

Ethics in Crisis

Balancing Patient Autonomy and Compassion through Care Ethics

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This paper explores the ethical tension between patient autonomy and the need for involuntary psychiatric commitments through the lens of care ethics, a relational and context sensitive moral framework. The analysis highlights the complexities of balancing compassion and respect for individual rights in psychiatric care. While autonomy is foundational to civil liberties, prioritizing it unconditionally can lead to tragic outcomes. Care ethics challenges traditional theories like Kantian ethics, emphasizing the interdependence of human relationships and contextualizing moral decisions within social dynamics. This framework provides a compassionate approach to psychiatric commitment, where insights from loved ones play a pivotal role in decision-making. The practical application of care ethics is exemplified in Laura's Law, a California statute enabling court-ordered treatment for individuals with severe mental illness. By recontextualizing psychiatric interventions through care ethics this paper advocates for a more nuanced approach that balances patient rights with moral responsibility, offering a pathway to ethical and effective mental health treatment.

Keywords: care ethics, patient autonomy, psychology, mental health

Introduction

Laura Wilcox was the valedictorian of her high school, a bright young woman who would be in her 40s today had she survived the tragic shooting that took her life in 2001. The gunman, Scott Thorpe, opened fire on the mental health clinic where 19-year-old Laura worked. Thorpe, too, might be leading a normal life today had he been compelled to receive treatment for his mental health. His family recognized the urgent need for intervention as Thorpe, 41, was becoming increasingly paranoid, believing the FBI was poisoning his food and forcing him to see an incompetent psychiatrist. Despite their efforts to get him help, they were unable to force him to receive treatment because of his right to refuse treatment, which culminated in the shooting that took Laura's life (Raskin and Sipchen). In the wake of her death, Laura's parents, Nick and Amanda Wilcox, fought for both gun

control and mental health reform, spearheading the passing of Laura's Law: a California statute authorizing court-ordered treatment for people with severe mental health disorders and a documented history of crises (The Union).

Since the implementation of the law, Assisted Outpatient Treatment (AOT) programs in 11 California counties have seen remarkable results with homelessness down 26%, hospitalizations down 51%, and law enforcement contact down 70% (California Department of Health Care Services 5). These numbers represent safer communities made possible by a paradigm shift in how strictly we uphold a patient's right to refuse treatment. Patient autonomy and informed consent are concepts that are tied to an individual's legal right to accept or decline medical treatment. These concepts are meant to preserve the rights and dignities of the patient, but can lead to tragedy when they are placed above the safety and wellbeing



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of the patient and their community. A critical question physicians and psychiatrists must ask themselves is when should patient rights be upheld, and when should they be overridden? On one hand, stripping patients of their right to make decisions about their own health is unethical; on the other, enforcing treatment on individuals who pose a danger to themselves or others can save lives.

To navigate this tension, a moral framework that moves beyond rigid rule-following and acknowledges the realities of human care is needed. Care ethics offers that lens, reframing involuntary psychiatric commitments through compassion, relational responsibility, and the lived context of each patient. Kantian ethics, by contrast, prioritizes individual autonomy and universal ethical principles even in crisis. This research explores the clash between these two frameworks, examining the tension between autonomy and paternalism, considering the role of context in ethical decision-making, and showing how these ideas can inform compassionate policy. This will help physicians formulate a practical approach to psychiatric intervention that balances patient autonomy with truly compassionate care for the patient and their community.

The Compassionate Lens of Care Ethics

The ethical tensions around autonomy and care are best understood through the lens of care ethics. Care ethics is a modern moral theory based on interconnectedness and human relationships. Virginia Held, a philosopher recognized for advancing care ethics as an alternative to traditional moral theories, explains that a care ethics framework centers on the interdependence of human beings and the relational context of moral decisions. She challenges traditional Kantian ethics, which prioritize universal rules and individualism, and argues instead that responsibilities are shaped by familial and social contexts. Held emphasizes that “every person starts out as a child dependent on those providing us care, and we remain interdependent with others in thoroughly fundamental ways throughout our lives” (Held 13–14). This relational perspective is especially relevant in evaluating psychiatric commitments, where the decision to limit individual autonomy must be weighed against the ethical responsibility to provide adequate care as well as keep a patient and their community safe.

