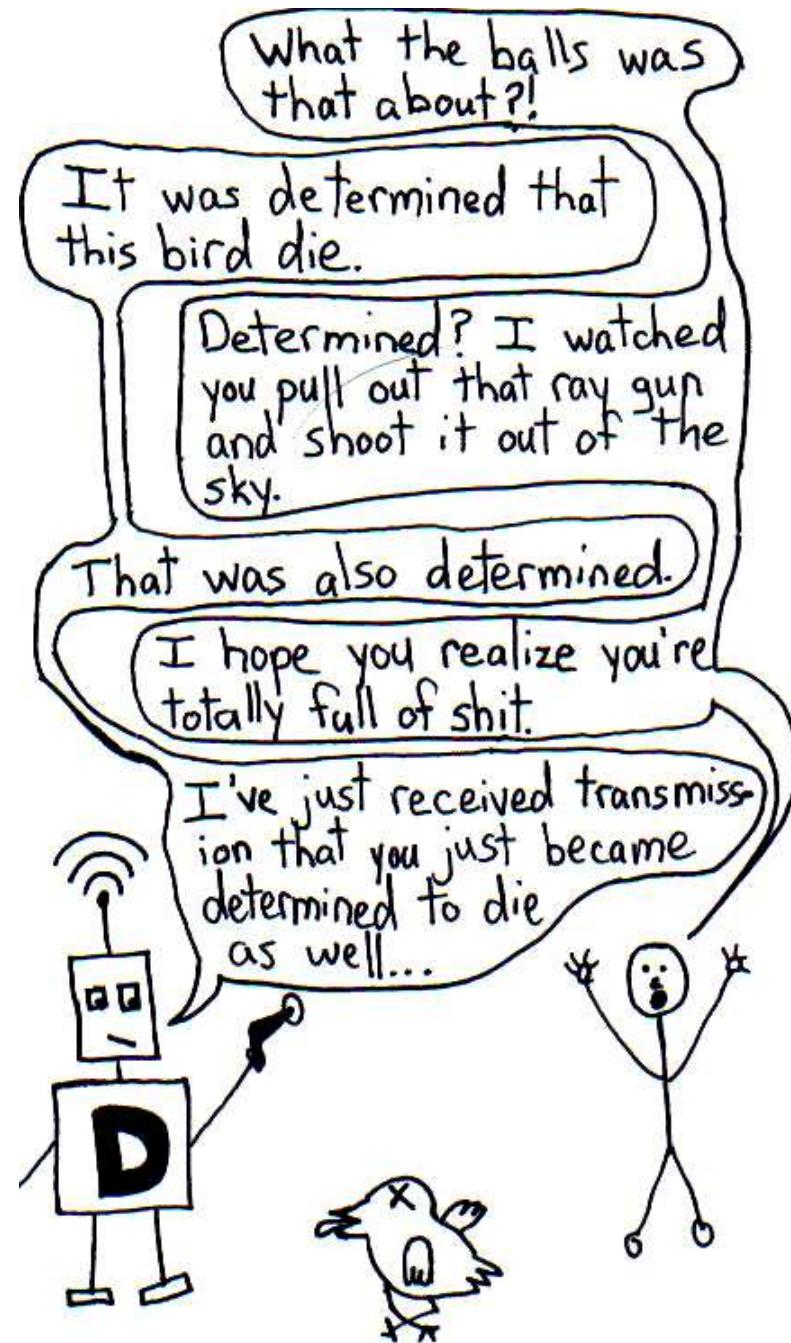
comprehension of emotion from an evolutionary and
functional perspective

emotional construction of morality

neuroethics

examination of morality “informed by our understanding
of underlying brain **mechanisms**” (Gazzaniga)





by Jason McLaughlin
(<http://3x5comics.com>)

- Roskies, A.L., and Nichols, S. 2008. "Bringing Responsibility Down to Earth" *Journal of Philosophy* 105/7: 371-388
- Woolfolk, R. L, Doris, J. M., and Darley, J. M. 2006. "Identification, Situational Constraint, and Social Cognition: Studies in the Attribution of Moral Responsibility" *Cognition* 100: 283-301

Frankfurt-Dworkin theory

autonomy requires second-order identification with first order desires

such identification must be “wholehearted” or “authentic” for the resulting action to count as autonomous

FRANKFURT, H. G. (1971) Freedom of the Will and the Concept of a Person. *The Journal of Philosophy* 68(1): 5-20.

autonomy involves (among other things) *the capacity to raise the question* of whether one identifies with the desires in question

DWORKIN, R. (1988) *The Theory and Practice of Autonomy*. New York, Cambridge University Press.

