Self-Determination and Paternalism: Death or Intervention?

Arthur Dobrin
School for University Studies, Hofstra University, Hempstead, New York, USA

Helping professionals are often faced with problems of decision making with clients. Often these decisions, while on the surface appearing to be simple, have far-reaching ethical implications. This article focuses on a decision made by a beleaguered daughter in relation to her father’s well-being. While she has reached a decision, more careful deliberation regarding the ethical considerations embedded in the decision might have led her to a different action.

Carolyn’s recently widowed father, Sam, is depressed. He refuses to eat properly. He tells Carolyn that the doctor reports that he has extremely high blood pressure and is in danger of having a stroke. He will not listen to his daughter, and he ignores his doctor’s advice to change his eating habits and remove salt from his diet.

One day, while her father is out, Carolyn goes to his apartment and removes all packaged and canned foods containing salt. In their place she leaves foods better suited for a person suffering from hypertension.

As a university professor of moral development and religious ethics, I consider the philosophical issues embedded in such situations as that faced by Carolyn. In the classroom, I examine the conceptual and philosophical questions embedded in everyday problems. However, as a minister of a congregation of more than 200 adults, my concern cannot be exploratory but must be practical. People approach me to help them come to grips with how to deal with real dilemmas. I have also been trained as a family therapist, so I am tuned into the emotional lives of those touched by the drama of adult children who need to care for their parents.

Received 8 March 2000; accepted 24 March 2000.
Address correspondence to Arthur Dobrin, School for University Studies, Roosevelt 104, Hofstra University, Hempstead, NY 11549, USA. E-mail: Arthur.B.Dobrin@hofstra.edu
In this article, I want to respond not so much as a pastor or psychotherapist but as an ethical counselor, someone who brings to bear upon a real situation both theory and practice considerations. Practitioners often do not have the luxury of time to reflect upon the deeper ethical and philosophical matters they deal with. This can lead to jumping to solutions while neglecting conceptual considerations. The vignette presented here raises substantial ethical questions that are worth considering from a moral point of view. At the same time, ethical questions worth considering are lived out in the lives of real people who have to solve real problems. So I will also consider some of the practical aspects of the dilemma as well as the large philosophical questions. Although I present my own conclusions regarding the moral advisability of Carolyn’s actions, at the end of the article are a series of questions that, I hope, will guide the reader to reach practical decisions more solidly grounded in philosophy.

Some of the philosophical issues raised by Carolyn’s response to Sam involve self-determination, privacy, and paternalism. These ethical values are wide reaching and often cross the borders of political and personal matters, such as a woman’s right to an abortion and a patient’s right to refuse treatment. In the background are a series of prior questions, including the following: How much latitude does society grant to individuals to determine their own fates? Is self-determination applicable to all people? Are there good reasons to take away people’s right to do as they think fit, even if it harms no one else but themselves? Range (1998) points out that a health care professional may have to balance the contradictory ethical claims of doing no harm, on the one hand, and respecting the autonomy of the client, on the other. How do you decide?

**Autonomy is Not for Everyone**

Clearly, there is at least one group that society deems unworthy of self-determination, namely children. Conversely, there is at least one group that society deems negligent if they do not act paternalistically, namely parents. Parents, for example, are held liable for neglecting the well-being of their children up to the age of their legal maturity. What exactly parents are expected to provide for their children sometimes is not so clear. How adequate of a diet must a parent provide? Are they responsible for their children’s behavior in school? A few years ago, a Danish mother was arrested in New York City because she left her baby in a carriage while she sat inside a restaurant. In Denmark, she said, this was not neglect but typical and acceptable behavior, as long as the parent could view the baby, as this mother said, the same point. When she visits her restaurant, she takes her coffee under the sun while she takes her coffee.

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could view the baby, as this mother could. A Czech friend of mine made the same point. When she visits her mother in Prague, she puts her baby outside in the sun while she takes her coffee inside the café.

As difficult as it is to interpret appropriate forms of paternalism vis-à-vis parent and child, when it comes to one adult being responsible for the life of another adult, the law is far more ambiguous. Should the state impose medical treatment upon a reluctant patient if that patient is mentally impaired? Should mental patients be forced to take their medications? Should the state have the right to enforce seatbelt laws for the passenger's own sake?

The arguments for interfering in the life of a child we believe to be suicidal can be compelling, since we believe that children are not fully competent to make potentially life-altering decisions for themselves. But when it comes to interfering in the life of an adult we believe is headed down a path of self-destruction, the reasons for invading privacy are less clear. Society is moving in the direction of granting this right even to people who want to end their own lives. Lokhandwala and Westfeld (1998) have questioned the wisdom of this move. Nevertheless, respect for persons requires granting the right to self-determination. It is the very basis for a democratic society; namely, all citizens have an equal right to choose their own destinies to whatever extent possible.

