Understanding Autonomy: An Urgent Intervention

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ABSTRACT

In this paper, I argue that the principle of respect for autonomy can serve as the basis for laws that significantly limit conduct, including orders mandating isolation and quarantine. This thesis is fundamentally at odds with an overwhelming consensus in contemporary bioethics that the principle of respect for autonomy, while important in everyday clinical encounters, must be ‘curtailed’, ‘constrained’, or ‘overridden’ by other principles in times of crisis. I contend that bioethicists have embraced an indefensibly ‘thin’ notion of autonomy that uproots the concept from its foundations in Kantian ethics. According to this thin conception, respect for autonomy, if unconditioned by competing principles (beneficence, justice, non-maleficence) would give competent adults the right to do anything they desired to do so long as they satisfied certain baseline psychological conditions. I argue that the dominant ‘principlist’ model of bioethical reasoning depends on this thin view of autonomy and show how it deprives us of powerful analytical tools that would help us to think seriously about the foundations of human rights.

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I. INTRODUCTION

The principle of respect for autonomy can serve as the basis for social rules and formal laws that significantly limit conduct, including orders mandating isolation and quarantine. This thesis is fundamentally at odds with an overwhelming consensus in contemporary bioethics that autonomy, while important in everyday clinical encounters, must be ‘curtailed’, ‘constrained’, or ‘overridden’ by other principles in times of crisis. This consensus reflects our field’s adoption of an unjustifiably simplistic notion of autonomy, a trend so widespread that we have come to take it for granted. In fact, I believe that the entire landscape of bioethics, including the principlist approach to bioethical reasoning, depends upon it.

In this paper, I will argue that bioethicists have embraced an indefensibly ‘thin’ notion of autonomy that uproots the concept from its foundations in Kantian ethics. According to this thin conception, autonomy, if unconditioned by competing principles (beneficence, justice, non-maleficence) would give competent adults the right to do anything they desired to do so long as they satisfied certain baseline psychological conditions.¹ I will show how the thin understanding might lead us to see respect for autonomy as both a far more demanding and less demanding principle than we would intuitively accept: less demanding because the thin notion implies that if left unchecked by other principles such as beneficence, autonomy would license obviously unethical conduct, and more demanding because the thin view makes it seem as though any and all capacitated patient wishes must carry some of the principle’s moral weight.

This approach to autonomy has always been costly, but never has it been so prevalent and so damaging as it is in the current moment, as we struggle to make sense of our rights and duties in a global pandemic. Indeed, our impoverished understanding of autonomy may be preventing us from living up to our obligations as ethicists. I fear that by failing to rigorously consider and explain autonomy we are confusing those who have turned to us for clear ethical thinking in a time of crisis.

I will begin by explaining the deficiency of the thin conception of autonomy and what we lose by so readily accepting it. Then, I offer a brief sketch of a ‘thick’, historically grounded notion of autonomy. I show how this idea of autonomy could serve as a plausible foundation for laws that limit the behavior of capacitated agents, and I suggest that our insistence on the importance of informed consent implies a commitment to this thick understanding. I then argue that unreflective endorsement of the thin conception leads to a distortion of the ethical field and encourages an unjustifiably hasty submission to consequentialist impulses. More than that, it deprives us of powerful analytical tools that would help us to think seriously about the foundations of social rules, human rights, and justice.

¹ This general treatment of autonomy is widespread. For a classic example, see Beauchamp, T., and James F. Childress. PRINCIPLES OF BIOMEDICAL ETHICS. Oxford University Press, 2019. In this study, Beauchamp and Childress offer intentionality, non-control, and understanding as psychological conditions on autonomy.
II. THE ‘THIN’ CONCEPTION OF AUTONOMY

It is now widely believed that no single ethical theory or principle could possibly provide a sufficient account of our considered bioethical judgments. To demonstrate this, books and lectures introducing students to bioethics often begin by reminding their audiences that a pure ethic of beneficence could not explain why flagrant violations of patient rights would be unjustifiable even if such violations maximized welfare. These introductions explain, reasonably, that the basic patient protections we hold dear are plausibly grounded in a right to autonomy and the inviolable dignity that each person possesses as an ‘end in himself’.

