The Ethics of Autism

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Abstract

The diagnosis of autism is on the rise. Autistic people, parents, professionals, and policy makers alike face important questions about the right approach towards autism. For example, there are questions about the desirability of early detection, the role and consequences of underlying cognitive theories, and whether autism is a disorder to be treated or an identity to be respected. How does the fact that autism is a heterogeneous concept affect the answers to these questions? Who has the authority or knowledge to speak on behalf of people with autism? In this paper we describe a cluster of research topics which should be on the agenda of the emerging field of autism ethics. These topics include the very concept of autism itself, the question whether autism is a primarily an identity or a disorder, the ethical questions that parents of autistic children face, meta-ethical questions, the ethical consequences of epistemological questions, and a cluster of questions related to social justice, stigma and paternalism.

1. Autism: background

The diagnosis of autism is on the rise. From a rare childhood disorder, it has evolved into a disorder that is found, according to large-scale surveys, in 1% to 2% of the population in high income countries; there is a lack of data about the rest of the world (Elsabbagh et al., 2012). Autistic people, parents, professionals, and policy makers alike face important questions about the right approach towards autism. Should autism be detected as early as possible, even prenatally, to prevent its development? Perhaps we should instead seek to accommodate neurological difference. There may also be different 'autisms' each requiring different approaches. There is no consensus on the question of what society owes to people with autism, and whether that is different from what society owes to non-autistic people. Can the concept of autism, and the associated approaches or treatments, be easily transferred from high-income countries to the rest of the world? Although these topics have been debated to some extent on public fora, and although a scholarly literature in autism ethics is gradually emerging, a systematic and in-depth philosophical and ethical treatment of these issues is still lacking. In this article, we want first to sketch the background debates on autism that are pertinent for such a wide-ranging philosophical and ethical analysis. We then present six clusters of topics that we think should be on the research agenda of "autism ethics". We will use the phrase "autistic person" and "person with autism" interchangeably, to reflect the preferences of people on the spectrum as widely as possible (Kenny et al., 2016), while being aware that there is no language that is not offensive or upsetting to anyone (Barnes, 2016). We will also not use the terms "high functioning" or "low functioning": these terms are often used to make a distinction between those autistic people who score low on intelligence tests, and those who score high. If one searches on Twitter under the hashtag #ActuallyAutistic, one can find arguments by autistic self-advocates, including some who self-describe as being non-verbal, why it is wrong to use the high-functioning and low-functioning

labels. One key reason is that those labels do not always convey how well a person is able to function, or how severe the challenges are that they face in their daily lives (Silverman, 2008: 333).

Autism is now considered a spectrum condition, but no agreement has been reached about even the most basic issues, such as what causes or even constitutes it (Waltz, 2013). To what ontological category does it belong? On one view, it is first and foremost a *psychiatric diagnosis* used in clinical practice. In the DSM-5, the following dyad of behavioral characteristics is core to the diagnosis: 1) persistent deficits in social communication and social interaction across multiple contexts and 2) restricted, repetitive patterns of behavior, interests, or activities (American Psychiatric Association, 2013). But the DSM-5 also specifies that these behavioral characteristics must cause considerable dysfunction in order to warrant a diagnosis. Hence, not everyone who exhibits a certain behavior or faces certain sensory or information processing issues should receive a diagnosis, according to the DSM-5 criteria. Secondly, "autism" as a term is also used to refer to a *neuro-cognitive reality*. Several theories have been suggested to explain in neurological terms the behavior defined in the diagnostic manuals (Frith, 2003). The most well-known is the *Theory of Mind* theory, which states that autistic individuals lack a fully functioning theory of mind, and hence have difficulty taking on the perspective of others.

