

Scientific Contribution

Respect for persons, respect for integrity

Remarks for the conceptualization of integrity in social ethics

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Abstract. Even though respect for integrity is hailed in several authoritative legal and ethical documents, and is typically presented as a complement to respect for autonomy, it is largely neglected in many leading works in ethics. Is such neglect warranted, or does it express a prejudice? This article argues that the latter is the case, and that this is due to misplaced conceptual concerns. It offers some proposals as regards the conceptualization of integrity in social ethics in general and in biomedical ethics in particular. Five main directions of interpretation of “integrity” are discerned and shown to be relevant for different areas of biomedical ethics. The defense of respect for integrity is served by a softening of principlism and by greater attention to context among the initial critics of this principle.

Key words: autonomy, biomedical ethics, dignity, integrity, principlism, respect for persons

The setting of the issue

In Swedish social law, such as the Act of Social Care, the Education Act, and the Health and Medical Services Act, respect for persons and/or respect for integrity are stressed as important and perhaps even unconditional. The Health and Medical Services Act, for instance – like corresponding acts in many other countries, – states that health care and medical services “shall build on respect for the autonomy and integrity of the patient”¹. As a rule, respect for persons and/or respect for integrity in these Acts are mentioned together with respect for autonomy. The expressions “respect for persons” and “respect for integrity” sometimes seem interchangeable.

Children, so it is said, are to be taught these principles and their teachers shall observe them, as shall for instance physicians, nurses and social workers, too. Unfortunately neither the concept of autonomy nor that of integrity is defined or otherwise made clear – it seems to be assumed that their content is evident. That the Acts mentioned above regard autonomy and integrity as equivalent and complementary seems important, but what is the reason for this? More importantly, does integrity have a legitimate place here? If so, should “respect for integrity/person” be understood in the same way in all areas of social service,

and in all domains of, say, health care? I shall try to throw some light on these questions, and I shall do this by focusing on biomedicine,² since ethical thinking in this domain is more developed than in other relevant domains.

In the government bill of the Health and Medical Services Act, this Act is said to follow from the intention

to underline the importance of a humane and sympathetic orientation of medicine and health care. A patient is a fellow human being who always has a right to intact dignity and integrity when using the services of medicine and health care. It is of importance for the result of the care offered that it is practiced in an atmosphere of unanimity and cooperation. The patient’s right to autonomy and integrity, however, cannot be absolute, but must for several reasons be limited.³

This text is not only unclear but points in several directions. The patient is said always to have a right to intact dignity and integrity, and not to have an absolute right to integrity. The term “right” is used, but the lack of precision in the wording of the Act makes it hard to state exactly what rights the patients have and what duties the medical and care staff have. Further, integrity vacillates between being a property of the orientation of care, of the ambience of care, and of the

patients' participation in decision-making related to care.

Even so, both respect for autonomy and respect for integrity is socially and philosophically entrenched. There is, however, an asymmetry between the notion of autonomy and the notion of integrity in both common life and philosophy. The notion of autonomy is widely accepted and there is a fairly uniform and good understanding of it: a person is autonomous in a situation when the person himself or herself decides about his or her actions. The notion of integrity, on the other hand, has different and sometimes rather obscure meanings, indicating something like a person's identity, his or her authentic self. Elsewhere, however, it is rather limited, referring to steadfastness, privacy, or the right to be spared injury or offence. Even though "integrity" is quite frequently used in everyday language, its corresponding adjective – "integer", the counterpart to "autonomous" – is for some reason not current. The fruitfulness of the notion of integrity is also denied by many philosophers.

Integrity, hailed and neglected

When it comes to much social ethics with an authoritative status, the situation is almost reversed; autonomy seems to stand in the background whereas integrity is at the center of the scene. For instance, in the first article of the European Council's Convention on Human Rights and Biomedicine (4.IV.1997) the overall purpose is said to be that the parties to this Convention "shall protect the dignity and identity of all human beings and guarantee everyone, without discrimination, respect for their integrity and other rights and fundamental freedoms with regard to the application of biology and medicine."⁴

What appears in this passage, however, is yet another notion that appears to offer the very reason for respect for both autonomy and integrity, namely respect for *human dignity*, or as it is sometimes put, respect for *persons*. The importance attached to integrity is evident in the juxtaposition of the dignity and identity of human beings. The notion of human dignity seems to be an idea of a certain inherent (or intrinsic) value proper to the human race and all human beings. The value of human dignity (germ. "Würde", fr "dignité de l'homme" and "dignité de la personne") is recognized in the first article of the Charter of Fundamental Rights of the European Union: "Human dignity is inviolable. It must be respected and

protected."⁵ Its second article states the right to life, and the third the right of the individual to respect for his or her physical and mental integrity (but the right to life is plausibly an aspect of the right to respect for physical integrity).

