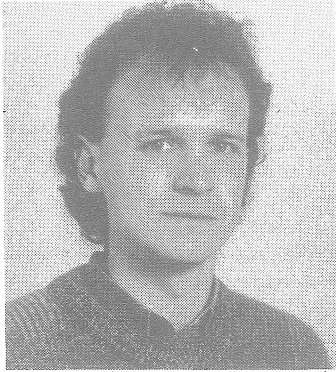


The Elimination of Morality: Reflections on Utilitarianism and Bioethics

Anne Maclean Routledge, 1993.



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In this book, Anne Maclean argues that bioethics is a futile and misguided enterprise. Her argument falls somewhat short of the mark, but what she does succeed in showing (in the opinion of this reviewer) is that the aspirations of *some* prominent bioethicists are futile and misguided.

Let's take a closer look at the structure of Maclean's argument. She says, "I am referring to bioethics; by which I mean medical ethics as conceived and practised by philosophers working in the utilitarian tradition."¹ Having stipulated to whom the label 'bioethicist' is to refer, Maclean goes on to attribute to bioethicists the view that the proper business of medical ethics is to resolve the moral problems raised by medical practice.² This paves the way for her fundamental objection to bioethics:

The objection I wish to make to the bioethical enterprise is a fundamental one. It is that philosophy as such delivers no verdict upon moral issues; there is no unique set of moral principles which philosophy as such underwrites and no question, therefore, of using that set to uncover the answers which philosophy gives to moral questions. When bioethicists deliver a verdict upon the moral issues raised by medical practice, it is their own verdict they deliver and not the verdict of philosophy itself; it is their voice we

hear and not the voice of reason or rationality.³

The main body of the book is a sustained attack on utilitarianism, particularly on the pretensions of some utilitarians to be in possession of the *unique* answers to moral problems; the answers which are unique in being the only answers it is *rational* to give.

Maclean returns repeatedly to a discussion of the following scenario, familiar to generations of philosophy students:

Two people are trapped in a burning building; one of them is a leading cancer researcher while the other is the charlady in his employ. There comes upon the scene a man who can rescue one, but not both, of these people and who therefore has to choose which of them it should be. This man happens to be the charlady's son. The question is, whom should he save?⁴

It is Maclean's firm view that, in the situation described, there can be a number of different judgements about what the rescuer should do, all of which admit of rational justification. The rescuer might justify saving the cancer researcher on the grounds that

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her premature death would bring to an end work whose upshot will be the saving of many lives. Or the rescuer might rescue the charlady on the grounds that she is his mother, to whom he stands in a relation of special obligation. And there the matter ends, according to Maclean. Neither reason which the rescuer might proffer for rescuing the one rather than the other is any less acceptable from the standpoint of reason or rationality.

Why does Maclean dispute the claim that there are unique, right answers to ethical problems? It seems fair to assume that Maclean's view is bound up with her meta-ethical views, that

is, her beliefs about the *foundations* of morality. I base this assumption on "the fragments of a positive account of ethics of which Maclean permits the occasional glimpse" and which contains, according to bioethicist John Harris (who comes in for scathing attack in Maclean's book), "fundamental, and... fatal flaws".⁵

Maclean claims that what is expressed by saying, for example, that it is generally wrong to kill babies is not a *belief*, or even an *assumption*, or, in fact, any kind of *proposition* at all. She says, "the least misleading thing we might call it, perhaps, is an attitude - the sort of attitude that is a matter of the way we instinctively behave."⁶

We treat babies in certain ways and not in others; not, for example, as if their lives were at our disposal. Bioethicists demand for *what reason* we do so, but there is no reason - or, to put the same point differently, their being babies is the reason, all the reason in the world.⁷

Maclean has much in common, it seems, with philosopher Bruce N Waller who upholds a version of 'non-cognitivism' which claims that

at the most fundamental level there is no truth of the matter in ethics: when ethical disagreements are run to ground in the search for resolution, ultimately there will remain only basic value preferences that cannot be rationally justified, and alternatives to which can be favored without violating reason.⁸

No wonder, then, that Maclean is at loggerheads with bioethicists who, like Harris, hold that ethical problems are, in principle, resolvable.