However, there are several competing explanatory models. The *Weak Central Coherence* thesis maintains that people with autism have a detail-focused processing style and have difficulty seeing the whole picture. The *Weak Executive Function* thesis hypothesizes that individuals with autism have problems planning, organizing and keeping track of several activities, hence the restricted or repetitive patterns of behavior or interests. Recently, a number of other theories have emerged, trying to take into account to a greater degree the first-hand experiences of people with autism. For example, the *Intense World* theory postulates that individuals with autism have hyper-functioning local neural microcircuits, leading to the autistic's brain extreme reaction to sensory information (Markram, Rinaldi, & Markram, 2007). Mottron and colleagues have proposed that autistic people have enhanced perceptual functioning, and hence a visual type of intelligence (Mottron et al., 2006). The *HIPPEA* (*High, Inflexible Precision of Prediction Errors in Autism*) theory suggests that in autism low-level sensory prediction errors are generally set at a level of precision that is too high and independent of context. This means that every deviation from the expectation draws attention and is taken seriously. It is hypothesized that people with autism spectrum disorder (ASD) are less flexible in processing violations to their expectations (Van de Cruys et al., 2014).

Berend Verhoeff and others have suggested that the terms "autism" and "ASD" have referred to different phenomena over time (Verhoeff, 2013). Verhoeff argues that the children Leo Kanner described in the mid twentieth century may not all have had the same condition as what is now commonly referred to as autism. He maintains that the common perception that the diagnostic criteria of autism have widened is not accurate: in fact the diagnostic criteria have often *shifted*, so that it is unclear what is actually meant by "autism." Indeed, autism has been conceived as a "problem with communication", a "problem with maintaining social relations" or a cognitive problem. But individuals who experience communicative problems and individuals who have a

specific cognitive style may not share the same neurology, and not everyone with those characteristics satisfies the diagnostic criteria for ASD. "Autism" as an umbrella term may wrongly suggest that it is a phenomenon that is expanding rather than shifting in meaning over time, and the idea that we can find one biological reality underlying everything which is called "autism" may be misguided. However, claims that autism is at least partially socially constructed have sometimes erroneously been equated with the claim that "autism does not exist". Many autistic people have therefore vehemently opposed the idea that autism is not a natural kind, arguing that it implies a denial of their very real problems and their shared experiences.

2. The conceptual heterogeneity of autism

Having sketched as background some of the scholarship on autism, we will proceed to describe the research questions that are currently being asked, or that we think should be asked, in the emerging field of autism *ethics*. The first such question flows directly from the background discussion just mentioned, and concerns the social metaphysics of autism.

When empirical autism researchers investigate what autism is, they do not always stop to ask fundamental conceptual and ontological questions. Clearly, discussions of autism, and disagreements among autistic people, parents and professionals on whether autism should be cured or treated, have different outcomes depending on what conception of autism is being assumed. If one focuses on the fact that autism is a *psychiatric diagnosis* based on certain behavior associated with dysfunction, one is fundamentally arguing on a different level than if autism is seen as a *neurological reality*, possibly with a genetic basis. Under the first approach, the person with autism becomes analogized to someone who seeks help during a difficult period in their life. If, however, one assumes that a diagnosis of autism reflects a neurological or cognitive identity, the need for help depends on whether one considers this identity a problem and, if so, what kind of problem. Moreover, this also complicates the issue of self-diagnosis. Whether one can self-identify as autistic is a topic of fierce debate, also within the autistic community. Some argue that autism should be confirmed through medical practice, as only those with medical training can accurately identify autism. Those who advocate for self-identification often do so from the desire to reject this medical model in favor of a model that stresses the expertise of those living the condition, and from the desire to acknowledge autism as a neurological identity rather than as a medical diagnosis (Sarrett, 2016). This also relates to an issue we shall discuss later on in this paper, namely who can speak for the autistic community.

Whether one assumes that autism is primarily a deficit in social functioning (as for example in the Theory of Mind hypothesis) or a deficit in information processing (as for example in the Intense World hypothesis) has immediate consequences for which treatment options are the best for autistic people. For example, if one adheres to the *Intense World* theory, or similar theories that stress sensorial or informational overload, treatment and support should first of all focus on relieving sensory processing issues rather than on trying to mold acceptable behavior through behavioral therapy.