Dignity and integrity have a similar status in a report to the European Commission on basic ethical principles of bioethics and biolaw (see Kemp et al., 2000). Four basic principles are formulated – (respect for) autonomy, dignity, integrity, and vulnerability. Dignity is said to be the property by virtue of which beings possess moral status. According to the coordinator of the report, Peter Kemp, dignity "has been universalized as a quality of the person as such. Thus it refers to both the intrinsic value of the individual and the intersubjective value of every human being in its encounter with the other." By contrast, integrity involves "the coherence of life of beings with dignity" and expresses their "untouchable core," which is "the basic condition of dignified life, both physical and mental." According to Kemp, integrity hereby "accounts for the inviolability of the human being," and vulnerability "concerns integrity as a basic principle for respect for and protection of human and non-human life." Autonomy, the report says, "cannot express the full meaning of respect for and protection of the human being."⁶

Hence, in several important documents respect for integrity seems to be not only an essential, but possibly the most essential expression of the principle of respect for and protection of human beings/human dignity. However, in many prominent works in biomedical ethics it is not the idea of respect for the human dignity or the integrity of patients, but the idea of respect for their autonomy that is central. It is, for instance, the first of four key principles laid down by Tom Beauchamp and James Childress in their *Principles of Biomedical Ethics*, and it is the basic principle of the competing post-modern, procedural, minimalist ethics that has been articulated by Tristram Engelhardt Jr. (1986, 1991) in particular. Dignity and integrity are only summarily and negatively dealt with in Ruth Faden and Tom Beauchamp (1986), *A History and Theory of Informed Consent*, and in Tom Beauchamp and Lawrence McCullough (1984), *Medical Ethics: The Moral Responsibilities of Physicians*. In Jonathan Glover's (1990) influential *Causing death and saving lives* they are not discussed. This is also the case of an influential Swedish work, Torbjörn Tännsjö's (1998) *Vårdetik*.

Other biomedical ethicists do take dignity and integrity seriously. In the international milieu Leah

Curtin and Flaherty (1982), Myra Levine (1971), Edmund Pellegrino (1988, 1990), Martha Rogers (1970), and David Thomasma (1988) can be mentioned. In the Nordic countries, there are, for instance, Margareta Andersson (1994), Erwin Bischofberger (1990a), Clarence Blomquist (1971), Göran Hermerén (1996), Peter Kemp (2000), Per Sundström (1996), and Knut Erik Tranøy (1993). Many of them consider respect for integrity to be more fundamental than respect for autonomy. According to Pellegrino autonomy is only a partial expression of integrity (1990, p. 6). Tranøy (1993, p. 40) and Blomquist (1971, p. 301) also take respect for integrity to be the most fundamental issue in biomedical ethics.

The miserly treatment of integrity in many works in biomedical ethics is probably due to a predominance of principle-oriented and consequentialist ethics focused on right action, whereas integrity has been seen as belonging to an alternative ethical tradition, to either Kantianism and an ethics of “good will”, or to virtue ethics. The Kantian idea of respect for persons, which is at bottom respect for human dignity, is mentioned by Beauchamp and Childress as a possible rationale for their bioethical principles, but they do not discuss this idea at any greater length. Still, they write that “respect for persons is commonly expressed in biomedical ethics through the principle of autonomy” (1983, p. 222). As to virtue ethics, Beauchamp and Childress accord a role to a virtue of integrity as part of the ethics of the biomedical profession, thus complementing their principles of biomedical ethics (2001, ch. 2). But since they view integrity as a form of conscientiousness on the part of professionals, it is not transposed into a principle concerning the treatment of patients, a principle that might complement respect for autonomy. This is so because principles are supposed to be action-guiding and integrity is seen as a virtue that does not correspond to any norm of obligation (2001, p. 39).

Pellegrino, for his part, takes integrity not to be a virtue belonging to professionals, but a shared property of all human beings, a property that must be respected. At the same time, oddly enough, Pellegrino – as well as, for instance, Tranøy – regards the patients’ integrity as something that can be destroyed or disturbed, and states that “restoration of the integrity of the person is the moral basis of the physical-patient relationship” (Pellegrino, 1990, p. 12). Integrity here appears to be a variable property of humans, one that is constitutive of the very goal of biomedicine. Not even a forceful defender of integrity as Pellegrino

seems to be clear about the exact meaning of “integrity”.

There is an apparent need to clarify the notion of integrity. I think such a clarification will show that integrity is of interest also to principle-oriented biomedical ethics. It will turn out that the opposition between ethicists hailing and those neglecting dignity and integrity partly is merely verbal, and partly based on misconceived conceptual concerns. The philosophical challenge that integrity poses is common to both camps. In order to show these things I must start by distinguishing between the various notions of integrity that are at play.

Five directions of interpretation

Five main directions of interpretation of “integrity” can be discerned. The *first* has a mixed ethical and medical background. Here the integrity of a person is identified with the health of that person, in an ethically strong conception of health. This view is rooted in early Greek moral philosophy, and it was particularly influential in Plato’s version of it. Plato regarded the health of man’s body and soul as the state which is in accordance with man’s ideal form, man’s rational nature. Health, then, is the model for the ethically desirable, perfect life. Let us call this *the health view of integrity*.

The view that integrity amounts to health is still current. Pellegrino, for instance, divides health into physiological, psychological and axiological integrity (1990, p. 11). Physiological integrity would be the unity and functionality of the human body. Psychological integrity would be the unity of the person as such, and unity in its relation to internal and external stimuli. Axiological integrity would be the unity or intactness of the values that a person cherishes and has espoused, the particular configuration of which in a way defines us. A similar division is suggested by, for instance, Sundström, who takes integrity to be the goal of biomedicine, and describes it as bodily/biological/physiological integrity, psychological/mental integrity, integrity of will, and existential integrity (1996, ch. 5).

