The ethical force of definitions

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Editor's Note

Douglas Walton is concerned in this paper with the force of definitions of ethical concepts and language use in medical and moral arguments. It is very easy to be caught up in the web of language and therefore have ethical disagreements remain as quarrels. He advocates that creative extensions and corrections of common usage be sought. These should be ethically justifiable, consistent with scientific developments and clear and logical within themselves.

Introduction

The recent discussion by the Clarkes on definitions and ethical decisions[1] is very valuable in pointing out that definitions of terms like 'person' or 'death' have the property of being open-textured: they may be clear enough in everyday paradigm cases of usage, but can admit of inexactness in applying to borderline cases. Such borderline cases can in fact coincide with substantive moral dilemmas, *eg* is a fetus a person? And if so, aggressively stipulating the meaning of a term, and thereby attempting to undermine the position of one's opponent in moral disagreement by attempting peremptorily to impose word usage prejudicial to the adversary's case tends towards the fallacy of begging the question.

An elementary illustration from Bentham: the argument 'This doctrine is heresy, therefore it should be condemned' is said to commit the fallacy of question-begging epithet. Such an argument is unfair and fallacious insofar as it is an attempt to quash a request from the supporters of the doctrine for substantial moral arguments for condemning it, when such substantial argument is required to shift the burden of proof.

So we see that substantive moral disagreements cannot be resolved simply by the stipulative re-definition of inexact concepts when the inexactness of the concept leaves open the possibility of stipulating otherwise and taking the other side of the moral issue. The lesson is that the definitions themselves may be ethically 'loaded' with moral pre-suppositions, and therefore a definition may need to be backed up by appeal to moral principles and an examination of specific instances. Mere definition cannot always settle the disagreement.

These points are well made by the Clarkes, but in all fairness it should be pointed out that even though definitions can be abused, they can have a constructive role to play in evaluating disagreements.

What do we really mean?

What is meant when we talk about the definition of an ethical concept like 'death'? What is most often required to move an ethical discussion forward is not the 'ad hoccery' of a purely stipulative definition, but rather an explication or analysis of the term which is consistent with agreed-upon assumptions of the discussion. Moreover, a real, as opposed to nominal, definition is applied to individual cases by means of empirical criteria. One must be careful not to confuse the abstract definition with the criteria, even though the two may be linked by intermediary principles. Let us give a brief example.

Some would characterise the death of a person as the irreversible cessation of experience for that person. To make this characterisation into a defensible definition, exponents of it need to tell us what more precisely they mean by 'irreversible cessation' and 'experience'. It may not be easy to do this, but that is no reason to opt out by merely stipulating what is meant, quite arbitrarily, or to brush off any attempt at greater clarity or precision by dismissing it as possibly question-begging. True, a real definition has real ethical implications. For example, it might arguably tend to fit better with brain-oriented criteria for death than with purely cardio-respiratory traditional criteria, especially in cases where a ventilator is in use. But that may not be a good and sufficient reason for rejecting it out of hand as question-begging, even if one has a predisposition to favour the traditional criteria.

The definition as a target

The point is that there may be substantive moral and scientific arguments for adopting a definition. It need not be a purely stipulative move. A good definition is a target that indicates what it is that the criteria are supposed to determine. Insofar as the target is clearly articulated, it can have a legitimate function in shifting the burden of proof in moral

arguments, and should not always be lightly brushed aside.

The Clarkes give the following example of an ethical disagreement. Two persons might be agreed on the ethical principle: The physician has no moral obligation to revive the dead. Yet they might disagree on its application to a particular decision: one ought not to treat patient X. Perhaps we could resolve the disagreement by introducing a definition: A patient who no longer shows any signs of brain activity on an EEG is dead. No, according to the Clarkes, because the rejection of this merely stipulative definition is an immediate consequence of any rejection of the decision. The definition does not resolve the disagreement, it merely confuses the issue by drawing our attention away from substantive moral arguments for or against the decision to treat or not.

Begging the question?

