On the Philosophical Foundations of Medical Ethics: Aristotle, Kant, JS Mill and Rawls

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Abstract

This article aims to trace back some of the theoretical foundations of medical ethics that stem from the philosophies of Aristotle, Immanuel Kant, John Stuart Mill and John Rawls. The four philosophers had in mind rational and autonomous human beings who are able to decide their destiny, who pave for themselves the path for their own happiness. It is argued that their philosophies have influenced the field of medical ethics as they crafted some very important principles of the field. I discuss the concept of autonomy according to Kant and JS Mill, Kant's concepts of dignity, benevolence and beneficence, Mill's Harm Principle (nonmaleficence), the concept of justice according to Aristotle, Mill and Rawls, and Aristotle's concept of responsibility.

Key words: Aristotle, Immanuel Kant, John Stuart Mill, autonomy, beneficence, benevolence, dignity, justice, nonmaleficence, responsibility, John Rawls

Introduction

What are the philosophical foundations of medical ethics? The term *ethics* is derived from Greek. ἦθος: Noun meaning 'character' or 'disposition'. It is used in Aristotle to denote those aspects of one's character that, through appropriate moral training, develop into virtues. ἦθος is related to the adjective ἠθικός denoting someone or something that relates to disposition, e.g., a philosophical study on character.[1]

Ethics is concerned with what is good for individuals and society. It involves developing, systematizing, defending, and recommending concepts of right and wrong behaviour.

The Hippocratic Oath (*c.* 400 BC) incorporates the obligations of nonmaleficence and beneficence: “I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous”.[[2]] The Hippocratic Oath is often quoted in medical ethics textbooks and the obligations of nonmaleficence and beneficence are constitutive elements of this field.[[3]-[4]]

Thomas Percival introduced the term “medical ethics” in 1803.[[5]] Percival wrote mainly about decorum but also examined the conduct of physicians in society.[[6]] In 1847, the American Medical Association adopted its first code of ethics, largely based on Percival’s work.[[7]] Western medical ethics as a field of studies emerged and began to crystallise as part of the revival of applied ethics during the second half of the 20th Century.[[8]] This period of time witnessed scientific discoveries and technological innovations, on the one hand, and growing patients’ objections to medical paternalism, on the other. These developments brought about the need to rethink and rephrase medical obligations and patients’ rights. Ancient, liberal, and socialist philosophies were the main engines for crafting the new field.

In *Utilitarianism*, Mill argued that it is “the business of ethics to tell us what are our duties, or by what test we may know them”.[[9]] Philosophical underpinnings are designed to administer unequal power relations between patients and physicians. Patients lack knowledge, experience and expertise. Furthermore, their ailment put them in a vulnerable condition. They voluntarily trust their fate in the hands of physicians who have significant power over the patients. Medical ethics aims to protect

the best interests of patients and those of the medical profession, equipping both with conceptual tools to assess the relationships and help in preventing potential abuse of power.

This article aims to trace back some of the theoretical foundations of medical ethics that stem from the philosophies of four great thinkers whose ideas have contributed greatly to the liberal Western social and political culture: Aristotle (384-322 BC), Immanuel Kant (1724–1804), John Stuart Mill (1806-1873) and John Rawls (1921-2002). I am fully aware that other philosophers have made important contributions to medical ethics and that Aristotle, Kant, Mill and Rawls had made further contributions to the field beyond those discussed *infra*. Due to its limited scope, this essay cannot possibly include all contributions. It is aimed to show how Aristotle, Kant, Mill and Rawls helped in the shaping of this new and developing field of medical ethics. The four philosophers had in mind rational and autonomous human beings who are able to decide their destiny, and who pave for themselves the path for their own happiness. I discuss the concept of autonomy according to Kant and JS Mill, Kant's concepts of dignity, benevolence and beneficence, Mill's Harm Principle (Nonmaleficence), the concept of justice according to Aristotle, Mill and Rawls, and Aristotle's concept of responsibility.