Nadelhoffer, T. et al. 2006. “Is Incompatibilism Intuitive?” *Philosophy and Phenomenological Research* 73(1): 28-53

Nichols, S. and Knobe, J. 2007. “Moral Responsibility and Determinism: The Cognitive Science of Folk Intuitions” *Noûs*, 41: 663-685



Is the golden rule based on oxytocin?

Is ethics based on altruism?

Pfaff, D., Kavaliers, M., and Choleris, E. 2008. Mechanisms underlying an ability to behave ethically. *The American Journal of Bioethics - AJOB Neuroscience* 8(5): 10–19.

F. de Waal et al. 2006. *Primates and Philosophers*.
Princeton University Press.

the “building blocks” of morality

capacity for empathy and moral emotions

a sense of fairness

ability to harmonize relationships

continuity with higher level moral autonomy



“The issue for Spinoza is that many seemingly deliberate behaviors can be explained by prior conditions of our biological constitution, and that, ultimately, everything we think and do results from certain antecedent conditions and processes that we may not be able to control. But we still can say a categorical no, just as firmly and imperatively as Immanuel Kant would, however illusory the freedom of that no may be.” (Damasio 2003, 174-5)

“Kant wished to combat the perils of passion with dispassionate reason; Spinoza wished to combat a dangerous passion with an irresistible emotion. The rationality Spinoza craved required emotion as an engine.” (Damasio 2003, 227)

Homeostasis

on a typical Newfoundland day



emotions totally integrated with cognition

→ ethics impossible to dissociate from
the body and the relational processes the
agent establishes with her environment

“neuroscience will never find
the brain correlate of
responsibility” (Gazzaniga)

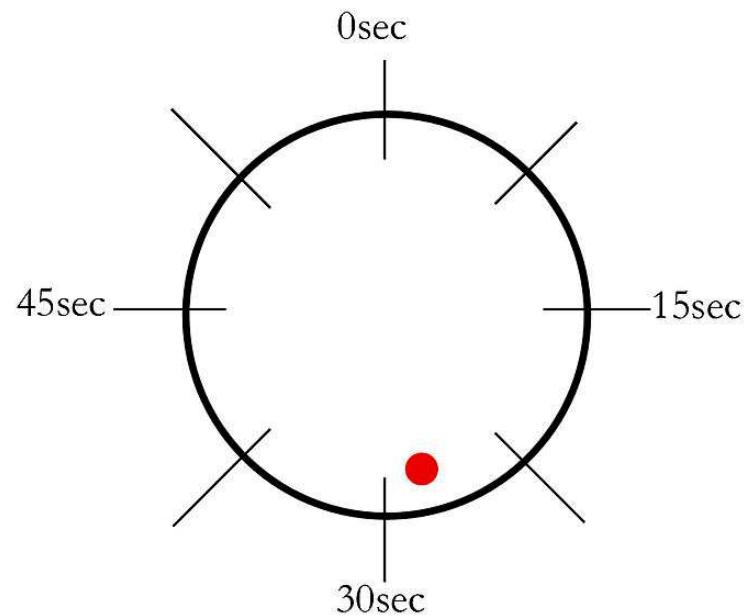
but we can understand it “not
in spite of but in virtue of
the kind of mechanisms
that constitute us” (Bechtel)

I need a brain to be
responsible, but my
responsibility is not situated
in my brain



Pettit, Ph. 2007. Neuroscience and Agent-Control. In: *Distributed Cognition and the Will*. Edited by David Spurrett, Don Ross, Harold Kincaid and Lynn Stephens. MIT Press.

we are *made* responsible
moral development requires social interaction
moral agent: the *accountability* unit of
autonomous action in the conversational
domain of deliberation and choice



the Libet experiments:
agents make mistakes
about whether an action
is deliberate

even when they do see an
action as deliberately
willed, they do so **later**
than when the brain
launches the action