Autonomy v. Paternalism

Care ethics addresses the conflict between respecting autonomy and exercising paternalism. Gregory Pence defines paternalism as treating adults like “incompetent children” who are incapable of making decisions about their own health and explains that paternalism is most justifiable when a lapse in rational decision-making is temporary and the patient later agrees the intervention was warranted. For example, someone who attempts to take their own life and is stopped from doing so by a physician and later regrets the attempt may,

in hindsight, see the intervention as warranted even if it was against the patient’s immediate wishes.

Ethical issues arise due to the difficulty of reliably identifying and diagnosing temporary incompetence. Psychiatrist Virginia Abernethy observes that “competence is presumed and does not have to be proved [while] incompetence has to be proven” (Pence 358). Here, the relational dynamics central to care ethics offers a way forward. Friends and family members who ostensibly know the patient’s values and history can provide essential context about their mental state and wishes. These relational insights enable medical professionals to make decisions aligned with what the patient would want if they were able to decide rationally, as well as ensuring care for the patient and the community. In this way, care ethics frames paternalistic interventions not as a violation of autonomy, but as an act of compassion grounded in the patient’s unique circumstances.

The Role of Context in Care Ethics and Psychiatric Commitments

Building on its relational foundation, care ethics emphasizes that context is crucial in the evaluation of psychiatric commitments. The framework offers a flexibility that more rigid moral theories often lack: it recognizes that ethical decisions cannot be divorced from the circumstances in which they arise, making it particularly valuable for navigating the complexities of paternalism in psychiatric care. Its context-sensitivity allows for situations where a patient’s inability to make rational decisions justifies prioritizing care over autonomy.

Philosopher Eugenie Gatens-Robinson illustrates the value of context using Judith Jarvis Thomson’s well-known “violinist” thought experiment, originally developed to explore bodily autonomy in abortion debates. In this scenario, you awaken to find yourself involuntarily attached to an unconscious violinist whose survival depends entirely on your body. The key ethical question in the thought experiment is whether it is right to keep the violinist alive or choose to sever the connection. A short-term, painless attachment (one hour) might justify moral obligation, while a long-term commitment (nine months) with significant personal cost would justify refusal (Gatens-Robinson 41–42). Aimed at questioning the principle of bodily autonomy, the analogy highlights how context and situational factors shape moral decisions. Psychiatrists consider a similar question when determining whether it is favorable to override patient autonomy in favor of their and other’s well-being. As Gatens-Robinson writes, “within the ethics of care, the emphasis is upon responsibility rather than rights; the thinking is contextual or situated rather than universalizing” (Gatens-Robinson 39–40). In times of crisis, care ethics directs us to examine the full circumstance to make the best-informed decision on behalf of the patient, prioritizing compassionate care while still seeking to preserve autonomy wherever possible.

Temporary Incompetence and Ethical Implications

To see how these theoretical commitments play out in real world decision-making, we must move beyond whether such overrides are ever appropriate to determine the specific circumstances under which each might be. While care ethics does prioritize patient well-being, critics argue that paternalism violates a person's rights and individual autonomy, making it impossible to ethically justify. Gerald Dworkin is one strong opponent of paternalism and writes in *The Theory and Practice of Autonomy* that autonomy is "a second-order capacity to reflect critically upon one's first-order preferences and desires, and the ability either to identify with these or to change them in light of higher-order preferences" (108). He contends that this capacity for self-reflection and choice is imperative to defining our identity, giving coherence to our lives and being responsible for the kind of person we become. From his perspective, any obstruction to this capacity constitutes an infringement on personal identity. Heavily influenced by Kantian ethics, Dworkin's work advocates for respecting an individual's autonomy to define their own life as the highest moral priority.

Virginia Held offers a relational counterpoint critiquing the individualism of Kantian ethics, writing that "[care ethics]...often calls on us to take responsibility, while liberal individualistic morality focuses on how we should leave each other alone" (14). Moral responsibilities are not always freely chosen but are shaped by the social and historical contexts into which we are born, and thus are not universal. Because of this interconnectedness, families are justified in making decisions on their loved ones' behalf when they do not have the capacity to do so. Held proposes care ethics as "an alternative conception of autonomy in place of the liberal individualistic one" (14). Through a care ethics lens, involuntary psychiatric therapy is still attendant to patient rights but temporarily prioritizes community and individual well-being, acting as an interim measure until the patient recovers and regains their capacity for informed consent.