Autonomy

Western medical ethics has been influenced by liberal philosophy that promotes self-determination People have the right to control what happens to their bodies. The central idea of autonomy is self-rule, or self-direction. Accordingly, the liberal view is that individuals should be left to govern their business without being overwhelmingly subject to external forces. We are said to be free when we are able to form judgment, to decide

between alternatives, and to act in accordance with the action-commitments implied by our beliefs.[10-11-12] Thus autonomy means that informed, competent adults can refuse or accept treatments, drugs, and surgeries according to their wishes. Medical ethics defends the patients' interests, the physician's conscience and the rights of research subjects and participants.[13]

Kantian ethics is based upon reflexive self-consciousness. The notion of obligation instructs us how to behave. Kantian ethics is very relevant to medical professionals because according to Kant an action has moral worth only if it is performed from a sense of duty. Duty rather than purpose is the fundamental concept of ethics. Duty to protect and promote the patients' best interests should guide medical professionals. Duty is the practical unconditional necessity of action and, therefore, it holds for all rational beings. Thus it can be a law for all human wills. The moment one sets up a Categorical Imperative for oneself, "Always act according to that maxim whose universality as a law you can at the same time will"[14] that gives us the formula for an absolutely good will and submits to it. One is then governed by reason. When reason becomes the master of one's desires, one is capable of imposing certain limitations on oneself. Duty commands us to accept moral codes because they are just, regardless of the other's attitude toward them. Kantian moral activity springs from a sense of duty to do good.[15-16]

Immanuel Kant argued that if we think of ourselves as free, we transport ourselves into the intelligible world as members of it and know the autonomy of the will together with its consequence, morality.[17] The concept of autonomy is inseparably connected with the idea of freedom, and with the former there is inseparably bound the universal principle of morality. Kant believed that morality is the ground of all actions of rational beings, "just as natural law is the ground of all appearances".[18]

The ability to be motivated by reason alone is called by Kant the autonomy of the will, to be contrasted with the "heteronomy" of the action whose will is subject to external causes. An autonomous agent is someone who is able to overcome the promptings of all heteronomous counsels, such as those of self-interest, emotion and desire, should they be in conflict with reason. An autonomous physician should not prioritise selfish interests, the employer’s interests, interests of a pharmaceutical company or any other agency over and beyond the patient’s interests. Only an autonomous professional perceives genuine ends of action (as opposed to mere objects of desire), and only such a being deserves our esteem, as the embodiment of rational choice. The autonomy of the will, Kant argues, "is the sole principle of all moral laws, and of all duties which conform to them; on the other hand, heteronomy of the will not only cannot be the basis of any obligation, but is, on the contrary, opposed to the principle thereof, and to the morality of will."[19-20-21]

Autonomy is an essential principle also in JS Mill’s utilitarian philosophy. Human nature, according to Mill's simile, is not a machine to be built after a model, "but a tree which requires to grow and develop itself on all sides, according to the tendency of the inward forces which make it a living thing".[22] Only a person whose desires and impulses are her own is said to have a character: "[O]ne whose desires and impulses are not his own, has no character, no more than a steam-engine has a character".[23] Nobleness of character is the individual's paramount end, simply because the existence of this ideal, or of near approach to it, would go further than all things towards making human life happy, both in the comparatively humble sense of pleasure and freedom from pain, and in the higher meaning of rendering life which human beings with highly developed faculties can care to have.

Emphasis is laid on the possibility of altering one's character, of cultivating and improving it, with the result of a more developed personality. This is of great relevance and importance for medical ethics, when persons become patients and have to face life-altering conditions. Mill believes that it is false to deny this possibility by postulating unfounded deterministic assertions regarding human nature. Character can be likened to a map, composed of various influences, some of them external and therefore alterable. We can influence our characters, as indeed others have influenced them in the past. Mill wrote: "If they could place us under the influence of certain circumstances, we in like manner can place ourselves under the influence of other circumstances. We are exactly as capable of making our own character, if we will, as others are of making it for us".[24] Mill's motto is that circumstances change people, and people change circumstances; every change bears a cumulative effect on the successive situation. Self-development, the progress of the individual goes hand in hand with the progress of society.

