

# Solidarity and autonomy. About sharing profits and losses

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Where do we come from

# Curative healthcare

Individual

- Symptom/complaint
- Undertakes action

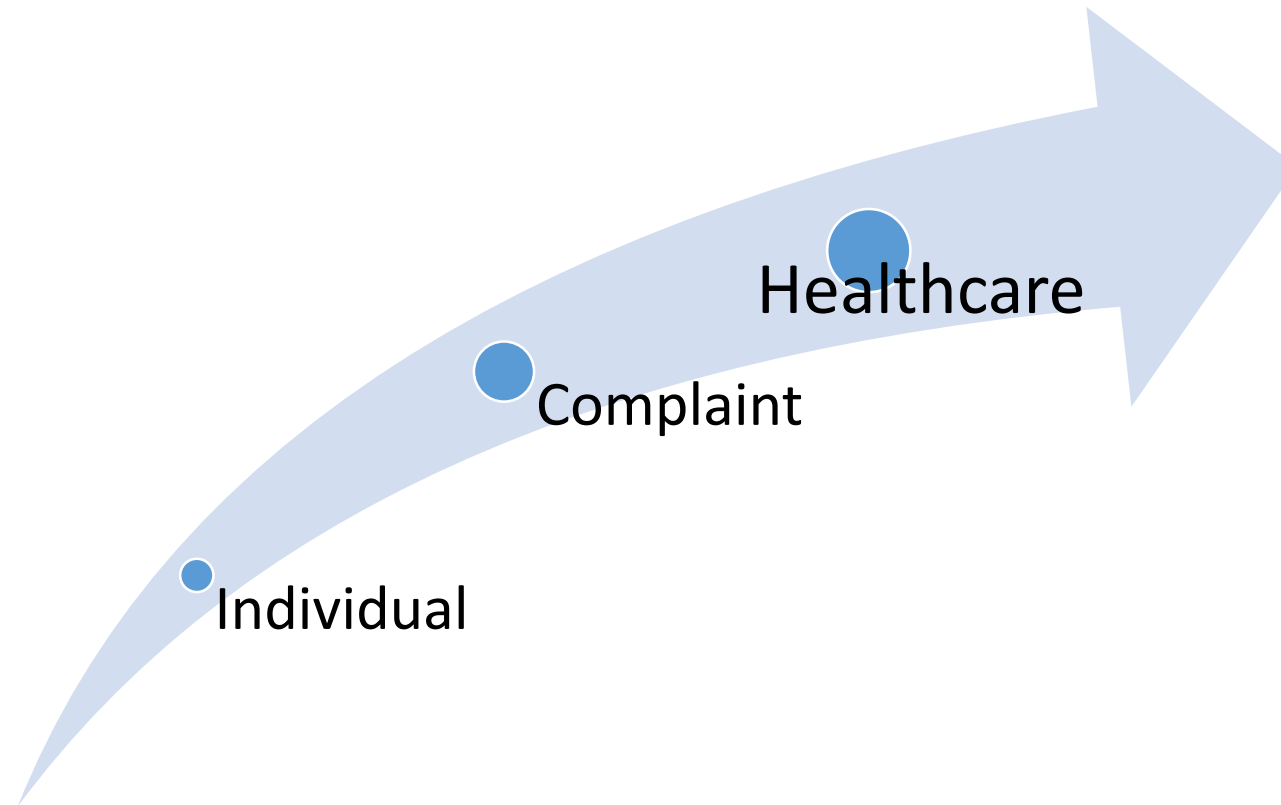
Healthcare

- Response (where does it hurt?)
- Curative (solving medical problems)