The *second* direction of interpretation of “integrity” stands in a close relation to the first, defining what is often seen as the substance of a healthy state. The word “integrity” comes from the Latin words “integer” and “integritas,” which refer to an intact, harmonious state, especially in a person. An integer person is a person that is whole; to be a whole person is considered a morally desirable state. The very core of this meaning probably

coincides with one of the Platonic cardinal virtues, namely the harmony of the soul (“dikaiosyne”). This type of interpretation is sometimes called *the integrated-self view* of integrity. The moral connotation here is weakened; a person that is whole does not have to be perfect in Plato’s sense. Still, to be integer in this sense is often seen as a general moral virtue.

Calhoun, for one, thinks that “integrity involves the integration of “parts” of oneself – desires, evaluations, commitments – into a whole” (1995, p. 17). And Levine writes:

The goal of all nursing care should be to promote wholeness, realizing that for every individual that requires a unique and separate cluster of activities. The individual’s integrity – his one-ness, his identity as an individual, his wholeness – is his abiding concern, and it is the nurses’ responsibility to assist him to defend and to seek its realization. (1971, p. 258)

Also, Hermerén takes what he regards as the principle of integrity of biomedical ethics, namely that medical professionals shall respect the opinions, wishes, norms, and value principles of all persons concerned, to be grounded in a general respect for the whole person (1996, p. 143 and p. 150 respectively).

Integrity on this view actually has two sides, one which concerns wholeness or coherence of the internal order of a person, and one which concerns wholeness or coherence of the internal and the external of a person, i.e., whether the person’s attitudes and actions cohere with his or her inner state. The fully integer person in this sense is a person that has a whole self and that keeps, guards and expresses it in actual practice, thereby constituting a sphere of personal wholeness around him or her. Sometimes the emphasis on a whole self is not present, however, and the integer person is taken to be a person with clear-cut, firm, and well-defended borders around his or her person (which normally presupposes a fair degree of internal wholeness).

The two sides of this view of integrity can be clearly seen in the virtue–ethical analysis offered by Beauchamp and Childress. The virtue of integrity, according to them, represents two aspects of a person’s character. “The first is a coherent integration of aspects of the self – emotions, aspirations, knowledge, and so on – so that each complements and does not frustrate the others. The second is the character trait of being faithful to moral values and standing up in their defense when necessary” (2001, p. 36).

Integrity on the integrated-self view has given rise to a cluster of interpretations. They stress differently the two sides of wholeness and articulate different conceptions of the kind of wholeness that would characterize an integrated self: conscientiousness, wholeheartedness, moral decency, capacity to resist corruption, etc. An example of this is provided by the *Encyclopedia of Bioethics*, where the entry “integrity” just points further to “conscience”, and under this heading respect for conscience seems to be respect for people’s psychological and/or axiological unity (1995, vol. 3). Sometimes the health view and the integrated self view are mixed, as the cases of Pellegrino and Sundström show.

The *third* direction of interpretation of “integrity” is closely connected to the first, but here the key notion is that of a person’s basic or true self; a person’s integrity, on this interpretation, is the person’s true self and the personal sphere (physical, mental, and perhaps social) in which it is present or expressed. This has sometimes been called the *identity view of integrity*.

Some philosophers take the true self to be revealed in a diachronic perspective, articulated in a narrative of the person (in which case the identity view and the integrity view of integrity tend to coincide). Other philosophers, however, see it in a synchronic perspective. At least three important subclasses of this interpretation of integrity have emerged, and this is due to how the true self is conceived. One such conception is that of a *personal self*, where the true self is understood as the core of the person, sometimes identified with the deepest, identity-conferring commitments and principles of the person.⁷ A second conception is that of a *moral self*, where the true self is taken to be the (actual or more or less idealized) moral self of the person.⁸ A third conception is that of a *rational self*, where the true self is identified with the (actual or more or less idealized) rational side of the person, leading to effective deliberation based on all relevant knowledge and procedures of rational decision-making.⁹ In all three cases integrity is seen as a value to be respected, or as a kind of general moral virtue.

A subclass of conceptions of the true self focuses on the *professional self*. Here the true self is transformed into the core of an occupational role, specified in terms of central role-expectations and role-norms. As Cox et al. write, professional integrity is “a matter of remaining true to the fundamental role and character of one’s profession – to its principles, values, ideals, goals and standards” (2003, p. 104). Officials are, on this view,

instruments of government, administration and law in a way which constitutes their selves. As officials their operations are regulated by law, and their decisions authorized by law. The integer official is a person who in principles, attitudes, and behavior is true to the principles of his or her office.

As in the identity view of integrity, there are typically two aspects of this view of integrity. The first is the emphasis on a true self in a person, and the second is the emphasis on coherence between this self and the person's practical life. The two aspects of integrity in the identity view are illustrated by the entry "integrity" in Miller-Keane's *Encyclopedia & Dictionary of Medicine, Nursing and Allied Health*, where the true self is taken to be the moral self:

in bioethics, a virtue consisting of soundness of and adherence to moral principles and character and standing up in their defense when they are threatened or under attack [...] Some ethicists feel that integrity is the first or primary virtue.

