Medicine and Moral Reasoning

K W M Fulford, Grant Gillett and Janet Martin Soskice (Eds)
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Philosophy and medicine are very different disciplines, so different that when their members get together to discuss issues of mutual interest their conversation all too often ends in unsatisfying compromise. The editors of *Medicine and Moral Reasoning* hope to break the stalemate and want to revel in (rather than minimise) the differences. They want to see what a celebration of the tensions between medicine and philosophy might create, and they are are surely right that if "medical ethics" is not to continue to degenerate into platitude philosophers must begin to think seriously and broadly about medical matters. And they are equally correct to assert that clinicians, in turn, must learn that philosophy has much more to offer (and can be considerably more intellectually challenging) than is evidenced by stock "bioethics" texts. However, if the editors are ever to achieve their admirable aims, stricter editing, and articles which directly address the importance (and limitations) of moral reasoning in medicine, are required. "Diversity" may be "the essence of philosophical practice" but it is surely stretching a point to include chapters on Darwinism, the continuing importance of the story of Genesis to modern science and religion, and Roman suicide, in a book with this title.

Several of the chapters in the collection make stimulating reading, and those who have to make real life medical decisions might find a little help in some of them. But sadly the usefulness of even these chapters is undermined by their failure to overcome the frustratingly persistent "pragmatic blindness" that blights contemporary philosophy. Lockwood, for example, develops his thesis on the nature of personal identity (a perennially contestable subject), and then considers its implications for abortion and human embryo research. He concludes that because

> one can confidently rule out the existence of sentience in a foetus of eight weeks or less after conception ...early abortion ought to be regarded as morally permissable *tout court*.

He then says

> I shall not here go into the question of what other moral considerations should be thought capable of overriding that *prima facie* wrongness (of a late abortion of a perfectly normal foetus) ... save to make one remark.

But this is exactly characteristic of the deficiency of today's so-called "applied philosophy". If doctors *really* only had to apply a single abstract philosophical position to sort out their practical dilemmas then life would be relatively simple. But, apart from a few rare cases, the practical world is infinitely more complex (which is, of course, why Lockwood feels he must restrict himself to one remark). The trouble with this sort of philosophy is not just that it must oversimplify real world complexities, but that it must *distort* them. In very many instances the application of logical reasoning (a philosophical trademark) is incongruous because the context in which decisions must be made is of a nature quite unlike that of "British philosophical" reflection. Decision-making in health care may sometimes require logic, or may partly require logic, but most often it requires a messy mix of techniques, skills drawn from political debate, a willingness sometimes to act on an emotional response, the adoption of measures designed to avoid damage to oneself and one's interests, instead of or in addition to following the implications of one's conceptual analysis. But philosophers do not seem able to accept this reality, and until they do they cannot possibly make the exciting progress the editors desire.

Despite its miscellaneous interest, and its many intriguing sections, *Medicine and Moral Reasoning* is significantly devalued by the inclusion of one chapter. In his "Women and Children First" Grant Gillett tries to argue that not only does our intuitive response to moral questions tell us how to be ethical, but also that these intuitions can and should be supported by "facts and argument" in order to point out to "incompetent moral agents" (those who do not enjoy "morally correct intuitions") that "there must be something wrong with ..." them.

Gillett seeks to draw universal conclusions by grounding his position in extreme cases where harm is done children and where "wanton cruelty" is shown toward other human beings. He observes that it is intuitively right that one should not harm a child or be cruel to others, and that anyone who does not agree with this must have a defective understanding of moral concepts or be completely "morally blind". He goes on to claim much more generally that:

> our natural reactions and our principled moral judgments are woven together in such a way that the latter are formed and given content by the former and the former are informed and articulated with our thought in general by the latter.

In other words human beings have natural reactions to certain situations and experiences, and these are the source of our "principled judgments" (we simply "see" for instance, that affection, kindness, empathy and nurturing, among other things, are "basic" moral concepts"). Then, so long as we are not somehow morally deficient, as we reflect on our "principled judgments" we will come to understand more clearly why our natural reactions actually are morally correct.

