

What does “doing ethics” mean?

By Margaret A. Somerville

“Applied ethics”...

The rapid development of the field of applied ethics is often referred to as the “ethics explosion”. In 1970, in the entire world, only seven articles were published in English in the area that we would now call applied ethics. In 1980, there were approximately fourteen speciality journals in the same area. And by 1990, there were over 200 centres engaged in teaching, research or practice in applied ethics in North America alone. That number has continued to increase with ethics centres being set up in countries around the globe, most notably in Asia and countries such as Iran. One has only to pick up the daily newspapers to note the perceived relevance of “*ethics talk*” to much of what goes on in our communities, whether in scientific research, academia, business, industry, government, health care, the media, or, prominently in light of the upcoming Winter Olympics in Turin, Italy, sport.

Societal paradigm and “ethics talk”...

We form society through evolving and buying into a “shared story” – the collection of principles, values, attitudes, beliefs, myths, and commitments that form the societal paradigm on which the society is based. This story has always included a focus on the major life events of birth and death. In short, we search for meaning in life, for a worldview, and to structure both our rational and non-rational knowing in a coherent framework, through focusing on human beginnings and endings. Indeed, much ritual, celebration and mourning, and the sense of community that we use these to create, has human beginnings and endings as a pivotal motif.

In the past, we wove the metaphysical tissue with which we surrounded the events of birth and death, and incorporated this into our shared story, mainly through religion. In contemporary, secular, pluralist societies, such as Canada, as is clear from the definitional description of these societies, religion can no longer be used in this way, at least not as a sole mechanism. It merits keeping in mind, however, that for many people religion remains a very important lens on life and the values and meaning that we attribute to and find in it. In some respects, “ethics talk” has replaced this function of institutionalised religion and become a foundational discussion through which we are evolving the “shared story” we need to form community and society.

Contemporary “ethics talk” often focuses on the possibilities that extraordinary scientific developments have opened up in relation to birth and death – *in vitro* fertilisation and other new reproductive technologies, human cloning, genetic manipulation, for example, to create disease-proofed children, the allocation of very expensive life prolonging treatments, terminally ill peoples’ access to research treatments, xenotransplantation (the transplantation of animal organs to humans) or euthanasia.

“Other ways of knowing”...

Probably because, in Western democracies, much of the societal level “ethics talk” centres around scientific developments, including those that relate to birth and death, it often purports to be based only on reason. In reality, however, other human ways of knowing are at least as important to this talk and their use cannot be excluded. A major challenge in doing ethics is to accommodate these other ways of knowing in a structure that fully integrates both them and reason. Other ways of knowing include “*examined emotions*”; *intuition* – especially moral intuition; *human memory* (to use John Ralston Saul's term for history); and *imagination and creativity*.

Both as individuals and as a society, we presently have an extreme need for a sense of control. I cannot speculate, here, on the myriad forces and trends that have resulted in this. Somewhat paradoxically, they range from globalisation to the emergence of intense individualism – a focus on individual rights to the exclusion or the loss of any sense of the common good and of the need to maintain and protect the latter. This need for control does, however, have important impact on the nature and content of our “ethics talk”. It means, for instance, that there can be strong opposition to incorporating into this, at least overtly, input from other ways of knowing. One reason is that these other ways are much less hard-edged than reason and, by comparison, can seem difficult to verify, classify, and quantify. As a result, they do not give one a sense that one fully understands a situation perceived through the lens of these other ways of knowing. Indeed, they are likely to do the opposite. Therefore, they can intensify the feeling that one is not in control of the situation.

The “do something” syndrome – when something seems to be or is wrong or threatens us, we can feel better if we act to do something (to feel we are taking control) than if we do nothing – is much more difficult to implement in response to what we learn through these other ways of knowing, than as a response to hard data. This is particularly relevant to politicians, whose electorates often call on them to “do something” in response to threats to their safety, well-being or way of life, that they feel powerless to control. Consequently, it is not surprising that politicians rely largely on statistical, apparently hard-edged data that they hope are correct and not open to challenge. Although the data may not be correct and a response based only on (even correct) statistics may not be ethical, this is safer politically than relying on claims that are not “evidence based” – as can be true of responses founded on other ways of knowing – or, simply admitting to uncertainty – which seems to be a political “mortal sin”. Some very interesting research carried out in British Columbia by Dr. Rosemary Ommer of Memorial University, Newfoundland, and her colleagues, is a good example of the need to heed knowledge, the source of which is beyond statistics. They found that the traditional knowledge of fishermen is more accurate as a basis for assessing what is happening to fish stocks and, therefore, saving these from possible extinction, than are some elaborate statistical studies carried out by scientists.