Pellegrino and Thomasma think that integrity in something like this sense should be an ethical axiom for physicians (Pellegrino and Thomasma, 1988, ch. 1). The fully integer person in this sense is one with a true self and that keeps, guards, and expresses this self in actual practice, thereby constituting a sphere of true personality around him or her. Here, too, the emphasis on a true self is often left out, and the integer person is taken to be someone who has clear-cut, firm, and well-defended borders around his or her person.

The *fourth* direction of interpretation of "integrity" has a legal background; it is derived from considerations of legal dues and claims in regard to the property of a person, a community, or a state. Integrity, on this view, is not an intact state of a piece of property, but the intactness of the owner's right to it. The integrity of the right to a piece of property means that it can be handled in agreement with existing law, even if destroyed. The integrity of a person, on this view, is that person's rightful private sphere as a citizen. Let us call this *the rights view of integrity*.

Kelman, for instance, uses "integrity" to denote a status of rights (Kelman, 1977). Another example of this usage is provided by a Swedish dictionary, *Svensk ordbok*, where "integrity" is described as the "right to have a (certain) private area that is protected from intrusion," and the following is given as an example of what is intended:

Mainly regarding abstract territories preferably protected against measures by or inspection from

the state in particular: obligations to carry ID-documents and other violations of his integrity; the co-running of separate computer registers is considered a threat to the personal integrity. (1986; my translation)

Some writers, for instance Hermerén, prefer to take the right to privacy to be distinct from the respect for integrity.¹⁰

This way of interpreting "integrity" is often inspired by a socio-political ideal, which against pervasive state control stresses the value of a private sphere for citizens, a sphere from which the state should be kept out. This ideal is often articulated as a right of citizens to freedom in the sense of privacy. It may be justified by the idea of natural human rights (as in the case of John Locke), or by the idea that people's self-determination should be respected (as in the case of Kant), or by a conception of what is required of the social arrangements in order for human life to be truly pleasant (as in the case of J. S. Mill and other utilitarians).

An ethical variant of this type of interpretation is possible, namely that what counts is agreement with a rational or natural ethical law. Ethical laws, such as laws of universal human rights, stipulate what properties or conditions of the human person are his or her and therefore cannot be used, ruined or destroyed without his or her consent. A contemporary version of this is the *UN Convention of the Rights of Children*, and the European Council's *Convention on Human Rights*.

Finally, there is a *fifth* direction of interpretation of "integrity", which identifies integrity with human dignity. Let us call this *the human dignity view of integrity*. The principle of respect and protection of human dignity is the core notion of the European Council's *Convention on Human Rights* and the *Charter of Fundamental Rights of the European Union*. It goes back to a Christian ethical conception, i.e. the thought that each human is a being of infinite worth, regardless of his or her qualities of life and action. At bottom it is a thought that everyone is worth loving, as I have argued elsewhere (2004; see also, for instance, Gaita, 2000). A later and more limited version of this thought is Kant's view that each person as an autonomous, rational moral agent has infinite dignity and therefore should be treated with respect. The very expression "respect for persons" is connected with this Kantian view.

This interpretation of "integrity" is reflected in the Swedish government bill mentioned above, which says that the patient as "a fellow human

being” has a right to “intact dignity and integrity.” Integrity here seems to be conceived more in a Christian than a Kantian way, since it appears to apply to all patients, even non-autonomous and non-rational human beings – they, too, have human dignity and deserve respect. Such a view is also hinted at by Pellegrino, when he says that “integrity is a moral claim which belongs to every human simply by virtue of being human,” and that it is something that cannot “be lost” or “transferred,” but is “part of our being as humans” (1990, p. 10 and 16). And this view is also expressed by Bischofberger:

Integrity signifies the moral value of wholeness, (1) constituting all human beings as persons and ends in themselves, independent of all functions, and (2) demanding respect for their dignity and moral worth. (1990b, p. 48)

But Pellegrino does not distinguish between the human dignity view and the health view of integrity, nor does Bischofberger distinguish between the human dignity view and integrated self view. Bischofberger also mixes the views that humans are persons and that they have dignity and moral worth. Personhood (in a qualified sense) might be absent while inherent moral worth may be present – think of infants, the demented, or people with serious brain damage.

Hermerén tentatively takes the principle of integrity in biomedical ethics, namely that medical professionals shall respect the opinions, wishes, and value-principles of all persons concerned, to be grounded in respect for the equal (inherent) value of all human beings. He only briefly considers this idea (1996, p. 147), perhaps because he thinks of it in its problematic Kantian version.

Main contexts of integrity

The concepts of integrity that occur in these five directions of interpretation of “integrity” are naturally connected with different general ethical contexts and would seem relevant in different contexts of social ethics, for instance biomedical ethics. It is probably not only the case that different concepts of integrity should be used, but also that different requirements should be put on their application in different contexts.

