

*Edited by Jocelyn Downie
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Being Relational
Reflections on Relational Theory
and Health Law



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*In Memory of Sue Campbell,
who appreciated so fully what being relational meant*

The House

Because we lived our several lives
Caught up within the spells of love,
Because we always had to run
Through the enormous yards of day
To do all that we hoped to do,
We did not hear, beneath our lives,
The old walls falling out of true,
Foundations shifting in the dark.
When seedlings blossomed in the eaves,
When branches scratched upon the door
And rain came splashing through the halls,
We made our minor, brief repairs,
And sang upon the crumbling stairs
And danced upon the sodden floors.
For years we lived at peace, until
The rooms themselves began to blend
With time, and empty one by one,
At which we knew, with muted hearts,
That nothing further could be done,
And so rose up, and went away,
Inheritors of breath and love,
Bound to that final black estate
No child can mend or trade away.

Mary Oliver

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Finally, we would like to thank the women who, through our relationships with them, have shaped and inspired us – our mothers, sisters, mentors, colleagues, and friends. With and because of you, we have come to understand what it is to be relational.

A Note on the Cover Art

The image on the cover of this book is *Kaleidoscope XXX: Tree Grate, 53rd and 7th*, by Paula Nadelstern. In addition to being beautiful, this image of a quilt metaphorically expresses this volume's core messages. First, the historical practice of quilting is representative of the process of writing this book. Traditionally, quilting was a process of collaborative work among women (often multiple generations of women). A single "product" constituted of many pieces resulted from the labours of a group of individuals. A quilting bee was a safe place for women to discuss their lives, their ideas, and their views on the world around them. It served as an important site for raising consciousness. The process of producing *Being Relational* was a modern interpretation of the quilting bee. The authors came together twice for two two-day intensive workshops on all of the chapters and engaged with each other in between the meetings on the ideas and drafts of the chapters, shaping each other in the process.

Second, quilts are much like the substance of this book. A quilt is a single object made up of many distinct parts. Yet the discrete elements become part of a whole when seen in relation to the other elements. The pieces used to construct a quilt were often brought from the homes of the women involved in making the quilt. An old sheet, a child's nightgown, a man's jacket were not discarded but, rather, brought together to make a new object with a new purpose – meaningful in its connection to its prior context and useful in its new form. The chapters of *Being Relational* are like pieces of a quilt. They were brought to the table by the individual authors and reflect the intellectual homes from which they were drawn. They are discrete and can be viewed one chapter at a time, but they are best understood in relation with one another and in the context of the whole.

Introduction

Jennifer J. Llewellyn and Jocelyn Downie

Inception

This collection was initially motivated by two selfish desires shared by its editors. First, we wanted to create a book that we wished we had on our shelves for our use and inspiration. Although we had both benefited greatly from the previous works of the leading relational theorists, we were increasingly frustrated by the patchwork nature of the scholarship in this area.¹ It generally focused on the development of single concepts in isolation and thus could not bring to the surface those insights only accessible through attention to the interplay of the various relational concepts. We were also frustrated by the fact that while relational theory was gaining prominence within the fields of philosophy, women's and gender studies, and bioethics, it had yet to make substantial inroads into many areas of law and policy.² This has meant that a powerful new theoretical framework has not been being sufficiently challenged or revised in light of attempts at application nor used to its fullest transformative potential. We sought to address these frustrations through this collection by generating an integrated synthesis of previous work from leading relational scholars while, at the same time, expanding and developing this work through consideration of its implications for one area of law and policy.

Our second desire was to literally bring together leading scholars in relational theory. The prior limitation of discussions to individual concepts, and largely within, instead of across, disciplines, had hampered the emergence of a connected research community. Paradoxically, there was no broad network of relational theory scholars. While relational autonomy scholars are certainly known to one another,³ those scholars working on relational justice, identity, equality, conscience, and so on seem to have much less direct interaction. This relative isolation has limited the opportunities for the richest possible development of relational theory. We sought to assist with the development of this scholarly community by bringing relational theorists together for reflection upon the interplay and connections among relational

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concepts as well as consideration and exploration of their implications and applications. Confident that there were others out there who shared our frustrations and desires, we decided to build a collection defined relationally in both substance and process.

Substance

We designed this book to have two integrated and interconnected parts. For the first part, we asked leading scholars in relational theory to synthesize their prior work and then to expand upon and otherwise develop it. The volume thereby contributes to the advancement of scholarship in the field of relational theory – in particular, relational conceptions of autonomy, judgment, equality, justice, identity, memory, and conscience. For the second part, we asked leading scholars in health law and policy to reflect upon the implications of the concepts discussed in the first part for specific areas of health law and policy: the allocation of scarce resources, reproduction, Aboriginal health, mental health, and non-human animal experimentation. The volume thereby serves as a crucible in which to test the difference that relational concepts and relational theory might make in a particular field of application. It also illustrates the transformative potential of bringing relational theory to law and policy more generally. With this approach, new issues surface, and old issues are approached in new ways. The very table of contents in this book demonstrates these effects since it is not organized around traditional health law and policy topics such as consent, confidentiality, regulation of health professionals, and negligence. Instead, it is organized largely around groups that find their health needs deeply affected by social structures that, for example, constrain their autonomy and fail to treat them equally.

Readers will also note the interplay both within and among the chapters. As noted, chapters in the first half of the volume begin with the explanations and elaborations of key concepts, while the chapters in the second half begin with the application and implications of these concepts. From these different starting points, however, each chapter engages with both theory and practice and concept and application. The “concept chapters” go on to explain, develop, and refine the concepts in light of their applications and implications in the world. Likewise, the “application chapters” consciously consider how insights from practice shape and develop our conceptual understanding.

This interplay of theory and practice and concept and application within the volume is not merely the product of editorial and authorial choice but, rather, is a direct consequence of the nature of relational theory itself. Attention to the significance of relationships even at a theoretical, conceptual level necessarily demands attention to the contexts and specifics of

relationships and the parties in them. A relational approach must be contextually grounded and able to reveal interconnections. The result is “concept chapters” that are concerned with, and affected by, their implications in the world and “application chapters” that reflect upon and develop relational concepts through a consideration of their applications.

Process

The interplay of theory and practice and the interconnection between the various concepts and applications was made possible by the process through which this volume emerged. We undertook an intense collaboration that self-consciously created space for discussion, debate, and exploration of relational theory, its implications for key philosophical, ethical, and legal concepts, and, finally, the illumination and testing of the difference it makes. As much as possible, the process reflected the very relational insights that are the subject of this volume. Twice we brought all of the authors together for two days of conversation. The team “workshopped” drafts of the chapters on the core concepts at its first meeting and the chapters exploring these core concepts in light of their application to selected topics in health law and policy at its second meeting. The authors revised their individual chapters in light of both sets of discussions. The revised chapters were then sent to subsets of fellow contributors and the editors for further comment, and the authors revised their chapters one last time in light of this feedback. This process ensured a much deeper level of engagement and effect (among both the ideas and the participants).

Throughout the volume, the reader will notice the discussions and interactions between the authors. The interplay and influence among them is both implicit and explicit in the various chapters and within and between the two parts of the volume. For example, Sue Campbell develops her theoretical account of relational memory in the context of current attempts to make reparation for Native residential school abuses. In doing so, she draws upon Jennifer Llewellyn’s development of restorative justice as a relational theory of justice. Llewellyn’s theory of justice in turn relies upon Christine Koggel’s work on relational equality. Maneesha Deckha’s chapter pushes the boundaries of both relational conceptions of justice and equality, among others, as she considers the use of non-human animals in medical research. The interplay between relational autonomy and judgment developed in Jennifer Nedelsky’s chapter is central to Sheila Wildeman’s consideration of capacity assessments in mental health. Their discussions of autonomy interact with Susan Sherwin’s chapter in which she develops her relational conception of autonomy in the context of global threats. The global perspective invited by relational theory is also explored in Christine Koggel’s chapter on relational equality. Sherwin’s work is central to Constance MacIntosh’s

chapter on Aboriginal health. MacIntosh's chapter also attends to the health implications for Aboriginal people and communities of Campbell's relational construction of memory and collective history and Françoise Baylis' conception of relational identity. Dianne Pothier's chapter also explores the implications of relational conceptions of identity as articulated and developed in Baylis' chapter. Baylis' chapter is closely related to Carolyn McLeod's relational account of conscience, which Jocelyn Downie works with in her chapter on reproduction. Downie's chapter also considers the procedural implications of Llewellyn's relational theory of justice. Thus, it can be seen that, as a result of this intensely interpersonal process, the volume is not simply a collection of isolated individual pieces. Rather, as is appropriate for a book on relational theory, it is a set of chapters constituted through their relationships to the others and to the whole as much as they are individual pieces that contribute to the whole.

Foundations (Relational Theory and a Relational Conception of the Self)

As its title suggests, this volume focuses on relational theory. For those readers unfamiliar with this theory, a brief description is in order. Relational theory, as it is understood and articulated within the pages of this volume, is focused on relationality – the fact of relationship (an intentionally singular statement). Through this lens, it is said that we can see the ways in which being in relationship is integral to self-understanding and to interactions with others at individual, collective, and even institutional levels. The central question in each case is not so much “what is X in relationship to or with?” but, rather, “what is the effect of being in relation?”

