
 Editorial

Utilitarianism

In this issue of the journal Dr Simon Brooks launches a scathing attack on utilitarianism and on what he discerns as a tendency within the medical profession to adopt it as the basis for medical ethics (1). In the course of this attack Dr Brooks also attacks a miscellany of other targets including Dr Robertson's living will proposal and also the acts-omissions doctrine. These other targets, as his respondents point out, have nothing to do with utilitarianism. Indeed utilitarians have been foremost in *attacking* the acts-omissions doctrine (2); and Dr Robertson's living will proposal is perfectly consistent as he himself points out (3) with the 'individualistic ethic' espoused by Dr Brooks.

Dr Brooks's main target is the adequacy of utilitarianism as a moral theory and in particular as a basis for medical ethics. In this context we should heed, as John Harris, a utilitarian philosopher who responds to Dr Brooks points out (4), Dr Brooks's own admonition that it is a fault to fail to respect the intellectual integrity of different moral approaches. Whether or not one ultimately accepts some version of utilitarianism it is surely important to desist from setting up utilitarian straw men and then breathing fire in their direction; rather some attempt should be made to criticise the theories at their strongest.

Utilitarianism – used here as a collective noun embracing an ever-growing cluster of moral theories loosely evoked by the Benthamite slogan 'the greatest happiness of the greatest number' – claims to overcome four major disadvantages of the widely accepted opposing types of moral theory which involve appeals to various intuitive, sometimes absolute, moral duties or principles (theories which might be called pluralist intuitionist absolutist deontological moral theories!). These disadvantages are (a) that people's moral intuitions are very variable and at times clearly unreliable (people's moral intuitions led them to accept slavery for thousands of years as morally defensible); (b) that the variety or pluralism of such theories entails moral conflict; (c) that such theories offer no reliable or consistent decision mechanism for choosing between conflicting moral principles in particular cases and (d) where the conflicting moral duties are regarded as absolute such moral conflict becomes in principle irreconcilable. Utilitarians believe they can remedy these four defects.

So far as variable and unreliable intuitions are concerned Bentham believed that two moral intuitions were self-evidently true and moreover accepted as true by everyone – namely that suffering is an evil and happiness a good; these were basic facts about mankind. On these facts could be built, he believed, an entire moral theory based on the self-evident premise that the right thing to do in any circumstances is whatever will maximise happiness and minimise suffering. Moreover since happiness and suffering can be understood to be poles of a continuum the basic premise is in effect a single moral intuition rather than two – thus no potential for conflict arises from pluralism, for the theory is monistic – based on a single principle – rather than pluralistic. The problem of fundamental moral conflict is overcome by any monistic theory, and in cases of apparent conflict (should one obey the law or should one steal to help the starving child?) the quandary can and should be resolved by calculating the net effects on overall happiness of the alternatives – the so-called hedonic calculus, from the Greek word for pleasure – and choosing that course which produces more happiness, less suffering. Finally, although the theory is in fact both deontological (a duty-based theory – one of Bentham's books was actually called *Deontology*) and absolutist (applying without exception in all cases) it entails no problems of moral conflict and a *fortiori* no problems of irreconcilable moral conflict.

If these claims could be sustained and criticisms countered utilitarianism would undoubtedly be an extremely attractive moral theory offering enormous advantages over pluralistic deontological moral theories.

The synoptic sketch which follows of utilitarianism's response to its critics has the twofold purpose of demonstrating (a) that both criticism and adoption of simplistic versions of the theory are inappropriate; and (b) that the sophisticated versions of utilitarianism which have evolved since the time of Bentham and Sidgwick can and often do encompass most of the ordinary deontological moral principles used in everyday medico-moral decision-making.

Objections to utilitarianism can conveniently be considered in terms of its coherence, its justification, and its results. So far as its coherence is concerned, it is

often unclear what the theory is actually claiming; what for instance is the meaning of 'the greatest happiness of the greatest number'? What is meant by 'happiness'? How can happiness be quantified? Is total happiness, average happiness or something else to be maximised? And happiness of *what*?

The Benthamite equation of happiness with pleasure was rejected early on by Mill for whom the happiness to be maximised was Aristotelian eudaimonia or human flourishing. Contemporary utilitarians, accepting people's variability, their desire for autonomy and their different perceptions of self fulfilment, tend to see the best way of maximising happiness to be to aim to maximise satisfaction of individuals' autonomous preferences (5). Quantification of happiness is clearly a major problem, but modern utilitarians tend to accept that people *can* indicate their personal quantifications of their own happiness and unhappiness (6), analogously to the way they can quantify benefits and disbenefits in monetary terms (for instance by buying goods or insurance policies and in their betting behaviour). And given the normal human concern with fairness it is net *average* preference satisfaction which is generally seen as the appropriate goal of utilitarianism, satisfaction of which can be expected as a matter of fact to maximise total happiness (7).

Problems of scope are not unique to utilitarianism – deontological ethical theories may be just as troubled about how to incorporate other animals and also very undeveloped human beings within their theoretical framework. Modern utilitarians tend to accept the Benthamite claim that anything that can suffer falls within the scope of morality but they may accommodate the intuition that people are morally more important by differentiating according to the differing 'interests' of people and lower animals (8).

As for whether the scope of utilitarianism should include only existing sentient beings, existing and future sentient beings or all possible sentient beings, suffice it here to assert that the most plausible seems to be the second alternative.