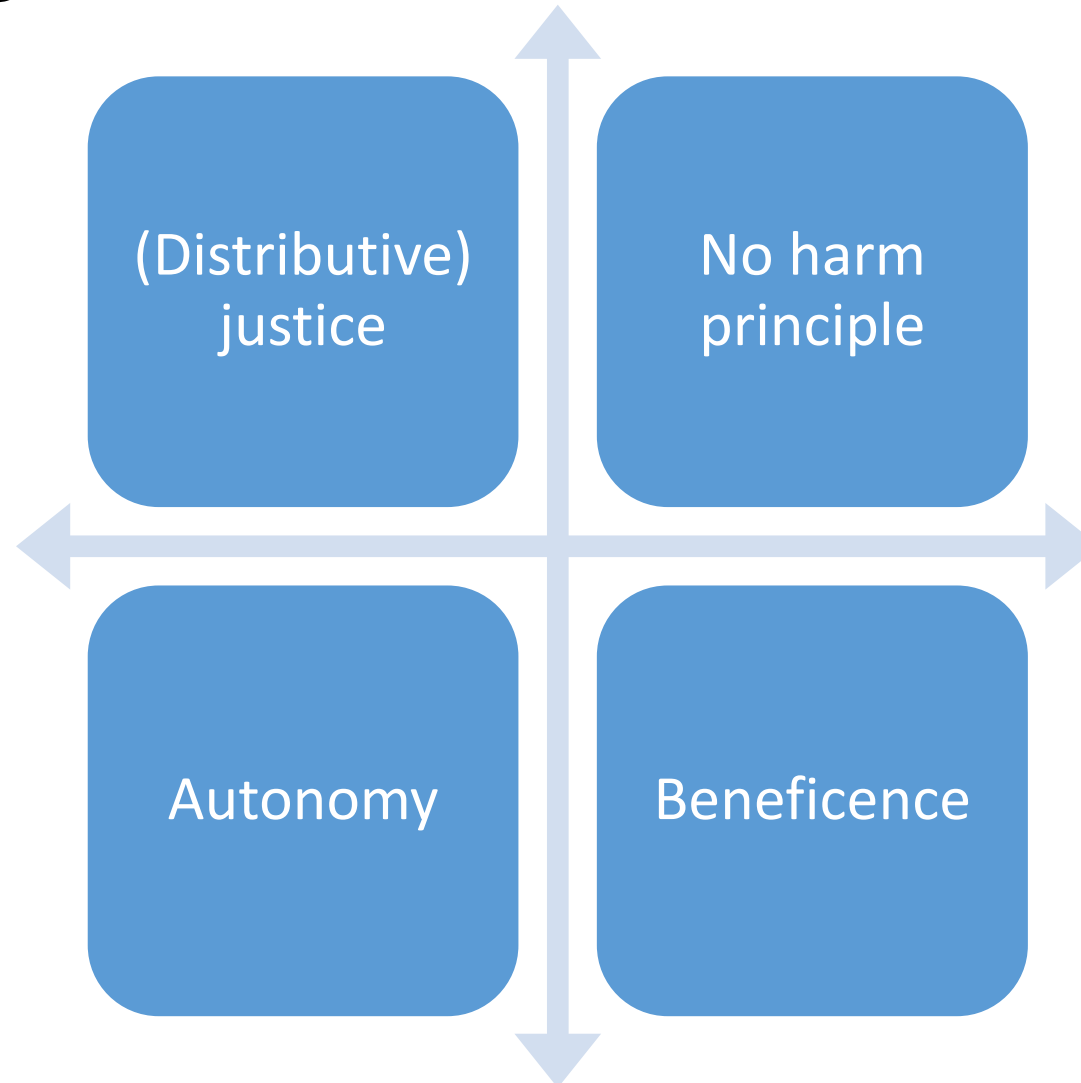
Direct action-reaction-  
interaction between two  
parties

- Patiënt
- Doctor (private/hospital)