As we have described above, the idea that autism constitutes a natural kind may be misguided, as there is something fundamentally *social and historical* in the way autism is defined and diagnosed.

Moreover, there is great heterogeneity among the people diagnosed with autism. This raises the question whether we can reasonably speak of "autism" or "autism spectrum disorder" as a concept that depicts an identifiable phenomenon in reality (Hacking, 2013). For example, how should it be interpreted that about three out of four autism diagnoses are given to boys and men? This may imply that it is a condition that affects men more than women, or it may imply that autism manifests itself differently in women, or in a way that society perceives differently. As mentioned earlier, it is commonly assumed that the rise in diagnoses is due to a widening of diagnostic criteria, so that people who are less severely affected but still share the same fundamental characteristics have access to support and services. This view translates easily into the idea of a "spectrum". But it also raises the question of what unites all people who are diagnosed as autistic.

Alternatively, if we abolish the idea that autistic people have something in common, and assume that "autism" is a social construction that does not reflect a clearly demarcated set of phenomena, does that imply that we should abolish the label? Or ought it instead be revised or modified? Maybe this means that the use of "autism" is only justified in certain circumstances. It has been suggested that the search for a single biological explanation of autism is futile, and hence that the concept of autism in research should be abandoned and replaced by smaller studies with phenotypically similar individuals (Waterhouse, London, & Gillberg, 2016). But can a concept that is abandoned in research still work in the clinic, for example as a gateway to access to services? Phenomenological work on the meaning of the diagnostic label "autism" for people diagnosed with autism when they were adults suggests that the diagnosis functions not only as a starting point for further therapeutic help, but also as a plausible and acceptable explanation of one's difficulties (Hens & Langenberg, 2017). Hence, although we may question whether there will ever be one explanation of the origin of autism, or a consensus about its ontological status, the concept as such seems to work as an *explanation in a therapeutic sense* for at least a subset of those diagnosed.

Furthermore, an ethics of autism should consider the *cultural representation* of the term "autism," and its meaning as conveyed in popular media, literature and art. Indeed, how autism is framed in the media may influence how people conceive of autism and what direction autism research takes. Another topic related to the concept of autism is the *globalization* of the term. Autism is originally a Western concept, and Western understandings of "normal" child behavior may not be easily transferred to other cultures (Timimi, 2005). Would implementing Western screening and treatment programs for autism in developing countries count as improving health care, or would it be to impose Western standards on other cultures? Finally, but importantly, there is the *autistic experience* itself. Although autism as an idea may be heterogeneous, complex and even ambiguous, people with autism tell us about their very real experiences of being different. In order to arrive at a nuanced understanding of autism, these aspects contribute to the complexity of the concept of autism and should not be ignored.

The field of autism ethics should also investigate whether autism's heterogeneity has ethical consequences. Should we applaud the fact that individuals with diverse characteristics are collected under the umbrella term "autism", as this gives them access to services and support?

Perhaps however there are undesirable consequences of being given a diagnosis that may not reflect one single underlying biological reality. In developing this part of the autism ethics agenda, philosophers may be able to build on similar work that has been done in related areas, such as the theory of physical disabilities developed by Barnes (2016).

3. Is autism an identity or a disorder?

Another cluster of questions concerns the idea that autism is an identity or a personality trait rather than a disease or disorder that should be cured or prevented. Members of the neurodiversity movement suggest that exclusively taking a "disorder" approach to autism and other neurological conditions is unsatisfactory (Silberman, 2015). Many of the movement's members maintain that autism is not a disease but an identity that should not be cured and is associated with benefits that are often overlooked by neurotypical others (Fenton & Krahn, 2007; Hacking, 2009). But others, often parents of autistic children with severe behavioral problems or suffering, have challenged this view and have claimed that those who are advocating it cannot speak for all those diagnosed with autism (Ortega, 2009).