Now to review some features of Maclean's argument. I confess to being biased in Maclean's favour. With Maclean, I share a Kantian scorn for the "serpent windings" of utilitarianism which Maclean relentlessly exposes. However, as I've said, Maclean's overall argument falls short of the mark.

I think that Maclean's definition of bioethics is inappropriate. To see why, we need to answer an empirical question: to what extent is bioethics dominated by a utilitarian orthodoxy? Harris asserts that consequentialist ethics, far from being the dominant orthodoxy in medical ethics, is only a minor player in the global scheme of things. There are, he claims, "many countries in which consequentialist ethics are scarcely recognised and barely tolerated."⁹ The point is well taken, but we need not get embroiled in this debate.

We may simply assume that Maclean's target is bioethics as advocated and/or practised by those whose work she criticises - viz. John Harris, James Rachels, Peter Singer and R M Hare. It is time to review her criticisms of these prominent bioethicists.

As noted at the outset, Maclean attributes to these bioethicists the view that the proper business of medical ethics is to resolve the moral problems raised by medical practice. And she attributes to them the view that bioethicists possess moral expertise - they can provide the answers to moral problems which it is rational to give.¹⁰ Furthermore, she attributes to them the view that the moral expertise of bioethicists is the product of a philosophical education.¹¹

Maclean addresses her adversary's arguments for these claims. She has no gripe with their utilitarian attitudes - indeed, she admits that utilitarian justifications (based on a non-partisan principle of beneficence) are admissible as moral reasons - it is when utilitarians try to establish a privileged status for their reasons that Maclean balks.

Maclean goes to some lengths to show how the bioethicist's concepts of "reason" "persons" and "effecting changes in the world" are barely recognisable caricatures of our actual concepts of "reasons", "people" and "actions".

Against Harris, Maclean demonstrates that it is fallacious to infer that lives have value from the fact that most people value their own lives. She concludes that people, as well as "persons", can have valuable lives. Rachel's conception of instrumental action comes under criticism. Maclean argues that the rightness or wrongness

of an action is not exhausted by the goodness or badness of the effects which it brings about. Maclean looks at Singer's argument for the view that reason or rationality requires the adoption of the principle of equality, namely the principle that we ought to have equal concern for all human beings. She shows that Singer equivocates, confusing the universalisability of a judgement (that the reason given in justifying a judgement be acceptable to all in the moral community) with impartiality (a judgement is impartial if "equal weight be given to the interests of all those an action is likely to affect."¹²). Singer's argument thus fails to show that rationality requires the adoption of the principle of equality. This leaves room for special obligations, such as

... there are no right answers in ethics.

that of the rescuer to his mother in the case of the burning building.

Last on her hit list is philosopher R M Hare, who is famous for the claim that we can derive a utilitarian moral philosophy from a study of the logical properties of moral discourse:

Hare's central claim in *Moral Thinking* is that the logical properties [of moral words] yield "canons" or "rules" of moral reasoning, a system or method which people must follow if they are to think rationally about moral questions; and he maintains in addition that everyone who follows this method correctly will come to the same moral conclusions. These conclusions, moreover, will "have a content identical with that of a certain kind of utilitarianism".¹³

Maclean maintains that in adopting his method of moral reasoning Hare has, in fact, opted out of moral thinking entirely. Whatever it is that Hare is doing must be described in some other terms, for moral concerns have, according to Maclean, been systematically avoided. Maclean delights in the irony which she sees in the title of Hare's utilitarian treatise, "Moral thinking: Its Levels, Method and Point".

Limitations of space preclude reviewing the foregoing arguments in any more detail. Suffice it to say that Maclean's arguments improve upon the stereotypical bioethicist's

argument which she characterises as exhibiting these features: "logical rigour, a movement from the general to the particular, and a conclusion which the majority of 'ordinary people' are likely to find shocking".¹⁴

The shocking conclusion in Maclean's case is that bioethics is a misguided and futile enterprise and that the result of taking bioethical modes of thinking to their natural limits is nothing less than "the elimination of morality".

