

Unpacking Personal Identity and Necessary Decision Properties to Improve Medical Decision-Making on Behalf of Cognitively Declined Patients Without Capacity

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ABSTRACT

What does it mean to understand another person? Suppose physical information alone is insufficient for fully understanding another person. Suppose further that John Locke's theory of continuity of consciousness (if a person can extend into the past and still be conscious of past experiences and be conscious of what is happening in their present life, then they are the same person) being necessary for maintaining personal identity is correct. In applying these theories to my argument regarding how "no individual can possess all the same conscious experiences as another" due to the private, subjectivity of the self resulting in "no person...ascrib[ing all] the same mental representations to their experiences" an interesting question arises (Kinsella, 2020, pp. 39, 47). Given that we owe an ethical obligation to other persons, how can medical decision-making be improved for medical professionals and loved ones making decisions on behalf of cognitively declined patients without capacity who have difficulty recalling their experiences if we are unable to fully understand these patients? Part 1 of this thesis will serve as the theoretical background for understanding metaphysical personal identity, ethical personal identity, transforming from having the potential for personhood to actualizing this capacity, explaining the subjectivity of the self, and revealing ways in which physicalism has restricted abilities for fully capturing subjective experience. Part 2 will address necessary components involved in deliberation (teleology and experience) which play a necessary role in actively acquiring intentions and informed decisions. This will reveal the importance of reflecting on how our experiences influence teleological motive so that we can better understand decisions we make, and utilize information to assist us in making decisions. The situated-embodied-agent view of persons advocates for treating humans as persons embedded in a historical experiential context by connecting persons to their relationships and contexts. SEA which has implications for person-centered care serves as a

potentially effective tool for helping maintain personhood of cognitively declined patients and helping improve medical decision-making.

TABLE OF CONTENTS

Part 1: Dimensions of Personal Identity, and the Limitations of Understanding the Self....1	
I. Introduction to Metaphysical and Ethical Personal Identity.....1	1
II. Lockean Metaphysical Personal Identity Explained.....1	1
III. Ethical Considerations of Personhood.....3	3
IV. Humans: From Potentiality for Personhood to Actualizing this Capacity.....5	5
V. Ned Block: Consciousness Explained.....8	8
VI. Subjectivity of the Self.....11	11
VII. Restrictions of Physicalism for Understanding Subjective Phenomenological Experience.....14	14
VIII. Implications of Restrictions of Physicalism for Understanding Subjective Phenomenological Experience: Medical Decision-making on Behalf of Cognitively Declined Patients Without Capacity.....21	21
Part 2: The Necessity of Teleology and Experience in Deliberation: A Guide to Understanding the Necessity of Experiential Information in Making Informed Decisions.....23	
I. Introduction/General Overview.....23	23
II. The Distinction Between Active and Passive Intentions.....24	24
III. The Distinction Between Intentions and Desires.....25	25
IV. The Role of Settling in Intentions.....28	28
V. Deliberation Explained.....30	30
VI. The Role of Teleology in Deliberation.....32	32

VII.	The Connection Between Experience and Teleology.....	35
VIII.	What Does it Mean to Have an Experience?.....	36
IX.	Experiential Information.....	37
X.	Conclusion.....	39
Part 3: Improving Medical Decision Making on Behalf of Semantic Dementia Patients Without Capacity Through Person-Centered Care.....41		
I.	Cognitive Decline and Semantic Dementia Explained.....	41
II.	Personhood Maintained in Semantic Dementia Patients.....	42
III.	Factors Contributing to Accelerated Neurological Degeneration in Cognitively Declined Patients.....	43
IV.	Surrogate Medical Decision-Making on Behalf of Patients Without Capacity..	44
V.	The Role of Ethics Committees in Medical Decision-Making.....	46
VI.	Improving Group Medical Decision-Making.....	47
VII.	Situated-Embodied-Agency: A Tool for Improving Medical Decision-Making on Behalf of Cognitively Declined Patients.....	49
VIII.	Implications of SEA for Implementing Person-Centered Care in Medical Facilities.....	52
IX.	Concluding Remarks.....	53
	References.....	55
	Vita.....	58

Part 1: Dimensions of Personal Identity, and the Limitations of Understanding the Self

I. Introduction to Metaphysical and Ethical Personal Identity

What is personal identity? Philosophers use the term personal identity in different ways depending on what topic they are interested in. Personal identity is often considered from a metaphysical or ethical point of view. Metaphysical personal identity across time is concerned with understanding what makes a person the same numerical individual now that they were a certain amount of time ago. Numerical identity is “not concerned with...qualitative identity or exact similarity, as when we talk of identical twins” (Garrett, 1998, p. 1). Rather, numerical identity would refer to twins as two different individuals (Garrett, 1998, p. 1). When metaphysicians think about personal identity, they are particularly interested in identifying how “the same person [is able] to persist through time” (Garrett, 1998, p. 2). Ethical personal identity is concerned with ethical obligations owed to persons and what distinguishes an individual from another. A person could have unique qualities, properties, mannerisms, experiences, etc. that distinguishes them from others. For instance, what makes a person different from another person might also be what makes someone the same person across different points in time.

II. Lockean Metaphysical Personal Identity Explained

John Locke in “Of Identity and Diversity” advocates for the metaphysical view of personal identity by attempting to answer what properties are necessary for the same person to persist across time. Locke defines a person as an individual that has the capacity for thought and has the necessary component of consciousness (Bennett, 2017, §9). Through consciousness, a person becomes aware of their memories, and can use this awareness to activate their senses (Bennett, 2007, §9). For example, when a person smells freshly baked cookies, they are aware that they are

doing so (Bennett, 2007, §9). A person must have consciousness in order to recall memories, to contemplate previous deeds, and to maintain their personal identity (Bennett, 2007, §9). As a metaphysician Locke advocates for, “first-person reference reach[ing] across time, backward via memory and forward via anticipation and intention” (Macdonald, C., & Macdonald, G., 2006, p. 98). The same function is applied to memory as “the contents of memories [are] first personal” (Macdonald, C., & Macdonald, G., 2006, p. 98). For Locke, if a person can extend all the way into the past and still be conscious of all past experiences and be conscious of what is happening in their present life, then they are the same person since they have continuity of consciousness (Macdonald, C., & Macdonald, G., 2006, p. 101). First personal memories specifically apply to a single person who is consciously aware that they did experience these events (Macdonald, C., & Macdonald, G., 2006, p. 98). Consciousness maintains personal identity regardless of how much time has passed or any bodily modifications that have occurred (Bennett, 2007, §10).

Locke’s argument for why personal identity does not depend on being the same man (strictly biological human) has to do with the distinction between substance and consciousness. Regarding substances (material components), Locke explains that people think their bodily senses belong to them if they are aware of them (Bennett, 2007, §11). If a person loses a body part, they do not associate this thing with being a component of our identity. This means that substances can be altered without impacting one’s identity (Bennett, 2007, §11). An incorporeal substance (soul) could be altered while still maintaining identity (Bennett, 2007, §12). An immaterial substance is not necessary for identity in the sense that a soul could be tied to any material substance (Bennett, 2007, §12). Rather, consciousness is necessary for identity to be maintained (Bennett, 2007, §10). To emphasize this, the example of the prince and the cobbler is utilized (Bennett, 2007, §15). If

the prince's soul which also consists of his consciousness were placed inside of the cobbler who no longer had a soul, then the cobbler and the prince would be identified as the same exact person (Bennett, 2007, §15). However, even though the cobbler would be responsible for the prince's actions (due to being considered the same person as him), the cobbler would still be identified as a different man (Bennett, 2007, §15). Physical appearance (bodily composition) is an essential defining characteristic of a man (Bennett, 2007, §15). This means that one does not have to be the same exact man to be the same exact person (Bennett, 2007, §15).

One needs to be able to recall their previous memories (and deeds) in order to be the same exact person (Bennett, 2007, §9). Memories of a person's experiences gives them awareness that they experienced these memories (Bennett, 2007, §16). Substance is not necessary for maintaining identity as if the substance is altered, this might not influence one's ability to preserve their identity over time (Bennett, 2007, §16). For one to maintain their identity, consciousness (being aware) is a necessary component but insufficient (Bennett, 2007, §17). Consciousness allows an individual to recall their previous memories (derived from personal prior experiences) which allows them to remember who they are (Bennett, 2007, §9). Without consciousness, a person loses their identity, and their ability to think and reason which is an essential component of being a person (Bennett, 2007, §25). Locke concludes that through consciousness, a person can think, make decisions, and recall previous memories. Consciousness content is what differentiates one's identity from another and allows for identity to be maintained throughout the course of one's life.

III. Ethical Considerations of Personhood

Unlike metaphysical personal identity which is concerned with understanding what properties are necessary for the same person to persist through time, ethical personal identity is concerned

with the moral obligations owed to persons. In medical decision making, there are ethical obligations medical professionals are expected to uphold when caring for persons. These ethical obligations are outlined through principlism which consists of “four foundational principles- autonomy, beneficence, non-maleficence, and justice” originally constructed by Thomas Beauchamp and James Childress (Baldwin, 2015, p. 187; Lawrence, 2007, p. 34). These principles are currently utilized in modern medical decision making (Lawrence, 2007, p. 34).

According to Feinberg, autonomy refers to “the ability to decide for the self free from the control of others and with a sufficient level of understanding as to provide for meaningful choice” (Lawrence, 2007, p. 35). Autonomous agents are capable of deliberating potential actions and devising plans for these actions (Lawrence, 2007, p. 35). Beneficence according to Beauchamp and Childress has two principles (positive beneficence and utility) (Lawrence, 2007, p. 35). Positive beneficence entails an obligation to benefit (to do good) on behalf of moral agents, whereas “utility requires that moral agents weight the benefits and deficits to produce the best result” (Lawrence, 2007, p. 35). The two principles of beneficence are routinely applied to research ethics through considering if the benefits for research participants and the community outweigh the negative risks of the experiment being conducted (Lawrence, 2007, p. 35). When considering beneficence of an agent, autonomy plays a role as competent moral agents have the right to informed consent (Lawrence, 2007, p. 35). What a patient feels is beneficial for them may differ from what their physician thinks (Lawrence, 2007, p. 35). “Beneficence must therefore overlap in part with autonomy; patients wish to be provided various levels of information, and may wish to select a particular direction for their care” depending on what they feel is beneficial (Lawrence, 2007, p. 35). Nonmaleficence entails an ethical obligation not to harm others (Lawrence, 2007, p.

36). To address nonmaleficence, risks associated with procedures (legal, medical, research, social, etc.) are often discussed to aid in the process of informed decision making (Lawrence, 2007, p. 36). Justice is concerned with respecting individual's rights, and holding people accountable for the law (Lawrence, 2007, p. 36). Medical ethics concerning justice is interested in implementing policies/procedures to provide equitable care for all patients regardless of their social, economic, and racial status.

IV. Humans: From the Potentiality for Personhood to Actualizing this Capacity

To understand the distinction between humans and persons it is helpful to briefly explain the developmental process of humanity and how this differs from animal capacities. When a human is born, they only have the capacity for sense-certainty. Sense-certainty for Hegel is the initial shape of judgmental consciousness which conveys the minimum activity that any natural subject needs to take to respond to objects around them (Hegel, 2018, §90). When a subject is judgmentally conscious through sense-certainty, they passively, sensorily, and immediately take in objects they experience in their environment without needing to access any prior knowledge (Pinkard, 1994; Hegel, 2018, §90, 92). For instance, when an infant sees an object across the room, they can immediately sensorily observe without needing to have any prior experience of this object. Simply taking in objects passively, sensually, and immediately through sense-certainty does not provide entities with any concepts for describing the objects experienced (Pinkard, 1994, p. 24). All a subject can gain from sense-certainty is awareness that they are sensually experiencing objects in their environment.