There are discussions in the bio-ethics literature—notably in connection with gene therapy for embryos and fetuses— of whether genetic changes are identity-affecting and how this matters morally (Glannon, 2001; Wasserman, 2002). Very often the moral significance of genetic changes is focalized as whether the change will affect the person's happiness or well-being. This line of moral reasoning seems to assume that there is a common definition of what constitutes happiness and harm. In a recent paper, Raffaele Rodogno, Katrin Krause-Jensen and Richard Ashcroft have discussed what the good life means in the context of parenting a child with autism. They claim that autistic people may not conceive of the good life or well-being in the same way as neurotypicals do, and they advocate an autism-sensitive or neurodiverse-sensitive epistemology of wellbeing (Rodogno, Krause-Jensen, & Ashcroft, 2016). They take the fact of neurodiversity to show that a one-size-fits-all approach to happiness and well-being in the context of cure and prevention is inadvisable.

Being autistic is seen by many people with autism as an integral part of their identity. From this perspective, a cure is an option which a large group of autistic people do not want to consider, as a cure would fundamentally change who they are - and they want to keep their autistic identity as it is. This contrasts with the approach of movements such as 'Autism Speaks', a US-based organization founded by parents of autistic children. Such organizations have sometimes spoken as if autism is a disorder that should be cured, and have tended to steer research and research funding toward finding a biological explanation and hence (it is assumed) a cure. The emerging field of the ethics of autism should consider more deeply whether autism should be seen as an identity or a personality trait rather than a disease or disorder to be cured or prevented. Some think that autism should follow the same sociological path to acceptance as homosexuality: once considered a blameworthy misbehavior, its characterization as a disease was already viewed as progress, while it is now widely accepted as a statistical difference whose value is neutral (Jaarsma & Welin, 2012: 25). But one might wonder whether there are relevant disanalogies between homosexuality and autism. Again, ethicists thinking about the status of autism should make sure that their views encompass the experiences of *all those* diagnosed with autism,

including those who do suffer from their neurological difference, or those who cannot communicate their points of view verbally. Is it possible to mitigate the real suffering in many cases of autism while at the same time valuing the specific autistic way of seeing the world?

4. Autism's challenges for (future) parents

To the extent that autism can be characterized as a mental disorder and a disability, it seems possible to subsume it under existing philosophical discussions in philosophy of psychiatry and disability studies. Yet autism is special and raises new questions within these discussions. First, unlike many mental disorders, the diagnosis of autism is often given in childhood. Autism therefore raises questions about parental rights and duties which are often not mentioned in the philosophy of mental disorders. After all, it is up to the parents to have their child tested for autism, which parents may experience as very hard. Often parents or caregivers have to decide whether the child is dysfunctional or unhappy based on ambiguous evidence: is the child introverted, or does he or she lack important social or communicative skills? In the case of a child with a profound disability associated with a genetic condition, does the diagnosis of autism offer additional benefits or understanding? And once a diagnosis has been made, what interventions in the behavior of their autistic children should parents (be allowed to) undertake? For example, some interventions aim at discouraging repetitive behavior ("stimming"), such as flapping hands, although this may bring joy and stress-relief to the individual. Some techniques such as Applied Behavior Analysis (ABA) raise the question of what the purpose of intervention should be: is it permissible to aim at "normality" for one's autistic child, or is it better to accept one's child's autism as a neutral neurological difference? In addressing these difficult questions, ethicists could draw on theories of the social construction of mental disorders; of parental rights and duties in moral, social and political philosophy; and of children's autonomy and needs, as developed in philosophy of (special needs) education, such as those of Terzi (2005).

