God has presented each of us with the gift of human life. To show our appreciation for His gift and our respect for His granting us the dignity of being created in His image, we each have a duty of stewardship over our bodies. It may be difficult for us to determine whether a specific act or medical procedure is consistent with our obligation of stewardship. The complementary principles of totality and integrity provide moral guidance in making such decisions. Totality directs that anatomical completeness must not be sacrificed without proportional justification. Integrity focuses on maintaining basic human capacities and provides a hierarchical ordering of higher functions over lower functions for use in decision making. The decisions of secular American courts rely heavily on statutory authority and case precedent. This essay explores whether the moral principle of totality and integrity is reflected in judicial opinions. The first part examines judicial decisions in cases in which the plaintiff’s desired outcome was consistent with the principle of totality and integrity. The second part analyzes judicial decisions in which the desired outcome was not consistent with this moral principle. National Catholic Bioethics Quarterly 12.1 (Spring 2012): 43–54.

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focuses on maintaining basic human capacities and provides a hierarchical ordering of higher functions over lower functions for our use in making decisions.

When secular American courts make decisions, they rely heavily on statutory authority and case precedent. Often judges have no clear answers from these sources and must rely on legal principles or other rationales to guide their decisions. This essay explores whether the moral principle of totality and integrity is reflected in judicial opinions. The first part examines judicial decisions in cases in which the plaintiff’s desired outcome was consistent with the principle of totality and integrity. The second part analyzes judicial decisions in which the desired outcome was not consistent with this moral principle.

It appears that when the views of the court and the individual coincide with respect to this principle, the court steps in to protect the individual from the violation of his or her body by another person. Laws against murder and mayhem, for example, preserve the body from unjustifiable harm by making it a crime to kill another or cause malicious injury and by ensuring that wrongdoers are incarcerated. On the civil side, laws against battery and negligence provide similar protection and require wrongdoers to pay compensation to those they have harmed.

Informed Consent

In the medical context, informed consent is the means by which the preservation of the totality and integrity of the body is ensured in legal and moral decision making. Application of this legal doctrine and moral principle ensures that when treatment involves surgical mutilation, the patient has the information needed to determine whether the mutilation is proportionally justifiable. If the negative effects on the body are outweighed by the anticipated improvement in health, the treatment is considered proportionately justifiable under the principle of totality and integrity.

In Bang v. Charles T. Miller Hospital, the court adhered to the principle of informed consent as well as the principle of totality and integrity, holding that a patient must have the opportunity to make an informed decision before surgery is performed. The plaintiff sought medical attention for urinary problems caused by an enlarged prostate. He consented to a cystoscopic urethral examination and, during the examination, consented to removal of tissue from the prostate (by transurethral prostatic resection) to resolve the urinary symptoms. Severance of the spermatic cords, which results in sterilization, was a routine part of this procedure. The legal issue centered on whether the plaintiff understood that sterilization was an anticipated result of the surgery. If he did not, consent did not exist, and he had a viable action for battery for violation of his bodily integrity.

The court noted that consent to a procedure follows a deliberative communication between physician and patient in which treatment objectives are identified and the patient is informed of anticipated risks and benefits. Judgment in favor of a surgical mutilation thereby reflects a balancing of the proportional benefit to overall health with the expected risks that could undermine overall health. This consideration mirrors

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188 N.W.2d 186 (Minn. 1958).
the moral decision-making process of informed consent and shares the rationale of the principle of totality: when total functioning is expected to improve, the attack on anatomical wholeness may be justified.

During surgical procedures designed to improve health, surgeons ordinarily have some latitude to do what is necessary without precisely communicating information about each cut or stitch. The improved health objective generally ensures that a higher-order function (such as reproductive capacity) is not purposefully sacrificed in favor of a lower-order function (such as urinary function). If a higher-order function is inadvertently sacrificed by the physician during surgery, the patient has a claim in negligence under the rubric of medical malpractice. If, as in Bang, the sacrifice of the higher-order function was purposeful and the patient did not provide effective consent to it, the surgeon is liable for battery under civil law. In Bang, the court concluded that “a patient should be informed before the operation that if his spermatic cords were severed it would result in his sterilization.” The court appreciated that loss of reproductive capacity falls outside the scope of reasonable latitude, demonstrating that reproductive capacity is of a higher order than urinary function, as is consistent with the principle of integrity.

