

Against medical ethics: opening the can of worms

Jackie Cassell University of Sussex, Falmer, Brighton

Abstract

In a controversial paper, David Seedhouse argues that medical ethics is not and cannot be a distinct discipline with its own field of study. He derives this claim from a characterization of ethics, which he states but does not defend. He claims further that the project of medical ethics as it exists and of moral philosophy do not overlap. I show that Seedhouse's views on ethics have wide implications which he does not declare, and in the light of this argue that Seedhouse owes us a defence of his characterization of ethics. Further, I show that his characterization of ethics, which he uses to attack medical ethics, is a committed position within moral philosophy. As a consequence of this, it does not allow the relation between moral philosophy and medical ethics to be discussed without prejudice to its outcome. Finally, I explore the relation between Seedhouse's position and naturalism, and its implications for medical epistemology. I argue that this shows us that Seedhouse's position, if it can be defended, is likely to lead to a fruitful and important line of inquiry which reconnects philosophy and medical ethics. (Journal of Medical Ethics 1998;24:8-12)

Keywords: Medical ethics; philosophy of medicine; naturalism

This paper explores some issues which arise from David Seedhouse's paper, "Against medical ethics: a philosopher's view."¹ In response to criticisms by Toon, Seedhouse complains² that the purpose and arguments of this paper have been misunderstood. In particular, he objects to the charge that he is "against medical philosophy". While this reply to criticism is a fair representation both of his earlier paper, and of Toon's response, it leaves merely implicit and undiscussed a central assumption which underlies his whole argument. My concern in this paper will be to uncover, then to explore, this assumption in relation to the enterprise of medical ethics.

I will begin by setting out Seedhouse's argument, using his own words as far as possible.

Seedhouse's rejection of medical ethics depends on the following premise (the "Characterization of Ethics"):

"How best to conduct one's life in the presence of other lives is the founding question of ethics. Thus, [my italics] all interventions doctors choose to make in the lives of other human beings have ethical content, however apparently trivial or technical the encounter"³.

Two claims are made here. Firstly, ethics is said to be concerned with the whole of human life insofar as that life is involved with the life of others. Where an action impinges on another life in any way, it is already the concern of ethics. Secondly, it follows as a consequence of the first claim that all actions which affect other human beings must have ethical content. That is, we can assess all actions affecting others, even if they appear to be merely mechanical, for their ethical content (whether good or bad).

Toon criticises this position for rejecting the distinction between "the ethical and the empirical aspect of medicine"⁴. In describing it in this way, Toon avoids an important question raised by the Characterization: the question of whether the empirical, in the context of action, might already be ethical. It would be more accurate to represent Seedhouse as rejecting a distinction between the ethical and the non-ethical in respect of other involving actions. Seedhouse's position has implications for the coherence of Toon's distinction between "ethical and empirical", and so terminology which does not presuppose this distinction is to be preferred.⁵

We now move on to the two main claims of the paper, which appear before the Characterization:

Claim 1: "It is not possible to distinguish ethical problems from non-ethical problems in the medical care of living beings. Consequently medical ethics can have no special area of study"⁶.

Claim 2: "While there is a long tradition of study of ethics by philosophers, in which various complex theories of morality have been developed, medical ethics is not this kind of enterprise."

The discipline makes no attempt at the development of moral theory, but merely adapts its standard basic principles to whatever medical situation it is currently considering. Medical ethics has no definitive core of knowledge or theory and is parasitic on moral philosophy and clinical practice.⁷

The Characterization of Ethics underlies claim 1; it follows from it that all actions or interventions in relation to other people have ethical content. So far as relations between people are concerned, all our actions should be conceived of as “ethical”, and not just a special class of controversial or difficult decisions. It should be re-emphasized that “ethical” is to be understood here in the sense of having ethical content or, to put it another way, being apt for moral/ethical assessment, whether as good or bad. Claim 1 is derived from the application of the Characterization to medical ethics: if all our actions in relation to one another are already ethically assessable, it follows that there is no need to distinguish a field of medical ethics, separate from the empirical aspects of medicine. Moreover, no such field can be distinguished, since the concerns of medical ethics are continuous with and indistinguishable from our social actions (the “ethical”) in general.

The four principles

Claim 2 consists of two separate points. Many would dispute Seedhouse’s description of medical ethics as mere application of pre-established principles. His main target here is clearly the well-known “four principles” approach: this is evident when he cites “basic principles, such as respect for autonomy, justice, beneficence, and non-maleficence”.⁶ Be that as it may, this criticism is separable from Seedhouse’s main point, which is the claim that medical ethics does not do the same thing as philosophical moral theory. The job of moral theory, or of moral philosophy more generally, is presumably to address foundational questions such as what morality is, what is distinctive of the moral, and how we evaluate agents and actions.

