This paper develops themes addressed in an article by Eric Wiland in the Journal of Medical Ethics 2000;26:466–8, where he aims to contribute to the debate concerning the moral status of abortion, and to emphasise the importance of analogies in moral argument. In the present paper I try to secure more firmly a novel understanding of why analogy is an essential component in the attempt to justify moral beliefs. I seek to show how analogical argument both encapsulates and exercises the notions of rationality and imagination and that the construction, development, and comparison of analogies fundamentally underpins ethical argument. In so doing, it enables us to adopt imaginative and ethically illuminating perspectives but in a manner that does not relinquish any claims to intellectual rigour. I present a critique of a brand of “moral particularism” by showing how it cannot, if construed in a certain way, adequately conceive of how we use analogies and imaginary cases in ethics. Although such a particularism is thus impotent with regard to ethical debate, I show that the wider motivation behind particularism that can be extracted is of clear relevance and importance to moral practitioners.
regarded as an appropriate method by which to approach extremely complex or perhaps unprecedented ethical cases. To regard it thus, however, immediately gives rise to at least two significant difficulties. On the one hand, to consider it as any method at all would be a misunderstanding; moral particularism can only urge us to avoid the inappropriate conceptual and logical impositions that have been placed upon ethical thinking by the previous dominance of moral systems. Moral particularism says to us that we ought to look really carefully at the case at hand, be sensitive to the complex and peculiar characteristics that make up the situation, and not artificially situate a given case in the light of other cases. I assume that so construed, these warnings would be considered welcome by most. However, the notion that particularism is able to offer anything beyond such cautionary constraints is methodologically unintelligible; for particularism to describe—positively—the method by which we ought to approach a moral case would mean it behaves in just that way that it considers wrong. The second difficulty that immediately presents itself, and linked to the first, is that over the alleged status of moral cases as “isolated”. Particularism complains that the “moral shape” of a certain state of affairs cannot be predicted from how other moral shapes have been produced in the past, and so each case ought to be treated as if it were “isolated”. The lack of precedent cannot be amended for, according to the particularist, by judging a certain way about the case in a manner “logically consistent” with other putatively similar cases; to do so would, I presume, employ a decision procedure akin to a case that is based upon purely hypothetical considerations—those concerned with the mere preservation of “logical consistency”—for example. The moral particularist is hostile to the deployment of moral principles that are context unfriendly; principles whose abstraction and generalisability subsueme moral cases regardless of the peculiarities of a given case. However, this appears as rather implausible to the extent that it is just a fact about our moral practice that we do compare and contrast cases.

An example of an abstract principle could be one embodied in the Hippocratic tradition; “preserve human life”, say. The particularist might be sceptical as to the moral efficacy of such a principle because it can come to be employed purely in a quantitative fashion (relating to the length of life), and to the exclusion or willful ignorance of the peculiar qualities that pertain to individual cases. The particularist will urge a medical practitioner to firstly consider a case with reference to its context, seeking to extract the moral saliences that are produced by the elements giving rise to that circumstance, and not because it falls under a certain principle. Thus the medical practitioner ought to reflect on how, say, the “preservation of human life” relates to the other features of a given case—familial wishes and expectations, or the comparison of the patient’s “human life” with the “human life” of their spouse—for example. Such qualities of a case will only be properly understood, according to the particularist, from the contextual point of view. Although decisions may indeed come to be totally in accord with an abstract principle, this, if the medical practitioner heeds the particularist’s strictures, will not be because one has viewed the individual case from the point of view of the principle, but instead that that particular case, after appropriate analysis, demanded a certain decision in virtue and not in spite of its particular context and special features.

Particularism is broadly attractive in its call for the detailed inspections and close analyses of the demands of each moral case. I am sceptical, however, of the search to justify this through a notion of the “morally isolated” case, or on the basis that we ought not to attempt to predict the moral shape of this case from the behaviour of the moral shape of cases “similar”. On the one hand, to consider it as any method by which we ought to approach the moral shape of cases, I wish to draw upon an article by Jonathan Dancy in which he argues that the role of the imaginary case in ethical deliberation should be considered as limited in the extreme. Dancy claims that in constructing an imaginary case, we hope that it will be able to moral determine our moral deliberation about an actual case; deliberation that is lacking in some way or unable to provide the appropriate resources for judgment or action. Usually this procedure is undertaken because the actual case is morally difficult, whereas the imaginary case more easily lends itself to a clear cut ethical decision. Dancy maintains, however, that if the imaginary case is to fulfil its role as ethical guide, then we must know in what particular ways it will do so, and this knowledge presupposes other knowledge concerning the actual case:

