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SCIENTIFIC CONTRIBUTION

Relational autonomy: lessons from COVID-19 and twentieth-century philosophy

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Abstract
COVID-19 has turned many ethical principles and presuppositions upside down. More precisely, the principle of respect for autonomy has been shown to be ill suited to face the ethical challenges posed by the current health crisis. Individual wishes and choices have been subordinated to public interests. Patients have received trial therapies under extraordinary procedures of informed consent. The principle of respect for autonomy, at least in its mainstream interpretation, has been particularly questioned during this pandemic. Further reflection on the nature and value of autonomy is urgently needed. Relational autonomy has been proposed as an alternative account of autonomy that can more adequately respond to contemporary ethical issues in general and to a pandemic such as the one we are currently facing in particular. As relational autonomy is an emerging notion in current bioethics, it requires further consideration and development to be properly operationalized. This paper aims to show how six different philosophical branches—namely, philosophy of nature, philosophical anthropology, existential phenomenology, discourse ethics, hermeneutics, and cultural anthropology—have incorporated the category of relation throughout the twentieth century. We first delve into primary philosophical sources and then apply their insights to the specific field of medical ethics. Learning from the historical developments of other philosophical fields may provide illumination that will enable bioethics to experience a successful "relational turn", which has been partially initiated in contemporary bioethics but not yet achieved.

Keywords COVID-19 · Relational autonomy · Shared decision-making · Global ethics · History of philosophy

Introduction

Respect for autonomy has been a key principle in bioethics in recent decades (Dworkin 1988; Childress 1990). Nevertheless, many voices have criticized an individualistic approach to this notion, shaped by the American *principlism* of Beauchamp and Childress (Clouser and Gert 1990; O'Neill 2002; Traphagan 2013). In this regard, the current health crisis caused by COVID-19 may further expose the limits of a narrow interpretation of respect for autonomy[1] as it is generally understood in the bioethical debate. Some authors call for a "relational turn" of this principle that will better respond to the ethical challenges posed by health emergencies such as the COVID-19 pandemic (Jeffrey 2020; Lang and Micah Hester 2021). Along these lines, relational autonomy, an emerging concept in bioethics, is often proposed as an alternative to the individualistic vision of autonomy (Mackenzie and Stoljar 2000). However, a systematic review of this notion has revealed insufficient theoretical and practical development (Gómez-Vírseda et al. 2019). Despite being a potentially promising concept, relational autonomy is far from being clearly conceptualized or

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[1] Throughout this work, we refer to a "narrow interpretation of respect for autonomy" or to "the mainstream view of respect for autonomy" shaped by Anglo-American individualism and liberalism. We acknowledge that there is no single homogeneous account of the principle of respect for autonomy in the current bioethics literature. However, we use this terminology since many authors refer to these or similar notions, often to criticize them. In the cited bibliography, see Mackenzie and Stoljar (2000), Donchin (2001), Rigaux (2011), etc.