Animals are also capable of the process of sense-certainty. For instance, when a dog sees a cat, it is taking in the cat through its senses of sight and smell. Then, the dog instinctually reacts to the cat. Animals are organisms that consist of “mechanical and biochemical processes” which are wired for

an animal's instincts to be driven by hunger, survival, and reproduction (Pinkard, 2013, p. 8). Locke refers to animals as being synonymous with a machine which does not have the potential (cannot) to be human (Bennett, 2017, §5). A human is a biologically and genetically defined concept which is described through its physiological, anatomical, and genetic composition (Bennett, 2017). A human is similar to an animal as they both consist of physical components that can undergo modifications (Bennett, 2017). Despite this, animals do not have the potential to be human as they do not have the biological components necessary to be classified as human.

According to Aristotelian physics, actualizing capacities (actually performing the capacity) “entails the prior existence” of potentiality for a capacity (having the components necessary to potentially perform the capacity later) (Bechler, 1995, p. 8). This means that an entity at the very minimum must have the potential for a capacity in order to possibly actualize this capacity later on. Offspring actualize their capacity to be human when scientific evidence can confirm that their biological, genetic, and anatomical makeup classifies them as human. While infants and animals are both capable of sense-certainty, human capacity extends beyond this process as humans have the potential to later actualize personhood through development. In early development, an infant is “a merely physically organized something” that has the potential for personhood but has not yet actualized this capacity since the infant is only capable of sense-certainty (Eldridge, 2014, p. 497). The infant is not yet able to consciously articulate their experiences as they have not learned concepts yet. “[T]he extent that there is content present at all here...[is merely through] visual images and other sensations that have not yet been conceptualized” (Eldridge, 2014, pp. 502, 503). Thus, when a child sees a piece of artwork prior to learning any concepts, they are able to observe the painting through

their senses, but they are not able to articulate anything since they do not yet have words at their disposal.

According to Locke, a person is defined as a socio-legal cluster concept which consists of having emotion sentience, consciousness, and rationality (involving language) (Bennett, 2007). The reason why a baby has potential for personhood that it cannot yet actualize is that the baby does not yet have language at its disposal to describe their feelings to others. The only way a child can learn to articulate “contents of consciousness under concepts” is through their parents and others teaching them words/language which can be used to refer to objects (Eldridge, 2014, p. 507; Searle, 1998). Gradually the child will learn several words which can be grouped together to form concepts. Once the child has concepts, they can describe objects they experience and can begin forming judgments regarding these objects/events. In this combination of acting and describing objects, the child can think about these objects, distinguish them from other objects, and be consciously aware of what they are experiencing (Eldridge, 2014, p. 507). Now that the child has learned language, the child has actualized their capacity for rational thought (the ability to think, reason, and deliberate their actions) and they are able to communicate these thoughts to others (Eldridge, 2014, p. 508; Davidson, 1982, p. 318). It is through language and interactions with others (which are essential for linguistically describing experiences, forming judgments, developing the capacity for rational thought, and being able to plan courses of action) that humans are able to actualize their capacity for personhood (Pippin, 2014, p. 9).

Through language, humans have the capacity to judge what is or is not the case (Pippin, 2014, p. 9). When individuals are consciously aware that the objects they take in exist independently from them, they can confidently recognize that they are the one sensing these objects (Pippin, 2014, pp. 14, 21). Therefore, humans are self-consciously conscious as their worldly interactions help them form

relationships with objects they encounter (Pippin, 2014, pp. 30, 36). Humans are “self-conscious, self-interpreting animals” capable of taking up a critical reflective attitude towards their instincts by rationally determining whether it would be best to pursue their desires (Pinkard, 2013, p. 3). Animals on the other hand who do not have this capacity simply react to their instinctual drives (Pinkard, 2013, p. 3).

V. Ned Block: Consciousness Unpacked

Given that humans have the potential to actualize being reflective rational agents, “the condition of their identity...[allows for] agent[s] to incorporate many distinct consciousness” (Macdonald, C. & Macdonald, G., 101). This means that there are various kinds of consciousness that persons have. In understanding the role that consciousness plays in the worldly interactions of persons, it is important to note that people often ambiguously describe what consciousness is. This typically results in an unclear understanding of consciousness. In “Some Concepts of Consciousness”, Ned Block argues that distinct forms of consciousness are often mistakenly lumped into one ambiguous concept (Block, 1995, p. 1). Within this work Ned Block explains his four types of consciousness (phenomenal consciousness, access consciousness, self-consciousness, and monitoring consciousness) in an attempt to resolve the ambiguous understanding of consciousness and to make sure that these types of consciousness are not confused as being synonymous. Block argues that conflation often happens with phenomenal consciousness (p-consciousness) and access consciousness (a-consciousness) as they both have different properties which tend to be conflated. This conflation is due to the ineffability of describing “how a conscious state could fail to be accessible and self-reflective” (Block, 1995, p. 21). To clarify the distinction between p-consciousness and a-consciousness, Block first defines

each term. Then through non-reductive materialist reasoning he explains that while these forms of consciousness consist of different properties, they are both able to interact with each other.

“Phenomenal consciousness is experience” (Block, 1995, p. 1). A state is p-conscious if “there is something ‘it is like’...to be in that state” (Block, 1995, p. 1; Nagel, 1974). To accurately understand p-consciousness, Block urges us to think in terms of rough synonyms such that p-consciousness consists of experiential properties that are realized through our “sensations, feelings, and perceptions...[as well as] thoughts, wants, and emotions” (Block, 1995, p. 2). Through representational p-consciousness it is also possible to differently experience our sensations. For instance, I am walking to school and there is a loud ambulance siren on my right, I will experience this sound differently in my right ear than in my left ear (Block, 1995, p. 3). Block also specifies that p-consciousness is not to be conflated with “any cognitive, intentional, or functional property” (Block, 1995, p. 3).

Access consciousness (a-consciousness) on the other hand is an individual’s capacity for “reasoning and rationality [which guide] speech and action” (Block, 1995, p. 1). By rational Block means that an individual does not have holes in their vision, and thus they are not blind and are able to logically think and speak (Block, 1995, p. 5). There are degrees of a-consciousness such that one could have a weak sense of rationality of thought/speech, and still be considered to have a-consciousness. Despite this distinction between p-consciousness and a-consciousness, Block maintains that they interact. When one has the perceptual experience of feeling a fly land on them, they are able to access this perceptual information and thus change their phenomenal state (Block, 1995, p. 8). In this sense, there cannot be a-consciousness (representational) without p-consciousness (phenomenal) which provides perceptual information that is necessary to form

concepts and have rational thought (Block, 1995, p. 8). “A-consciousness and p-consciousness very often occur together” (Block, 1995, p. 16). Should one of these forms of consciousness be unapparent, and questions of unconsciousness often arise (Block. 1995, p. 16).

To better understand what p-consciousness and a-consciousness entail, it is helpful to unpack Block’s example of the pneumatic drill utilized to illustrate p-consciousness without A-consciousness. In this scenario an individual (A) is having a conversation with someone (B). During this conversation, A realizes at noon that outside the window “there is-and has been for some time-a pneumatic drill digging up the street” (Block, 1995, p. 15). A was “aware of the noise all along...but only at noon [is A] consciously aware of it. That is, [A was] P-conscious of the noise all along, but at noon [A was] consciously aware of it” (Block, 1995, p. 15). In this scenario, A realizes something additional at noon that they did not think about prior to noon during their conversation. A realizes at noon “not just that there is and has been a noise but also that [A is] now and [has] been hearing the noise” (Block, 1995, p. 15). “Only at noon is the content of [A’] representation of the drill broadcast [(rather than merely being available)] for use in rational control of action and speech” (Block, 1995, p. 15).

Before A realized the noise of the drill in the background at noon, A was only p-conscious and not a-conscious. There is still something it is like for A to be in the state of p-consciousness, A just is not aware of the drill and is not A-conscious with respect to the drill as there is nothing at this time guiding A's reasoning/actions. In the pneumatic drill case, once A becomes a-conscious with respect to the noise of the drill, this means that A can use that state to guide their behavior (merely being p-conscious is insufficient for rationally guiding actions). For instance, when A is A-conscious to the noise of the drill, this A-consciousness will likely rationally guide A to close the

window so that their conversation is not so noisy, or A will be prompted to move the conversation to a quieter location.

Block also briefly (not central to his work) denotes the distinction between two cognitive notions of consciousness which he regards as self-consciousness and monitoring consciousness. For one to be self-conscious, they must have conceptual information of the self and thus they are able to rationally think about oneself (Block, 1995, p. 17). This is illustrated through the use of a mirror where self-consciousness is present if one is aware that they are looking at themselves in the mirror. For Block, someone has monitoring consciousness when they are able to internally monitor their experiences through inner perception (Block, 1995, p. 18). This is regarded as a kind of p-consciousness where one is aware of themselves (Block, 1995, p. 18).

VI. Subjectivity of the Self

In what follows I am going to provide a brief account of my argument explaining why others cannot completely access the subjectivity of another self. In section VII I will then expand this work by unpacking restrictions of physicalism for understanding subjective experience entailed in personal identity.

In “The Beauty Within the Individuality of the Self”, I argue that the subjective self (“explained through the mind) which “consists of a person’s thoughts, feelings, and beliefs” has “a single point of view” (Kinsella, 2020, p. 38). Each self has mental states which are “defined as having a sense of what it is like ‘to be that organism’” (Nagel, 1974, p. 436; Kinsella, 2020, p. 38). According to Thomas Metzinger, a mental state is an “inward cognitive [perspective] that is specialized for each

individual” (Metzinger, 2003; Kinsella, 2020, p. 38). Therefore, “an individual’s mental state” is a private, subjective phenomenon that is associated with a single point of view which “cannot be directly accessed by others” (Kinsella, 2020, p. 38; Nagel, 1974, p. 437). The singular point of view of the self restricts mental capacities for informational access “which does not allow us to understand ‘what it is like to be’ anyone besides our self” (Nagel, 1974, p. 438; Kinsella, 2020, p. 39). “No matter how hard one tries, it is impossible for them to portray all the information depicted in the world” (Kinsella, 2020, p. 41). Suppose my professor is describing their spring break California trip to me. While I “could [reference] the perspectives [my professor] uses to explain their [spring break trip experience] to better understand [them], ...these perspectives only serve as a guide to help [me] predict things about” my professor” (Kinsella, 2020, p. 41). I “do not have access to all the information [my professor] has access to, and therefore, [I] cannot fully understand what it is like to be” my professor (Kinsella, 2020, p. 41).

Given that the self consists of a private, subjective, singular point of view, I argue that while “individuals could share common experiences with each other...no individual can possess all the same conscious experiences as another” (Kinsella, 2020, p. 38)¹. “Therefore, if the self is subjective, then each person has their own conscious experiences that no other individual can completely possess” (Kinsella, 2020, p. 39). The existence of conscious experience consists of there being “something it feels like to be the subject of our thoughts, actions, and perceptions” (Prinz, 2011, p. 147; Kinsella, 2020, p. 38). “In other words, a self must have a sense of what it is like to be who they are to have conscious experiences” (Kinsella, 2020, p. 38)². Likeness of

¹ If for no other reason than p-consciousness.