The argument from the Characterization of Ethics to claim 1 is in itself valid. However, in the light of claim 2, which is quite separate, we might expect that the Characterization of Ethics, in defining the scope of “theories of morality”, would be neutral as to which moral theories moral philosophy might find defensible. That is, Seedhouse does not suggest openly that he has a commitment to any particular moral theory. Yet this apparent neutrality is misleading. Seedhouse’s formulation of the Characterization, which is not

argued for, is in fact far from neutral with respect to the moral theories of philosophy, as I will now show.

Seedhouse’s rejection of the ethical/non-ethical distinction in relation to human actions excludes from the start a wide range of positions in moral theory. To begin with, it is incompatible with deontological moral theory, as we can see using the example of Kant.

Kant insists throughout his moral philosophy that actions undertaken “from the motive of duty” are the only moral actions. On this view, the overwhelming majority of human actions do not have moral/ethical content. No action which is motivated by pleasure, desire, good manners, or professional standards counts as morally good. The aim of our moral endeavours is not principally to choose the right actions. Rather, we aim to be motivated by duty, not by our ordinary habits and desires. Motivation by duty is the only good; actions themselves do not have ethical content in Seedhouse’s sense. For Kant, it is even open to question whether there ever has been a truly moral action, so strict is this requirement.⁸ On this view, most of our social behaviour (Seedhouse’s “ethical”) does not have “ethical content”: there is nothing wrong with being pleasant to the elderly and small children in the course of the Saturday morning trip around Tesco’s. But we should not be under any illusion that the pleasantries which oil the wheels of everyday existence have anything to do with morality. Kant’s austere view has since its inception been immensely controversial, but such is its power that it continues to re-surface in new forms. In precluding it from the start, we see that Seedhouse’s views involve a rejection of one of the most prominent philosophical moral theories.

Classical utilitarianism

Seedhouse’s views are also incompatible with the philosophical moral theories which descend from classical utilitarianism, and are its contemporary form. Classical utilitarianism argued for a reduction of the moral to its utility in producing pleasure or pain. The reductionist, naturalistic accounts of morality found in much American realism are examples of these themes in modern dress. Naturalism is, roughly, the view that the claims of a field of knowledge—whether ethics, homoeopathy, astrology, or organic chemistry—can be fully represented in the language of natural science. I will return later to the point that the very notion of naturalism is not without its problems. For the moment, however, the term is useful in helping us to understand the views of moral philosophers such as Peter Railton and David

Brink. They accept the view that ethical claims can be true. According to them, ethical claims are true or false in virtue of the facts of human social psychology or anthropology; these sciences can tell us objectively what is good for human beings. Moral facts are just natural facts, as are facts about biochemistry and animal behaviour.⁹ Some opponents of these naturalistic realists, such as Gilbert Harman, reject the possibility that moral claims could be true or false in any ordinary sense, on the grounds that (in their view) such claims cannot be naturalised. This kind of position is closely related to its opponent, for it too depends on an assumption that the ethical and the non-ethical can be separated. The difference is only that the alleged non-naturalisability of the ethical is taken as a reason for denying that it really exists.

Apart from these two general tendencies, both alive and kicking in philosophical ethical debates and in the debates of medical ethics, many other positions - recent and age-hallowed - are also incompatible with Seedhouse's Characterization. Similar arguments could be developed in relation to the moral philosophies of Ayer, Mackie, Hare, G E Moore, and Wittgenstein to name but a few.

In the light of the philosophical controversy he courts, Seedhouse's refusal to provide any justification for the Characterization of Ethics is seriously misleading. He imports this view in an article intended for a wide readership as though it were a trivial conclusion from an uncontroversial premise. This is unhelpful to the debate he claims to engage in, since it obscures the wider context of the issues he raises.

The philosophical positions I have mentioned as excluded by Seedhouse's Characterization have an important feature in common. All share the view that a distinction can be made between the natural and the non-natural. The defence of grounds for a distinction between the natural and the non-natural has been a notorious difficulty in philosophy. I would like next to argue that Seedhouse's rejection of the ethical/non-ethical distinction presupposes that the natural/non-natural distinction cannot be made for actions. In order to defend this point, which I see as the central implication of Seedhouse's Characterization, I would like now to consider the question of how actions are to be described within the constraints of its picture of ethics.