A relational conception of the self serves as the common foundation upon which the authors in this volume build. The claim that human selves are relational is more than an empirical claim about the way in which human beings live. It is true that humans enter into and live in a range of relationships with others that influence and shape the course of their lives directly or through socialization.⁴ The claim that the human self is relational in its nature is, however, a more fundamental one. The relational conception of the self with which we are concerned recognizes not only that we live in relationships with others but also that relationship and connection with others is essential to the existence of the self. The human self in this view is constituted *in and through* relationship with others. We define ourselves *in* relationship to others and *through* relationship with others.⁵ In this view, relationships play a constitutive role because of the “*inherently* social nature of human beings.”⁶

A number of authors have wrestled with the challenge of how to describe and explain the relational conception of the self. Jennifer Nedelsky explains:

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We come into being in a social context that is literally constitutive of us. Some of our most essential characteristics, such as our capacity for language and the conceptual framework through which we see the world, are not made by us, but given to us (or developed in us) through our interaction with others.⁷

Catriona Mackenzie and Natalie Stoljar explain that this conception of the self proceeds from the understanding “that persons are socially embedded and that agents’ identities are formed within the context of social relationships and shaped by a complex of intersecting social determinants, such as race, class, gender and ethnicity.”⁸ Annette Baier uses the idea of “second persons” to denote the formative and fundamental role that others necessarily play in the creation of the self. She claims: “A person, perhaps, is best seen as one who was long enough dependent upon other persons to acquire the essential arts of personhood. Persons essentially are *second* persons, who grow up with other persons ... Persons come after and before other persons.”⁹ Lorraine Code, in turn, suggests that “uniqueness, creativity, and moral accountability grow out of interdependence and continually turn back to it for affirmation and continuation.”¹⁰ Through these similar, but distinct, descriptions, each of these authors sheds some light on, and provides content for, the claim that the self is relational.

It is important to note here that, while relational theory names the significance of relationship in the constitution of the self, it does not posit a self wholly determined by these relationships. A relational conception of the self seeks to recognize the intrinsically relational nature of the self without denying the significance of the individual and the agency of the self. This balancing is reflected in the image of the relational self as constituted in and through relationships. Our choice of *in and through* rather than *by* is intended to reflect the presence of an individual self with agency who is able to reflect and choose but who cannot do so alone.¹¹ As Nedelsky recognizes, “[the] problem, of course, is how to combine the claim of the constitutiveness of social relations with the value of self-determination.”¹² Code argues that this

requires a delicate balancing act, at once placing an appropriate emphasis on connectedness and caring, acknowledging the separateness of human subjects even in their interdependence, and taking into account the fact that there are no unmediated relationships. Like the subjects who make them, relationships are located, and mediated by the structures of their location.¹³

Christine Koggel, in turn, states that a “relational conception of the self suggests that we come to know ourselves and others only in a network of

interactive relationships and that this shapes and is necessary for exercising self-determining capacities.”¹⁴ Each of the authors in this book take this brief description further as they articulate how they understand and seek to work with relational theory and its foundational relational conception of the self.

Relative Positions (Feminism, Liberalism, and Communitarianism)

A volume such as this one must situate itself relative not only to its foundations but also to other relevant theoretical approaches. In this case, the relevant approaches are feminism, liberalism, and communitarianism.

Feminism

The version of relational theory found in this book owes a significant debt to the insights offered by various feminist theories and approaches. In particular, it owes much to the insights offered by the ethic of care, care feminism, and relational feminism.¹⁵ Through her influential work, Carol Gilligan has brought attention to the significance of relationships for human selves and their moral reasoning. Relational theory, as considered in this volume, shares this view of the significance and centrality of relationships. However, while it has taken inspiration from feminist scholarship, it is not committed, as some take the ethic of care to be, to the affirmation of certain models or types of relationship or activities as inherently valuable. Rather, it affirms the significance of the fact of relationships and signals the importance of attending to their nature and to what is required of them to ensure well-being and flourishing. The focus, then, is not on particular relationships or types of relationships as might be supposed on some versions of care feminism (for example, mother/child, same sex, opposite sex, marital, or sibling as models of relationship). Rather, the focus is on the dynamics or characteristics of relationship that need to be supported and encouraged in order to foster human flourishing. Susan Sherwin, in her work, offers a helpful clarification as she explains that the focus of metaphysical and moral attention should not be solely on interpersonal relationships but also on the full range of influential relationships, personal and public, in which we exist and are constituted as human selves.¹⁶

In addition, the relational theory found in this volume can be described as feminist in its commitments and orientation. The authors in this volume share the feminist commitment to recognizing oppression (particularly, but not exclusively, of women) and seeking its end. The theory is more than simply instructive about the fact of relationality since it is also interested in the implications of this insight for understanding and responding to oppression. The relational theory in this collection is thus feminist in its evaluative and transformative ambitions.

Liberalism

When discussing the position of the work in this volume relative to liberalism, one participant in the process suggested that we were trying to describe “the dance with liberalism.” Carrying this metaphor forward, it can be said that the authors in this volume differ in terms of what they see to be the nature of the dance, who is in the lead, or, for some, whether liberals are on the dance floor at all. For some, relational theory seeks the reform or revision of traditionally liberal concepts, goals, and ideals. Others deny that such concepts, ideals, or goals are inherently liberal and, thus, maintain that relational theory’s interest in them does not require a relationship with liberalism. Still others claim that liberalism is entirely irrelevant to their project. However, whatever their position with respect to liberalism, there is a shared recognition among the authors that relational theory poses a challenge to the picture of the self traditionally identified with liberalism.

The relational theory found in this volume rejects the individualism of the traditionally liberal self, although in doing so it does not lose individuality.¹⁷ As Diana Tietjens Meyers describes it,

[t]he view of the self that has dominated contemporary Anglo-American moral and political philosophy is that of homo-economicus – the free and rational chooser and actor whose desires are ranked in a coherent order and whose aim is to maximize desire, satisfaction. This conception of the self isolates the individual from personal relationships and larger social forces.¹⁸

Marilyn Friedman identifies abstract individualism as underlying the traditional liberal conception of the self as it “considers individual human beings as social atoms, abstracted from their social contexts, and disregards the role of social relationships and human community in constituting the very identity and nature of individual human beings.”¹⁹ Koggel suggests, though, that it “is not that liberals deny the relationality of selves, but that they do not take these aspects to be relevant to an account of what it is to be a person or to treat people with equal concern and respect.”²⁰ In response to such individualistic accounts of the self, the authors in this book assert the importance and centrality of relationship. In doing so, they need not reject independence in favour of dependence or seek some middle ground. Rather, their starting point facilitates a revision of dependence, independence, and interdependence and an approach with which to evaluate and consider these relationships and their implications.

Communitarianism

The authors in this volume also differ in terms of whether and how they relate their relational theory to communitarianism. Again, for some, their

relational theory stands independent of other theories, and it does not need to engage in such comparisons in order to define itself. For others, their relational theory is informed by the contemporary debate between communitarians and liberals. Others recognize that their relational theory shares a common commitment to the social self that is constituted in relationships with others. However, as Linda Barclay argues, the communitarian claim

that the self is constitutively social incorporates the claim that the self is socially determined, for it certainly suggests that the self's aims and aspirations are determined by the communities of which one is a part. However, the constitutively social self is also meant to capture the idea that the *content* of the self's ends are social, in the sense that they represent not just my ends but also our shared ends.²¹

Thus, despite the commitment to the importance of relationships shared by relational theory and communitarianism, all of the authors would differentiate their relational theory and communitarianism insofar as the latter takes relationships of attachment and the communities in which we exist as not only influencing and affecting self identity but also as being determinative of self. This perspective is reflected in the communitarian claim that the self "discovers" its ends.²² The account of the relational self that is found within these pages does not go so far. It affirms the significance and centrality of relationship but is not solely dependent upon existing communities and attachments for identity. It is able to reflect upon the nature of existing communities and exercise agency within these relationships. Where communitarians emphasize unchosen relationships as the focal point for the self, the authors in this volume recognize the significance of both voluntary and involuntary relationships. They are not then committed to preserving or replicating existing relationships as some communitarian theory risks. Instead, they are focused on the recognition of the significance of relationship in the process of making and remaking the self.

Conclusion

Out of this intensely relational process, built upon a relational conception of the self, through the shared commitment to feminist values and objectives and the shared rejection of the traditional liberal and communitarian conceptions of the self, and despite the different positions taken with respect to the dance with liberalism and communitarianism, the chapters in this book offer up the first coordinated reflection on a set of core concepts as seen through a relational lens and as applied to a set of practical areas of concern (specifically in the area of health law and policy). Our selfish desires for such a volume have been met, and we hope that readers with the same

or even different needs and wants will all find something of interest and use between these covers.