Self-Protection

The courts may also step in to guard against unjustified mutilation when persons lack the capacity to self-protect. The case of In re T.A.C.P. illustrates this point. The child T.A.C.P. suffered from a birth defect known as anencephaly. Anencephalic infants are born with an exposed brain stem but no cerebral hemispheres. Such infants have only reflexive responses, because the absence of the cerebral cortex makes conscious thought physically impossible. Anencephalic babies generally die within a few days of birth.

As a result of this very serious birth defect, the parents of T.A.C.P. determined that she should be declared legally dead so that her organs could be immediately removed and transplanted into someone else. Their objective was to harvest the organs as soon as possible, before the deterioration that accompanies dying rendered them useless for transplantation.

Concerned about potential civil and criminal liability for removing vital organs from a person who was not legally dead, the health care providers did not honor the parents’ request. When the parents petitioned the court to have the organs removed, the trial court’s refusal to grant their petition was affirmed by the state’s highest court. In its refusal to permit the nontherapeutic intervention, notwithstanding the imminence of T.A.C.P.’s death and the potential life-saving benefit to another, the high court rejected utilitarian objectification and gave respect to the anencephalic infant’s human dignity. The result demonstrates a presumption for life. As such, the case illustrates a dependence on the guiding principle of totality and integrity,

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2 Ibid., 190.
3 609 So.2d 588 (Fla. 1992).
preventing both a nontherapeutic mutilation and an unjustifiable loss of the basic capacity for human life.

The parents’ objective of removing vital organs via donor transplant surgery that would knowingly cause the premature death of their infant provided the T.A.C.P. court with a strong motive to intervene. The contrasting cases of *In re Guardianship of Pescinski* and *Strunk v. Strunk* show that courts may also step in when mutilation does not result in death. Both cases involved incompetent adults with siblings who needed a kidney; in both cases all other family members were ruled out as potential donors. The decisions reached opposite results with respect to granting permission for a kidney to be removed from the incompetent person and transplanted into the sibling. Nevertheless, both cases manifest an application of the principle of totality.

All bodily harms—especially the removal of a body part—affect a person’s totality, because they render the person no longer anatomically complete. Since health is the optimal physical good, therapeutic removal of a body part is justifiable under the principle of totality only if the benefit is proportional to the harm and the removal promotes health. Since the objective is to improve overall bodily function, the maintenance of functional totality satisfies the principle.

The nontherapeutic removal of a body part—for example, the donation of an organ by a living person, as was sought in these two cases—may be consistent with the principle of totality under some circumstances. Application of the principle permits a living person who is competent to make a decision to donate a kidney, for example, because kidneys come in pairs. If both kidneys are healthy, functional totality remains even after one is removed. The proportional reason can be satisfied by simultaneous application of the principle of charity. A person who sacrifices a nonvital organ to save the life of another expresses love. (However, nontherapeutic removal of a reproductive organ does not satisfy the principle of integrity because the capacity to reproduce, which is basic to our human personhood, has been destroyed without justification.) Thus, had Strunk and Pescinski been competent to make the decision for themselves, there is no question that they could morally and legally undergo donor kidney transplant surgery. Since each was not competent to make that decision, however, the court stepped in to safeguard their well-being.

In *Pescinski*, the court supported the guardian ad litem’s determination that donor transplant surgery should not be performed. Because the incompetent person lacked the capacity to consent and because the surgery was deemed contrary to his best interest, the court asserted that it had no power to approve it. This protection from surgical mutilation when it does not improve health is consistent with an application of the principle of totality.

In *Strunk*, by contrast, the court determined that it had a *parens patriae* right to act on behalf of the incompetent ward of the state and approve the surgery. After careful consideration, it concluded that removing one of Strunk’s kidneys and transplanting it into his brother was in Strunk’s best interests. One can presume

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that the principle of totality served as a starting point when the court concluded that
the guardian had no legal authority to grant permission for serious transplantation
surgery whose object was not to save Strunk’s life.

The court then broadened its discussion. It reasoned that equitable powers
enabled judicial decisions to encompass something beyond maintaining the incom-
petent person’s anatomical wholeness. The court focused on functional completeness.
While testimony affirmed that it would be “inconceivable” to remove other vital
organs, the court held that a person “can reasonably do without” one of two healthy
kidneys. Since Strunk could function with one kidney, exemplifying functional
totality, the court next considered what Strunk would do if he had the capacity to
express a reasoned choice.