As a rule, our society values self-determination above all else. However, self-determination is sometimes trumped by paternalism. Paternalism is defined as "roughly the interference with a person's liberty of action justified by reasons referring exclusively to the welfare, good, happiness, needs, interests or values of the person being coerced" (Dworkin, 1988, p. 257). While paternalism may be invoked for a variety of reasons (just think of putting fluorides in drinking water), the exception to the general rule of self-determination is more commonly applied when a person is not sufficiently rational to make decisions in his or her own best interest. This is commonplace regarding children, as we recognize that young children do not have the cognitive ability to understand the future consequences of present actions, but it is becoming an increasingly perplexing issue at the other end of the life cycle.

**Depression and Suicide**

Depression alone may not be sufficient to predict suicide (Bonner & Rich, 1987). The life of Giacomi Leopardi illustrates this. If ever there was a candidate for rational suicide, it was he. Leopardi, an Italian writer from the late 18th and early 19th centuries, was born in poverty as a sickly hunchback. He
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became a self-taught prodigy, mastering the sciences of his day and seven languages. Leopardi did not believe in God, but neither did he believe in humanity. He found nature impersonal and indifferent to human fate. He was agonized by boredom and sought vitality. His life and his thought, indeed, seem bleak. In The Moral Essays (1983), Leopardi raised a question that seems to flow from his philosophy: If humankind has no future, and human life is unhappy, why bother to live? Why not choose suicide? Leopardi did not choose suicide, and his book offers several reasons for living. He wrote that love is the most blessed condition attained by humankind. For him, love is not merely romantic, although there is love that is. Love is also the loyalty that one friend has toward another; there is the responsibility that one has for dependents. These also count as love.

But the elderly present a picture not of depression exactly. As people live longer owing to improved public health interventions, improved nutrition, and advances in a variety of medical and genetic procedures, paternalism presents itself in novel ways. The fact is that, for many, the ability to think or act rationally becomes compromised in old age. To take just one illness, the incidence of Alzheimer's disease exceeds 20% in adults over the age of 80. Depression, especially after the death of a lifetime spouse, is also a frequent symptom among the elderly. Osgood and Brant (1990) found that loss of social support was one of the factors associated with suicide among the elderly.

The upshot of extending longevity is that adult children are often forced into acting like parents to their own parents. So the question of paternalism is turned on its head. Instead of parents taking care of children, children now have to take care of their parents.

Milgaro Sanchez, a rehabilitation counselor who has worked in California and Florida, says that the story here is fairly common. So I asked her what she thought was going on.

"Depression," she said "The greatest challenge facing disabled adults is generally not the physical challenges they face but rather the emotional ones. Depression is the greatest debilitation for all injured or ill persons. It prevents them from taking full advantage of all the wonderful scientific and human resources available to them. Often they sabotage their recovery efforts" (Sanchez, personal communication, January 2000).

A depressed person is not merely sad, unhappy, or listless. Such a person really cannot think clearly, as the weight of the world seems to descend upon the body and the mind. Everything is viewed through a glass darkly. There is no sense of the future, except one that is more of the same despair or worse.

There is a difference in depression. If at all possible, she can experience life fully. Yelling, living, a person not only needed to can also must take into account love. Osher (1997). The problem for the elderly is daily. Maybe his loss is so great that even if he were not depressed, he finds no purpose in living at all. sailfish, for example surfaces to die also. Without the knowledge, what meaning Sam's life? Sanchez continues, "Many of quick to solve others' problems, emotional challenges, overcome, who is responsible for his health? May not have the tools with illness. He may simply need more, question he is in need of loving others.

There are at least two major questions. What is it that she should do? Not everyone agrees that Carolyn's question is in need of loving others.

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There is a difference in a teenager being depressed and an old man's depression. If at all possible, we want to treat the young person so that he or she can experience life fully. When faced with deciding whether life is worth living, a person not only needs to look at present desires and preferences but also must take into account possible future desires and preferences (Brandt, 1975). The problem for the elderly is that there is far more past than future. Maybe his loss is so great that the future can only bring him continued pain, even if he were not depressed; maybe Sam should be allowed the right to his own sadness. Sailfish, for example, mate for life, and when one dies the other surfaces to die also. Without their lifelong companion, life becomes empty. I do not know what meaning Sam's marriage had for him, but it is conceivable that he finds no purpose in living any longer. In a time in which everything seems disposable and substitutable, I find nobility in the person whose grief at the death of a longtime spouse is so great that no life is worth living. In our society, with such an emphasis on youth and entertainment, we believe that not only does everyone have the right to be happy, they have a duty. However, Sanchez points out that healing from the loss of a beloved spouse can take a long time. "Clearly Carolyn's father has not had enough time as yet to grieve and get beyond his loss," she says.