In conclusion, Maclean's discussion of the views and arguments of the above mentioned bioethicists is sensible, straightforward and compelling. Her philosophical position seems to be that there are no right answers in ethics. This view is less smug, but perhaps in some ways more alarming, than the claim that in ethics there are right answers on which bioethicists have a monopoly.

A more middle-of-the-road position might be that there are right answers in ethics but that no-one, least of all the bioethicists, possesses the moral expertise needed to carry a claim of having found a right answer. This is a position that moral realists will be more comfortable with, but it too gives us the recommendations Maclean makes in her closing chapter.

Maclean thinks that bioethicists should desist from proclaiming that their views in ethics are the verdict of reason on the issue in question. When they encounter moral views with which they disagree, their choice is between tolerance, or the imposition of their own views for which they should acknowledge that they have no more justification than "the man on the Clapham omnibus".

Maclean has it that the bioethicist's role in medical practice should be restricted. Maclean is telling bioethicists, in the vernacular, to "back off". What, then, is the proper role of the bioethicist? I close by echoing the words of another reviewer, Elizabeth Telfer, according to whom Maclean's view is that

Moral philosophy's proper role in medicine is only one of clarification. The philosopher should analyse complex issues on the basis of everyday morality and in everyday language ("doing good" rather than "beneficence", and so on), show how there are often many possible

answers, and leave the practitioners and public, as moral agents, to make up their own minds.¹⁵

References

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Footnotes

¹Maclean, Anne. *The Elimination of Morality: Reflections on Utilitarianism and Bioethics*. Routledge, London and New York, 1993, p. 1.

²Ibid., p. 2.

³Ibid., p. 5.

⁴Ibid., p. 6.

⁵Harris, John. The Elimination of Morality [review]. *Journal of Medical Ethics*, 1995, 21, p. 220.

⁶Maclean, op. cit., p. 35.

⁷Ibid., p. 36.

⁸Waller, Bruce N. Noncognitivist Moral Realism. *Philosophia*, Dec 1994, 24(1-2), p. 59.

⁹Harris, op. cit., p. 220.

¹⁰Maclean, op. cit., p. 2.

¹¹Ibid., p. 3. ¹²Ibid., p. 55.

¹³Ibid., p. 114.

¹⁴Ibid., p. 17.

¹⁵Telfer, Elizabeth. *The Elimination of Morality: Reflections on Utilitarianism and Bioethics* [review]. *Philosophical Books*, Jul 1995, 36(3), p. 206.

Database of Information on Infertility and Assisted Human Reproduction

A database is now available covering infertility and assisted human reproduction. This consists of a filing system using a program called EndNote which works on the use of keywords. The database is being constantly expanded and at present covers over 1300 different journal articles, books and other publications. This figure is expected to reach 2000 in the near future. The resource will be useful for those wishing to prepare papers, research particular areas of interest, or complete educational requirements.

Those wishing to use the database can select appropriate keywords, for example, if the keywords infertility, donor insemination, and family are selected then the program will provide a list of all publications on the effects of infertility and donor insemination on families. Nearly all of the publications on the database have been abstracted and these abstracts will be provided with each reference. As many keywords as desired can be used to carry out such a literature search, or alternatively you can provide a general description of the area on which you wish to have a literature search done. The cost for carrying out such a literature search is \$25 (NZ). Requests for this service are to be sent to :

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Continuing Education in Medical Ethics

The Bioethics Research Centre is running a second series of workshops on ethics in general practice. Organised with financial assistance from the Medical Education Trust, this series follows a first set of events offered in April 1995 in conjunction with Otago University's Department of General Practice. Those workshops were held at three different locations whereas these workshops can be attended by practitioners from their own homes or practices.

The three workshops will be on "Privacy and Confidentiality in General Practice", "Ethical Issues Around Death and Dying" and "Consent to Treatment". They will be led by staff from the Bioethics Research Centre. These workshops are responding to queries we have had for continuing education in bioethics from around the country. reports Alex Lautensach, Teaching Fellow at the Centre.

Participants will be provided with preparation material prior to the sessions and then be linked up via the Telecom network for a one-and-a-half hour interactive session.

The workshops have been approved for CME accreditation by the Royal New Zealand College of General Practitioners.

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