

Am I My Neighbor's Keeper? Freedom, Liberty, and Autonomy

I need to muse about and write about *freedom* as I sit here frustrated, afraid, angry, worried, and praying fervently for my "baby sister" who has COVID-19 and has been a week in an ICU struggling to breathe. I now join the millions of family members keeping watch and praying for someone I love.

Why *freedom*? I am the only COVID-vaccinated member of a large extended family. I chose—chose—to be vaccinated early on, mainly for my own sake but also so as not to transmit the virus to others. Although this column is about the broader ethical concerns for *freedom*, *liberty* and *autonomy*, and the choices we make and not specifically about sorting the questions of vaccination or not—this brief reflection does apply to the personal health choices we make.

The terms under consideration are freedom, liberty, and autonomy. The notions of autonomy and respect for autonomy, which occupy a prominent place in bioethics, can be traced to ancient Greece. Autonomy is derived from the Greek words autos (self) and nomos (rule or law). An autonomous person is a self-governing person who



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Copyright © 2022 InterVarsity Christian Fellowship/USA. DOI:10.1097/CNJ.0000000000000000 is free to act upon her or his own choices, free of external restraint, that is, to have those choices respected by others. The doctrine of *respect for autonomy* in bioethics arises from several historical and social sources. The inhumane Nazi experiments conducted on prisoners, without their consent, led to the codification of *informed consent* and *respect for autonomy*

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in the Nuremberg Code (1947) and the Declaration of Helsinki (1964; Vollmann & Winau, 1996).

There is, however, another catalyst for the attention to respect for autonomy: *medical paternalism*. Medical paternalism is overriding another's freedom to choose on the grounds that the health professional knows best what the patient needs, a "doctor knows best" approach to healthcare decision-making. Kilbride and Joffe (2018) write that "the abandonment of strong medical paternalism" (1973) led to a greater emphasis on patient choice such that "shared decisionmaking gained traction in the 1980's" (p. 1973). That shared decision-making required an extension of informed consent and respect for autonomy to the nonexperimental realm of clinical practice. But notions of autonomy and the duty to respect the autonomous choices of others extend beyond the caregiving setting to larger social contexts and find affirmation in law as well as in ethics.

Generally, freedom, autonomy, and *liberty* are used interchangeably, and many (but not all) philosophers do not make a distinction. However, freedom and autonomy customarily refer to the personal freedom to believe or choose (freedom of will) and to act upon those beliefs or choices (freedom of action) without interference or restraint by others. Liberty tends to be used with reference to social and political structures that form the boundaries of permissible social behavior. These legal boundaries to action upon choices are not necessarily incompatible with autonomy, as one still chooses to inhabit a particular society, or community, or embrace a particular religion and accept their rules. The rules or laws of a society or group with which I freely choose to affiliate will both guide and limit my exercise of autonomy and liberty.

Beauchamp and Childress (2012) acknowledge that there are limits to autonomy. They write,

Respect for autonomy has only prima facie [at first glance] standing, and competing moral considerations sometimes override this principle. Examples include the following: If our

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(Continued from page 13) autonomous choices endanger the public health, potentially harm innocent others ... can justifiably restrict [the] exercise of autonomy. (pp. 107–108)

In other words, we are free to act upon a self-chosen plan in so far as such action does not harm others. We are free to make choices, even wrong choices, if we ourselves are willing to live with the consequences. We are not, however, permitted to take other unwilling persons along for the ride. This leaves us with the notion that we are free to stick a finger in the electrical socket, but not if we are holding someone else's hand. Others can be harmed by the choices we make, including health choices; laws, regulations, and mandates do limit some choices. This boundary to the exercise of autonomy calls us to reflect upon health mandates such as mandatory tuberculosis medications, contact tracing, mandatory vaccinations for school children, legally enforced guarantine, and of course, mandatory mask wearing and COVID-19 vaccination.

Doing as I please, even without harming others, is an impoverished view of social life and an estranged way to live within the world. There is a better way: the way of love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control (Galatians 5:22-23). There are many Scripture passages that point the way-refraining for the sake of others from one's liberty to eat meat offered to idols (Acts 15:29); using God's gifts, not for one's own ends, but for the building up of the body (1 Corinthians 12:7-11); looking not to your own interests, but to the interests of others (Philippians 2:3-4); providing food for the hungry, hospitality for the stranger, clothes for those in need, caring for the sick, visiting those in prison (Matthew 25:35-36); and the wide compass of many more.

Many limits to autonomy are imposed upon our daily lives: speed limits, seat belt laws, noise ordinances, building permits, education requirements for children, passports and visas to leave or enter countries, laws against plural marriage, and so on. These are external limits to our liberty. However, what are ways in which we might choose to limit our own behavior and why?

Note that the fruit of the Spirit is largely based on relationship and is not self-regarding. Within the Christian tradition we understand that we are created for relationship—relationship with God and with one another. The relationship one has with another is not simply an insular relationship with family, friends, and one's own faith community, though that is certainly included. Jesus explained this to a lawyer who asked,

"Teacher, which commandment in the law is the greatest?" He [Jesus] said to him, 'You shall love the Lord your God with all your heart, and with all your soul, and with all your mind.' This is the greatest and first commandment. And a second is like it: 'You shall love your neighbor as yourself.'On these two commandments hang all the law and the prophets. (Matthew 22:37-40, ESV)

"Who is my neighbor?" is answered in the parable of the Good Samaritan (Luke 10:29-37); it ultimately encompasses the whole of humankind. Most stringently, in the Sermon on the Mount, Jesus enjoins us to love even our enemies (Matthew 5:43-48). We were created for relationship with God, one another, family, friends, neighbor, enemies—all persons, directly and indirectly.

To translate this into Christian ethics, we are not our own, we belong to God who engages us in relationship, calls us to discipleship, and guides us

FOR REFLECTION:

 "For you were called to freedom...; only do not use your freedom as an opportunity for self-indulgence," Galatians 5:15, NRSV.

into obedience. In loving God and neighbor, we can consider ourselves, but we do not solely seek our own: We must consider neighbor. In ethics, this is discussed under a range of concepts such as solidarity, community, the common good, the commonweal, society, and caring. These ethical concepts are social and political in nature, but they are also relational concepts. Nursing ethics has always emphasized that ethics is about relationship.

Smoking provides a limited example of choices about exercising one's autonomy. We have the social freedom to choose to smoke, and we bear the health consequences of that choice. There is also the issue of harmful secondhand smoke, so in some places, laws restrict smoking in enclosed public places. Our faith places different "restrictions" upon us. We must ask whether it is permissible for us, before God, to smoke (to the detriment of our own health) or to smoke where others might be harmed secondhand. In making decisions about how we exercise our personal autonomy, and the healthcare choices we make for ourselves, we must consider God and neighbor, and at times choose to restrain our liberty-our personal autonomyfor the sake of loving God and loving neighbor.

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