

## REVIEW ARTICLE

# Limits of the principle of autonomy in pediatric patients

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## Abstract

The pediatric patient is not a single circumstance or a pathological entity. The nature of each patient is to have individuality and uniqueness that is not duplicated in their essence and existence. The pediatric patient will also show variations with age and psychological maturity to be able to make decisions. This paper reveals the significance of free decisions and the real possibility that a child may make these types of decisions. The difference between freedom and autonomy is explained.

**Key words:** free decision, autonomy, freedom.

## Introduction

The analysis of an ethical dilemma should contain three types of reflection:<sup>1</sup>

- 1) the description of the act itself as well as its objective and the surrounding circumstances
- 2) the anthropological reflection that describes the concept that the person has and that will emerge a hierarchy of values according to this concept
- 3) the ethical discernment that will deliver an opinion of value

One of the principles of medical practice is that of autonomy.<sup>2-4</sup> But the autonomy only denotes the decision of exercising of a wish. Desires are guided

by fantasy and needs, usually of a material origin or due to an emotional need.

On the other hand, freedom is constitutive of being human.<sup>1,2,5-7</sup> It is one of the potentialities that is updated (or exercised) according to certain circumstances but, due to being part of nature, means that a person is never lost. Instead, autonomy is not part of the essence of a person. A disabled person, for example, may lose autonomy, but they do not lose their freedom because of this. A person can lose their consciousness, and thus autonomy, but that does not mean they are no longer free because freedom is essential to the person. For an act to be truly free, it requires knowledge of the purpose of the action and the means, as well as the willingness, to make that choice. Whereas **absolute** autonomy prevents a visualization of the proper limits,<sup>2-4</sup> it is incomplete to discuss patient autonomy because, in the strict sense, it is not what is in pursuit but instead its full participation in the medical act, which entails an act of freedom. All human acts are constituted by deliberation and choice or decision about the purpose and the means to an end. With this

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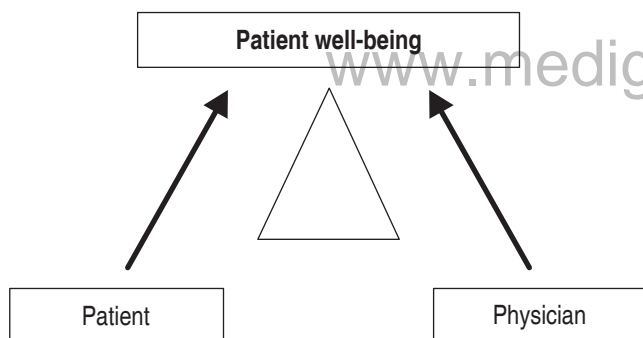
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accomplishment, there is an opportunity for self-perfection, which is defined for the purposes of this report as the human tendency for goodness and transcendence. However, as we have tried to express, even though it is always free, it is not always an act carried out freely;<sup>6-8</sup> therefore, it is not autonomous. In addition, in children there are various stages of maturity during which they comprehend reality differently.<sup>9</sup>

## The ethical decision

Before discussing the autonomy or the patient's free choice at any age, it is essential to remember that bioethics proposes that the medical decision is made by the patient and the physician who has the knowledge and experience to take action<sup>1,10</sup> and who should advise the patient by providing adequate, accurate and accessible information for understanding of their disease, its consequences, its natural history and the type of diagnostic and therapeutic procedures, along with its risks. The objective of the decision by the physician and patient will be to seek the well-being of the patient (Fig. 1). For this reason, autonomy itself is insufficient to achieve that goal. It is necessary for freedom to be what is needed for this goal. An example of the difference between an autonomous decision and a free decision is the case of a child who must receive an injection. In expressing autonomy, the child may voice that there is no need for it (like many adults). But with some explanation of the



**Figure 1.** The purpose of the physician-patient decision is to seek the well-being of the patient.

benefits for such action, the child may choose to accept it, with greater freedom.