→we don't deliberately
perform “acts of will”
(they are *post hoc*)

Pettit's alternative:

departs from the “act-of-will picture”

actions might be agent-controlled in virtue of the nature
or constitution of the agent in whom it is produced

we do this when we identify agents as **conversable**

(= operating within the reach of conversationally recognizable reasons)

no distinction between moral and practical reasons

a naturalized account (morality needs nothing
beyond our discursive and cognitive capabilities)

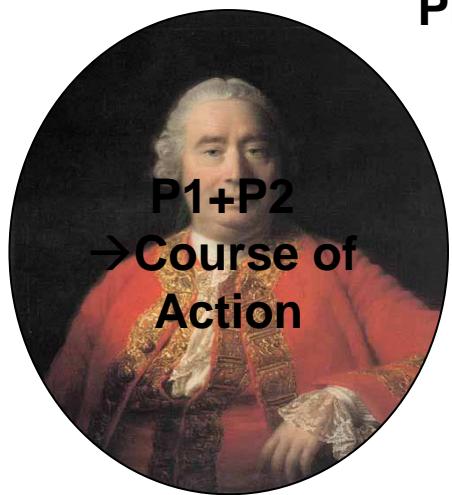
ethics as the domain of deliberation and choice

“When we ask what we are to do, what we are to become, we want to make intelligible and reasonable sense of our selves. We recognize this as our responsibility. We may fail to be responsible, but we cannot avoid the demand to be responsible. We begin from where we happen at that moment to be for there is nowhere else from which we can begin. We have no innate axioms from which we can derive solutions. We try to understand, we make suggestions, we raise questions about our suggestions.” (Barden 1990: 121)



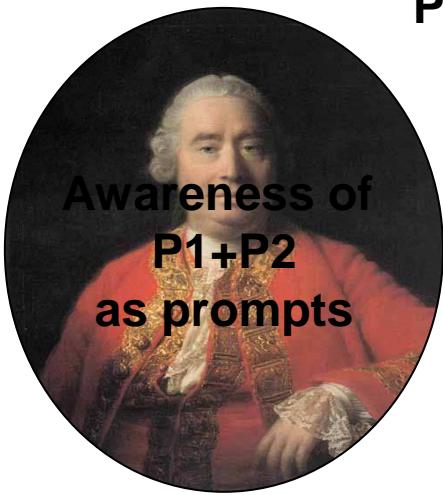
Prompt 1
Prompt 2
Prompt 3

(Prompts are cues or
incentives to action in
the environment)