Notes

- 1 For example (and it must be emphasized that these are but some examples from among many theorists), Susan Sherwin, Jennifer Nedelsky, Christine Koggel, Lorraine Code, and Diana Tietjens Meyers.
- 2 This is, of course, not to suggest that relational theory was absent in law and policy. See, for example, Jennifer Nedelsky, "Property in Potential Life? A Relational Approach to Choosing Legal Categories" (1993) 6 Can. J.L. & Jur. 343; Jennifer Nedelsky, "Reconceiving Rights as Relationship" (1993) 1 Rev. Const. Stud. 1; Martha Minow and Mary Lyndon Shanley, "Relational Rights and Responsibilities: Revisioning the Family in Liberal Political Theory and Law" (1996) 11:1 *Hypatia* 4; Susan Brison, "Relational Autonomy and Freedom of Expression" in Catriona Mackenzie and Natalie Stoljar, eds., *Relational Autonomy: Feminist Perspectives on Autonomy, Agency and the Social Self* (Oxford: Oxford University Press, 2000) 280; Robert Leckey, *Contextual Subjects: Family, State, and Relational Theory* (Toronto: University of Toronto Press, 2008); Jennifer J. Llewellyn, "Dealing with the Legacy of Native Residential School Abuse: Litigation, ADR, and Restorative Justice" (2002) 52 U.T.L.J. 253; Jennifer J. Llewellyn, "A Healthy Conception of Rights? – Thinking Relationally about Rights in a Health Care Context" in Jocelyn Downie and Elaine Gibson, eds., *Health Law at the Supreme Court of Canada* (Toronto: Irwin Law, 2007) 57; and Jocelyn Downie and Jennifer J. Llewellyn, "Relational Theory and Health Law and Policy" (2008) *Health L.J.* (Special Edition) 193.
- 3 Coming together, for example, at the Conference on Feminist Perspectives on Agency and Autonomy held at the Australian National University in June 1996.
- 4 This is similar to what Catriona MacKenzie and Natalie Stoljar refer to as the claim that selves are "causally relational." This is juxtaposed with constitutively or intrinsically relational conceptions of the self, which reflect the metaphysical claim that we take to underlie relational theory. See Catriona Mackenzie and Natalie Stoljar, "Introduction: Autonomy Revisited" in Mackenzie and Stoljar, *supra* note 2 at 22.
- 5 Caroline Whitbeck, "A Different Reality: Feminist Ontology" in Ann Garry and Marilyn Pearsall, eds., *Women, Knowledge, and Reality: Explorations in Feminist Philosophy* (Boston: Unwin Hyman, 1989) 68; Jennifer Llewellyn, "Justice for South Africa: Restorative Justice and the Truth and Reconciliation Commission" in Christine M. Koggel, ed., *Moral Issues in Global Perspective* (Peterborough, ON: Broadview Press, 1999) 96; Jennifer Llewellyn and Robert Howse, *Restorative Justice: A Conceptual Framework* (Ottawa: Law Commission of Canada, 1998) at 1-107.
- 6 Jennifer Nedelsky, "Reconceiving Autonomy: Sources, Thoughts and Possibilities" (1989) 7 *Yale J.L. & Feminism* 7 at 8.
- 7 *Ibid.* at 8.
- 8 Mackenzie and Stoljar, *supra* note 2 at 4.
- 9 Annette Baier, *Postures of Mind: Essays on Mind and Morals* (Minneapolis: University of Minnesota Press, 1985) at 84-85 [emphasis in original].
- 10 Lorraine Code, *What Can She Know? Feminist Theory and the Construction of Knowledge* (Ithaca, NY: Cornell University Press, 1991) at 82.
- 11 Jennifer Llewellyn and Robert Howse, "Institutions for Restorative Justice: The South African Truth and Reconciliation Commission" (1999) 49 U.T.L.J. 355; Llewellyn and Howse, *supra* note 5; Caroline Whitbeck, "A Different Reality: Feminist Ontology" in Ann Garry and Marilyn Pearsall, eds., *Women, Knowledge, and Reality: Explorations in Feminist Philosophy* (Boston: Unwin Hyman, 1989) 51 at 68.
- 12 Nedelsky, *supra* note 6 at 9.
- 13 Code, *supra* note 10 at 93-94.
- 14 Christine M. Koggel, *Perspectives on Equality: Constructing a Relational Theory* (New York: Rowman and Littlefield, 1998) at 128.

- 15 For example, Carol Gilligan, *In a Different Voice: Psychological Theory and Women's Development* (Cambridge, MA: Harvard University Press, 1982); Virginia Held, *Justice and Care: Essential Readings in Feminist Ethics* (Boulder, CO: Westview Press, 1995).
- 16 Susan Sherwin, "A Relational Approach to Autonomy in Health Care" in Susan Sherwin, ed., *The Politics of Women's Health* (Philadelphia: Temple University Press, 1998) 13 at 19. See also Susan Sherwin, *No Longer Patient: Feminist Ethics and Health Care* (Philadelphia: Temple University Press, 1992).
- 17 Lorraine Code offers this helpful distinction and maintains that it is possible. Code, *supra* note 10 at 82.
- 18 Diana Tietjens Meyers, "Introduction" in Diana Tietjens Meyers, ed., *Feminists Rethink the Self* (Boulder, CO: Westview Press, 1997) 1 at 2.
- 19 Marilyn Friedman, "Feminist and Modern Friendship: Dislocating the Community" in Cass R. Sunstein, ed., *Feminism and Political Theory* (Chicago: University of Chicago Press, 1990) 143 at 143.
- 20 Koggel, *supra* note 14 at 128.
- 21 Linda Barclay, "Autonomy and the Social Self" in Mackenzie and Stoljar, *supra* note 2, 52 at 61.
- 22 See Michael Sandel, *Liberalism and the Limits of Justice* (Cambridge: Cambridge University Press, 1982). For a similar expression of the significance of community to the self, see Alasdair MacIntyre, *After Virtue: A Study of Moral Theory* (Notre Dame, IN: University of Notre Dame Press, 1982).

Part 1

Relational Theory

1

Relational Autonomy and Global Threats

Susan Sherwin

I have been developing and deploying the concept of relational autonomy for a number of years, and I continue to struggle to unpack its multiple dimensions.¹ In using the term “relational autonomy,” I mean to invoke the socially and politically situated positions in which persons live and from which they may exercise (or seek to exercise) control over aspects of their lives that are important to them. I use this concept to make visible the ways in which specific details of agents’ embodied identity, and the social practices that shape their experiences, may affect the degree of autonomy available to them.

In this chapter, I explore a new direction in my understanding of relational autonomy, but in order to do so I find it necessary to first review some key elements of my own earlier and current work. I will begin by summarizing my previous work on relational autonomy, and, then, I shall outline some key elements of my current project in which I am proposing a new approach to ethics writ large that attempts to deal with serious global threats such as climate change and ethnic hatreds. After presenting this brief personal intellectual history, I shall explain how I now see relational autonomy functioning with respect to the types of global moral issues that now occupy me, and I shall sketch out some of the ways that I hope to deploy the concept of relational autonomy in this project.

Where I Have Been: Relational Autonomy

I first started using the term “relational autonomy” in the context of the 1992-98 Social Sciences and Humanities Research Council of Canada (SSHRC) interdisciplinary research project on feminist health care ethics that led to the publication of *The Politics of Women’s Health*.² In the early stages of that project, I toyed with abandoning the concept of autonomy altogether in light of its problematic central role within the masculinist, individualist world view of mainstream philosophy, law, and political theory. I noted that

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the term “autonomy” is often used to invoke an ideal of human independence and self-interested rationality – an ideal that conjures up the metaphor of “rugged individualism.”³

I found myself very sympathetic to feminist critiques of this model of autonomy and the associated ideal of total independence – that is, freedom from dependence on specific others. Clearly, complete independence is impossible and undesirable. As social beings, we are all deeply interdependent. Indeed, I shared Margaret Urban Walker’s view that a principal task of ethics is to sort out responsibilities for addressing the multiple ways in which people are dependent on others.⁴ Equating autonomy with independence tends to obscure the many ways in which all humans depend on one another, and it prevents us from undertaking the important work of determining responsibilities for the complex set of tasks associated with interdependent care. It can also devalue persons with visible sorts of needs for assistance by others, such as needs associated with being very young, very old, or disabled in some way.

In addition, I was disturbed by the ways that the moral ideal of autonomy was used in political debates to generate a tension with feminist ideals of social justice.⁵ Specifically, those on the political right often invoke “autonomy” (or “freedom”) to object to government actions aimed at reducing injustice through social programs by describing the required coercive taxation as improperly intruding on realms that belong within the autonomous control of individuals.⁶ At best, autonomy often appears to be a goal that is primarily of interest to – and accessible by – those with privilege and power; they have far more opportunities than most people to choose among an array of options for many dimensions of their lives. Typically, people who lack social and economic power have a far smaller range of options regarding many aspects of their lives than their more advantaged compatriots. They are more likely to be occupied with meeting material needs and have less chance to engage with abstract ideals.

