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The Principle of Autonomy and Biotechnological Applications. A Bioethics Approach

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The Principle of Autonomy and Biotechnological Applications A Bioethics Approach

Abstract: What is it that makes the subject of bioethics autonomous? The problem that this research tries to clarify is What is it that makes the subject of bioethics autonomous? This question is answered from an applied ethics, bioethics. This article will show a new methodological approach to study the subject of bioethics.

The principal objetives of this research that is presented here, are related to the relationship between: 1) Autonomy and information; 2) Autonomy and responsability; 3) Autonomy and freedom; and 4) Autonomy and social ties or social links.

Keywords: autonomy, bioethics, bioethics subject, responsibility, information, methodological proposal.

The problem that this research tries to clarify is *What is it that makes the subject of bioethics autonomous?* This question is answered from an applied ethics, bioethics and, in order to achieve this, the ways that autonomy has been defined and the principle that autonomy follows need be observed.

The principle of *autonomy* has become consolidated in the sphere of Anglo-American liberal bioethics, a context that exalts freedom as the supreme value and has an individualistic character. The framework for this article is the *BIO2000-PO4-O3* Project. This project studied the behavior of consumers of biotechnology applied to health and nutrition and, specifically, their supposed hostility toward biotechnological applications in food and health.

The project started with the assumption that information is the basic element in decision-making and in autonomy. Moreover, this research wanted to verify the association between information and decision-making capacity regarding biotechnological applications. However, the data generated by the project showed that: first of all, the act of consuming biotechnological applications was not always, or in every case, guided by information, and secondly information was not the only element that oriented the decisions and behavior of consumers regarding biotechnology. The results produced by the research differed from the initial theoretical assumptions, producing an anomaly and making it necessary to go to the literature in bioethics to see what answers it provided to this problem. The anomaly we are talking about it's about the association between information and autonomy in bioethics. The contractual basis on which liberal bioethics stands has judicialized the philosophical concepts

of this discipline. The apparent reduction of autonomy to information has been promoted by informed consent as the way this exaltation of information materializes and as the formula that promotes autonomous decisions.

Upon reviewing the literature in bioethics, it was seen that: First of all, information is presented as an indispensable requirement for the individual's decision-making and autonomy; and secondly, information is the main element for considering the decision made by the *individual* to be autonomous.

But, in addition, the *informed individual* and the *autonomous individual* were shown to be equivalent, following a relationship of: *the greater the information, the greater the autonomy regarding applied biotechnology*. The response that the literature in bioethics gives to this anomaly is partial, insufficient, and erroneous. The question that this anomaly suggests is the following one: *Is the individual subject of bioethics autonomous*? The answer to the question about the anomaly thus requires research that formulates *what is it that makes the subject of bioethics autonomous*.

The research *problem* of this thesis, therefore, can be specified in the following question: What is it that makes the subject of bioethics autonomous?

The principal objetives of this research are related to the relationship between:

- 1) Autonomy and information;
- 2) Autonomy and responsability;
- 3) Autonomy and freedom; and
- 4) Autonomy and social ties or social links.

The secondary objectives of this research are related to the relationship between:

- 1) Autonomy and independence; and
- 2) Autonomy and the legitimy of the institutions.

Autonomy has an abstract formultaion and it cannot be observed directly. Therefore, it needs to be made into something that can be dealt with using research tools. In order to do this, an object of study is constructed. The *object of study* is the theoretical-empirical-methodological construction construction that allows the problem to be dealt with using research tools.

The construction of an object of study for the bioethics reasearch will allow us: 1) Firstly, to compare the results in other contexts with similar features to the ones selected in this research. 2) Secondly, to produce accumulative knowledge.

How will the research problem be observed? This question refers to the research's methodology; it is said, to the articulation of methods applied to the components of the research.

What components of the research problem will be studied? As I have mentioned, the research cannot cover the multiple dimensions of the research problem. This is why there has been a selection of components related to the autonomy of the bioethics' subject: information; knowledge; responsibility; and social ties.