In short, relying solely on reason to the exclusion of other ways of knowing, is not just of concern at the theoretical level, it can result in harmful outcomes in practice. For example, such an approach can mean that we focus on quantitative (measurable) features of a situation and ignore qualitative ones. The latter can be crucial in an adequate assessment, for instance, of health care and decision-making about this. We can measure the efficiency

of health care professionals, but we cannot measure their sense of caring in any quantitative way. Caring is a qualitative feature and, if it can be adequately assessed at all, it can only be assessed as such. Caring is at least as important to most patients – and indeed to the health care system as a whole, especially its “ethical tone” – as efficiency. We are currently in danger of making decisions that will damage or eliminate features such as caring, if, as seems to be happening, a purely quantitative approach is taken in assessing health care. I should be clear here: quantitative assessment of quantifiable elements of a system is necessary. But it is not a sufficient basis on which to make sound ethical decisions concerning a health care system.

The most frightening example of efficiency taking priority over caring and other fundamental values would be if we decided to legislate a ***right to die*** – which, in effect, is what people who support legalizing physician-assisted suicide and euthanasia are advocating – and that became a ***duty to die*** in order to save health care resources. The latter could take two forms: The less extreme version is that all health care resources, except those needed to treat pain and suffering, would be withheld from people who had a duty to die, those who have had, as some describe it, a “fair innings”. Although this idea might be surprising to some people, some Canadian physicians believe that they are justified in withdrawing life support treatment from certain patients, because the person's quality of life does not merit continuing this. In some cases, although usually *sub rosa*, these physicians will admit that they are saving these resources for other patients with a “better prognosis”. The more extreme version of this approach is that these people should be offered euthanasia.

Levels of ethical decision-making...

We sometimes distinguish different levels of decision-making: *micro* or individual (e.g. a physician and patient); *meso* or institutional (e.g. a hospital administration or board); *macro* or societal or governmental (e.g. ministries of health); and *mega* or global. The ethics governing a particular decision can differ at different levels. For instance, it would be unethical for an individual physician faced with an individual patient to give priority to the efficient use of health care resources, at the patient's expense. In contrast, it could be unethical for a ministry of health not to give priority to efficiency in order to save health care resources.

Elements of a health care system, such as caring, may not be seen as relevant above the micro or individual level – although this view is often in error – and, therefore, the necessity to protect and promote these is not taken into account at those other levels of decision-making in the health care system. This can be unethical.

Involving the public...

One of the basic principles of applied ethics is that “doing ethics” requires shared decision-making among all the people who ought to be involved. On many occasions, the public must be one of the participants in the decision-making. It is difficult, however, to define what constitutes sufficient public involvement from an ethical perspective, and how this can be achieved.

One experiment tried in Alberta and Sydney, Australia, was to set up a citizens' forum, the members of which were randomly chosen from the general population employing the same approach as that taken to calling up a jury for a trial. Expert witnesses were called to give evidence before these forums, which were both on the controversial topic of the labelling that should be required on food that has been subject to genetic alteration. The citizens' forums in both countries reached a consensus conclusion that genetically altered foods must be clearly labelled as such.

But what if such a consensus could not be reached, what decision should be taken regarding the labelling of such foods? What if a majority decides that labelling is not needed, how should we handle the reality that one cannot "do ethics" simply by majority vote? Who should have the burden of proof of the reasonable safety or ethical acceptability of marketing genetically altered foods? What role should scientists play in this whole decision-making process? How does the public (whom scientists often regard as the "great uneducated") assess the reliability of their different claims about the safety of various products like genetically altered foods? How can we communicate to scientists that a moral intuition on the part of the public that certain science raises profound ethical difficulties – an intuition that is often expressed as intense anxiety – needs to be heeded and addressed, not cavalierly dismissed as ill-informed? If scientists give their unanimous backing to a technology but the public has misgivings, how should these claims be assessed? And what about cases where there is public support, but scientific anxiety about the possible risks of a technology? While good science is essential to good ethics, not all good science – in the narrow scientific sense of this term – is good ethics. We need to identify where ethical issues and scientific issues converge or diverge.

Basic presumptions...

This is to raise the issue of the choice of a basic presumption on which to base the ethical analysis of a given situation. Many people do not recognise the major impact that this choice can have on a decision. For instance, we can compare a basic presumption that genetically altered food may be marketed until there is evidence that it is unsafe (this is a *yes...but* presumption – yes, it can be marketed, but not if it is shown to be unsafe), with a *no...unless* presumption (genetically altered food may not be marketed, unless it is shown to be reasonably safe). People wanting to market such food are favoured by the former presumption, those opposing it by the latter one.