P1+P2
→ Course of
Action

Prompt 1
Prompt 2
Prompt 3
Prompt 4
Prompt 5



Awareness of
P1+P2
as prompts

Prompt 1

Prompt 2

Prompt 3

Prompt 4

Prompt 5



Awareness
of C of Action

Prompt 1
Prompt 2
Prompt 3
Prompt 4
Prompt 5

self-inhibition or
self-reinforcement



Behaviour



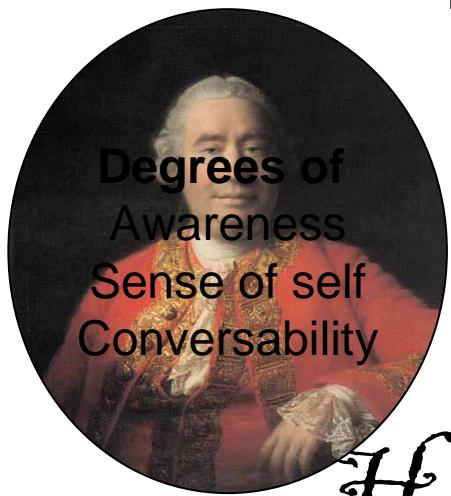
**Conversational
space of reasons**

Prompt 1
Prompt 2
Prompt 3
Prompt 4
Prompt 5

Behaviour

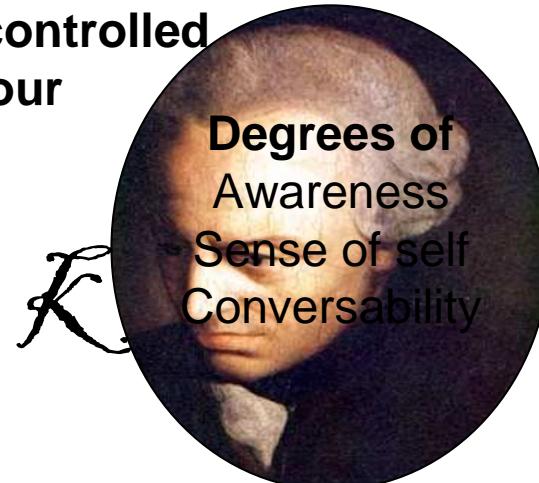


Agent K



Prompt 1
Prompt 2
Prompt 3
Prompt 4
Prompt 5

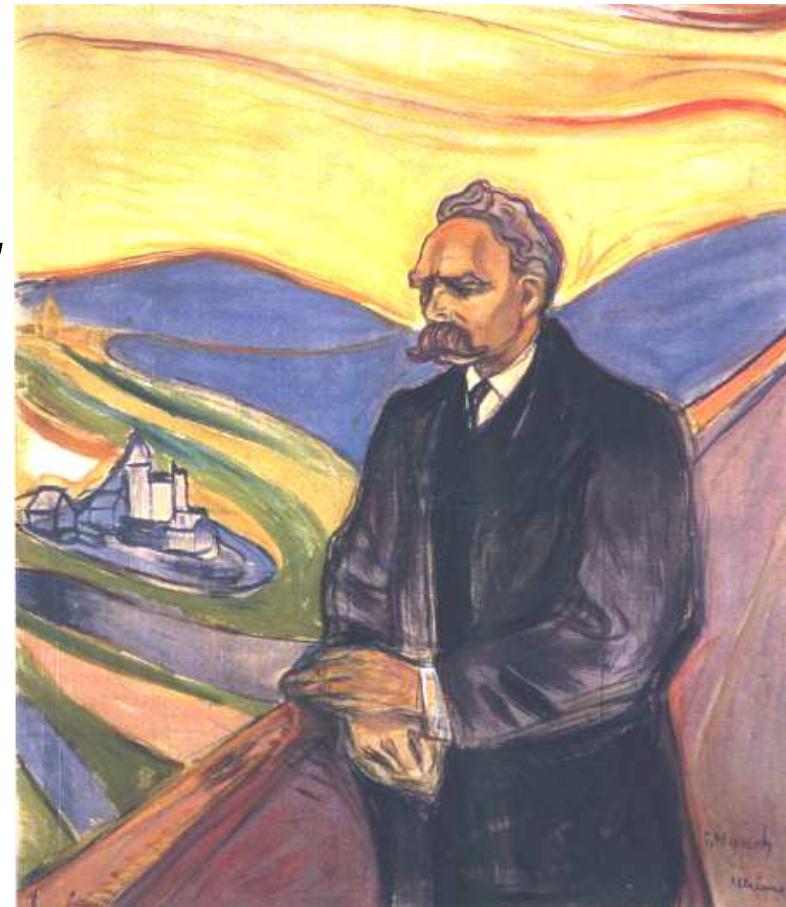
**Agent controlled
Behaviour**



Responsibility

*The past of man to
redeem, and every
“It was” to transform,
until the Will saith:
“But so did I will it!
So shall I will it—”*

(*Thus Spake
Zarathustra*, IV, LVI
“Old and New
Tables”, 3)





Q/A responsibility
discovered through
dialectical movement
of questioning and
answering



Pettit's **orthonomy** ≈ socialized Kantian autonomy
orthonomous agent: able to recognize standards of right belief and right desire and then adjust their beliefs and desires in the light of pertinent norms
to believe/desire rightly is in part to be prepared to be persuaded by the good evidence other believers/desirers might make available

how concepts of autonomy should be:

