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Article

Moral principlism alone is insufficient, and traditional moral theories remain important for practical ethics

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Bioethics is a new discipline that arose out of a general revulsion for the events of the Holocaust and concerns about the unique dilemmas created by the rapid progress of modern knowledge. The four principles approach to medical ethics has been widely adopted as a basis for ethical decision-making in clinical practice. Although the four principles have succeeded in raising general awareness of biomedical ethics, there are several problems with principlism. This review discusses the criticisms of the four principles and attempts to provide an integrated approach to ethics based on the character of the moral agent.

Bioethics is a relatively new discipline. It arose in direct response to the moral and ethical questions raised by the events of the Holocaust during World War II and by the rapid expansion of scientific knowledge in medicine.[1-3] Modern bioethics takes as a starting point the traditional canons and teaching about the morality of medicine that are found in all the ancient civilisations of the world. However, bioethics cannot rely on the old adages and codes because the ethical dilemmas created by new technology and knowledge in medicine are unique in human existence. The coming together of moral philosophers, theologians, lawyers, activists and clinicians has created a new field that has impacted on both moral philosophy and clinical practice. This cross-fertilisation has encouraged debate about ethical and moral epistemology in clinical practice. The most prominent current approach to medical ethics is known as the four principles approach and has been championed by Beauchamp and Childress in the USA and Gillon in the UK.[2-6] The rise of the four principles has tended to cast the relevance of moral theories and epistemology into doubt. The prominence of the four principles has resulted in an emerging critique of the approach. This article will examine the problems with the four principles and review the major competing ethical theories in an attempt to identify ways to integrate the classic moral theories and the four principles.

The four principles and their opponents

Beauchamp and Childress's are the most well-known proponents of the four principles approach, and their influential textbook *Principles of Biomedical Ethics* is currently in its 6th edition.[2,3] It is widely read and taught in medical school curricula and applied ethics courses. Beauchamp and Childress distinguish between moral norms that the authors assume we all share and have imbibed during our upbringing, such as do not steal, do not lie and do not kill the innocent, and ethical theories that attempt to integrate morality into an overarching theory or model. They refer to beliefs that we all hold as the common morality. This is not based on complex philosophical theories but on common sense. They refer to these as middle-level principles and state that they are not ranked in any order of importance. The principles are respect for autonomy, non-maleficence, beneficence and justice and are believed to cut across differences of culture, class and nationality and provide a unifying moral framework and language derived from a common cohort of *prima facie* moral commitments.

Critics contend that the four principles are vague and abstract and result in a formulaic approach to ethical debates. Furthermore, the principles occasionally come into direct conflict with each other and there is little guidance as to how to resolve these conflicts. For example, a patient with a gangrenous leg refuses amputation and discharges herself from hospital. She returns ten days later in a diabetic coma and her family insist that the doctors should amputate her leg and save her life. However, it is documented in the notes that ten days earlier while she was of sound mind she had refused an amputation. This is a real-life case where the two principles of autonomy and beneficence come into direct conflict. The principles themselves provide no mechanism to resolve conflict.[7] Beauchamp and Childress attempt to provide guidance here by introducing the concepts of specification and balancing.[2-7] Specification involves making the specific content of a given principle explicit. If there is a conflict between the individual principles, then the ethicist is expected to balance these claims. They provide the following list of conditions that must be met before a *prima facie* norm can be overridden:

- Better reasons can be offered to act on the overriding norm than the infringed norm.
- The moral objective justifying the infringement has a realistic prospect of achievement.
- No morally preferable alternative action can be substituted.
- The form of infringement selected is the least possible, commensurate with achieving the primary goal of the action.
- The agent seeks to minimise the negative effects of the infringement.