From Mill's discussion of the unsafe bridge we can infer that Mill thought people have the right to determine their destiny even if the decision carries heavy consequences, e.g. suicide. Mill explained that if a public officer or any other person saw an individual wishing to cross an unsafe bridge, and there were no time to warn him of the danger, they might seize the person and turn him back.[25] This is because we can normally assume that people do not wish to fall into the river and therefore that the individual in question was unaware of the danger in crossing the said bridge. However, Mill maintained, when there is no such certainty, "no one but the person himself can judge of the sufficiency of the motive which may prompt him to incur the risk".[26] In this case, the individual should only be warned of the danger, but not forcibly prevented from exposing himself to it. People are autonomous to promote their interests in different ways. They are free to lead their lives as they will, as long as they

do not harm others, and they are free to end their lives at will. This is the essence of self-rule. Mill qualified his statements by saying that under discussion autonomous and free agents, not a child, or "delirious, or in some state pf excitement or absorption incompatible with the full use of the reflecting faculty".[27-28] Medical ethics largely accepts this view, speaking of autonomous patients as adult, competent patients. In most parts of the Western world, the assumption is that children and incompetent patients deserve special and separate consideration.[29]

Kant: Dignity

The term 'dignity' is derived from the Latin noun *dignitas*, which means: (a) worthiness, merit; (b) greatness, authority; and (c) value, excellence. The noun is cognate with the adjective *dignus* (worthy), from the Sanskrit root *dic* and the Greek root *deik*, which have the sense of 'bringing to light,' 'showing,' or 'pointing out'.[30] According to Immanuel Kant, it is only through morality that a rational being can be a law-giving member in the realm of ends, and it is only through morality that a rational being can be an end in herself. Kant distinguishes between relative value and intrinsic value, explaining that people have intrinsic value, i.e. dignity. Kant saw a direct link between autonomy and dignity. He thought that autonomy is the basis for the dignity of human nature and of every rational nature. Kant explained that in the realm of ends everything has either a price or a dignity.[31] If something has a price then it can be replaced by something else as its equivalent. On the other hand, if something is above all price "and therefore admits of no equivalent", then it has a dignity. Human beings are ends in themselves and therefore they do not have mere relative worth. They do not have a price. They have intrinsic worth, i.e., dignity.[32-33]

People should be respected qua being persons and should never be exploited. Human beings are *objects of respect*. They are not subjective ends "whose existence as a result of our action has a worth for us, but are objective ends, i.e., beings whose existence in itself is an end".[[34]] Such an end, reiterated Kant "is one for which no other end can be substituted".[[35]] Kant maintained that without them, nothing of absolute worth could be found.

In this context, Stephen Darwall distinguishes between *recognition respect* and *appraisal respect*, explaining that the former includes the respect we must show to people qua people, just out of recognition of their status as people, while the latter is the respect we show to people in virtue of their character or achievements.[[36]] Kant had in mind *recognition respect.*

In the field of medical ethics, the idea is that we should help patients preserve their dignity, their self-worth. With the help of medical professionals, patients should be able to control their destiny, maintain their autonomy, not being humiliated, and perceive themselves with honour. The concept of dignity refers to a worth or value that flows from an inner source. In this context we may distinguish between *dignity as recognition* and *dignity as liability*.

Dignity as recognition is about us recognizing the inner spark of the soul that we all possess, the inherent quality of the person. It is not given from the outside but rather is intrinsic to the bearer of dignity. A football ticket has a certain value but it does not have dignity. The value is placed upon the ticket by the football club and/or association in light of the importance of the game and the sport priorities of the fans. Persons, on the other hand, possess dignity as an inner source of worth. It is impossible to put a price tag on humans because this would denigrate them into mere objects. Kant unequivocally instructed: "Man and, in general, every rational being

exists as an end in himself and not merely as a means to be arbitrarily used by this or that will".[37] In all their actions, humans must always be regarded as an end.

Inherent dignity should be recognised by oneself and also by others, including medical professionals. If this were not the case, people would simply be the bearers of instrumental value like all other objects in the world. Instead, human beings are set apart and treated in special ways. Human beings are precious; their lives are appreciated and should be protected.

Dignity as liability requires that we all respect persons *qua* persons. People deserve to be accorded a certain treatment from birth. We are endowed with dignity and have the right to be treated with dignity. While people cannot expect genuine *concern* from fellow humans, we can expect *respect* from others. Good doctoring includes respect for patients and some degree of concern for patients' welfare as well as for the patients' loved ones.[38] More specifically and with reference to the role of physicians, preserving dignity means helping patients to feel valuable. The preservation of patient's dignity involves, *inter alia*, listening to concerns and complaints, helping patients cure their diseases, or at least assisting them in controlling pain, responding to their distress and anxieties, making an effort to relieve them, demonstrating sensitivity to the physical indignities that occur in severe illnesses, making the patients sense that they are human beings and not infants, case studies, or worse, bodies that occupy beds and consume resources. Maintaining the patients' dignity requires physicians as well as the patients' loved ones to help the patients retain at least some of their self-respect. The aim is to secure dignified living in severe health conditions.

