ETHICS AT A GLANCE

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Foundational Concepts in Ethics

Ethics at a Glance provides a brief introduction to a range of ethical concepts, principles and theory that can be applied in the analysis of cases and topics in health care ethics. Various ethical concepts and traditions provide individual lenses through which ethical questions can be posed and considered. Each perspective brings a slightly or, in some cases, radically unique viewpoint to the examination of particular issues raised in health care ethics.

Ethics and Morality Defined

Although the words *ethics* and *morality* are often used interchangeably, **morality** is more precisely used to refer to the customs, principles of conduct and moral codes of an individual, group or society. **Ethics,** also termed moral philosophy or the science of morals, is the branch of philosophy that studies morality through the critical examination of right and wrong in human action.

The study of ethics falls into three main areas of focus: metaethics, normative ethics and applied ethics. **Metaethics** is concerned with the very nature of right and wrong, where and how ethical judgments originate, and what they mean in relation to human nature and conduct. For example, questions posed in metaethics include how to define the nature of a good act and whether or not morality exists independently of human beings.

Normative ethics seeks to define specific standards or principles to guide ethical conduct in answer to questions such as what is valuable and how are actions morally assessed and justified. Various normative ethical theories attempt to systematically formulate guidelines to answer the basic question of how one ideally ought to behave in a particular situation. A central challenge of normative ethics is that various theories disagree on the fundamental basis and criteria for ethical analysis and conduct.

Just as the conceptual assumptions of metaethics contribute to the formulation of normative ethics, normative ethics provide a basis for **applied ethics** when employed in the analysis of specific, practical issues. Finally, **descriptive ethics** simply describes the ethical beliefs, norms and behaviors of an individual or group as they actually exist, as opposed to how they ought to exist.

For more on definitions of ethics and morality see:

Internet Encyclopedia of Philosophy. Ethics.
http://www.iep.utm.edu/e/ethics.htm

Moral Objectivism and Ethical Relativism

A central question in ethics is whether there are one or many valid ethical viewpoints. Attempts to answer this question reveal two fundamentally different assumptions from which moral reflection begins.

Moral objectivism holds that at least some moral principles and rules are objectively knowable on the basis of observation and human reasoning. The term **universalism** suggests that basic right and wrong is the same for everyone, while also allowing for some variation in individual circumstances and context. On the other hand, **ethical absolutism** is "the view that there exists an eternal and unchanging moral law that transcends the physical world and is the same for all people at all times and places" (Holmes, 1993). In this view, moral rightness and wrongness exist independent of human beings and unrelated to human emotions and thought. There is an absolute source of truth that transcends human rationality and choice.

Critics of this view point to human diversity and the difficulty of deriving a single, "true" morality that everyone would hold in common at all times and in all circumstances. The fact that beliefs and behaviors have changed over time in relation to individual preference and social approval suggests that an absolutist approach may ultimately conflict with observed human nature and behavior.

In sharp contrast with objectivism, subjective approaches deny the validity of objective moral principles and standards that can be applied universally. For example, **ethical relativism** holds that judgments about the rightness or wrongness of an act can legitimately vary between persons or cultures based on individual feelings (**subjectivism**) and specific social and cultural circumstances (**cultural relativism**). This view assumes that morality depends on a dual consideration of human nature and the human condition with specific social and cultural circumstances playing a role in determining moral beliefs and practices.

In extreme forms, subjectivist and relativist positions can be applied to conclude that what is true for others may not be true for me, rendering it impossible to evaluate the moral weight of even radically different actions. Critics of relativistic positions point to the failure of relativism to provide a workable means for resolving ethical issues since every action can be judged differently, depending on the actor's point of view.

For more on moral objectivism and relativism see:

Ethics Update. Internet Philosophical Resources on Moral Relativism.
http://ethics.sandiego.edu/theories/Relativism/

Stanford Encyclopedia of Philosophy. Moral Relativism.
http://plato.stanford.edu/entries/moral-relativism/

Wikipedia. Moral Relativism. http://en.wikipedia.org/wiki/Moral_relativism

Wikipedia. Objectivism. http://en.wikipedia.org/wiki/Objective_morality

Deontological and Teleological Assumptions in Normative Ethics

When examining various normative theories, a distinction is often made between deontological and teleological perspectives. **Deontology** (from the Greek *deon*, meaning "duty") refers to an ethical theory or perspective based on duty or obligation. A deontological, or duty-based, theory is one in which specific moral duties or obligations are seen as self-evident, having intrinsic value in and of themselves and needing no further justification. Moral actions are evaluated on the basis of inherent rightness or wrongness rather than goodness or a primary consideration of consequences. Holmes (1993) distinguishes between strong deontological theories, in which goodness is irrelevant to the rightness of an act, and weak deontological theories, in which goodness is relevant but not the primary determinant of moral rightness. Kantianism, divine command theory and some rights-based theories are generally categorized as deontological theories.

In contrast, **teleology** (from the Greek *telos*, meaning goal or end) describes an ethical perspective that contends the rightness or wrongness of actions is based solely on the goodness or badness of their consequences. In a strict teleological interpretation, actions are morally neutral when considered apart from their consequences. Ethical egoism and utilitarianism are examples of teleological theories.

While these descriptions appear to draw a clear distinction between theoretical perspectives, the two categories are not mutually exclusive. Alternatively, the terms consequentialist and non-consequentialist are sometimes used. Some rights-based theories and theories of justice are consequentialist in their concern for outcomes while also claiming the inherent rightness of obligations related to human rights and justice. Likewise, virtue ethics and formulations of natural law both seek goals of human happiness and fulfillment, but in relation to deontological assumptions about human character and/or rationally derived obligations.

