Ethical challenges of healthcare and cancer policy On solidarity and autonomy  Prof. Dr. Ignaas Devisch Ugent - PhilMedethics (PME) www.ignaasdevisch.com			
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	www.ignaadevisch.com		
Where do we come from			
	www.ignaasdevisch.com		
Curative healthcare			
	Symptom/complaint		
Individual	Undertakes action		
	<ul><li>Response (where does it hurt?)</li><li>Curative (solving medical problems)</li></ul>		
Direct action-reaction-interaction between two	Patiënt     Doctor (private/hospital)		 
parties			

Curative healthcare	
Healthcare	
Complaint	
tndividual	
www.ignandereals.com	
Ethical challenges	
Ethical Challeriges	
(Distributive) No harm justice principle	
Autonomy Beneficence	
www.ipszastokulut.com	
Solidarity	
Right to healthcare for everyone but no obligation to take care of your health (not as a condition)      Selforthic based on improvement in health to predict your future health.	
Solidarity is based on ignorance: inability to predict your future health	
Because no one knows in advance what will happen in the future and	
everything can always happen to anyone, we are solidary with each other	

AAN I I I I I I	
Where are we heading towards	
www.graedoresb.com	
Evolution in HC	
Freedom	
Responsibility	
Choices	
Existential range expands because we can intervene more	
The more we know, the harder to escape responsibility	
www.graendonish.com	
Prevention	
Possibility to discover without/before symptoms occur	
<ul> <li>We know more and we anticipate more</li> <li>The better we anticipate, the more we (may) prevent harm from</li> </ul>	
happening • Therefore: screenings, research, biobanking,	
Morable A, Zhang, Postgord Med J 2004-80-463 449 History of medical consensing: from concepts to action.	
www.jgnasidevisch.com	

# Initiative is no longer solely individual Healthcare/private initiatives/... Anticipation Ethical challenges (on top of existing ones) Solidarity is shifting $\boldsymbol{\cdot}$ We can share the possible profits (data sharing) but what about the • Will we still be solidary if we know each individual's risks in advance? • Do we have the right to be forgotten? (privacy) • Will people with cured cancer be discriminated? (insurance,

### Right not to know?

- · New tests and screenings
- What about those who don't want to know?
- Is not knowing= not taking care?
- E.g. screening (if you can know it, do you have to?)
- New technologies come with new obligations (moral parenthood etc)

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Evolution ethical debates on medical technology/innovations e.g. NIP test



# Challenges

- How to safeguard autonomy? (autonomy presupposes informed choice between worthwhile options)
- Shall we put efforts on informing and engaging people in becoming partners or in punishing them for not knowing?
- Not judging people for not making use of things without informing them properly
- $\bullet$  Prevent health care system from evolving towards 'the freedom to make the right choices'

www.ignaasdevisch.com

From autonomy to partnership  Thinking collectively to become personal	
www.grazodovich.com	
Partnership in care?	
Daniel Callahan:  'bioethics has brought patients into a full partnership with physicians in their medical care'  (1984, Autonomy, a moral good, not a moral obsession):  Patients as active partners in clinical research (Blasimme and Vayena, 2016)	
• Partnership?	
wave greatefunds con	
Evolution in healthcare	
<ul> <li>Declaration of Alma-Ata, WHO, 1978, USSR: "The people have the right and duty to participate individually and collectively in the planning and implementation of their health care"</li> </ul>	
• BMJ, 2014: 'Listen to patients first': "transformation from an approach that took an organisational perspective to one that now starts with "what patients really want to know."	

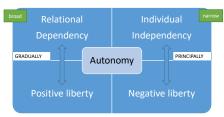
lung putant augusticus	
Important questions	
<ul> <li>How to increase the awareness of what you can do as an individual?</li> <li>How to implement partnership?</li> </ul>	
How to offer meaningful options to people te become members in partnership?	
How to leave the level of engagement to the individual?	
We need a new understanding of autonomy	
www.ignasoferach.com	
Core current principle of autonomy	
Being adequately informed	
Capacity to process information	
Absence of coercion or manipulation	
My freedom begins where the freedom of the other ends	
www.ligs.andereinsh.com	
•	
What kind of autonomy do we need in the	
future?	
To determine the course of one's life	
Absence of coercion	
A meaningful range of worthwile options to choose from	
My freedom begins where the freedom of the other begins	
www.igmanderloft.com	

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### References

- · Jean-Luc Nancy, (2002) L'intrus (Paris, Galilée)
- Isaah Berlin, (2002) Two concepts of liberty (Oxford)
- Devisch, Ignaas, (2010) Oughtonomy in healthcare. A Deconstructive Reading of Kantian Autonomy. (Medicine, Healthcare and Philosophy, 13, 4: 303-312.)
   Buchanan David, R. (2008). "Autonomy, Paternalism, and Justice: Ethical Priorities in Public Health." American Journal of Public Health 98(1): 15-21.
- Heller, T. C. and C. Brooke-Rose (1986). Reconstructing Individualism: Autonomy, Individuality, and the Self in Western Thought, Stanford University Press.
- Ho, A. (2008). Relational autonomy or undue pressure? Family"s role in medical decision-making. 22: 128-135.
- Richards, T. (2014). "Listen to patients first." BMJ 349

# When autonomy meets freedom \*



\* Isiah Berlin, Two concepts of liberty