It was highly unusual for the court to make a painstaking consideration of
Strunk’s views under a substituted-judgment analysis when its objective was to
determine what was in his best interest. As precedent for this approach, it dredged
up property cases from the 1800s. The sympathetic facts of the case provide another
basis for the court’s approach, however. The medical caretakers of the brother who
needed a kidney provided “substantial” evidence that the brother’s life was “vital”
to the continuity and “improvement” of Strunk’s well-being. Strunk, who had an
I.Q. of 35, identified with his brother, was emotionally dependent on him, and was
always looking forward to his brother’s next visit. There was also concern that
Strunk would feel guilty if his brother died, because he was aware that he had a role
in preventing his brother’s death. Under the circumstances, it appeared that Strunk
would choose to sacrifice one of his kidneys over keeping his body intact and losing
the brother he loved.

The court’s holding that Strunk would choose social fraternity with his brother
as the highest-ordered choice for his overall well-being is consistent with the principle
of integrity’s consideration of the whole person in moral decision making. The assess-
ment of what constituted optimal well-being is also consistent with a simultaneous
application of the principle of charity. The judicial opinion thus reflects the moral
principles. The application of these principles enabled the court to acknowledge the
human dignity of the incompetent person and authorize the donor transplant surgery
in this unique case while proscribing nontherapeutic mutilation in general.

**Bodily Integrity**

Thus far it appears that the principle of totality and integrity may provide a
basis for the government’s stepping in to safeguard a person’s moral choice with
respect to health and life when judicial application mirrors individual application of
the principle. Yet there are situations in which, in apparent opposition to the principle,
a person may not want to preserve his own life or health.

The case of *Cruzan v. Director, Missouri Department of Health* demonstrates
how the government handles cases in which the consequence of refusing treatment
will necessarily result in death—ordinarily a violation of the duty to safeguard

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5 *Strunk*, 148.
one’s own life. Nancy Cruzan was an incompetent young woman who had been left after a car accident in a condition commonly referred to as “persistent vegetative state”; she was intubated in order to receive life-saving nutrition and hydration. Her parents, as guardians, sought to remove the tubing, and provided evidence that Cruzan had asserted, when competent, that she would refuse such “treatment.” The medical providers refused to honor the parents’ request to withdraw nutrition and hydration. Following a series of appeals in the state courts, the matter was ultimately brought to the U.S. Supreme Court to consider whether Cruzan had a constitutional right to have the tubing removed. Opposing Cruzan, the state of Missouri sought to preserve her life, a position consistent with valuing the human dignity of each person and respecting the basic capacity for human life on which the principle of integrity is based.

This case pits the individual’s interest against state interests and reveals that an individual’s decision may be upheld when it has roots in national historical tradition. As the court discussed the long-standing tradition of personal control over one’s body, it reiterated perhaps the most famous passage on what came to be known as “bodily integrity,” first expressed in 1914 by the great jurist Justice Benjamin Cardozo: “Every human being of adult years and sound mind has a right to determine what shall be done with his own body.” The right to bodily integrity was considered protected under the rubric of battery and negligence, as noted above. The court observed that the common-law doctrine of informed consent generally extends to a right to refuse medical treatment. The court also stated that a competent person’s decision to refuse treatment could be considered a liberty interest safeguarded by the Constitution.

Chief Justice William Rehnquist, writing for the court, “assumed” that the liberty interest extends to a refusal of lifesaving nutrition and hydration.

The court’s guarded language shows its reluctance to fully sanction the result or grant deference to a person’s decision solely on the basis of the person’s autonomy. Similarly, moral decisions that concern a person’s physical welfare cannot rest purely on autonomous choice without reference to the principle of totality and integrity. In Cruzan, where the refusal of ordinary hydration and nutritional care provided no benefit to the young woman and in fact caused her death, the decision violated the principle that requires the safeguarding of life. The court’s reserve about a decision based purely on the concept of autonomy manifests its appreciation of this guiding principle, even though its holding in favor of Cruzan was not consistent with the principle.

It is significant that the court made a point of grounding its decision in rooted tradition and not in autonomy. This rationale provides a bulwark against future judicial support for indiscriminate, immoral choices that lack a substantive historical tradition. The courts would be unlikely to safeguard a person’s claim to a liberty

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7 Ibid., 269, quoting Schloendorff v. Society of N.Y. Hospital, 105 N.E. 92 (N.Y. 1914).
8 Ibid., 278.
9 Ibid., 279.
interest in self-inflicting serious bodily harm, for example, given the absence of a deep historical acceptance of that conduct.