The Clarkes' illustration is unfortunate because their example of a 'definition' is really a proposed empirical criterion, and a highly implausible one at that. The EEG used without clinical criteria or other supportive diagnostic procedures could surely not, just by itself, be defensible as a conclusive indicator that cerebral function will definitely never return. By contrast, the example of an ethical principle they cite is one that would be generally taken as strongly established, provided, and of course here's the rub, we know what is meant by the word 'dead' that occurs in it. Small wonder then that any reasonable person confronted with this particular example who rejects the decision will also reject the would-be 'definition'. In fact what is given is not a definition at all, but merely a single empirical criterion, and an unconvincingly arbitrary and inadequate one at that. Does this mean that every attempt at definition of terms in ethical disagreement is doomed to beg the question? Not at all. In fact there is nothing special about statements of definition that makes them particularly prone to logical fallacies that also affect other kinds of statements that occur in ethical disagreements.

Begging the question does often turn on principles or statements other than those that express a definition.[2] For example, consider the following dialogue.

White: Patient has symptom X of disease Y.
Black: Why do you say that? I don't see X.
White: Patient has every symptom of Y.

White's second move is a fallacious begging of the original question insofar it is an unfair attempt to avoid giving evidence that X is present by asking Black to accept a proposition that implies that the patient has X. It begs for the original proposition by asking Black to accept a proposition that simply includes it. The point is that where the fallacy of begging the question is concerned, definitions are not always the culprits. That is, other kinds of propositions, including empirical statements can be question-begging. It is not always definitions that are at fault.

If terms are left imprecise or undefined we may be confronted with the fallacy of equivocation. For example, if it is not clear precisely what counts as 'withdrawal of aggressive therapy', two consultants may think they agree on the right course to take, whereas in fact one might take that phrase to include therapies that the other would not include. They might seem to agree, but if the term 'aggressive therapy' has not been clearly defined, their apparent agreement may be quite sophistical and lead to mischief. In short, the fallacy of begging the question is not the only pitfall of moral reasoning. Trying to avoid begging the question by keeping away from definitions is a policy that sponsors equivocation.[3] Equivocation is a serious matter because it can lead to inconsistent moral practices.

Indeed, the very reason that definitions can play a legitimate role in affecting how we decide rationally to implement ethical principles is that definitions at the philosophical level can be tied conceptually to sets of empirical criteria that apply to particular cases. The relationship is not always a simple or trivial one, and may require substantive arguments for its reinforcement and justification.

The concept and criteria connection

For example, those who prefer brain-oriented criteria for the diagnosis of death[4] often deploy the philosophical conception of death as irreversible cessation of experience. But the step of arguing for the connection between concept and criteria is by no means trivial or stipulative. We must be satisfied that the set of criteria in question do indeed coincide beyond any reasonable doubt of positive error of diagnosis with the target concept 'irreversible cessation of experience'. If we are satisfied that a connection of this sort can be established then we can justify leaving a cadaver on a respirator and removing the kidneys for transplantation, even if such a treatment would be completely unjustified as applied to a living person. The definition cannot be merely stipulative or trivial. It must have real moral force and be clearly justified if it is to be implemented in decisions about individual cases.

The Clarkes think rightly that a little light-handed linguistic legislation will not alter the facts or principles of a case, and I agree. Conceptual analysis of ethically loaded terms cannot have significant moral implications if it remains merely at the level of arbitrary stipulations or reports of common usage. But that is not a good reason for avoiding definitions or treating them as inevitably trivial. In the end we are caught up in the web of language anyway, whether we like it or not. Rather,

we must seek out creative extensions and even corrections of common usage that are:

a) ethically justifiable to adopt,
b) arguably consistent with scientific developments, and
c) clear and logically consistent in themselves.

Otherwise ethical disagreements remain mere quarrels.

References

[1]Clarke, D D and D M (1977). Definitions and ethical decisions. *Journal of medical ethics*, **3**, 186–188.
[2]Woods, J and Walton, D (1975). Petitio principii. *Synthese*, **31**, 107–127.
[3]Woods, J and Walton D, (1979). Equivocation and practical logic. *Ratio*, **21**, 31–43.
[4]Walton, D (1978). *On defining death*. Montreal. McGill-Queen's University Press.