

Commentary on 'Competence in chronic mental illness: the relevance of practical wisdom'

As this interesting paper well brings out, the assessment of competence to make decisions can be especially difficult in cases of adult mental illness. The paper revolves around two such cases, both involving OCD. Jack realizes his symptoms are peculiar, but resists admission to a psychiatric unit because he prefers not changing his way of life. Later, deep brain stimulation is of some therapeutic benefit, but he is now considering discontinuing treatment. Mary decides to stop treatment based on antidepressants and CBT, and later, on the advice of her psychiatrist, becomes involved in childcare, which provides some health benefits.

Au describes three approaches to competence – the *cognitive* approach (C), the *emotions* approach (E), and the *values* approach (V), and suggests that weaknesses in each can best be dealt with by combining all three in a fourth, the *practical wisdom* approach (P). I shall raise some questions internal to Au's critique of the three rejected approaches, and express some doubts about the appropriateness of an Aristotelian model of competence. I shall conclude that the preferable model is a version of C.

According to C, a person is competent if she can (i) express choice, (ii) reason, and (iii) appreciate her situation, the consequences of different decisions, and information relevant to her decision. Au rightly suggests that, according to C, Jack is competent to refuse both courses of treatment. But it is not so clear that Au is right that C will pronounce Mary incompetent on the grounds that she gives no reasons for her decisions and does not adequately balance the considerations for and against the various courses of action open to her. First, as Au notes, Mary does justify her decision to stop her earlier treatment by saying she was 'fed up'. That sounds like a reason, as does the stress of the treatment to which she later refers. Second, it is not clear that she is sufficiently unaware of relevant facts for her decision to engage in childcare to count as C-incompetent. For example, Mary may hold a narrow view of what constitutes 'therapy', believing nevertheless that the childcare may alleviate some of the symptoms of her OCD.

According to E, competence involves a 'positive contribution' from the emotions, something lacking in the case of Mr Spock. (This characterization of Spock could itself be questioned. In *Star Trek into Darkness*, for example, he sheds tears, and often he seems rather to be a rationalist seeking to repress his emotions rather than a creature of pure reason.) Au rightly points out that E will assess both Jack and Mary as competent throughout. She also correctly implies, when outlining her preferred position, P, that E is defective, in that it includes no role for the *appropriateness* of emotions. Imagine the case of a Spock who is purely rational except that his decisions are influenced by entirely unreasonable anger. It would be quite implausible to see these decisions as competent, and those of the purely rational Spock as incompetent. Indeed I myself

would be quite prepared to see the decisions of a purely rational Spock as competent. Imagine that purely rational Spock is unable to experience emotions of any kind, but can experience agony. (I am assuming here some non-emotion-based account of agony, perhaps purely as a sensation with a certain phenomenology. If emotion must be introduced, then let me stipulate that this is the *only* kind of emotion of which Spock is capable.) Spock realizes that treatment A and treatment B will have identical effects, except that B will cause him a period of agony. He therefore chooses A. This decision seems to me clearly right, and clearly competent.

According to the third approach, V, decisions must not be based on values which the patient holds purely because of her own condition (e.g. the value of slimness in the case of a sufferer from anorexia). So the decisions of both Jack and Mary are competent, because they are not based on an over-evaluation of cleanliness. It is hard to see how V could be a complete account of competence, however. Imagine that Jack and Mary made egregious failures in reasoning and had no awareness of their own condition or the implications of various courses of treatment. V, then, is best understood as imposing a condition on competence. And it is not an implausible one. Someone who is willing to die rather than become slightly heavier will strike many as deeply irrational.

Now let me consider P. It involves three main elements: (1) knowledge of one's situation and the right thing to do; (2) having appropriate feelings; (3) a capacity properly to balance different values in one's life, such as work and leisure.

I have already expressed doubt about (2) in my discussion of E. (1) might be said to require (3), given that recognizing the right thing to do in many cases will involve balancing certain values. Now (1) of course correlates with C. But it is considerably stronger, since it states that competence requires making the right decision. This is certainly Aristotelian: for Aristotle, the person with practical wisdom is indeed the person who makes the right decision. But to be plausible and workable, any conception of competence must concern process rather than outcome. That is to say, we have to recognize that fully competent adults can sometimes make the wrong decision. This is part of what it is to exercise autonomy, and it is this that those who advocate informed consent are seeking to protect. Poor self-government, that is to say, is still self-government.

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