**Assisted Suicide**

The decision in *Washington v. Glucksberg*, written by Chief Justice Rehnquist several years after *Cruzan*, affirms the autonomy–historical tradition dichotomy.\(^{10}\) The respondents—four physicians in Washington state—argued that the state’s ban on physician-assisted suicide was unconstitutional. Here, as in *Cruzan*, approval of the asserted right would lead to death. In *Cruzan*, the court backed off from requiring that the young woman’s life be saved. In *Glucksberg*, it did not; it refused to affirm the petitioners’ claim to a constitutionally protected right to assisted suicide.

The reason for the incongruity is that *Cruzan’s* choice was linked to a historical tradition that approves the choice to refuse medical treatment; by contrast, the choice for suicide argued in *Glucksberg* has always been met historically with disapproval. As Rehnquist notes, “The States’ assisted suicide bans are not innovations. Rather, they are long-standing expressions of the States’ commitment to the protection and preservation of all human life.”\(^{11}\) The court’s earlier use of historical tradition instead of autonomous choice as the standard in *Cruzan* enabled it to do more in *Glucksberg* than merely articulate the principle obliging one to preserve the capacity for human life—it made it possible to adhere to the principle.

In distinguishing the cases, it becomes clear why the chief justice in *Glucksberg* emphasized the importance of carefully describing the rights being claimed.\(^{12}\) The logical inference is that constitutional protection would more likely flow from close and narrow matches between an asserted right and a rooted tradition. Individual decisions rooted in historical tradition will generally outweigh state interests. Interests not historically rooted in tradition generally will not.

Since autonomous choice without substance is not absolute, it is important to identify the state interests that may interfere. *Glucksberg* articulates several, including a state’s interests in preserving life, preventing suicide, protecting the ethics and integrity of the medical profession, and protecting vulnerable groups. Of these, saving life and preventing suicide are consistent with the duties conveyed by the principle, where each person has an obligation to preserve his or her capacity for human life.

*Cruzan* and *Glucksberg* shed light on how a court balances state interests with individual liberty interests. *Glucksberg* provides an additional explanation for why the balance might tip in favor of the individual under some circumstances. The court noted that “liberty necessarily includes freedom of conscience and belief about

\(^{10}\) 521 U.S. 702 (1997).

\(^{11}\) Ibid., 710.

\(^{12}\) Ibid., 720. “Our established method of substantive due process analysis has two primary features: First, we have regularly observed that the Due Process Clause specially protects those fundamental rights and liberties which are, objectively, ‘deeply rooted in this Nation’s history and tradition.’ . . . Second, we have required in substantive due process cases a ‘careful description’ of the asserted fundamental liberty interest.”
ultimate considerations.” This suggests that it would be inappropriate for a secular government, as exists in the United States, to dictate results that involve reaching decisions through “soul searching.” Thus, judicial decisions whose results defer to individual decisions that reflect the decision maker’s moral beliefs may really be attempts to adhere to the spirit of the principle of integrity, even though the law’s secular nature prevents it from honoring the true meaning of the principle and its direction toward God.

**Mutilation**

Other cases further explore circumstances in which the desired action by an individual contradicts the principle of totality and integrity. We now look at several cases that involve a person’s decision to seriously mutilate himself or herself, and examine whether the principle of totality and integrity has been applied in case law.

If a person who self-mutilates is considered mentally ill, the state may take action to preserve life and health by legally committing that person to an institution to prevent the harm to self. If the government has already taken responsibility for a person’s care, as when the person has been incarcerated, duties are imposed on those in authority (such as prison officials) to guard against the inmate’s self-mutilation. In *De’Lonta v. Angelone*, an inmate brought suit against the Virginia Department of Corrections alleging that, in violation of the Eighth Amendment, prison officials and doctors had denied her adequate medical treatment for gender identity disorder, causing her to self-mutilate compulsively after her treatment was discontinued. The Fourth Circuit held that the inmate’s “need for protection against continued self-mutilation constitutes a serious medical need to which prison officials may not be deliberately indifferent” and that such protection is warranted under the Eighth Amendment’s mandate against cruel and unusual punishment. The Eighth Amendment invokes protection from bodily harm consistent with the principle of totality and integrity. The case thereby reflects judicial opinion similar to that expressed in cases discussed earlier in which it was assumed that an incompetent person would wish to safeguard his own health and life.

