

## **Imperative of good health and promotion of autonomy: a paradox?**

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The autonomy of patients is now an unavoidable issue in the medical field. With the rise of the therapeutic turning (taking into account the experiences of patients in the therapeutic relationship), paternalism is being fought, which is now considered anachronistic. To make way for new forms of relationships between caregivers and patients, therapeutic turning is geared more towards negotiation, information sharing and decision-making on the part of the individual, giving the patient increased rights. Informed consent forms, supposed to demonstrate compliance with this patient autonomy, are increasingly developing in research and daily clinical practice. In these informed consent forms, some caregivers alert against possible abuses related to bureaucratization and prosecution of care.

The concept of autonomy is considered to be the ideal outcome of a therapeutic relationship, however, the concept of autonomy in care contains a paradox: free choice in an environment constrained by social norms. Although an ideal, autonomy is insufficiently debated. Autonomy is difficult to obtain because inequalities around health are growing, caregivers still have broad flexibility to determine the course of action and at the same time good health is promoted and people are expected to maintain their good health. To analyse this notion in its complexity, it's important for the social sciences to research and discuss this issue. The concept of autonomy has resulted in different practices: What it produces in terms of adverse effects around the vision of health and individual responsibility, how to articulate individual, professional, and community responsibility, how this has changed the relationships between patients and caregivers, and what are its limits.

It is hard to reconcile the social imperative to be in good health with the respect for autonomy, because autonomy can lead to risk-taking or denial of medical treatment. The patients may also request that the professional make the decisions for them. The difficulty is between how the professionals combine the requirement of autonomy with user support and shared decision-making, especially in complex and uncertain situations. Reflections on inequalities in health and autonomy are too little discussed in the research.

How can the relationship between inequality, relations of power and autonomy be analysed using the social sciences?

We invite researchers in the social sciences to offer contributions around a critique of the concept of autonomy. Abstracts that rely on empirical corpus, as well as those with a more theoretical reflection are welcome.

**Deadline to submit your abstract: 20<sup>th</sup> of December 2015**

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