MORAL THEORY

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EXECUTIVE SUMMARY

Introduction

Moral theories can help physicians to justify and reflect upon the ethical decisions that they make. Moral theories are different from other theories: while they can help us to justify the ethical decisions that we make, they are often not predictive. While there are some reasons for being cautious about moral theories, they also hold great potential for enriching critical reflection upon our decisions. There are a number of moral theories: utilitarianism, Kantianism, virtue theory, the four principles approach and casuistry.

Utilitarianism

Utilitarians think that the point of morality is to maximize the amount of happiness that we produce from every action. The crucial aspect that distinguishes utilitarianism from other moral theories is the claim that maximizing human welfare is the only thing that determines the rightness of actions.

John Stuart Mill is, perhaps, the most famous utilitarian. He claimed the following:

"… actions are right in the proportion as they tend to promote happiness, wrong as they tend to produce the reverse of happiness. By happiness is intended pleasure, and the absence of pain; by unhappiness, pain and the privation of pleasure."[1, p. 137]

At first, utilitarianism looks like an attractive theory for dealing with some moral problems in medicine. Suppose that you are in a triage situation where two people urgently need your care. You would do anything within your ability to save both of these people, but it is only possible for you to save one of them. Suppose also that one person is a girl of 6 years of age and the other a man of 72 years. Utilitarians would argue that you should treat the 6-year-old child because, potentially, she has a greater amount of life ahead of her.

There are features of utilitarianism that are likely to make it a difficult creed for most people. Utilitarians believe in the impartiality assumption, which is the idea that we should not be concerned about whose welfare it is that is maximized—maximizing welfare is the only thing that matters. This ignores the importance of our obligations to specific people: for example, parents are very strongly motivated to do all that they can to care for their children. While parents certainly have a moral concern for all children, they think that they have special obligations to their own children because they are their own children. This kind of obligation is not, from a utilitarian point of view, easily justified.

When the pain and suffering of one individual can lead to a number of lives being saved, the utilitarianism equation appears very simple. One thing that is missing from this picture is respect for your integrity as a person. For example, the fact that you might have particularly strong moral objections to ever being involved in torture and the impact that being involved in torture might have upon you as an individual counts no more than the interests of other people if such an involvement would maximize the best consequences.

Physicians practicing medicine in Canada can improve the quality of patients' lives while also maintaining a high standard of living. However, the developing world has a shortage of skilled physicians and it seems likely that most physicians in the Western world could make a comparatively larger contribution to the lives of their patients if they worked in a developing country. If you resign from your job in Canada and sacrifice your quality of life for the sake of saving more people in a developing country then you will maximize the amount of utility you can produce. While doing this might be a morally excellent thing to do, expecting you to act with this degree of self-sacrifice makes morality very demanding. Utilitarianism obliges us to sacrifice our most important interests for the sake of people we do not know, if this is what will maximize utility.

Kantian Ethics and Deontology

The wrongness of using human beings as mere instruments for other purposes is one of the important moral requirements that follows from the moral theory of the philosopher Immanuel Kant (1724–1804).[2]

Instead of stressing the importance of the consequences of actions, Kant says that it is the "maxim" guiding an action that is important for determining its rightness. A "maxim" is a description of the reason why someone is doing something (i.e., what they are trying to achieve) and what they are doing to bring that about. The most straightforward way to think about this is to think of a maxim as specifying the "means" and "ends" of a particular action.

Suppose that an oncologist talks to one of her patients about the possibility of entering a clinical trial, and does so thinking that it is in the patient's best interests. In this case, the oncologist's maxim might be "Recommend the clinical trial to this patient because it is likely to be consistent with what is best for him." The end "is doing what is best for the patient" and the means is "recommending the trial." Suppose that a second oncologist recommends the same clinical trial to a different patient, but thinks only of the money to be made by recruiting patients to this trial. His maxim might be "Recommend the clinical trial to this patient because it will help maximize my income." In both cases the means is the same, but the second oncologist has a different end. Suppose also that both patients are appropriate candidates for inclusion in the trial and that the second oncologist's motivation has not clouded his judgment. Intuitively, it seems like the first oncologist has done a good thing while the second oncologist has done something that is at least shady, if not straightforwardly wrong.

