

The Costs of Autonomy: Decisional Autonomy Undermines Advisees' Judgments of Experts

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Abstract: Over the past several decades, the United States medical system has increasingly prioritized patient autonomy. Doctors routinely encourage patients to come to their own decisions about their medical care, rather than providing patients with clearer, yet more paternalistic advice. Although political theorists, bioethicists, and philosophers generally see this as a positive trend, the present research examines the important question of how patients, and advisees in general, react to full decisional autonomy when making decisions under uncertainty. Across 6 experiments ($N = 3,261$) we find that advisers who give advisees decisional autonomy, rather than offering paternalistic advice, are judged to be less competent and less helpful. As a result, advisees are less likely to return to and recommend these advisers and pay them lower wages. Importantly, we also demonstrate that advisers do not anticipate these effects. We document these results both inside and outside the medical domain (e.g., within financial and managerial advice, as well as advice about risky gambles), suggesting the preference for paternalism is not unique to medicine, but rather, is a feature of situations in which (a) there are advisor-advisee asymmetries in expertise and (b) advisees see their choice as difficult. We find that the preference for paternalism holds when both paternalism and autonomy are accompanied by detailed information and expert guidance, and regardless of the positivity or negativity of the advisee's outcome. These results deepen our understanding of preferences for autonomy and paternalism, and challenge the benefits of recently adopted practices in medical decision-making that prioritize full decisional autonomy.