Indeed, autonomy discussions tend to mask the workings of privilege and power by making invisible the ways in which the efforts of others are generally part of the background conditions that enable “autonomous choices” on the part of the most advantaged, such as by creating and maintaining infrastructure that supports their personal projects. For example, most applicants know the importance of appearing for job interviews clean and well groomed, and they take pride in their exercise of autonomy in presenting a professional appearance. Few give any thought to the difficulties faced by homeless people who must show up wearing the clothes in which they sleep. In such ways, use of the language of “autonomy” encourages the well-off to imagine that their successes are simply a product of their own determination and good sense, while effectively hiding or trivializing many of the barriers to autonomous action that face those who are disadvantaged.

Of particular concern to me were the serious difficulties that arise by virtue of the ways in which the ideal of autonomy functions in the field of bioethics. Within bioethics, autonomy is generally used to set a standard of self-determination through rational deliberation that is thought to be achieved by setting adequate procedures of informed consent. As such, it is typically used in a generic way, as if the basic requirements for informed consent (information, competence, and voluntariness) will guarantee autonomy in similar ways for all patients or research subjects. This usage ignores important differences among patients and subjects and renders invisible dimensions of their lives that limit their degrees of control. All of these features remain troublesome in the various ways in which the concept of autonomy is often deployed in non-feminist discussions.

Although I was tempted to abandon the concept entirely, a transformative trip to Argentina dissuaded me from this step. At the second meeting of the International Association of Bioethics, which was held in Buenos Aires in 1990, I had the good fortune to meet with several South American feminist bioethicists. They told me how valuable they found the ideal of autonomy to be in the context of their own work. In particular, they found it to be a rhetorically powerful tool in their efforts to promote women's rights to control their medical and reproductive care within a system that grants enormous authority to doctors and male partners and generally pays little heed to the needs or desires of women. The Western bioethics literature generally speaks of the contest between autonomy and paternalism, in which decision-making authority belongs either to the patient or to the physician, but both are expected to act in accordance with their own understanding of the best interests of the patient. In a society that is quite blatantly patriarchal, the alternative to patient autonomy is often not paternalism but, rather, some other value such as the interest of a woman's husband, church, or state in her reproductive life.⁷ Under such conditions, appeal to the widely accepted ideal of autonomy provides feminist health activists with an important moral concept that allows them to secure greater power for women to determine the course of their health care and, especially, their reproductive lives. Ironically, it seemed that it was my own privilege and relative social power that was encouraging me to think it desirable to abandon the aspirational and moral clout of appeals to autonomy. I took very seriously the fact that women with far less opportunity to make important decisions in their own lives than me still saw value in the ideal of autonomy.

As a result of this experience, I reoriented my approach to autonomy in the 1990s and sought to develop a relational understanding of the concept, building on work that other feminist theorists were doing in the area of relational theory.⁸ I sought a way to retain the value of appeals to autonomy as a way of reducing oppression without accepting its baggage as a concept that sustains the ideals of individualism. This was the first time that I adopted

the language of relational theory, although I believe that the approach that I had been developing in my earlier writings also represents a relational approach. For example, in my book *No Longer Patient*, I proposed a relational conception of personhood to address the moral debates regarding abortion.⁹ I also challenged the simplistic dyad in which most bioethics discussions positioned paternalism as the only alternative to patient autonomy. I reflected on what people really seek under the label “autonomy” and what might be practically possible in the social, political, and economic world of real life, specifically within medical contexts. I argued that we must be more attentive to the circumstances in which decisions are made. I also challenged the reigning conception of persons as ideally independent of outside influences, emerging into society as already fully formed, and I proposed, instead, a view of persons as essentially social beings, created through intense and continual interactions with others. Their values and deliberations are, by necessity, pursued within a social environment that is always larger than an individual in isolation. Throughout, I stressed the importance of attending to the ways in which socially salient characteristics such as gender, race, and class tend to shape people’s experiences with the health care system.

My own thinking on the concept of relational autonomy in the 1990s and subsequent years was greatly advanced by the work of other feminist theorists working with relational conceptions, especially Jennifer Nedelsky,¹⁰ Christine Koggel,¹¹ and the authors in the collection edited by Catriona Mackenzie and Natalie Stoljar.¹² Unlike other theorists who have focused on the political uses of autonomy, my own interest was in the context of health ethics, which resulted in some differences in emphasis and interpretation. I sought to explore how a concept of relational autonomy might help to make sense of puzzles involving health practices and policies rather than questions of citizenship. I was now more explicit in my rejection of the stripped-down liberal theory conception of persons as abstract, politically interchangeable beings working under a Rawlsian veil of ignorance,¹³ and in favour of a view of them as embodied agents, situated in a particular social, economic, and historical time and place, whose identities are formed through personal and political (impersonal) relationships. I sought to understand autonomy in a way that made sense of how the various socially salient features of persons’ identity such as gender, race, age, disability, sexuality, or class (and various combinations of these categories) are likely to affect their social position and range of opportunities for making choices. Specifically, I sought to make central ways in which systemic patterns of oppression affect people’s experiences with respect to health matters and health care.

In writing the chapter on relational autonomy for *The Politics of Women’s Health*,¹⁴ I drew heavily on Diana Meyers’ work regarding the notion of

autonomy as involving a set of skills that need to be learned and practised.¹⁵ A person cannot simply assert autonomy; she needs to learn how to make important decisions in ways that respect her own values and convictions. Adopting an oppression theory of feminism, I concluded that oppression is a major barrier to developing the skills necessary for exercising autonomy.¹⁶ I argued that those who are socialized to roles associated with oppression (by virtue of gender, race, or other features) are generally disadvantaged in their ability to act autonomously since they often do not have the opportunity to develop the necessary skills. In fact, they are often deliberately thwarted in the development of these important skills.

Finally, I introduced a distinction between the concepts of agency and autonomy in order to make sense of the puzzling fact that people frequently choose options that are, in some sense, contrary to their overall well-being. Specifically, I sought to highlight the fact that it is common for circumstances to be such that members of oppressed groups are better off (at least in the short term) in pursuing options that are, in a deep sense, contrary to their broader interests. I had in mind various options that are frequently chosen even though they are contrary to the interests of an oppressed group to which the agents belong. For example, in a highly homophobic community or workplace, gay people frequently choose to keep their sexuality secret and may even participate in anti-gay conversations and activities. Indeed, oppression, especially gender oppression, is often structured to reward members of oppressed groups who choose options that are part of larger practices that are, overall, supportive of the ongoing oppression of the groups in question. In addition, those who choose options that challenge patterns of oppression are often punished.

Following Marilyn Frye, I noted that this phenomenon of actively supporting activities that reinforce one's own oppression is a hallmark of being oppressed in that it reflects the classic double bind where, no matter which option one chooses, there are negative consequences for the agent.¹⁷ When in a double bind, a person can certainly display agency – she can make an informed and rational *choice* – but it does not seem right to call her choice autonomous when the structure does not offer her any option that fully reflects her deepest values and interests. It is not unusual for oppressed people to have no option that is practically available to them that would not reinforce their oppression in some manner or other. For example, a refugee woman who immigrates on visas assigned to her husband may have no good option if he becomes abusive – she can remain in a violent relationship or leave it and risk deportation.

Throughout the 1990s, I focused on the use of the concept of relational autonomy in the context of health practices and policies, either in therapeutic or research settings. As such, I was heavily influenced by the literature

concerning personal control over decision making that involved interventions in the lives of particular patients or subjects. I engaged with a well-developed bioethics literature in which the most serious threats to autonomy are thought to be a failure on the part of the clinician or researcher to provide adequate information or a lack of competence on the part of the patient or the subject. I sought to make clear that health care providers or researchers may also fail to get adequate autonomous consent when the options available fail to meet important interests of the person making the choice. I was particularly concerned with circumstances in which the reasonable options available to individuals required their active collaboration in practices that support the continuing oppression of members of their social group(s) – and, by extension, themselves. In such cases, autonomy cannot be achieved merely by providing the patient or research subject with better education or more time to deliberate without pressure. To truly support the autonomy of oppressed patients and research subjects, what is often required is serious change in the social circumstances in which the choice is being made.

I cited examples such as the frequent use of cosmetic surgery and reproductive technology by women. When women are primarily valued in terms of physical appearance or reproductive capacity (as they are in most societies), each woman is encouraged to choose these kinds of medical interventions to promote her own security (and that of her dependents) by increasing her personal worth through such practices. In doing so, each woman contributes to the further normalization of the practice in question and thereby puts pressure on other women to participate in these sorts of activities. In such ways, each woman ends up reinforcing the problematic social pattern of improperly judging the worth of women by their instrumental value. Of course, there are many reasons why a woman might choose to engage in such activities other than mere compliance with oppressive norms. Indeed, the many ways in which women find their personal lives enriched by acting in accordance with these sorts of norms (even while actively opposing gender oppression) are constitutive of modern gender oppression. The difficulty is that as long as women are valued instrumentally for their “feminine” attributes, they are not equal members of society. So, while women, as individuals, are likely to find rewards when they choose to act in accordance with these oppressive norms and to risk punishment and personal loss if they choose to resist them, each act of compliance also reinforces the norms and further entrenches women’s oppression. Such is the nature of the double bind.