JS Mill: Nonmaleficence

Primum non nocere: “Above all do no harm” is the bedrock of medical ethics, *sine qua non* that guides the work of all healthcare providers. In every situation, healthcare providers should avoid causing harm to their patients.[39-40] Granted that some treatments may cause some harm thus the requirement is that the treatment should not be disproportionate to the benefits of treatment.

Do No Harm is a basic principle in liberal political philosophy. JS Mill instructed that acts of whatever kind, which without justifiable cause do harm to others, may be, "and in the more important cases absolutely require to be", controlled by the "unfavourable sentiments, and, when needful, by the active interference of mankind".[41] Each person should receive her proper share, that is, that part which concerns herself: Mill wrote: "[T]o individuality should belong the part of life in which it is chiefly the individual that is interested; to society, the part which chiefly interests society",[42] for "liberty consists in doing what one desires".[43]

In the field of medicine, Mill supported the taking of precautions; for instance, that of labelling drugs with some words expressive of their dangers in order to avoid harm to others. Interference, then, is justified if the conduct to be deterred is harmful to others, or, to put it differently, if the end is self-protection.[44] Mill uses the terms 'harmful', 'hurtful', 'injure', and ‘cause evil' interchangeably: "... the conduct... must be calculated to produce evil to someone else"; "[I]f any one does an act hurtful to others..."; and "so long as what we do does not harm them".[45-46] Thus, in other-regarding cases, when the doer's conduct inflicts harm upon others, interference in her liberty is vindicated when:

1. the conduct violates distinct and assignable obligation/s to another person. Mill clarifies that a conduct can be seen to violate such an obligation when

a. the degree of harmfulness is weighty enough to outweigh the loss of freedom incurred as a result of the interference, and

b. the damage is definite.

The relationships between physician and patient are not equal. The physician has the authority and the position to decide the fate of the patient. Physicians are expected to exercise their power judicially and carefully. We know that power can be used and abused. While most physicians will use the power granted to them sensibly, some might either lack the necessary discretion or would not always act with utmost caution.

Examples of nonmaleficence include: do not cause pain or suffering, do not kill, and do not cause offence.[47] Those who support euthanasia and physician-assisted suicide take issue with "do not kill", arguing that when competent patients wish to die, their request should be seriously considered and possibly granted provided that certain criteria are satisfied.[48-49]

Kant: Benevolence, Compassion and Beneficence

Kant elucidated that morality and humanity have dignity while benevolence has intrinsic worth.[50] We should help those in need. Benevolence refers to the character trait or virtue of being disposed to act for the benefit of others. Principle of beneficence refers to a statement of moral obligation to act for the benefit of others.[51-52-53] According to Kant, beneficence from duty is "practical love".[54] It resides in the will, in principles of action and it should be "commanded". The ethics of care emphasises not only conduct, what physicians and nurses do but also how they perform those actions, which motives and feelings underlie them, and whether the actions promote or thwart positive relationships.[55] Beneficence is the duty to improve the conditions of others.

It connotes acts of kindness, charity, mercy and friendship. Healthcare providers should take into account the benefits and risks of their decisions. They should act in a way that benefits the patient. They must strive to improve their patient's health, to do the most good for the patient in every situation. Beneficence requires that physicians exhaust all treatment options which do not impose disproportionate burden and which have not been refused by the patient. Indeed, the principles of respect for autonomy and beneficence, and the virtues of care and compassion offer solid reasons for good doctoring.

Aristotle, JS Mill and John Rawls: Justice

The idea of justice is used in the context of law and social order, and of morality. Justice may be regarded, on the one hand, as a concept concerned with the order of society as a whole, and on the other hand, as an expression of the rights of individuals in contrast to the claims of general social order.[56] Justice is both extolled as a virtue of individuals, rulers and citizens, and promoted as a social value, as a reasonably achievable characteristic of the good society.[57]

The moral literature regards the just man as one who is fair and honest. Justice has served as an inclusive name for some forms of spiritual elevation and many would argue that the science of morality has no other tendency but to teach what the things that an individual is right to do are, and what things she rightly must refrain from doing are. Others maintained that our wisdom must teach us to distinguish between right and wrong which contain concepts of 'good' and 'bad'.[58]