For more on deontology and teleology see:

New Advent. Teleology. http://www.newadvent.org/cathen/14474a.htm

Wikipedia. Deontology. http://en.wikipedia.org/wiki/Deontology

Wikipedia. Teleology. http://en.wikipedia.org/wiki/Teleology

Principlism and the Moral Principles

The term *principle* can be defined in several ways. A principle may refer to a basic truth, law or assumption. For example, a principle may take the form of a law or rule that describes a natural phenomenon. With respect to ethics, the term principle can refer to a generalization that can be used in moral reasoning or a specific rule of good conduct.

A number of specific and commonly recognized moral principles have been articulated for application in the realm of health care ethics. Some ethicists, notably Beauchamp and Childress (2004), have used such principles as a primary framework for ethical analysis and dialogue. In this approach, referred to as **principlism**, each principle represents a serious, though not absolute, moral duty that must be weighed against other duties in resolving an ethical conflict or dilemma.

Although very influential in contemporary bioethics, principlism has been widely criticized on several counts. For example, because principlist approaches are not rooted in particular overarching values, there is no widely accepted standard for resolving the inevitable conflicts between principles. Individual principles may be interpreted or weighted differently by different individuals or may not accurately represent particular cultural viewpoints and assumptions. In fact, there is no common agreement on exactly what principles are morally relevant and to what extent some principles are more or less foundational to other principles. Finally, critics contend that principlist approaches fail to consider important aspects of character and virtue-based approaches or relational approaches such as care ethics. Nonetheless, the insightful use of moral principles has proven an intuitively appealing and widely recognized foundation for dialogue in health care ethics.

For more on principlism see:

Penn State College of Health Human Development Nursing School. Theoretical Approaches to Health Care Ethics.
http://www.personal.psu.edu/faculty/d/x/dxm12/n458/theoretical_approaches.htm

Principle of Respect for Persons

In its simplest form, **respect for persons** maintains that human beings have intrinsic and unconditional moral worth and should always be treated as if there is nothing of greater value than they are. This principle rests on the unique capability of human beings to behave as rational agents, that is, self-aware and capable of objective thought and the ability to reason. The ability to reason is believed to give humanity an intrinsic dignity that must be respected above all other considerations.

This inherent value attributed to human beings means that each person is an end in him or herself and should not be treated solely as a means to some other end. It also implies that all persons have equal worth and should be treated equitably and in ways that we ourselves would want to be treated. Principles of truth telling, loyalty, privacy, and confidentiality are all rooted in this basic requirement of unconditional respect and value.

Finally, as rational agents, we are free and capable of making our own decisions and choosing actions based on our own goals and reasoning. In other words, we are self-determining or autonomous. The principle of respect for persons affirms the primary importance of allowing individuals to exercise their moral right of **self-determination**. To violate their ability to be self-determining is to treat them as less than persons. In doing so we deprive them of their essential dignity.

The concept of **autonomy** is an important extension of this principle. You act autonomously when your actions are the result of your own deliberation and choices. Yet there are many ways in which autonomy can be compromised. Likewise, there are justifiable restrictions that can be placed on individual autonomy. For example, **paternalism** is the principle that allows a physician to act contrary to a patient's wishes if there is evidence that the patient is not acting in his or her own best interests and on the basis of a higher level of expertise. Other allowable restrictions to autonomy include the **harm principle**, which protects others from harm; the **principle of legal moralism**, which allows society to render an act illegal on the basis of social values and judgments; and the **welfare principle**, which allows autonomy to be restricted for the benefit of others (Munson, 2004)
.
For more on the principle of respect for persons and autonomy see:

Stanford Encyclopedia of Philosophy
http://www.seop.leeds.ac.uk/entries/personal-autonomy/
http://plato.stanford.edu/entries/autonomy-moral/

Ascension Health
http://www.ascensionhealth.org/ethics/public/key_principles/respect_persons.asp

http://www.ascensionhealth.org/ethics/public/issues/autonomy.asp

University of Washington School of Medicine
http://eduserv.hscer.washington.edu/bioethics/tools/princpl.html#prin2

Nonmaleficence

The principle of **nonmaleficence** states that we should act in ways that do not inflict evil or cause harm to others. In particular, we should not cause avoidable or intentional harm. This includes avoiding even the risk of harm. It is important to point out that this principle can be violated with or without intention. That is, you don't have to intend harm to violate this principle. In fact, you don't even have to cause harm. If you have knowingly or unknowingly subjected a patient or colleague to unnecessary risk, you have violated this principle (Munson, 2004).

Beauchamp and Childress (2001) point out the difficulty in defining the nature of harm. There are many types of harm ranging from physical and emotional injury to deprivation of property or violations of rights. In health care, the primary focus on harm relates to a narrower definition including pain, disability, or death. However, harm can be very much in the eye of the beholder, and a broader definition of harm is often required in ethical considerations.

Likewise, more than one level of harm may come into play in a situation. For example, a surgeon will inflict a level of pain and suffering on a patient in order to avoid their death. The surgeon has imposed one harm in order to avoid a greater harm. However, in all cases, we are prohibited from acting in ways that are likely to cause undue risk or needless harm.

For more on the principle of nonmaleficence see:

Ascension Health
http://www.ascensionhealth.org/ethics/public/key_principles/beneficence.asp

University of Washington School of Medicine
http://eduserv.hscer.washington.edu/bioethics/tools/princpl.html#prin2

Beneficence

The principle of **beneficence** is often simply stated as an obligation to act in ways that promote good. Beauchamp and Childress (2001) explain this to include both the prevention and removal of harm as well as doing good. That is, we should act in ways that prevent harm, remove harm, and promote good.

