

What Medical Ethics Have to Offer the Larger Fields of Moral and Political Philosophy

Abstract

The four principles of medical ethics—beneficence, nonmaleficence, justice, and autonomy—can be interpreted as being based on a respect for human life. Human life, however, is understood to be multidimensional. Like folk psychology, medical ethics understands there to be physical, social, mental, and metaphysical or spiritual aspects of human nature. The four principles of bioethics are also compatible with the concepts of equality derived from four different moral and legal systems in Western civilization which had their separate foundations in religion, nature, society, and the individual. Medical ethics are also based on both nature and culture. There is thus a relationship between the concept of a respect for human life in medical ethics and the concept of equality in the Western liberal political tradition. The multidimensional conception of human nature was largely discarded in moral and political philosophy, however, because it was originally hierarchical and used to justify the rule of the Pope and the king. One of the primary insights of modern medicine is that it uses these same categories to describe the multiple dimensions of human nature, but not necessarily in a hierarchical manner. These categories should thus be reconsidered as a very useful framework of analysis for the larger fields of moral and political philosophy.

Medical ethics are based on more than one parameter and therefore they do not necessarily lead to certainty. They also, however, do not lead to a situation where everything is subjective, relative, arbitrary, or based only on material needs because they are all based on a respect for an aspect of human life. They represent a balance of consciousness.

In this context, medical ethics have a lot to offer the larger fields of moral and political philosophy. Much of modern philosophy can be compared to the blind man describing the elephant; each perspective describes a particular part, but none gives a coherent view of the “elephant.”

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Medical ethics bring some coherence to the moral categories. They are also one source of an applied moral philosophy that can enable cross-cultural understanding and ethical dialogue. Medical ethics have at least the capacity to provide a well-balanced source of affirmation, accommodation, moderation, coherence, and synthesis in a pluralistic global community.

What Medical Ethics Have to Offer the Larger Fields of Moral and Political Philosophy

Introduction

Medical ethics have a lot to offer the larger fields of moral and political philosophy at this particular time in history, in part, because they have the capacity to accommodate pluralism in a global community. Medical ethics can be interpreted as being based on three axioms or assertions along with a couple of relevant observations.

1. The *primary moral assertion or premise of medical ethics is a respect for human life.*
2. Modern medicine *understands human nature to be multidimensional.* The four general principles of bioethics or medical ethics are:

Beneficence (the Golden Rule—do unto others as you would have them do unto you—reciprocity—benefit the patient)

Nonmaleficence (the Silver Rule—don't do unto others what you don't want them to do unto you—reversibility—do no harm)

Justice (social justice)

Autonomy (individual rights).¹

These four principles of bioethics can be interpreted as being based on a respect for the multidimensional aspects of human nature. The four principles also relate to different aspects of the moral concept of equality and they are derived primarily from, in turn, metaphysics, nature, society, and individual concerns. This perspective provides some coherence to the ethical categories.

3. Medical ethics understands the nature/nurture controversy about human nature to be a both/and rather than an either/or issue. Medical ethics are based on the life sciences as well as cultural factors.
4. Based on these initial moral assertions, medical ethics can be shown to be compatible with a moral system that has both “depth” (a capacity for a distinction of values) and “breadth” (a capacity for inclusion).
5. Medical ethics are based on the applied science of medicine and its initial axioms or principles can thus also be derived inductively as maxims from experience. Medical ethics can also provide a vehicle for cross-cultural dialogue and understanding. They have the capacity to accommodate pluralism in a global community.

Medical Ethics

1. A respect for human life

As a physician I consider a respect for human life to be the primary moral principle of the medical profession. The Declaration of Geneva of the World Medical Association includes this principle of a respect for human life.² This does not, however, mean preserving life at all costs.

A respect for human life is a moral assertion. Even the initial axioms or assertions of mathematics though, such as the definition of a line, are contingent and not proven. Our methods of description in physics also shift at the extremes of quantum mechanics and relativity and the two have not as yet been reconciled. The capacity to perceive a straight line, however, and even the illusion of a straight line, was important in evolution and remains important for our survival and well-being.³ The same can be said for the foundations of medical ethics. If one postulates the goals of human prosperity and posterity, then moral and political values become conditional factors for achieving these ends.⁴ It is for these reasons, a hypothetical imperative if you will, that in the coming century biology rather than physics will become the prevailing paradigm.