But, for all the obviously good intentions of the author, his philosophical position is not only very weak, but potentially dangerously divisive. If one's position is that something is *intuitively* right one does not need (and indeed one's position is instantly devastated by) reasons why. (This point was, as "some may have realised" fully appreciated by Hume, Wittgenstein and Strawson.) If "moral sense is **fundamental** to the content of

moral judgment in general" (my bold) then those people whose "moral sense" is out of order cannot be convinced by argument. Only if people make mistakes in their reasoning, or misunderstand the evidence, is there a chance that they will respond to your explanations. Intuition - if it is to be a meaningful notion at all - must operate independently of evidence. "Religious education" seems intuitively wrong to me. I feel that to indoctrinate any child with a particular religious view not only makes that child feel antagonistic towards those who do not share that faith, but often seriously damages her critical faculties. Yet this practice seems intuitively right to millions of others, and it is clear enough that I and those who share my intuition will never, by means of evidence or argument, be able to convince "religious educators" to do otherwise (and nor will they for their part be able to change my "intuition", if it really is an intuition, and if it is indeed a part of my "basic moral sense").

It is not clear from Gillett's chapter why we should always favour women before men, but it is certainly fair to say that few would wish to argue for the view that it is morally acceptable to harm children. Yet despite its apparent "obviousness" there are, as Gillett must be aware, several credible moral philosophies that do not take even this for granted. But this point can be conceded. However, it is far harder to credit his ultimate extrapolation that

> if we neglect what it is that creates moral value and gives credence to arguments based on conceptions which do not do justice to our moral nature, our ethics is impoverished. Therefore, rather than us deriding the sentiment behind the cry "Women and children first!", its intuitive force should alert us to a serious flaw in any ethical theory which does not endorse it.

To those who do not share his views Gillett's point of view is bound to seem both circular and unduly arrogant. It is worth spelling it out in the simplest possible fashion. He says "certain reactions, sensitivities and responses are the basis of moral judgments". These "reactions" etc are not "mere feelings" because they "are principled and rule-governed and can be justified". If a person does not respond appropriately he will not make *moral* judgments and should be described as "morally defective". If he (or she?) then fails to respond to the "rational arguments" of any person who *does* respond appropriately (and so can make moral judgments) and who tries to point out to him where and why his intuitions are misguided, then the "moral defective" becomes a "moral imbecile". How does Gillett know this? Well, simply because he has his own intuitions, he has thought about them, and has arrived at the conclusion that they are morally right.

I hope I am not alone in finding such a dismissive attitude to other people's feelings, experiences and arguments highly disturbing. If for any reason my intuitions (or "basic recognitional abilities" as he would have it) happen to differ from those of Grant Gillett I am "morally defective", if Gillett cannot convince me to think otherwise with his "reason" then I must be a "moral imbecile". The logic of his argument commits Gillett to the view that the Old Testament is morally imbecilic, that Plato was morally deficient, and that any culture which does not put "women and children first" (and there are very many of these, at least one of which exists in this country) has somehow failed to intuit the correct moral attitudes. I cannot conceive that this is really what the author wants to say, but this is undoubtedly the implication of his position.

The expression "women and children first" does, of course, have a *prima facie* claim on twentieth century Westerners, but it is hardly a moral imperative. Some women are malicious. Some women abuse children. Some children are murderers. Life is too complex to be decided by slogans, and social policy too important to be based on the intuitive moral concepts of only some people. Take the specific and extreme examples away (and bear in mind both that it is possible to disagree with Gillett about these cases and that he does not give any reasons in support of his claims, but merely insists that they will be obvious to right thinking people) and Gillett's position is nothing more or less than the traditional justification for moral imperialism. It is simply the colonialist rationale for insisting that the natives change their ways.

Apart from this worrying chapter some parts of *Medicine and Moral Reasoning* might, as Mary Warnock optimistically suggests on the back cover, "become compulsory reading both for moral philosophers and for medical students and those responsible for introducing Ethics into clinical teaching". But I think it best to regard it rather as the start of a promising project. I would urge the editors to commission a sequel (and perhaps a series). But if they do they should extend the range of the discussion, aim for a diversity of author *background*, and should invite their theoreticians to engage explicitly with health care problems as they really are, not as they imagine they are or need them to be.

David Seedhouse
Senior Lecturer in Medical Ethics
Auckland Medical School

Response by
Associate Professor Grant Gillett

In philosophy as in politics, all publicity is welcome, but misrepresentation and distortion, as in Seedhouse's garish picture of my article, call for a different response. I claimed that moral judgment or knowledge depends on certain basic sensitivities, such as the ability to recognise the distress, embarrassment, or joy of another. These sensitivities to how it is with others lead to certain intuitions. For instance, the slogan "Women and Children first!" expresses the intuitions that we have some special obligations to the vulnerable, and in particular that children especially should be cared for when they are at risk. (The slogan historically precedes the growth of liberation theology and philosophy which has critiqued the structures producing oppression and vulnerability.) I argued that the sensitivities which give rise to these intuitions are, in fact, basic to a person's grasp of what moral reasoning is all about. I illustrated this by suggesting that a person who could stand by and watch a child beaten to death without *seeing* (prior to any argument) that there was something wrong with the situation was morally defective; his opinions should not count in a moral discussion; Seedhouse calls this "moral imperialism". I also argued that a person who could not be educated by conversation which opened up the relevant insights was a