Essentially, we have to make up our minds about the moral make up of the actual case before we can come to a view whether the imaginary case is after all a reliable guide.6

The point here is that the imaginary case, if it is to function in the way intended, must depend upon our knowledge of the actual case; however, this knowledge is precisely that which the imaginary case is constructed to provide. Dancy thus considers imaginary cases in ethics not to be ethically illuminating or morally educating. It appears as though a certain moral particularism would also reject the examination of analogies, on the grounds that the proposed analogy may well involve “imaginary” elements and, more fundamentally, that any comparison between moral cases (imaginary or no) is already misdirected. I disagree, and would want to argue that analogies and imaginary cases in ethics are not only useful but in fact required by moral deliberation, although an appropriately rich account of this “requirement” is considerably beyond the scope of the present article.

Wiland chooses to examine Judith Thomson’s7 well known and controversial analogy that attempts to draw a morally relevant comparison between abortion and an imaginary case involving an unconscious violinist. For those unfamiliar with this example I, with some risk of oversimplification, paraphrase the relevant section from Thomson’s article:

You find yourself to be biologically attached to a famous violinist who is unconscious. He has a fatal kidney condition and only you have the correct sort of blood type to help. A group of dedicated music lovers have kidnapped you, and wired-up the violinist’s circulatory system to your own in order for his blood to be cleansed by your kidneys. A hospital director explains that although they would have taken measures to prevent the music lovers from doing this, if they had known, the fact of the matter is that you are so wired-up. The director further explains that to break the connection between you and the violinist would be kill him. Further, the period of attachment to the violinist will be only for nine months, after which he should have recovered and both you and he can be safely separated. All person’s have a right to life (including unconscious violinists), and although you have right to determine what occurs in and to your own body, this right is trumped by a (any) person’s more basic right to life. Thus, you are morally obligated to resist separation and remain attached to the violinist so as not to violate his right to life.

From the contemplation of this case, Thomson aims to extract a certain problematic moral conclusion: that it is morally required that you assent to an “outrageous” situation. The purpose of the analogy is to demonstrate why the same outrage is also applicable to a certain attitude toward abortion; namely, that abortion is always wrong. In proposing this analogy, Thomson implicitly seeks explanations from those who resist drawing the same conclusion about two cases that are, ethically speaking, relevantly similar; and it is just such explanations that have been offered by critics of Thomson’s analogy. These objections attempt to show why the analogy is weak, and that there are morally relevant dis-analogies between the
two cases, and so there would be no reason to suppose that the same moral outrage should apply equally in each case. Thomson presents a certain picture of moral deliberation that involves the comparison of moral cases and, through the presentation of a morally relevant analogy, challenges proposals to judge differently when confronted with relatedly similar situations. That is to say, Thomson implies that nothing but arbitrary decision will motivate our judging about the cases if we accept that the analogy is a good one. Of course—as critics have suggested—the analogy may not be a good one, in which case Thomson’s proposal would be less persuasive. For our purposes, I do not want to rehearse the main objections to Thomson’s analogy and attempt to construct a better one, if indeed one is needed. Rather, I aim to emphasise the manner in which moral particularism cannot accept the analogy for the simple reason that it is an analogy. I suggest that debating whether or not Thomson’s analogy is in fact a good one, is an example of what constitutes one of the most fundamentally important practices in moral deliberation. Because moral particularism cannot properly recognise the activity of comparing moral circumstances and hence rejects the efficacy of imaginary cases in ethics, it appears to be unable even to enter into this debate; for this reason I find it to be a severely impoverished and unattractive position.

Wiland’s statement that although Thomson’s analogy may contain flaws, we ought to keep in mind what she was trying to do via the suggestion that there may be a morally relevant analogy between the case of the unconscious violinist and abortion. I suggest that analogies can help us to adopt an ethically illuminating perspective which had previously remained unoccupied. We can appreciate, via the construction and analysis of analogy, a novel way to consider an object case. A natural response to this suggestion may be motivated by it not seeming to be at all clear what happens after a good analogy has been drawn; why does or ought it to matter if one case is or is not analogous to another? It matters because in drawing analogies (and for that matter dis-analogies) we come to know something about that object case over and above its existence as an allegedly isolated occurrence; that is, we see how it relates to other cases and in a way that makes it irrelevant whether such cases “actually exist”. This is not to say that this process is undertaken in order to serve as a scan for logical inconsistency; if it were merely to do this, then the particularists would be right to be sceptical of the role of analogies and imaginary cases in ethics. It is rather, I suggest, to serve in an ethical capacity itself—beyond or at least alongside the “purely logical”. The very act of constructing analogies and their subsequent contemplation, helps minimise our limitations as moral beings and Wiland rightly claims that the:

whole point of using analogies in moral philosophy is ... to get us past our self interest, inertia, lack of empathy, lack of imagination and defensiveness.