I think integrity as human dignity is the most desirable starting point for reflection on how people shall be treated in biomedicine, as the Convention of Human Rights also affirms. This is particularly true as regards the view that human

beings are worthy of love, the acceptance of which is naturally expressed in a will to show consideration and do what is good for people. Beauchamp and Childress sometimes seem to embrace the view that respect for persons is primary in relation to respect for autonomy, since the former in biomedical ethics is taken to be expressed through the latter (cf. quote on p. 73). But when they mention human dignity or respect for persons they only allude to these notions as part of the historical heritage of ethics.

Human dignity is unique; it has features that both autonomy and integrity lack. It has often been conceived of as an objective and inherent value, and I think it may be thus conceived. The principle of respect for human dignity would also be unconditional. It is not, as the standard principles and added rules of biomedical ethics, only *prima facie* valid. There is no *ceteris paribus* clause that must be provided. The crucial aspect of human dignity is its unique, unconditional and unlimited morally inspiring quality. This makes it particularly fruitful for the overall ethical ideology of biomedicine. As such it should influence not only decisions of treatment but also the very atmosphere of biomedical institutions, including the attitudes of all staff toward patients.

Integrity in this ideology relevant sense may well be philosophically clarified, but a high degree of precision is not required in order for it to be of service. The conceptual vagueness of the notion of human dignity might even constitute an asset rather than a handicap. It inspires, but it does not demand precise actions, insofar as it leaves to the biomedical profession a rather wide range of choices.

Respect for integrity in other senses may also be part of the ideology of biomedical ethics. It can inspire both legal and moral substance in various ways. An ethical principle of respect for integrity can be made rather precise even if general. In legal principles even more precision is desirable. Here the rights view of integrity is of special importance; the patients’ right to a private sphere must be carefully regulated, and their right to informed consent must be secured by law.

As to the articulation of the operative goals of biomedicine, the views of integrity as health and as integrated self are relevant. They offer ideas for a high and holistic ambition in biomedicine, putting the perfection of the person at the fore. The whole, well-integrated, harmonious, morally mature person would then be what biomedicine should strive for.¹¹ Such an ambition can be contrasted with the ambition that people should be helped to only an

elementary or normal level of physical, mental and social functioning.¹²

High ambition in biomedicine is somewhat dangerous, however, insofar as it is connected with moral virtues and perfection. But its dangers can be countered by respect for integrity articulated in the identity view of integrity, meaning respect for the core person of people, respect for their genuine, basic opinions, wishes, norms, and value principles. It is in this version of integrity, I think, that respect for integrity should go together with respect for autonomy as a leading ethical principle of biomedicine.

I think there are at least three important ways in which these principles are connected. The first is that respect for the autonomous decision of a person is but one aspect of respect for his/her personal sphere and its borders. The second is that a decision is considered autonomous and worthy of respect only if it expresses the person's true self. The third is that the borders of a person's personal sphere can be transgressed legitimately only when allowed by an autonomous decision of the person expressing that person's true self. These things many ethicists seem to deny, a denial that turns out to have its ground in certain conceptual concerns.

Main concerns about integrity

Looking at the opponents to the idea that respect for integrity and respect for autonomy are connected, I shall focus on the highly influential writers Beauchamp, Childress, Faden, and McCullough. But let me begin with a comment on the position of the post-modern ethicist Engelhardt. The problem all of them have with respect for integrity basically seems to be conceptual.

To Engelhardt the problem is a general semantic one, since he maintains that the meaning of crucial ethical terms cannot be rendered outside of particular moral communities. This implies according to him that one cannot determine *a priori* the worth of human life and that "there is no way to speak concretely of the dignity of persons" (1991, p. 137). This goes for integrity as well. Still, Engelhardt does propose a universal principle of mutual respect between "moral strangers" (e.g., individuals that belong to different particular moral communities).

Unless Engelhardt's principle is semantically empty, its terms must have a certain definite semantic content – a conclusion that would seem to falsify his view of general ethical terms and

principles, and thereby remove his resistance to a principle of respect for the dignity of persons, entailing respect for their integrity and autonomy. An adherent of Engelhardt's principle would further need to distinguish between which moral strangers – or what in moral strangers – we should respect. His only answer seems to be: "persons",¹³ employing a term that if not empty at least cries out for closer analysis.

To Beauchamp, Childress, Faden, and McCullough the conceptual problems with integrity are special. To begin with, this term is taken to have a strong ethical overtone that should be rejected. The authors all recognize an initial, historical affinity of autonomy with integer or true personhood. As Beauchamp and Childress write, "autonomy" in the Greek beginning meant "self-rule" or "self-governance" of the city-states, but has since been extended to individuals and acquired meanings as diverse as "self-governance, liberty rights, privacy, individual choice, freedom of the will, causing one's own behavior, and being one's own person" (2001, p. 57f). They choose to focus not on the character of autonomous persons – where some concept of integer personhood would appear – but on the character of autonomous choices of action. The main reason for this is that they do not want an aspirational ideal of autonomy in biomedical ethics, since this would give us an ethically loaded concept of autonomy, making respect for autonomy exclusive. They therefore attempt an analysis of autonomous choice such that the latter is something within the reach of what they call "normal choosers." They analyze autonomous action in terms of normal choosers who act (i) intentionally, (2) with understanding, and (3) without controlling influences that determine their action (2001, p. 59).