For purposes of this discussion, we assume that the self-mutilating person is considered legally competent. When one person maims another, the one who commits the maiming is subject to civil and criminal liability. Laws against self-mutilation exist as well, but the extent to which they are enforced is unclear. Most judicial opinions discussing self-mutilation have linked such behavior with personality disorders or more serious mental illness. That assessment has then been used as evidence of the mutilator’s victimization by another or as a reason to apply a reduced sentence for criminal conviction. Judicial opinions sanctioning conviction for self-mutilation all concern prison inmates. No rationale for the convictions (or “charges”) has been expressed to provide insight.

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13 Ibid., 727.
14 330 F.3d 630 (4th Cir. 2003).
U.S. v. Grubb, a military case, maintained that a soldier is prohibited from purposeful, debilitating self-mutilation because the injury interferes with the soldier’s capability of fulfilling his responsibilities as a soldier. The principle applied here seems more consistent with the principle of common good and solidarity than with the principle of totality and integrity.

In People v. Brown, it was also unclear whether the principle of totality and integrity provided foundational support. In this case the court held John Brown criminally liable for the amputation of a healthy limb belonging to Philip Bondy, even though the amputation was performed at Bondy’s request. Bondy—who suffered from apotemnophilia, the desire to have a healthy limb amputated—had traveled to Mexico to have the amputation performed by Brown, who was no longer licensed as a physician. After the surgery and his return to California, Bondy expressed pleasure with the results. Postoperative complications were not treated properly by the unlicensed surgeon, however, and Bondy died a few days after the surgery.

At the outset, the court observed that Bondy could not have contracted with a licensed physician to perform the surgery. A plastic and reconstructive surgeon who was a witness in the case testified that no surgeon would remove a healthy limb without a valid medical reason. It can be inferred that such conduct would fall outside the accepted practice of medicine, which, consistent with the principle of totality and integrity, dedicates itself to improving health.

The Brown court focused its discussion on jurisdiction and criminal liability for practicing medicine without a license and for performing the mutilation and causing death. Pertinent to our discussion here is the court’s observation and the surgeon’s testimony. Together they suggest that any asserted right to have one’s healthy limb amputated without cause would most likely be unsuccessful. The asserted right would be balanced against state interests. Here the court focused on the state’s recognized interest in protecting the integrity of the medical profession, an interest to which Glucksberg also refers.

If the state interest is in protecting the integrity of the medical profession and the medical profession would not perform the amputation because it would contradict its mission to foster good health, then the true principled foundation for the case could be totality and integrity. Totality would disallow the removal of the healthy tissue and integrity would disallow the removal of a healthy limb without cause, because such an amputation would impede a basic capacity to be mobile. A state interest that supports sound health is thereby consistent with the principle of totality and integrity in cases involving voluntary amputation of a healthy limb, even though the principle is not articulated within judicial opinion.

In Brown, the court stepped in when the amputation was performed by another person. It is uncertain, however, whether the state would step in to prevent a voluntary amputation performed on oneself. Since the medical profession would not

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17 Ibid., 262.
be involved, the state interest in protecting the integrity of the medical profession could not be urged with success. It could be argued that the state nevertheless has an interest in preventing a person from becoming a pauper because his functional capacity to perform work has been impeded, a rationale employed in Arizona Copper Co. v. Hammer, a seminal case imposing workers’ compensation for workplace injuries. But this interest does not appear to be grounded in the principle of totality and integrity, since its purpose is to benefit the state rather than ensure respect for the person’s human dignity.

Sex Reassignment

Finally we consider whether judicial opinions reflect the principle of totality and integrity in the context of sex reassignment surgery. This discussion deals only with cases in which the reassignment surgery has been sought to remedy gender identity disorder, which in its most severe form is known as transsexualism. The objective of sex reassignment surgery—which, unlike healthy-limb amputations, is performed in the United States by licensed physicians—is to reconfigure sexual appearance to match a patient’s psychological gender identity. Since reproductive capacity is lost during surgery, the surgery violates the principle of integrity, and since neither anatomical wholeness nor functional wholeness is preserved, the surgery violates the principle of totality as well.