This is the case because in situations of equal doubt as to safety, the stance of the person whom the basic presumption favours will prevail. The person relying on an exception must prove that, in all the circumstances, the exception should apply. This may not be easy to do, especially in relation to the rapidly evolving, unprecedented breakthroughs we are seeing in science, especially in the area of molecular biology and genetics.

Ethical progress...

We often, lately, hear calls for a return to "old" moral values or statements that previous generations were more ethical than the present one, and that we should emulate them. This is to see change in ethics as a pendulum, moving towards new approaches with

which we come, in time, to recognise difficulties, and then reversing back to re-adopt old values. This, it is proposed, is not a correct image and could lead us into error – or at least a loss of opportunities for the development of ethics. A preferable image is that of a helix – like the DNA double helix. We move from “old ethics” to new insights and possibly, with this, abandonment of the old views. But then we need to move on back over the old views taking these new insights with us. Our task, then, is to accommodate the old with the new, which gives rise to a very different reality than would a simple return to the old. This can be imagined as engaging in a three-dimensional approach to ethics, whereas the pendulum model is a two dimensional one. The former is likely to be productive of much wider and nuanced ethical insight than the latter.

Stages of “doing ethics” ...

We can also imagine our search for ethics, for instance, in relation to a new scientific development as going through three stages: true simplicity, chaos and apparent simplicity. In the true simplicity phase, we often do not know enough to be confused about what is ethically right and ethically wrong. When we know more we enter the chaos phase. Structuring this chaos usually results in our being able to identify clear ethical approaches which can, often, be very similar to those we adopted at the true simplicity phase. The difference is, however, that the apparent simplicity phase, unlike the true simplicity one, is based on a deep understanding of the ethical issues involved.

The need for integration in “doing ethics” ...

One way to envision what is involved in “doing ethics” is to imagine the situation which raises the ethical issues as being placed in the centre of a circle and the people who must deal with this situation forming a ring around the circumference. Each person has a lens or a light that makes visible the perspective of that person’s discipline or school of ethics or some other perspective on the situation. Each of these lenses or lights shows up different features or “truths” about the situation, some of which can only be seen with a particular lens or light. When we are fortunate, the combination of these different coloured lights gives rise to a white light of ethical insight with respect to the situation.

We also need to use integrative language in “doing ethics”, for instance, metaphor, narrative or, even, poetry (in the broad sense of this term). These can help us to identify ethically important emotions and intuitions, to integrate what we know with what we feel, and then to critically examine, from the perspective of ethics, the knowledge that results. This may seem a very loose and uncertain approach and it can be difficult for some people to accept that they cannot be in direct control of “doing ethics”, but must simply enter the process with honesty, integrity and “good faith” and see what results. To do this requires that we learn to live more comfortably with necessary and justified uncertainty.

“Doing ethics” in practice...

There are two stages at which people without training in ethics, who are involved in “doing ethics”, can need assistance.

First, they can need assistance to recognise that an ethical issue is present. Sometimes, people simply fail to realise that a situation raises ethical difficulties, or, other times, by mistake, they identify the ethical issues that are present as public relations or communication problems.

Second, when people do recognise that they are facing an ethical issue, they need to know enough about ethics to be able to determine whether or not they have the necessary competence to handle the issue, or need assistance in doing this. This, of course, raises the question of where they can find such assistance. One possibility is to consult an ethicist, another is to consult an ethics text.

Professional ethicists...

Who is an ethicist and how an ethicist should function are still topics of serious debate more than twenty years after the emergence of a group of professionals referred to collectively as ethicists. These debates are not academic, but have major impact in practice. One school of thought is that a variety of professionals – physicians, lawyers, philosophers, psychiatrists, certain social scientists, and people with training in religious studies or theology – can, with appropriate training and experience, become ethicists. The other view is that this should be the domain of philosophers – who, some rudely point out, have at last found something useful to do, professionally.

The former school of thought is often more open to a transdisciplinary approach to doing ethics than the latter. It recognises that transdisciplinarity does not just occur automatically by mixing together people from different disciplines, and that the knowledge base that needs to be used in addressing ethical issues is presently divided on disciplinary lines. Consequently, efforts are underway to develop integrative methodologies that can be used to create the required knowledge base. It is hoped that these methodologies will allow people with different disciplinary training and expertise to structure the tension between them (often, tellingly, referred to as “turf wars”) in such a way that new insights, which would otherwise be unavailable, will emerge. (This topic is explored in M. A. Somerville and D. J. Rapport (eds.), *Transdisciplinarity: Re-Creating Integrated Knowledge*, McGill-Queen’s University Press; Montreal, 2003).

Schools of ethics...