Psychiatric cases are seldom black and white: competence exists on a spectrum, making it difficult to diagnose temporary incompetence and justify paternalism (Pence 358). Nevertheless, medical emergencies can come with moral urgencies that shift the priority to patient care. As Held defends, "universal human rights... should certainly be respected but promoting care across continents may be a more promising way to achieve this than mere rational recognition" (17). Her defense of care ethics emphasizes that while justice and rights remain essential, prioritizing patient care over autonomy provides the most immediate and effective response to urgent situations. In psychiatric commitments this means that care can exist in the absence of justice, but justice cannot be achieved in the absence of care. Consider a patient with bipolar disorder experiencing acute

mania, exhibiting risky behavior but refusing medication. A thinker such as Dworkin would argue that intervening against their will infringes on their right to self-determination. Care ethics, however, would posit that the immediate responsibility to prevent harm outweighs this temporary loss of autonomy. Hospitalization or medication in such moments is a step toward recovery and a way to ultimately restore patient autonomy and ensure community care.

Conclusion

While Laura's Law is a legal framework for involuntary commitments, its outcomes demonstrate how policies informed by relational responsibility (a central tenet of care ethics) can lead to transformative change. Under this law, California's Assisted Outpatient Treatment (AOT) programs have shown measurable results, but their reach remains confined to the state's participating counties. Meanwhile the national unhoused population, a demographic that struggles with adequate access to adequate care, hit a record 274,224 in 2024, signaling the urgent need for more effective pathways to mental health and other services. In July 2025, when President Donald Trump signed an executive order to "end crime and disorder on American streets" he reversed federal and state policies that limit involuntary interventions to encourage court-ordered psychiatric treatment for those with serious mental illness who pose a danger to themselves or others (United States). However, the language of "crime" and "disorder" strips the humanity from those in crisis, neglecting the relational nature of human existence and our moral responsibility to those in need. While the executive order mirrors the structure of Laura's Law and expands funding for local programs, care ethics reminds us that the true measure of success is not how quickly those deemed problematic vanish from public view, but how fully they are restored to safety and dignity after intervention.

Policy makers must evaluate any new programs not only by how many people are removed from the streets, but by whether those individuals are set on a path toward recovery and have access to lasting mental health support. People are not problems to be institutionalized; they are human beings to be cared for, as we would our own family. Our moral responsibility is relational, not punitive. Contextual and relational care offers a morally effective framework for psychiatric policy, one that honors both autonomy and responsibility. True compassion lies in this balance: more than a moral ideal, it is a lifeline for physicians and patients.

Works Cited

- California Department of Health Care Services. *Laura's Law: Assisted Outpatient Treatment Demonstration Project Act of 2002. Reporting Period: July 1, 2020 – June 30, 2021*. Community Services Division, Feb. 2022, dhcs.ca.gov/Documents/2022-Lauras-Law-Assisted-Outpatient-Treatment-Demonstration-Project-Act-of-2002.pdf. Accessed 12 Dec. 2024.

- Dworkin, Gerald. *The Theory and Practice of Autonomy*. Cambridge University Press, 1988.
- Gatens-Robinson, Eugenie. "A Defense of Women's Choice: Abortion and the Ethics of Care." *Southern Journal of Philosophy*, vol. 30, no. 3, 1992, pp. 39–66.
- Held, Virginia. *The Ethics of Care: Personal, Political, and Global*. Oxford University Press, 2006.
- "Nevada County Marks 20-Year Anniversary of Scott Thorpe Shooting Rampage." *The Union*, 8 Jan. 2021, theunion.com/local/nevada-county-marks-20-year-anniversary-of-scott-thorpe-shooting-rampage/article_40981b8f-acc6-58f6-b609-6ca298f305ce.html. Accessed 12 Dec. 2024.
- Pence, Gregory E. "Chapter 14: Involuntary Psychiatric Commitment & Research on Schizophrenia." *Medical Ethics*, 2024 ed., McGraw Hill, 2024, pp. 347–72.
- Raskin, Alex, and Bob Sipchen. "It's Time to Stop Averting Our Eyes." *Pulitzer Prizes*, pulitzer.org/article/its-time-stop-averting-our-eyes. Accessed 12 Dec. 2024.
- United States, Executive Office of the President. *Ending Crime and Disorder on America's Streets*. Executive order by Donald J. Trump, 24 July 2025, The White House, whitehouse.gov/presidential-actions/2025/07/ending-crime-and-disorder-on-americas-streets/. Accessed 24 July 2025.