De Marco feels that the specification approach raises more questions than answers, as it usually results in the subversion of one of the conflicting principles.[8,9] He quotes the example of the conflict caused by Jehovah's Witness parents who attempt to deny their child a potentially life-saving blood transfusion. He attempt-

ed to introduce a fifth principle, namely the 'mutuality principle', which is much less confrontational, reconciles conflicting principles and allows for progress. Holm, however, is sceptical about the above list of conditions.[10] He demonstrates this by applying a so-called 'not test' to the conditions. By asserting the opposite of each condition, he shows that the list is tautological, self-referential, bland and uncontroversial. Holm goes on to state that the principles approach as a structure for moral reasoning is flawed as it cannot give definite answers to moral problems and may be able to provide justification for almost any answer chosen. Harris has dismissed the four principles as a mere checklist for ethics committees without substantial ethical support.[11] He contends that the principles are not very good at detecting errors and inconsistencies. Harris uses the issue of cadaveric organ transplantation as an example of how the four principles with their emphasis on autonomy result in uncontroversial and unhelpful conclusions. In discussing the ethics of non-related cadaveric organ transplantation Gillon comes to the conclusion that autonomy mandates that informed consent from surviving relatives is necessary prior to organ harvesting.[6] Harris responds that this places the autonomy of a deceased person above the need for distributive justice. In light of the ongoing shortage of suitable organs for transplantation worldwide, Harris feels that the four principles lead to an unsatisfactory outcome.

The issue of universal applicability of the four principles approach is also disputed by critics. Holm argues that it is obvious that Beauchamp and Childress have based their principles on an American concept of morality.[10] He wonders whether this is transferable to other societies, arguing that the issue of beneficence in a Scandinavian country with a well-developed social welfare system is different to that in the USA, where social welfare is poorly developed. There is great deal of discussion about the meaning of non-maleficence and beneficence. Non-maleficence is a passive principle and should be universally applied.[1,2] Beneficence is an active principle, and to fulfil it requires a degree of sacrifice on the part of the moral agent. Not pushing a person into a swimming pool is an example of non-maleficence; it requires no action on the part of the moral agent. Rescuing someone from a swimming pool requires action and a degree of risk for the moral agent. Beauchamp and Childress go to great lengths to quantify exactly how much risk or loss a moral agent can be expected to experience before legitimately being allowed to abandon the moral action.[2,3] The principle of justice creates similar problems.[12] There are contending claims as to what justice is. These range from egalitarian socialist-type approaches to libertarian approaches. Is it just that wealth should be forcibly taken from those who have, to pay for the care of those who do not? What is the role of redistributive justice in the world? Generally in the USA many people subscribe to a very libertarian approach and are opposed to state welfare programmes. Singer tries to steer a middle path by stating that as a rule 10% of annual income should be set aside for society. Anything more than this would be excessive.[12]

Beauchamp and Childress themselves acknowledge many of these problems. They refer to the application of ethical theories to concrete cases as practical ethics, stating 'We have not attempted a general ethical theory and do not claim that our principles mimic, are analogous to or substitute for the foundational principles in leading classical theories.' They go on to say that 'even the core principles of our account are so scant that they cannot provide an adequate basis for deducing most of what we can justifiably claim to know in the moral life'.[2,3] It would seem that while the four principles are useful, they are in themselves incomplete. In light of these problems with the four principles, are there other moral theories that may provide guidance in ethical decision making in modern medicine?

There are several approaches to moral epistemology that must be considered.[13] The three modern approaches are deontological (duty-based) consequentialist or utilitarian approaches and human rights-based approaches. The pre-modern approaches are a teleological approach often referred to as virtue ethics and casuistry.

Deontological or Kantian ethics

Kant is often regarded as the most important of the enlightenment philosophers.[13-15] He lived an uneventful life in a small town in East Prussia away from any of the great cities of the day. He was a devout Protestant, but he was determined to set morality free of theology. He felt that religion had led to the wars of the Reformation and was divisive. He believed that moral law corresponded to human reasonableness and refused to allow that moral law had its origin in divine or natural law. He believed that moral principles were *a priori* synthetic and were inherent in each human being. He proposed the concept of a categorical imperative that a moral human being had to obey.[15] This was a deontological philosophy that asks the question, 'What ought I to do?' The moral human being had a duty to follow the categorical imperative regardless of outcome of situation.

