

Paternalism is commonly understood as acting against or contrary to a person's wishes for the sake of that person (Groll). From a view of liberalism, paternalism and liberalism are generally at odds because liberalism maintains people are entitled to run their lives as they see fit when it comes to matters that concern them (Groll). Hawkins argues that with *competent* anorexia patients, "we can justify a *limited* amount of paternalism in liberal terms" (155), where the liberal terms here "places individuals—their choice and their welfare—at the center of focus" (157). I largely agree with Hawkins' argument about one's welfare. However, I argue that in cases of coercive intervention, Hawkins' arguments omit the authenticity of one's value which would undermine the moral value of justification. Furthermore, I would discuss some general characteristics that make values authentic with medical examples.

Under the liberal framework mentioned above, Hawkins argues that we can justify coercive intervention with competent adults *for the sake of that adult's welfare*. Here is how her argument goes. Hawkins begins with her assumption that "welfare is real, meaning there are objective facts (whether or not we know them) about which choices are better or worse for people" (156). In other words, a person's welfare can be independent of his understanding. The other central part of Hawkins' conception of welfare is that it has an ineliminable subjective component, that "something cannot be good for someone at a time unless at that time she either (a) enjoys it, or (b) sees value in it" (156). Moreover, it also means that "when a person wants something but does not yet *have* it, we cannot know for certain whether it would be good for her to get it" (Hawkins, 156). Whether it would or not contribute to her welfare depends on her own response to it, when it is *in* her life (Hawkins, 156). Given this time-limited conception of welfare, Hawkins argues that "people can (and frequently do) make choices that *fail to serve their own interests subjectively construed*", and we call it a *prudential mistake* whenever a

person chooses something that will give her a lower level of welfare than what she would have had if she chose differently (156). Furthermore, one common aim of personal decision-making is to avoid prudential mistakes and achieve a higher level of welfare if we could (Hawkins, 156).

Against this backdrop, the central conflict between paternalism and liberalism rises. This is the rare case where S wants to choose X but there is good evidence that choosing X would be a prudential mistake for S and for *whatever reason*, S is not properly responding to the evidence (Hawkins, 156). In such cases, paternalism is tempting. Why then, paternalism is thought to be bad from a liberal perspective? One of the influential arguments against paternalism is that we must respect autonomy (Hawkins, 156). Such an argument completely rejects paternalism because by treating a competent person paternalistically, we undermine his capacity for self-rule. However, Hawkins does not find it persuasive because such an argument makes no appeal to what it would be like for the subject to be treated paternalistically nor to the *value of free choice* (156). In other words, Hawkins believes that if paternalism is wrong, there must be reasons related to how paternalistically treating someone affects him or *what matters to him* (156). Therefore, there's the second liberal approach, which is also the one she is using, that focuses on individuals' free choice *and* welfare. In this approach, there is a great value that individual is able to make their own significant decisions freely (Hawkins, 156). Moreover, the *value of free choice* is embodied in the conception that free choice is usually conducive to welfare (Hawkins, 156). Then it comes to the question that when we are in a situation where free choice conflicts with the value of welfare, which is more important? Arguments against paternalism state that we should always favor free choice because paternalism falsely assumes that welfare matters more than it does (Hawkins, 157). Hawkins argues that in a situation where "a person is plausibly viewed as throwing away many years of life that would likely be years high in quality of life as

measured *by his own standards*", we would intuitively pursue coercive interference that could salvage a great deal of welfare (157). Free choice is still given important value because his life is "almost entirely shaped" by himself, but it demonstrates that even a liberal would be reluctant to say that free choice "*is always and in every case more important*" (Hawkins, 157).

The third objection against paternalism is that, even in the case where welfare is more important, paternalism is self-defeating because people are the best judge of their welfare and paternalism almost always fail to promote one's welfare (Hawkins, 157). Hawkins in response argues that, if there are limited cases where paternalism does promote one's welfare and people fail to be the judge of their own welfare (prudential mistakes), then limited paternalism may be justifiable in a liberal framework (157). Hawkins considers anorexia to be one of such limited cases, where many of those who recover from anorexia after coercive treatment view their past treatment as justified (157). Moreover, the consensual issue of coercive treatment might be justified as well based on this evidence. Hawkins argues that future gratitude among many people who have undergone coercive treatment is good evidence that similar individuals undergoing coercive treatment will also be grateful in the future, despite that we do not have consent (157). In the upshot, Hawkins concludes that given sufficient data about *gratitude*, in cases where *recovery* is likely, it is reasonable for us to think the refusal of food to the point of death is a prudential mistake (157). Moreover, in certain limited cases where coercive treatment would salvage a great deal of welfare, coercive treatment is justified even under a liberal framework, because in these specific cases, welfare is more important at a cost of a significantly small amount of free choice (157).