not action-based, but agent-based

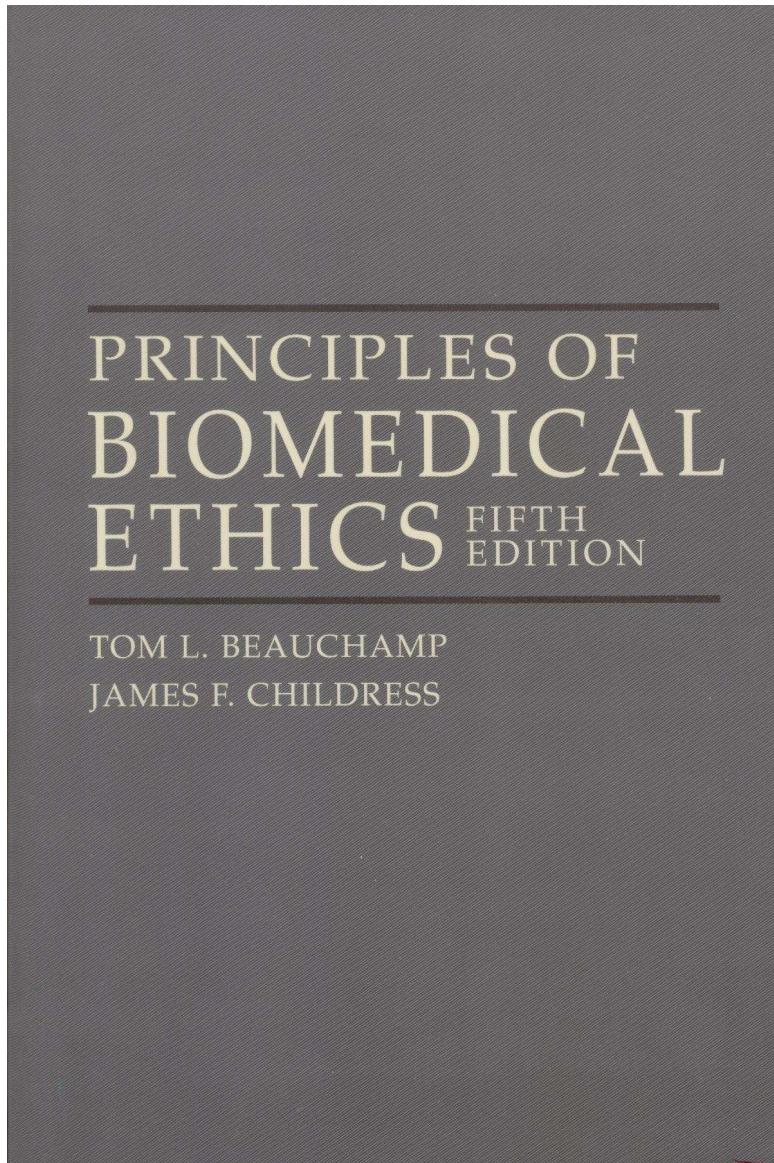
not dichotomic, but integrative of
emotional/cognitive aspects

gradualist (not a black or white question)

relational, interactive

bioethics as the study of
the ethical issues in
health care

little research about
emotions in bioethics,
but quite a lot on
nonmaleficence, justice,
beneficence, and
respect for autonomy



B&C don't ground the principle of respect for autonomy on a theory of the autonomous person or agent

go for a minimal description of the requirements of “respect for autonomy”

three features of autonomous *action*

1. it must be done intentionally
2. it must be done with understanding
3. it must be done without controlling influences that determine this given action

B&C's circular argument:

“Coercion occurs only if a credible and intended threat displaces a person’s self-directedness”

B&C see reason and emotion as inimical:

“influence by appeal to reason—persuasion—is distinguishable from influence by appeal to emotion. In health care, the problem is to distinguish emotional responses from cognitive responses and to determine which are likely to be evoked.”

Are patients (autonomous) agents?

Eric Cassell:

“This discussion of autonomy in medicine must seem a little bit strange and unreal. What happened to **sickness**? It is as if no one is sick. What we know about sickness –not as doctors [...] but merely the everyday knowledge of sickness. Because if people are really sick, with everything that goes with sickness, can they really make the best decisions about their care the way we have described?”