² This raises an interesting implication for animals of consciousness without having a sense of self.

experience “is only possible if one is aware ‘of the experience itself’” (Flanagan, 1992 cited in Zahavi, 2002, p. 14; Kinsella, 2020, p. 42). “Both self-awareness and experience are necessary for ‘subjectivity [to] reveal itself’ to an individual” (Zahavi, 2002, p. 13; Kinsella, 2020, p. 42). For instance, when I am consciously aware that I did experience a butterfly landing on my arm, “this experience becomes my subjective experience which I am self-aware of” (Macdonald C., & Macdonald, G., 2006, p. 98; Kinsella, 2020, p. 42).

Given that each individual has conscious experiences that no other persons could completely possess, I argue that each self is authentic (has “their own sense of being in this world”) as “no person can ascribe [all] the same mental representations to their experiences” (Kinsella, 2020, p. 47). “Mental representations are internal states through which an individual can ascribe meaning to their experiences” (Kinsella, 2020, p. 47). “This content can only be accessed in a special process” “because the causal properties making it available for conscious experience are only realized by a single person” (Metzinger, 2003; Kinsella, 2020, pp. 46, 47). An “individual can actively choose which representations...they ascribe to their experiences” through “executing their singular point of view” (Kinsella, 2020, p. 41). Suppose that two people went on the same roller coaster ride, and were asked to describe their experience. There is no guarantee that the two people would identically describe this experience as they do not share all worldly experiences together. Perhaps one person may have enjoyed the ride’s speed as they are an adrenaline junkie whereas the other person may have paid more attention to the ride’s music as it triggered a positive memory. This is not to suppose that this is how the two people would describe the ride. Rather, it is an illustration to demonstrate that people tend to ascribe representations to their experiences in different ways. “Experience is not objective like the objective information our world portrays.

Because we attribute representations to our experiences, these experiences have subjective meaning” (Kinsella, 2020, p. 42). Through our worldly experiences, “we are exposed to vocabulary” (information) which we “can outwardly project...through linguistic descriptions” (describing our experiences to others) (Kinsella, 2020, pp. 41, 40). This vocabulary acquired “from previous experiences [is used] to ascribe representations” to our experiences we describe to others (Kinsella, 2020, p. 41).

VII. Restrictions of Physicalism for Understanding Subjective Phenomenological Experience

The purpose of section VI was to understand the subjectivity of the self and to explain why the private, first person, singular point of view of the self is not directly accessible to others given that they do not share all the same experiences. In this section, I will briefly present my view regarding the mind-body problem. I will then expand my work to include a deeper explanation for the insufficiency of physicalism for fully capturing subjective experience.

In “The Beauty Within the Individuality of the Self”, I argue as a non-reductive materialist that “while the self and the body coexist, they are distinct; the self cannot be reduced to physical properties” (Kinsella, 2020, p. 38). Despite their coexistence, the self (subjective), and the body (objective) “cannot be explained using the same mechanisms” (Kinsella, 2020, p. 38). The body is objectively explained through science working “with concepts that have been carefully defined in terms of observations that anyone, with the right expertise and equipment, can make-concepts like...synapses for the brain” (Zeman, 2008; Kinsella, 2020, p. 39). Contrary to the subjective self, the objective body “is not limited to the first-person point of view. This means that ‘anyone with the right expertise’ can fully understand the objective [bodily] physiological processes” (Zeman,

2008; Kinsella 2020, p. 39). The body is objectively explained “through a chemical state which in turn can ‘provoke changes in mental state’” (Gazzaniga, 1988; Kinsella, 2020, p. 43). The “mind (self) and the brain (body)” coexist by influencing each other as ‘the mind is derived from brain tissue...[which] affect[s] the mind’” (Gazzaniga, 1988; Kinsella, 2020, p. 43). Despite this coexistence, “the self is distinct from the body and therefore cannot be explained objectively, nor can it be reduced to objective terms that define the body” (Kinsella, 2020, p. 43).

Beyond my work, there are deeper explanations for the insufficiency of physicalism for fully capturing subjective experience present in Thomas Nagel, Frank Jackson’s, and David Lewis (briefly mentioned) work. In “What is it Like to be a Bat?”, Nagel relies on the example of a bat to convince us that the study of objective science (physicalism) cannot easily reveal the true character of subjective experience. Physicalism would have to explain the physical nature of “phenomenological features” such as subjective experience to be a valid option, however, this seems impossible (Nagel, 1974, p. 323). This task is seemingly impossible as we do not currently have the conceptual tools to understand how it could be true for physicalism to reveal the true character of subjective experience (Nagel, 1974, pp. 327, 328)³. Therefore, experience (specifically conscious experience) cannot easily be reduced to purely physical terminology. The mental cannot easily be reduced to the physical.

Each entity has a “single point of view” through which they experience the world (Nagel, 1989, p. 323). Through my point of view, I could imagine what it would be like to be a bat flying in the sky (Nagel, 1974, p. 323). What a bat experiences is not subjectively like anything I experience

³ Nagel is not arguing that physicalism is false, or even that it is true. Instead, Nagel is indicating that we do not presently have a conception to understand how physicalism could be true (Nagel, 1989, p. 328).

(Nagel, 1974, p. 324). I could have all the physical information at my disposal to imagine how a bat might behave, but this does not mean that I know what it is phenomenally like to be a bat.

Through my singular subjective point of view, I have a limited imagination that restricts me from being able to completely know “what it is like for a bat to be a bat” (Nagel, 1974, p. 324). Even if it was possible to become a bat, the way I currently experience the world does not allow me to even process what this bat experience would be like (Nagel, 1974, p. 324). The bat’s experience has “a specific subjective character, which [is] beyond our ability to conceive” through our physical knowledge of bats (Nagel, 1974, p. 324). Subjective experience is private as no one else is able to completely access my subjective experience (Nagel, 1974, p. 325). What follows is that when it comes to trying to make sense of another’s subjective experience, “there are facts that do not consist in the truth of propositions expressible in human language” (Nagel, 1974, p. 325). This means that we do not have the conceptual tools available to fully comprehend another’s experiences.

We could take up the point of view of another person by trying to objectively describe what they are experiencing. However, our individual subjective experience is different from another person’s. This difference makes it difficult for us to fully comprehend another’s experiences (Nagel, 1974, p. 326). Given the fact that we cannot fully comprehend another’s subjective experience, “any shift to greater objectivity” in attempting to answer this takes us farther away from “the real nature of” conscious experience (Nagel, 1974, p. 327). There does not yet exist a conception of physicalism that “account[s] for the subjective character of experience” (Nagel, 1974, p. 327). Thus, Nagel argues that “we may have evidence for the truth of [physicalism which]...we cannot really understand” (Nagel, 1989, p. 329). We do not currently have the

conceptual tools at our disposal to understand how “sensations are physical processes” (Nagel, 1974, p. 329). In taking up the point of view of another and imagining what it might be like to be them, we are unable “to form new concepts” to fully capture exactly what they are experiencing (Nagel, 1974, p. 329). Therefore, we do not currently have an understanding of how consciousness can be reduced to physicalist terms, as we cannot currently conceptualize how physical information could fully capture consciousness.

From the non-physicalist dualist view, Frank Jackson in “Epiphenomenal Qualia” also argues for the insufficiency of physicalism for fully capturing subjective experience. Jackson’s Knowledge Argument aims to establish that conscious experience involves non-physical facts. His work rests on the idea that someone who has complete physical knowledge about the world might lack what this world is like from the inside. As a qualia freak Jackson holds that phenomenological and perceptual sensations cannot be understood solely through physical information (Chalmers, 2002, p. 273). I could know everything there is to know about red roses but if I have never experienced one, then when I finally experience a red rose my physical knowledge of it will tell me nothing about the experience phenomenologically (Chalmers, 2002, p. 273). What follows is that knowing all the physical facts about experience is not enough to know what it is like to actually have that experience. There is no amount of physical information about another individual’s brain that could help us answer what kind of experience this individual is having (Chalmers, 2002, p. 274). We have “all the physical information” at our disposal to understand another individual’s physiological makeup and behavioral mannerisms (Chalmers, 2002, p. 274). Despite this, physical information alone does not enable us to know everything about another individual (Chalmers,

2002, p. 274). Therefore, physicalism is incomplete as physicalism leaves something out (Chalmers, 2002, p. 274).

One of the ways that Jackson illustrates his Knowledge Argument is through describing an experience Mary encounters. Mary is an expert on physical knowledge regarding color vision who has been living in a black and white room for the full duration of her life and has not experienced color before (Chalmers, 2002, p. 275). When she does go out into the world, despite her vast physical knowledge she is left in awe as this experience allows her to “learn something about the world and our visual experience of it” that her physical expertise were unable to capture (Chalmers, 2002, p. 275). When Mary leaves the room and sees color for the first time, she is learning the ‘what it is like’ to experience color. Even though she has all the physical information available to her she is not able to say that she is seeing the color green as she does not know what is going on. This means that phenomenological sensations cannot be fully understood through physical information alone. Therefore, there is more to experience than physical knowledge which means that physicalism is incomplete (Chalmers, 2002, p. 275). It is inescapable that Mary’s previous physical knowledge was incomplete which means that qualia is “left out of the physicalist story” (Chalmers, 2002, p. 275).

Jackson is a non-physicalist because he believes that Mary learns something new when she leaves the black and white room and experiences color for the first time. She not only learns what it is like to see green but also she learned that if what it is like to see green were factual information, then she knew all the physical facts before in her black and white room. Thus, by definition there must be facts about visual experience that are not physical facts. If they were physical facts then she would have already known them all and she would not have been in awe when seeing the color

green in the world like she was when she first experienced it. Therefore, Jackson argues that Mary having all the physical information about visual color processing will not tell Mary anything about what it is like to see that color. Mary must experience the sensation in order to gain this new information.

In “What Experience Teaches”, Lewis conceives of it being a contingent rather than necessary truth “that experience is the best teacher about what a new experience is like” (Chalmers, 2002, p. 282). This means that while experience is one good option for “coming to know what...experience is like”, experience is not the only option available (Chalmers, 2002, p. 281). Lewis responds to Jackson’s Knowledge Argument through a physicalist (materialist) perspective which holds that “all the information there is about experience is physical information” (Chalmers, 2002, p. 285). Lewis believes that Jackson’s reasoning is faulty when Jackson claims that physical information is incomplete as it does not allow us to capture phenomenological experience (“reveals certain special, non-physical...properties of experience”) (Chalmers, 2002, p. 286). Lewis agrees with Jackson that there is a change in Mary when she leaves the black and white room and experiences coming “to know what it’s like” to see color for the first time in the world (Chalmers, 2002, p. 281). Despite this agreement, the type of change occurring differs for Jackson and Lewis. For Jackson, the change is that Mary learns a new phenomenological fact (what it is like to see green) which could not be a physical fact as Mary knew all the physical facts about visual color processing prior to this experience. Lewis on the other hand believes the change in Mary is not due to her learning any new non-physical facts (though she is still learning other new things from this experience). Rather, according to Lewis’ Ability Hypothesis, immediately after Mary’s new experience, she gains abilities to remember, imagine, and recognize which she did not have prior

to this experience (i.e. gains an act of consciousness) (Chalmers, 2002, p. 292). This hypothesis generally applies to all experiences individuals have. After this experience of learning what it is like to see green, Mary can remember this experience. In “remembering how it once was. [Mary] can afterward [likely] imagine” the experience even if it is forgotten (Chalmers, 2002, p. 292). Mary also gained the ability “to recognize the same experience if it comes again” (Chalmers, 2002, p. 292).