For Kant, the rightness of an action depends upon its maxim. In this case, the first oncologist is acting on a morally praiseworthy maxim, while the second oncologist's maxim is morally dubious. Even though the two actions are likely to have nearly an identical effect, the different reasons make a significant difference to the morality of the acts.

Kant is one of the great defenders of "respect for persons" and he states this in his "formula of humanity":

"So act that you use humanity, whether in your own person or in the person of any other, always at the same time as an end, never merely as a means."[2, p. 38]

What is it for someone to be treated as a "mere" means? There are many historical examples where research subjects have not known that they were being experimented upon and have suffered greatly. In these cases people were treated as mere means—no regard was paid to their status as rational agents, and they were used as mere instruments for medical knowledge. In a research context, informed consent is the primary way in which we ensure that people are not used as "mere" means, but are used in ways that are consistent with their humanity. Perhaps it is for this reason that the emphasis in the Nuremberg Code upon the "voluntary consent" of the research subject is given such prominence. (The Nuremberg Code list 10 principles of research ethics, but consent is the first and longest paragraph.[3])

Kant thinks that we should never lie, even when we think that lying is necessary to avoid a serious harm. Suppose that a colleague calls at your door and begs you to let her into the basement of your house so that she can hide from someone who is trying to murder her. When the murderer calls at your door and asks whether you have seen her, according to Kant you are morally obliged to not lie.[4] Whereas absolutism may be plausible for some actions, Kant's absolutism about lying means that most of us could not be consistent, thoroughgoing Kantians.

Virtue Theory

Virtue theory says that the right thing to do in a given situation is what a good or virtuous person would do. Intuitively, this is an appealing idea: most, perhaps all, of us want to be good people, so doing what a good person would do does seem to capture what we aim for when faced with a moral decision.

Perhaps the most influential virtue theory was developed by Aristotle in the Nichomachean Ethics.[5] Aristotle claims that what is distinctive about human beings is our ability to reason and to live in accordance with reason. Therefore, good human beings live and act in accordance with reason and can be described as existing in a state of eudaimonia.

The ideal of living in accordance with reason and virtue, intuitively sounds right, but more can be said to make this relevant to medicine. Aristotle says the following:

"… the good—the doing well—of a flute player, a sculptor or any practitioner of a skill, or generally whatever has some characteristic activity or action, is thought to lie in its characteristic activity…"[5, p.11]

The core function of medicine is to improve the well-being of patients. Working toward the patient's good requires a broad range of skills as well as concern for the autonomy and welfare of the patient. Good physicians are physicians who do this well.

Therefore, the function of medicine implies a number of virtues and skills that will be mastered by a good physician.

Aristotle argued that the right action is the action that would be performed in that particular situation by a virtuous person. (Aristotle thinks that part of acting virtuously is having the right kind of emotional reaction and to the right kind level at a particular kind of situation.) How does a virtuous physician know that this is the right thing to do? The virtue theorist's response will be that virtuous physicians have, via a process of education and habituation, developed a character that enables them to judge that this is the kind of situation in which they should help.

While this might fit with the way in which we model the moral behaviour of those that we admire, how can we know that their habituated judgments and predispositions are right?

Principles

The four principles of justice, autonomy, beneficence and non-maleficence provide a theoretical framework for thinking through moral problems in medicine. The principle of justice implies that we ought to aim at fair access to or the equitable distribution of health care resources. Autonomy is interpreted as "self rule" or legislation, and implies that patients should be able to make important decisions for themselves and to have confidential information protected. Beneficence captures the moral obligation that health care workers have to benefit their patients. Non-maleficence describes the Hippocratic injunction to "First of all, do no harm." One of the primary motivations behind the four principles approach is to distill the main moral requirements of biomedicine. Beauchamp and Childress have described the four principles as capturing the essential features of our "common morality."[6] By this, they mean the central moral requirements that all of us would agree are essential for moral medicine.

The four principles appear to be a great advance in that they group together the main moral considerations of biomedicine in a particularly concise way. For doctors and medical students who are thinking about ethics seriously for the first time, this can provide a way to make moral deliberation more systematic and accessible. However, there is a risk that the principles might be taken to imply that all you have to do is identify the relevant features of a clinical scenario and then simply make a decision about which of the principles you think should hold sway. Doing this might neglect the subtleties and different ways of understanding the morality of a situation.