However, there are decisions that need to be made by the patient that exceed mere scientific knowledge. Therefore, medicine is not only a science but also an art, which undoubtedly requires ethics. For most methods or procedures for making medical decisions, there are important aspects to consider. Sackett includes probabilities and utilities.<sup>11</sup> Thomasma includes values.<sup>12</sup> Siegler considers the quality of life and Drane considers the socioeconomic factors.<sup>13</sup>

However, for none of them, the reflection of the ultimate goal takes on an important role or takes into account an ontological anthropology. This is only found in traditional Aristotelian philosophy, which is a tradition in philosophy and which can constitute in support of the actual concept of the processes of medical decision-making, at least more completely than the previously mentioned authors. It highlights the importance of ethics in medical decisions. Not all decision-making methods consider deliberation as the reflexive moment in which the person makes a thorough analysis of their attitudes, values and preferences, and in some cases even their conceptions of the world and life. This is most evident in cases where the physician has extensive and profound technical and scientific training but lacks a humanistic education, especially in the exercise of attitudes and abilities that, from a prudential perspective, enables the physician to deal with ethical dilemmas and transmit them to the patients. Bioethics promotes the exercise of critical faculties and the development of moral virtues such as prudence, for which the deliberative processes such as thinking before making decisions are necessary in order that the actions result in being reasonable and satisfactory and can assume responsibility involving patients and the physician.<sup>14</sup>

The exercise of moral judgments is a cognitive process that allows us to reflect on our values and arrange them according to a logical hierarchy. It

is not limited to specific or extraordinary times in our lives but is part of the thought process that we use to extract meaning to the moral conflicts that arise in our daily life. Some authors, such as Piaget, have suggested that there exists a sense that is learned by rules, which evolves by cognitive maturation provided by the nervous system.<sup>15</sup> It is proposed that, in the first years of life, children learn the rules of good behavior without yet understanding their meaning and still not being able to guide their actions in accordance with them (referred to as self-centeredness). It is from age 6 years when they begin to develop the capacity to assume roles and to take on different perspectives other than their own. This capability is key to the growth of moral judgments: only when the child can assume the role of another, can he/she weigh their own exigence against the other.

On the other hand, the Kantian criteria to justify justice as a universal virtue allows us to establish strong preferences in favor of democratic ideals<sup>16-18</sup> and highlight the process of election where the subject must choose the course of action or the fairest solution to the dilemma: that of the hierarchy, which treats people as goals, never as means, and that of autonomy that states that there exists an autonomous power independent of the authority using a rational and logical method to make a decision. It is important to observe that Kant expresses awareness that there is power in authority, and that autonomy is only one of the ten elements within the choice that he proposes. To exercise it there is a requirement, not only to have rational biological capacities, but to actually use them for rational judgment. Kant emphasizes that people possess rights that immunize us against the abuses of power. He also cautions us against utilitarianism, according to which the goodness of a decision depends on that which favors the greatest good for the greatest number of people.

Thomism also offers the idea that Kant later called universal morality that according to Aquinas states that it is possible to derive certain basic principles of morality based on certain factual charac-

teristics that we as humans present.<sup>14,17</sup> Evidently, the moral decision also intervenes in what denotes passions or emotions.<sup>19-22</sup> A human act is never free in a fully absolute manner because effectively there exists a blurring of reason by emotion.

## Liberty

Liberty is one of the most important human properties. It tends to search for the good. Moral liberty is the ability of man to decide, to act on a value in accordance with reason; it resides in the willingness, and its goal is to easily and spontaneously guide towards the right path, without being overwhelmed by impulses or spontaneous inclinations. Therefore, it resides in the willingness and represents a personal commitment to moral values that facilitates the choice.<sup>14</sup>

Liberty is illuminated with intelligence and with consciousness, although as mentioned above it is never complete. Its limitations will vary according to the perception of the reality for which it depends on: intelligence and balance and psychological maturity. That is, the greater the psychic liberty the greater the possibility of moral courage will be. It is constitutive of the nature of the person. Therefore, although there was a coarctation of physical liberty or action, inner liberty remains preserved.

Freud's theoretical reason\* led him to arrive at the notion that human behavior is determined by the subconscious. In contrast, his practical reason led him to design a form of treatment that aims to make the individual more free through development of greater control over the psychological factors and condition their exercise of option, to make conscious the subconscious experiences.<sup>23</sup>

For those who propose the integral humanism in its concept of free will, of responsibility and of moral conscience, we must consider the multiple

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\*Freud refers specifically to the psychological limitations of the emotional sphere (sphere of self-conflict) that precede the intellectual and volitional exercise (conflict-free sphere).

