What should recognition entail? Responding to the reification of autonomy and vulnerability in medical research

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Smajdor claims that 'recognition' is the solution to the 'reifying attitude' that results from 'the urge to protect "vulnerable" people through exclusion from research'.[1] Specifically, for Smajdor, an assent-based framework—as a means of recognising and respecting the autonomy of vulnerable individuals who would otherwise be excluded from biomedical research—provides such recognition.

If the sole reason for the reification of vulnerable individuals in research contexts is a need to protect them due to their inability to fulfil standards for informed consent, then recognition in the form of assent would, in principle, provide a solution to the reification issue. The central claim of this commentary, however, is that what has been reified are the concepts of *autonomy* and *vulnerability* themselves. On that basis, overcoming such reification demands a deeper consideration of the forms that recognition should take if we are to enable vulnerable individuals to make autonomy claims concerning research participation.

Smajdor appeals to Honneth's account of reification, for which one of starting points is Adorno's characterisation of reification as 'identity-thinking'. For Adorno, what identity thinking entails is that concepts 'are no longer measured against what they contain, and what they contain is no longer measured against concepts; instead, concepts are taken in isolation' (pp 41–42).[2] In short, individuals are reduced to concepts such that their 'particularity', 'heterogeneity' and 'individuality' are ignored (p 94).[2]

Thus, what we mean when we claim that the concepts of *autonomy* and *vulnerability* are reified is that, in practice, certain conceptions of autonomy and vulnerability are held by those who influence how these concepts should be applied, and those conceptions end up governing how the classes 'autonomous persons' and 'vulnerable persons' are perceived both respectively and relative to one another.

For our purposes, it does not matter what the precise content of those conceptions are. What matters is the way in which autonomy and vulnerability are conceived as a specific conceptual relation. For instance, according to Anderson and Honneth, liberalism is committed to safeguarding individuals' autonomy and liberal social justice is committed to protecting the vulnerable.[3] These commitments suggest that 'liberal societies should be especially concerned to address vulnerabilities of individuals regarding the development and maintenance of their autonomy' (p 127).[3] The basis for this claim is that autonomy and vulnerability are *not* oppositional concepts, that is, 'non-autonomous' is not a necessary condition of 'vulnerability', or vice versa.

By contrast, legal frameworks governing the involvement of vulnerable individuals in legally valid decision-making indicate that the concepts of autonomy and vulnerability have been reified such that they are treated as conceptually incompatible.[4] For instance, in the UK—the focus of Smajdor's argument—vulnerable persons, on the grounds of incapacity, are excluded from the only legal mechanism (ie, consent) that allows individuals to make independent claims to autonomy concerning participation in biomedical research. More importantly, even when vulnerable individuals *have* mental capacity, healthcare professionals have deferred to the High Court in matters concerning medical decision-making, and the High Court has, in turn, exercised its inherent jurisdiction to deny or limit capacitous vulnerable individuals from making claims to autonomy in matters concerning medical treatment, contact, residence and sexual consent.[4] In practice, such interventions by the courts, healthcare practitioners, local authorities and family members are predicated on a perceived opposition between 'the liberal (autonomous) subject' and 'the vulnerable subject'.[4] The result being that although a vulnerable individual may have mental capacity and thereby the necessary cognitive capacities for autonomy, their attempts at exercising autonomy will fail unless their *social status* as an autonomous agent is recognised.[4]

According to Honneth's scheme, the core types of recognition are respect, esteem and love/friendship.[5] These manifest in interpersonal relationships and in relations to self (self-respect, self-esteem, self-trust), which, in turn, are dependent on the sustaining attitudes of others.[i]

Smajdor appeals to 'respect recognition', which takes the concept of autonomy as its object (ie, 'an agent's authority to raise and defend claims as a person with equal standing') (p 132).[3] Smajdor argues that providing vulnerable individuals with the opportunity to assent ensures appropriate recognition of their autonomy.[1] Such an approach accords with Anderson and Honneth's claims that: (1) self-respect is diminished through social practices of subordination and exclusion; and (2) self-respect is promoted through 'legally institutionalised relations of universal respect for the autonomy and dignity of [vulnerable] persons' (p 132).[3]

If the sole reason for the perception of vulnerability and autonomy as incompatible concepts was that vulnerable individuals lack capacity, then replacing a legally institutionalised, capacity-based relation of respect for autonomy (ie, consent) with one that is not based on capacity (ie, assent) would, in principle, overcome the reification of vulnerability and autonomy. It would, however, create a new legal question concerning the level of agency required for valid assent or dissent. Moreover, although an assent framework would be an 'in principle' legal solution, it would not overcome the reification issue in practice. The problem is that a lack of capacity is not the only factor in the treatment of vulnerability and autonomy as oppositional concepts. As already mentioned, even when an individual is judged to have mental capacity in accordance with section 3(1) of the Mental Capacity Act 2005, their vulnerability is often regarded as debunking their status as an autonomous individual.[4] Thus,

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[i]For Honneth, recognition that manifests in love/friendship, and the self-trust it supports, is predominantly an object of intimate relationships. Thus, it is not considered here.

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when it comes to vulnerable persons' participation in biomedical research, a lack of a legally institutionalised relation of respect for autonomy is only part of the problem.

Although 'respect recognition' is needed to provide a legal mechanism for vulnerable individuals to make claims to autonomy, the necessary shift in the way that vulnerability and autonomy are conceptually viewed in practice is dependent on a second kind of recognition—esteem.

According to Anderson and Honneth, a social justice that seeks to protect the autonomy of vulnerable individuals must include protection against denials of the importance or validity of their activities.[3] They argue that such threats to self-esteem are fundamentally framed by the semantic and symbolic resources that govern how vulnerable agency is conceived. For example, if vulnerability and autonomy are reified such that 'vulnerable' is taken to imply 'non-autonomous', then it becomes difficult to take seriously the fact that vulnerable individuals can make meaningful claims to autonomy. It is a consequence of a lack of 'esteem recognition' that, for Anderson and Honneth, the commitments, decisions and practices of vulnerable individuals are prevented from 'getting a certain confirming "uptake" within the social world' (p 136).[3]

For Adorno, reification as identity thinking ignores the *particularity* of individuals. By contrast, 'esteem recognition' functions to acknowledge the '*particular* worth of members of a community' through 'networks of solidarity and shared values' (p 132), and the enrichment of the semantic field in which those members are conceived (p 136).[3] Thus, based on responses to the autonomy of capacitous vulnerable individuals at law and in clinical practice, it is 'esteem recognition' that would need to do the heavy lifting in order to overcome the governing conception of autonomy and vulnerability as oppositional concepts, and thereby drive the process for the full and proper inclusion of vulnerable individuals in biomedical research.

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