The ethical is of course not avoided by this analysis, it is only attenuated. One could say that Beauchamp and Childress replace the original ideal of autonomy as self-rule with the ideal of normal person-rule. The main reason for this move seems to be that the notion of an integer person articulates a rare ethical virtue. But that is not necessary, as we saw above. There are writers who require that the will behind the autonomous decision expresses integrity in some integrated-self view of it, e.g. that they are based on the wholeness or the wholeheartedly accepted desires of the agents.¹⁴ Other philosophers require that an autonomous decision be based upon integrity in some true-self view of it, for instance that the agent's desire issues from his or her most deeply rooted dispositions, attitudes, or values, or perhaps from a considered

life plan¹⁵ (personal integrity). Yet another view is expressed in the demand that the agent's desires be founded in a certain moral reflection – e.g., that the desire of the agent be one that he or she has decided to treat as reason giving, and that the agent should be satisfied with this decision¹⁶ (moral integrity). Finally, some have considered an autonomous decision to require a person's rationality in the form of effective deliberation – e.g., that it is based on relevant knowledge and rational decision-making¹⁷ (rational integrity).

When Beauchamp and Childress criticize the notion of an integer person they do it only implicitly and merely consider integrity in the integrated-self view as this has been presented by Harry G. Frankfurt and Gerald Dworkin. Frankfurt and Dworkin regard autonomy as a matter of having the capacity to reflectively control and identify with one's (first-order) desires or preferences through higher-level (second-order) desires or preferences. Their analysis contains components of personal, moral, and rational integrity, and it tries to integrate these into a whole. Beauchamp and Childress are critical of the distinction between first- and second-order desires, and they think that a requirement of integrity in the sense given by Frankfurt and Dworkin would make autonomy exceptional and therefore uninteresting for biomedical ethics (cf. 2001, p. 58f).

I agree with the rejection of a virtue restraint on autonomous decisions. But integrity in some true-self view is not thereby discarded. A true self is surely something that most people do have and normally express. In Ruth Faden and Tom Beauchamp, *A History and Theory of Informed Consent*, there is actually a discussion of authenticity of will as a requirement on autonomy in informed consent. Faden and Beauchamp understand authenticity mainly as reflective acceptance, and take this to be unnecessary. Also in Beauchamp and Lawrence McCullough, *Medical Ethics: The Moral Responsibilities of Physicians*, there is a shorter discussion of integrity under the heading of authenticity; here, too, it is discarded as unnecessary.

When Faden and Beauchamp reject authenticity as a condition of autonomous decision, and require only intentionality, understanding, and absence of controlling influences, their rejection is only half-hearted. Both understanding and absence of control turn out to involve reference to a certain character of selfhood having to do with self-directedness. Faden and Beauchamp say, for instance, that actions are autonomous when they are free from “controls presented by others that

rob the person of self-directedness” (1986, p. 256). A similar analysis is found in Beauchamp and Childress (2001).

To unpack “self-directedness” one would seem to require some interpretation of integrity in the identity view, since it is a notion of the person's self standing behind his or her decisions. Consider, for instance, the statement made by Faden and Beauchamp, that it does not take much ingenuity to imagine cases in which a person acts intentionally, understands what he or she is doing, is not controlled by the influence of others, and yet acts in manners that seem less than autonomous. They mention actions performed under the influence of drugs, serious depression, or psychiatric disorder. Such cases, they say, “will not be easy to interpret or to classify by reference to our descriptions of these conditions.” They end their discussion by the following comment:

We do not deny that our three conditions need further refinement. This refinement we welcome. Indeed, we have already noted our view that no comprehensive theory of autonomous action – for example, one capable of handling the problems posed by multiple personalities, manic depressives, anorexics, heroin addicts, and the like – can be fashioned independent of a satisfactory theory of the self that is capable of distinguishing alien forces on the self from the core self or “real” self. (1986, p. 269)

Even though the need to exclude actions or decisions that do not issue from or are contrary to the core self is recognized in this passage, Faden and Beauchamp refrain from stating a condition to this effect. Why? Here another conceptual problem with integrity emerges, namely that it has an unacceptably dark epistemological shade. The reason that Faden and Beauchamp propound is that there are certain unknowns of what really is or belongs to the core self and what the correct explanation is of human behavior in terms of its causes and underlying reasons. What they seem to say is that if there were a satisfactory theory of the core self and we had a correct explanation of human behavior in terms of causes and underlying reasons, then a condition requiring autonomous actions to issue from a person's core self would be added. This amounts to recognition in principle of integrity in the identity view as a component of autonomy. Since Faden and Beauchamp regard integrity in some such sense as desirable, and since it is also a common trait in persons, one could speak of integrity as a quasi-virtue restraint on autonomous decision.