The justification of utilitarianism remains a major problem. Bentham in effect merely asserted it, for even if it were universally agreed that happiness was a good and suffering an evil it would not follow, as Brooks points out, that maximising happiness was the only or the overriding moral principle. Nor does Mill's notoriously inadequate quasi 'proof' work (he argued that each person's happiness is a good to that person and the *general* happiness was therefore a good to the aggregate of all persons) (9). In this context R M Hare presents arguments whereby a version of utilitarianism is derivable solely from an analysis of the meaning and logic of the moral words we use, in particular the word 'ought' and its correlates (10). But utilitarians who do not accept Hare's arguments may simply point out that the problem of ultimate justification, though major, is no more a problem for utilitarianism than for any other moral theory.

The third category of objections to utilitarianism

comprises the counter-intuitive results that it seems to entail. Thus if overall welfare is the supreme moral objective the individual seems to be in permanent jeopardy before the overriding interests of society. The ordinary intuitive deontological moral principles which govern our interpersonal relationships, such as respect for the integrity of each other's persons, for each other's autonomy, for promise-keeping, honesty fairness, and for special relationships, all these seem disposable in the interests of overall welfare.

Utilitarians have various defences to such criticisms, all turning on the claim that toleration of behaviour which ignores these principles is *not* conducive to welfare maximisation. Act-utilitarians will insist on judging each proposed action individually but will still argue that in most such putative counter-examples to utilitarianism adherence to conventional intuitive moral principles will in fact tend to maximise welfare (but if not, the intuitive moral principles are inadequate) (7). Rule-utilitarians argue that even where the individual action may be expected to maximise welfare by contravening one of the conventional deontological moral principles still the principles should be followed, because the *institutionalisation* of such principles does as a matter of fact tend to maximise welfare (though again if there is good reason to suppose that such institutionalisation will *not* maximise welfare then that, they argue, is good reason for abandoning the principle) (6). J S Mill himself can be understood to have argued that respect for the autonomy of individuals – insofar as such respect was compatible with respect for the autonomy of all – was a fundamental component of utilitarianism, for the exercise of autonomy was a prerequisite of human welfare (11). Among utilitarians who have done most to accommodate ordinary deontological moral principles within a utilitarian framework again R M Hare (10) is outstanding (he also gives arguments whereby the distinction between act and rule-utilitarianism in effect collapses and the insights of each are maintained). In their helpful textbook T L Beauchamp and J F Childress (one a utilitarian, one a deontologist) show how in practice both sides of this theoretical divide can agree on moral principles and their application to medico-moral dilemmas (12).

All this is not to advocate utilitarianism nor to deny that difficult philosophical problems remain for these theories. It is to deny that either adoption of or opposition to simplistic formulations of major ethical theories is of any benefit to philosophy, to theology, or to medical practice.

References and notes

- Brooks S A. Dignity and cost effectiveness: a rejection of the utilitarian approach to death. *Journal of medical ethics* 1984; 10: 148–151.
- Steinbock B. ed. *Killing and letting die*. Englewood Cliffs NJ: Prentice Hall, 1980.

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way, since to make such judgements genuinely in the patient's best interests, doctors would need more than human omniscience about those interests and about all the possible outcomes of their actions. One doubts however if this really is what any doctor actually does, since however situational a judgement, it is unlikely to be made without some moral presuppositions based on the wider experience of the individual doctor, his profession and society. These presuppositions may be, and probably often are framed with greater reference to probable consequences than to what is right or wrong regardless of consequences: but to label such medico-moral thinking as in this way broadly utilitarian, is not to demonstrate that it is unprincipled. Even the much-abused 'permissive society' has some moral foundations, related to principles concerned with respect for the liberties of others.

That modern medical ethics is not quite as anarchic as he originally suggests does in fact seem to be admitted by Dr Rogers when he writes later of 'rules

followed by exceptions' as 'situational ethics in practice'. Another name for this sort of thing, of course, is casuistry, the application of general principles to particular cases, an art, however risky, which has had as long an ecclesiastical as a medical history, and which recognises the need to pay attention not only to principles, but also to the specific human realities they apply to. Thus while agreeing with Dr Rogers's important point that exceptions should not be made carelessly or arbitrarily, and also that examples of possible exceptions should be stated and studied (as in fact is increasingly the case in modern medical ethics, not least in this journal), one again cannot help thinking that the best of the present, in this case related to respect for individual persons, is another hopeful sign which his approach has overlooked. And then too, of course, this concern with the individual also corresponds with much of what was best in old-style private practice.

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- (3) Robertson G S. Dignity and cost effectiveness: analysing the responsibility for decisions in medical ethics. *Journal of medical ethics*. 1984; 10: 152-154.
- (4) Harris J. Arresting but misleading phrases. *Journal of medical ethics*. 1984; 10: 155-157.
- (5) Singer P. *Practical ethics*. Cambridge: Cambridge University Press, 1982, 2nd ed: 80.
- (6) Brandt R B. The real and alleged problems of utilitarianism. *The Hastings Center report* 1983; 13: 2: 37-43.
- (7) Smart J C C. In: Smart J C C and Williams B.

Utilitarianism for and against. Cambridge: Cambridge University Press, 1973: 27.

- (8) See reference (5): 83.
- (9) Mill J S. *Utilitarianism*, Ch 4. In: Warnock M, ed. *Utilitarianism*. Glasgow: Collins Fontana, 1962.
- (10) Hare R M. *Moral thinking: its levels, method and point*. Oxford: Clarendon Press, 1981.
- (11) Mill J S. On liberty. In: Warnock M, ed. *Utilitarianism*. Glasgow: Collins Fontana, 1962.
- (12) Beauchamp T L, Childress J L. *Principles of biomedical ethics*. New York and Oxford: Oxford University Press, 1983, 2nd ed.