Second, unlike many disabilities, the *causes* and even the precise *nature* of autism are unclear. This threatens to make familiar types of ethical discussion (such as whether it would be morally permissible to abort such a foetus) irrelevant, or at best futuristic (Walsh, Elsabbagh, Bolton, & Singh, 2011). Indeed, although autism has been conceived as a condition that is "present at birth" and "lifelong", new findings, for example in the field of neurological plasticity and epigenetics, suggest a more dynamic view of human (and autistic) nature. A more nuanced approach to autism, focussing on contextual and environmental adaptations, may emerge, which could moreover lead to novel critiques of prevention and cure. Meanwhile, some ethicists have explored the scenario of prenatal prevention. Barnbaum (2008), for instance, maintains that "the absence of theory of mind dramatically affects the ability of the autistic individual to live a full life regardless of societal intervention", and on this basis she suggests that the use of reproductive technologies to avoid the birth of a child with autism is permissible. Apart from its controvertible empirical commitments, this straightforward argument seems to elide the complexity of the considerations that may face (future) parents (e.g. Wasserman, 2002). Many parents find it impossible to regret that they let their disabled child be born. Whether the impossibility of regretting a certain decision amounts to a justification of that decision is a question that has

puzzled moral psychologists and meta-ethicists for some time now (Harman, 2009; Wallace, 2013; Schaubroeck & Hens, 2017).

5. Autism, moral psychology and meta-ethics

Another cluster of questions on the autism research agenda is located in meta-ethics and moral psychology. Autism has come up as an interesting 'case study' in two current debates in particular: about *empathy as a moral capacity*, and about *the conditions of moral responsibility*. First, autism has been used, often alongside psychopathology, to investigate the role of emotions and empathy in morality, as opposed to the role of reason. Jeanette Kennett has argued for instance that the presence of moral abilities in autistic people supports a Kantian account of moral agency and proves that Humean accounts unduly emphasize the role of empathy (Kennett, 2002; Darwall, 2006). However, the assumption that people with a diagnosis of autism do not have emotions, or that they have a defective capacity for empathy, is strongly contradicted not only by many people with autism themselves (Pentzell, 2013), but also by psychologists who distinguish between different kinds of empathy (Blair, 2005; Bollard, 2013). The Empathy Imbalance Hypothesis of autism (EIH) suggests that while autistic people score low on cognitive empathy, they score very high on affective empathy – in fact, they can be so sensitive to another person's feelings that they sometimes fence themselves off (Smith 2009). Recent work in psychology and cognitive neuroscience raises questions about how to conceptualize empathy, about the connection between empathy and interpersonal understanding, and about the reliability and trainability of empathy (Bloom, 2016; Maibom, 2014). If we take care not to assume both that empathy is a necessary ingredient of full-blown moral agency, and that autistic people are excluded from possessing it, these discussions are bound to be both fruitful for and influenced by research into autism and moral agency.

A second body of research into autism and moral psychology picks up on the fact that many models of autism posit impairment of the kinds of cognitive and emotional functions that are often referred to in theories of moral responsibility. This observation has sparked two opposed kinds of argumentative strategy in the theory of moral responsibility. Some have argued that the moral responsibility of autistic people shows certain theories of responsibility to be incorrect (Richman & Bidshahri, 2017). Others argue that a theory of moral responsibility should be able to explain why autistic people are excused for transgressive actions that non-autistic people are blamed for (Shoemaker, 2015; Stout, 2016). Perhaps a fruitful engagement would be to pay close attention to autistic interactions in order to appreciate the diversity and complexity of moral life. For example, Hanne De Jaegher and colleagues have investigated autistic interaction using their method of participatory sense-making and have discovered a more sophisticated attunement on the part of children with autism than theories that focus on a deficient Theory of Mind predict (Jaegher, Pieper, Clénin, & Fuchs, 2016).

One particularly challenging aspect of the philosophical analyses of the case of "autism" in these debates in moral psychology is how to account for the great heterogeneity among autistic people. If not all autistic people have the properties that are doing the normative work in these analyses in moral psychology and meta-ethics, then we should ask whether it is justified to use "autism" as

a case study, rather than to focus directly on people having impairments in those areas, whether they are autistic or not.