# Curative healthcare



# Ethical challenges



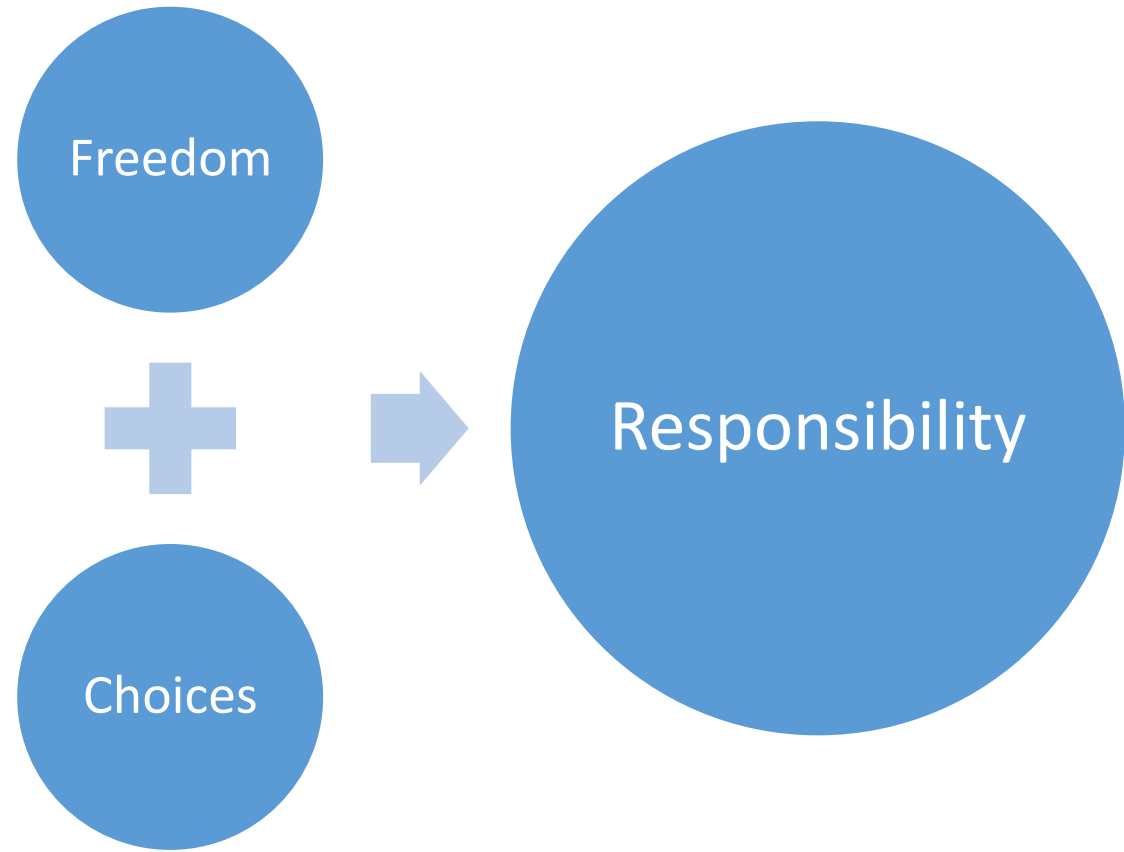
# Solidarity

- Right to healthcare but no obligation to take care of your 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

Where are we heading towards

# In general



- Existential range expands because we can intervene more
- The more we know, the harder to escape responsibility

