

# BIOMEDICAL ETHICS

A Multidisciplinary  
Approach to Moral  
Issues in Medicine  
and Biology

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## Introduction: The Nature of Biomedical Ethics

Webster's dictionary defines ethics as the discipline concerned with what is right and what is wrong and what is good and what is bad. Philosophers offer differing versions of the meaning of ethics. Singer<sup>1</sup> defines ethics as being about how we ought to live and what our goals ought to be. Veatch<sup>2</sup> defines ethics as the analysis of choices; to pursue a particular choice is to decide it is better than available alternatives. Gert<sup>3</sup> says ethics is "a public system applying to all rational persons governing behavior that affects others and which has the minimization of evil as its end." That the basic definition of ethics<sup>4</sup> is subject to various interpretations serves as a sentinel warning that the geography of ethics may be somewhat hazy. Gert notes, "If one starts by saying morality is. . . nothing one says afterward seems quite right."

The substance of ethics is values. Ethics is devoted to the promotion of intrinsically important values. How to clone a human is a scientific and technical matter; whether it is right or wrong to clone a human is ethics. How to most humanely and efficiently perform euthanasia is a medical and technical matter; whether euthanasia is right or wrong is ethics. That there is disagreement on their hierarchical ranking when, in specific situations, values clash, is evidence that the discipline of ethics does not rest on solid bedrock. It lacks the luxury of empirical proof that observation affords scientific inquiry.<sup>5</sup>

Ethics is pertinent to all fields of human endeavor. Ethical questions emerge in public, professional and personal affairs. They exist in business, science, law, engineering, politics, agriculture, and military affairs. This volume is devoted to ethical dilemmas in the practice of clinical medicine (medical ethics) and related biological and technological fields (bioethics). These areas may overlap; both arenas are encapsulated in the term *biomedical ethics*. Although their deliberations may on occasion take a turn into obscure alleys, medical ethics and bioethics are not esoteric theoretical activities because they intimately affect our lives and the lives of the people we care about. The ability to remove your dying grandmother from a mechanical ventilator that would only prolong her suffering, your protection against becoming a research subject without having given informed consent, and your ability to obtain a fairly allocated organ for transplantation are recognized rights as a consequence of antecedent ethical debate. It is virtually certain that some matter of biomedical ethics either has or will intimately affect your life.

The articles in this section ponder the nature of ethical knowledge. What theory or technique should be used to solve ethical problems? Although

ethical dilemmas may be difficult to resolve they can't be ignored because ethical decisions often cannot be avoided. If your father's doctor advises a do-not-resuscitate order a decision must be made one way or the other. Whether a sixteen-year-old boy should be permitted to die because his Jehovah's Witness parents refuse blood transfusion must be decided one way or the other. Whether human embryonic stem cell research should be permitted must be decided one way or the other. Although many philosophical issues have been debated for centuries, in the practical world of biomedical ethics decisions cannot proceed at a glacial pace. The moral conundrums of biology and medicine must be confronted because they are often unavoidable; but, as the articles in this anthology demonstrate, they also warrant serious attention because they present fascinating and potentially rewarding intellectual challenges.

Because ethical dilemmas are multidimensional and can be considered from a variety of perspectives they engage the interest of many disciplines. For centuries religions have taught basic rules of behavior; the Ten Commandments is a venerable set of ethical principles. The complexity of biomedical dilemmas has beckoned theological and philosophical analysis and, Jonsen claims, the first modern bioethicists were philosophers and theologians. The law has a stake in biomedical ethics and in an ideal over-simplified world would allow what is ethical and prohibit what is unethical.

Brandt, a historian of medicine, notes that bioethics is shaped by the social and political conventions of the times. The humanist is involved because what is debated by bioethics often intimately affects people. Jonsen approvingly notes that the discipline of bioethics has stimulated a vigorous discussion by a concerned general public initiating a process he calls the "discourse of bioethics." A comprehensive exploration of biomedical ethics requires a multidisciplinary approach and explains why the writers in this anthology include philosophers, historians, theologians, lawyers, medical humanists, healthcare professionals and various other academics.

According to "cognitivists" reason can define moral judgments as either true or false; "emotivists" adopt a contrary position and believe moral judgments are neither true nor false but simply reflect our likes and dislikes. Leon Kass mingled reason and emotion when he said, "In crucial cases, however, repugnance is the emotional expression of deep wisdom, beyond reason's power fully to articulate it."<sup>6</sup> Kagan and Shweder separate reason and emotion and debate the relative roles of each in the development of a uniquely human moral sense. They ask whether reason is "the guardian of conscience" or whether morality is less gloriously rooted in a desire to avoid the unpleasant feelings of guilt and shame. Kagan speculates this question

will be answered when a drug is developed that eliminates the discomforts of conscience but leaves reason intact. Magnus and Callahan also confront the relative roles of reason and emotion in their discussion of genetically modified organisms.