Beauchamp and Childress did not intend the principles to be used in a deductive manner as a general theory about genetics or microbiology might. Instead, they thought that the principles could play a justificatory role when we are formulating moral rules or about specific cases: we refer back to the principles when testing our intuitions or require an argument for what we think is right. They would probably agree that in certain cases it may be necessary to delve more deeply into different theoretical accounts of justice, autonomy or beneficence. While this is a reasonable claim it is a fairly subtle distinction, and if the four principles are the only moral concepts used then there is a risk that they will be used in a superficial way.

Other Approaches to Moral Reasoning

Casuistry

While principlism emerged as the dominant approach to moral reasoning in bioethics during the 1980s, a rival account, casuistry, also has many supporters. The most significant book in this debate is Jonsen and Toulmin's The Abuse of Casuistry.[7]

Casuistry is often described as case-based reasoning: using our experience of what we decided about morally problematic cases in the past to determine what we should do in a new situation. Casuists such as Jonsen argue that it is a more sophisticated doctrine than this, and that there are three important steps in casuistical reasoning.[8]

"Determination of topics" is the first step. This involves an assessment and classification of the considerations that are relevant to the decision at hand. When thinking through what you should do, you might sort through a number of relevant considerations. There are also a number of "contextual features" that have a bearing: the legal situation, the health care setting and other background social features. For a casuist, determining the relevant considerations and sorting them into appropriate categories of relevance is the first step in reaching a sound decision about what to do.

The "interpretation of principles and maxims" is the second step in casuistical reasoning. This involves thinking through how moral principles or maxims might apply in a relevant way to a case. Although casuistry is a case-by-case form of moral reasoning, it does involve interpreting and applying more general moral considerations to specific cases. This feature of casuistry means that it can be consistent with a number of moral theories or accounts of moral principles. It is consistent not only with a

four principles approach, but also takes seriously the importance of promoting human welfare or acting on moral maxims.

This third step is the one that most people think of as the identifying feature of casuistry: "argument by analogy." When the casuist has identified the relevant considerations and determined how moral principles and maxims are likely to apply in this case, they must then think through whether their decision is consistent with the way in which they have weighed other similar but distinct situations.

Narrative-based medicine

An alternative to casuistry is narrative-based medicine, which is now well established as an approach in primary or family care.[9] Patient stories and narratives can be useful ways to help promote patient-centred care. Given the obvious links between the objectives of patient-centred care and biomedical ethics, it is not surprising that a number of people have advocated narrative-based approaches to clinical ethics.[10–12]

In some ways, narrative ethics builds on features of casuistry. Both approaches are methods for reaching an ethically sound decision about a particular case. Like casuistry, narrative ethics draws on moral principles and maxims when they are relevant and integral to the narrative or case, as well as grounding the ethical considerations firmly in the particulars of that narrative. While casuists are careful to emphasize the importance of categorizing and being aware of considerations that are relevant to the case, a narrative-based approach goes beyond this and insists that the patient descriptions must be detailed and rich. Patient stories must be complete narratives or "thick" descriptions that can represent the full significance of an illness experience in a person's life.[13]

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Further Reading and Resources

Utilitarianism

For a discussion of the demandingness objection and an attempt to answer it: Glover J. Causing death and saving lives. Penguin: London; 1977.

Kantian ethics and deontology

Immanuel Kant's ideas about morality are developed in three books: The Metaphysics of Morals, The Groundwork of the Metaphysics of Morals and the Critique of Practical Judgment.

Virtue theory

For an excellent critical discussion of the concept of eudaimonia and its importance in the Nichomachean ethics: McDowell J. The role of eudaimonia in Aristotle's ethics. In: Rorty A, editor. Essays on Aristotle's ethics. California: University of California Press; 1980: 359–76. For discussion of the "mean in respect of the passions": Urmson J. Aristotle's doctrine of the mean. In: Rorty A, editor. Essays on Aristotle's ethics. California: University of California Press; 1980: 157–70.

Casuistry

For more of how casuistry can be applied to clinical ethics: Jonsen A, Siegler M, Winslade W. Clinical ethics: a practical approach to ethical decisions in clinical medicine. New York: McGraw-Hill; 1998.

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