With the principle of autonomy on the table, the next step on the road to a multi-principle approach involves explaining why autonomy, on its own, is insufficient to ground our ethical reasoning. One standard way to make this point is to imagine a public health crisis and argue that beneficence (and perhaps other principles, including justice) is required to justify ‘constraining’, ‘limiting’, ‘curtailing’, or ‘overriding’ autonomy in the name of the public good. Here, for example, are Beauchamp and Childress, in their classic, Principles of Biomedical Ethics:

The principle of respect for autonomy and the principle of beneficence (which requires acts intended to prevent harm to others) sometimes come into contingent conflict when addressing situations that arise in governmental and professional responses to serious infectious-disease outbreaks, such as severe acquired respiratory syndrome (SARS). Persons exposed to SARS may put other persons at risk. The government, under its public health responsibilities, and various health professionals have an obligation based on beneficence and justice to protect unexposed persons whenever possible.2

Nancy Kass, in her influential article ‘An Ethics Framework for Public Health’, employs a similar strategy, writing that ‘threats to autonomy are the most obvious threats posed by public health regulations and legislation’, and describing autonomy primarily as a ‘right of non-interference’.3,4

Nathan Bostick, Mark Levine, and Robert Sade5 are even more explicit about the conflict between autonomy and laws mandating isolation and quarantine:

Quarantine and isolation may be either voluntary or mandatory. When mandatory, they may be effective in limiting the spread of communicable diseases, but produce tension between the public goal of disease containment and the protection of individuals’ autonomy. Standards of medical ethics place great emphasis upon respect for patients’ self-determination. In contrast, public health measures can incorporate mandatory interventions if necessary, and public health statutes can authorize the restriction of individual liberties in times of public peril, thereby overriding patient autonomy.6

In his article ‘Quarantine, Isolation, and Health Care Workers’, Adam Webb writes: ‘Limiting autonomy through quarantine and isolation may be ethically justified by our moral obligation to prevent harm to others if the ethical framework strikes

2 Beauchamp and Childress, 23.
4 Kass, 1780.
6 Bostick, Nathan et al., 4.
the appropriate balance between our notions of communal justice and individual autonomy.\textsuperscript{7,8} And in the introduction to his essay ‘The Ethics of Quarantine’, Ross Upshur\textsuperscript{9} writes, ‘The purpose of this article is to discuss some of the ethical issues raised by quarantine and present requirements for its justification from an ethical perspective. This discussion draws on recent scholarship on public health ethics, particularly with respect to autonomy-limiting actions by public health authorities.’\textsuperscript{10}

I hope that these five examples are enough to give readers a sense of what I mean when I refer to the bioethical consensus on the relationship between autonomy and public health restrictions. My suspicion is that the thin understanding of autonomy the consensus is based upon, according to which such rules constitute ‘constraints’ or ‘limits’ on the autonomy of capacitated agents, will be instantly recognizable. This conception of autonomy leads straightforwardly to a conclusion that is especially relevant during public health crises: autonomy on its own cannot justify good social rules and laws that protect public health and safety.\textsuperscript{11} While autonomy may be the dominant principle of the individual clinical encounter, the story goes, other principles, usually beneficence, perhaps justice, must lead in the public sphere.

The thesis that any constraint on the conduct of a capacitated agent constitutes a limit on that agent’s autonomy has had powerful and wide-ranging consequences in bioethics. Beyond its application to the ethics of quarantine, this conception of autonomy fuels and gains strength from the ‘principlist’ approach to ethical reasoning that has come to dominate the field. Once one embraces the thin conception of autonomy, the need for multiple principles is straightforward: We obviously require rules of conduct, including laws, that constrain capacitated agents, and if such rules and laws necessarily limit autonomy, then it follows that some principle other than autonomy must justify these limits. And so the principlist project gains plausibility, and beneficence, the consequentialist principle underlying the intuitive thought that rules are justified insofar as they conduce to welfare, can gain a foothold on the ethical landscape.\textsuperscript{12} In espousing such a view of the field, the bioethicist allows himself to sidestep careful consideration of autonomy in its ‘thicker’ traditional sense of rational self-governance that grows out of the work of Immanuel Kant,\textsuperscript{13} and turns instead to the task of balancing the multiple principles that allegedly support our considered ethical judgments.

