

'My body, my choice' – except when it isn't

[ANDRÉ PICARD](#)HEALTH

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Gender-affirming surgery, vaccine refusal, medical assistance in dying, abortion, involuntary treatment for drug users.

All these hot-button medical/political issues are, at their core, about one thing: Bodily autonomy.

It's one of the most fundamental human rights. In many ways, bodily autonomy is the foundation on which other rights are built.

But is it absolute?

Can our ability to do as we wish with our body – cut off parts of it, terminate a pregnancy, poison ourselves with drugs, refuse to poison ourselves with other drugs, end our lives – be restricted? If so, why? How? In what circumstances?

The debate over the limits of bodily autonomy has persisted for centuries, perhaps millennia, but has become highly partisan and supercharged of late.

It has also become more perplexing.

The embrace of individualism and the rallying cries for "freedom" seem to be rising in tandem with the explosion of moralistic restrictions on exercising choice.

The [public policy motions adopted](#) at the recent Conservative Party of Canada convention are a case in point.

Delegates adopted a motion saying "every Canadian is entitled to informed consent and bodily autonomy," and therefore "have the freedom and right to refuse vaccines for moral, religious, medical or other reasons."

Those same delegates approved a motion saying a Conservative government should prohibit medicinal or surgical interventions for minors to treat gender dysphoria.

In other words, if you're transgender, your bodily autonomy should be restricted. But not if you're vaccine-hesitant.

We've seen these seemingly contradictory (perhaps hypocritical is a better word?) interpretations of bodily autonomy unfold even more blatantly in the [United States](#).

"My body, my choice," the long-time rallying cry for pro-choice activists, has now been borrowed (some would say co-opted) by those who oppose vaccine and mask mandates.

On a policy level, the states with the most severe restrictions on abortion (and on gender-affirming care) are also those that have rejected mandates. And, yes, it cuts both ways: the states with liberal abortion laws have also had the most stringent rules insisting people be vaccinated and/or wear masks.

Those who demand personal belief exemptions for vaccines argue that they are entitled to “medical freedom” and “medical choice.” But those same people often want to restrict the freedom of those seeking abortion or gender-affirming care.

But are those issues comparable?

The philosopher John Stuart Mill argued that people should be free to act however they wish unless their actions cause harm to others.

If vaccines limit the spread of illness, then refusing to be vaccinated can cause harm to others, particularly the vulnerable, so mandates are justified.

Similarly, those who back restrictions on abortion argue that they are preventing harm to a fetus. Of course, gestational limits on abortion can harm a pregnant woman; forced birthing can have enormous physical and financial consequences.

On gender-affirming care, the argument is usually that young people may regret the decision, so they have to be protected from themselves. (We see similar arguments about restricting access to [medical assistance in dying](#) to those with mental illness, or demanding forced treatment of some people with substance use disorder.) It’s saviourism.

The really challenging issue is: What is the threshold for triggering the Mill-based harm principle? When can you justify limits on bodily autonomy?

Take the politically charged issue of COVID-19 vaccine mandates. The temporary, well-intentioned mandates were justified early in the pandemic, when the vaccines held much promise; given the limitations of vaccines preventing infection, broad mandates are no longer justified, except perhaps in some circumstances, such as health workers dealing with highly vulnerable patients.

Expecting school children to be vaccinated against highly transmissible illnesses like measles is also reasonable. But adults are indeed free to refuse vaccines that may protect them and others.

It’s hard to make any sound argument for restricting, and especially legislating against, gender-affirming care. It’s paternalism. The decision should rest between a physician and a patient, and the choice should be informed. (And, yes, their parent or guardian has a role to play, but not a veto.)

Checks and balances are essential. So, too, are ethical practitioners. But laws rarely are necessary or useful.

We should always err on the side of respecting an individual’s bodily autonomy, and in giving patients the final say – whether or not it offends someone else’s religious, moral or political beliefs – with few exceptions.

But we can also hope that people exercise their rights thoughtfully, that they can be empathetic and recognize that they are part of society, where individual choices impact the collective.