I would agree with Hawkins that (1) welfare is real, (2) welfare has an inalienable subjective component, and (3) prudential mistake is possible. However, I would object to

Hawkins' claim that an individual's gratitude in the future or corresponding positive reaction can justify prior coercive intervention, because the gratitude or reaction may stem from inauthentic values<sup>2</sup> that typically weigh less than authentic values morally. Consider the following example about Stockholm syndrome, which is a psychological phenomenon where the victim becomes emotionally attached to the perpetrator, sympathizes with the perpetrator, and shares some of the perpetrator's views and ideas (Robinson). Nancy is a victim of kidnapping and she hates being kidnapped. However, due to Stockholm syndrome, Nancy falls in love with the perpetrator and decides to forgive what he has done. Nancy claims that she has found the love of her life and appreciates what the perpetrator has done, even though she has experienced great pain emotionally and physically while being kidnapped. We intuitively consider such a reaction afterward cannot justify the prior coercive interference. However, by applying Hawkins' argument about (1) and (2), Nancy has a higher level of welfare because she found the love of life and she clearly values it *afterward*. Even if the perpetrator has *good evidence* that *most* of the victims of kidnapping will have Stockholm syndrome and will fall in love with him, his action of kidnapping still cannot be justified in a liberal framework. This is because Nancy's value that drives her reaction to kidnap has been changed *by Stockholm syndrome* and it is not a value formed voluntarily nor it is a stable value in long term, which makes her value *inauthentic*. If her value remains unchanged or she didn't develop Stockholm syndrome, she would not have gratitude for being kidnapped. In this case, the perpetrator violates her autonomy and gratitude cannot be used as a justification as we think inauthentic values weigh less morally. This conception of inauthentic value remains even the coercive interference is claimed to be for the sake of that person. The upshot, Hawkins' accounts for anorexia is right, but *not enough* because

her argument permits coercive intervention in a situation like Stockholm syndrome, which we usually consider problematic due to the inauthenticity of values.

Hawkins may respond by simply adjusting argument (2): something cannot be good for someone at a time unless at that time she either (a) enjoys it, or (b) values it *authentically*. If we can ensure the authenticity of one's value that drives his positive reaction to coercive treatment afterward, paternalism is justified with a liberal framework in *this* case.

I agree that paternalism is justified *theoretically* in *this case* if we tighten the standard of authentic values. However, it would be hard to assess the authenticity because it comes to the question that what makes a value authentic. By questioning competent persons with anorexia about the reason they refuse food intake, we could try to assess the authenticity of *current value*<sup>3</sup> supporting anorexia. There are some general characteristics we could use to assess authenticity. First, we could question the origin of the value. Authentic values are usually voluntarily formed or obtained, and generally consistent with other deeply held beliefs. For example, if someone is using self-starvation as a way to express his political interest, we would consider it an authentic value and feel improper to implement coercive treatment. Second, authenticity appeals to people's identity. For patients with depression, we think those current values stop people from living according to their true identity, and by changing inauthentic values we help the patients express their autonomy. In some extreme cases, a great deal of welfare can be sacrificed, but we still consider the value authentic, such as parents sacrificing their lives for their children in the case of dystocia. Clearly, simply questioning why patients refuse food in-take or using evidence of other recovered patients is not enough in assessing the authenticity of their values. It might not be the case like Hawkins mentioned, that "we are significantly less likely to be wrong" with that evidence, but we might just never consider the authenticity or questioned them deeply.

## Notes

1. Paternalism here refers to coercive intervention with the choice of a competent adult for the sake of that adult's welfare.
2. I cannot provide a clear definition of authentic values or inauthentic values. However, there are some clear cases where we intuitively consider a value authentic or inauthentic according to its origin or its characteristics. For example, authentic values are usually values that are deeply held or reasonably stable, while inauthentic values are values that originate from external forces, are held in the short-term, or are involuntarily obtained
3. Because it is not possible for us to *know* what someone's value is going to be like in the future. Moreover, inconsistency between prior value and latter value can be used as a criterion for assessing the authenticity of values.

## Bibliography

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