\textsuperscript{8} Webb, 1748.
\textsuperscript{10} Upshur, 393
\textsuperscript{11} I have in mind rules mandating isolation and quarantine, but the reasoning applies to other social rules as well.
\textsuperscript{12} Of course, the road to principlism could run in the other direction, as well, with the theorist beginning with beneficence and then coming to see the need for other principles to constrain it. Either way, the key point is that the arguments bioethicists use to explain why autonomy must often be “overridden” or “curtailed” by other principles depend on the “thin” understanding of the concept. I’m grateful to an anonymous reviewer for suggesting this clarification.
III. THE ‘THICK’ CONCEPTION OF AUTONOMY

It would be a shocking embarrassment to Kantian ethics if it turned out that the only way to justify laws and social rules was by appeal to their good consequences. Unsurprisingly, Kant and his followers reject this consequence-based view. In fact, Kant thought that rather than restricting or limiting autonomy, rules can actually express the autonomy of those who are bound by them. Far from holding that autonomy would license pure individualism if left unrestricted by consequentialist constraints, Kant thought that autonomy was the very foundation of good social rules. When we teach our students that Kantian ethics is a form of deontology, we emphasize that it is a ‘rule-based’ system of ethics that sets limits on behavior. Kant’s famous ‘Categorical Imperative’ is one obvious example of such a conduct-shaping rule: the injunction to treat humanity always as an ‘end in itself’ constrains action without requiring other principles to limit autonomy. 14 Rather, the idea is that this rule is an expression of our autonomy: insofar as we are rational, we will autonomously hold ourselves to it.

It is important to note that ‘rationality’ in Kantian ethics goes beyond the logic of preference satisfaction. Instead, it implies, roughly, taking up a deliberative point of view from which one can see beyond one’s own desires and consider the effects of personal or public policies on other agents. To think rationally in this sense is to recognize that the perspectives of other rational agents have the same basic significance as one’s own, and to act on principles that one could justify to other stakeholders. 15

Along these lines, another of Kant’s formulations of the Categorical Imperative enjoins us to conform to the laws of an imagined ‘Kingdom of Ends’. In other words, we are to act in accordance with those rules and principles that rational legislators would make for a society of imperfectly rational subjects, including themselves. The thought exercise may sound fanciful, but it has deep affinities with ordinary moral thinking. It invites the deliberator to recognize that he is not the only person who has the capacity for autonomous reasoning and action, that others have the same basic moral status and rights he has, and that, insofar as they are rational, all of these morally equal stakeholders will value living by their own standards on fair terms with others. Realizing such conditions of free and equal coexistence in the ‘Kingdom of Ends’ would require laws and rules that we could all endorse and live by. Given the theoretical background from which they arise, it is no surprise that Kantians have argued that such regulations would put a high priority on safeguarding human dignity and rationality, promoting moral equality, and allowing the legislator-subjects to exercise their capacity for autonomy by pursuing their permissible projects. 16

The introduction of the ‘Kingdom of Ends’ as a theoretical device, and the injunction to act in accordance with principles rational legislators could endorse, are not to be confused with the claim that we must all bend to the will of the ‘collective’. The thick sense of autonomy as rational self-governance, which can be expressed in both individual and collective action, demands we value the lives and interests of others, but

14 See KANT’s Groundwork for the Metaphysics of Morals for his discussion of the Categorical Imperative and its various formulations.
15 I’m grateful for comments from Tom Hill that helped me to clarify this point.
16 My elaboration of the Kingdom of Ends formulation of the Categorical Imperative is influenced by the work of Thomas E. Hill, Jr. See, for example, his paper: Hill, T. The Kingdom of Ends.” In Proceedings of the Third International Kant Congress, White Beck L. ed., vol 4. (1972).
it does not imply that the ‘majority rules’. Rather, it requires acting on principles and rules that safeguard our capacities to self-govern and that reflect a respect for humanity. While deliberation in light of these values can be (and is) an individual ideal, it can also be the basis for law, as we will see shortly.

Embracing the thick sense of respect for autonomy as a genuine moral value also goes beyond the assertion of personal liberty rights. Again, it requires taking up a deliberative perspective from which we can see that all moral agents deserve equal consideration. It demands that we acknowledge the humanity of our fellow citizens and that we bring our behavior into line with rules and laws that reflect a commitment to equality and respect.17

Although these ideas are rarely discussed in contemporary bioethics, they are in fact crucial to the justification of one of its most famous ideals: informed consent. A brief review of informed consent will help to highlight the extent to which our thinking about this bedrock principle depends upon the thick conception of autonomy.