It is this “getting past” or transcending morally dubious motivations in ethical deliberation that can be achieved by adopting a different point of view from one’s own. This will require some imaginative capacity on the part of the agent, and can occur through the positioning of oneself in the place of another. However, this repositioning can also take place through the drawing of analogies between the object case and other situations. In Thomson’s analogy for instance, previously unnoticed or obscured moral features of abortion are potentially clarified or made explicit by the comparison with another state of affairs; conclusions drawn from that case involving the unconscious violinist are directly transposable to the wider case of abortion. Of course, the extent of this “direct transposability” is the most problematic.

One “defect” of Thomson’s analogy, Wiland notes, is that the case of the violinist is utterly fictitious. The form of this objection is a common reaction to some notoriously fantastical examples found within the literature of moral philosophy. Such examples can themselves be offensive when they are invoked in order to apparently help us deliberate about an actual and difficult moral case. In an influential article, G E M Anscombe11 notes how such “fictitious” moral cases are typically manufactured with an eye to moral corruption. What they attempt, however, although with varying degrees of success, is to pose the form of the actual moral case in a way that enables us to adopt a different perspective upon it; it is hoped that this different perspective will throw moral light upon the actual case. In order to achieve this, there must be some kind of common ground upon which both the actual and imaginary case converge. When there is little or no such analogy is weak or there is no analogy at all. When this common ground is extensive, however, it may be so in a morally pedagogical way. It is the existence of such common ground or “conceptual convergence” that gives rise to my rejection of the “morally isolated”. Whilst not suggesting that moral cases, questions, and dilemmas fall into predetermined kinds I do want to say that moral states of affairs contain, in a certain way, implications for other ones. This is to say, that moral cases have something in common. Although this commonality may indeed be extremely formal and schematic, it is what in part allows for their recognition as moral cases at all. The point of Thomson’s violinist example is thus to try and get us to recognise the circumstance as holding a certain moral import; to stimulate our ethical thinking through the acknowledgement that the violinist’s circumstance can inform our ethical thought about abortion through recognising the moral force of the implications drawn from the former.

Even when analogies are held to be weak or irrelevant, this may itself serve an important ethical function. In seeking to defeat an analogy, by bringing out the dissimilarities between two cases, we can help foster moral wisdom by being more informed, morally speaking. Thus, to be in a position to declare a proposed analogy as weak (or non-existent) presupposes a certain amount of knowledge concerning that which the analogous item is weak with regard to. For a person to give reasons why, for instance, Thomson’s analogy is too fragile is to affirm certain characteristic moral features of abortion; for example that, according to such a person, a fetus is in a state that were there anyway, but were obscure or ignored by our short-sightedness or lack of imagination. So, Thomson’s analogy may (or may not) help us to supplement our moral sensitivities by enabling us to see more clearly the ethical status of abortion by bringing out perhaps previously latent features, such as the moral status of the unwilled existence of some biological appendage to one’s body. It is incumbent upon us as moral beings to debate and analyse proposed analogies and to construct new ones, to compare them with old ones, and to develop a more appropriate understanding of moral cases, which reflects the often difficult and controversial character of many moral issues.

Moral particularism, as an ethical project that seeks to deflate the apparent but unjustifiable force of principles in moral deliberation, can be given direct application to medical practice. The relationship held between, say, doctor and patient is widely thought to be an essential component of much proper, effective, and lasting treatment, and this aspect of medical practice can—and perhaps ought—to be given a particularistic understanding. For instance, the balance between the obligation to use medical practice to tell the truth to their patients and exercising compassion toward them can perhaps only be optimally achieved via the adoption...
of a particularistic approach. Rather than deliberate about a case only with regard to it being one among many similar cases that are similar because they fall under some principle, the particularist will urge that detailed analyses must in the first instance be carried out so that this patient, and those other persons significantly involved, can benefit to the maximum degree. This might, for instance, involve a medical practitioner advising a particular patient by calling on knowledge gained from a particularistic analysis—knowing that this patient would benefit from certain information that would not be appropriately given to other putatively “similar” patients, or knowing that this patient’s family arrangements need to be addressed in a way that differs from other patients. Such knowing something is a good analogy takes theoretical and logical skill; further, we can determine to some extent—in a factual way—the level of relevant similarity between items. However, the very construction of analogy relies on imaginative expertise. Crucially all these elements are in a significant way mutually dependent upon one another.

