

# Highlights from this issue

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## “Common Morality” and Principles of Biomedical Ethics

What is morality and why does it exist? Historically, morality has been a set of norms that regulated human behavior and promoted survival of groups of human beings.

Today, human beings have very sophisticated, large scale societies and advanced technologies. The world which they have carved for themselves is utterly different the world even 100 years ago. Human social and technological progress has been exponential over 10 000 years. Yet our biology and psychology has remained essentially unchanged over human history. We retain the biology and psychology of homo sapiens and our hunter gather ancestors living in the African savannah.

This is important for understanding morality. Through nearly all of human history—the times when our moral dispositions were shaped to promote survival—humans lived in small groups. They co-operated with members of their own group, but at least some tended to free ride when not observed. They were disposed to care most about family and close friends. They were xenophobic and distrusted strangers from other groups because those strangers were in competition for resources and could be hostile.

Morality evolved as a set of norms to promote the fitness of these small groups by encouraging co-operation and preventing group members harming each other. It is much easier to harm than to benefit. That is why nearly all human societies have more proscriptions against various acts, such as killing in-group members or stealing their property. There were requirements to benefit only in special circumstances, such as when one has benefited by co-operative activity. Morality held people more responsible for their actions than for their omissions—the so-called acts/omissions distinction.

Nearly all people and all societies have these moral dispositions, in virtue of their evolutionary history, and this set of basic moral norms. The moral norms have been called ‘commonsense morality’ or ‘common morality’.

Tom Beauchamp and James Childress have recently produced the 6th Edition of their landmark *Principles of Biomedical Ethics*. This book is the most influential in medical ethics. This edition seeks to base their four principles—respect for autonomy, beneficence, non-maleficence and justice—in what they call “common morality.” In my view, this is one of the most significant and correct arguments in medical ethics in the last 30 years. This issue of the Journal hosts a symposium (*see pages 582–600*) largely devoted to exploring this argument.

Why are these papers and the argument relating the four principles to common morality important? It is because by understanding the origin of current morality, we can gain insight into its limitations and how it should be revised. Together with Ingmar Persson, I have argued that our moral dispositions and common morality are unfit for the present globalized world of advanced technology.<sup>1</sup> Humans can’t solve collective action problems like climate change, we argue, or global poverty with our current set of dispositions and common moralities. We argue that our moral dispositions need enhancement (*Unfit for the Future: The Need for Moral Enhancement*, OUP, forthcoming). But of course our morality also needs revision and this symposium takes Beauchamp and Childress’ arguments in that direction. Beauchamp and Childress’ *Principles of Biomedical Ethics* and this symposium may represent a crucial stage in the development of morality—as Persson and I argue, the very existence of humanity may depend on such moral development.

## Empirical ethics

This landmark issue of the Journal also includes novel empirical research. Sarah Edwards and colleagues (*see page 601*) found that undergraduate students preferred to appoint caring and competent surrogate decision makers who would make decisions about their treatment, if they became incompetent. Only a few chose surrogates whom they knew to have similar values. This is interesting

philosophically because surrogate decision making should, and does in the UK, aim to promote the best interests of the patient. This indicates that these students implicitly accept a more objective rather than desire-based, subjective account of interests, where the interests of the person are purely determined by the desires of that person.

Evaluating the experience of medical students is a minitheme of this issue. Preston-Shoot and colleagues (*see page 616*) identified areas of medical law where students were not confident of their skills and knowledge, raising concerns about the adequacy of current medical law teaching. In another empirical study, Philippa Malpas analyses the ethical issues faced by Year 5 medical students during their training in New Zealand (*see page 627*).

## Genetic enhancement

The ethics of genetic enhancement is another minitheme in this issue. Rosoff (*see page 611*) argues that research into genetic enhancement will have to be tested first in non-human animals including chimpanzees. He addresses the moral status of cognitively enhanced chimpanzees. In contrast, Tonkens (*see page 606*), a prolific student publisher (*Parental Wisdom, Empirical Blindness, and Normative Evaluation of Prenatal Genetic Enhancement* *Journal of Medicine and Philosophy*, 36: 274–295, 2011), argues that virtuous parents would not genetically enhance their children because they cannot know what the effects will be and should not expose their children to experimental genetic research. Both of these objections are avoided by genetic selection of embryos, since such selection does not require animal research and cannot harm the embryo unless the future has a life not worth living. In these ways, genetic selection may be preferable to enhancement.

## REFERENCE

1. Savulescu J, Hemsley M, Newson A, et al. ‘Behavioural genetics: why eugenic selection is preferable to enhancement’. *J Appl Philos* 2006;23:157–71.