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Commentary

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Although this paper gives only broad hints as to the actual content of the course in ethical reasoning which it discusses, those hints are sufficient to suggest that the course is both a stimulating and an instructive introduction to ethical analysis. The presentation of a variety of ethical dilemmas for multi-disciplinary analysis; the use of novels, plays and films as well as hypothetical (and real?) case histories in which such dilemmas occur; the inculcation of a non-hierarchic and apparently non-dogmatic approach to such analysis; all these are an admirable advance over the sort of medical education in which ethical problems are either skirted around, ignored, transmuted into technical problems, or else given various mysteriously 'authoritative' solutions.

That said, Goldman and Arbuthnot's paper prompts some serious misgivings, both technical and philosophical. The technical ones would be unimportant were it not for the authors' claim for their seminars of an 'empirically demonstrated effectiveness' as a course in ethical reasoning suitable for medical students. With a sample size of twelve assessed students of whom only *two* were medical (pre-medical), no amount of 't-testing' for the significance of the results in relation to the individual members of this tiny group can provide 'empirically demonstrated evidence' that such results can be validly extrapolated to medical students in general. In this connection it may be of interest that preliminary impressions from the Edinburgh Medical Group's researches have suggested that medical students – perhaps because of their real life exposure to medico-moral problems – are *unlike* other students in their approach to such problems and are predisposed to find practical or clinical solutions. They appear often to be more intuitive and emotionally involved than other students who, lacking such involvement, do discuss such issues in 'the abstract'. What effects such a difference, were it confirmed, might have on the performance of medical students in Kohlberg courses and assessments is a matter of speculation. Nonetheless the suggestion that such a difference

exists makes it only more clear that on their present study Goldman and Arbuthnot certainly cannot claim to have shown empirically that their Kohlberg courses and assessments are suitable for medical students.

Even, however, if we accept the modified but apparently valid conclusion that the large majority of twelve students (of whom two were pre-medical) had their moral reasoning ability increased by their Goldman and Arbuthnot course, as assessed on the Kohlberg model, serious philosophical problems remain. The writer is not competent to assess the validity of Dr Kohlberg's Piaget-inspired twenty-year research programme purporting to have discovered that humans develop their capacities for making moral choices through 'an invariant sequence of stages' (outlined in Goldman and Arbuthnot's Table I). But even if Dr Kohlberg's psychological developmental findings are accurate they are of very little *philosophical* relevance. The fact, if it is a fact, that humans' moral reasoning develops through a maximum of six invariant and invariantly consecutive stages does not help us to decide which of these stages represents the most valuable, important or true of the various ethical theories or stances which they incorporate. Middle age invariantly comes after youth but this does not help us decide which is more valuable or important. One would wish, in Goldman and Arbuthnot's defence, to accept their assertions that their course is concerned not with the *content* of their students' moral reasoning but with its 'quality' and in particular with its flexibility and with its logical sophistication. Then their avowed aim of inculcating as high a Kohlberg moral reasoning stage as possible could be interpreted as an attempt to do no more than teach reasoning skills of some logical complexity. However, if one examines their summary of the six Kohlberg stages (Table I) one finds little about quality or sophistication of reasoning; on the other hand there are substantive differences in *content* between the stages. Thus stage 1 may reasonably be interpreted as summarising (roughly) the ethical theory called egocentric hedonism. Stage 2, still presumably primitive and undesirable from the Kohlberg viewpoint, adds to the egocentricity of stage 1 both a recognition of the egocentric objectives of others and a concept of fairness. Taken together these substantive components of stage 2 suggest an ethical theory which its contemporary advocates might label 'enlightened self interest' and defend with considerable 'sophistication', 'quality of reasoning' and 'higher order logical skills'. Those who doubt this will find examples of such defences in David Gauthier's collection *Morality and Rational Self-Interest* – indeed Jesse Kalin's contribution may be seen as a sophisticated defence of an ethical egoism which probably lies full square in stage 1, right at the bottom of Kohlberg's scale!

At the other end of the Kohlberg scale, stage 5 seems to involve a complex version (or a hotch potch?) of social contractarianism based on some form of rule-utilitarianism, while stage 6 is clearly informed by a Kantian rationalist ethic.

It hardly needs stating that the competing claims of such ethical theories are as vigorously debated today by moral philosophers as they were at the time of Socrates. A course in moral reasoning whose avowed aim is to inculcate the attainment of Kohlberg stage 6, or failing that as high a stage as possible, is a course in which this debate has, knowingly or unknowingly, been prejudged in favour of a Kantian theory, with other ethical theories arranged in order of *value* beneath this. To suggest that the Kohlberg hierarchy represents merely stages of intellectual complexity in moral reasoning is to betray an ignorance of the philosophical debates concerning the *contents* of the different stages.

It may be that the authors have (as dare one say it psychologists are wont to do!) conflated the concepts of psychological development and philosophical development. The psychological developmental fact, if it is a fact, that the adoption of ethical premises D E and F regularly succeeds and supersedes the adoption of ethical premises A B and C in normal human development does *not* show that D E and F are better or truer or in any way philosophically preferable to A B and C. *That* issue generalised – *ie*, the choice and justification of ethical premises – comprises much of the content of moral philosophy.

There are two other philosophical problem areas in which Goldman and Arbutnot wander without acknowledging the pitfalls of their environment. The first is their pre-emptory assumption that ethical utterances are the end result of primarily cognitive processes. Apart from the alternative psychological theories which they summarily reject, there are once again vigorous philosophical alternatives which deserve consideration. Emotivism champions the primary importance of, needless to say, the emotions in moral judgment, while intuitionism too perhaps deserves a mention.

The other problem area lies in the realms of political philosophy, and is offered more tentatively. However, does not the choice of what one might characterise as a highly intellectualist theory of

ethics, a theory which correlates the value of schemes for moral judgement with their purported intellectual or logical complexity, entail a veritably Platonic moral elitism? Thus Goldman and Arbutnot write that 'few individuals reach the highest (Kohlberg) stages' and that 'most American adults are found to be at stages 3 and 4'. Since achievement of stage 6 requires the exercise of 'logically sophisticated and comprehensive reasoning' and 'higher order logical skills' these findings are hardly surprising; on the contrary given the gaussian distribution of such intellectual skills amongst most human populations it is difficult to see how more than a minority of any population, American or otherwise, could ever attain Kohlberg's stage 6. This consigns the majority of humans to what Goldman and Arbutnot clearly believe to be evaluatively inferior ethical classes. Even if this need not provoke fantasies of a moral hierarchy with bronze- or silver-starred men having their trickier ethical problems sorted out for them by graduate golden guardians 'Oh Brave Republic which has such people in it!' *some* discussion is surely needed about how to avoid (or defend) the moral elitism with which such an intellectualist theory of ethics is *prima facie* likely to be associated; and also some discussion about how to correlate such a theory with the Kantianism of stage 6 itself.

In summary, while Goldman and Arbutnot have what sounds like an interesting course, its philosophical rationale is suspect. They claim that its effect is merely to improve ethical reasoning skills, but analysis of the ethical content of the various steps on the moral escalator up which they seek to propel their students casts doubt on this claim. Rather it seems that their seminars must inevitably inculcate a specifically Kantian theory, with alternative ethical theories offered in descending order of merit below this. Such inculcation of specific ethical theories surely requires extensive philosophical justification – a justification which is notably absent in their paper.

In any case is it not preferable, especially in introductory courses in ethics, to avoid any such inculcation and to concentrate instead on impartial analysis of as broad a range of alternative approaches as is practical, encouraging the student to develop his own informed but autonomous decisions?