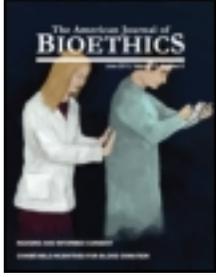


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### Autonomy Support to Foster Individuals' Flourishing

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# Autonomy Support to Foster Individuals' Flourishing

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Autonomy—in particular the ability to make decisions free from external influences—is a highly valued ideal of modern Western society. In health care settings it can be challenging to find the optimal balance between respect for individual autonomy and beneficence. The issue is particularly problematic insofar as many external influences exist, which cannot be easily seen or understood by those concerned. Recently, there have been attempts to apply work from behavioral economics and psychology on the topic of decision making to help people make better decisions both in everyday settings (Thaler and Sunstein 2008) and in the context of health care (Blumenthal-Barby and Burroughs 2012). Shlomo Cohen (2013) extends this line of reasoning, arguing for the benefit of ‘nudging’ in the context of informed consent.

The conceptual framework of nudges is *libertarian paternalism*, in which an individual’s environment is manipulated to make one outcome more likely than another, while still preserving freedom of choice (Thaler and Sunstein 2008). In the health care setting, such manipulations are another version of soft paternalism and should be frankly labeled as such. Indeed, it is only by honestly appraising what is being proposed that we are able to proceed to understand the propriety of nudges in the context of informed consent in a thoughtful fashion. The practice of nudging in the context of informed consent does little to mitigate the

challenge of balancing between autonomy and beneficence. Rather than engaging in a precarious balancing act, we suggest that it might be beneficial to first and foremost support individuals in their ability to exercise autonomy.

In practice, complete freedom from (undue) external influences probably cannot be ensured (Felsen and Reiner 2011). Given that pure autonomy is probably unattainable, it seems important that individuals should be enabled to handle decision-making situations in general, and in particular those involving difficult medical or otherwise existential situations. Counseling and support in decision-making processes are necessary not only in light of the well-studied cognitive biases that humans exhibit, but also because of the overwhelming number of options that are present in existential decisions (Nagel 2010; 2013). The “tyranny of choice” is well known from behavioral economics and psychology (Schwartz 2004); increasing the number of options available to an individual not only might fail to improve well-being but might even lead to decreased satisfaction with the option that is finally chosen. The main question is thus, how can individuals confronting difficult decisions be supported in their pursuit of autonomy?

*Autonomy support* can be understood as a form of decisional enhancement—manipulations akin to traditional cognitive enhancement with the objective of improving the outcome of decisions—but one in which the improvement

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is more unambiguously aligned with the wants, needs, and desires of the decision makers themselves. In principle, autonomy support could take a number of forms. One approach might draw upon the extensive work on self-determination theory and the role of practitioner support for patient autonomy, shedding light on the importance of understanding the effect of interventions that might preserve autonomy (Deci and Ryan 2000; Su and Reeve 2011). Another approach might be to redesign informed consent procedures so that they minimize cognitive biases (Levy in press). By putting forward autonomy support as a concrete objective, we hope to unleash the creative ability of the scientific community to develop, test, and implement novel means of achieving such goals.

Importantly, included in the menu of autonomy support is the option that the individual, in this case the patient or proxy decision maker, asks for help in making a decision, for example, in situations in which he or she does not feel qualified or feels overwhelmed. Such an infringement upon “pure” autonomy is morally justified insofar as it derives from the individual rather than from manipulation by a choice architect. Thus, infringement on autonomy can be acceptable and support flourishing if it happens with an individual’s consent. This would not necessarily imply reducing the complexity of the decision or saving patients from difficult choices but rather enabling them to handle such situations. In contrast to choice architectures that may hinder individuals’ abilities to exercise autonomy, this strategy (paradoxically) enables autonomy. Of course, choice architecture motifs that are explicitly requested by a patient are also morally sanctioned and respect his or her autonomy (Felsen, Castelo, and Reiner in press).

True respect for autonomy that is beneficial for the individual’s well-being recognizes that the right for self-determination is not the same as the competence for self-determination. Finding a way to increase competence for self-determination and supporting autonomous choice is the crucial task: Instead of being disempowering, autonomy support enables the individual to choose autonomously while receiving beneficent guidance in the decision-making process only if requested. In the best case, autonomy support as a general process empowering people in their ability to decide is provided before situations arise in which one has to make a decision (but in practice this might often be unrealistic).

Autonomy support is a concept that is ripe for empirical exploration. While the general primacy given to autonomy in the field of biomedical ethics is laudable, precious little attention has been paid to the mechanisms that might support autonomous decision making, especially in those difficult medical situations in which lay persons without expert knowledge must decide on existential issues. Emerging studies of how the public perceives different forms of infringement upon individual autonomy can inform ethical

deliberation (Felsen et al. in press), but these are only first steps toward the larger goal of using empirical data to develop a suite of techniques that inform and enable autonomy support. Three avenues of investigation seem particularly promising:

- Empirical study of human decision-making strategies in the context of informed consent.
- Empirical study of how one can best deal with extensive choice options, especially when the options concern existential issues.
- Empirical study of public attitudes toward loss of autonomy by nudges, and the circumstances under which they might be viewed as welcome support of an individual’s decision-making process.

Advancing a program of empirical studies on self-governance is likely to shed light on which opportunities for autonomy support can most benefit human flourishing. ■

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