SLIDE 1 MORAL THEORY

This lecture covers the basic theories and principles that will be used throughout the course. You may want to take notes for your Ethics Theories Worksheet as you listen to this lecture. In Module 1, we spoke about the four questions that we bring to any discussion of ethics: Is this a matter of personal or cultural values? Is this a matter of producing the best results? Is it a matter of acting in accordance to duties and principles or is it a matter of the sort of person I want to be?

We will begin our look at the basics of medical ethics by matching these questions with the specific theories of individual and cultural relativism, consequentialism, duty ethics and natural law ethics.

SLIDE 2 ETHICAL RELATIVISM

Many of our moral values come from our culture. This means that different cultures have different ethical values. For instance, beach attire in one country may be very different from beach attire in another country. Divorce may be common in some cultures and forbidden in others. We understand that there are moral values that differ from place to place, time to time and culture to culture.

Such values are called relative values. The theory of ethical relativism explains why there is such great diversity of values from person to person and from culture to culture. If you have a friend who grew up in a different culture you will undoubtedly find that there are some cultural values that you do not share. Normally, this is not a problem because you understand that many moral values are relative.

Just as some moral values are cultural, some are individual. Even the closest friends and family sometimes find that they disagree over what’s right and wrong. Still, they remain close friends because we realize that individuals are unique and therefore individual values exist.

Ethical Relativism explains the diversity of moral views in the world by recognizing that sometimes ethics is a matter of culture or of individual preference. When making ethical decisions we must ask, “Is this problem a matter of culture, individual values, or is it more?”

SLIDE 3 CONSEQUENTIALISM

Teleological or Consequentialist approaches to ethics seek to evaluate actions based on the “ends” or results of our choices. Simply put, choices that bring about good consequences are ethical while those that result in bad consequences are unethical. We are using consequentialist reasoning whenever we ask the question “What will bring about the greatest good?” or “What can we do to relieve the most suffering?”
SLIDE 4 **EGOISM & UTILITARIANISM**

Two common forms of consequentialist thinking are Egoism and Utilitarianism. Egoism asks the question “What action will bring about the best result for me?” This may sound selfish at first but the key idea is everyone must first be responsible for their own actions. I know myself best. I will pay the greatest price form my own decisions therefore I need to be responsible for my own decisions.

Utilitarianism takes a different approach. Using utilitarian reasoning I ask “What will bring about the greatest overall good for everyone?” Utilitarian thinking does not allow me to consider myself more than any other person. My goal is to relieve suffering and increase happiness wherever and whenever I can.

Both ethical egoism and utilitarianism are meant to be judged by objective criteria. This means that the good they produce or the bad they reduce are not matters of opinion. The good and the suffering should, at least in theory, be measurable.

SLIDE 5 **THE PRINCIPLE OF UTILITY**

Utilitarian reasoning is noted for its simplicity. There is only one moral duty. No matter what the situation, I must always choose that action that will in the end result in the greatest overall happiness and reduce the most suffering.

SLIDE 6 **DUTY ETHICS**

Duty ethics is sometimes called “deontology.” Duty ethics asks questions of principle. Is this fair or just? Is it true? Is everyone treated equally and with dignity? Duty ethics sees morality primarily in terms of obedience to principles, laws or universal rules.

This way of thinking ethically does not center on results but rather on doing the right thing because it is principle “the right thing”. Sometimes telling the truth ends badly. People are needlessly hurt and relationships can be broken. Still I want to know the truth, not because I think it will make me happy, but because it is the TRUTH and I believe that truth itself is good, at least in principle.

SLIDE 7 **DUTY ETHICS -KANT**

Immanuel Kant is the ethicist most closely associated with duty ethics. Though Kant was a very religious man, he wanted to develop an ethical system that could be understood by everyone, regardless of religion or culture. Kant does this by making reason the standard for morality. Kant sees ethics much as being derived from pure reason, much like mathematics. All people, could, regardless of religion or culture understand that 2 plus 2 equals 4. This is because math is based on pure reason. It doesn’t matter if
you are educated or not, you can still understand and apply math to come to the conclusion that 2 cookies plus 2 cookies is 4 cookies.

Unlike ethics based on religion, tradition or self-interest, ethics based on reason has the potential for universal understanding in the same way that math can be understood by anyone if they only understand the reason based rules. Kant believes his *categorical imperative* provides the foundation for a system of duty ethics based on reason alone.