Those in favor of the Phenomenal Information Hypothesis (PIH) will agree that experiences result in abilities being gained (Chalmers, 2002, p. 294). But, these individuals “will say that it is because we gain phenomenal information that we gain the abilities” (Chalmers, 2002, p. 294). Advocates for PIH agree with materialists that experiences result in traces in people which enables people “to do things afterward” (Chalmers, 2002, p. 295). Lewis argues that if “the Ability Hypothesis is the correct analysis of knowing what an experience is like, then phenomenal information is an illusion” (Chalmers, 2002, p. 294). The materialist can even potentially accept the PIH view that enabling traces entail information (Chalmers, 2002, p. 295). The part about PIH which materialists must reject is when PIH states that “traces represent special phenomenal facts, facts which cannot be represented in any other way” (Chalmers, 2002, p. 295). While Lewis cannot outright refute the Knowledge Argument, the alternative Ability Hypothesis Lewis devises makes Jackson’s view less tempting as the Ability Hypothesis “does justice to the way experience best teaches us what it’s like” (Chalmers, 2002, p. 285). With the Ability Hypothesis being a valid option for learning “what an experience is like”, materialists (including Lewis) can reject “the Hypothesis of Phenomenal Information” (if the hypothesis is true then it entails information about experience) (Chalmers, 2002, p. 291).

VIII. Implications of Restrictions of Physicalism for Understanding Subjective Phenomenological Experience: Medical Decision-Making on Behalf of Cognitively Declined Patients Without Capacity

Suppose that Thomas Nagel and Frank Jackson's views are correct that physical information alone is insufficient for fully understanding another person. Suppose further that Locke's view of continuity of consciousness (if a person can extend all the way into the past and still be conscious of past experiences and be conscious of what is happening in their present life, then they are the same person) being necessary for maintaining personal identity is correct. If we apply these theories to my argument regarding how "no individual can possess all the same conscious experiences as another" due to the private, subjectivity of the self resulting in "no person...ascrib[ing all] the same mental representations to their experiences" an interesting question arises (Kinsella, 2020, pp. 39, 47). Given that we owe an ethical obligation to other persons, how can medical decision-making be improved for medical professionals and loved ones making decisions on behalf of cognitively declined patients without capacity who have difficulty recalling their experiences if we are unable to fully understand who these patients are⁴? Part 1 has served as the theoretical background for understanding metaphysical personal identity, ethical personal identity, transforming from having the potential for personhood to actualizing this capacity, explaining the subjectivity of the self, and revealing ways in which physicalism has restricted abilities for fully capturing subjective experience. Part 2 will address necessary

⁴ "Capacity refers to an assessment of the individual's psychological abilities to form rational decisions, specifically the individual's ability to understand, appreciate, and manipulate information and form rational decisions" (Leo, 1999, p. 132).

components involved in deliberation (teleology and experience) which play a necessary role in actively acquiring intentions and informed decisions.

Part 2: The Necessity of Teleology and Experience in Deliberation: A Guide to Understanding
the Necessity of Experiential Information in Making Informed Decisions

I. Introduction/General Overview

What does it mean for us to form intentions? What properties are necessary to actively form intentions? How do these properties influence decisions? Alfred Mele in “Executive States: Settling Things” argues that intention is a distinctive mental state irreducible to the belief/desire pair. This is because intention (and decision) consists of an executive attitude that has a settling or commitment to carrying out an action plan (making progress towards action) which belief/desire does not possess. There are active and passive intentions which will be explained throughout this work. I will focus on active intentions which play a role in deliberative decision making. While Mele convincingly demonstrates how intentions are irreducible to desires, the properties involved in settling deserve further attention. Revealing what is involved in the process of settling is important to better understand what is necessary to actively acquire intentions which are important for making decisions. “Being settled incorporates...a collection of dispositions conducive to our A-ing”, and allows agents to “make important progress toward action” (Mele, 1992, p. 159). Deliberation involves considering how our decisions may impact different circumstances. Dispositions (conditional, implicit) result from deliberation (occurrent, explicit). This means that when an individual finds themselves in a situation, after deliberating, they may be inclined to have a certain disposition towards this situation. Deliberation is involved in the settledness of decision-making. Given that dispositions are necessary for settling, and that settling is necessary for intentions, what follows is that dispositions are necessary for intending. Since dispositions result from deliberation, I submit that deliberation is necessary for actively settling and thus for actively

acquiring intentions⁵. Teleology is necessary for deliberation (and for actively acquiring intentions given that deliberation is necessary for actively acquired intentions), as teleology allows agents to consider why performing actions is worthwhile or worthless based on their goals/purpose. Further, I argue that in order to have teleology, it is necessary for us to recall/remember some of our experiences as experiences provide us with information that contributes to our aims, goals, and purposes. I will conclude by arguing that given that teleology is necessary for deliberation (and actively acquiring intentions), that experience is necessary for teleology, and that experiences provide us with information, this means that experience is necessary for deliberation and for making informed decisions.

II. The Distinction Between Active and Passive Intentions

What does it mean for us to make decisions? According to Alfred Mele, making a decision to A just is to actively form (create) an intention to A (Mele, 1992, p. 231). In other words, if an agent decides to A, then it is true that they intend to A, but it is possible for an agent to intend to A without deciding to A. Therefore, intention is necessary but insufficient for decisions. Decisions are an active process which involves intentions that are actively acquired through deliberating about potential instances that may arise from executing the decision, and involves agents assessing their options based on what is attractive or aversive to them (Mele, 1992, p. 157). This means that active intention formation is impossible without deciding to do something. Intentions are different from decisions as Mele accounts for the possibility of passively acquired intentions which “are

⁵ Although somewhat controversial, some philosophers argue that belief and desire can only be passively entered (we do not have direct voluntary control over them) whereas one can passively enter a state of intention and can also create (actively form) intentions.

often acquired independently of an action (like deciding) of intention formation” (Mele, 1992, p. 27). Passively acquired intentions are often due to habit as habits an agent develops could select for certain intentions on the basis of what those habits structured their agency towards (Mele, 1992, p. 27). For instance, if an agent has the habit of turning off the lights when they leave a room, then they could passively acquire the intention to do this each time without having to deliberate about making this decision (Mele, 1992, p. 27). Unlike actively formed intentions which are impossible without deciding, it is possible to passively acquire an intention without deciding. For the sake of argumentation, I will focus on the role that actively acquired intentions play in making decisions. On the basis of Mele’s description of decisions, if an agent decides to A, then they form an intention to A (Mele, 1992, p. 156).

III. The Distinction Between Intentions and Desires

To better understand the properties of actively acquired intentions and how they relate to decisions, it is helpful to analyze the argument Mele constructs in “Executive States: Settling Things” which I am advocating for. Mele argues that intention is a distinctive mental state irreducible to the belief/desire pair. This is because intention (and decision) consists of an executive attitude that has a settling or commitment to carrying out an action plan which belief/desire does not possess. To prove that intention is irreducible to beliefs/desires/motivations Mele first presents a negative argument that demonstrates merely how preponderant motivation/desire/belief is insufficient for explaining that one intends to do something. Mele demonstrates this through the example of two angry men. Both Alan and Bob are preponderantly motivated to humiliate Carl (they are more motivated to do this than anything incompatible with it), and they believe that they will likely humiliate him on the basis of their desires (Mele, 1992,

pp. 154-155). Both deliberated about their courses of action through considering “the possibility of resisting [their] desire to” humiliate Carl (Mele, 1992, p. 155). Despite their preponderant motivation, and belief that they will humiliate Carl, Alan decided not to do this, while “Bob decided to humiliate Carl, therein forming an intention to do so” (Mele, 1992, p. 155). The reductionist view which regards intentions as being reducible to beliefs/desires insists that both Alan and Bob intend to humiliate Carl since they are both preponderantly motivated to do this (Mele, 1992, p. 155)⁶.

Mele rebuts this objection by explaining that it is possible for an agent to “resist their motivation to A” no matter how strong this desire is, by deliberating about options and intentionally taking “measures to counter the pull of unruly desires” (Mele, 1992, p. 155). Because Alan has decided to resist “his desire to A”, Mele argues that “we are strongly disinclined to believe that...Alan” intends to humiliate Carl (Mele, 1992, p. 155). What follows from this is Mele’s claim that an agent could “be preponderantly motivated to A”, believe on the basis of their desires that they will do A without deciding to A (Mele, 1992, p. 157). Therefore, the belief/desire complex is insufficient for explaining intention and cannot be reduced to it (Mele, 1992, p. 156).

⁶ A question arises at this point regarding if on the reductionist view one’s intention just is one’s strongest desire. The reductionist view makes “preponderant motivation an essential feature of” intention (Mele, 1992, p. 156). This means that for reductionists, an agent intends to perform an action only if they are more motivated to do this than anything incompatible with performing the action (Mele, 1992, p. 156). Reductionists “might also partially be motivated by the popular thesis” known as the motivational strength thesis (MST) which states that agents act intentionally when they “do what [they] want most strongly to do” (Mele, 1992, p. 163). Therefore, the answer to the question above is that preponderant motivation plays an integral role in intention for reductionists. If reductionists advocate for MST, then they will believe that one’s strongest desire results in one having an intention to fulfill that desire.

Mele provides further support for this claim by demonstrating that what an agent decides to do might not be what they “are most motivated to do” (Mele, 1992, p. 158). For instance, suppose that I am motivated by two factors such as paying off student loans and also saving money. Given the evidence presented, I decide that paying off some loans is the best option despite my stronger desire for saving money. This means that while motivation/belief/desire play a role in our intentions and decisions as they partially influence the deliberation process, motivation/belief/desire is not essential (does not primarily contribute) to intending or deciding (Mele 1992, pp. 164, 166). Mele regards intentions and decisions as involving an agents’ evaluative judgements of “attractive or aversive items” and these evaluative judgements could be misaligned from the strength of their desire/motivation for these items (Mele, 1992, pp. 157, 164). For example, experimental evidence reveals that because children had to wait longer for their strongly desired snacks than the lower-ranked snack that could be requested whenever, some children requested the lower-ranked snack much earlier than others (Mele, 1992, p. 164). This lends support for the claim that evaluative judgements involved in intentions and desires can be misaligned from the motivational strength of desires (Mele, 1992, p. 164). Therefore, merely having a belief/desire/motivation regardless of its strength is insufficient for intending or deciding (Mele, 1992, pp. 164, 165).