What is a moral imperative? Kant defined the categorical imperative as a choice we can universalise. For example, telling the truth is a moral imperative as every single human being should tell the truth. Keeping a promise is another one. If an individual felt that one should tell a lie if one could get away with it, then this is not a categorical imperative as it cannot be universalised. In other words, if everyone lied the whole system of contracts and agreements would break down. Therefore one cannot wish to universalise the principle of lying. Kant also proposed the principle of human beings as an end in themselves. One cannot treat a human being as a means to an end. For example, prostitution is wrong because a human being is used purely to provide sexual pleasure. 'Act as if the maxim of your action was to become through your will a universal law. Act in such a way that you always treat humanity whether in your own person or in the person of any other never simply as a means but at the same time as an end. So act as if you were through your maxims a law making member of a kingdom of ends.' In some ways this is similar to Christ's injunction to 'Do unto others as you would have them do unto you.' Kant is not interested in consequences but only in the act. This creates ethical dilemmas. Let us say that we are in Rwanda in 1994 and are hiding some refugees in our house from the militia. If the militia surround us and ask if we are hiding any refugees, how should a moral person respond? Would it be acceptable to tell a lie? Kant would say no, as telling the truth is a categorical imperative. One must answer truthfully regardless of the consequences. The opposing broad school of thought from the enlightenment is the consequentialist school or utilitarianism.

Utilitarian ethics

Kant avoided looking at the consequences of a moral action. This rigid deontology is unacceptable to utilitarians.[13,14] The utilitarian

philosophers were interested in the consequence of an act, not the act itself.[16,17] They believed that as a principle we should always try to maximise pleasure and minimise pain. However, the utilitarians need to be able to define what is pleasure and what is pain. The utilitarian philosophy is that humanity at all times seeks pleasure and attempts to avoid pain. Jeremy Bentham, who was a great social reformer, is regarded as the originator of this concept.[16] Bentham tried to quantify pleasure to be derived from an act by developing a utility calculus. This could be used when deciding to invest or allocate limited resources. For example, in rescuing people from a burning building, whose life should be saved first, the pregnant woman or the elderly pensioner? The difficulty comes in predicting the benefit of the action. Mill took this concept further and attempted to divide pleasure up into higher and lower forms of pleasure.[17] Basic bodily requirements such as eating food and sleeping were lower pleasures or goods, whereas intellectual pursuits such as writing were higher pleasures. The difficulty with utilitarian approach is in quantifying pleasure and benefit.

Human rights

Grotius recognised that if natural law existed all human beings were equal and there would be inherent rights that each human subject enjoyed.[14] Grotius was concerned that the rights of the state often overrode the ordinary moral considerations. He felt that human nature and utility were not in conflict, as one could only establish laws that were in accordance with human nature if one wished to promote utility. The argument is that utility cannot stand alone from human nature as it is only by understanding human nature that one can determine the utility of an act.

Grotius felt that each human being was an independent moral entity. This meant that each human possessed specific moral qualities, which makes moral action possible. These moral qualities are rights. This changed the emphasis of the individual away from a system of moral inter-relationships and obligations to one of independent moral significance, opening the door to the social contract theories of Hume and Locke, which stated that the state is given power by the consent of the individual citizens, who are free moral agents capable of entering freely into binding agreements. This emphasis on the individual was weakest when it came to discussing the issue of obligations. Modern rights theories have become an entrenched part of modern life. However, some of the problems associated with the four principles also apply to a human rights-based approach. There is no way of grading human rights. We all enjoy them equally and must be left alone to enjoy our rights provided that we don't interfere with anyone else's rights. For example, the right to view pornography is protected as the right to freedom of expression, but the right of someone else not to be exposed to pornography is equally valid. How does society balance these rights? A right that is unenforceable is not a right. The South African constitution is very human-rights based, but some of the rights such as the right to health cannot be guaranteed to every citizen. Other factors such as wealth and access to resources will impact on a citizen's right to life. The utilitarian approach is one that attempts to weigh up and ascribe values to each right to decide which right trumps the other.