Beneficence is not simply the opposite of nonmaleficence. Some would argue that while we always have a duty not to harm, we don't always have a duty to help. However, in health care, we have an implied duty to help by virtue of our relationship with the patient. This duty is both legally and morally grounded in that it is reasonable for patients to expect a professional caregiver to act in ways that will promote their health and well-being. On the other hand, we generally recognize a limit to the level of service and sacrifice owed to a patient by any particular health care professional (Munson 2004).

As with harm, the definition of good is difficult. As noted by Munson (2004), the sheer number of ways one might promote the welfare of another defies a complete description. In the health care context, welfare is generally seen in terms of health and physical well-being, although other welfare concerns can be raised.

For more on the principle of beneficence see:

University of Washington School of Medicine
http://eduserv.hscer.washington.edu/bioethics/tools/princpl.html#prin3

Ascension Health
http://www.ascensionhealth.org/ethics/public/key_principles/beneficence.asp

Veracity

Veracity is the principle of truth telling, and it is grounded in respect for persons and the concept of autonomy. In order for a person to make fully rational choices, he or she must have the information relevant to his or her decision. Moreover, this information must be as clear and understandable as possible. Truth telling is violated in at least two ways. The first is by the act of lying, or the deliberate exchange of erroneous information. However, the principle of veracity is also violated by omission, the deliberate withholding of all or portions of the truth. Finally, the principle of veracity can also be violated by the deliberate cloaking of information in jargon or language that fails to convey information in a way that can be understood by the recipient or that intentionally misleads the recipient.

In the health care context, there are two broad applications of this principle. The first relates to patient care and such issues as informed consent. Patients and families rely upon physicians and other caregivers for the information they need to make informed choices about their care. They also expect to be told the truth about their care, including any errors or untoward events. Alternatively, some patients or patients' families do not want to be told the truth, placing the physician, nurse or other health care professional in a situation in which his or her duty to obtain informed consent is compromised by the wishes of the patient or family.

The second application relates more generally to professional ethics and the basic expectation that we are honest in our professional interactions. This particular application of veracity is apparent in a broad range of issues including professional relationships, documentation standards, billing practices, risk management, peer review, community relations, and regulatory reporting, and compliance.

Fidelity

The principle of **fidelity** broadly requires that we act in ways that are loyal. This includes keeping our promises, doing what is expected of us, performing our duties and being trustworthy. **Role fidelity** entails the specific loyalties associated with a particular professional designation, and Purtillo (2005) lists five expectations associated with what patients might reasonably expect in terms of fidelity in the health care context:

1. That you treat them with basic respect.
2. That you, the caregiver or other health care professional, are competent and capable of performing the duties required of your professional role.
3. That you adhere to a professional code of ethics.
4. That you follow the policies and procedures of your organization and applicable laws.
5. That you will honor agreements made with the patient.

Fidelity is perhaps the most common source of ethical conflict. In any particular situation health care professionals may find themselves at odds between what they believe is right, what the patient wants, what other members of the health care team expect, what organizational policy dictates and/or what the profession or the law requires.

Principles of Justice

A general principle of **justice** requires that we act in ways that treat people equitably and fairly. Actions that discriminate against individuals or a class of people arbitrarily or without a justifiable basis would violate this basic principle.

Of special concern in the health care context is the notion of **distributive justice**. This conception of justice refers to an equitable balance of benefits and burdens with particular attention to situations involving the allocation of resources. Munson (2004) offers four specific principles of distributive justice that can be considered in situations involving the distribution of material goods and resources, especially those that are scarce. The **principle of equality** requires that all benefits and burdens be distributed equally. The advantage to this conception of justice is that everyone is entitled to an equal share of resources; however the principle becomes problematic when not everyone is perceived as equally deserving of an equal share.

A second principle is the **principle of need**, which suggests that resources should be distributed based on need so that those with greater need will receive a greater share. In theory, this supports the principle of equality in that everyone will end up with the same share of goods. A difficulty common to both of these principles is the question of exactly what material goods and resources we are entitled to. Definitive agreement has not been reached in this society as to whether health care is such a good.

The last two principles address more directly our sense of fairness. The **principle of contribution** maintains that persons should benefit in proportion to their individual contribution. Those who contribute proportionately more to the production of goods should receive proportionately more goods in return. Similarly, the **principle of effort** recognizes the degree of effort made by an individual as the determining factor in the proportion of goods to be received. Obvious difficulties with these principles lie in defining the exact nature and impact of a contribution and accounting for the inherent differences in the outcomes of individual efforts regardless of the amount of effort expended.

Two very specific categories of justice, included under the broad umbrella of distributive justice, are also relevant to the health care context and health care leadership. **Procedural justice** requires processes that are impartial and fair. This form of justice underlies the requirement of due process when conducting disciplinary action against an employee or the manner in which a patient complaint is investigated. Procedural justice might also relate to how resources are allocated in situations where other relevant criteria such as need or effort are substantively equal.

The second category, **compensatory justice**, involves compensation for wrongs or harms that have been done. Damage awards to patients for malpractice or

negligence are obvious examples of compensatory justice, along with damages awarded for discriminatory personnel practices or fines levied for violations of legal or regulatory requirements.

For more on the principles of justice see:

Ascension Health
http://www.ascensionhealth.org/ethics/public/key_principles/distributive_justice.asp

Beyond Intractability
http://www.beyondintractability.org/m/distributive_justice.jsp

Midwest Bioethics Center
http://www.midbio.org/mbc-forum15-2.htm

University of Washington School of Medicine
http://eduserv.hscer.washington.edu/bioethics/tools/princpl.html#prin2

Virtue Ethics

Virtue-based ethics does not rely directly on ethical principles in its formulation. In **virtue ethics**, the focus is on the role of character as the source of moral action. Human character is shaped over time by a combination of natural inclinations and the influence of such factors as family, culture, education, and self-reflection. This means that some people will be more likely to choose virtuous behavior than will others.