After persuasively arguing for belief/desire/motivation being insufficient for intending or deciding, Mele presents a positive argument for what fills the sufficiency gap that is missing from desire/belief/motivation but characteristic of intention. This further proves how intentions are irreducible to beliefs/desires. The reason why Alan did not intend to humiliate Carl even though he was preponderantly motivated and believed that he was likely to do this is because

beliefs/desires/motivations are insufficient for making “progress towards action that intention involves” (Mele, 1992, p. 167). Recall Mele’s argument that what an agent decides to do might not be what they “are most motivated to do” (Mele, 1992, p. 158). Because an agent could choose something they do not have the strongest desire for, this means that desire alone was insufficient for arriving at this choice (making progress towards action). Suppose an individual is house hunting and they are inclined to buy the brick house as considerations point to this being the best option for avoiding maintenance upkeep costs even though they have a stronger desire to purchase the white modern home nearby. The individual may believe that they will buy the white house due to their strong desire yet may still decide to do something they have a weaker desire for (i.e. buy the brick house) (Mele, 1992, p. 155). From this, Mele argues that if an agent decides to do something incompatible with their motivation, then they are unsettled about whether to perform the action they have a strong desire for (Mele, 1992, pp. 160, 169). This means that in deciding to purchase the brick house, the agent “makes (internal or psychological) progress toward buying it-progress that...cannot be articulated wholly in terms of motivational strength” (Mele, 1992, p. 160).

IV. The Role of Settling in Intentions

What is missing from belief/desire/motivation is the settling component of making progress towards action that Mele argues is characteristic of intentions and decisions and therefore makes intentions irreducible to beliefs/desires/motivations (Mele, 1992, pp. 159, 160). Mele regards intentions as a very special species of desire that consists of an executive attitude (with a settling component) towards carrying out action plans such that it has the “function of producing intentional action” which belief/desire alone is incapable of (Mele, 1992, pp. 162, 167, 170). While

Mele convincingly demonstrates how intentions are irreducible to desires, the properties involved in settling deserve further attention. Revealing what is involved in the process of settling is important to better understand what is necessary to actively acquire intentions which are important for making decisions.

According to Mele, “[b]eing settled incorporates...a collection of dispositions conducive to our A-ing...[such as] the disposition to regard the question whether to A as closed...the disposition to coordinate...plans with our A-ing, and the disposition to reason about means to A-ing” (Mele, 1992, p. 159). For Mele, settling allows an agent to “make important progress toward action” as settling involves “the immediate initiation of an appropriate intentional action—a state whose immediate goal is the execution of the decision” (Mele, 1992, p. 159). What exactly is involved in dispositions that makes progress towards action possible? Deliberation involves considering different circumstances, and reflecting on how these would impact our plans and our reasons for considering acting on them. Recall that decisions are an active process that involves intentions that are actively acquired through deliberating about potential instances that may arise from executing the decision, and involves an agents’ evaluative judgements of assessing their options based on what is “attractive or aversive” to them (Mele, 1992, p. 157). Dispositions (conditional, implicit) result from deliberation (occurrent, explicit). This means that when an individual finds themselves in a situation, after deliberating, they may be inclined to have a certain disposition towards the situation. Deliberation is involved in the settledness of decision-making. Given that dispositions are necessary for settling, and that settling is necessary for intentions, what follows is that dispositions are necessary for intending. Since dispositions result from deliberation, I submit that deliberation is necessary for actively settling and thus for actively acquiring

intentions. and that dispositions are synonymous to deliberation, I argue that deliberation is necessary for settling and thus for actively acquiring intentions.

V. Deliberation Explained

At this point in argumentation, a question arises regarding whether a person could make a decision without any prior deliberation. To address this, it is helpful to explain the distinction between an active and passive agent. Within our mental composition as agents, we both actively (“exercising of a mental power”) and passively experience (actualizing a mental capacity) events and entities we encounter (Goetz, 2008, p. 8, 9). The properties of an active agent (“exercising of a mental power” as well as choosing and focusing) are “uncaused or not produced” as nothing in the world brings it about (Goetz, 2008, p. 8). Passive agency on the other hand (actualizing one’s mental capacity as well as believing and desiring) is caused or produced as what happens to us is caused by worldly encounters (Goetz, 2008, p. 8). Another distinction between active and passive agency is that active agency “lacks an efficient cause” while passive agency contains efficient cause (event caused rather than agent caused) (Goetz, 2008, p. 8). To further conceptualize the link between passive agency and efficient causation consider a child eating ice cream who sadly drops their cone on the sidewalk. In this instance, the child did not cause this to happen, rather the crack in the sidewalk (event in the world) caused the child to trip and then drop their ice cream cone. This instance of passive agency is synonymous with passively acquired intentions as in both of these instances, things are happening to the agent that are caused by worldly encounters the agent experiences (Goetz, 2008, p. 8). Since things are simply happening to the passive agent/passively acquired intentions caused by worldly encounters rather than by agent themselves, prior deliberation is not needed for making decisions in these instances. With actively acquired

intentions however, the active agent causes things to happen themselves through exercising their mental power (Goetz, 2008, p. 8). This means that there is some sort of prior deliberation that happens in decision making for active agents/actively acquired intentions as deliberation is partly what accounts for active agents causing things to happen themselves.

What makes it possible for an agent to deliberate? Given that desires are not essential to intentions and decisions, what factors are necessary components for deliberation to occur? Recall that deliberation is necessary for actively acquiring intentions. This means that deliberation involves considering potential circumstances and reflecting on how this might impact plans. This consideration process involves an agent reflecting on their evaluative judgements regarding what is attractive or aversive to them (Mele, 1992, p. 157). The reflecting process of deliberation considers an agent's "reason[s] about means to A-ing" (Mele, 1992, p. 159). The question remains regarding what components are necessary for an agent to deliberate (reflect/consider their evaluative judgements to determine whether they should consider a course of action). Recall that when an agent settles, they "make important progress toward action" which results in "the immediate initiation of an appropriate intentional action-a state whose immediate goal is the execution of the decision" (Mele, 1992, p. 159). The goal for making a decision is involved in "the immediate initiation of an appropriate intentional action" and settling (characteristic of intentions and is produced through the necessary component of deliberation) "has the function of producing intentional action" through making progress towards action (Mele, 1992, p. 159). What follows from this I argue, is that an agent's goals for making a decision (teleology) are necessary for deliberation. Given that deliberation is necessary for actively acquiring intentions, this means that teleology is also necessary for actively acquiring intentions.

VI. The Role of Teleology in Deliberation

When an agent has a goal directed at performing some action, this goal-directedness is referred to as teleology (Paul, 2020, p. 10). Teleology refers to when an agent performs an action with the aim (goal) of achieving a certain outcome (Paul, 2020, p. 10). For instance, I might raise my arm (action) to get my teacher's attention (outcome) in order to get called on (goal). Stewart Goetz, a noncausal libertarian argues that agents can teleologically explain their actions through describing how their reasons (a necessary component for a choice) were a means to making a choice in order to achieve a certain outcome (Goetz, 2008, p. 20). Goetz believes that teleological explanation which agents use to explain their reasons for making a choice cannot be reduced to causal explanation (Goetz, 2008, p. 9). For the sake of scope, I will leave aside the noncausal/causal debate. I will instead focus on why reflecting on goals (teleology) is necessary for the process of deliberation which is necessary for actively acquiring intentions. Deliberation involves considering/reflecting on circumstances, their potential impacts, their alignment with an agent's evaluative judgements, and an agent considering their "reason[s] about means to A-ing" (Mele, 1992, p. 159). When an agent uses teleological explanation to explain their reasons for making a choice they are considering "reason[s] about means to A-ing" which is involved in deliberation (Goetz, 2008, p. 20; Mele, 1992, p. 159). Given the significant role that teleological explanation plays in deliberation (considering reasons for action), I argue that teleological explanation is necessary in order to deliberate and is thus necessary to actively acquire intentions.

At this time, another question arises regarding if Mele discusses teleology and if not, how I am adding to Mele's discussion. In "Executive States: Settling Things" Mele does not make any reference to teleology. Mele does however provide a brief account of teleology in "Goal-Directed

Action: Teleological Explanations, Causal Theories, and Deviance” by arguing for the conclusion that teleologists need causalism as causation sufficiently explains why something is an action, and why an action is performed in order to achieve a goal (Mele, 2000, pp. 279, 293). Mele argues that causalism is needed because anticausal teleologists (AT) such as George Wilson and Scott Sehon fail to provide an adequate answer to Donald Davidson’s challenge of providing an explanation for why it is “true that a person acted in pursuit of a goal” without relying on causation (Mele, 2000, p. 279). Overall, Mele argues that causalists are in a better position than AT as causalists prove that because “primary causal deviance blocks actions in an agent”, the AT (Wilson) answer to Davidson’s challenge is insufficient as a person cannot “intend to promote the satisfaction of [their] desire” if they are incapable of acting (Mele, 2000, pp. 293, 281). While Mele briefly addresses teleology in (Mele, 2000), he spends the majority of his time arguing why noncausal teleology is insufficient for explaining why people choose for a reason. Mele primarily explores the causal versus noncausal debate (too much to address here for scope purposes) rather than focusing on teleology. As a causal teleologist, Mele does believe that teleology is necessary for explaining an agent’s actions. Although Mele thinks teleology is important in certain respects, the respect that I am talking about it (I argue that an agent’s teleological explanations are necessary in order to deliberate and thus are necessary in order to actively acquire an intention) is an aspect Mele does not address.

The following example is helpful for understanding how teleological explanations play a necessary role in deliberation which further demonstrates why teleology is necessary for actively acquiring intentions. Suppose I am trying to decide what to eat for dinner. Suppose further that my options are Italian and Mexican food and that I have a desire for both of these. After deliberating

about the pros and cons, reflecting on how this would impact my dinner guests, and considering how this would align with my evaluative judgements, I decided to make Mexican food even though I have a stronger desire for Italian food. If desire strength did not play an essential role in my deliberation process such that it did not yield selection of the stronger desire, then what is the necessary component that allowed me to deliberate? When we make choices brought about by actively acquired intentions there are always reasons for them that we deliberate about.

In order to consider the reasons we have, teleology is necessary as reasons are teleologically explained by describing how these reasons function as a means to achieving an outcome which was “the agent’s reason for acting” (Goetz, 2008, p. 20; Paul, 2020, p. 19). This teleological explanation of a choice involves the purpose one has for considering this choice, how the agent will reach their end goal, and “making a choice to perform that action in order to bring about that purpose” (Goetz, 2008, p. 20). I argue that teleology is necessary for deliberation, as teleology allows agents to consider/reflect on why performing actions is worthwhile or worthless based on their goals and purpose. Teleological explanation is important for us to understand the intentions one has for choosing the reasons that they do as a means to accomplishing a goal. Perhaps even though I had a weaker desire for Mexican food, I chose to make it, in order to make my friends happy (goal) which will make for a meaningful dinner party (purpose). According to Goetz, teleological explanations indicating “the purpose for which [a choice] is made” are necessary in order for a choice (decision) to occur (Goetz, 2008, p. 11). Given that a decision cannot be made without an intention (Mele, 1992, p. 156), and that teleological explanation is necessary for considering reasons for action (deliberation which is necessary for actively acquiring intentions), this means that teleological explanation is necessary for actively acquiring intentions.

As such, I argue that the necessity of teleology for actively acquiring intentions is explained through the necessary role that teleological explanation plays in the deliberation process.