A respect for human life also implies a concept of equality

understood as an inherent dignity and worth of our common humanity. The concept of “all men are created equal” was for Thomas Jefferson an affirmation of his own individuality, but it was also his recognition of our common humanity, or, a categorical imperative. Abraham Lincoln described the phrase “all men are created equal” as the central idea of our government.^{5,6} Jefferson believed that all human beings, including American Indians and blacks, have a moral sense.⁷ Like a muscle, however, this human capacity needs to be developed through exercise. For Jefferson it was our universal moral capacity that makes self-government possible. The great reformers in American history did not repudiate the ideal of equality, but asked that we live up to it. The moral assertion of “a respect for human life” in medical ethics is also such a self-affirmation and a recognition of our common humanity. It is this fundamental principle or moral assertion, this affirmation of human dignity and worth, this categorical imperative which recognizes our common humanity, that makes the accommodation and preservation of a wide variety of attributes, cultural differences, desires, and beliefs possible in a pluralistic world.

A respect for human life can also be derived from historical and social sources, as well as from natural (the hypothetical imperative) and metaphysical (the categorical imperative) considerations as above. Thomas Beauchamp and James Childress developed and taught the four principles of bioethics in their successive editions of the book *Principles of Biomedical Ethics*. They consider the four principles to be derived from the common morality (or all those who are serious about moral conduct and their moral responsibilities) and the historical moral traditions of medicine. These are social and cultural sources. They specifically, however, state that “in this ‘theory,’ there is no single unifying principle or concept—a traditional goal of ethical theory that seems now to be fading fast.”⁸ It should be noted, however, that neither Beauchamp nor Childress is a physician. More importantly, the moral assertion of a respect for human life can accommodate and be the basis for each of their described principles when

human life and the world in which we live are understood to be multidimensional. Intuitionism is the view that there is a plurality of moral principles, each of which we can know directly. Beauchamp and Childress relied extensively on the intuitionist account of *prima facie* values by W.D. Ross in *The Right and the Good* (1930)⁹. Robert Audi is Professor of Philosophy and Professor of Business Ethics at the University of Notre Dame and Editor in Chief of *The Cambridge Dictionary of Philosophy*. In a recent work, *The Good and the Right: A Theory of Intuition and Intrinsic Value* (2004), Professor Audi also relies extensively on the work of W. D. Ross and concludes that, “In the practical domain, as in theoretical ethics, respect for persons is the fundamental attitude appropriate to the dignity of persons, and the dignity of persons is the central higher-order pervasive value that encompasses the other values essential in grounding moral obligation.”¹⁰

A respect for human life can also be derived from individual and human rights concerns. In moral theory we see this in the history of human rights. More recently this is seen in the capabilities approach of Amartya Sen, a Nobel Prize winning economist.¹¹ In medical ethics this is part of those theories that are based on induction from specific cases (casuistry) and those that begin with our common needs, aspirations and desires.

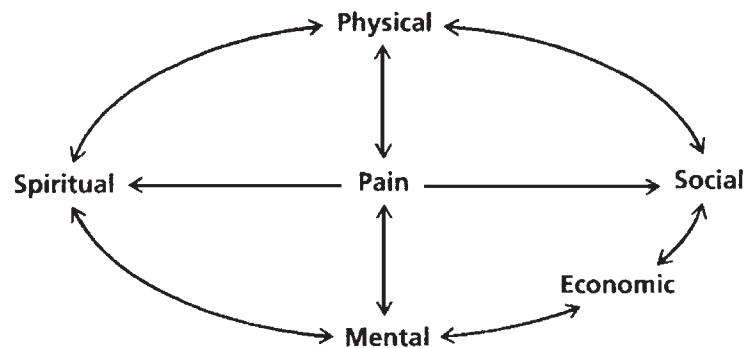
A respect for human life can thus be supported from the perspective of metaphysics, nature, society and the individual. A multidimensional understanding of human nature can be inclusive of our physical, social, mental, and psychic or spiritual needs. It is this multidimensional understanding of human nature and our interaction with the world in which we live that give some coherence to the several ethical categories. Deontological (duty based), consequential, communitarian, and individual (human rights) concepts are all included in this meta-ethical perspective. Virtue ethics and an ethics of care are similar umbrella concepts that would recognize the multiple aspects of human nature, but from a particular perspective.