Smiling

Seedhouse claims that all other-directed actions are "ethical". If this is true, and we are to be able to engage in debates about ethics so conceived, then the ways in which we recognise such actions and describe them must allow us to recognise

them for what they are. That is, we are bound to describe them in terms which make it clear whether they are indeed "other-related" (ie "ethical" in Seedhouse's sense).

To take a concrete example of Seedhouse's own, the action of smiling has "ethical content". Smiling may be cruel, encouraging or generous in different circumstances. One could try to redescribe the action of smiling as "contracting orbicularis orbis and buccinator in John's direction". When re-described in this way, a people-directed action term is replaced with a naturalized description which does not tell us whether a people-directed action, or an accidental twitch, is taking place. Yet, according to Seedhouse, it is part of its being "ethical" that an action is other-directed, and not a mere accident of physiology. If we are to know whether it is an ethical action, such a naturalized description must be supplemented in a way which ensures that we can tell whether it is an essential, integral part of the action that it is other-directed. But to do this already requires the non-naturalized form to be used. That is, if it really is a smile, it is already other-directed: being other-directed is, in part, what it is to be a smile. No amount of further information about the physical state of the person (or, many would argue, about the accompanying physical processes taking place in the brain) can decide this question. It can only be decided by appeal to other ethical facts.

Pragmatic descriptions

This is not to deny that physical processes have to take place if there is to be a smile. Of course, ethical actions have to supervene on the physical processes of the human organism. But the question at issue is, what facts are relevant to deciding whether what we saw was a smile, a grimace or a twitch? Following a famous argument by D Davidson I would argue that ethical terminology is evidentially bound to the ethical and not to the physical.¹⁰ It is by appeal to facts about a person's relationship to others, and not facts about his or her facial or brain physiology, that we know he or she smiled.

At this point, someone might object as follows. We can surely use pragmatic descriptions of actions, which are not ethics-related. For example, we routinely discuss medical procedures, such as how best to insert a lumbar-puncture needle, from a pragmatic standpoint which is separate from the ethical question of whether they should be done.

My first response to this is to point out that the pragmatic ethical distinction usually cannot be made. For example, the question of discomfort is always one of the considerations in the choice of a "best method". A second, more general and

philosophical response may also be made. We should at the outset recall that, according to Seedhouse, it is actions as they are done and not procedures conceived in the abstract, which belong to ethical life. The preceding discussion concluded that the criteria by which we decide whether an action is “ethical” are always themselves ethical. It follows from this that the difference between a “naturalized” and an “ethical” description of an action cannot be only a difference in the level of detail available. The description of a smile as a muscle contraction is not wrong only because it is incomplete. It fails even to address the right kind of criteria for deciding about “smiles” whether they are tics, twitches, wind, or the real thing.

I have argued that Seedhouse’s Characterization of Ethics commits him to the view that ethical actions cannot be adequately described in the language of natural science; they cannot be “naturalized”. This follows from his view that being other-oriented is just what it is to be an “ethical” action. As a result of this, he must take a view on the relation of ethics to the “natural”. He has two choices. Either he must say that ethical actions are “non-natural” with respect to the sense of “natural” discussed above. Or, he can reject the “natural/non-natural” distinction in the context of ethics.¹¹ Either way, he has to say that the project of reducing smiles and kindness to the natural is fundamentally misconceived. Smiles, kindness and molecules are all part of the furniture of the world, and it is a mistake to set up a hierarchy between them.

Questions of ontology

Why is it so important that Seedhouse should be forced into an explicit view on the issue of naturalism? The reason lies in the importance of the natural/non-natural distinction for medical thought, which is not easily overestimated. Seedhouse points out that in assimilating medical ethics into the curriculum we “preserve the present system’s unreal model of medical care...[in which skills are] ranked in some pre-ordained hierarchy”.³ Toon is making a similar point when he says that “Hume’s naturalistic fallacy is rife in medicine”.¹² The above comments reflect medicine’s tendency to measure the reality of medical phenomena, from headaches to body fluids to viruses, on a scale which ranks the “naturalisable” as more real than the “non-naturalisable”. The natural/non-natural distinction is one of the foundations of medicine’s sense of itself as a discipline. As a result of its uncertain status as the youngest science, against a background of a multifarious history as various forms

of the oldest craft, medicine is at once desperately concerned about questions of ontology, and unfitted to solve them. This is what makes true Seedhouse’s third claim: the claim that medical ethics, in presenting ethics as a skill, to be learned like other skills, reinforces the status quo of medical thinking. Again and again, medicine has solved the problem of how it is to think of a new sub-discipline of mongrel origin by teaching it as a skill, in the expectation that questions of ontology will be resolved, and that it will be made scientifically respectable in due course. Needless to say, the desired ontology has not always been forthcoming. Seedhouse is right to see medical ethics as a prime example of this move.