limitations of the exercise of freedom of the person who, prior to the various options, in the end has to choose one of them in a process that at this point after the psychological nuances of limitation that are put into play<sup>24-33</sup> has to take action, the product of the exercise of their intellectual and volitional functions. In the decision-making process, the person decides to take one direction rather than another, which implies a resignation. This basically depends on the will but has a preliminary deliberation that depends on the understanding that envisions the options of choosing, whereas willpower adopts one of them.<sup>22,33</sup> Choosing involves resignation, and the action is the option of a possibility and the resignation of another or others or is the election of impossibility with the consequent failure. Frequently, when a person chooses, he does not know what he is resigning to and, therefore, does not know what he is missing. However, we doubt this. This doubt is the best proof that man is free. If he were determined to choose what he chooses and there is no free action, doubt would have no reason to exist, and human life would lose its meaning.<sup>23</sup>

Liberty, in a psychological sense, can be defined as a property of the willpower under which it determines itself towards something that intelligence presented as good. It is free will, the ability of self-determination.<sup>23-25</sup> Liberty lies in the intimacy of a person. Free will increases with age because the person's willpower is stronger as mental maturation increases, whereas it may decrease when it is under the influence of various passions such as fear, anger or hatred, which dominate, or also obstacles that diminish or nullify the free character of a human act. For example, ignorance given to choose something needs to be known, violence, or mental illness that disables reasoning.<sup>22,34</sup>

Legal liberty is the absence of a conscience bond. For example, the debtor has the ability to decide whether to pay or not but has the moral obligation to not keep the money, "***I can, but I should not.***" This can lead to abuse of freedom and to think "I'm free, and I can do whatever I

want", a comparable attitude to when someone drives a powerful car. Its power is great but is limited by the rights of others.<sup>23</sup>

Liberty, like life, is not a being or a substance, and is not an ability or an act. It is a matter of certain acts of willpower. Verneaux examines the process followed by the act of willpower and finds in it phases of intellectualness and volitiveness. The process begins with the cognitive function that allows knowledge of the object of the act and the complacency that comes from the willpower and anticipates the acquisition of such object. The process culminates in the implementation of the act as a function of willpower and the relish as a synthesis of the intellectual and volitional.<sup>35</sup> In summary, during the exercise of willpower intelligence arises in the knowledge of good that is chosen. The intelligence suggested willingness to various goods, and also, which is more viable. In the voluntary act, finally, intelligence and willpower come together in an interdependent and indistinguishable form.<sup>23,35</sup>

On the other hand, autonomy is that ability of an individual or a part of society of self-determination, in other words, to act without any interference or restriction, giving itself a rule of action. Beauchamp was one of the first to set out this principle in bioethics, "it is autonomous only if it is able to deliberate in a controlled manner and act freely."<sup>2</sup>

### Maturity of moral judgment

Moral judgment is a mental act that affirms or denies the moral value to a particular situation or behavior. The results of this judgment will evaluate the presence or absence of ethics in the "judged" event or attitude. Having to deliver a moral judgment to a given circumstance, all the baggage learned and performed by the processes of perception, cognition, judgment and analysis will immediately provide this information (lived and learned) about what is good and bad, that will determine whether the act or behavior is ac-

ceptable or not. Its objective is to attempt to reach the ethical truth of something.

Moral judgment presupposes a cognitive process. It is clear that the infant stages of maturity are different, but in no case can it be said that a child or adolescent has completed his period of emotional, neurological, and cognitive maturation. Thus, speaking directly of a process of full freedom in the pediatric phase is to ignore the child.<sup>36-40</sup>

Kohlberg,<sup>41</sup> from a sociocognitive approach, studied the evolution of moral behavior, using as a base the cognitive-developmental theory of Piaget<sup>42</sup> who proposed that the interaction of reality with the child's perception leads to cognitive stages that represent the transformations, simple and early to more mature cognitive structures when applied to the outside world and settle or restructured in the process of referring to it. It concludes that as the child passes through various maturational stages of their cognition he/she also does it with the perception of ethical issues. This even happens in adults, depending on their childhood learning that had respect for standards and ethical values and their way of life will proceed through various stages of development in ethical judgments. The concept of justice changes and develops over time. The main changes produced during this development represent major restructures in the meaning, which the subject gives to the reality or cognitive hypothesis. The result of these allows higher forms of adaptation or evolutionary hypothesis.