A *categorical imperative* is a rule, or duty that applies to all people and to cases regardless of the circumstances. In other words it is a universal principle in that it applies to all categories of actions. Can I lie to benefit my career? NO, Lying is wrong. Can I lie to keep from hurting my friend’s feelings? NO, Lying is wrong. Should I lie to save a life? NO, Lying is wrong. The type or the category of the lie is irrelevant. Lying is always (categorically) wrong.

**SLIDE 8  DUTY ETHICS -KANT**

Kant speaks as if there is only one categorical imperative that forms the bases for all other moral imperatives like do not lie, and treat people justly. Yet different times he uses different words to describe the categorical imperative. To avoid confusion, Philosophers speak of The Categorical Imperative, but they recognize that we understand it in two ways.

If you find it helpful, you may think of there being two primary imperatives, A and B. Categorical Imperative A is: *Always act in such a way that you could will your action to become a universal maxim (principle) under which one would hope to live*. This is called the universal maxim principle. It focuses on the idea that any moral rule or duty should apply equally to all people everywhere and is very similar to what some people call the *golden rule*.

**SLIDE 9  DUTY ETHICS -KANT**

The second form of the categorical imperative (B) is: *Always treat others as an end and never merely as a means*. This is sometimes thought of as the human dignity imperative because it focuses on showing respect of others by not manipulating them. We are not to treat others merely as tools to be used for other purposes but rather we treat them as rational beings capable of making their own rational decisions. A rational person needs to know the truth in order to make good, rational decisions. If I lie or manipulate a person, they lose the ability to reason. By treating them as a means I am in effect taking away the very thing that makes them human, their ability to reason.

**SLIDE 10  PRIMA FACIE DUTIES**

Kant is sometimes criticized because he believes that all moral duties are absolute. Furthermore he believes that if they are really based on reason, then two duties could never contradict. For example, because truth telling is a categorical duty, I can never lie, not even to save an innocent life. Think of the Nazi soldier banging on the door of a family hiding their Jewish neighbors in the attic. The soldier asks “Do you know where your neighbors have gone?” According to Kant the family would have to answer
truthfully and give up their Jewish neighbors. After all, Kant would argue, I cannot really control the consequences of my actions. I can only control whether I act out of principle (duty) or not.

Most of us have experiences that seem to indicate that moral principles can indeed conflict with other moral principles. Thankfully these situations are rare but they do seem to exist. W.D. Ross has suggested that we understand duties as being *prima facie* and not as being absolute.

*Prima facie duties* are duties on the face of things, under normal circumstances. They are ethical duties that are real duties and one must obey them generally but they may on occasion be overridden by stronger duties. “do not lie except to save an innocent life.”

**SLIDE 11  FUTURE LOOKING PRIMA FACIE DUTIES**

Instead of a single categorical imperative, Ross identifies seven types of duties. There is no hierarchy of duties. All seven apply generally, that is in ordinary, everyday circumstances and no single duty takes preference over any others. The specific duties that apply in any particular case depend on the situation.

Some of these duties are best understood as future looking. They are duties that correlate closely with consequentialism because these future looking duties are about making things better in the future. Beneficence, the duty to actively work to improve things as well as nonmaleficence, the duty to prevent or relieve suffering are the prime future looking duties.

**SLIDE 12 PRIMA FACIE DUTIES BASED ON PAST OBLIGATIONS**

Just as there are future looking duties, there are also duties based on past obligations. If I ask my friend for help during a difficult time and my friend responds with generosity then I have a duty to respond in kind when she seeks my help. Ross see three such duties.

- The duty of *fidelity* is about keeping my promises and following through on my commitments. I have a duty to be faithful to my word.
- The duty of *gratitude* is about recognizing that other people have been generous to me. I have a duty to be grateful for what others have done on my behalf. Gratitude is concerned with duties based on past favors and unearned services.
- The duty of *reparation* is about fixing our mistakes and righting the wrongs we have committed. Reparation is concerned with duties based on past harms and errors we caused. We have a duty to take responsibility for our actions and try to fix the wrongs we have caused.

**SLIDE 13 ONGOING PRIMA FACIE DUTIES**

Ongoing duties are continuous. Ross identifies two areas where we always have a duty, self-improvement and justice.
- **Self-improvement** correlates closely with ethical egoism in that self-improvement is primarily focused on the self. I not only have a duty to take care of myself, physically, mentally economically, etc. but I also a duty to grow and work to become a better person. The duty of self-improvement means that I have a duty to improve my knowledge, abilities, talents and virtues.

- **Justice** is the duty to give each person equal consideration and insure fairness.

- Justice correlates with the first formation (A) of Kant’s categorical imperative. In medical ethics justice is most often seen in terms of distributive justice which stress that the goods of society are to be fairly and equitably distributed.