I used the term “agency” to capture the sort of circumstances where a person reasonably chooses an option that is the most attractive or reasonable for her under the prevailing conditions but is incompatible with the overall interests of the groups to which that person belongs and, hence, is in some sense incompatible with her own interests. Since the background social

conditions make such behaviour reasonable for individuals, even as it makes it disastrous for the groups, we must acknowledge that the choices they make are pragmatically “rational,” and so it is appropriate to describe their behaviour as an expression of agency.

I reserved the term “autonomy” to refer to actions that are consistent with a person’s broader interests, values and commitments, including the well-being of her group (based on gender, race, class, sexual orientation, age, ethnicity, and so on). To be autonomous, an action must not only reflect a reasonable calculation of the benefits and costs at issue given the existing background conditions, but it must also not work against the promotion of projects and values that are important for the agent (including reducing the impact of oppression on one’s group). Often, oppressed people fail to act with full autonomy because the options that are meaningfully available to them do not include a choice that is compatible with their deepest values and needs or because the rewards and punishments for choosing an action that reinforces oppression outweighs the personal benefits of choosing one that would help to undermine oppression. In such cases, increasing autonomy requires making changes to the background conditions, not (only) the agent.

Thus, to promote autonomy in realms such as cosmetic surgery or assisted reproduction, we need to do more than help to educate women or demand that health care providers use more careful procedures for ensuring fully voluntary informed consent. We need to develop and pursue policies and programs that will make available (and attractive) options that will help agents reduce, rather than reinforce, patterns of oppression and enable them to identify options that are compatible with their deepest values and needs. Often, this goal will require actions by agents other than the patient or the health care provider. For instance, it may require legal or political changes as has occurred in many nations with respect to the use of certain types of reproductive technologies. In Canada, after many years of study and political lobbying, the government excluded certain reproductive practices (primarily the commodification of gametes, embryos, and surrogacy) through the *Assisted Human Reproduction Act* in 2004,¹⁸ and thereby removed these options entirely from the array of (legal) choices available to those seeking assistance with infertility.¹⁹

In my early work on relational autonomy, I emphasized the ways in which social and political patterns interfere with the range of meaningful options available to members of oppressed groups and with their ability to take the risks associated with changing well-entrenched practices. I invoked the concept of relational autonomy to shed light on the need to promote empowering background conditions and to support the development of necessary skills in order to enhance the autonomy of members of oppressed groups. In my current research, I find myself looking at ways in which oppression does not constitute the only barrier to the effective deployment of autonomy

in complex social circumstances. I find that I need to better understand how agency often takes the place of autonomy in a wider range of cases. I believe that it is common for agents of all levels of social and political status to be complicit with practices that are, ultimately, contrary to their own deepest values and interests. Moreover, it is not unusual that agents will fail to notice or object to the lack of real autonomy in important circumstances even when oppression is not evident. To explain this search for an extension of the earlier work on relational autonomy, I must now spend some time describing the sorts of problems that now occupy me.

Where I Am Now: Towards a New Ethic for Global Threats

In the last few years, my research has had a wider scope than health ethics. I have not been directly engaged in discussions of relational autonomy but have reoriented my research to the ambitious and immodest project of trying to reinvent ethics to save the world. As I shall explain in the fourth part of this chapter, I think that these two projects ultimately come together and that relational autonomy will play a key role in the new ethics I am developing, but first I shall outline my ideas regarding a new approach to ethics.

The first published version of this project appears in an article entitled "Whither Bioethics? How Feminism Can Help Re-orient Bioethics."²⁰ In this article, I argue that the ethical theories and practices promoted by Western analytical philosophers and bioethicists are not adequate to deal with a wide range of problems that I consider to be major global threats to continued human and other animal life on this planet.²¹ The list of threats is long and diverse, including environmental degradation (climate change, loss of habitat for many species, limited clean water supplies, and the pollution of air, water, and soil); the ongoing build-up and wide dispersion of nuclear, chemical, biological, and conventional weapons; the ever-growing gap between rich and poor; unrelenting (and, in some cases, worsening) ethnic and religious hatreds; and the development of new infectious diseases (HIV, SARS, H1N1) along with the return of old ones in new, more robust forms (tuberculosis).

I claim that the moral theories and systems that we have developed in the West are simply not up to identifying and providing guidance with respect to the complex interconnections of responsibilities that must be assumed if we are to avoid impending catastrophes (or deal appropriately with many already present disasters).²² I have identified some key difficulties. One is that ethics has largely been developed to deal with one layer of moral duty at a time. Most of Western thought has gone into determining the moral obligations of individuals towards other individuals, which generates a variety of rules: tell the truth, avoid cruelty, respect property, keep your promises, be compassionate, and so on. I speculate that this orientation may

be a product of the origin of moral systems in an era in which the principal problems had to do with relations between and among particular humans. Whether we believe that ethics originates in religious law (originally prescribed to tribal cultures), that it is a product of our evolution as a social species that lives in groups, or that it is the outcome of rational deliberation (as Immanuel Kant would have it), the scope of most systems of ethics that developed in earlier eras focuses on behaviour towards other humans who are relatively close and often relatively similar.²³ This is a worthy target, and I believe that traditional ethics still has a role to play for guiding us in such circumstances. (It is the basis of many of the rules that we have codified into law, such as the prohibitions against murder, assault, theft, and so on.) The types of global threats that concern me now, however, involve far more complex problems, and I do not believe that they can be fully addressed by the tools designed for the moral problems of an earlier age. I claim that we need a new approach to ethics that is capable of discussing the interconnections of moral responsibilities for many different types of agents (that is, agents of many levels of human organization).

To clarify, I am not claiming that all ethicists have been occupied with the actions of individual agents in their relationships with other humans. For example, political theorists concern themselves with the duties of nation-states; business ethicists address the moral obligations of corporations; and bioethicists study the moral responsibilities of health care institutions and systems. Yet, most theorists working in these various areas of collective obligations limit their focus to a single level of human organization (government, corporations, or specialized institutions). I believe that the ethics we need now must operate on multiple levels of human organization simultaneously.

There are additional difficulties with the traditional approaches to ethics from the perspective of feminist relational theory. One is that the leading approaches tend to seek universal, abstract rules that are binding through all specific contexts unless there are rule-defined exceptions. Another difficulty is that the focus is primarily on questions of duty, while, as discussed earlier, various feminist theorists (most notably Margaret Urban Walker²⁴ and Joan Tronto²⁵) have argued that what we really need to do is to sort out matters of responsibilities: who is responsible for doing what and for whom? In combining these two worries, I believe that the scope of ethics should not be limited to a set of injunctions and norms that can be identified in the absence of any contextual details. Rather, ethics should be concerned with the process and substance of determining how we will assign and assume the specific responsibilities associated with the various actual needs that arise within particular social units. We need to find fair mechanisms to ensure that the needs of all persons (and, probably, also of other life forms)²⁶ can be met without imposing unjust burdens on those members of society

who have insufficient power to protect their own rights and promote their own needs. Ethics must attend much more explicitly to matters of responsibility and context.²⁷

From this perspective, it is easier to see that there are moral responsibilities to be assigned and assumed by actors at each level of human organization. I mean to capture by the term “level of human organization” any grouping that can demonstrate agency by taking on responsibilities. It includes such categories as individual persons, family groups, governments of all levels, international bodies, corporations, churches, community groups, boards of education, health authorities, and non-governmental organizations (NGOs).

In “Whither Bioethics?” I argue that the tendency of ethicists to focus on a single level of human organization while assuming that other levels remain relatively constant constitutes a structural problem that precludes appropriate ethical analysis and resolution of the large moral issues of our time.²⁸ The problem is that the reasonable options available to agents at each level of human organization are usually limited by the choices made at other levels. For example, an individual’s ability to reduce her use of fossil fuels may depend upon the availability of reliable public transportation and affordable insulation. However, a government’s ability to provide the infrastructure for a good public transit system depends also on the willingness of citizens to use such a system. So, too, the ability of individuals to break the cycle of ethnic violence will depend on their access to honest information from their neighbours, media, and leaders regarding the nature of the “enemy.” By the same token, a government’s ability to engage in peace talks may depend on its ability to maintain credibility and order if it surrenders some “non-negotiable” items as a condition of peace (for example, the border between Israel and Palestine). Moreover, the ability of citizens and governments to institute sustainable practices often depends on the existence of businesses that are willing and able to conform to the terms of environmental responsibility, while the cooperation of the relevant businesses may require that consumers be willing to pay more to purchase environmentally sustainable products.

In multitudes of ways, the actions of individuals and those of the various human organizations in which they participate are framed and constrained by the opportunities that are available within their society, which is a matter determined by other agents of many types. Indeed, even a person’s ability to imagine a course of action may depend upon the range of options available within her frame of reference and that is generally shaped by her society. Conscientious individuals, community groups, corporations, or governments who seek to use a responsibility lens and look beyond an explicit set of moral obligations to consider how they should act to help avert impending catastrophe cannot make these calculations in isolation from the decisions of

other types of actors. Hence, I argue that it is *because* the actions of individuals and those of the organizations they belong to are deeply intertwined that the moral responsibilities of actors at each level must be determined in relation to the opportunities made available at the other levels. We need to look not only at the choices of various agents but also at the background conditions that structure those choices. The situation involves a distressingly complex array of coordination problems. Sorting out the responsibilities that are properly assigned to each agent – that is, to each level of human organization – in relation to the others constitutes a complex, intimidating task, but one that I believe is essential if we hope to avoid catastrophe.