Although it represents a failure of prudential moral reasoning, a decision to undergo the surgical mutilation involved in sex reassignment surgery might be reached in an attempt to apply a distorted view of the principle of integrity. This would involve assigning a higher rank to psychological well-being than to physical well-being to justify the drastic choice to sacrifice healthy tissue and, with it, the basic human capacity to reproduce. While a person who undergoes sex reassignment surgery must experience great emotional suffering, his or her focus on self-desire rather than on acceptance of God’s gift disrespects human dignity. The decision misorders basic human capacities and violates the duty to safeguard one’s body and its functional capacities.

I have found no judicial decision that directly addresses the licitness of sex reassignment surgery. Cases arise instead in the context of collateral issues. Of the two examples discussed here, one tacitly accepts the principle of totality and integrity while the other does not. M.T. v. J.T. addresses the issue of whether sex reassignment surgery alters marriage eligibility. Smith v. Rasmussen addresses the issue of whether the surgery must be financed by Medicaid.

The vast majority of states conclude that sex reassignment surgery does not alter the sex of one’s birth for the purposes of determining whether a couple meets the heterosexual marriage requirement. M.T. v. J.T. thus represents an extreme minority (perhaps solitary) view in its conclusion that M.T., who was born male and

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18 250 U.S. 400 (1919).
20 249 F.3d 755 (8th Cir. 2001).
underwent sex reassignment surgery, had become a woman who could marry a man. The New Jersey appellate court reasoned that surgical removal of male genitalia and construction of a vagina and labia, along with hormonal treatment, had left M.T. with “full capacity to function sexually.”21 By divorcing sexuality from the reproductive capacity that was lost through surgery, the court tacitly rejected the principle of integrity and its hierarchical ordering of functions. In addition, the court’s action could be viewed as encouraging the rejection of the principle of totality, since sexual mutilation was rewarded with legal benefit.

The court in Smith v. Rasmussen, by contrast, could be viewed as tacitly approving the principle of totality. This case arose when a transsexual person was denied Medicaid funding for sex reassignment surgery, despite the treating physician’s assertion that the surgery was medically necessary. The federal Eighth Circuit upheld the Iowa regulations that disallowed funding, concluding that the regulations complied with the federal mandate to establish “reasonable standards” by which to administer Medicaid within the state.

The court could have mechanically applied the precedent set by Pinneke v. Preisser.22 There, the Eighth Circuit held the Iowa regulations that denied coverage for sex reassignment surgery to be invalid when the treating physician considered the surgery to be “medically necessary.” The Smith court, however, took great pains to distinguish the cases. It determined that physician judgment that had been considered persuasive in the previous case was merely presumptive. In addition, it noted that the current Iowa regulations, unlike those in Pinneke, had been formulated after appropriately considering the medical community’s views on treatment for gender identity disorder and by following a rule-making process.

The Smith endorsement of the principle of totality and integrity can be more fully appreciated in light of the regulation the case upheld. Iowa’s regulation 78.1(4) not only specifically excludes coverage for sex reassignment surgery for transsexual persons; it also articulates its reason for the exclusion: “Surgeries for the purpose of sex reassignment are not considered as restoring bodily function.”23 The effect of denying coverage for surgery that does not improve bodily function is to encourage decisions that are consistent with the principle of totality and discourage those that are not. Adherence to the principle of integrity is also encouraged, since funding is not provided for operations whose objective is to remedy emotional pain by sacrificing the higher ordered capacity for human reproduction.

The analysis of these cases suggests that the principle of totality and integrity, while not identified by name in any judicial opinion, may be a guiding principle followed by many courts. In a number of contexts, such as with respect to sex reassignment surgery, the principle is applied inconsistently. In two situations, however, judicial opinions appear to uniformly guard against bodily harm, as is consistent

22 623 F.2d 546 (8th Cir. 1980).
with the principle: (1) when the court steps in to protect individuals who are physically harmed without legal justification and (2) when the government is charged with protecting an incarcerated or incompetent person. The latter protection against bodily harm appears to apply even when an individual acts against his own self-interest and contrary to the principle by attempting self-mutilation.

With respect to decisions by competent adults to incur or self-inflict bodily harm, courts may be less willing to apply the principle. This is in part because courts must take into consideration an individual’s perspective on morality. To the extent that the substance of the competent person’s decision to act contrary to the principle lacks the deep roots of historical American tradition, judicial opinions seem to more readily reflect the health and life-preserving principle of totality and integrity.