moral imbecile, uneducable in moral matters. I remain convinced that someone who is unable to see that there is something wrong with beating a child to death or to appreciate in any way the experiences of the vulnerable, does show a serious moral defect. These observations concern much more basic intuitions than Seedhouse's allergy to the idea that children might benefit by hearing about the images human beings have used to try and understand their spirituality and therefore those intuitions and perceptions are much more plausible candidates for whatever it is that underlies our moral thought in general.

Seedhouse seems to believe that intuitions are non-negotiable, a singular experience for most involved in medical ethics, and this I think colours his reading of my paper;. For my part there is a dynamic and mutually formative relationship between certain moral intuitions or perceptions and moral reasoning. John Rawls, discussing a concept drawn from Aristotle, refers to a "reflective equilibrium" between moral principles and our shared experience. The idea of sensitivities, perceptions and intuitions which are grounded in and draw from our experiences with others is also found in the writing of Martha Nussbaum and those who are exploring the ethic of care. These writers regard the intuitive and experiential as a starting point for moral thought. I argued that the basic *moral sense* which allows the relevant perceptions, judgments, or intuitions to take shape is shown, for instance, when we recognise the evident goodness of caring for children. Intuitions thought of in this way are not rigid or imperialistic, but rather open to and shaped by relationships. And these relationships should be informed by a range of sensitivities to the way it is for other people. If this is so then our intuitions quite obviously are altered by discourse which re-formulates our ways of understanding those situations in which we and others stand. But they cannot be altered if we lack the basic capacity to appreciate what those others are feeling. I myself find all this hard to square with the idea of imperialism but perhaps there is something I am missing.

Readers' Views

The Editor July 1994

Dear Editor

I was interested to read the case commentary on Brian in the June 1994 edition of the *Otago Bioethics Report*. Brian is a man with borderline intelligence and paedophilia, who presented some psychiatric symptoms which were not clearly defined. I was sorry that there was not a commentary from a psychiatrist, particularly a forensic psychiatrist, who on a daily basis has to grapple with the ethical problems which the case brings up. Perhaps I might add a few comments of my own.

There seemed to me to be three issues of greatest relevance:

a) Brian's status in relation to the definition of mental disorder within the Mental Health Act.

b) Whether it is appropriate to invoke the Mental Health Act proceedings.

c) The relationship between psychiatry and public expectations of the control of dangerous behaviour.

There are two issues that may relate to the definition of mental disorder. The first is, has he a disorder of mood given that he at times is suicidal and self destructive? If that is associated with a pathological disturbance of his mood, he may meet the definition. Secondly is his report of abnormal auditory experiences. That would clearly be a disorder of perception if they were true hallucinations.

The relationship however between his abnormal mental state symptoms and his dangerousness to children is of major importance. Should he be able to control his behaviour towards children at all times except when his mental state is disturbed either by depression or by psychosis, one would feel more strongly motivated to treat him compulsorily than if his offending towards children occurred irrespective of his mental state. The simple concurrence of mental disturbance and paedophilia in the same person does not argue for compulsory treatment on the basis of his dangerousness to children.

That leads directly to the issue of whether or not one should invoke such an order. One is often presented clinically with situations when one feels that it is possible to mount an argument that under the loosely defined terms such as disorder of volition or disorder of cognition, an argument for placing somebody under a Compulsory Treatment Order can be made. The dilemma is whether as a psychiatrist one should mount such an argument. Whilst one can avoid the dilemma by putting the matters before a Judge, that does not, it seems to me, obviate the psychiatrist's responsibility to decide on the ethical limits of compulsory treatment.

Finally, the limits to how society wishes us to define and to detain dangerous people is also very unclear as the recently introduced Mental Health (Compulsory Assessment and Treatment) Bill 1994 indicates. There is considerable political pressure to widen the conditions of detention within mental health systems of people who present a danger to the public. Ethically, that felt very uncomfortable and I agree fully with John Dawson's comments on the appropriate legal outcomes. The difficulty of psychiatric decision making is increased by that amount of political and media pressure acting on a circumstance. Psychiatrists feel these ethical dilemmas most deeply.

Dr Sandy Simpson
Acting Director,
Regional Forensic Psychiatry Service
Capital Coast Health