It is a consensus view in bioethics and in contemporary medical practice that patients have a right against being treated without their knowledge or against their wills. It is also widely accepted that the right of informed consent has its roots in the principle of autonomy. What is the philosophical basis of this right to self-governance? One possibility is that affording patients the right to make decisions for themselves is the most effective means of ensuring their well-being. But this attempt at justification does not explain our sense of violation when paternalistic infringements on autonomy successfully promote patient welfare. When a patient has the capacity to make health care decisions for herself, the wrongness of denying her the right to do so consists in a kind of disrespect, and this is true even if nonconsensual treatment clearly conduces to her best interests. Imagine, for example, a physician secretly administering medication to a capacitated patient without her knowledge. The medication will make the patient better off, but the paternalistic intervention is still a disrespectful violation of the patient’s autonomy. It fails to take her seriously as a rational agent who can deliberate about her own ends and act on her own principles. The wrongness of the disrespectful refusal to treat a patient as an autonomous agent does not simply disappear when the violation is good for her and maximizes overall welfare.

It is worth emphasizing that the obligation to obtain the informed consent of capacitated patients before treating them is a ‘conduct-constraining rule’ that has its foundations in the principle of respect for autonomy. Indeed, its justification is rooted in the thick understanding of autonomy that I have been discussing. In allowing patients to self-govern, medical providers recognize them as persons whose perspectives matter and who enjoy the same basic status and rights as other rational agents. Paternalistic intervention, even for a patient’s own good, is a violation—a failure to appreciate the non-instrumental value of the patient’s rational agency. We use the language of ‘respect for persons’ in this context because norms of informed consent reflect an

17 Kant thought that rational legislators would endorse a principle of beneficence, but this principle is not equivalent to the principle of beneficence that bioethicists are familiar with. For one thing, it is not maximizing; for another, it is not a ‘free-standing’ principle, but instead is justified via the principle of autonomy, which is expressed in the rational deliberation of ideal legislators. I am grateful to an anonymous reviewer for suggesting this clarification.
acknowledgment that the perspectives, preferences, and plans of others carry the same ethical weight as one’s own.

IV. AUTONOMY AS A BASIS OF LAW

It is unrealistic to expect everyone to be moved by considerations of respect and equality all the time. Some people are reckless, willfully ignorant, and malevolent, and even good people can have moments of selfishness, carelessness, and self-deception. For this reason, and others, we require laws to govern and limit behavior, to set social expectations, and to express collective disapproval of certain modes of conduct. The fact that our need for laws may arise in part because of the human tendency to fall short of the ideals of autonomous self-governance I have been discussing, however, does not imply that they must be justified in terms of beneficence. Rather, law, including regulations mandating isolation and quarantine, can be based on the principle of respect for autonomy itself.18

Like Kant’s famous categorical imperative, legal orders mandating quarantine and isolation are conduct-constraining rules.19 As the brief study of informed consent showed, the fact that these orders impose limits on behavior does not imply that they are restrictions on autonomy to be justified by another principle. In fact, I think that such rules are plausibly derived from, and expressive of, the principle of respect for autonomy. The wrongness of paternalistic denial of informed consent consists in failing to treat others with the respect they deserve as persons who have their own interests, plans, and values; the wrongness of breaking quarantine consists in the same: it amounts to a declaration that the interests, plans, and values of others are not as morally weighty as one’s own. It is an affront to equality that would run afoul of a system of moral principles we could all autonomously (rationally) accept.

Of course, this is only a very brief sketch of one kind of Kantian conception of the basis of social rules. And I should emphasize that I am not claiming to have proven that it is the correct account of the foundations of social restrictions. Still, I do hope to have shown that it is a reasonable candidate, one worthy of rigorous consideration and discussion. Indeed, the autonomy-based understanding of social rules has been taken seriously by philosophers and political theorists for centuries. It is not an exaggeration to say that it has had a world-changing influence on our shared social thought about concepts such as justice, dignity, and human rights.20

And yet, when one reads contemporary bioethical scholarship about the role of autonomy in times of crisis, one finds remarkably few traces of this Kantian story. Instead, one learns that autonomy is suitable for individual interactions, but must be overridden in the name of beneficence when public health is at stake. In these dire circumstances, one might conclude, we must think like consequentialists; autonomy is at best a secondary concern.