We must be sensitive to these sorts of interconnections and the ways in which the behaviour of some types of agents limits or opens up opportunities for other agents to act responsibly. In discussing duties, Kant famously said that “ought implies can,” meaning that we are only obligated to do what we are able to do.²⁹ The same is true of responsibilities. Agents’ moral responsibilities are limited to actions that are within their power to execute, and they cannot be held responsible to do what is impossible for them to do. They have neither moral obligation nor moral responsibility to do the impossible. Hence, we need an ethics that is sensitive to the complex interactions among these various levels of responsibility and possibility, one that can reflect ways in which responsibilities are dispersed according to the level of human organization that can contribute effectively to a morally informed solution to the large problems facing humanity.

In “Whither Bioethics?” I sketched out some key elements of one version of this sort of new ethics under the working title of “public ethics.”³⁰ I proposed that public ethics be thought of as being analogous to some dimensions of public health – a set of activities that involves responsibilities and cooperation at many levels of human organization. Consider the example of hand washing, an extremely important measure for reducing the spread of infection in hospitals and the community. While the obligation to wash one’s hands rests with individuals, their ability to fulfil this obligation requires the provision of readily accessible soap and clean water. In order for a hospital to be able to fulfil its obligation to provide the necessary water, the municipality must ensure a safe water supply regulated by effective provincial or state laws. In the face of natural or human-caused disasters that contaminate or disrupt the public water source, national or international bodies will have to become involved in delivering clean water. In such ways, public health depends on the appropriate actions of players at many levels. One layer of human actors is able to fulfil its responsibilities with respect to reducing the spread of infection only if actors at other levels of human organization take appropriate steps to fulfil the corresponding responsibilities regarding their actions.³¹ The situation is very similar in public ethics in the many areas of

global threats that concern me. In each type of threat, agents of many sorts must take action, and the options available to each agent are likely to be determined by decisions at other levels of human organization.

There is a further link between public health and public ethics, as it turns out. Although I initially invoked the connection with public health as an analogy for the new type of ethics that I am proposing and have used it as the basis for naming this multi-layered approach “public ethics,” I subsequently learned that Madison Powers and Ruth Faden, in their important book *Social Justice: The Moral Foundations of Public Health and Health Policy*, defend a literal conjunction between public health and a type of public ethics (though they do not use the term “public ethics”). Their argument claims that public health is inseparable from ethics and should be grounded in social justice. Indeed, they say that “social justice is the foundational value for public health.”³² In their discussion of public health as an enactment of social justice, they also speak of multiple layers of responsibility belonging to different types of agents:

Many of the duties entailed by these health rights require positive, collective action and thus fall upon those entities best positioned to achieve collective ends. The most obvious candidates are governments, but social institutions of all sorts, formal and informal, professional and community, can be understood as having collective duties that bear on the right to health.³³

In other words, in public health, there are many levels of responsibility that are interrelated with responsibilities at other levels, including those of individuals. Public health is, then, both an instance of, and a model for, what I have in mind for the complex, multi-layered responsibilities of public ethics. In both arenas, there are moral responsibilities at every level of human organization regarding how we are to behave, individually and collectively. Ethics must help us learn to see these interconnections and provide guidance on the appropriate kinds of responsibility in complex cases.

The new ethics must provide guidance to agents at all levels of organization to help them to recognize and take up the appropriate responsibilities if we are to avoid worsening climate change, environmental degradation, growing poverty, threats of war or terrorism, a serious pandemic flu, and so on. Most of us in the affluent West, at least, seem to be caught in a system whereby we deeply want to avoid these outcomes and yet we participate in actions and organizations that contribute to making many of these problems worse. While we are not all victims of oppression as I have understood the term, we all seem to be caught in a frightening gap between agency and autonomy. In fact, the affluent may experience this gap particularly strongly with respect to consumption and growth. We live at a rate of energy and

resource consumption that is simply not sustainable. Moreover, we cannot justify the massive differences in access to the earth's finite resources that are central to levels of consumption pursued by most members of industrialized countries. Our agency keeps directing us to familiar, problematic practices that are contrary to our deepest interests. We lack the skills and infrastructure options necessary for making choices that give proper weight to the long-term consequences of the practices in which we collectively engage, and we find ourselves continually encouraged to focus on immediate gratification.

"Whither Bioethics?" was written as a kind of call to action, meant to identify a major problem with dominant moral theorizing and to suggest the direction of a solution.³⁴ It did not attempt to spell out a solution since it is my view that the ethics needed will have to be developed through the collaborative efforts of an interdisciplinary, international collection of scholars, activists, practitioners, and communicators. It requires empirical as well as theoretical knowledge, including expertise in human behaviour, politics, economics, national and international law, religion, and the ability to stimulate moral imagination. Like the topics that it takes on, it requires an understanding of the complexities of human organization and human motivation. I have no illusions about being able to present such a theory by myself. Nonetheless, I think there is a piece of the puzzle to which I can contribute, and it involves returning to the idea of relational autonomy and developing this concept more fully and in a different direction than originally conceived. Hence, the long detour through the framing of a new form of ethics project. I shall now revisit the concept of relational autonomy in the context of a new sort of ethic of multi-layered responsibilities to address several urgent global threats.

Where I Am Trying to Go: Relational Autonomy for Public Ethics

I see the project of developing this new sort of ethics that I seek (public ethics) to be centred on feminist work in relational theory, especially relational autonomy, and in this final, forward-looking section of the chapter I shall attempt to show how I expect it to unfold. Public ethics is relational in that it reflects the feminist insights that persons are, inevitably, connected with other persons and with social institutions. Moreover, it requires the feminist understanding that we are each embodied products of distinct historical, social, and cultural processes and interactions. For each of us, our interests and values are relative to, discovered by, and pursued within social environments that help to shape our identities, characters, and opportunities. These environments operate at the level of intimate personal relationships (family, close friends), community (schools, neighbourhoods, churches), ethnic and language groups, civic structures (municipal, national), as well

as professional and amateur interest groups (philosophers, golfers, square dancers, computer hackers), social roles (grandmother, teacher), and purchasers of brand name products (Jeep, Gap, Nike) or non-brand name products (Salvation Army). Even international relations play important roles in structuring our identities as citizens, immigrants, or refugees, as workers and/or consumers, as First World or Third World men or women, as racialized in particular ways, and so forth.

The various groups, or social organizations, that we belong to are also relational in that each is a complex set of relationally constituted persons, formed under specific historical, social, political, and economic circumstances. Each person is, herself, a multi-dimensional organism shaped and determined by a vast array of natural, social, and political forces in addition to personal temperament and choice, and each social group is an even more complex system shaped by a web of social and political structures. Hence, those of us keen to encourage critical reflection and change in problematic behaviours must carefully consider the levels of social organization that we should seek to affect in each case.

To briefly recap, my earlier work on feminist relational autonomy theory stressed that autonomy is not achieved simply by making an informed and uncoerced choice from an existing array of options. An individual cannot always improve her degree of autonomy by improving her understanding of the nature of the decision that she is to make or by reducing internal compulsions and external threats. In most cases, she must also be situated in favourable circumstances. While most autonomy theorists recognize that others have responsibilities to support individuals in their pursuit of autonomy, they tend to focus on the need to remove barriers to free and informed choice that may be confronting particular individuals. Relational autonomy makes all of the familiar demands on others regarding the need to ensure that the agent has an adequate degree of understanding and is free of direct coercion. In addition, it looks critically at the prevailing background conditions and the nature of the available options. It asks that individuals be able to choose from a set of options that includes some that do not undermine their objectives. To make a judgment about the degree of autonomy that may be present in a given context, we must examine the types of options that are on offer and ask questions about how these have arisen and also inquire about potentially constructive options that are not available or accessible. The perspective of relational autonomy requires us to examine the social values and processes that have led to the specific options that seem available and meaningful in choice situations, and it encourages us to seek strategies that will make available alternatives that are more compatible with each agent's ultimate values and needs. This is not to say that adding options can increase autonomy. Additional options can simply add confusion or increase the sense that a particular type of solution is preferable. For example,

increasing the range of cell phone models just reinforces the sense that each modern citizen should possess a cell phone. What is needed is access to particular types of choices – those that are empowering and help to reduce oppression.

Feminist relational theory also directs us to pay particular attention to ways in which power arrangements structure options and opportunities. It makes visible the fact that different social groups are affected differently by various practices, and it encourages us to pay particular attention to the ways in which patterns of privilege and disadvantage can be reinforced by prevailing practices and policies. As I noted earlier, feminist relational theory is particularly valuable for helping to explain how it is that members of groups that are systematically disadvantaged by a given practice – as women are, for example, by the normalization of certain forms of cosmetic surgeries – may nonetheless still choose to comply with the very practices in question. In other words, feminist relational theory helps us to understand how it is that as individuals, and as members of collectives, we continue to participate in practices that serve powerful interests but are, ultimately, contrary to our own deepest interests. It can also help us gain insight into how we can learn to identify and pursue practices of collective resistance and empowerment. It can, I believe, help to identify what is morally problematic about current practices and also point towards ways of making the changes needed to avoid impending disasters.