Piaget's theory of cognitive states suggests that the child begins to detect the qualitative differences in an "object" or situation. This process will continue throughout their adult life, but in early stages of childhood development will only achieve this phase. Subsequently, sequences and bonds will be achieved to make such a difference. That is, before each observation, the consequences may present an issue and gradually the child will succeed in drafting its sequence. The learning that

the child goes through may only accelerate the development of such sequences (in other words, it reaches the final conclusion after a series of concatenations) but fails to alter the sequence. Later the child will achieve the organization of thoughts at the concrete level of operations and, finally, will achieve a hierarchical integration of values based on categories or structures of experience. Various aspects of knowledge are divided and considered such as causality, substantiality, time, space, quantity and logic.<sup>43-48</sup>

This series of maturational, perceptual and cognitive events leads to the conclusion that it is unrealistic to catalog the information given to children simply according to their age range because their data processing may be very variable according to maturity of these processes. Nor can we expect uniformity of childrens' responses because of their differences in maturational development. From this scheme, Kohlberg has proposed a similar development as that of moral judgments. It is not unreasonable to think, given that because the ethical judgment of a situation is based on the mental processes of perception and cognition among others, the degree of ability to make ethical decisions will be according to the maturity of the child.

Ethics is the path to goodness, and morality is the individual practice of acting and should always go according to ethics but allows individual forms to capture the good, with reason, and to put it into practice with willpower. For an act to be good, it requires that all elements of the act be good, in other words the actual act, its purpose, the means by which that purpose is achieved, and the circumstances.

First, it is assumed that knowledge of human desires are the internal motives of the acts and involves accepting the responsibility.<sup>22</sup> Obviously, all these steps when performed properly have an impact on the act itself, on the individual who performs it and, of course, on society, which is enriched by both dimensions as a virtuous cycle.<sup>14,22</sup>

From the aforementioned, it may be concluded that it is unrealistic to have an exact protocol on the free decision of the pediatric patient. From personalized bioethics, the principal value is the well-being of the patient and not just his decision, because it may be guided by an insufficient understanding of the problem or the solution and the consequences or by false fears or, especially, by a negative vision of the problem caused by their own sense of discomfort due to the illness.

However, this does not mean that we do not take into account the patient. On the contrary, the patient must receive a thorough explanation of his condition and of each of the procedures to be performed as well as the expected effect. The goal is two-fold: to achieve the well-being of the patient (Fig. 1), but the freedom of the patient should refer to his well-being.

We must also exclude the external pressure from parents who through the anguish of their suffering child or for the refusal to part from him,

may decide on measures that are not provided or suspend those that are necessary to treat the child's illness.

To the extent that the child can understand what is happening to him, he will cooperate and feel as part of the treatment, which is beneficial for the child. In cases where no solution can be offered, the child will understand and will not experience loneliness but instead understanding. Therefore, informing and requesting cooperation according to the child's age is the best option.

In this brief article we have tried to demonstrate that autonomy is not absolute and that liberty is constitutive of the person, but that should be linked with reality and not just with a fantasy.

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## References

1. Tarasco M. Diversas posturas filosóficas que influyen en el razonamiento bioético. In: Kuthy J, Villalobos JJ, Martínez O, Tarasco M, eds. *Introducción a la Bioética*. México, DF: Méndez Editores; 2003. pp. 13-43.
2. Sgreccia E. *Manuale di Bioética Vols I and II*. Milano, Italia: Vita e Pensiero; 2003.
3. González AM. *En Busca de la Naturaleza Perdida*. Barañain, Spain: EUNSA; 2000.
4. Tomás y Garrido G. *Cuestiones Actuales de Bioética*. Barañain, España: EUNSA; 2006.
5. Blázquez N. *Bioética Fundamental*. Madrid: BAC; 1996. pp. 20-35.
6. Agazzi E. *Il Bene, il Male e la Scienza. Le Dimensioni Etiche dell'impresa Scientifico Tecnologica*. Milan: Rusconi; 1992.
7. Gracia D. *Fundamentos de Bioética*. Madrid: EUEDEMA; 1989.
8. Lucas R. *Antropología y Problemas Bioéticos*. Madrid: BAC; 2001.
9. Sierra JLL. *Recién Nacido de Bajo Peso*. Tesis para grado de Maestro en Bioética. México: Universidad Anáhuac; 2007.
10. *Constitución Política de los Estados Unidos Mexicanos. Artículo 5º y Código Penal del D.F. Capítulo II, artículo 323; Código Penal Federal, artículo 228*.
11. Sackett DL. *Medicina basada en la evidencia: cómo practicar y enseñar la MBE*. Orlando: Harcourt; 2001.
12. Thomasma DC, Kushner T. *De la Vida a la Muerte: Ciencia y Bioética*. New York: Cambridge University Press; 1999.
13. Drane JF. Las múltiples caras de la competencia. A mayor riesgo, criterios más estrictos. In: Couceiro A. *Bioética para Clínicos*. Madrid: Triacastella; 1999. pp. 163-176.
14. Weingerz S. *Valoración del Juicio Moral de Parejas que Asisten a una Clínica Privada de Reproducción Asistida en México*. Tesis para grado de Maestro en Bioética. México: Universidad Anáhuac; 2008.
15. Piaget J. *La Toma de Conciencia*. Madrid: Ediciones Morata; 1985.
16. Kant I, González VF. *Introducción a la Teoría del Derecho*. Madrid: Marcial Pons; 1997.
17. Rivera F. *Virtud y justicia en Kant*. México, DF: Distribuciones Fontamara; 2003.
18. Kant I. *¿Qué es la ilustración? Filosofía de la Historia*. México: FCE; 1987.
19. Gilligan C, Utrilla JJ. *La Moral y la Teoría Psicológica del Desarrollo Femenino: Psicología del Desarrollo Femenino*. México: 1985.
20. Hayes LJ. *Ethical Issues in Developmental Disabilities*. Reno, NV: Context Press; 1994.
21. Hoffman ML. *Empathy and Moral Development: Implications for Caring and Justice*. New York: Cambridge University Press; 2000.