Virtue ethics traces its roots to the ancient Greeks whose original exploration of morality did not focus on right and wrong, but rather the concepts of human excellence and human thriving (Taylor, 2002). Generally, a moral act is one that satisfies two requirements. First, the act must promote the good. Devettere (2000) defines good in terms of seeking the good life, a life that allows us to achieve a level of personal happiness and that also serves the communal best interest. The second requirement for a moral act is that the action must be taken with the intent to do good. In other words, it is not enough to do the right thing. Virtuous behavior requires more than just meeting an obligation or performing a duty. The person of virtuous character is one who displays the proper motive as well.

Virtues are character traits that predispose a person with good or virtuous intentions to do the right thing when faced with a moral choice. Writers vary on what they include on a list of moral virtues. Devettere (2000) emphasizes the central virtues of temperance, courage, love, justice, and dignity. Other lists might commonly include respect, honesty, sympathy, charity, kindness, loyalty, and fairness. Munson (2004) also categorizes a set of practical virtues including intelligence, patience, prudence, shrewdness, and proficiency. These virtues, while not moral in and of themselves, can enhance virtuous behavior. For example, intelligence and prudence can add depth and clarity to ethical deliberation. Finally, Christian ethics proposes the theological virtues of faith, hope and charity (Catholic Encyclopedia).

In the health care context, there is an expectation that caregivers and other professionals act with integrity and virtue. As such, this theory appeals to our intuitive belief that we can discern the difference between right and wrong action based on our own moral character and good intentions as professionals. On the other hand, a weakness of virtue ethics lies in the absence of guidance in specific situations. Because virtuous character develops over time and in response to both self-reflection and positive external influences, we may not always be able to rely on our own incomplete base of experience and insight in making a particular decision. To complicate matters further, not everyone may agree on the basis of the good life to be sought through moral choices.

For more on virtue ethics see:

Catholic Encyclopedia. Virtue. http://www.newadvent.org/cathen/15472a.htm

Internet Encyclopedia of Philosophy. Virtue Ethics.
http://www.iep.utm.edu/v/virtue.htm

Philosophy Pages. Aristotle. http://www.philosophypages.com/ph/aris.htm

Stanford Encyclopedia of Philosophy. Virtue Ethics.
http://plato.stanford.edu/entries/ethics-virtue/

Catholic Moral Tradition

One of the most sophisticated and well-articulated ethical frameworks, particularly with respect to bioethics, is that of Roman Catholicism. The *Ethical and Religious Directives for Catholic Health Care Services* is a comprehensive statement of ethics pertaining to a variety of ethical issues in health care. This example of an ethical position, well grounded in the framework of a particular faith tradition, has been very influential in the general realm of bioethical thought.

The Catholic moral tradition has rich and varied roots; however, all intellectual viewpoints emphasize an abiding commitment to the promotion and defense of human dignity from conception to death. Each human life is considered sacred and deserving of a right to life. Such a right includes proper origination and development of a life with access to an adequate level of care. Also emphasized are the need to accept social responsibility in caring for the poor and the promotion of the common good. In this perspective, the common good is defined in terms of protecting fundamental rights in order that all individuals are enabled to realize their common purposes and goals (National Conference of Catholic Bishops 1995).

One of the founding voices of the Catholic moral tradition is that of Thomas Aquinas, a Dominican saint who lived in the thirteenth century. He is associated with a particular interpretation of **natural law**, a philosophical tradition dating back to early pre-Socratic philosophers. In general, natural law proposes fundamental laws that have been laid down by nature itself and are discoverable through experience, observation, induction and insight into commonly shared aspects of human nature and behavior. Aquinas viewed human beings as intelligent, rational creatures, created in the image of God, whose human reason is answerable to the basic principle of doing good and avoiding evil (Catholic Encyclopedia). Good is simply that which is proper to human nature and consistent with the objective goal of human happiness. Through the application of our human reason, in combination with our natural inclination to recognize and seek the good, we are able to reflect upon and discover laws, in the form of general tendencies, that satisfy basic human needs and fulfill the divinely intended nature of human beings (Meaney, personal communication).

Aquinas proposes four basic goals of human nature: to prolong life, procreate, form community, and seek truth (Ashley & O-Rourke, 1997). For example, our natural inclination to preserve our lives creates obligations to care for ourselves and avoid actions that put us in danger of losing our lives. This respect for our own dignity and life is rationally extended to the dignity and lives of others. Likewise, the inclination to create and care for offspring generates support for the institution of marriage and prohibits actions that would interfere with the procreative process.

Catholic natural law is, in essence, a teleological theory based on God's plan for man within the universe. However, it is not strictly consequentialist in that consequences are not seen as the sole determinant of a moral act. Instead, a moral act is determined by the act itself, the motive or intentions of the actor, and the circumstances surrounding the act. While rooted in natural law, the Catholic moral tradition has evolved various approaches to the process of moral reasoning.

Proportionalism is an approach that evolved in the 20th century with the intent of formulating a dynamic, evolutionary and more pluralistic worldview in light of the complexity of contemporary society. It relies on intuitive positive values such as love and loyalty that can be weighed through the reasoning process in any particular situation to achieve a proportionately favorable outcome. A primary strength of this approach is its acknowledgement of the very complex issues presented by rapidly evolving technologies and pluralistic social orders. Critics of this approach claim that consequences are weighed too heavily allowing for inherently evil acts to be too easily justified in some situations (Ashley & O'Rourke, 1997).