We are now in a position to see how misleading this model is. As I have argued, it is not necessarily true that legally mandated isolation and quarantine limit or constrain

18 Thank you to an anonymous reviewer for prompting me to clarify this point.
19 I am focused on rules mandating isolation and quarantine, but other legal restrictions on behavior, such as rules forbidding murder and assault, are also plausibly justified by appeal to autonomy along the lines I develop here.
20 See, for example, the work of John Rawls, Arthur Ripstein, Onora O’Neill, Allen Wood, and Pauline Kleingeld among others.
autonomy. Indeed, depending on how the regulations are formulated, they could express autonomy by reflecting our acknowledgement of the equal standing and rights of all rational agents. This means that if the Kantian picture I have sketched is accurate, then the justification of mandatory quarantine and isolation is not necessarily rooted in beneficence. Rather, it could just as easily be rooted in autonomy: such regulations may be those that rational legislator-subjects, seeking to make rules and laws that reflect their concern with the autonomy and dignity of their fellow citizens, would be rationally compelled to accept.

One virtue of this Kantian understanding of rules is that it allows us to distinguish between good and bad quarantine policies in ways that a purely beneficence-based account would not. Suppose, for example, that the welfare-maximizing quarantine policy was one that forced poor people with no families to provide services to the rich at great personal risk. Such a policy, though welfare-maximizing, would be obviously unacceptable, but its hideousness could not be explained by appeal to beneficence. One compelling way to elucidate its wrongness is grounded firmly in the thick, roughly Kantian, understanding of autonomy I have been considering: such a policy treats humanity in others as a mere means to the end of maximizing welfare, rather than as an end-in-itself. It fails to recognize the dignity of all members of the community.21

Of course, the principlist has more than beneficence at his disposal and would no doubt reject the quarantine policy I’ve imagined. But on what grounds? He might attempt to integrate the principle of beneficence with other principles, perhaps by suggesting a policy that called for maximizing welfare as far as possible without violating autonomy. I will not evaluate the merits of such a proposal, but it is important to see how it would differ from a system of autonomy-based regulations. Autonomy-based rules and laws would do more than ensure that certain baseline rights are not violated in the pursuit of utility maximization. Rather, they would have positive aspirations as well, aiming to realize and reflect values such as dignity, humanity, and respect. Policies motivated by such concerns may turn out to promote welfare, but they would not be justified on that basis.

The principlist may also appeal to justice as a constraint on beneficence. But the principle of justice, too, is plausibly grounded in autonomy along the lines I have sketched. Indeed, the work of John Rawls,22 perhaps the most influential theorist of justice of the last century, grows in large part from these Kantian roots.23 In A Theory of Justice, Rawls argued, roughly, that principles of justice could be derived with the help of theoretical devices (most famously the ‘original position’ and the ‘veil of ignorance’) meant to invite us to consider the principles of justice free and equal agents would choose if they were ignorant of their places in society. The strategy is part of an attempt to derive a theory of justice based on what self-interested agents would

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21 It is worth noting that adopting the “thick” understanding of autonomy does not preclude us from valuing happiness and well-being. And indeed no Kantian would claim that human happiness is never a morally relevant concern. The point is not that beneficence is not a genuine value, but rather that the “thin” conception of autonomy encourages us to overemphasize it. I do not mean to suggest that autonomy is the only genuine moral principle, or that we should never make appeals to welfare or other values. My goal is to show how serious consideration of the thick notion of autonomy might enrich our understanding of the foundations of moral and legal rules.


23 See RAWLS’s ‘A Theory of Justice’.
rationally (autonomously) choose while contracting with others whom they view as moral equals. Of course, there are many theories of justice, and I will not argue for Rawls’s influential (and often criticized) conception here. My point is only that our endorsement of the thin notion of autonomy has deprived us of theoretical resources we might use to consider what justice requires and why. At the very least, autonomy-based views according to which justice is a matter of following procedures agreed upon by morally equal individuals who have their own preferences, values, and goals, should be understood and confronted. Unfortunately, the assumption that autonomy is fundamentally at odds with the very idea of formal restrictions on conduct blocks such engagement before it can begin.