6. Autistic knowledge and knowledge of autism

Epistemological questions that have ethical implications constitute another cluster of issues that should be prominent on the ethics of autism agenda. Autism raises at least two kinds of epistemological questions. First, can a non-autistic person really know what autism is? It has been argued that only autistic people can really define the scope and aims of autism research, as only they have first person experience of the needs of autistic people. This is a vexed question, insofar as it invokes fundamental questions about other minds in general (Nagel, 1974). However, there is a reasonable case to be made for the claim that non-autistic people cannot know what autism is without relying on testimony from autistic people, and that this testimony should include autistic people with cognitive impairments or nonverbal ways of communicating. This makes a second question very relevant: does the atypical neurology of autistic people affect their epistemic authority? Regardless of the answer to the second question, the fact that autistic people are not often heard in our society invites a third question: how could we organize our societal practices in such a way that autistic people can talk about themselves, their choices and their difficulties? What do we owe to autistic children and adults so that we can understand them properly?

Some autism researchers have questioned the epistemic authority of autistic people (Frith & Happe, 1999). Extending the *Theory of Mind* hypothesis, they argue that people with autism exhibit deficits in attributing mental states not only to others, but also to themselves. On this view, although autistic people undoubtedly have mental states, their ability to reflect on them is impaired. Hence self-reports by people with autism should not be assumed to be veridical. Difficulties for this line of thought include the following. First, note that this argument presupposes the truth of the Theory of Mind hypothesis. Not only is that hypothesis controversial, as we indicated earlier, but the sheer existence of autistic self-reports seems to cast doubt on it, at the very least as a statement that would apply to the entire spectrum of autistic people (McGeer, 2004; Van Goidsenhoven, 2017). The autistic people who are engaging in these self-reports think that non-autistic people generally do not have the necessary information to understand them, which runs counter to the hypothesis that they are unable to attribute mental states to others and by extension to themselves. Also this debate is complicated by the great heterogeneity among autistic people. It is not clear that either the claims of the sceptics about autistic self-reports, or the evidence cited by their critics, apply to people across the full range of the autistic spectrum.

A second concern about this kind of skepticism about autistic self-reports is that it seems to rely on a particular conception of self-knowledge, namely the perceptual model, which is only one of several conceptions of self-knowledge. The perceptual model of self-knowledge thinks of introspection as a form of perception which, like all forms of perception, can be assessed by third parties as illusory or veridical. But defenders of expressivist models of self-knowledge argue that self-knowledge is radically different from knowledge of the world in terms of epistemic privilege (Moran, 2001).

One might also wonder whether the claim that the atypical neurology of people with autism negatively affects their epistemic authority is a form of *epistemic injustice*. The concept of epistemic injustice originated in feminist epistemology and was quickly extended to discrimination against other dominated groups (Fricker, 2007; Wanderer, 2012; Barnes, 2016). There is by now a considerable literature on how our practices of knowledge attribution, acquisition, and justification tend to exclude women, black people, and homosexuals from full participation in inquiry and to question their epistemic authority. Philosophers have written much less about how these epistemic practices might also affect people with atypical ways of thinking, such as individuals with autism. Many questions could be raised about the value that autism researchers place on autistic testimony, the inclusion of people with autism in policy-making, and the character of social interactions between people with and without autism (see for example Milton, 2017). Inquiry into this set of questions could benefit from engagement with feminist epistemology, where viewpoint diversity and pluralism in the production of knowledge have been championed. Autism ethics could draw on those epistemological debates to investigate how autistic self-reports could constitute a source of knowledge. Philosophers could also learn from scholars in theatre, literature and cultural studies who have highlighted the epistemic value of autistic testimony (Masschelein & Van Goidsenhoven, 2016; Shaughnessy & Trimingham, 2016). Moreover, ethicists and philosophers should be aware of the fact that including only those autistic people with whom they share a common (verbal) mode of communication may also be a form of epistemic injustice. In order for an ethics of autism to succeed, one of the most important, but perhaps also most difficult hurdles to overcome, may be finding ways to investigate and include experiences of those who are non-verbal or who face other communication difficulties.