How will the components be observed? A revision on the literature on philosophy and bioethics has been carried out. This has helped out to formulate the conjectures of this research. Moreover, Qualitative techniques and Quantitative techniques have been applied. Due to the fact that biotechnology affects us, it is very useful for bioethics research to consider people's speech.

Why is this research useful? The practical usefulness of this research will materialize in the extrapolation of the results presented to other contexts. Therefore, its validity will not limit to a specific context.

Results of this research

The answers to the questions brought up by the objectives of this research, can be summed up as it follows: Firstly, the subject's responsibility is linked to the autonomy. Therefore, the more responsibility, the subject has, the more autonomy he or she will have. In other words, the greater the responsibility the greater the autonomy. Autonomy and social ties are linked thanks to the delegated responsibility concept.

The less responsibility the subject delegated in others, the more autonomy the subject will be able to manage. In the same way, autonomy and the institutions' legitimacy are associated by the delegated responsibility concept. Therefore, the less responsibility the subject delegated in the institutions, the more autonomy the subject will be able to manage. Knowledge is what brings sense to information. If there is no knowledge that articulates information, the relation between autonomy and information is weak. The less knowledge the subject has the more responsibility the subject will delegate in the institutions. The liberal bioethics has established an association between autonomy and independence.

Nevertheless, autonomy and independence are not equivalent. The autonomy comes from the liberty concept and therefore, the autonomy concept depends on the type of liberty that inspires it.

Autonomy is something that is gradual and dynamic. It is an issue of degree not only because of the information, but also because of the consideration of how push and limiting factors, which make this an issue of degrees, are articulated. In contrast to the individualized being of liberal bioethics, a new social subject is proposed for bioethics. This subject will be a linked being with ethical and legal responsibility (which he or she can delegate, or not). The rise of the principle of autonomy is due to the liberal concept that is the foundation for autonomy in this discipline, a concept with roots deep in liberalism and individualism. This is why liberal bioethics has situated the principle of autonomy, the concept of respect, and information, in a privileged position, eclipsing responsibility. Liberal bioethics has nourished itself preferably from legal (not ethical) responsibility, thus developing responsibility more as a compensation resulting from a legal case than as something involving an internal sanction. The proposal presented is that the idea of freedom that shelters the principle of autonomy in bioethics allows responsibility to be linked to autonomy according to a relationship in which: the greater the responsibility, the greater the autonomy.

Conclusions

The subject of the bioethics should be a social being and a subject with responsibility towards the rest of the subjects he or she is linked with.

Social links generate responsibility.

Nevertheless, the responsibility concept has been outshined in the liberal bioethics.

Not every kind of responsibility it's the same one. This is why this research wants to distinguish the ethical responsibility from the legal responsibility.

The ethical responsibility involves a moral compromise while the legal responsibility involves a legal obligation. The contractual basis on which liberal bioethics stands has judicialized the philosophical concepts of this discipline. As a result, the liberal bioethics considers the legal responsibility rather than the ethical responsibility. Moreover, this has caused the identification of subject with information with autonomous subject. The reduction of autonomy to information has been promoted by informed consent as the way this exaltation of information materializes and as the formula that promotes autonomous decisions. Nevertheless, as the research results showed us, information is a condition to become autonomous, but it is not enough for a subject to become autonomous. The conclusions from

thus research show that: first of all, bioethical autonomy it's a dynamic concept, and secondly, autonomy is something that is gradual. Autonomy is an issue of degree not only because of the information, but also because of its association with responsibility and because of the consideration of how *push* and *limiting* factors, which make this an issue of degrees, are articulated. Responsibility and knowledge are push factors that make autonomy stronger. Nevertheless, there are other components that limitate autonomy (the limiting factors): for example, illness. Therefore, push and *limiting* factors, is what makes autonomy an issue of degrees.

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