VII. The Connection Between Experience and Teleology

Given that “[t]eleological explanations of human actions are explanations in terms of aims, goals, or purposes” (Mele, 2000, p. 279), what makes agents realize their aims, goals, and purposes in life? I argue that it is necessary for us to make sense of (recall, remember) some of our personal experiences in order to have teleological explanation. Before I spell this out, it is important to note that I do not mean that one must be able to recall all previous personal experiences to have teleological explanation. Nevertheless, being able to recall some experiences in general is necessary for an agent to recognize their aims, goals, and purposes. Recall that agents can teleologically explain their actions through describing how their reasons were a means to making a choice in order to achieve a certain outcome (Goetz, 2008, p. 20). The teleological explanation of a choice involves the purpose one has for considering this choice, how the agent will reach their end goal, and “making a choice to perform that action in order to bring about that purpose” (Goetz, 2008, p. 20). Since our choices are motivated by reasons, this means that our reasons have purpose (Goetz, 2008, p. 20). It follows from this that our choices have teleological explanation because choices are the result of following through with our reasons as a means to making a choice (Goetz, 2008, p. 20).

Reason (which explains the choices we make) is an optative entity (a hope for the future). An example of reason as an optative entity would be the following: In saving a person from falling down the stairs when I see them trip, my reason for doing this is that I do not want them to experience any pain. My hope (optative entity) which influenced my reason was to save this person

from experiencing pain in that moment. As such, I was saving them as a means to preventing the experience of pain. It follows from this that there was a teleological explanation for my reason (Goetz, 2008, p. 21). When thinking about reasons as optative entities, I argue that our reasons as a means to achieving an outcome (teleological explanation) are significantly influenced by our past experiences (Goetz, 2008, p. 20). For me to even formulate my explanation for saving the person, and to anticipate the outcome of falling down the stairs resulting in pain, I need to have a prior conception (acquired from past experience) of what pain is. It follows from this that while we want to prevent a negative outcome from happening in the future, teleological explanation for our reasons is significantly influenced by our past experiences. Thus, our experiences play a necessary role in formulating teleological explanation. Given that teleology plays a necessary role in deliberation (necessary for actively acquiring intentions) and that experiences are necessary for teleological explanation, this means that experiences are necessary for deliberation and for actively acquiring intentions.

VIII. What Does it Mean to Have an Experience?

When an agent has an experience, they first typically come into contact with a physical object (e.g. an apple)⁷. An agent need not have prior experience with this object for them to have the experience of coming in contact with the object. Individuals such as infants who do not yet have concepts at their disposal to describe their experiences/form thoughts passively, sensorily, and immediately take in the objects they experience (Pinkard, 1994, p. 24; Hegel, 2018, §90, 92). All one can gain from simply passively, immediately, and sensorily taking in worldly experiences

⁷ This object need not be physical as it could be a mental object such as hallucinations or objects encountered mentally in dreams.

is knowing that they are sensuously experiencing. Once individuals learn language, they can use words (grouped to form concepts) to refer to objects they experience, describe their experiences to others, and form judgments regarding these experiences (Searle, 1998). In this combination of acting and describing experiences, individuals can think about these experiences, distinguish them from other experiences, and be consciously aware of what they are experiencing (Eldridge, 2014, p. 507). Through consciousness, individuals have the capacity to judge what is or is not the case (Pippin, 2014, p. 9). When individuals are consciously aware that the objects they take in exist independently from them, they can confidently recognize that they are the one perceiving these objects (Pippin, 2014, pp. 14, 21).

IX. Experiential Information

Neuroscientist Michael Graziano argues that “because we can decide that we have awareness, and because decisions require information, awareness might itself be information” (Graziano, 2013, p. 46)⁸. The argument unfolds as follows: if we have awareness, then we can make decisions. If we can make decisions, then we have information at our disposal. Therefore, if we have awareness, then we have information. What follows from this, I argue, is that through being aware that we are the ones experiencing an event, we acquire information. This information can either be physical (reveals physical features of experiences) or phenomenal (reveals non-physical feature of experience or reveals that “certain physical...processes within experience have some sort of non-physical properties”) (Chalmers, 2002, pp. 284-286). I argue that the information

⁸ The thought that we can decide that we have awareness and thus that awareness is something within our control is an unusual view that is not incorrect but interesting nonetheless.

we acquire from our experiences contributes to our aims, goals, and purposes which serves as our teleological explanation that plays a necessary role in deliberation.

In “Perceptual Justification”, Matthew McGrath emphasizes that our perceptual experiences (sight, touch, smell, hear, taste) reveal information to us about our surroundings. Through perception (a form of information) we are able to experience the world (Goldman, 2015, p. 131). “Perception is a source of knowledge. When you walk out your door and see a squirrel on the porch railing...you come to know things about your surroundings” (Goldman, 2015, p. 131). When individuals are consciously aware of their experiences, they are able to judge whether what they are experiencing is reality as well as form beliefs, hopes, and intentions (all forms of information gained through experiences) corresponding to these experiences (Pippin, 2014, p. 9; Goldman, 2015, p. 131)⁹. Beliefs, hopes, and intentions have propositional content that presents instances as either being true or false (Goldman, 2015, pp. 132, 133). “A belief represents its propositional content as being true. A hope instead represents its propositional content as something that would be good to be true, an intention as something to make true” (Goldman, 2015, p. 133). For instance, “the belief that the squirrel is on the railing has the propositional content that the squirrel is on the railing” (Goldman, 2015, p. 133).

Through our worldly experiences and interactions with others, we acquire information (language, facts, etc.) which can be used to generate reasons, meaning, judgements, propositions, descriptions, etc. Justifying “beliefs is a matter of having reasons” (Goldman, 2015, p. 133). Briefly put, according to “The Justification-from-Reasons View...If you are justified in believing

⁹ Whether or not an agent is justified in believing certain things based on their experiences is beyond the scope of this work so I will leave this aside.

that P, you are so justified in virtue of having a reason to believe that P” (Goldman, 2015, p. 133). “The Propositional View of Reasons” indicates that “a reason for a belief is a proposition...and to have a proposition as a reason is to be in a mental state that assertively represents that P” (Goldman, 2015, pp. 133, 134). Experiences must have assertive representational content in order to have reasons for a belief and to justify beliefs (Goldman, 2015, p. 133). To justify beliefs from experiences, one must have reasons, and “having a reason amounts to having a mental state that is a justified assertive representation of the proposition or fact that is one’s reason” (Goldman, 2015, p. 135). “A mental state has assertive propositional content just in case it has propositional content and it represents that content as true” (Goldman, 2015, p. 133). Through learning language, individuals gain the ability to actively choose which representations (meaning) they ascribe to their experiences and to linguistically describe their experiences to others (Kinsella, 2020, p. 41).

X. Conclusion

Earlier I argued that teleological explanation is necessary for deliberation (necessary for acquiring intentions), that decisions involve intentions that are actively acquired through deliberation, and that experiences play a necessary role in acquiring teleological explanation due to the experiential information we acquire. What follows from this, I argue (and conclude with) is that our experiences are necessary for deliberation, for actively acquiring intentions, and experiential information we acquire plays a necessary role in making informed decisions. David Lewis argues that you cannot learn anything about an experience simply by being told about it. You must be able to go “out and really have that experience” to “know what it is like” (Chalmers, 2002, p. 281). Through experiences we acquire information such as coming “to know what it’s

like” to have these experiences (Chalmers, 2002, p. 281), learning new phenomenological facts (non-physical facts) (Chalmers, 2002), and/or gaining physical abilities to remember, imagine, and recognize these experiences (Chalmers, 2002). The information we acquire from our experiences contributes to our aims, goals, and purposes which serves as our teleological explanation that plays a necessary role in deliberation. Given that teleological explanation and experiences play a necessary role in deliberation and making informed decisions, it is important for us to reflect on how our experiences influence our teleological motive so that we can better understand decisions we make, and utilize information to assist us in making decisions.

Part 3: Improving Medical Decision Making on Behalf of Semantic Dementia Patients Without
Capacity Through Person-Centered Care

I. Cognitive Decline Unpacked and Semantic Dementia Explained

Given that we cannot fully understand another person through physical information alone (part 1), and that deliberation (necessary components of teleological motive and experience) plays a necessary role in actively acquiring intentions which are necessary for making informed decisions (part 2), how can we improve medical decision-making on behalf of cognitively declined patients without capacity who have significant difficulty remembering their experiences? Before we can address ways to improve medical decision making for cognitively declined patients, we must first understand what cognitive decline is and why this occurs. The specific condition I want to focus on is semantic dementia (SD). Dementia occurs due “a lack of...well-functioning interneural circuitry through which a person might process...events” they experience (Kitwood, 1997, p. 49). This circuitry either never formed due to the person being unable to “adapt, psychologically, to [their] present life situation”, the “necessary circuitry exists, but it has been deactivated or bypassed” potentially due to psychological defense from trauma, “[t]he structure of the circuitry exists but the synapses” are malfunctioning due to a “neurochemical deficit or imbalance”, or “[t]he relevant circuitry did exist” or had the potential for development “but a pathological or degenerative process has supervened” (Kitwood, 1997, p. 49). Semantic dementia (SD) “is characterized by a selective and progressive impairment of semantic knowledge” (Duval et al., pp. 2012, 255). Unlike syntax which “concerns only structural or ‘formal’ features of sentences; semantics concerns their meanings” (Heil, 2012, p. 112). Humans with a properly functioning brain are able to process information, linguistically refer to information, and are

capable of generating meaning from it through semantics. For instance, when I go out to lunch with a friend who is wearing a pretty floral blouse, I process the shirt (information), and I can generate meaning from the shirt through the memory I form of going to lunch. Impairment of semantic knowledge characteristic of SD includes degradation of “knowledge of objects, concepts, famous people, and public events”, impaired verbal episodic memory, and multiple language deficits including impaired comprehension (Duval et al., 2012, p. 255).

II. Personhood Maintained in Semantic Dementia Patients

Despite the degradation of semantic knowledge in SD patients, research suggests that personal identity is maintained through the preservation of various factors described below. Experimental results note that SD patients “completing more sentences than the controls” indicated fluent language “in SD patients [despite]...their semantic deficit” (Duval et al., 2012, p. 261). Due to the “number of self-representations” SD patients completed in sentences, this demonstrates that strength of self is “preserved in SD regardless of lifetime period” (Duval et al., 2012, p. 261). While projection of self into the past, and subjectivity of “present and past selves” is preserved in SD patients, subjectivity of future selves is impaired for SD (Duval et al., 2012, p. 262). Both “the ability to project oneself into the future and the level of consciousness associated with the future self” are impaired in SD (Duval et al., 2012, p. 262). “[S]trength and certainty of self-concept” is preserved in SD meaning that these patients know who they are “and their self-image [is] not frozen in the present (Duval et al., 2012, p. 262). Overall, SD patients maintain “identity and continuity” of their past and present self and can “describe their present personal identity” due to the preservation of episodic self-representations, “recent personal semantic memory”, and their “ability to project themselves back into time associated with a degree of consciousness” (Duval et

al., 2012, p. 263). Future identity is impaired in SD patients due to the degradation of semantic knowledge and episodic thinking which makes it very difficult for SD patients to relate “to personal goals and future perspectives” (Duval et al., p. 263).