Virtue ethics

The origin of Western moral epistemology is in the society of Ancient Greece.[18-20] Aristotle believed that life has a goal or purpose. This is known as a teleology. The goal of life was to pursue the good, and once the good had been achieved a human being would experience happiness. Aristotle saw human beings as consisting of a complex of a body and soul. He saw the good life as one spent using reason and the intellect and believed that the virtues were necessary for a good life. To achieve the good and happiness it is necessary that a human being has the virtues. The virtues are acquired by habit and developed by performing virtuous acts. Aristotle divided the virtues into moral virtues and intellectual virtues. Examples of intellectual virtues include wisdom and intelligence. The moral virtues included liberality, temperance and courage. Aristotle believed that a sense of balance was important and that practical wisdom requires that we be able to read individual situations in a morally correct way, since morality requires us to make particular decisions. He felt that we need to have an emotional balance and that this required proper training and developed the concept of the mean. Courage was a virtue, but there was a spectrum ranging from foolhardiness to cowardice. A mean was a choice between two extremes. However, Aristotle's list of virtues reflects the Greek concept of gentlemanly behaviour. He included wittiness and manners in his list of virtues, hence betraying his own social origins – he was a Greek gentleman of the time. This has often been criticised as a self-satisfied approach on the part of a man who never expected that his concept of the good life could ever extend to slaves or women or barbarians. His virtues are those of a typical upper class gentleman of leisure, not a labourer or farmer.

Casuistry

Casuistry was an approach to morality that avoided absolutes and relied on cases to discuss difficult points of morality.[20,21] The heyday of casuistry was the 17th century. Casuistry became famously associated with the Jesuits and fell into disrepute when Blaise Pascal accused the Jesuits of being lenient on wealthy and powerful wrongdoers but applying the letter of the law when it came to the poor and powerless. However, the methodology of casuistry is well suited to practical medical ethics. The publication of *The Abuse of Casuistry: A History of Moral Reasoning* in 1988 lead to revival of interest in casuistry.[20,21] In the introduction the authors reflected on the experiences of ethical review boards made up of diverse members with different cultural and religious backgrounds. Despite this they generally achieved a remarkable degree of consensus on contentious issues discussed at their meetings. Toulmin went so far as to state that medicine saved the life of ethics.[21,22] Ethics in the early 20th century had become increasingly focused on analytical debate and on an emphasis on differences; it was medicine that brought ethics back to a universal discussion. While anthropologists analysed why the Bushmen of the Kalahari regarded disease as a message from the Gods, it was medical people who emphasised that disease is the common fate of all humanity and that there is no difference between appendicitis in a bushman in the Kalahari or a lawyer in New York. Medicine is an ancient profession, older than anthropology or the social sciences, and is universal in its concerns, not parochial.

The professions and morality

Although significant cultural, religious and class differences separate individuals in modern multi-cultural societies, we have more in common than we care to admit. It took a practical subject like medicine to come to this understanding.[21,22,23] A surgeon in France

or China who diagnoses and treats acute appendicitis is held to identical ethical norms by both patients. They will both expect the surgeon always to act in their best interests, not to lie about the operative findings and not to abandon them. These are universal expectations of a member of the medical profession. A profession is more than simply the accumulation of knowledge as facts, but is also about the human application of that knowledge. For many centuries medicine lacked knowledge but still functioned as a profession. The professions have a teleology or purpose and are exclusive. Belonging to a profession separates a member from the rest of society. A soldier has unique duties and responsibilities. He cannot be tried by a civilian judge but only by a military one. A doctor has unique privileges and rights. A patient will expose themselves intimately to a doctor and will answer personal questions in full confidence that the doctor is bound by a code that makes this appropriate and will not be violated. The soldier looks for reward in terms of honour and glory that would mean little to a civilian. Similarly, the reward a doctor gets from knowing that she directly saved a life is something that very few other people will ever experience. However, belonging to these groups incurs obligations and risks. A soldier has to be courageous and knows that he will be asked to undertake dangerous actions that may result in his death or injury. He accepts these risks in return for membership and honour. A doctor knows that she will have to work long hours over weekends and public holidays, and that she may be exposed to infectious diseases such as bubonic plague or extensively drug-resistant tuberculosis. These are risks that she must accept if she wishes to be a doctor.