2. The Multidimensional Aspects of Human Nature

A multidimensional framework for the understanding of human nature is not a modern or postmodern idea. It is a pre-modern idea. The classical Greeks understood human nature to be a composite whole and to have physical, social, mental, and spiritual dimensions. They also perceived these different aspects of human nature to have a correlation to various aspects of the world in which we live. These ideas were often referred to as an organic paradigm. This multidimensional understanding of human nature, however, was eventually discarded and replaced in Western philosophy primarily because it was hierarchical in its Platonic form, as the tripartite soul, and it had been used to support similar hierarchical structures in the Church and the state.

A primary insight of modern medicine is that it uses the same categories as the classical organic paradigm for understanding human nature, but it does not necessarily interpret the several dimensions of human nature to be hierarchical. This allows us to reconsider a modern version of the organic paradigm as a framework of analysis in a modern context.¹²

The organic paradigm was replaced in Western philosophy primarily by utilitarianism, which attempts to calculate the greatest good for the greatest number based on pleasure and pain. Consider, however, a current multidimensional model used in medicine to evaluate pain.¹³



Even utilitarian calculations of the greatest good, based on pleasure and pain, are thus seen to depend on the same categories as the older organic paradigm and the framework is not necessarily hierarchical.

The classical organic paradigm was also replaced in Western political theory primarily by the concept of social contract. The categories of the organic paradigm, however, are also important for an analytical and historical understanding of equality, which is the basis of social contract theory as well as the underlying presumption of utilitarianism. In *The Moral Foundations of United States Constitutional Democracy: an Analytical and Historical Inquiry into the Primary Moral Concept of Equality* (1992), James Rutherford (the author of this essay on medical ethics), previously described the multiple origins of the concept of equality in Western civilization.¹⁴ These included a *metaphysical origin* in Judeo-Christian religion based on reverence and reciprocity, which was expressed in Canon law; a *natural law origin* in Roman law based on reason and reversibility; a *communitarian origin* in English common law based on one's rights and responsibilities in society; and finally an *individual origin* in social contract theory, which is the basis of constitutional law and which begins with the free and equal individual in a state of nature concerned with human rights and the right to resist tyranny.

American constitutional democracy integrates and balances these four ethical systems as they relate to universal equality and the coercive powers of government. The Declaration of Independence was written in the manner of Euclidean geometry. The first moral assertion of the Declaration of Independence that "all men are created equal" thus placed everything that followed, including life, liberty, and the pursuit of happiness, in this moral context. The Preamble of the Constitution describes the purposes of government to be to provide for the general welfare, to establish justice, and to maintain security and domestic tranquility or rational order. These are provided primarily by a division and balancing of the powers of government by function rather than social class

with a legislature, a judiciary, and an executive branch. The metaphysics of religion and public opinion are also recognized and they are protected and separated from the coercive powers of government.

The four principles of biomedical ethics, as described by Beauchamp and Childress, are considered to be *prima facie* principles, meaning that they each hold unless they need to be modified because they are in conflict with another moral obligation or one of the other principles. The concept of a respect for human life in medical ethics and the concept of equality in American constitutional democracy are both based on a respect for persons, an affirmation of our individual dignity and worth, and our common humanity. They are also both based on a multidimensional understanding of human nature and this is reflected in both as a system of checks and balances.