An alternative approach is that of **prudential personalism**. This ethical framework takes into account the unique manner in which human nature is embodied in each individual, the role of individual intelligence and free will in making life choices, and considerations of individual diversity in relation to our inherently communal nature. This model places friendship with God and other persons as the supreme good to which all other goods are subordinated, and rejects abstract ideals and values as the sole basis for moral reflection. Instead, proponents of prudential personalism contend that a "practical, goal-seeking, situational, contextual" methodology is possible by starting with the ultimate goal of human life and posing the question, "How does this action in its context contribute to the growth of persons in community?" However, outward consequences are assessed secondarily to inward motive and self-realization (Ashley & O'Rourke, 1997).

A strength of the Catholic moral tradition in health care ethics lies in the specific guidance given with respect to medical decision-making on a number of complex issues including abortion, assisted reproduction, end-of-life care, euthanasia and emerging genetic technologies. The primary weakness lies in its applicability as an ethical justification for people who do not share the assumptions of natural law in general or specific theological assumptions embedded within Catholic theology.

For more on the Catholic moral tradition see:

The Catholic Encyclopedia. http://www.newadvent.org/cathen/

The Ethical and Religious Directives for Catholic Health Services.
http://www.usccb.org/bishops/directives.shtml

Philosophy Pages. Thomas Aquinas.
http://www.philosophypages.com/ph/aqui.htm

The Provincial Health Ethics Network.
http://www.phen.ab.ca/materials/intouch/vol3/intouch3-08.html

Kantian Ethics

The German philosopher Immanuel Kant (1724–1804) is generally credited with much of the foundational thought in the evolution of deontology and deontological perspectives. Kant viewed the ability of human beings to reason as the basis of our status as moral agents. Therefore, Kantian ethics rests on the argument that "morality is grounded in reason, not in tradition, intuition, conscience, emotion, or attitudes such as sympathy" (Beauchamp and Childress 2001). To be fully human is to be a rational being capable of exercising both reason and free will in making decisions and choosing actions.

Kant further believed that since we cannot control the outcome of our actions, the morality of an act cannot depend on the outcome or consequences, but must be judged based on the motive or intent of the actor. A moral action is one that is performed solely for the purpose of meeting a moral obligation, and the action itself can only be judged moral in light of the intention behind it. The actual outcome is not considered morally relevant.

Kant's test of whether an action meets a moral obligation is referred to as the **categorical imperative**. The basic formulation of this imperative is the test of universalizability, which states that you must act so that the rule or principle guiding your action can be willed to be a universal law. That is, could I take this action in all similar circumstances without being logically inconsistent? For example, telling a lie violates this maxim because you could not logically will that people be free to lie whenever they wanted without rendering the concept of truth useless. Therefore, truth telling becomes an important obligation or duty in this ethical perspective because the truth is one necessary condition for rational analysis.

A second formulation of the imperative, often used in health care, requires that we never treat another person solely as a means to our end. For example, involving people in a risky medical experiment without their knowledge deprives them of their ability to make a rational choice about participation and uses them as a means to some other end. The fact that the knowledge gained from the research might benefit thousands of other people is not relevant in this perspective.

Kant recognizes two general categories of duties. A **perfect duty** is one we must always observe, such as our duty not to needlessly harm another person. Other duties, such as acting with benevolence, are not required in all circumstances, so they are termed **imperfect duties**.

The primary strengths of Kantian ethics in the health care context are that it prohibits us from using oneself or others solely as means to another end and requires us to be consistent in our moral action. For example, we should not experiment on people solely for the benefit of others; and, if it were wrong to

involve one set of subjects in dangerous research without their consent, then it would be wrong to involve any subject in dangerous research without their consent. Some of the weaknesses of a strict Kantian perspective are the absence of any guidelines for dealing with the inevitable conflicts between duties and the lack of recognition that emotion and intuition can play a constructive role in ethical decisions. For example, an absolute duty to tell a patient the truth might cause a patient harm in certain circumstances; therefore the duty to always tell the truth conflicts with the duty to avoid needless harm or injury. Furthermore, human emotion and intuition can be helpful in detecting the potential for harm, and it is probably not realistic or even desirable to completely eliminate these natural abilities from our moral actions.

W. D. Ross, also a deontologist but with a more consequentialist orientation, recognized these shortcomings and proposed a slightly different model of duties. Ross advocated a set of duties that included fidelity, justice, beneficence, and nonmaleficence, among others, and he used the term prima facie duties to describe them. **Prima facie**, "at first glance," simply refers to the duty or obligation that appears to be what I should do without considering any other factors. My actual duty is the real duty, and there is only one morally justified course of action in any situation; however, the **actual duty** may not always be obvious, particularly when duties conflict. Unlike strict Kantian ethics that prohibit the consideration of consequences or related factors other than motive, Ross allows us to consider other factors in determining which prima facie duty or duties will achieve the greatest balance of rightness over wrongness. This approach is more likely to avoid unreasonable conclusions that can come from considering some duties as absolute in all circumstances.