7. Justice, stigma and paternalism

The issue of epistemic injustice naturally leads us to a final cluster of questions that should be central on the ethics of autism agenda, having to do with justice, stigma and paternalism. In thinking about justice for people with autism, how should we analyze problems of stigma and paternalism? In order to analyze stigma as an issue of injustice, we can use well-established theories in social and political philosophy, such as theories of relational egalitarianism (e.g. Schemmel, 2012), or the capability approach to justice (e.g.Nussbaum, 2006). Yet while there is quite a lot of philosophical work on theories of justice and disabilities, no one has yet investigated whether these general theories can simply be applied to autism, or whether the question of what society owes to autistic people calls for a separate analysis.

There are at least two main questions that should be addressed. The first concerns the development of appropriate theories: how can relational accounts of equality, or a capability theory of social justice, be developed to account for the specific complexities of autism? In a recent paper, Robeyns (2016) has elaborated a conceptualisation of well-being for autistic people based on the capability approach, but this does not amount to a full theory of justice that can be applied to autistic people. Philosophical work is needed to analyse which adaptations to relational equality and capability theories are needed to make them fully relevant for people with autism, especially in relation to stigma. At a more applied and practical level, we need to analyse which social, economic and political institutions would bring us closer to an autism-friendly society

where autistic people do not suffer from ableism, and what kind of educational system best serves the interests of autistic children. Which labour market institutions would best allow people with autism to flourish professionally, taking into account the great diversity of talents, desires, and special needs among autistic adults? Scholars in the social sciences have written on these applied or institutional topics, but we also need interdisciplinary analyses in which the normative questions are more robustly analysed by philosophers.

Second, while relational equality and the capability approach are plausible bases for reflection on what we owe to autistic people, certain aspects of autism create specific ethical challenges, particularly with respect to paternalism. In general, we assume that adults should decide themselves which opportunities to take up from among those open to them. This creates a special problem in the case of autistic people, however, given that some of them have limited control over impulses, or their behaviour is steered by strong preoccupations which may greatly influence what choices they make. For some autistic people, there may thus be reasons for their caregivers and friends, and the institutions that are designed to protect their interests, to be paternalistic, and e.g. try to steer them away from always focussing on one particular activity, in case this harms their well-being in other domains of life. However, this strategy clashes with the idea that justice requires giving more autonomy to autistic people themselves and respecting their difference. Can this tension be resolved? Does the specific nature of autism force us to rethink default accounts of justice, autonomy and paternalism? And how can we appropriately take the heterogeneity of autistic people into account when thinking about justice?

8. Conclusion

In this paper, we have offered what we see as the main clusters of research topics which should be on the agenda of the emerging field of autism ethics: the very concept of autism; whether autism is a primarily an identity or a disorder; the ethical questions autism parents face; meta-ethical questions; the ethical consequences of epistemological questions; and a cluster of questions related to social justice, stigma and paternalism. In all these clusters, some work is emerging, yet most questions have so far been little addressed.

We have tried to make the case for developing the ethics of autism as a self-standing research field in philosophy. The autism ethics agenda that we have laid out could build on insights from more established literatures in ethics and philosophy, such as disability ethics, bioethics, philosophy of psychiatry, moral psychology, meta-ethics, normative ethics, and social and political philosophy. It could also profit from engagement with relevant literatures in public health, medicine, and the social and behavioral sciences. Still, to our minds, autism ethics is not reducible to a "case study" to which available insights from these other fields can simply be applied. Also, we believe that several of the issues we discussed show that the ethics of autism is a field which cannot be practiced "from the armchair": it necessarily requires interaction with, and input from, autistic people. Philosophers engaging in this field should therefore find ways to include the experiences and concerns of autistic people, also those with cognitive impairments and those who do not use verbal ways of communication.

Acknowledgements

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