In fact Faden and Beauchamp do apply such a restraint, even though it does not meet their professed rational standards. The trick is that they transform integrity as true self to a concept of the desired competence of a person, and that they require this competence on the level of the institutional or legal framework of informed consent (1986, pp. 291 ff). The concept of a certain desired competence for consent they call a “gate-keeping concept,” since it states a sufficient (but perhaps not always necessary) condition for a person’s autonomy to be respected in biomedical decision making. At the institutional level, then, Faden and Beauchamp shift from a focus on decision to a focus on the deciding person, and here there seems to be an implicit reference to integrity in the identity view. But they do not manage to provide a clear epistemological basis for psychological and social criteria behind their open-ended list of examples. In spite of this Faden and Beauchamp equate “competent person” with “autonomous person”.¹⁸

Beauchamp and Childress make a similar move when they offer the concept of a normal person as a condition for the application of the principle of respect for autonomy. They write, for instance, that this principle does not extend to “nonautonomous” persons, i.e., persons who cannot act in a sufficiently autonomous manner (and cannot be rendered autonomous) because “they are immature, incapacitated, ignorant, coerced, or exploited. Infants, irrationally suicidal individuals, and drug-dependent persons are examples” (2001, p. 65). Here, too, the list of examples is open-ended and not epistemologically well founded insofar as clear criteria are lacking.

The authors seem to be content with an intuitive understanding of what normal competence and a normal person is. There are serious drawbacks with this. Biomedical ethics will lack a tool for respecting non-mainstream people and non average decisions. A vague statistical normality can then easily be taken as not only a sufficient but also a necessary condition of autonomous decisions. Biomedical practice will tend to vary unacceptably between various practitioners applying the principle of informed consent. I am convinced that the concept of integrity in the identity view would serve better in this respect.

Contextualizing biomedical ethics

Indeed, a vague concept of a competent/normal/autonomous person is employed by these authors even though it is not known what is or belongs to

such a person, and even though it is not known what the correct explanation of human behavior is in terms of its causes and underlying reasons. These unknowns do not seem to matter to the ethicists in question. There is a good explanation of this epistemological liberalism, and it applies to integrity in the identity view as well.

The explanation has to do with an ongoing softening of principlism and a growing awareness of the importance of context in biomedical ethics. In the first edition of *Principles of Biomedical Ethics* Beauchamp and Childress tended to present their four principles of biomedical ethics as universally and directly applicable. They gave the impression of offering a definite guideline to biomedical decision-making. Context was not explicitly discussed, but touched upon in passing. After having been criticized by many writers for the limited usefulness and relative emptiness of the four principles – “the Georgetown mantra,” as it has been called (cf. Nicholson 1994, p. 268) – Beauchamp in a paper went far to meet this criticism. The four principles, he said, “are no more than abstract rallying points for reflection,” and as all “skeletal moral norms” they “must be embedded in and then interpreted for specific contexts” (1994, p. 3). This thought is incorporated in later editions of *Principles of Biomedical Ethics*, in particular when Beauchamp and Childress discuss autonomous decisions and informed consent, especially the conditions of understanding and the absence of controlling influences.

Stressing context constitutes a rather drastic turn. It affects how, for instance, the principle of respect for autonomy shall be understood. What it seems to amount to is that there is no definite canon of principles for biomedicine, and that biomedical moral practice cannot be conceived of as simply the application of the principles of biomedical ethics – it is not proper “applied ethics.” Let us take a closer look at Beauchamp’s argument.

There is a serious gap in biomedical ethics, he says, since “every ethical theory, indeed morality itself, contains regions of *indeterminacy* that need to be reduced through further development of principles, augmenting them with a more specific moral content” (1994, p. 10). “Specification” he calls the operation of turning abstract principles into concrete action-guides. This means that the abstract principles are supplemented with another set of rules, called “mediating rules”.

Beauchamp is not very clear as to the character of the indeterminacy involved, or the specification that should eliminate it. The mediating rules he also calls “rules of translation” that translate the

ethical theory into a practical strategy and sets of meaningful guidelines for real-world problems involving demands of efficiency, political procedures, legal constraints, uncertainty about risk, and the like. But it seems not to be a question of translation in the semantic sense of rendering the meaning of expressions in another language. Neither is it a question of identifying instances of the abstract concepts of the theory. It is rather a question of adding new and substantial rules relating to the circumstances of the situation in view, thereby modifying the final judgment.

The need for this procedure is best explained by two circumstances. One is the generality of the ethical terms and principles, i.e., the fact that they only cover typical instances and have a tacit *ceteris paribus* clause that needs to be spelled out when it comes to application. As Beauchamp puts it, the "skeletal" ethical principles "must be embedded in and then interpreted for specific contexts" (1994, p. 3). In *Principles of Biomedical Ethics* Beauchamp and Childress write that "the criteria of substantiality and substantial autonomy in particular will be treated throughout this book as a matter that is best addressed in a particular context, rather than pinpointed through a general theory of what is a "substantial amount"" (1989, p. 69).

The assumed semantic meagerness and looseness in the four principles Beauchamp thinks, can not be amended by greater precision in the principles themselves. Moreover, there is the circumstance that the principles and rules of biomedical ethics only have a *prima facie* character, according to Beauchamp. He indicates a method for adding and weighing the *prima facie* principles and rules in clinical situations, namely the Rawlsian method of reflective equilibrium. But it is hard to see what this would be when it has to work on principles that are "skeletal", just abstract "rallying points" for reflection (1994, p. 2), or only headings for a number of rules,¹⁹ or when their semantic content has to be created in each specific context.²⁰

Even if the character of the necessary specification and the method of reflective equilibrium are a bit unclear, it is undeniable that both things are needed. It also seems inevitable that the relevant specifications as well as the reflective equilibrium should be different in different contexts. The requirement of maturity in the respect for autonomy of patients, for instance, should be stronger when it comes to assisted suicide or to patients' refusal of lifesaving interventions, than when it comes to operations with little risk. Also, in at least some situations of treatment and in many

caring situations, respect for autonomy should extend to small children and mentally disabled persons.

