AUTONOMY AND TRUST IN BIOETHICS

Why has autonomy been a leading idea in philosophical writing on bioethics, and why has trust been marginal? In this important book, Onora O'Neill suggests that the conceptions of individual autonomy so widely relied on in bioethics are philosophically and ethically inadequate, and that they undermine, rather than support, relations of trust. She shows how Kant's non-individualistic view of autonomy provides a stronger basis for an approach to medicine, science and biotechnology, and does not marginalise trust, while also explaining why trustworthy individuals and institutions are often undeservingly mistrusted. Her arguments are illustrated with issues raised by practices such as the use of genetic information by the police or insurers, research using human tissues, uses of new reproductive technologies and media practices for reporting on medicine, science and technology. *Autonomy and Trust in Bioethics* will appeal to a wide range of readers in ethics, bioethics and related disciplines.

ONORA O'NEILL is Principal of Newnham College, Cambridge. She has written widely on ethics and political philosophy, with particular focus on questions of international justice, the philosophy of Kant and bioethics. Her most recent books include *Towards Justice and Virtue: A Constructive Account of Practical Reasoning* (Cambridge, 1996) and *Bounds of Justice* (Cambridge, 2000).

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Preface

Autonomy has been a leading idea in philosophical writing on bioethics; trust has been marginal. This strikes me as surprising. Autonomy is usually identified with individual independence, and sometimes leads to ethically dubious or disastrous action. Its ethical credentials are not self-evident. Trust is surely more important, and particularly so for any ethically adequate practice of medicine, science and biotechnology. Trust – or rather loss of trust – is a constant concern in political and popular writing in all three areas. Why then has autonomy landed a starring role in philosophical and ethical writing in bioethics? And why has trust secured no more than a walk-on part?

When I was invited to deliver the Gifford Lectures for 2001 in the University of Edinburgh, I rashly chose the title *Autonomy and Trust in Bioethics*. I was interested in this divergence between philosophical and popular ethical concerns, and the reasons for its persistence. The topic proved fruitful and more recalcitrant than I had expected. With the help of a thoughtful and encouraging audience in Edinburgh, and of numerous suggestions and comments from friends and colleagues, I have explored a wider terrain than I had originally intended. I have come to think that many recent discussions of both autonomy and of trust are unconvincing, and that this matters greatly for the ways in which we think about ethical questions that arise in the practice of medicine, science and biotechnology. Discussions of autonomy and trust in other areas of life may also be unconvincing; but that is a topic for another occasion.

Although I have been critical of contemporary work in bioethics in this book, my aims are both philosophically and practically constructive. They are philosophically constructive in that I set out and state the case for a conception of practical reasoning that supports a wide range of robust ethical obligations, ranging from requirements to seek informed consent (devotees of individual autonomy have been right to stress them) to practices that secure trustworthiness and may support relations of trust. They are practically constructive in that I show how these requirements are relevant to many areas of controversy, extending from public policy to the regulation of medicine, science and reproductive technologies, to daily medical and scientific practice and the uses of biotechnologies.

Writing on bioethics exacts intellectually troubling compromises. If it is to be philosophically serious it cannot take specific institutional and professional arrangements for granted; if it is to speak to actual predicaments it must take institutional and professional arrangements seriously. Much writing on bioethics fails as philosophy because it takes for granted some of the institutions or practices of particular cultures or times, such as hospital-based medicine or advanced biotechnologies, and fails to consider alternatives. Some philosophically interesting writing lacks clear implications for medicine, science and biotechnology because it is oblivious to institutional and professional realities and diversities. These problems can be avoided but not solved by separating philosophical writing from work intended to contribute to policy debates in bioethics. That has so far been my practice; its costs are rather high.

Here I have tried to link some serious philosophy with some consideration of institutions and practices. I have written with the thought that specific policies, practices and institutions can *illustrate* underlying philosophical questions and arguments, but equally in awareness that in other circumstances those principles and arguments might be illustrated by different policies, practices, or institutions. Since I have used a variety of bioethical illustrations of differing types, I have in any case aimed for sketches rather than for detailed blueprints. My illustrations are drawn mainly from the concerns of bioethics in the richer parts of the world, in which high-tech medicine and a culture of scientific research and biotechnological innovation flourish. More specifically, many of my illustrations are drawn from issues that have arisen in the UK, and to a lesser extent in the USA. Much writing in bioethics is dominated by examples drawn from the USA. There is, I believe, no harm (and possibly some gain) in extending the range of illustrations. I regret that it did not prove feasible to draw more illustrations from the practice of medicine outside the rich world. Had the lectures covered issues of justice in bioethics, the balance of illustrations would have been quite different.

I have had to be equally sketchy in discussing and referring to other work in bioethics. This is something of a relief. In bioethics massive footnoting often indicates insecurity rather than authority, and frequently directs the reader to sources that reiterate rather than establish central points. My practice – for which I offer no very complete justification – has been to cite quite selectively from philosophical, bioethical and other writing, and to provide a separate bibliography of institutional websites on which a range of relevant public documents can be found.

I have many to thank. They include the members of the Gifford Committee in the University of Edinburgh and John Frow who welcomed me back to the Institute for Advanced Studies in the Humanities in the University of Edinburgh; many Edinburgh philosophers, including Richard Holton, Rae Langton, Michael Menlowe and Stuart Sutherland; other Edinburgh friends and colleagues including Frances Dow, Duncan Forrester, Susan Manning, Paul McGuire, Charles Raab and Natasha and David Wilson; as well as members of Newnham College living in and near to Edinburgh. They all made giving the lectures more fun and more interesting than it would otherwise have been.

I owe a large debt to many Cambridge colleagues with whom I have discussed topics covered here across a number of years, and in particular to Martin Bobrow, Peter Lipton, Martin Richards and Marilyn Strathern. Since the lectures were delivered Stephen Buckle, Derek Burke, Norman Daniels, Peter Furness, Nicholas Harman, Patricia Hodgson, Andy Kuper and Tom Murray have helped me in many ways. Needless to say, remaining errors and implausibilities are my own contribution.

Patient and doctor: the ritual of informed consent. *Source:* ArtToday.com