What is it that separates the profession of medicine from the simple facts of biology if not the virtues?[23] Medicine has always prided itself on producing men and woman who have a duty to something higher than self interest. As doctors we make a commitment to the patient, an assurance that we will never abandon the patient, that we will never willfully harm the patient, that we will strive to do everything in our power in the interests of the patient. Medicine, which deals so intimately with humanity, has a very pragmatic approach within its framework of the virtuous doctor. It has always been prepared to co-opt new forms of knowledge and apply them to the task of healing. It adopted knowledge from the Arabian physicians in the 12th century, it adopted modern scientific methods in the 19th and 20th centuries, and it has adopted moral theories as they have been developed. As a profession we practise the virtues of Aristotle, yet we are quick to turn to Kant when needed. When a junior doctor asks why she must come and do a ward round on a public holiday, the answer is because it is your duty – your categorical imperative. Similarly, medicine is happy to adopt utilitarianism when appropriate. When it comes to the allocation of scarce resources such as organs for transplant or intensive care beds, doctors make utilitarian judgements all the time. Who is more deserving of an ICU bed – a forty-year-old mother of three, a drug addict, a child with a diaphragmatic hernia? We have to make some sort of value judgement every day at work. So in a single day a doctor may move from Aristotle to Kant and on to Mill without ever breaking her moral code or being inconsistent. As long as we have a teleological reason for doing what we are doing, then there is a direction and our actions fit in with the teleological goal of achieving the good. A good doctor is not a rich doctor or necessarily a very skilled doctor, but rather one who lives her professional life according to the norms of the profession. These happen to coincide with Aristotle's virtues, namely with wisdom, compassion and caring and concern for suffering humanity without regard for race or class. The king's physician will attend to his royal personage and then go on to help the woodcutter's wife in labour. It makes no difference if the doctor is a Jew, a Buddhist or a Muslim, the same moral code is binding.

This teleological unity in the face of cultural diversity is not exclusive to the medical profession. Let us look once again at another profession, the military. Like medicine this is an ancient calling. Military people are set apart from civilians. Yet diverse armies form diverse cultural backgrounds find that they share similar codes of conduct. Whether the soldier is American or Finnish, Indian or Samoan, all look down on cowardice, all seek honour and all place emphasis on obeying orders. Mutiny and cowardice are terrible crimes in any army. The military and medicine are examples of how professions, based on a concept of the Aristotelian good, achieve this good by developing the virtues that transcend cultural diversity without changing cultural backgrounds.

Conclusion

The rise of bioethics has been a response to the rapid progress modern medicine made in the half century following World War II and to the exposure of Nazi war crimes during the same war. The development of the discipline has taken place in an increasingly multi-cultural world and this has encouraged a move away from ethical theories towards a common morality approach of the four principles. Although these four principles appear to be uncontroversial and universal, closer examination reveals several problems. The classic ethical theories all have relevance to modern medical ethics and are in fact readily used in day-to-day practice by physicians in conjunction with the principles. This is in keeping with the profession's traditional willingness to adopt new forms of knowledge as they arose over the centuries. However, it remains the teleology of the medical profession that allows this seamless integration of a variety of ethical theories into daily practice. It is this teleology that sets medical practice apart from other commercial pursuits. This teleology remains dependent on the virtues. If medicine ceases to be a moral enterprise based on the virtues, then no amount of principles will prevent the development of abuses.

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