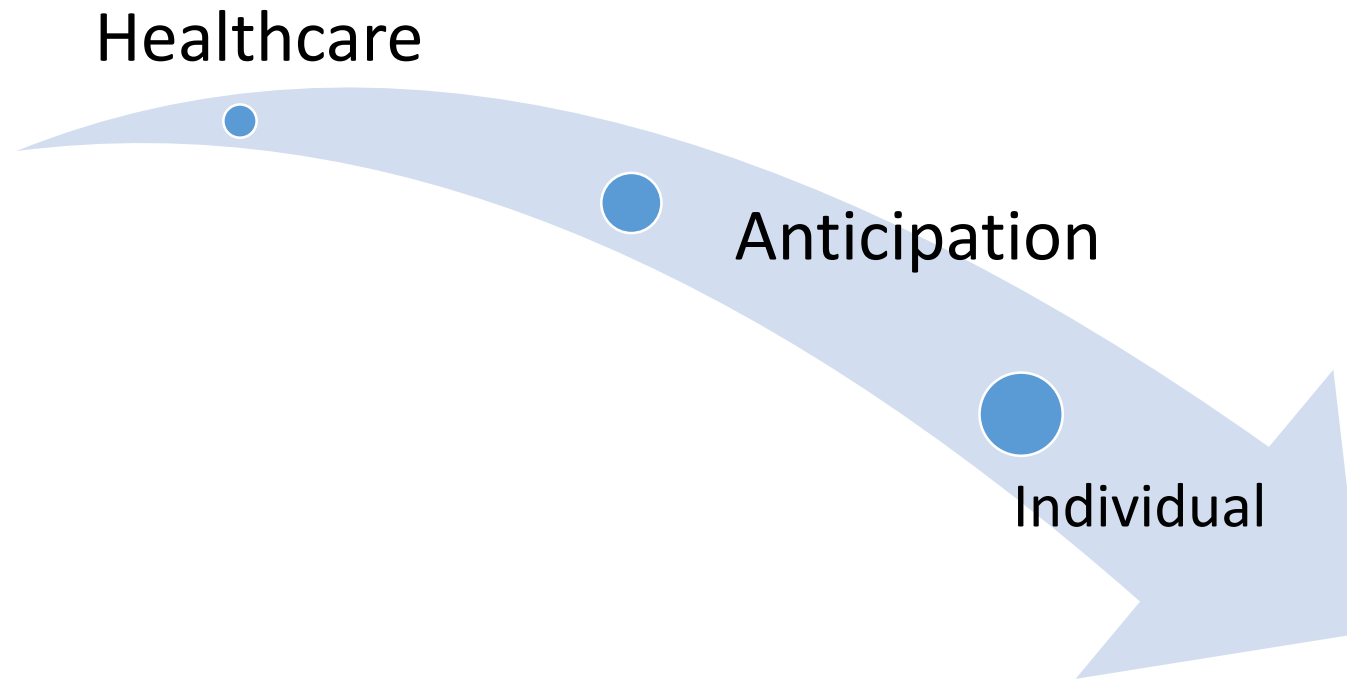


# Prevention

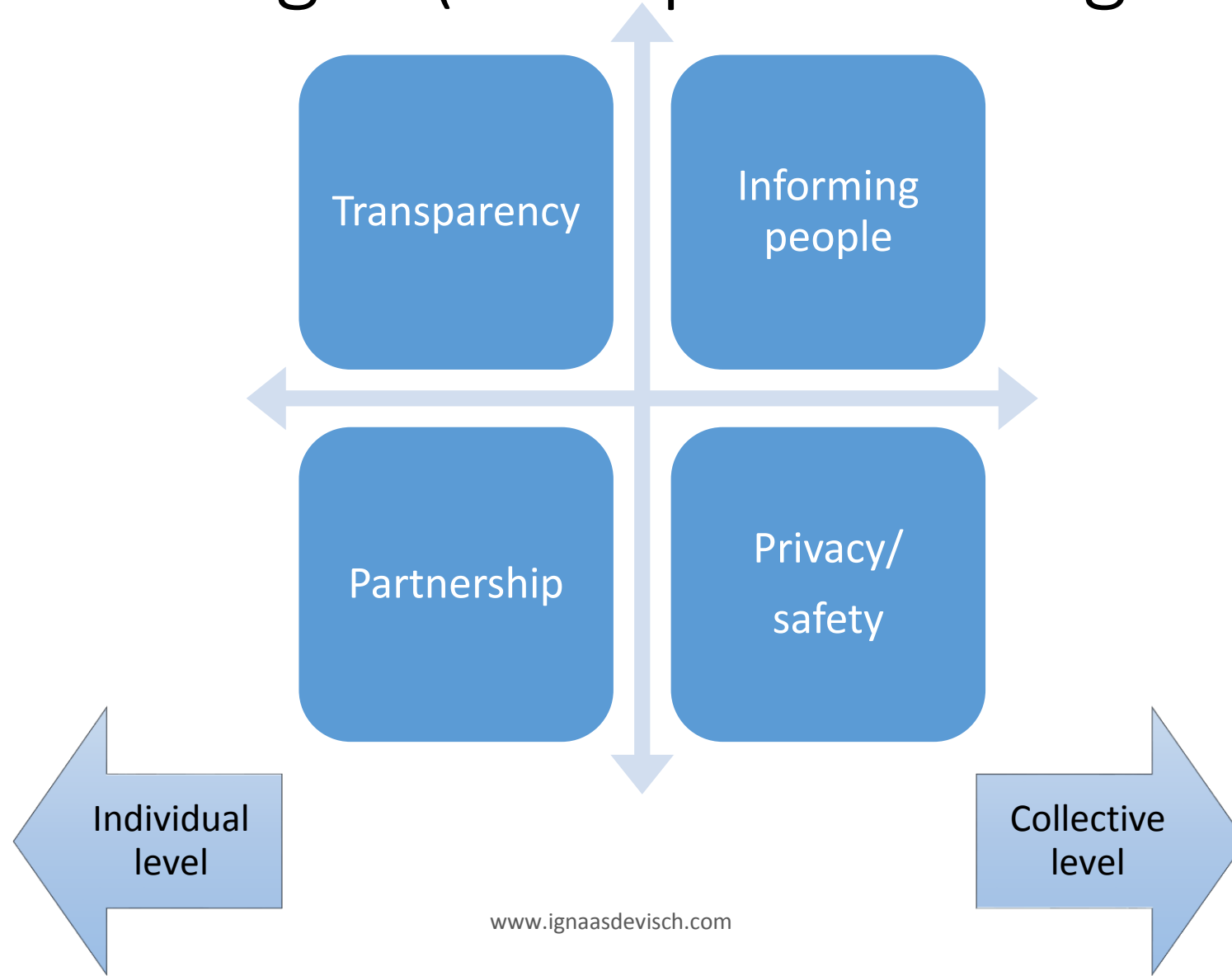
- Possibility to discover without/before symptoms occur
- We know more and we anticipate more
- The better we anticipate, the more we (may) prevent harm from happening
- Therefore: screenings, research, biobanking, ...

