

What to do about the Illness when the Ability to make Autonomous Choices is Committed?



Francisca Sandra Cardoso Barreto*

Mestre em Bioética, Pela Universidade, Brasília

Submission: January 25, 2019; **Published:** March 06, 2019

***Corresponding author:** Francisca Sandra Cardoso Barreto, Mestre em Bioética, Pela Universidade de Brasília, docente do Pitágoras/ICF em Teresina-PI (BR), Brasil

Keywords: Chronic diseases; Deaths; Malnutrition; Tuberculosis; Gastroenteritis; Cancer; Cardiovascular diseases

Mini Review

In the twenty-first century humans can live longer with quality, in many cases, as only be maintained for therapeutic obstinacy. Chronic diseases can be controlled, intrauterine interventions save fetuses and victims of severe trauma can be saved. On the other hand, still enroll early deaths from diseases such as malnutrition, tuberculosis, gastroenteritis, cancer, cardiovascular diseases, among others, because they had no access to health services. These two sides involved in the process of living of today's human, bind to fundamental principles of human action called autonomy and freedom of choice. If today we are discussing issues relevant to life, as if discussing the lives of those who had committed their autonomy and consequently had their freedom of choice is limited or eliminated by social circumstances, either by physical causes implicated by others factors? In view of this, the objective is to present a brief reflection on issues relating to illness and autonomy.

According to data from the World Health Organization report [1], less than half the world's population receives all essential health services, 13 million human low beings and middle-income countries die before the age of 70 from cardiovascular disease, cancer, chronic respiratory diseases, diabetes [1]. However, the illness and the process of dying to the richest segment of the population are synonymous with application of the most advanced means. Speak of illness requires that it be the subject autonomy, it is worth mentioning that both cases bind to both interventional medicine and preventive and humane. That is, both for those who do not have access as to who has access to health services, the result of the disease process depends on the action of the other.

Autonomy refers to the individual's ability to govern themselves, to self-manage-making conscious choices; is

equivalent to self-management of state Greek cities, or extended direction to oneself [2]. However, one can not disregard that autonomy may suffer influences, shocks to the point of vulnerabilizar the individual. That is, the ability to self-government is committed to circumstantially or totally, either by physical, psychological and / or social factors. The irresistible compulsion thus is triggered by pain and suffering, at which up to previous convictions can go through reviews. In other words, "it is often difficult to determine the elements that constitute an autonomous action of the patient, especially when it is in a situation of pain and suffering." [3: 104]. Shall lie to the agents involved in the process and action, the duty to respect the autonomy, but above all, understand the complex web involving this relationship. In relation team of health and sick it is essential to have primarily very clear, the principle of autonomy and the ethics of responsibility. Respect for the principle of autonomy is necessary because in situations of vulnerability of the action agents, the other party must exercise their autonomy. In other words, the self is always the debtor's another if vulnerabiliza for him [3].

For Levinas [4], the vulnerability is open and as such, can be understood as a first opening every object to all other; second, as intentionality in Heidegger's sense of consciousness - ecstasy in being that animates consciousness, which is called by the original opening of the essence of being to play a role in the opening drama - [5] and, thirdly, as the "stripping the skin exposed to the wound, the offense" [4:99]. In this sense, the self is understood as pure vulnerability to another. The ethics of responsibility therefore lies in suffering for the other, that you are responsible for it, support it, to be in place, be consumed by it. In summary, when the implications of present illness

severe implications for the exercise of autonomy, it will be one of the agents is not affected by the other-vulnerabilizar. Put another way, is the subjectivity that the self becomes vulnerable to another's situation, and thus can put yourself in his place, knowing, however, beforehand, that can never identify with the experience of other. Action expected a humanized medicine and humanized health services.

References

1. World Health Organization (2018) World health statistics: Monitoring health for the SDGs, sustainable development goals.
2. Beauchamp T, Childress JF (1994) Principles of biomedical ethics. (4th edn), New York: Oxford University, USA.
3. Beltrão SR (2016) Autonomia da vontade do paciente e capacidade para consentir: uma reflexão sobre a coação irresistível. R Dir sanit, São Paulo 17(2): 98-116.
4. Levinas E (1993) Humanismo do outro homem. Petrópolis, Voze.
5. Heidegger M (2006) Ser e tempo. Petrópolis: Vozes, Bragança Paulista, Editora Universitária, São Francisco, USA.



This work is licensed under Creative Commons Attribution 4.0 License
DOI: [10.19080/PMCIJ.2019.02.555584](https://doi.org/10.19080/PMCIJ.2019.02.555584)

Your next submission with Juniper Publishers will reach you the below assets

- Quality Editorial service
- Swift Peer Review
- Reprints availability
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats
(Pdf, E-pub, Full Text, Audio)
- Unceasing customer service

Track the below URL for one-step submission

<https://juniperpublishers.com/online-submission.php>