In Greek philosophy, the idea of justice almost always had reference to social order or, by a natural transference of ideas, to cosmic order. Aristotle viewed justice as a virtue that belongs to the polis. Justice is the determination of that is just in ordering

political association. In *Politics*, Aristotle (350 B.C.E) wrote: “justice is the bond of men in states, for the administration of justice, which is the determination of what is just, is the principle of order in political society”.[[59]] He held that the good in the sphere of politics is justice, and justice consists in what tends to promote the common interest. In Aristotelian philosophy the term "just" has two meanings: conduct in accordance with the law, and equality or "fair mean”. In *Nicomachean Ethics,* Aristotle explains that the apparent equation of justice with lawfulness aims at showing that justice is equivalent with “complete virtue in relation to another”.[[60]] This is called the 'general sense of justice': being just means acting in accordance with all virtues, that is, also acting with temperance, not committing adultery, or acting courageously. Justice in the second sense is 'special justice' and is equated with distributive justice, that is, being fair in the distribution of goods (or evils, e.g., punishment). Aristotle thus uses justice to denote fairness in distribution (special justice) or complete virtue. The just is the lawful and the fair. In medical ethics, we find many debates regarding justice in the second Aristotelian sense: the concept of justice is central to any discussion concerning allocation of resources, the proportionate ratio of commensurable goods.

John Stuart Mill explained that in most languages, the etymology of the word which corresponds to just points distinctly to the ordinances of law.[[61]] “*Justum* is a form of *jussum*, that which has been ordered”. Mill maintained that the just must have an existence in nature as something absolute, generally distinct from every variety of the expedient.[[62]] Justice is a name for certain classes of moral rules, which concern the essentials of human well-being.[[63]] Justice consists in respecting other individuals' moral rights. Mill explained that the idea of justice supposes two things: “a rule of conduct, and the sentiment which sanctions the rule. The first must be supposed common to all mankind, and intended for their good. The other (the sentiment) is a

desire that punishment may be suffered by those who infringe the rule".[64] The sentiment of justice appears to be the animal desire to repel or retaliate damage to oneself or to those with whom one sympathises, widened so as to include all persons.

In 1971, John Rawls published *A Theory of Justice*, arguably the single most influential book in political philosophy of the past century.[65] The book has become a classic. Rawls continued to develop his theory of justice as fairness in *Political Liberalism*,[66] *The Law of Peoples*,[67] and *Justice as Fairness*.[68] Today, certainly in the Western world but also in other parts of the world, it is difficult to speak about justice without relating to Rawls' philosophy.

Rawls asserts that justice is the first virtue of social institutions, as truth is of systems of thought.[69] He envisages a four stage unfolding of just institutions. The first stage is the original position, in which his two principles of justice are chosen behind a veil of ignorance to ensure that no one is advantaged or disadvantaged in the choice of principles by the outcome of natural chance or the contingency of social circumstances.[70] These principles are discussed below.

The second stage is a constitutional convention in which the veil of ignorance is partly lifted, so that people can know what societies they belong to; but, nevertheless, they are still unaware which people they are. At this second stage they choose a constitution, which includes the two principles of justice already chosen. The constitution will provide some form of majority rule, since it must secure equal liberties of voting, and equal opportunities for running for governmental posts.[71]

The third stage is that of legislation, at which the legislators are still ignorant of their personal circumstances. To be just, the laws must comply only with the two

principles of justice and the constitution. The fourth and last stage relates to the application of laws by judges, and then the veil of ignorance is totally removed.[72]

Rawls argues that self-interested rational persons behind the veil of ignorance would choose two general principles of justice to structure society in the real world:[73]

1) Principle of Equal Liberty: Each person has an equal right to the most extensive liberties compatible with similar liberties for all (Egalitarianism). To ensure fair opportunity regardless of social class of origin, the state must provide education and training for the less well-off, guarantee a basic minimum income and health care for all.[74]

2) Difference Principle: Social and economic inequalities should be arranged so that they are both (a) to the greatest benefit of the least advantaged persons, and (b) attached to offices and positions open to all under conditions of equality of opportunity.