For more on Kantian ethics see:

Ethics Updates. Kant and Kantian Ethics.
http://ethics.sandiego.edu/theories/Kant/

Garrett, J. (2004). A Simple and Usable (Although Incomplete) Ethical Theory Based on the Ethics of W. D. Ross.
http://www.wku.edu/~jan.garrett/ethics/rossethc.htm

Internet Encyclopedia of Philosophy. Immanuel Kant.
http://www.utm.edu/research/iep/k/kantmeta.htm#Kant's%20Ethics

Online Guide to Ethics and Moral Philosophy. Kant's Ethics.
http://caae.phil.cmu.edu/Cavalier/80130/part1/sect4/Kant.html

Philosophy Pages. Immanuel Kant.
http://www.philosophypages.com/ph/kant.htm

Utilitarianism

British philosophers Jeremy Bentham (1748–1832) and John Stuart Mill (1806–1873) are credited with the origins of classical utilitarianism, a moral theory that defines a moral act solely in terms of the outcome or consequences of that act. This teleological perspective is based on a single guiding principle. The **principle of utility,** also referred to as the Greatest Happiness Principle, states that actions are right if they produce the greatest balance of happiness over unhappiness (Mill, 1861). Over time, the definition of happiness has been expanded to include a variety of intrinsic goods other than happiness or pleasure. Intrinsic goods are goods or conditions that are inherently valuable and might include love, beauty, friendship, knowledge, and success. Some writers contend the principle of utility can also refer to individual preferences.

In any given situation, we are likely to have to consider a range of goods and preferences to determine what will constitute the greatest overall balance of good. This consideration uses a type of moral cost/benefit analysis in which a moral act should produce the greatest benefit (happiness) at the least cost (unhappiness). A moral act may, at times, result in some unhappiness; however, the overall consequences must be balanced toward the good.

Regardless of how utility is defined, an action according to utilitarianism is right that produces the greatest benefit for the greatest number of people. Therefore, no action is right or wrong in and of itself. Actions can only be judged in light of their consequences. General moral rules may be useful in analysis, but any such rule can be disregarded in the interest of promoting utility. In addition, motive or intention carries no moral weight. For example, I may feel it is my duty to tell a patient the truth but, if the patient is harmed in some significant way by the information I provide, then I have violated the principle of utility and acted wrongly.

There are two main applications of utilitarian thought. **Act utilitarianism** focuses on the consequences of particular actions in particular circumstances. That is, an act is right to the extent that it produces the highest utility in that individual circumstance. This allows you to consider every situation as completely unique. On the other hand, it also allows for inconsistency in action and requires that you basically start every analysis from scratch.

Rule utilitarianism takes a somewhat different view by suggesting that the principle of utility can be used to develop and test rules that can be applied in similar situations. The basic premise is that if we always follow a set of rules that generally produce the best consequences, our actions will result in the greatest social utility or the best outcome for everyone in the long run. In this view, an act is right if it follows a rule that has been shown to maximize utility in other similar situations. An obvious drawback to this approach is the sheer number of rules

and exceptions likely to be generated, as well as the possibility that the rules would conflict in some circumstances.

For more on utilitarianism see:

Ethics Updates. Utilitarianism. http://ethics.sandiego.edu/theories/Utilitarianism/

Internet Encyclopedia of Philosophy. Jeremy Bentham.
http://www.utm.edu/research/iep/b/bentham.htm

Internet Encyclopedia of Philosophy. John Stuart Mill.
http://www.utm.edu/research/iep/m/milljs.htm

The Literary Encyclopedia. Utilitarianism.
http://www.litencyc.com/php/stopics.php?rec=true&UID=1169

Mill, J. S. Utilitarianism. http://www.utilitarianism.com/mill1.htm

Philosophy Pages. John Stuart Mill.
http://www.philosophypages.com/ph/mill.htm

Stanford Encyclopedia of Philosophy. Consequentialism.
http://plato.stanford.edu/entries/consequentialism/

Rawlsian Ethics

Contemporary philosopher John Rawls provides one example of an ethical theory that places the concept of justice at its center. Rawls' primary concern is that we be able to design and evaluate social institutions and practices on the basis of principles of justice. The basis of such principles is found in a concept that Rawls termed the **original position**. Imagine a group of people representing the range of human diversity and then place them behind a veil of ignorance so that they no longer know who they are on the other side. Rawls contends that from this original position people would agree to establish a social order based on the moral standards of an egalitarian form of justice. That is, they would promote rules and institutions that would ensure their own well-being once the veil is lifted.

In its strictest sense, egalitarianism requires that all persons receive an equal distribution of certain political, social, and economic goods and rights; however, Rawls does not advocate a strict egalitarianism. He maintains that inequalities are inevitable but can be justified and minimized with at least two principles discoverable in the original position. The first is the **liberty principle**, which advocates that each person should have an equal right to as many basic liberties as possible and still allow a similar system of liberty for all (Munson 2004). That is, each individual should possess as much liberty to live and seek opportunity as is possible, short of infringing on the liberty interests of others.

The second principle that Rawls identifies is termed the **difference principle** and requires that social and economic inequalities be arranged so that they benefit those who are least advantaged. In other words, differences in wealth and social position are acceptable as long as they can be shown to benefit everyone and, in particular, those who have the fewest advantages. This principle also requires that systems allow for all people to have access to goods and positions under conditions of fair equality of opportunity based on both need and merit (Munson 2004).

Rawls believes that people in the original position would agree on a set of duties that one owes to both oneself and others. He termed these natural duties and includes among them the duties of justice, avoiding harm to others, promise keeping, and helping others in need. Such duties also suggest and support principles such as respect for persons, nonmaleficence, fidelity, beneficence, and a form of procedural justice.

Rawls' theory is obviously applicable to ethical issues in the larger health care system involving health policy and allocation of resources. Rawls would approach these issues from the particular perspective of individual liberties and rights. In addition, the concept of natural duties can also be applied to questions of autonomy and caregiver obligations. A strength of Rawls' theory is its dual emphasis on moral obligation and the need to mitigate the practical

consequences of social systems. A primary criticism includes a question of whether the original position is, in fact, biased by Rawls' own privileged view of the current system.

