Consent and Authorization

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The terms “authorization” and “consent” are often used interchangeably in discussions of ethics and health care. Other times, the concept of informed consent is defined as a form of authorization. I will argue that this is a mistake. We ought to keep authorization and consent distinct, as they denote two different morally transformative relationships. Consenting involves giving permission to another to perform actions that are ordinarily impermissible. Authorization entails obligating another to advance one’s interests on one’s behalf. Many medical agreements involve consenting and authorizing. By agreeing to surgery, one typically gives a health care professional permission to touch or operate on one’s person and requests that the health care professional perform the procedure on one’s behalf. But some forms of research participation may involve only consenting to the study without authorizing anyone to advance one’s interests in any way. Conversely, in giving an advance directive, one may authorize another to make medical decisions on one’s behalf without necessarily consenting to any specific procedure. By making this distinction, we can inquire into whether or not consent and authorization relationships ought to conform to different standards. It could be that the norms for a valid authorization relationship are identical to the norms of a valid consent relationship. But it may be that one relationship ought to require more stringent epistemic or volitional criteria than the other.