The Difference Principle means that society may undertake projects that require giving some persons more power, income, status, etc. than others, e.g., paying physicians and upper-level managers more than assembly-line operatives, provided that the following conditions are met:

(a) the project will make life better off for the people who are now worst off, for example, by raising the living standards of everyone in the community and empowering the least advantaged persons to the extent consistent with their well-being,

and (b) access to the privileged positions is not blocked by discrimination according to irrelevant criteria.[75-76-77]

According to Rawls, the liberties of equal citizenship in a just society are taken as settled; the rights secured by justice are not subjected to political bargaining or to the

calculus of social interests.[78] The only thing that permits us to acquiesce in an erroneous theory is the lack of a better one; analogously, an injustice is tolerable only when it is necessary to avoid an even greater injustice. Being first virtues of human activities, truth and justice are uncompromising.

Rawls maintains that the various conceptions of justice are the outgrowth of different notions of society against the background of opposing views of the natural necessities and opportunities of human life. He asserts that a conception of social justice is to be regarded as providing in the first instance a standard whereby the distributive aspects of the basic structure of society are to be assessed. This standard, however, is not to be confused with the principles defining the other virtues, for the basic structure, and social arrangements generally, may be efficient or inefficient, liberal or illiberal, just or unjust. A complete conception defining principles for all the virtues of basic structure, together with their respective weights when they conflict, is more than a conception of justice; it is a social ideal. And a social ideal in turn is connected with a conception of society, a vision of the way in which the aims and purposes of social cooperation are to be understood.[79]

The idea of distributive justice is old. As said, Aristotle wrote about it. *Social* justice is different. This is a relatively recent idea, from the late 19th Century. It is about society's role in caring about people, about its social and economic institutions which decide the distribution of benefits and burdens. And it is about the role of the state in the distribution of goods and in the working of market economy.[80]

Any principle, definition or formula of justice cannot determine in exact terms what kind of treatment is to be given to a particular group, unless we are talking about a resource that has no limits and everybody can have it as much as he wishes. Generally,

resources are not given free like the air. Elsewhere I examined various approaches to resource allocation, all pertain to suggest a just approach for democracies.[81] Let me summarize them in a succinct fashion:

1. The compassionate approach

This approach states that all individuals must do that which is in their power to help people in need. It emphasizes the principles of mercy, concern, and respect for others, envisioning people in the Kantian tradition as ends rather than as means.

2. The contractarian approach

This approach follows a different logic of fairness, not of compassion, although the results the contractarian approach seeks are similar to those offered by the compassionate approach. The contractarian approach holds that a contract exists between the state and its citizens. This contract must not be violated precisely when people are in distress and in need of state aid. The contract involves the promise that as the citizens are prepared to make sacrifices for their state, so the state is prepared to make sacrifices for its citizens. This approach has long and deep roots in liberal philosophy as manifested in the writings of influential thinkers such as Locke,[82] Hume,[83] and Rawls.[84-85] The contractarian approach emphasizes the principles of justice, fairness, human rights, and equality.

3. The socialist approach (or the comprehensive social responsibility approach)

This approach promotes a version of the Marxist idea, which holds that everyone contributes according to her abilities in return for services corresponding to her needs.[86] The assumption is that society must aid all citizens. Each individual will pay for services according to her ability, and this is how the state will be able to afford care

for all citizens. People who are able to pay more for the services they receive will also pay for those who cannot afford to pay the full price for the same health care services. In other words, the affluent people pay for themselves and help the needy.[87]

4. The income taxes and insurance basis plans

Supporters of this approach claim it is realistic because it requires the state to provide only the minimum necessary for the preservation of its citizens' health. Only in exceptional cases does the state facilitate access to costly treatments and subsidize them. For example, in Great Britain, where the system is planned, organized and financed by income taxes and not by insurance, the National Health Service limits access to new high-tech costly treatments. A tight supervisory system exists, which carefully verifies that expensive treatments are allocated only to those who truly need them and to those who cannot cover the costs via private insurance systems. As a result, there are long waiting lists for elective operations (as opposed to emergency life-saving operations) aimed at improving quality of life and diminishing pain. There has also been limited access to diagnosis by means of advanced and costly equipment such as MRI, access which has been monitored by General Practitioners.