Morabia A, Zhang, Postgrad Med J 2004;80:463-469 History of medical screening: from concepts to action.

# Initiative is no longer solely individual



# Ethical challenges (on top of existing ones)



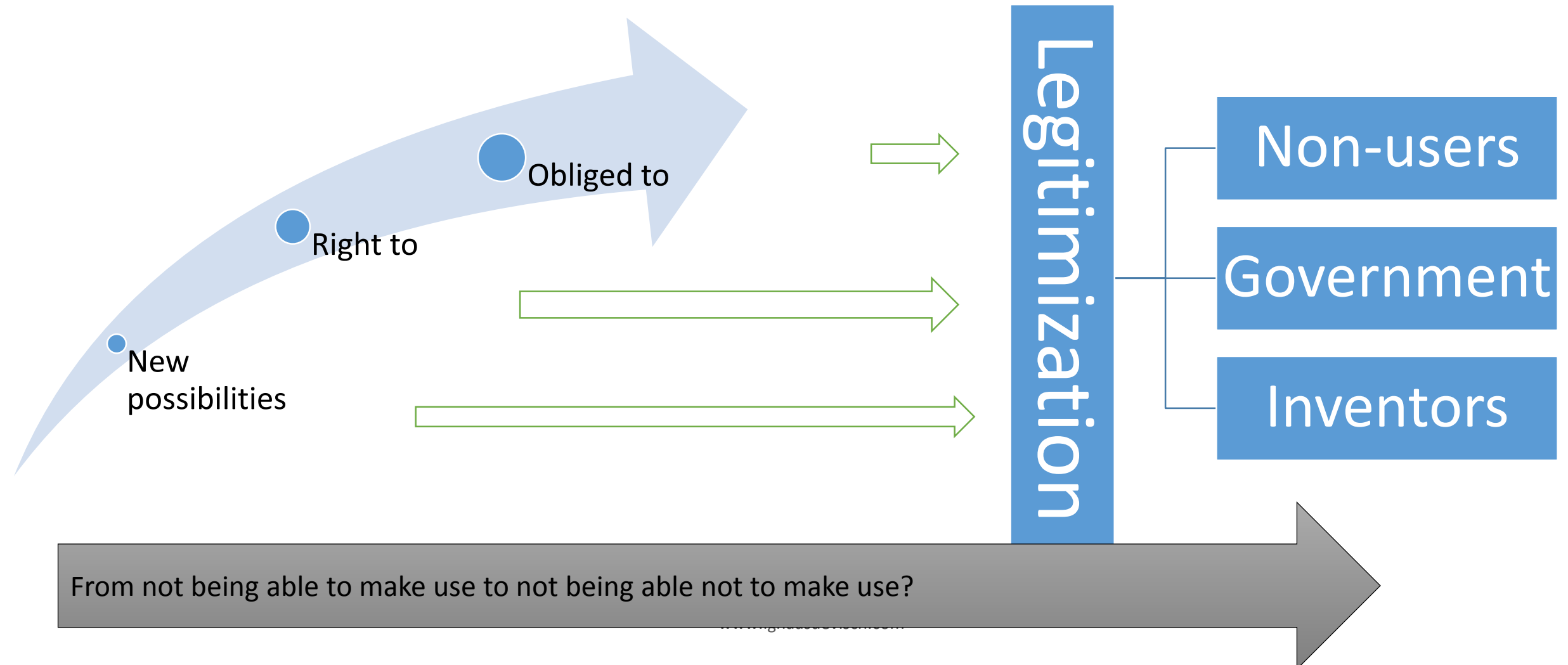
# Solidarity is shifting

- We could share the possible profits but also the losses?
- Will we still be solidary if we know the risks in advance?
- What about those who don't want to know and don't take care?

# 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
- Prevent health care system from evolving towards 'the freedom to make the right choices'

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



# From autonomy to partnership

Thinking collectively to become personal

# 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 in 2020?



# Important questions

- How to increase the awareness of what you can do as an individual?
- How to implement partnership?
- How to offer meaningful options to people to become members in partnership?
- How to present/safeguard the decision of engagement to the individual?

**We need a new understanding of autonomy**

# 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*

# 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 worthwhile options to choose from

*My freedom begins where the freedom of the other begins*

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