Zoloth declares a secular bioethics based on rationality and objectivity barren. Because religion advocates for charity, humility, and the most vulnerable she calls it the missing ingredient in bioethics. In response Callahan says theological ethics has done a better job of putting ethics in the larger framework of life and human destiny. Callahan may be modest; many of the matters that, according to Zoloth, require the religious voice have been explored by Callahan, an acknowledged atheist.

Secular ethical theories no less than religious dogma are predicated on assumptions; in that sense they are also faith based. Utilitarians believe actions are right or wrong based on their consequences. Deontologists believe in rules logically derived from principles and judge human actions right or wrong for reasons other than their consequences; for example, the moral philosopher Immanuel Kant expressed in his "categorical imperative" the belief that we ought to act only according to maxims we would will to become a universal law.

Principlism, a popular approach to ethics is derived from the belief that a common morality exists antecedent to ethical theory and "all persons who are serious about living a moral life already grasp the core dimensions of morality." This common morality is postulated as the universally shared set of moral beliefs that exist independent of local customs or religious dogma and apply in all societies at all times.

Principlism has translated common morality into four *prima facie* binding principles. These have most famously been expressed by Beauchamp and Childress as respect for autonomy, nonmaleficence (do no harm), beneficence (benefit others), and justice (fairness).<sup>7</sup> Gert's parallel translation of common morality is expressed as basic moral rules presumably acceptable to "all impartial rational persons." These include: Don't Cause Death; Don't Cause Pain; Don't Cause Loss of Ability; Don't Cause Loss of Freedom; Don't Cause Loss of Pleasure; Don't Deceive; Don't Cheat; Keep Your Promise. If a common morality exists, a code of ethics that could universally be accepted by reasonable and moral people is feasible.

Turner claims proponents of a common morality are overly sanguine because there is no empirical anthropological, historical or sociological evidence to support their claim. He points to violence against innocent people as "a damning staple of human history" that belies existence of a shared morality. Bioethics, according to Turner, fails to recognize the challenges posed by plural moral traditions in multicultural and multifaith societies.

Wilson and Haig challenge the conventional views of religion and many secular intellectual traditions by rooting morality in Darwinian biology.

Their message is that both moral and immoral behaviors are selected by evolutionary processes when they confer a survival advantage. That human moral systems are fundamentally biological may be disconcerting because it reminds us, as Edward O. Wilson has said, "however exalted in self-image, we were descended from animals."<sup>8</sup>

Difficulty determining the relative weight of ethical principles in specific circumstances is a common reason for ethical uncertainty and conflict. When a patient refuses treatment that is in his or her best medical interest the physician's conflict is not between right and wrong but between two morally valid principles on a collision course. The doctor wants to respect the patient's autonomy over his own body and at the same time honor the obligation of beneficence and help the patient recover. Although values may not be as neatly divided between the sexes as feminists suggest, the exchange between Tong and Meilaender on the relative weights due a "feminist" ethic of care that emphasizes social relationships and personal responsibilities and a "masculine" ethic that stresses autonomy, individual rights, and contractual duties illustrates that in practice, ethics often calls for the judicious balancing of conflicting obligations.

Perhaps morality is subject to various interpretations because it is a human construct that does not exist in the palpable world where its nature could more accurately be examined. Regardless of the reason, the often devilish ambiguity of biomedical ethics demands humility and an openness to conflicting opinion. At the same time we must remember that some actions are clearly right and others clearly wrong. As the articles that follow illustrate, a critical component of biomedical ethics is the struggle to make these distinctions.

#### NOTES

1. Singer Peter. *Ethics*. Oxford University Press Oxford New York, 1994.
2. Veatch Robert M. *Medical Ethics*. Jones and Bartlett Boston Portola Valley, 1989.
3. Gert Bernard. *Morality: A New Justification of the Moral Rules*. Oxford University Press, 1988.
4. I will use the words *ethics* and *morals* interchangeably
5. Despite its greater apparent certainty science rests on the assumption that the universe tomorrow will behave according to the same laws as the universe today.
6. Kass Leon. The Wisdom of Repugnance. *The New Republic* June 2, 1997 pages 17–26.
7. Beauchamp Tom L and Childress James F. *Principles of Biomedical Ethics*. Oxford University Press Fourth Edition, 1994.
8. Edward O. Wilson. Intelligent Evolution *Harvard Magazine* November–December, 2005.