5. The utilitarian, or the cost-benefit approach

Stemming from the philosophy of Jeremy Bentham (1748-1832), James Mill (1773-1836) and JS Mill (1806-1873), this approach seeks a policy that will bring the greatest number of advantages to the largest number of citizens.[88] Recognizing that it is not possible to provide for the health needs of everyone, some seek a different criterion that would eliminate some of the expenses for everyone. For instance, Daniel Callahan upholds the age-rationing approach, suggesting that it is preferable to invest in the

youth who have a better chance of recovery as well as a better chance to live longer and more quality-filled lives than older persons. Callahan sees old age as a valid criterion for limiting medical care.[89-90-91]

Aristotle: Responsibility

The *raison d'être* of medicine and health care is to relieve suffering, to assist patients in coping with their particular ailments, and to seek to treat or heal. Physicians are there to serve the best interests of their patients on matters that concern their health. Their conduct should be based on knowledge, professional standards and great sense of responsibility to their patients, colleagues and their profession at large.

Aristotle was the first to construct a theory of moral responsibility as part of virtue ethics. Virtue ethics emphasises the importance of developing good habits of character, such as benevolence. According to Aristotle, a moral individual is one who strives for excellence and virtuous living. An individual becomes a moral person according to how she lives her life in practice, that is, according to her virtues. According to this approach, integrity is a transcendent character trait. An individual can be considered a person of integrity if her character, decisions and actions are congruent with virtuous behaviour. In this context, a physician may ask herself what kind of physician does she really want to be? What is her ideal of good physician? What boundary will she refuse to cross?

In discussing human virtues and their corresponding vices, Aristotle in *Nicomachean Ethics* (1962) explored their underpinnings.[92] He stated that it is sometimes appropriate to respond to an agent with praise or blame on the basis of her actions and/or dispositional traits of character. Of course, if one is acting out of coercion one cannot be held responsible for one’s deeds. According to Aristotle one

is responsible when one is informed, aware of what one does.[93] Only a certain kind of agent qualifies as a moral agent and is thus properly subject to ascriptions of responsibility, namely, one who possess a capacity for decision, who is able to weigh short-term and long-term consequences, and who is able to reflect on overall ends and goals in life. A person of moral character is one who is finely aware of any given situation and who is richly responsible for her conduct.

For Aristotle, a decision is a particular kind of desire resulting from free deliberation, one that expresses the agent's conception of what is good.[94] Choice is important, to have desirable ends and relevant means to pursue the end. Aristotle spelled out the conditions under which it is appropriate to hold a moral agent blameworthy or praiseworthy for some particular action or trait.[95-96-97]

Thus, by responsibility it is meant that autonomous agents have the understanding of the options before them, have access to evidence required for making judgments about the benefits and hazards of each option, and are able to weigh the relative value of the consequences of their choice. Responsible physicians and other health-care providers comprehend causes for action, and are able to appreciate likely consequences of a given conduct. In this context, the idea of conscientiousness is relevant. It describes a condition of an active and inwardly driven pursuit of positive goals, duties, and obligations. The goal is that physicians be motivated by ethical standards alongside or instead of profit motives.

Conclusion

Kant identifies dignity with moral capacity, arguing that human beings are infinitely above any price. Human beings cannot be compared to things that have a price. The very comparison would violate human dignity. Therefore, patients should be treated

with dignity and can expect medical professionals to appreciate their worth also when it is challenged by various ailments. Medical professionals should not inflict harm on their patients and the virtue of beneficence requires to positively come to peoples' aid. Beneficence also includes compassion, an active regard for another's welfare with an emotional response of sympathy, tenderness, and discomfort at the other's misfortune or suffering.[[98]] Beneficence aims to alleviate suffering.

Because medical ethics is primarily concerned with medical professionals' commitment to the patients' well-being and with care for the patients' needs, all the above considerations directly relate to professional integrity, to the coherent integration of the moral characteristics of the field of medicine. Medicine is a learned profession. It requires specialised knowledge and training and the commitment to provide important services to humanity. Good doctoring is just doctoring which retains the altruism of beneficence.[[99]] It is about engagement in a perpetual effort to provide the best possible medical care to patients. Good doctoring is about maintaining certain professional standards that are essential for establishing trust between physicians and those who are dependent on them.

Moral dilemmas are difficult to resolve. Often their solution is not perfect. Compromises are sought where we weigh each option's benefits and risks. When it comes to health, the risks are weighty. Medical professionals must routinely set a certain level of risk that they are expected to assume, and they are required to reassess medical alternatives when circumstances change. The *raison d'être* of the medical profession is changing as technology is advancing and varied medical solutions become available. With these changes, the field of medical ethics will grow and develop, learning from the experiences of related professions (business ethics, media ethics, economy) and enriching the field with further insights.

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