For more on John Rawls and Rawlsian ethics see:

Stanford Encyclopedia of Philosophy. Original Position. http://plato.stanford.edu/entries/original-position/

Wikipedia. A Theory of Justice. http://en.wikipedia.org/wiki/A_Theory_of_Justice

Wikipedia. John Rawls. http://en.wikipedia.org/wiki/John_Rawls

Feminist Ethics

Feminist theory is a relative newcomer as a source of ethical theory and represents a diverse range of social and political viewpoints. However, all formulations of feminist theory are concerned with the "private sphere" while also committed to ensuring that the dimensions of politics, economics, and power be included in any ethical analysis. Rooted in the historical devaluation of the female experience in Western philosophy (Jagger, 2001), feminist ethics is predominantly concerned with the imbalance of power and the exposure and elimination of oppression for women and other disadvantaged groups. The term *disadvantaged* refers generally to any group with diminished power in relation to the larger social system. Groups that can be seen to have diminished power within the health care system include women in general, racial and ethnic minorities (both males and females), the elderly, children, the poor, and the disabled.

The basis on which a group might be considered oppressed can vary considerably. For example, in the health care context the strong history of research bias towards white men as research subjects has left women, children, and many racial minorities underrepresented and at risk with respect to many standard medical treatments. In another vein, feminists point out that the laws regulating female reproductive rights remain embedded in legal and economic systems in which the majority of decision-makers are still men. Yet another source of disadvantage is demonstrated by the fact that women and ethnic minorities are more likely to be poor, less educated, and uninsured or under-insured—all of which diminish a person's power within the health care system.

Feminist ethics does not rely on moral principles per se, arguing that the commonly cited principles are too abstract to be useful in the context of human relationships. Instead, actions are generally viewed in relation to their effect on the quality of relationships among people with an emphasis on considerations of justice and the concept of caring.

Sherwin (1994) provides a number of specific areas of feminist concern with respect to the health care context including the following:

- The inherent inequality of the physician/patient relationship
- The politics of medicine including authoritarian patterns of control and the differential treatment of men and women
- Access to scarce resources by the poor and other medically underserved groups
- The ability of patients to receive and understand the specialized medical information needed to maintain their autonomous decision making
- The unequal burdens of family care giving for women

A general strength of feminist ethics is an emphasis on the importance of considering the context of an individual situation in medical decision-making. Similarly, the emphasis on relationships allows for the realities of emotion and intuition to be factors in our deliberations. On the other hand, as pointed out by Munson (2004), the wide range of feminist views prevents feminist theory from presenting one unified and coherent theory. Additionally, there does not appear to be a method for resolving moral conflicts.

For more on feminist theory and feminist ethics see:

Feminist Theory Website. http://www.cddc.vt.edu/feminism/enin.html

FeministEthics.ca. http://www.feministethics.ca/

Stanford Encyclopedia of Philosophy. Feminist Bioethics.
http://plato.stanford.edu/entries/feminist-bioethics/

Stanford Encyclopedia of Philosophy. Feminist Ethics.
http://plato.stanford.edu/entries/feminism-ethics/

Ethic of Care

The **ethic of care** is discussed extensively in the nursing literature and specifically with respect to nursing ethics. The ethic of care has its roots in feminist thought; however, the two perspectives are not one and the same. In general, feminism argues for recognition that women tend to view the world and respond to the world differently than men. Sherwin (1992) points out how, historically, this has tended to devalue or deprive women of their status as moral agents by creating an anti-female bias in ethical theory.

Carol Gilligan (1993), and other writers, contend there are two different patterns of moral reasoning, with women generally exhibiting a relationally based ethic (predominantly concerned with care) and men preferring a rule-based ethic (more concerned with justice and rights). Gilligan labeled the first pattern of reasoning, with its focus on feelings and relationships, the ethic of care. The second pattern of reasoning, with its focus on developing universal rules in order to ensure fairness, was labeled the justice perspective. It is important to point out that both men and women are capable of reasoning in either perspective and may lean toward one in some situations and the other in other situations.

In the ethic of care, problem situations are approached in a more context-specific way that looks for resolution in the particular details of a problem situation. Universal principles are only valid if they can be applied with room for discretionary judgment based on the unique circumstances of each situation. There is primary attention paid to preserving relationships and generating options through better communication and cooperation. Also of concern is finding a solution that avoids harming anyone or that minimizes harm to all involved and that promotes caring in the situation.

Nel Noddings (1984) is often cited for her model of caring that is developed to be applicable to both men and women. Noddings suggests that, in reality, we are not guided by ethical principles but by the ideal of caring itself. The ethic of care demands that we maintain conditions under which caring can flourish. Noddings further notes specific standards or ideals within a caring relationship including caring itself, compassion, concern, and sensitivity to context.

The emphasis on sensitivity to context makes it particularly difficult to illustrate moral analysis within the ethic of care. If we are not in the immediate context, we cannot really make a decision based on authentic caring. At the same time, a primary strength of this perspective is its intuitive correctness in view of the reality of human relationships. While prior theories based on reason alone reject emotion and require impartiality, such an approach is inconsistent with our experience of human relationships. The ethic of care corrects this. On the other hand, complete rejection of impartiality and ethical principles in favor of sensitivity

and emotion may also lead to a rejection of otherwise justifiable obligations and rights.

For more on the ethic of care see:

Keller, J. (1996). Care ethics as a health care ethic.
http://www.uhmc.sunysb.edu/prevmed/mns/imcs/contexts/care/carejean.html

Online guide to ethics and moral philosophy. Ethic of Care.
http://caae.phil.cmu.edu/Cavalier/80130/part2/II_7.html

Rights and Rights-Based Ethics

As with many ethical perspectives, rights-based approaches also have their roots with ancient philosophers concerned with the concept of justice, as well as natural law philosophers who recognized a potential for certain rights inherent in human nature. **Natural rights** are generally held to be a gift of nature or God that cannot be taken away. Modern notions of natural rights are most closely associated with the seventeenth century British philosopher John Locke (Almond, 1993) and his contention that human beings are entitled to life, liberty and property. In contemporary theory, these and other moral claims have come to be referred to as **universal human rights** and form the basis for establishing and/or evaluating ethical standards within the social order.