We saw earlier that, according to Faden and Beauchamp, integrity in the identity view might play a part either as a direct component of autonomy or as a condition for applying the principle of respect for autonomy with regard to informed consent. To discard integrity in this sense, as they do, would be a selectively discriminating perfectionism in the matter of biomedical ethics. Similar unknowns are present in their view of autonomy, too, and at a number of points Faden and Beauchamp admit to ignorance from a perfectionist point of view, for instance as regards the question of a person's understanding. For this severe judgment Faden and Beauchamp adopt a justified belief standard for the assessment of the quality of a person's understanding. A justified belief standard, they say, presents a major and yet unsolved problem "of indisputable relevance to discussions of informed consent" (1986, p. 254). But since this is not used to discard the condition of understanding on autonomous choice, respect for integrity would have to pass, too.

That respect for patient's autonomy still would be important and operational for these writers is because, as Beauchamp's analysis shows, it allows specification in contexts and admits to be weighed in a method of reflective equilibrium. The same is, of course, possible to do with respect for patient's integrity. Specific procedures for determining the authenticity of will are already in use in certain contexts. The kind of integrity in the identity view that would be relevant may well vary with context. In important biomedical decisions the informed consent that is required should demand a high personal and/or moral integrity, whereas in less important decisions it should be a low quality. Integrity as identity must not be construed so as always to exclude persons who do not have a qualified capacity to informed consent.

Coda

The softened principlism and the contextual view of biomedical ethics that is evident in the works of Beauchamp and Childress displace the focus from ethical principles to a complex containing ethical principles, specifying rules, wise judgments of reflexive equilibrium, certified procedures, professional training and professional integrity. The role of ethical principles in this complex is not to

offer universal guidance, which would require exceptional conceptual clarity and operational aptitude. What is important is their power to give moral inspiration when it comes to the specification and weighing of rules and procedures, and to the handling of judgment and experience in concrete situations. In this way the line between ideology and guiding principles of biomedical ethics is blurred. A serious treatment of respect for dignity and respect for integrity as a complement to respect for autonomy becomes possible.

Notes

1. HSL 1982:763.
2. In using the term “biomedicine” I follow Beauchamp and Childress, who suggest that we employ it as a “shorthand expression for many dimensions of modern biological sciences, medicine, and health care” (1989, p. 10).
3. Prop. 1981/82:97; my translation.
4. European Treaty Series No. 164.
5. Charter of Fundamental Rights of the European Union (2000/C 364/01).
6. Cf. “C. Articulations” and “C. The Coordinator’s Conclusions,” in Final Report to the European Commission on the Project *Basic Ethical principles in Bioethics and Biolaw* 1995–1998, with policy proposals (“The Barcelona Declaration”) made by 16 partners of the project.
7. Cf. for instance, Blustein (1991, p. 50) and Noggle (1999, p. 314).
8. Cf. for instance, Cox et al. (2003, p. 68). A stronger version of this is what Schaubert calls “moralized integrity”, i.e., “the integrity of a person of sound moral judgement who is steadfast and consistent in judgement and action,” which requires that the principles must be adequate moral principles (1996, p. 120).
9. Cf., for instance, Savulescu (1999).
10. Hermerén formulates a principle of right to privacy with respect to biomedical ethics, stating that people “have a right to determine (a) which information about them may be communicated to whom, (b) for what purpose this information may be used, and (c) what type of information may be communicated to them.” (1996, p. 143; my translation).
11. Levine exemplifies this ambition (1973). In Nordenfelt (1995) there is a weaker version of it.
12. C. Boorse’s influential work on health endorses this view (1977).
13. “All that remains to ground the general secular morality, and then a secular health care policy, is the possible bond of mutual respect among persons,” Engelhardt writes (1991, p. 140).
14. Cf. Frankfurt (1971), “Freedom of the Will and the Concept of a Person,” and Dworkin (1988), *The Theory and Practice of Autonomy*.
15. Cf., for instance, Young (1998, p. 441).
16. This is where, for instance, Taylor finishes in his bibliographic essay (1999). Miller distinguishes between several senses of “autonomy,” where effective liberation, authenticity, and moral reflection are included (1981).
17. Cf., for instance, Savulescu (1999).
18. “Thus, gate-keeping by allowing autonomous persons – competent persons – to give informed consent and not allowing non autonomous persons – incompetent persons – to give informed consent is accomplished by an appeal to the moral principle that autonomous persons are *rightfully* the decision makers.” (*Ibid.*, p. 288).
19. He says that the four principles do not give more information than “such admonitions as ‘Be competent’ or ‘Act virtuously’ (*ibid.*, p. 2). This could be taken as headings for sets of rules regarding competence and virtuosity.
20. To this possibility points Beauchamp’s use of expressions like “the method of content-expansion” and his statement that “the four principles are the point at which the real work begins, rather than a system on norms ready-to hand.” (*Ibid.*, p. 12).

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