V. TAKING AUTONOMY SERIOUSLY

I think there is much to be said for the autonomy-based account of rules, but I do not claim to have shown that it is correct. My goals have been less ambitious: I have merely tried to give readers a sense of what we have lost by too readily accepting the thin conception of autonomy and what we might gain by extending our consideration of the thick conception beyond the domain of informed consent. I have tried to show how understanding respect for autonomy as a principle that could not only justify basic protections against paternalism but that could also generate positive rules of conduct, including laws, would shift the foundations of our contemporary bioethical consensus. In fact, taking up the thick conception would force us to rethink the roles of at least three of the major bioethical principles: First, we would not be able to so quickly conclude that in matters of public health, the principle of respect for autonomy must be ‘limited’ or ‘constrained.’ Rather, we might turn to the thicker notion of autonomy as a source of good rules that we could rationally endorse. Second, and relatedly, we could tap into powerful and historically influential resources when theorizing about the foundations of justice. Finally, the possibility of autonomy-based reasoning toward good rules and laws would force theorists to make new arguments in order to justify the lofty standing normally afforded to the principle of beneficence.

This last point is worth examining in more detail. Taking the thick conception of autonomy seriously bars the standard entrance by which the principle of beneficence typically appears on the bioethical stage. As we have seen, when we understand autonomy as a license to do whatever one wants to do, then we quickly come to require another principle to justify conduct-limiting laws and rules. Beneficence is an obvious candidate, and so our embrace of the thin conception of autonomy may tempt us into taking an illicit shortcut to consequentialist thinking. But if we understood respect for autonomy as a principle that, once fully explained, could generate rules, then we might think twice before affording beneficence such a prominent place in our conceptual landscape. This is not to say that beneficence is not a legitimate ethical principle. Rather, the point is that the theorist who wished to emphasize beneficence would need to make arguments to justify its importance that did not rely on the erroneous claim that without beneficence we would be unable to restrict out-of-control autonomy.

I can now explain something I wrote at the outset, namely that adopting the thin idea of autonomy would lead one to think that the principle of respect for autonomy

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24 Rules forbidding murder, assault, election fraud, and other obviously immoral acts are obvious examples, but rules mandating quarantine and isolation could be justified by appeal to autonomy as well.
is both more and less demanding than we could accept. It would make it seem less demanding by inviting the conclusion that the right of autonomy would authorize obviously unethical conduct if left unchecked by other principles. It would make it seem more demanding by implying that any denial of a capacitated patient’s wishes would constitute a violation, or at least a limitation, of that patient’s autonomy. Both conclusions rest on serious misunderstandings that we avoid by taking up the thick conception of autonomy that grows out of the Kantian tradition. As we have seen, autonomy is compatible with, and indeed can justify, rules that limit conduct. Thus, the charge that the principle of autonomy would license any behavior whatsoever if left unchecked by other principles is unfounded. And just as the thick notion of autonomy does not license acts that express disrespect and violate dignity, it does not give one the right to make demands of others that disregard their status as equal moral agents with their own values and plans. This means that the often-repeated charge that autonomy is running riot in the clinic as increasing numbers of patients demand that their doctors perform medically inappropriate procedures is also confused. The right of autonomy is not the right to demand that others comply with one’s requests; it is a right to make decisions that deeply affect one’s own life in accordance with rationally acceptable principles.25

To review: I have argued that by understanding autonomy as the right of capacitated adults to do whatever they want to do, we uproot the concept from its foundation in the idea of rational self-governance in accordance with rules. As a result, we deprive ourselves of powerful theoretical resources we might use to consider the justification of legal and moral requirements, as well as the foundations of justice. Just as dangerously, we trick ourselves into thinking that consequentialist reasoning is necessary and helpful where it may not be.

The Covid-19 pandemic has put our field in the spotlight in ways that few of us have experienced. It has presented us with an opportunity to help the public think through ethical problems with clarity, honesty, and seriousness. The thin understanding of autonomy undermines this project. And while it has been widely taught and embraced by generations of bioethicists, its grip on our thinking need not be permanent. In this paper, I have tried to show how much we stand to gain by stepping back from the current consensus and affording the concept of autonomy the thoughtful and historically informed consideration it deserves.

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