This four-part multidimensional framework can accommodate both natural and cultural evolution. It can accommodate both prescriptive and descriptive concepts of human nature and it can accommodate both the individual and social dimensions of human knowledge and activity. The framework gives some coherence to the ethical categories. The questions, *What is obligatory?*, *What is good?*, *What is fitting?*, and *What is humane?* are all included within the framework as valid moral questions. Deontological, consequential, communitarian and individual human concerns are all recognized within a historical perspective as well. Medical ethics represent a balance of consciousness in what some have described as the parliament of the mind.

This four-part analytical framework can be contrasted with the general state of philosophy in the last one hundred years, which might be compared to the story of the blind men describing the elephant; each perspective describes a particular part, but none gives a coherent view of the elephant. This four-part framework of analysis brings some coherence to the ethical categories.

3. *The nature/nurture controversy about human nature is a both/and situation*

From the time of Hippocrates, the profession of medicine has been based on both science and an ethic. Medicine thus easily incorporates an understanding of human nature that includes both nature and nurture. Medicine is not just descriptive, but it is also prescriptive. In medicine our perception of the facts is important and sometimes an overriding consideration, but facts are not the *sole* determinants of our values. In moral philosophy and medicine we do not accept a description of “what is” to be necessarily right. A reality principle and the sciences, however, also place constraints on our individual and social will. Darwinian evolution and nature on the one hand and cultural evolution on the other hand are both important because they place limitations on each other. As a result of sexual reproduction, the human body is made up of both genetic cells and somatic cells. The genetic cells at least have the possibility of reproduction, and continuity—the somatic cells in natural circumstances do not. What about us somatic cells? The somatic cells are concerned also about the quality of life. Moral philosophy is thus concerned about both posterity and prosperity, about Darwinian survival and reproduction and also our individual and cultural well-being. Darwinian concepts of evolution need to incorporate some concepts of our capacity for cultural evolution and cultural historicism needs to extend history back into evolutionary time.^{15,16,17}

4. *A moral system of “depth” and “breadth”*

Much of our discourse could be clarified by recognizing both “breadth” and “depth” in moral philosophy. There are, for example, two great moral traditions in Western civilization. The first is from classical civilization and is based primarily on a distinction of values regarding such things as truth, goodness and beauty and such qualities as virtue. The second concerns the equal dignity and worth of individuals as persons and is derived primarily from Judeo-Christian sources,

such as the Golden Rule and imago Dei and later Kant's categorical imperative. The concept of moral "depth," refers to an affirmation of life and a *distinction of values that relates primarily to attributes and behavior*. The concepts of moral "breadth" extends this affirmation to the individual, the social community, our common humanity, concerns about the natural world in which we live, and metaphysical concepts of meaning and purpose. For a moral system to have sufficient "breadth," for example, there needs to be a *respect for persons and an affirmation of our common humanity*. The two ethical systems are often confused in *dialogue* when there is no recognition of the difference between an *equality of persons* and a *distinction of values that relates to attributes and behavior*. There can be "moral" positions that are "narrow" and "shallow."

5. *Medical ethics as an applied ethics*

Medicine is an applied science and the principles of medical ethics have thus also been derived inductively as maxims from experience and case studies. Folk psychology, which relates to every day experiences, also intuitively recognizes the physical, social, mental, and spiritual aspects of human nature. These categories are compatible with those described in the organic paradigm and medical ethics. The medical profession has essentially universal recognition and medicine is a social institution that has the capacity to "expand the circle of trust," build social capital, and help maintain morality and order without coercion or alienation. Medical ethics are one source of applied moral philosophy that can provide cross-cultural understanding and enable ethical dialogue. Medical ethics have the capacity to provide a well-balanced source of affirmation, accommodation, moderation, coherence, and synthesis in a pluralistic global community.

An Example of Using the Framework of Analysis

The organic framework of analysis is not meant to defend a particular conclusion, but it will help to understand the spectrum of moral and political considerations involved in a

complex difficult issue such as abortion in a pluralistic society. The example is also meant to show that what we perceive to be the facts in medicine are part of our considerations, though they are not the *sole* determinants of our values and decisions.