Beauchamp and Childress (2001) define a **right** as a "justified claim that individuals and groups can make upon other individuals or upon society; to have a right is to be in a position to determine by one's choices, what others should do or need not do". In the case of a **legal right**, the claim must be justified by legal principles and rules. Likewise, a **moral right** must find grounding in moral principles and rules. One form of rights does not necessarily lead to another, although this distinction is not well recognized in contemporary society.

Beauchamp and Childress go on to point out that, while some rights may be argued to be absolute, most are better considered as **prima facie rights**. In other words, most rights should be observed in the absence of competing claims: however, all rights are likely to be subject to compelling, competing claims at some point. For example, the fundamental right to life is often deferred in situations involving self-defense or killing during war.

Another useful distinction is that of positive and negative rights. A **positive right** is "a right to receive a particular good or service from others" (Beauchamp & Childress, 2001). Therefore, a positive right assumes that someone (individual or agency) is obligated to do something for you. A **negative right** is "a right to be free from some action by others", so a negative right obligates others to refrain from action. An important implication here is that a right places an obligation on another individual or social entity, as well as consideration of whether the associated duties are then interpreted to be absolute.

While the concept of rights is appealing as a basis for moral argument and justification in modern democratic societies, it is also open to a number of concerns (Almond, 1993). First, there is no general agreement on what or who can be the subject of a right. A similar lack of agreement exists on what kinds of things there can be a right to. Finally there are questions about whether rights can ever be inalienable or absolute.

For more on rights and rights-based ethics see:

Catholic Encyclopedia. Right. http://www.newadvent.org/cathen/13055c.htm

Internet Encyclopedia of Philosophy. Human Rights.
http://www.iep.utm.edu/h/hum-rts.htm

Stanford Encyclopedia of Philosophy. Human Rights.
http://plato.stanford.edu/entries/rights-human/

Communitarian Ethics

Communitarianism refers to a theoretical perspective that seeks to lessen the focus on individual rights and increase the focus on communal responsibilities. The definition of community varies and can refer to anything from the nuclear or extended family to the political state or nation. In this approach, ethical thought is grounded in communal values, established social standards and traditions, and considerations of the larger society. Communitarians emphasize the influence of society on individuals and contend that values are rooted in common history and tradition (Beauchamp and Childress 2001).

Tam (1998) suggests that communitarianism is based on three principles. The first requires that any claim of truth be validated through co-operative enquiry. Second, communities of co-operative inquiry, which represent the spectrum of citizens, should validate common values that become the basis of mutual responsibilities of all community members. And third, all citizens should have equal access and participation in the power structure of society.

A central premise of communitarianism is the recognition of society as a web of intersecting communities with differing moral values and standards (Johnson 2005). The key to resolving ethical questions and conflicts lies in respect for local values that demonstrate careful deliberation and local community acceptance. Consideration is also given to general alignment and accountability with the values of the larger society; however, the system of moral rules of a particular community is best understood in the context of that community's current and historical view of social welfare and related social interests, lending a certain level of cultural relativism to this perspective.

This leads to a second premise that emphasizes the common good as an ideal. Such a premise downplays the values of individuality, autonomy, and personal rights, so prevalent in other ethical theories, in favor of a focus on the virtues and actions that support the interests of society as a whole. While this does include respect for human life and dignity, allowing for all persons to achieve a meaningful potential, the common good also calls for concern for long-term sustainability, intergenerational justice, an emphasis on active and informed citizenship, and a balance between individual and communal interests. At times, the common good may require all citizens to consider the needs of the broader community above the needs of any one individual, group, or organization.

Communitarian thought clearly contributes to the ethical dialogue in the health care context. This is particularly true with respect to issues such as the best use of limited health care resources, health care as a right, and the concept of healthy communities versus an emphasis on individual health.

Strengths of the communitarian perspective include the emphasis on strong connections between people, encouragement of collaboration, diminished emphasis on self-serving individualism, and sacrifice for the greater good as a measure of character. On the negative side, many would question how realistic it is to achieve a common set of global, or even local, values. We might also be concerned with the potential for erosion of individual rights and no systematic method for resolving ethical conflicts (Johnson, 2005).

For more on communitarianism see:

Infed Encyclopedia. Communitarianism.
http://www.infed.org/biblio/communitarianism.htm

The Communitarian Network. The Responsive Communitarian Platform.
http://www.gwu.edu/~ccps/platformtext.html

The George Washington University Institute for Communitarian Policy Studies.
http://www.gwu.edu/~icps/vision.html

Stanford Encyclopedia of Philosophy. Communitarianism.
http://plato.stanford.edu/entries/communitarianism/

Wikipedia. Communitarianism. http://en.wikipedia.org/wiki/Communitarian

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New Advent. (n/d). Catholic Encyclopedia. Available online at http://www.newadvent.org/cathen/.

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Purtillo, R. (2005). *Ethical dimensions in the health professions* (4th ed). Philadelphia: W.B. Saunders.

Sherwin, S (1992). *No longer patient: Feminist ethics and health care*. Philadelphia: Temple University Press.

Tam, H. (1998). *Communitarianism: A new agenda for politics and citizenship*. New York: New York University Press.

Taylor, R. (2002). *Virtue ethics: An introduction*. Amherst, NY: Prometheus Books.