It is time for us to begin exploring the possibility of medical knowledge without the naturalistic assumption. If Seedhouse’s claim can be defended—if the ethical/non-ethical, and natural/non-natural distinctions are unhelpful in understanding the actions of medicine—we will have made a useful first step towards a re-working of medical epistemology.

I have argued that the question of naturalism is intimately involved with the question of what medical ethics is, and must be addressed explicitly. This is not a new thought. Seedhouse himself looks forward to a role for medical philosophy in teaching critical thinking to medical students. This project is closely related to an enterprise for medical ethics proposed by John Haldane.¹³ Like Seedhouse, Haldane rejects the reductionism implicit and explicit in medical thought, and envisages a philosophy of medicine which will be continuous with philosophy and ethics in general. However, a training in “critical thinking” will not in itself necessarily address the issue of the rampant naturalism in medicine, which often appears in disguise in an era of holistic care. What I have tried to show in what I intend as a fundamentally sympathetic response to Seedhouse, is that the issues of naturalism and ethics are unavoidably interdependent, and that their interdependence raises important questions for the enterprise of medical ethics. In addressing these it becomes apparent that the concerns of medical ethics are indeed the concerns of philosophy.

Jackie Cassell, MRCP, is a Doctoral Student in Philosophy, Graduate Research Centre, Humanities, University of Sussex, Falmer, Brighton, BN1 9QN and Specialist Registrar, Genito-Urinary Medicine, Mortimer Market Centre, off Capper St, London WC1E 6AU.

References and notes

- 1 Seedhouse D. Against medical ethics: a philosopher's view. *Medical Education* 1991; 25: 280-2.
- 2 Seedhouse D. What I actually said about medical ethics: a brief response to Toon. *Journal of Medical Ethics* 1995; 21: 45-6.
- 3 See reference 1: 281.
- 4 Toon P. Medical ethics: a brief response to Seedhouse. *Journal of Medical Ethics*, 1995; 21: 47-8.
- 5 Toon seems to take Seedhouse to be denying that any distinction can be made between "ethics" and facts generally; however, Seedhouse takes care to limit his claim to actions involving others.
- 6 See reference 1: 280.
- 7 See reference 1: 280-1.
- 8 Kant E. *Groundwork of the metaphysics of morals* [Tr Paton H]. London: Routledge 1991: 407-26.
- 9 For an example, see Railton P. Moral realism. *Philosophical Review* 1986; XCV: 163-207.
- 10 Davidson D. *Essays on actions and events*. Oxford: Clarendon Press, 1980: 207-225.
- 11 The issue of the possibility of naturalism in moral philosophy is currently much discussed by philosophers. For opposing extreme views on these issues, see Mackie J. *Ethics: inventing right and wrong*. London: Penguin, 1977 and Morris M. *The good and the true*. Oxford: Clarendon Press, 1992.
- 12 See reference 4: 47.
- 13 Haldane JJ. 'Medical ethics' - an alternative approach. *Journal of Medical Ethics* 1986; 12: 145-50.

News and notes

Monothematic issues of the JME - submissions invited

At the proposal of the Editorial Board the journal intends to introduce intermittent monothematic issues. The first such theme, provisionally scheduled for late 1998, is to be *HIV/AIDS and ethics*. Submissions are invited, to arrive at the editorial office by 1 April. The two following themes are *Ethical issues in the new genetics* - submissions should arrive at the editorial office by 1 May 1998, and *Marketing, communities and health care rationing*, submissions for which should arrive at the editorial office by 1 June 1998. As usual, papers of up to 3,500 words (including references) are preferred - with an absolute maximum of 5,500 words. Also as usual, papers should be well argued, interesting and intelligible to any interested

and intelligent reader. The editors would particularly like to see papers focusing on contemporary perspectives. If sufficient publishable papers on any of the themes are not received the monothematic issue will be delayed, or even aborted - in which case acceptable papers will be incorporated into the journal's usual publishing schedule.

Submissions should be sent to: the Editorial Office, *Journal of Medical Ethics*, Analytic Ethics Unit, Imperial College of Science, Technology and Medicine, Exhibition Road, London SW7 2AZ. The envelope should be clearly marked Submission for 'HIV/AIDS and ethics', 'Ethical issues in the new genetics', or 'Marketing, communities and health care rationing'.