III. Factors Contributing to Accelerated Neurological Degeneration in Cognitively Declined Patients

While SD patients are capable of preserving aspects of their past and present sense of selves, there are various factors such as a “malignant social-psychological environment” that can unfortunately lead to accelerated neurological degeneration (Kitwood, 1997, p. 51). When a patient experiencing cognitive decline is removed from the home and placed in a medical facility, they enter into a public environment that “strips away much of the patient’s context” from their home life (Salter, 2015, p. 152). Within this setting, patients are “isolated and individuated, disentangled from the lives and interests of others” (Salter, 2015, p. 150). Modern bioethics prioritizes “technology over the person, anonymity over identity, standardization over particularity, [and] individuality over relationship” (Salter, 2015, p. 152). Instances of cognitively declined patients in medical facilities include experiences of being “isolated, agitated...los[ing] most of [the] ability to communicate”, and staff potentially not knowing patient personal information (Kitwood, 1997, p. 63). Instead of sympathetically exploring labeled behavioral problems of cognitively declined patients, this is often “controlled by medication, but at the cost of suppressing much of what enabled...person[hood], and possibly adding further damage to [the] nervous system” (Kitwood, 1997, p. 41).

IV. Surrogate Medical Decision-Making on Behalf of Patients Without Capacity

Given the potential for further decline of neurological processing in cognitively declined patients treated in a medical setting that strips them of personal contexts, what resources are in place for making medical decisions on the behalf of cognitively declined patients without capacity? Before this question can be addressed, we must first understand what it means for a patient to be without capacity. Clinicians (often psychiatrists) need to determine “whether a patient possesses decision-making capacity”, rationality (being able to “reason with the information in a rational way”), and whether “a capacitated decision-maker’s choice is fully autonomous...free of undue influence or coercion” (Salter, 2015, pp. 147, 148). Patients who are incompetent are incapable “of exercising self-determination by making [their] own decisions” and thus ‘can no longer exercise the right to accept or refuse treatment” (Brock, 1994, p. S10; Leo, 1999, p. 131). Capacity and competence are frequently conflated, so it is important to convey their distinctions. “Competency is a legal term” that while conceptually broad, can be specifically referred to as “the mental ability and cognitive capabilities required to execute a legally recognized act rationally” (Leo, 1999, p. 131). Competency is determined in the judicial courts (Leo, 1999, p. 131). To maintain patient “autonomy or self-determination” as much as “legally possible, the court makes a determination of one’s competence in a task-specific manner” (Leo, 1999, p. 131). For instance, “one can be determined to be incompetent to execute a will, but may be deemed competent to make treatment decisions’ (Leo, 1999, p. 131). Capacity on the other hand ‘is determined by a physician” (often a psychiatrist) and “refers to an assessment of the individual’s psychological abilities to form rational decisions, specifically the individual’s ability to understand, appreciate, and manipulate information” (Leo, 1999, p. 132). If a patient is deemed to lack capacity by a

physician, then they are “referred to as de facto incompetent, i.e., incompetent in fact, but not determined to be so by legal procedures. Such individuals cannot exercise the right to choose or refuse treatment and they require another individual” (surrogate) “to make decisions on their behalf” (Leo, 1999, p. 132).

When making decisions for patients without capacity, the first step is to refer to an advanced directive where patients (when competent) complete a form requesting the kind of treatment they prefer, medical procedures they do not want performed, and designating a healthcare power of attorney (surrogate) to “decide for them should they become unable to make their own decisions” etc. (Brock, 1994, p. S9). If a patient does not designate a surrogate while competent, then during incompetence, it is customary for medical professionals to choose an available close family member of the patient since this is someone the patient would usually “want to be the surrogate” (Brock, 1994, p. S9).

What principles should a surrogate adhere to when making medical decisions for cognitively declined if an advanced directive is unavailable? When no advanced directive is present, surrogates should utilize the Judgment Principle “which directs the surrogate to use available knowledge of the patient and [their] values and wishes to attempt to decide as the patient would have decided” while competent (Brock, 1994, p. S9). If the surrogate lacks any knowledge relevant to the decision, “the Best Interests Principle then directs the surrogate to choose the alternative that best promotes and protects the patient’s interests” (Brock, 1994, p. S9). “The UK government’s green paper on the reform of the Mental Health Act suggests that in determining a person’s best interests regard should be given to” multiple factors in addition to the principal obligations above (Hughes, 2001, p. 90). These factors include “the need to permit and encourage

the person to participate in what is done or decided for [them]; the views of others concerning the person's wishes and feelings, and whether ends can be achieved in a manner less restrictive of the person's freedom of action" (Hughes, 2001, p. 90). Often in making medical decisions, surrogates use a combination of the principles listed above.

V. The Role of Ethics Committees in Medical Decision-Making

In addition to surrogate decision-making on behalf of patients without capacity, medical ethics committees also play an important role in decision-making regarding "moral questions about patient care" (Rangel, p. 207). Ethics consultants "[g]ather relevant data (i.e. discussions with physicians/patients/families, examine medical records/documents) to aid in group recommendations, "[c]larify relevant concepts (such as confidentiality, privacy, informed consent, and best interest)", "[c]larify related normative issues (such as implications of societal values, law, ethics, and institutional policy)", and help "to identify a range of morally acceptable options within the context" (Rangel, 2009, p. 221). These tasks are performed to "identify and analyze the nature of the value uncertainty or conflict underlying the [medical] conflict" (Rangel, 2009, p. 221). After general meetings consisting of physicians, patients, ethics committee members, etc., all discussing "relevant [case] information, the ethics team meets alone" "to further discuss the facts presented and the applicability of certain ethical principles" (Rangel, 2009, p. 219).

Medical ethicists regularly participate in ethics committee meetings, review ethical document drafts, conduct clinical consultation meetings, and research medical ethics cases. The findings from each of these experiences are often implemented into advancements in education, policy, and consultation. Effective clinical consultation would not be possible without first conducting

research to better understand why health care ethical issues are prevalent, and then working to apply this research to proposed ethical solutions. It is important for medical ethicists to intelligibly communicate relevant ethical considerations to patients to aid in informed medical decision-making. Collaboration with ethics committees is fruitful for raising awareness regarding medical cases worthy of ethical consideration. Medical ethicists place emphasis on integrating administrative ethical policies with quality health care. Understanding professional obligations and ethical scenarios entailed in various medical occupations such as senior administration (Chief Operating Officer, Chief Executive Officer, Chief Financial Officer, Chief Medical Officer, Chief Nursing Executive), secondary administration (hospital risk manager, privacy officer, etc.), nurses, physicians, mental health professionals, chaplains, social workers, patient care techs, lab techs, phlebotomists, pharmacists, physical therapists, etc. is vital given the important role each occupation plays in patient care.

VI. Improving Group Medical Decision-Making

While the assembly of members serving on medical ethics committees differs across hospitals, research shows that “68% utilize a small-team model, comprised of an average of four individuals, ...23% utilize a full ethics committee model, comprised of an average of nine individuals [, and] [t]he remaining institutions (9%) employ an individual consultant model” (Rangel, 2009, p. 207). The majority “(91%) of institutional ethics committees employ a group decision-making model” (Rangel, 2009, p. 207, 208). Typically, “individual consultants handle less-serious cases, with small groups or full committees handling the more complex cases” (Rangel, 2009, pp. 207, 208). The reasoning for this is that because “groups are often seen as able to represent a larger more

diverse set of perspectives”, “they are viewed as more fair by providing a voice for a greater segment of the population affected by the outcome” (Rangel, 2009, p. 208).

Erica Rangel raises an important question pertaining to how medical ethics group decision-making could be improved given how prevalent group decision-making is within medical contexts (Rangel, 2009, p. 208). One suggestion she has for improvement in group decision-making is advocating for diversity in ethics committee members. In 2007, it was found that ethics committees overwhelmingly consisted of “physicians (34%) and nurses (31%)” (Rangel, 2009, p. 221). While physicians and nurses play a vital role in patient care, other specialties “such as social workers, chaplains, patient advocates, administrators, philosophers and theologians” provide invaluable insight and “should be more regularly represented” (Rangel, 2009, p. 221). Groups tend to “discuss shared information at the expense of unshared information” (shared information= medical facts in patient records, unshared information= “unique knowledge of the situation” such as medical specialties contributing information relevant to their specific expertise), resulting in a “failure to uncover hidden profiles” (Rangel, 2009, p. 210). While shared information “may lead to mutual [group] enhancement... of [member’s] task capabilities”, Rangel advises that clinical ethics consultants should be informed about “the tendency of groups to concentrate on shared information” instead of unshared information, and made aware of detrimental impacts that stem from this tendency (Rangel, 2009, p. 221).

VII. Situated-Embodied-Agency: A Tool for Improving Medical Decision-Making on Behalf of Cognitively Declined Patients

Given that semantic dementia (SD) patients are capable of maintaining personal identity through their ability to preserve their past and present sense of self, yet medical facilities strip them of personal context which contributes to accelerated neurological degeneration, what are effective tools for maintaining the personal identity of patients while in healthcare facilities? Given that we cannot fully understand another person through physical information alone (part 1), and that deliberation (necessary components of teleological motive and experience) plays a necessary role in actively acquiring intentions which are necessary for making informed decisions (part 2), how can we improve medical decision-making on behalf of cognitively declined patients without capacity who may have difficulty remembering their experiences? In this section, I will argue that a person consists of more than Locke believes. Further investigation of Lockean personal identity is important as medical professionals are expected to uphold ethical obligations when caring for persons (part 1 section III). I will advocate for the situated-embodied-agency view of persons (SEA) allowing for an expanded conception of persons that could potentially serve as an effective tool for helping maintain personhood in cognitively declined patients and improve medical decision making.

Recall that for Locke, continuity of consciousness is necessary for personal identity to be maintained (part 1 section II). If a person can extend all the way into the past and still be conscious of past experiences and be conscious of their present life, then they are the same person (Macdonald, C., & Macdonald, G., 2006, p. 98). This means that for Locke, “my personal identity now is linked to my personal identity last week by psychological continuity, which is maintained

by memories, but also by beliefs, desires, and by intentions” (Hughes, 2001, p. 87). Thus, Locke believes that “to be a person is to have enough psychological continuity and connectedness” (Hughes, 2001, p. 86). Recall from part 2 section VII that I argued that it is necessary for us to make sense of some of our personal experiences in order for an agent to recognize their aims, goals, and purposes (teleology). Given that SD patients cannot recall all previous and present experiences with significant difficulty formulating any presence of future self, what recommendations are there for caring for them as persons in medical facilities?

When considering cognitive declined patients in relation to Lockean personal identity a problem arises in deciding “how much psychological continuity is necessary” for a human to be a person (Hughes, 2001, p. 89). Is the cognitively declined person different than the person they were prior to experiencing cognitive decline? Should we accept Buchanan’s view that people with severe dementia lack “the appropriate psychological continuities” and therefore are not persons (Hughes, 2001, p. 89)¹⁰? Suppose that a competent person composes their advanced directive, but “the circumstances envisaged in the advance directive come to pass” (Hughes, 2001, p. 89). Lockean personal identity theory would conclude that this cognitively declined person is different from the person “who wrote the directive, or not a person at all” given that personal identity is “solely equated with psychological continuity and connectedness” (Hughes, 2001, p. 89).