What is different now from my earlier work in relational autonomy is that I no longer see the problem of skewed background conditions supporting actions that are ultimately harmful to the agent as being characteristic only of oppression. I think that even those individuals with privilege and power are caught up in patterns of behaviour that are contrary to their deeper interests. For example, it feels nearly impossible for individuals accustomed to patterns of consumption and waste to fully reorient our behaviours to consume only our fair share of the earth's resources even if we recognize the moral responsibility to do so. Projecting from my own experience, I believe that most of us will only be able to manage such drastic retraining of our habits and thinking if we have appropriate supports (social "scaffolding") in place to help guide and support our decisions to act responsibly.³⁵

Moreover, it is now clear to me that we must look at barriers to responsible choices that affect other layers of social organization beyond individual agents. Governments, community groups, NGOs, corporations, religious groups, and so on also face serious constraints on the range of meaningful options that they can pursue. In this sense, they, too, face structural limits to their "autonomy" or ability to act in accordance with their long-term interests. There is a sense in which we can apply the distinction between agency and autonomy to organizations as well as to individuals since organizations often find themselves adopting practices and policies that make

sense in light of the existing background conditions (agency) but find themselves unable to act in ways that would make a responsible contribution to the serious moral issues of our time (autonomy). There are a multitude of reasons for this phenomenon, including a competitive environment, bureaucratic regulations that limit initiatives, an uninformed public, and a sense of futility. Whatever the explanation, the phenomenon is quite real.

In other words, if agents of any level of social complexity are to make responsible choices regarding practices that collectively constitute threats to the survival of human and other life forms, they must do so through some sort of collaborative engagement with many sorts of human organizations. Individuals must comply with government policies aimed at sustainable practices and must not punish political leaders for promoting radical changes in individual lifestyles. Corporations must look beyond short-term profit and consider how they can avoid environmental damage and help to restore fragile ecosystems. Community groups must consider ways of educating citizens of all ages about the ways in which the actions of each impact on others. No one level of human organization can be successful in such transformations on its own. Each one's freedom to act in a manner consistent with its responsibilities to avert disaster is deeply intertwined with the choices made by other types of actors. As such, the autonomy of each type of agent is largely shaped in relation to that of others.

The problem of finding ourselves making voluntary, informed choices as agents that are inconsistent with the values that our autonomy would encourage is not limited to those who are oppressed even though in this, as in so many things, the most disadvantaged will be the most seriously and quickly affected by impending disasters. In some ways, power and privilege seem to make things even worse. (Since the largest carbon footprints belong to the wealthy, they are the ones called on to make the most drastic cuts in consumption.) We seek ways of living that will reduce, rather than increase, the global crises that threaten us all, yet, in many cases, the immediate options from which we choose are incompatible with those deeper values. Many of us are accustomed to comfort and convenience and cannot imagine living in accordance with the fraction of our current income that would constitute our personal "fair share" of the planet's resources. Somehow, the choice set must be modified to help us find and pursue practices that will move humanity in more peaceful, sustainable directions, yet it is not clear how such actions will happen and who will take leadership in this endeavour. Most people lack the skills for deliberating about such topics and determining how to modify our lives in effective ways.

My current focus on relational autonomy sees it as a key to understanding what sorts of responsibility attach to each of us who plays a part (actually many parts) in sustaining or challenging the problematic global threats that keep me awake at night. If we understand relational autonomy as applying

to institutions as well as to individuals, it can help reveal ways in which both collectives and individuals can be constrained or empowered by the practices in which others engage. It can also help us to see how our own actions (as collectives and individuals) can constrain or empower other agents. As such, increased relational autonomy is a morally desirable ideal for all types of agents who seek to collaborate and coordinate their actions and responsibilities with respect to the important goal of averting global threats. For this task, I turn to work by Iris Marion Young that provides some valuable guidelines for this phase of my project.³⁶

Young has introduced a version of social connection theory to explain how many types of responsibilities belonging to different types of agents can be seen and taken up. Her focus is on the social injustice associated with the globalization of markets. She uses the example of sweatshop production of clothing to discuss the responsibilities of the many layers of participants that sustain this particular form of injustice. Social structures are complex sets of “institutional rules and interactive routines ... [and] physical structures ... which are relatively stable over time ... [They] serve as background conditions for individual actions by presenting actors with options; they provide “channels” that both enable action and constrain it.”³⁷ People act under conditions that have been largely shaped by previous actions, and the choices they make will strongly determine the choices that they and others will be able to make in the future, whether they intend these outcomes or not.

Young does not use the language of relational autonomy, but I believe her argument is useful to my efforts to expand the scope of relational autonomy beyond concern about the situation of agents who must act under conditions of oppression. I think I can fairly reinterpret her project in terms of relational autonomy by saying that the scope of anyone’s relational autonomy with respect to a global system of injustice (sweatshops) is strongly affected by the actions of others, and their actions will have a significant impact on the relational autonomy of others regarding this system in the future.

In addition, Young provides illumination regarding the ways in which we can think of responsibilities and, ultimately, of autonomy that belongs to collective agents as well as to single individuals. She observes that people participate in social structures as individuals and as members of various kinds of collectives that contribute to the patterns that put “large categories of persons under a systematic threat of domination or deprivation ... at the same time as these processes enable others to dominate or have a wide range of opportunities.”³⁸ She argues that “all the persons who participate by their actions in the ongoing schemes of cooperation that constitute these structures are responsible for them, in the sense that they are part of the process that causes them.”³⁹ All those who are active participants in problematic structures have a role to play in changing the patterns, and this responsibility belongs to them as individual agents and as members of organizations.

It is not only the victims of sweatshop exploitation who are caught up in cycles where the actions that agents choose today structure future choices that may be at odds with the intents and interests of those same actors. For example, most participants in the social structures that sustain sweatshops would prefer not to contribute to the brutal, exploitative conditions that their workers endure. Consumers are looking for affordable garments, and retailers, wholesalers, distributors, managers, and local governments are doing their jobs within a globally competitive environment. Insofar as each actor participates in the practices that maintain this form of production, however, they play a role in sustaining the social structure of sweatshop labour. And this participation means that they (we) have a responsibility to try to eliminate the injustice at the core of the system, but we will only be successful in this endeavour if we are able to work collaboratively at many levels of human agency. Through her extensive discussion of the causes of sweatshop labour and appropriate strategies to eliminate the associated injustice, Young provides an illuminating practical example of how relational autonomy can work in a global context. Thinking through this perspective provides us with positive guidelines for action that can help us discharge our multi-layered responsibilities.

Given the many complex problems before us and the fact that we all participate in most of the social structures that generate or sustain them, we need to determine how an agent (be it a person, business, government, labour union, or other type of agent) is to know where to begin to assume responsibility and seek to change the problematic processes. Young does not offer a definitive solution, but she does briefly sketch a set of four parameters that we can use in thinking about our actions in relation to social injustice.

- 1 Power: Individuals and organizations should focus on those structural injustices “where they have a greater capacity to influence structural processes.”⁴⁰
- 2 Privilege: Structural injustices tend to produce both victims and beneficiaries who acquire relative privilege by virtue of those structures – those with greater privilege have greater responsibility for change. For example, the greater privilege of the middle class relative to those of lower classes means that middle-class consumers would suffer less from resisting participation in this system than poorer people and so they bear a greater responsibility for resisting this form of social injustice.
- 3 Interest: Those who are most harmed by social injustice have the greatest interest in ending it – as participants in the social structures that generate injustice, they have a role to play in ending it. They often have particular knowledge and insight as to the workings of the injustice, and they will

need to act collectively if it is to be ended. Other persons or agencies that seek to end a particular form of injustice should consult with its victims in devising policies to end it.

- 4 Collective ability: It is sometimes the case that “a coincidence of interest, power, and existing organization enables people to act collectively to influence processes more easily regarding one issue of injustice than another.”⁴¹ In such cases, it is desirable that they take advantage of their ability to make change at this time.

The set of parameters that Young provides represents an excellent model of how to make actual the new sort of complex, multi-layered ethics of responsibility I am trying to understand. It illustrates ways in which the actions and choices of different actors and different types of agents influence one another and provides guidance for who can and should take responsibility for seeking to make changes in global problems. Young’s discussion of responsibility for change regarding sweatshop labour also makes very clear that while there is a role for individuals and for governments to play, these are not the only types of agents with responsibilities for change. There is a limit to what individuals can achieve qua individuals when dealing with well-entrenched social practices. Similarly, there is a limit to what governments can accomplish. Not every social problem can be resolved by appropriate legislation and enforcement. Some types of problems require action by other types of human actors, including community groups, religious organizations, educational bodies, media, and even corporations. The difficulty is that each type of actor must work collaboratively with others at the same and different levels of human organization if it is to develop sufficient scope to act effectively for positive change. An understanding of relational autonomy can help to inform our understanding of the ways in which social, economic, and political patterns enable and constrain the taking up of responsibilities with respect to climate change, violence, extreme poverty, and other major problems by different types of human agents. It helps us to understand what sorts of training can support the development of skills required by each type of organization so that it can determine where its deepest interest lies and to find strategies for working effectively with others to support a morally responsible change in direction.