**SLIDE 14 PRINCIPLISM**

Principlism is an approach that was especially created for medical ethics. Principlism is an attempt to take four key principles; autonomy, nonmaleficence, beneficence, and justice and to show how these principles are to be applied to the kind of ethical dilemmas that arise in healthcare.

**SLIDE 15 PRINCIPLISM**

In clinical situations many ethicists have adopted a method for ethical decision making called the “Four Boxes,” “Four Topics,” or “Four Theories” approach. This approach considers four aspects of a case: medical indications, patient preferences, quality of life issues, and contextual issues. The principles of autonomy, non-maleficence, beneficence and justice are then applied to the four topics.

In *Clinical Ethics*, Albert Jonson reminds us that in the clinic, the healthcare team is seldom presented with clear decisions between right and wrong. Instead healthcare professions have to decide between better or worse, between more or less reasonable. In medicine, as in much of life the choice is seldom between black and white. Instead the choice is between a variety of reasonable options. The four topics method is an aide for choosing among the various options that arise in the practice of medicine. In this, the four topic approach is as much about application as it is about the principles themselves.

**SLIDE 16 NONMALEFICENCE –BENEFICENCE**

We have seen the first of the four principles when we looked at Ross’ *prima facia* duties. We identified the principles of nonmaleficence and beneficence as utilitarian or future looking duties because they are primarily concerned with the results of our actions.

**Nonmaleficence** is the duty to avoid actions that will make things worse and is often understood as the duty to “do no harm.” **Beneficence**, on the other hand is the duty to make things better, to actively try and do good.

These principles often come into play when making end of life decisions on whether to treat or not. For example, a patient has been given aggressive treatment without success. Everything that is likely
to work has failed. The decision becomes, “do we continue aggressive treatment when it is unlikely to succeed or do we stop treatment which is likely to make the patient sicker and give comfort care instead?

Actively trying to make the patient better by aggressive treatment can be seen as an attempt at beneficence while withdrawing treatment that is likely to increase suffering without significant improvement can be seen as applying the principle of nonmaleficence.

SLIDE 17 AUTONOMY – JUSTICE

**Autonomy** assumes every person is unique and therefore every competent person is the best judge of what care best fits his or her individual values. Each and every person has a moral right to choose and follow his or her own plan of life and make their own decisions concerning medical treatment.

Autonomy only applies to persons who have the capacity to make decisions. Infants or people in comas do not have autonomy. Also autonomy is dependent on patients not being unduly under the influence of others and that they are given adequate information to make a reasoned choice. The principle of autonomy recognizes that self-determination is a value that deserves respect.

**Justice** is also associated with duty ethics. It is the duty to give each person equal consideration and insure fairness. In medical ethics Justice is most commonly seen in terms of distributive justice. Distributive justice is concerned with the fair distributions of society’s goods and services. For example, it would be unjust if some patients were given better or poorer care based on race, religion or gender. In medical ethics the principle of justice would arise if someone with a significant handicap was only offered less aggressive treatment while a patient with a similar diagnosis but without the handicap was treated more aggressively.

SLIDE 18 FOUR TOPICS or FOUR BOXES

The four topics method is a tool. It is meant to provide a paradigm or pattern for asking the right questions and then gathering and sorting the relevant data for decision making.

- **Medical Indications** refer to the patient’s history, diagnoses, and treatment that are being used to address the medical problem. Medical indications primarily asks questions about the goal of treatment and what are the likely outcomes of medical choices. As such, medical indications tend toward a consequentialist approach and are therefore most commonly seen through the lenses of beneficence and nonmaleficence.

- **Patient Preferences** state the expressed choices of the patient about their values, goals and treatment. If the patient is no longer able to express her or his preference, then it is common for a surrogate to speak on behalf of the patient. Patient’s preference are most often associated with the principle of autonomy.

SLIDE 19 FOUR TOPICS

- **Quality of life** is subjective by nature. This means that people in similar situations may make different choices based on their personal evaluation of what burdens they are
willing to bear. This too is a future looking or utilitarian approach to decision making using the principles of nonmaleficence and beneficence. It asks questions such as “What are the prospects for a return to normal life? “What deficits might the patient experience even if treatment succeeds?” Quality of life is commonly seen as requiring a benefit vs burden analysis.

- **CONTEXTUAL FEATURES** identify the family, social-cultural, financial and legal settings within which decisions concerning the patient’s medical treatment and care exist. Contextual features include things like conflicts of interest, religious beliefs, living situations and any factor that would affect treatment choices or the patient’s long term outcome.