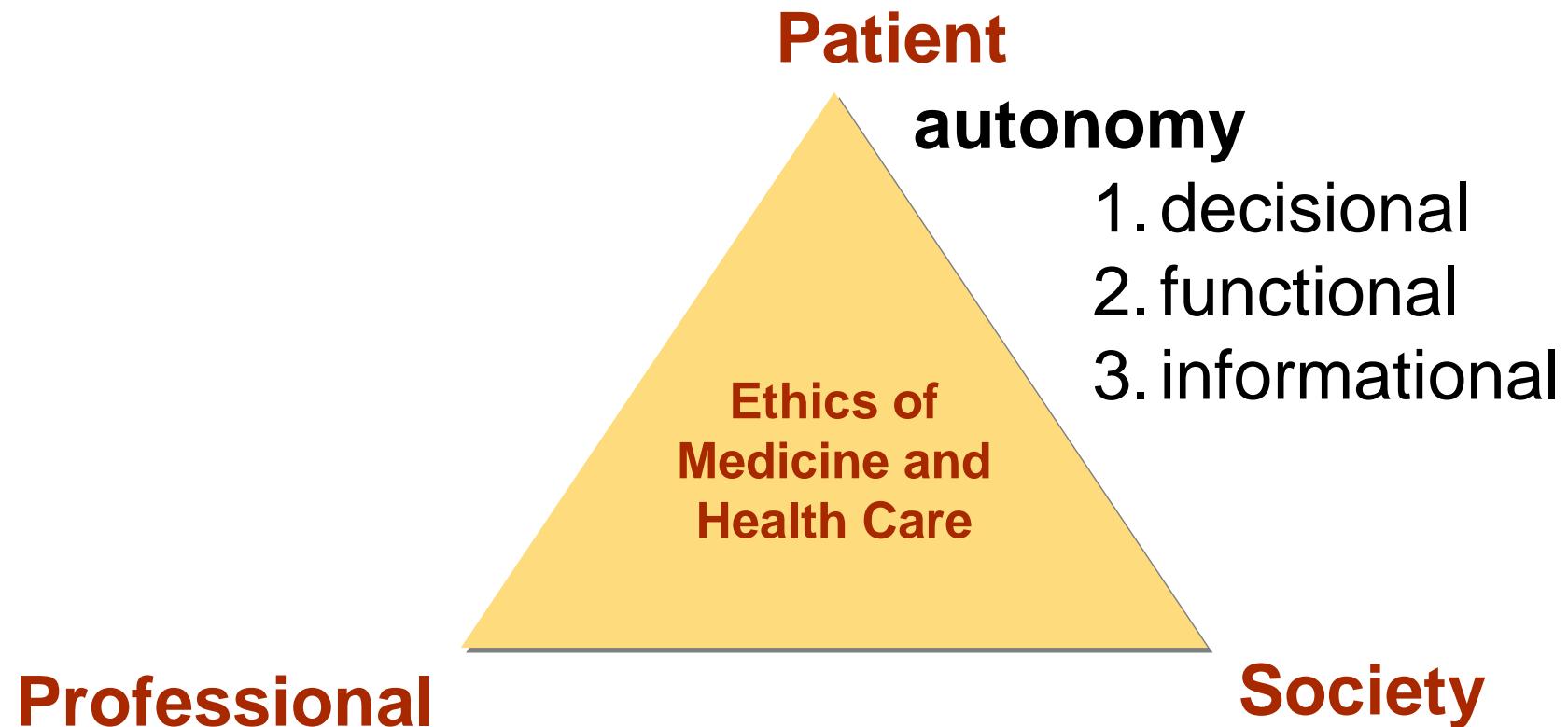
B&C's on substantial autonomy:
“Patients and research subjects can achieve substantial autonomy in their decisions, just as substantially autonomous choice occurs in other areas of life, such as buying a house or choosing a university to attend.”





Andrew Wyeth, (1917-2009) - " Christina's World ", 1948 - Tempera on gessoed panel - The Museum of Modern Art, New York

Casado da Rocha, A. 2009. Stars and Triangles: Controversial Bioethics in Spanish Film. In: S. Shapsay (ed.), *Bioethics at the Movies*, Baltimore, MD: Johns Hopkins University Press, 328-344.



Acute care

Life-and-death scenarios

Decisional autonomy

Fixing bodies now



Primary care

Chronic disease

3-D autonomy

Unfolding narratives on time



take home message

ethics not only about moral judgment

primarily about action and agent-control

ethical subject

not the isolated individual, but the embodied agent in her
affective & conversational relation to her environment

emotion-friendly attempts to naturalize ethics do not
take away neither autonomy nor responsibility

problems with standard (non-naturalized) account of
bioethics

future research: intersection between concepts of
autonomy and concepts of disease

Thank you!

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