I see my task now as rethinking my understanding of relational autonomy to make sense of the ways in which social structures constrain some choices and enable others for all individuals (and not just those who are oppressed) as well as for institutions with respect to the global threats before us. While my thoughts to date are largely programmatic, I deeply hope that this way of thinking about ethics and responsibilities will have something quite substantial to say to people regarding their responsibilities to change globally

dangerous patterns of behaviour. My more personal hope is that thinking more widely about relational autonomy will allow me to make a modest contribution to this goal.

Notes

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- 1 Susan Sherwin, *No Longer Patient* (Philadelphia: Temple University Press, 1992); Feminist Health Care Ethics Research Network, Susan Sherwin, coordinator, *The Politics of Women's Health: Exploring Agency and Autonomy* (Philadelphia: Temple University Press, 1998); Susan Sherwin, "A Relational Approach to Autonomy" in Feminist Health Care Ethics Research Network, *ibid.*, 19; Susan Sherwin, "Feminist Reflections on the Role of Theories in a Global Bioethics" in Rosemarie Tong, Gwen Anderson, and Aida Santos, eds., *Globalizing Feminist Bioethics* (Boulder, CO: Westview Press, 2001) 12; Susan Sherwin, "Normalizing Reproductive Technologies and the Implications for Autonomy" in Tong, Anderson, and Santos, *ibid.*, 96; Susan Sherwin, "The Importance of Ontology for Feminist Policy-Making in the Realm of Reproductive Technology" (2003) 26 *Can. J. Phil.* 273; Susan Sherwin "Genetic Enhancement, Sports, and Relational Autonomy" (August 2007) 1:2 *Sport Ethics & Phil.* 171; Susan Sherwin, "Whither Bioethics? How Feminism Can Help Re-orient Bioethics" (2008) 1:1 *Int'l J. Feminist Approaches to Bioethics* 7; Susan Sherwin, "Relational Existence and Termination: When Embodiment Precludes Agency" in Sue Campbell, Letitia Meynell, and Susan Sherwin, eds., *Agency and Embodiment* (University Park, PA: Penn State Press, 2009) 145; Carolyn McLeod and Susan Sherwin, "Relational Autonomy, Self-Trust, and Health Care for Patients Who Are Oppressed" in Catriona MacKenzie and Natalie Stoljar, eds., *Relational Autonomy: Feminist Perspectives on Autonomy, Agency and the Social Self* (Oxford: Oxford University Press, 2000) 259; Françoise Baylis, Nuala Kenny, and Susan Sherwin, "A Relational Account of Public Health Ethics" (2008) 1:3 *Public Health Ethics* 196.
- 2 Feminist Health Care Ethics Research Network, *supra* note 1.
- 3 These arguments are spelled out in various places, including Sherwin, "Relational Approach," *supra* note 1; McLeod and Sherwin, *supra* note 1; Sherwin, "Feminist Reflections," *supra* note 1; Sherwin, "Normalizing Reproductive Technologies," *supra* note 1; Sherwin, "Importance of Ontology," *supra* note 1; Sherwin, "Genetic Enhancement," *supra* note 1.
- 4 Margaret Urban Walker, *Moral Understandings: A Feminist Study in Ethics* (New York: Routledge, 1998).
- 5 Sherwin, "Relational Approach," *supra* note 1.
- 6 Such commentators tend to equate autonomy with liberty and rather simplistically interpret both terms to mean "doing what one chooses."
- 7 Of course, in many circumstances the alternative to autonomy is not paternalism but, rather, concern for someone else's interests. Nonetheless, the debate within the bioethics literature has largely presumed that doctors always seek to promote their patients' interests and so they only ignore autonomy when they believe they have a superior understanding of what is best for a patient. Recognition that other people's interests often take precedence over those of a patient's tends to make the case for autonomy even stronger than when it is contrasted with paternalism. In addition, I do not mean to suggest that Western medicine is free of patriarchy – only that it is less blatant than my South American colleagues describe the situation in their countries.
- 8 Diana Tietjens Meyers, *Self, Society, and Personal Choice* (New York: Columbia University Press, 1989); Jennifer Nedelsky, "Reconceiving Autonomy" (1989) 1:1 *Yale J.L. & Feminism* 7; Lorraine Code, *What Can She Know? Feminist Theory and the Construction of Knowledge* (Ithaca, NY: Cornell University Press, 1991); Christine Koggel, *Perspectives on Equality: Constructing a Relational Theory* (Lanham, MD: Rowman and Littlefield, 1998).

- 9 Sherwin, "Relational Approach," *supra* note 1.
- 10 Nedelsky, *supra* note 8.
- 11 Koggel, *supra* note 8.
- 12 Catriona Mackenzie and Natalie Stoljar, eds., *Relational Autonomy: Feminist Perspectives on Autonomy, Agency and the Social Self* (Oxford: Oxford University Press, 2000).
- 13 As spelled out in John Rawls, *A Theory of Justice* (Cambridge, MA: Harvard University Press, 1971).
- 14 Sherwin, "Relational Approach," *supra* note 1.
- 15 Meyers, *supra* note 8.
- 16 I follow Iris Marion Young in understanding oppression as group-based and identifiable by one or more of its distinctive five "faces": exploitation, powerlessness, marginalization, cultural domination, and violence. Iris Marion Young, *Justice and the Politics of Difference* (Princeton, NJ: Princeton University Press, 1990) at 39-65.
- 17 Marilyn Frye, *The Politics of Reality: Essays in Feminist Theory* (Freedom, CA: Crossing Press, 1983).
- 18 *Assisted Human Reproduction Act*, S.C. 2004, c. 2.
- 19 For example, the legislation prohibits the use of financial incentives for the provision of human gametes or surrogacy services and establishes penalties for professionals who help to facilitate commercial trafficking in these areas.
- 20 Sherwin, "Whither Bioethics?" *supra* note 1.
- 21 I believe the same is true of many other systems of ethics, but I am too ignorant to speak authoritatively on other approaches.
- 22 In stating that Western theories are not up to this task, I do not mean to claim that non-Western approaches fare any better. I am simply expressing the limits of my own expertise regarding the ethics traditions prominent in Western thought.
- 23 Immanuel Kant, *Groundwork of the Metaphysics of Morals*, translated by Mary J. Gregor, in Mary J. Gregor, ed., *Practical Philosophy* (Cambridge: Cambridge University Press, 1996; originally published 1785) 43.
- 24 Walker, *supra* note 4.
- 25 Joan Tronto, *Moral Boundaries: A Political Argument for an Ethics of Care* (New York: Routledge, 1993).
- 26 See Maneesha Deckha, "Non-human Animals and Human Health: A Relational Approach to the Use of Animals in Medical Research" in this volume.
- 27 Walker, *supra* note 4.
- 28 Sherwin, "Whither Bioethics?" *supra* note 1. I do not mean to suggest that the structural problem I am describing belongs only to large moral issues. It is often relevant in more limited domains (as, for example, I discussed with respect to specific health policies in my earlier work). Rather, I focus on large global issues since I believe there is a real urgency to finding new ways to address them.
- 29 Immanuel Kant, "Religion within the Boundaries of Mere Reason," translated by George di Giovanni, in Immanuel Kant, *Religion and Rational Theology*, translated and edited by Allen W. Wood and George di Giovanni (Cambridge: Cambridge University Press, 1996) 57 at 92, 94, and 105. Compare with Immanuel Kant, "Toward Perpetual Peace," translated by Mary J. Gregor, in Immanuel Kant, *Practical Philosophy*, translated and edited by Mary J. Gregor (Cambridge: Cambridge University Press, 1996) 317 at 338.
- 30 Sherwin, "Whither Bioethics?" *supra* note 1.
- 31 A sad and shameful example of this problem occurred in the early summer of 2009 when the spread of the H1N1 virus seemed to hit remote First Nations communities in Canada with particular intensity. The communities were hampered in their efforts to slow the spread of the virus by an absence of clean running water despite years of promises by the federal government to supply this basic necessity. See Aboriginal Nurses Association of Canada, "Aboriginal Nurses Concerned about Impact of H1N1 on First Nations, Métis and Inuit People at High Health Risk" (16 July 2009), <http://www.anac.on.ca/Documents/H1N1/PRpercent20H1N1percent20Eng.pdf>.
- 32 Madison Powers and Ruth Faden, *Social Justice: The Moral Foundations of Public Health and Health Policy* (Oxford: Oxford University Press, 2006) at 81.

33 *Ibid.* at 85.

34 Sherwin, "Whither Bioethics?" *supra* note 1.

35 I am grateful to an anonymous reviewer for suggesting this metaphor.

36 Iris Marion Young, "Responsibility and Global Justice: A Social Connection Model" (2006) 23:1 Soc. Philosophy & Pol'y 102.

37 *Ibid.* at 100-11.

38 *Ibid.* at 114.

39 *Ibid.*

40 *Ibid.* at 127.

41 *Ibid.* at 129.



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