22. Sada FR, Monroy CA. *Curso de Teología Moral*. México: Editora de Revistas; 1990.
23. López M, Tarasco M. El acto humano: libertad y determinismo. *Rev Asoc Psiq Mex* 2008;24:5-16.
24. Bayet A. *Historia de la Libertad de Pensamiento*. Buenos Aires: Editorial Paidós; 1992.
25. Mill JS. *De la Libertad de Pensamiento y Discusión*. México: Alianza; 1994.
26. Skinner BF. *Más allá de la Libertad y la Dignidad*. Barcelona: Fontanella; 1973.
27. Coreth E. *¿Qué es el hombre?* Barcelona: Herder; 1991.
28. Donceel JF. *Antropología Filosófica*. México-Argentina: Ediciones Carlos Lohlé; 1987.
29. Engelhardt HT. *The Foundations of Bioethics*. New York: Oxford University Press; 1996.
30. Gevaert J. *El Problema del Hombre*. Salamanca: Sígueme; 2003.
31. Jolivet R. *Tratado de Filosofía, Vol. 4*. Buenos Aires: Carlos Lohlé; 1959.
32. Lonergan B. *Insight: A Study of Human Understanding*. Toronto: Toronto University Press; 1992.
33. Llano C. *Las Formas Actuales de la Libertad*. México: Trillas; 2002.
34. Buchanan JM. *Los Límites de La Libertad: Entre La Anarquía y Leviatán 1*. México: Ed. Premia; 1981.
35. Verneaux R. *Filosofía del Hombre*. Barcelona: Herder; 1988.
36. Borzekowski LG. Considering children and health literacy: a theoretical approach. *Pediatrics* 2009;124(Suppl 3):S282-S288.
37. Houdé O. Abstract after all? Abstraction through inhibition in children and adults. *Behav Brain Sci* 2009;32:339-440.
38. Williams J. WHO child growth standards. *Develop Med Child Neurol* 2009;51:1002-1002.
39. Broeren S, Muris P. The relation between cognitive development and anxiety phenomena in children. *J Child Fam Studies* 2009;18:702-709.
40. Rutherford M. Children's autonomy and responsibility: an analysis of childrearing advice. *Qualitative Sociol* 2009;32:337-353.
41. Kohlberg L. *Psicología del Desarrollo Moral*. Bilbao: Desclée de Brouwer; 1992.
42. Piaget J. *Psicología del Niño*. Bärbel Inhelder; 2000.
43. Kohlberg L, Levine C, Hewer A. *Moral Stages: A Current Formulation and a Response to Critics*. New York: Karger; 1983.
44. Lind G. *La Moral Puede Enseñarse: Manual Teórico-Práctico de la Formación Moral y Democrática*. México: Trillas; 2007.
45. Turiel E. *Desarrollo Moral*. Madrid: Morata; 1979.
46. Piaget J. *The Moral Judgment of the Child*. Glencoe: Free Press; 1948.
47. Piaget J, Varma VP, Williams P. *Piaget, Psychology and Education: Papers in Honour of Jean Piaget*. London: Hodder and Stoughton; 1976.
48. Leavitt FJ. Can teaching ethics make people ethical? *Nature* 1999;397:384.