Sanchez continues, "Many of us with good moral and ethical intentions are quick to solve others' problems for them. But it is Sam who must face his emotional challenges, overcome his depression, and go on with his life. It is he who is responsible for his health, for whether he continues to live or die. He may not have the tools with which to better cope with his loss, depression, and illness. He may simply need more time to adjust to his circumstances. Without question he is in need of loving support."

Death or Intervention?

There are at least two major questions in this situation: Should Carolyn step in and take over from her father? and Assuming that she should do something, what is it that she should do?

Not everyone agrees that Carolyn has an obligation for her father's welfare. One popular idea is that people are responsible only for themselves. This is a useful principle. It prevents us from becoming busybodies, and it provides a basis for being tolerant. If people would simply stop telling others how to act, we would all be a bit happier for it. Also, if I am responsible only for myself, it means as well that no one else is responsible for me. So I become more
independent and less likely to see myself as a victim. But the principle has its limitations. The wall between me and others can be too high, resulting in loneliness. It also can make us mean spirited in the sense that we view other people's failures as always a matter of being their own fault. Self-determination is not a community builder or a road to a compassionate world.

This is especially true when it comes to intimate relations. Family life demands more than personal responsibility. It means being drawn to and into another's life. Caring about another person requires that we do things to help, even when the helping is difficult, even, sometimes, when our help is not wanted. Family ties are often tangles and knots. I have always found George Elliot's aphorism appealing: "What are we here for if not to make life easier for one another?" That seems right to me. As someone who has had training as a marital therapist and works as a clergyman, I have heard and seen the intimate, sad stories of family lives. I know full well the ways in which families become nests of destruction, the unhappiness that families can sow. But separateness and distance are dreadful alternatives. People die from alienation as well as repression.

Carolyn is faced with what appear to be life-and-death decisions about her father. So an attitude of indifference, aloofness, or not caring is hardly an acceptable ethical stance. The question remains, though, what should she do? How to get Sam to change his eating habits is the problem, not whether it is right to get him to change. The correctness of Carolyn's aim is not the question but the method of achieving it.

Sanchez gives some practical advice. "Carolyn clearly loves her father and it is that love which drives her to take action, but her vision is shortsighted. Removing the foods harmful to her father is a short-term solution. It is better to stop, think, and ask why. Why is Dad not willing to take care of his health? What is he feeling? How can I be supportive of him so that he will feel better? It is critical to not become an enabler but rather help those in need to help themselves. It is through those types of efforts that we can truly make a significant difference in others' lives. The most difficult choice sometimes is the choice to not become an enabler. I think this is particularly difficult for women who are often cast in the role of caretakers."

Sanchez continues, "The best steps Carolyn could take would be to spend quality time with her father and support him emotionally as he deals with his loss and struggles with his depression. She can listen to him. She can involve him in her activities as much as possible. She can encourage him to seek counseling for his depression. She can research supportive and educational resources available in his community and offer to go with him. She can edu-
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cate herself on depression and loss and thus be better able to find real solutions to her father's problem?

Sanchez may well be right in the practical steps for Carolyn. But what if what she suggests takes weeks or maybe months and the doctor is afraid that Sam is in immediate danger of a stroke? If someone is elderly and at risk, there may only be short-term solutions. So while Sam may be capable of making decisions for himself and may possess the requisite qualities by which we grant self-determination to an individual, the ultimate goal is to get Sam through his depression so that he can find a fruitful life once more. The methods suggested by Sanchez may not work quickly enough. If in Carolyn's assessment, based upon the doctor's best judgment, going into Sam's apartment without his permission to change some cans of food will help him to live the life that he truly desires, then her action is not such a bad thing. In this case, the value of beneficence—that is, the duty to do and to maximize good (Dickens, 1998)—seems to me to outweigh Sam's right to self-determination. Carolyn can always choose to refrain from similar action in the future, but if her father continues to starve himself, he has no future at all. While there are suicides that are rational (Dobrin, 1998) and that do not call for paternalistic interference, this is not one of them.

Conclusion

This article has examined a particular dilemma faced by a daughter in relation to her aging father. The daughter surely had her father's best interests at heart. In her desire to be helpful, she faced troubling ethical issues. The need for the decision to be examined in broader terms is an essential safeguard to ensure that her actions are ethical. The present article was intended to highlight this need and to stimulate this form of dialogue with those who are faced with such difficult decisions.

References