As well as disagreement on who should do ethics professionally, and the methodologies that should be used, there is also disagreement on the basis on which this should be done. The intellectual approaches used by different ethicists are sometimes roughly divided into different “schools of ethics”. These include:

- *Deontological* ethics, that is, obligations-based or principle-based ethics. The Ten Commandments is the best-known example of this school.
- In schools based on *utilitarian ethics* there are no absolute rules, rather what is ethical must be determined by balancing the claims, rights, and responsibilities of all persons involved in the situation, hence the term *situational ethics* – that is, what is ethical in a given situation is always *relative*. *Utilitarian* ethics focuses on seeking the greatest good for the greatest number of persons. *Consequentialist* ethics, another variation of

utilitarian ethics, gives priority to attaining certain other consequences that are selected on the basis that they are ethically preferable outcomes and, in being such, justify the harms that realising them involves.

- *Casulist* ethics functions on the basis that ethics can only be approached on a case-by-case basis, although prior cases can guide us as to what we should do in a present case – this is an approach similar to the legal doctrine of precedent.
- In *narrative* ethics, we seek to find the relevant ethical response in telling “the story” that raises the ethical dilemma and analysing the roles and relationships of all the participants in it.
- In *hermeneutical* ethics, we search for the ethics – the deep meaning – in textual or quasi-textual analysis, including through deconstructionism.
- *Feminist* ethics focuses on the preservation of individuals’ relationships, rather than on the individuals as such – this school places heavy emphasis on an *ethic of care*, which can translate into a greater emphasis on responsibilities than on rights.
- And in *virtues* ethics or *character* ethics, we find an ethical response by allowing persons of virtue to make the decisions that must be made – we rely on right-thinking, right-feeling, morally sensitive decision makers.

If everyone agrees on what is ethically required in a given situation, there are no ethical conflicts. Such agreement occurs much more frequently than one might expect, given the diversity of the schools of ethics and of the belief systems and methodologies of their adherents. When there is *ethical conflict*, this must be resolved or a compromise reached (care needs to be taken that a compromise does not end up being unethical by the standards of everyone involved), or values must be prioritised, in which case those lower on the list will not be respected. This can give rise to a situation that Professor Nuala Kenny calls *ethical distress*: a person involved in a situation firmly believes that there is a breach of ethics occurring, but does not have the authority to stop this. For instance, a junior nurse observes certain conduct towards a patient in a hospital, that she regards as unethical, but she has no power to intervene.

“Doing ethics” can often involve disagreement and sometimes, but not always, few have a choice as to how we handle this. The aim always is to reduce ethically destructive conflict and promote ethically creative tension, all the while being very aware of the need to avoid adopting unethical compromises.

The role of ethicists...

No matter which school of ethics one follows, most people agree that ethicists must be able to identify the ethical issues that are raised by any given situation, and structure and articulate the alternative analyses that could be applied. Sometimes, when asked and with great care, they may give their own personal value judgement as to which course of action is preferable in any given set of circumstances. In short, the fundamental role of ethicists is to help others to make ethical decisions, not to make those decisions themselves.

Some people confuse acting in good conscience with “doing ethics”. While personal good conscience is necessary for acting ethically, it is not sufficient. There is also confusion of so-called “codes of ethics” which are really codes of professional etiquette – for instance, between physicians or between lawyers – or which define unprofessional conduct, with codes of ethics properly so-called. Just because certain conduct does not breach professional norms, does not necessarily mean that it is ethical. Examples of this can be seen in the context of industrial action, such as strikes, taken by health care professionals. It may not be unprofessional conduct for physicians to go on strike (although it can be), but it may be unethical to do so, at least in certain circumstances. For instance, for obstetricians to strike, regardless of whether women needing specialist obstetrical services on an emergency basis would have access to these services, would be unethical.

“Doing ethics”, especially by an ethicist, requires one to undertake an informed structured analysis that will assist in the identification and prioritisation of the full range of values relevant to, or affected by, the various decision options that are open in any given situation. It is inevitable that one’s own values come into play, but they should be identified as such and the other people involved advised of this. I sometimes imagine that “doing ethics” can be compared with opening a beautiful, intricately painted fan. The struts are the different schools of ethics, or the fundamental bases of the alternative analyses that could be used. The fabric that joins the struts may display one or several scenes. When we all agree on the outcome, although we do so for different reasons, we are choosing a different location in the one scene. When we disagree on the outcome, we are identifying several scenes and arguing that one scene is fundamental and should take priority in setting the overall tone or interpretation of the painting that the artist has portrayed on the fan, and that the other scenes must be interpreted in light of this.

Conclusion

We all need to learn how to do ethics, even if we do not always succeed in doing this. “Doing ethics” is not a simple task; it is a process, not an event; and, in many ways, no matter in which capacity or context we do ethics, it is a life-long learning experience. The most important requirement, however, is that we all engage in that process, that is, we all participate in “ethics talk”.

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