Further investigation of this Lockean view is important as medical professionals are expected to uphold ethical obligations when caring for persons (part 1 section III). The “situated-

¹⁰ Locke would respond to this stating that if an individual lacks psychological continuity, then they are no longer the same person. However, contrary to Buchanan, Locke believes that individuals lacking psychological continuity are still persons.

embodied-agent view of the person” “suggests that there is more to being a person” (SEA) than what Locke argues (Hughes, 2001, p. 86, 89). SEA “regards the person as embedded in a history and culture” context through interaction and allows for a “richer account of clinical experience” (Hughes, 2001, p. 86, 87). Unlike the Lockean view where “a person is constituted solely by psychological phenomena”, SEA indicates that it is impossible “to characterize psychological phenomena independently of an embedding context” which allows for an understanding of personhood to be enlarged rather than reduced (Hughes, 2001, p. 88). While Lockean personal identity holds that a cognitively declined patient is no longer a person if “the brain cannot sustain psychological continuity”, SEA “holds out the possibility that the person might survive into severe dementia” (Hughes, 2001, p. 90). If “personhood is embedded in the individual’s life history and engagement with others...then [SEA states that] it makes sense still to talk of the person even in severe dementia” (Hughes, 2001, p. 90).

SEA’s emphasis on cognitively declined patients deserving to be treated as persons in clinical practice presents itself as a potentially effective tool for helping maintain patient personal identity to offset “the consequences of neurological impairment” (Kitwood, 1997, p. 54). SEA “argues in favor of treating people with severe dementia with as much care and compassion as we treat other persons” (Hughes, 2001, p. 91). Cognitively declined patients “have the same value, the same needs, and the same rights as everyone else” and are fully deserving of moral consideration (Kitwood, 1997, p. 55). According to SEA, the advanced directives composed by cognitively declined patients when they were competent “should be taken seriously” as cognitively declined patients are “continuous with and connected to the person who signed the directive, by embodiment” (Hughes, 2001, p. 89). The cognitively declined patients being “embodied [in]

historical situatedness” further indicates that these patients are at least capable of maintaining personhood relevant to these embodied events. Through applying the SEA view to medical decision-making on behalf of cognitively declined patients without capacity, medical professionals and surrogates can account for patients as persons. Examples of SEA accounting for patients as persons include acknowledging the “physical, emotional, conative, and cognitive” history patients (persons) are embedded in, recognizing that patients (persons) are “embedded in a context of care, which might be familial, social, or professional”, etc. (Hughes, 2001, p. 90). This approach allows for the best interests of cognitive declined patients to be considered by regarding the patient’s “past and present wishes and feelings of the person and the factors the person would consider if able to...(2) the need to permit and encourage the person to participate in what is done or decided for [them]...(3) the views of others concerning the person’s wishes and feelings”, etc. (Hughes, 2001, p. 90).

VIII. Implications of SEA for Implementing Person-Centered Care in Medical Facilities

Given that SEA advocates for cognitively declined patients being treated as persons who are embedded in a historical experiential context, person-centered care is needed to re-contextualize patients in medical facilities in an attempt to “make medical decisions [on behalf of patients] that better accord with their real lives” (Salter, 2015, p. 144). Recall that medical facilities often strip “away much of the patient’s context” (Salter, 2015, p. 152). To re-contextualize patients, medical facilities should aim to “re-situate patients in their natural relational contexts. Instead of detaching them from the relationships that in large part constitute their identity, we should encourage the involvement of intimate others in the decision-making process” (Salter, 2015, p. 152). Relatives central to helping make decisions for a patient should be cared for as well and offered support. Medical professionals

should “ask questions that allow for patients to reflect on the role family and friends play not only in medical care, but in their life, generally” (Salter, 2015, p. 152). When re-situating “patients in their natural practical contexts”, medical professionals should focus on “how treatment or care plans impact and interact with the patient’s daily activities, and particular interests and routines” (Salter, 2015, p. 153). Implementing person-centered care in patient treatment through embedding patients in interactions with family and friends (hospital visits) and in activities that they enjoy (when possible) has been shown to result in positive changes for patients (Kitwood, 1997, p. 63). Re-situating patients in their natural practical context can potentially be achieved through medical professionals focusing “treatment discussions not on the specifics of the surgery...but on the likely side effects” which can significantly impact daily activities (Salter, 2015, p. 154). Medical professionals should consider consulting with “family members about how to provide activities which would match a person’s former tastes and interests, and the idea of having some kind of life history book, complete with photographs” to provide cognitively declined patients with biographical knowledge about themselves that is essential to helping maintain identity (Kitwood, 1997, p. 56). All of these person-centered care approaches ensures patients that they are a person deserving of moral consideration, embedded in relational and historical contexts (SEA) that aid in maintaining personhood.

IX. Concluding Remarks

Through reflecting on metaphysical and ethical considerations of persons, understanding conscious experience, and identifying restrictions of physicalism for understanding the self, part 1 revealed an interesting question. Given that we owe an ethical obligation to persons, how can medical decision-making be improved for medical professionals and loved ones making decisions on behalf of cognitively declined patients without capacity who have difficulty recalling

experiences if we are unable to fully understand these patients through physical information alone? Part 2 detailed what exactly deliberation consists of, and identified necessary components of deliberation and actively acquired intentions (teleology and experience) which emphasized the significant role of experiential information and teleology in making informed decisions. This revealed the importance of reflecting on how our experiences influence teleological motive so that we can better understand decisions we make, and utilize information to assist us in making decisions. What followed from this was again the question of how we can improve medical decision-making on behalf of cognitively declined patients without capacity who have significant difficulty remembering their experiences. The situated-embodied-agent view of persons advocates for treating humans as persons embedded in a historical experiential context by connecting persons to their relationships and contexts. SEA which has implications for person-centered care serves as a potentially effective tool for helping maintain personhood of cognitively declined patients and helping improve medical decision-making.

By re-situating patients in medical facilities through immersing them in their familiar relational and contextual experiences, patients may be better able to recall their experiences, as well as recognize their aims, purposes, and goals (teleology). Medical professionals having conversations with patients, and surrogates focused on these relational and contextual experiences could provide a richer understanding of the patient as a person. This richer understanding could provide medical professionals and relatives assisting in medical decision-making with examples of the patient's experiential information which could improve informed medical decision-making regarding personalized patient care.

References

- Azétsop, J., & Rennie, S. (2010). Principlism, medical individualism, and health promotion in resource-poor countries: can autonomy-based bioethics promote social justice and population health? *Ethics, and Humanities in Medicine*, 5:1.
- Baldwin, C. (2015). Narrative Ethics for narrative care. *Elsevier Inc*, 34: 183-189.
- Bechler, Z. (1995). *Aristotle's Theory of Actuality SUNY Series in Ancient Greek Philosophy*. State University of New York Press.
- Bennet, J. (2017). An Essay Concerning Human Understanding Book II: Ideas. (Revision of Locke's (1689) Identity and diversity). *Jonathan Bennett*.
- Block, N. (1995). Some concepts of consciousness. *Sciences*, 18(2): 1-28.
- Brock, D.W. (1994). Good Decisionmaking for Incompetent Patients. *The Hastings Center*, 24(6): pp. S8-S11.
- Chalmers, D.J. (2002). *Philosophy of Mind: Classical and Contemporary Readings*. Oxford University Press.
- Davidson, D. (1982). Rational Animals. *dialectica*, 36 (4): 317-327.
- Duval, C., Desgranges, B., La Sayette, V., Belliard, S., Eustache, F., Piolino, P. (2012). What happens to personal identity when semantic knowledge degrades? A study of the self and autobiographical memory in semantic dementia. *Neuropsychologia*, 50(2): pp. 254-265.
- Eldridge, R. (2014). Hegel's Account of the Unconscious and Why it Matters. *Philosophy Education Society*, 67 (3): 491-515).
- Garrett, B. (1998). *Personal Identity and Self-Consciousness*. Routledge.

- Gazzaniga, M. (1988). *Mind matters: how the mind and brain interact to create our conscious lives*. MIT Press, Bradford Books.
- Goetz, S. (2008). *Freedom, Teleology, and Evil*. Continuum.
- Goldman, A.I. (2015). *Epistemology: A Contemporary Introduction*. Oxford University Press.
- Graziano, M. (2013). *Consciousness and the Social Brain*. Oxford University Press Inc.
- Hegel, G. (2018). *Georg Wilhelm Friedrich Hegel: The Phenomenology of Spirit* (T. Pinkard & M. Baur, EDS.). *Cambridge University Press*.
- Heil, J. (2012) *Philosophy of Mind: A Contemporary Introduction*. Routledge.
- Hughes, J.C. (2001). Views of the person with dementia. *Journal of Medical Ethics*, 27: 86-91.
- Kinsella, D. (2020). The Beauty Within the Individuality of the Self. *compos mentis: Undergraduate Journal of Cognition and Neuroethics*, 8 (1): 37-52.
- Kitwood, T. (1997). *Dementia Reconsidered: The Person Comes First*. McGraw-Hill Education.
- Lawrence, D.J. (2007). The Four Principles of Biomedical Ethics: A Foundation for Current Bioethical Debate. *Journal of Chiropractic Humanities*.
- Leo, R.J. (1999). Competency and the Capacity to Make Treatment Decisions: A Primer for Primary Care Physicians. *Primary Care Companion J Clin Psychiatry*.
- Macdonald, C., & Macdonald, G. (2006). *McDowell and His Critics*. Blackwell Publishing Ltd.
- Mele, A.R. (2000). Goal-Directed Action: Teleological Explanations, Causal Theories, and Deviance. *Philosophical Perspectives, Action and Freedom*.
- Mele, A.R. (1992). *Springs of Action: Understanding Intentional Behavior*. Oxford University Press.

- Metzinger, T. (2003). *Being no one*. Massachusetts Institute of Technology.
- Nagel, T. (1974). What is it like to be a bat? *The Philosophical Review*.
- Paul, S. (2020). *Philosophy of Action: A Contemporary Introduction*. Routledge.
- Pinkard, T. (1994). *Hegel's Phenomenology: The Sociality of Reason*. Cambridge University Press.
- Pinkard, T. (2013). *Hegel's Naturalism: Mind, Nature, and the Final Ends of Life*. Oxford University Press.
- Pippin, R. (2014). *Hegel on Self-Consciousness: Desire and Death in the Phenomenology of Spirit*. Princeton University Press.
- Prinz, J. (2011). Wittgenstein and the neuroscience of the self. *American Philosophical Quarterly* 48(2), 147-160.
- Rangel, E. (2009). Clinical Ethics and the Dynamics of Group Decision-Making: Applying the Psychological Data to Decisions Made by Ethics Committees. *Springer*, 21(2): 207-228.
- Salter, E. (2015). The Re-Contextualization of the Patient: What Home Health Care Can Teach Us About Medical Decision-Making. *Springer Science+Business Media Dordrecht*, 27: 143-156.
- Searle, John. 1998. *Mind, Language, and Society*. Basic Books.
- Zahavi, D. (2002). First-person thoughts and embodied self-awareness: Some reflections on the relation between recent analytical philosophy and phenomenology. *Kluwer Academic Publishers (1)*, 7-26.
- Zeman, A., (2008). *A Portrait of the Brain*. New Haven: London: Yale University Press.

Vita

Originally from Illinois, Dakotah Kinsella grew up in Yorkville, Illinois. After high school, she attended Augustana College and received a Bachelor of Arts in Neuroscience, Pre-Medicine, and Philosophy (majors). Before graduating with her undergraduate degree, she knew she wanted to attend graduate school. She chose to attend University of Tennessee, Knoxville to pursue a Masters in Philosophy. Her research interests pertain to Philosophy of Mind, Medical Ethics, Philosophy of Science, Philosophy of Action, and Social Epistemology. After graduation, Dakotah will pursue a Ph.D. in Health Care Ethics with a concentration in Research Ethics at Saint Louis University. She is incredibly grateful for all the support she has received from her professors, family, and friends.