

My thesis is: if a patient is likely to die without treatment, and their doctor does not know that the patient does or would refuse treatment, then the doctor is morally obligated to treat the patient. My thesis has some initial plausibility. Professional ethical codes, and the law, require doctors to save lives when they can [cite]. These are only laws, but people seem comfortable with these laws, suggesting that they reflect common-sense morality. Further, most people think it would be wrong for an ordinary person to just let someone die right in front of them when they could help, and the moral requirements on doctors to save lives seem to be even higher than those on ordinary people. However, while my thesis does reflect common sense, there are a number of objections to it. If none of these are strong objections, then we should conclude that my thesis is correct.

First objection: imagine that a doctor is faced with two patients who are in life or death situations, neither of which refuses treatment, but the doctor only has time to treat one. In such a situation, the doctor is obligated to treat the patient they are most able to save. The doctor has to make a choice, and either choice will cost at least one person their life. It does not make sense for the doctor to treat the patient who they are least able to help, since this has the highest risk of costing both patients their life. This is true whether we think doctors should do the most good, or the least harm, or respect rights the most; on any of these views, the doctor is obligated to treat the most save-able patient, since this does the most good (it is most likely to save a life), the least harm (it is least likely to cause two deaths) and respects the right to life the most. This seems to contradict my thesis. My thesis says that the doctor is obligated to save both patients, since both patients fit the antecedent of my thesis.

I agree that the doctor is obligated to treat the patient they are most able to save, and that this is morally more important than treating the other patient. But this is actually consistent with my thesis. My thesis agrees that the doctor is obligated to treat the most save-able patient; it just says that the doctor is obligated to treat the other patient as well. And this is true. If the doctor lets one of the patients die, the doctor should feel guilty about this, and should apologize to the family of the patient who died. A doctor who could make this choice and feel nothing would not properly respect life. A doctor who could make this choice and not apologize to those who loved the un-treated patient would be heartless. We only owe people apologies, and only deserve to feel guilty, when we have done something wrong. This shows that the doctor would have done something wrong by not treating the less save-able patient, although it would be *more* wrong to not treat the more save-able patient. So we should think that the doctor is obligated to save both, just as my thesis says.

[other objections discussed and responded to]

*Argument form (roughly):*

Claim  $x$  seems initially plausible (so is only briefly argued for).

Here are the serious objections to  $x$ .

None of them are good objections.

So,  $x$  is true.

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My thesis is that, if any patient refuses treatment, no matter how uninformed or incompetent the patient is, then it is morally wrong for a doctor to treat that patient. That's a surprising view. Most people think it is permissible to treat some people who refuse treatment, such as young children who do not understand the consequences of their refusal. However, it turns out that the other possible views on this topic are false, so my thesis must be true.

It seems that people sometimes have a right to make choices for themselves. Why do we have this right? The right might have to do with the importance of autonomy, the importance of freedom, or the importance of our interests. [explain more] I will show that the right cannot be properly explained by the importance of autonomy or of our interests. If the right were explained by the importance of our interests, then it would always be permissible to violate this right in order to do what is best for a patient. But this is not true; it is wrong to keep people alive against their will even if their life was worth living. [more discussion here]

If the right to make choices were explained by the importance of autonomy, then only those with autonomy would have this right. If so, it would always be permissible to act against the wishes of children or cognitively disabled adults. But this is not true [argue for this].

This means that the right to make a choice for oneself must be explained by the importance of freedom. We should really think of this right as the right to make free choices. But a choice can be free even when it is not informed or when the chooser is not competent. So there is no difference, as far as freedom is concerned, between forcing a treatment on a patient who is competent and informed and one who is not. And so it is always wrong to treat patients who refuse treatment.

*Argument form (roughly):*

Here are all the things that are possibly true:  $x, y, z$ .

Option  $x$  may not be that plausible, but options  $y$  and  $z$  are even less plausible than  $x$ .

Thus,  $x$  must be true.

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If a treatment is in a patient's best interests, then that treatment is morally permissible. Note that this means that treatment is permissible even if the patient refuses treatment. Why is this? If it were wrong to treat patients who refused treatment, it would be because the treatment infringed rights, autonomy, or freedom. If a treatment is in that patient's interests, then giving that treatment better allows the patient to exercise their rights in the future, or better allows them to exercise their freedom or autonomy in the future, than not treating. [why is this?] So the doctor must choose between treating, which restricts freedom/autonomy/rights now but allows them to be better expressed later, or not treating, which respects freedom/autonomy/rights now but at a greater cost in the future. If all of our choices affects someone's rights, freedom, or autonomy to some extent, we are permitted to choose the choice that restricts this the least. So, we are permitted to treat patients when that treatment is in their interests, even if the patient refuses treatment.

*Argument form (roughly):*

Whenever  $x$  is true,  $y$  is also true (or "All  $x$  have feature  $y$ ")

And whenever  $y$  is true,  $z$  is true ("All things with feature  $y$  have feature  $z$ ")

Thus, whenever  $x$  is true,  $z$  is true ("All  $x$  have feature  $z$ ")

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My view is that it is always permissible to administer gender reassignment surgery to minors who request it. I have two main pieces of evidence: one, it is extremely unlikely that minors will request this surgery when it is not best for them [citation needed], and two, it is permissible to administer treatment that is almost definitely beneficial without morally relevant consent as long as the treatment is not refused [cite evidence]. These together fit my thesis very well; when a minor requests gender reassignment surgery, this is almost definitely beneficial, and so it does not matter whether the minor is informed or competent, since they have not refused treatment.

One might try to argue instead that it is only permissible to treat minors when they give morally relevant consent. But it is sometimes permissible to treat adults without MRC – as just discussed, when they give superficial consent and treatment is almost definitely beneficial – and it does not make sense to apply a different standard to minors...

*Argument form (roughly):*

We have the following evidence:  $E1, E2, E3, E4$ .

Hypothesis  $x$  fits all the evidence.

No other hypothesis does.

Thus,  $x$  is true.