This paper is a call for a certain humility in moral thinking; humility in the sense that we must recognise that our imaginations are limited—in some of us, disastrously so. Recognising this will facilitate dialogue and argument to the extent that it raises awareness of the potential for novel and critical analogies, that in turn require examination and defence. The analogies we construct will lead to new and better—as well as worse—ones, thus helping to generate ongoing ethical discussion. Wiland’s development of Thomson’s analogy involving conjoined twins is an example of this. Readers will be aware of the relevance and poignancy of this analogy given recent conjoined twins is an example of this. Readers will be aware of cases—actual or otherwise. This paper is not an attempt deemed inappropriate in virtue of its attempt to compare all to the good. However, what isn’t so good is if analogy. Of course, if particularism helps us to discern the analytical capability to discern similarities and differences between items. However, the very construction of analogy relies on imaginative expertise. Crucially all these elements are in a significant way mutually dependent upon one another.

Analogy in moral deliberation: the role of imagination and theory in ethics 247

Deliberation using analogy encapsulates the more attractive aspects both of particularism and of that which it is reacting against. Formal similarities are crucial in determining whether or not a given analogy is strong; for instance, the unconscious violinist is arguably like a fetus in respect of its apparent position of “dependence”. But the substantial qualities that pertain to the items drawn together in an analogy can also be decisive: that a fetus and ex hypothesi the unconscious violinist will die if separated from the mother or from “you”. An analogy is a bad one when the similarities said to obtain between cases are irrelevant in that they bear little or no relation to the object of deliberation: that two patients are “identical” in respect of voting for the same party in the last general election is irrelevant from a diagnostic point of view. Crucially, the manner in which elements will combine and produce an analogy of a certain strength cannot be predicted a priori, or established by the following of abstract rules or the positioning of a particular case with reference to a principle. What is needed in order to achieve this application of an analogy is a skill on the part of an agent; a certain insight that comes only with the practice of engaging in such thinking and “looking”, to use the particularist’s terminology.

Particularism seems appropriate for application to medical practice in the way that it puts forward a case for sensitive and detailed examinations of the complex and varied nature of those features which produce a given case. We have seen, however, that if particularism is understood in too simple a way, claiming that the analysis of a medical case must operate always and only with reference to this case and no other, then the very procedure of drawing an analogy is denied. I suggest that on the one hand medical practitioners ought to acknowledge the particularist’s warnings that the mechanistic following of abstract principles and rules to the exclusion of the perhaps unprecedented demands of a given case can lead to moral harm; on the other hand, there ought to be a serious attempt to think of cases analogically so that we may gain a more ethically rounded understanding. This exercise is a comparative activity that itself is morally informative. Whether or not Thomson’s analogy is “good” merely from a logical point of view, it succeeds in nurturing ethical debate in so far as it presents a different way of understanding the moral stakes of abortion. For many other medical cases, seeking to compare them with other ones, reflecting in light of their similarities and differences and tracing the moral implications will serve to inform our moral thought. So, particularism helps us to investigate the nature of certain medical and ethical cases by stressing the role of a certain sensitivity; a sensitivity that does not originate in the mere following of abstract theory, rules or principles. However, the manner in which moral knowledge can be delivered by comparative analysis, that form of analysis embodied in analogical reasoning, should make us wary of the prospects of any “bald” particularism.

At the very least, we ought to have at least two minimum expectations: We should want an arena for ethical debate and argument that is strict and rigorous; the rational and logical constraints placed upon analogies satisfies this expectation. We should also want a state of affairs where nothing potentially relevant is excluded from moral debate a priori; the sometimes extraordinarily complex nature of moral cases means that we will have to approach them with respect to their own peculiar demands, although we bring to them our capacity as intelligent and creative creatures; the scope of potential analogies that can yield considerable moral insight and foster ethical sensitivity satisfies this expectation. This article has attempted to focus attention on the important and an anolgoic role that analogies can play in ethical deliberation; roles that are encapsulated and exercised within the form of analogical argument.
We ought to recognise the significant attractions that analogies have for ethical debate, and become the sort of moral beings that can balance our creative imaginations with the recognition that analogies can be both clarified and made more powerful by situating them within a rational framework.

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REFERENCES AND NOTES
2 See reference 1: 466.
4 See reference 3: 63.
6 See reference 5: 149.
8 See reference 7: 49.
9 See reference 1: 467.
10 See reference 1: 468.
12 See reference 1: 468.