One original reason for abortion laws in Texas, the jurisdiction of *Roe vs. Wade*, was the very high mortality and morbidity of the procedure in a time before antibiotics. The current state of medical science also forms the criteria for the present laws relating to trimesters, which are in part related to the possible viability of the fetus. In addition, the technological aspects of genetic counseling, the treatment of infertility, and methods of birth control all affect the issue. These changing facts in *medical science* are one of the considerations in the decisions concerning abortion. There are also *social* issues for the physician. The physician is licensed by the state, for example, and has an obligation to abide by the laws of the society in which he or she practices. If the law permits abortions, then there is also a *metaphysical or religious* issue for patients, doctors, and hospitals as to whether they want to choose or perform the procedure. Finally, there are the central issues of the *individual* rights and well-being of both the mother and the fetus or unborn child. If one understands government to be a monopoly of coercive power, there are also the issues of privacy as opposed to what are the legitimate concerns of the state. On the other hand, there is also the political issue of the uses of taxation in a pluralistic society. If the morbidity and mortality of the procedure were the same as they were in 1900, however, the other issues concerning abortion would not be on the political agenda. Our perception of the facts are important, and sometimes an overriding consideration, but they are not the *sole* determinates of our values.

Most of the issues in medicine are not this complex, but when there are significant conflicts one frequently falls back on a procedure which one thinks is an appropriate means that also does justice to the ends. This is the case with voting in a democracy and the function of the jury and the Supreme Court in the legal field. The practice of medicine is primarily a volun-

tary relationship. Once the legal mandates are clear, the decisions usually rest on and require the informed consent of the individual patient. Medical science issues and metaphysical issues, however, can also play a significant role.

Summary and Conclusions

Contrary to the prevailing view of principlism in medical ethics, the moral assertion is made in this essay that a respect for human life is the foundation of the four principles of beneficence, non-maleficence, justice and autonomy. The four principles in medical ethics also relate to the several historical concepts of equality in United States constitutional democracy, as both are based on the dignity and worth of persons, and an affirmation of both our individuality and our common humanity.

In this framework, human nature is understood to be multi-dimensional with individual, social, rational/scientific, and integrative/metaphysical concerns. It is this “balance of consciousness” that brings some coherence to the meta-ethical categories in moral philosophy. A consideration of what is right, good, fitting, and humane can all be included.

This framework of analysis, which has been described as a modern ecological organic paradigm, is particularly effective in evaluating singular theories in philosophy which focus on only one aspect of human nature or those philosophies which exclude a particular aspect of human nature. One often does not have to argue that those philosophies are wrong, but only that they are not inclusive enough.

An affirmation of human dignity and worth can be derived from individual, social, natural and metaphysical sources. On the other hand, this affirmation, which is a moral assertion, also has implications for practical action that relate to basic individual needs and desires, social concerns, natural material consequences, and metaphysical perspectives. It can be both descriptive and prescriptive. A multidimensional understanding of human nature does not necessarily lead to certainty, but it also does not consider everything to be sub-

jective, relative, arbitrary, or based only on material utility. This framework of analysis thus addresses what some consider to be the postmodern dilemma. This four-part analytical framework, of which medical ethics is an example, may eventually become identified with both a new interpretation of pragmatism as a “balance of consciousness” and a “naturalized” epistemology, which also recognizes integrative/metaphysical, adaptive considerations and perspectives.

Biology, rather than physics, will probably become the prevailing paradigm of this century. This will not happen, however, until it adopts a similar type of methodology concerning human nature which is based in the life sciences, but is also broad enough to include the natural sciences, the social sciences, and the humanities.

The principles and moral assertions of medical ethics put forth here are a respect for human life, that there are multiple dimensions of human nature, and that nature and nurture are both important for they place some limitations on each other concerning our values. Medical ethics are an example of a very useful four-part framework of analysis for moral and political philosophy that also provides some coherence to the moral categories. They are one source of an applied moral philosophy that can provide cross-cultural understanding and enable ethical dialogue. In a political context, medical ethics can provide a well-balanced source of affirmation, accommodation, moderation, coherence, and synthesis in a pluralistic world. Medical ethics have a lot to offer the larger fields of moral and political philosophy at this particular time in history, in part, because they have the capacity to accommodate pluralism in a global community.

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