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# Ethical Theory for Catholic Professionals

James F. Drane, Ph.D.

*The author, a faculty member at Edinboro University of Pennsylvania, describes the following as an "attempt to write about ethical theory for practicing physicians."*

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## Introduction: The Confusing Ethical Landscape

Physicians today must be conversant with medical ethics, but few have time to delve into the philosophical assumptions operating behind many of the positions taken by ethicists on clinical questions. Controversy about right and wrong in medical practice may result from different ways of interpreting the same data, but many times it follows from widely different underlying assumptions about what makes any act right or wrong. Practicing physicians cannot be expected to be experts on philosophical assumptions in forming ethical evaluations (metaethics). It is a big enough job just to learn enough about rules and principles to make defensible treatment decisions. But since background theories do appear in one form or another whenever doctors read about concrete problems, it may be well to provide a quick overview of ethical theory for the busy practitioner.

About 50 years ago, moral philosophers began to make sense out of a confusing ethical landscape by distinguishing between two general styles of moral theorizing, called deontological and teleological. Since that time most ethicists frame their discussions in terms of these categories, providing thereby some common linguistic and conceptual categories. Intuitionists, emotivists, language analysts, existentialists, and natural law theorists differ in their approach to right and wrong but are all able to find a place in or around these two general conceptual categories.

## Basic Metaethical Categories

Deontological theories (from the Greek *deon*, duty), include all those thought systems which hold that it is possible to say that an act is always right or wrong, no matter what the consequences. According to deontologists, some acts are intrinsically right and obligatory, others are intrinsically wrong and forbidden. Right acts have intrinsic right-making characteristics, and wrong acts are evil for the opposite reason. Deontologists agree that right and wrong are not determined by the good or bad results which the acts

produce. They are critical of theories which relativize even basic moral norms on the basis of beneficial outcome.

Teleological theorists (from *telos*, goal) hold that rightness or wrongness is determined by an act's tendency to produce good or bad consequences. Generally the teleologists (also called consequentialists) are more liberal and relativistic thinkers. They insist on close attention to the special circumstance of each act and on a quantification of the good and bad results which the act produces before making a judgment about its morality. Moral agents in these theories are held accountable for the results flowing from their choice.

### **Function of Metaethical Categories**

The categories of deontology and teleology are umbrella-like. Under them are included different type theories and different style thinkers. The terms refer to traditions and orientations more than to a specific theory or system. Deontological theories, for example, focus on duty, right and wrong, moral norms and imperatives. Teleological theories, on the other hand, talk more about goods, results, satisfactions, and common welfare. Comprehensive ethical systems like Natural Law have a place for all the above elements. The choice of a theoretical model usually reflects a preference for its orientation and focus rather than a conviction that others can or should be left out of consideration.

Although the terms *deontological* and *teleological* are meant to clarify ethical discourse at the most attractive level, a medical professional who decides to read in ethics may be confused by the way these terms are used by different authors. Accordingly, as writers prefer one or the other orientation themselves, the opposite stance often is defined in a narrow, less adequate, and instinctively less attractive way. One tends then to get different definitions of deontological and teleological and very different estimates of the logical extension of these terms. And yet this much can always be said reliably: consequentialists stress beneficence or doing good for others as the essence of moral obligations. Deontologists, on the other hand, stress duty, obligation, and law. Deontologists try to make a case for duty for its own sake, or because an act is considered binding on all rational beings. For teleologists, however, goodness depends upon an evaluation of circumstances and consequences made in light of a particular society's values. What each orientation stresses is a legitimate element in ethical evaluation, but something is lacking in each which would make its particular focus convincing to the other side.

### **The Need for Some Unity in Ethics**

Ethical thinking and discourse were not always so fragmented and confusing, because religion, rather than philosophy, once provided common background suppositions. Historically there was broad agreement about

which acts were right or wrong, based on a common understanding of God's will. God's will, as revealed in Scripture, served as the basis for determining the morality of acts throughout Judeo-Christian history. Now, however, after secularization, any ethical agreement based on our religious heritage is gone. To make things worse, an adequate secular substitute for the function once filled by a religiously-based ethics has not yet been found. The deontological/teleological controversy and all the modern confusion about ethics are reflections of a theological gap which philosophies struggle to fill.

### **Human Existence as a Unifying Concept**

What is needed in order to create some approximation of agreement about morality is a convincing theory of human existence on which all the elements of ethics (duties, obligations, and norms, as well as results, satisfactions and welfare) can be grounded, and in light of which the basic values peculiar to medicine can be given a place within a general system for making ethical judgments. Such a theory would provide us with an account of what it is to be a person and also what it means to be ill. Based on this account, certain acts could be seen as promoting human flourishing, and others as diminishing or violating the human. In light of such an understanding, specific acts could convincingly be presented as intrinsically right or wrong, and norms based on this understanding could be considered absolute. Even the consequences of acts would be judged more consistently as good or bad in light of an established standard of human flourishing.

### **The Alternative to a Convincing Theory of the Human Person**

In the absence of a convincing philosophical anthropology, the deontology/teleology controversy centers on the question of whether there are absolute moral norms or whether every norm admits of exceptions. Are there right acts which in certain circumstances are wrong because of bad consequences, or evil acts which are moral because of resulting good consequences? Deontologists insist that there are norms which specify actions as good or bad, independent or dependent circumstances. Killing the innocent is an example of such a norm. Teleologists hold that in extreme conflict situations, following even this norm may not be required.

Deontologists insist that certain acts are intrinsically wrong, and we need not be preoccupied with consequences before deciding on their immorality; perjury, for example; murder; or doing a patient harm without compensating benefit. For the teleologists, these acts are wrong not because the act itself is value negative, but because negative circumstances and disproportioned consequences are built into the term. All other things being equal, the acts of lying and killing and harming are negative and should be avoided; but still, special circumstances and consequences have to be taken into consideration.

If lying hurts other people unjustly, it can be called perjury and absolutely

proscribed; killing another unjustly becomes murder and is forbidden for the same reason. But lying and killing as physical acts would not be wrong absolutely for the teleologist. Only negative physical acts joined to disproportionate reasons (considerations of circumstances and consequences) constitute moral evils which are always forbidden. In medical practice the harming of a patient ordinarily would be wrong because of bad consequences, but there may be situations in which violation of patients would produce more good than bad results and therefore would be ethically justified.

What can be made of the differences between deontologists and teleologists? Is there any way of overcoming them or coming to an agreement on certain basic points? I think so. Deontologists are right in their insistence on moral absolutes and intrinsically evil acts. Norms like "never take an innocent life," "never act unjustly," "never act unreasonably," "never violate a helpless patient" are, in fact, absolute. No exceptions are admissible, either because considerations of circumstances and consequences are built into the terms "innocent life," "unjust," "unreasonably," "violate," or because no circumstances can be imagined which would make these acts right. Moral terms like murder, perjury, pedophilia, mean that the act described lacks a proportionate reason.

Norms are important because they shape our behavior and influence the inner structure of the ethical person. By doing away with norms, we would impoverish ourselves ethically. But abstract norms do not solve particular moral problems. Is the procedure I am about to perform on my patient just, honest, reasonable, respectful of life? The principles "respect life," or "give to every person his due," "do no harm," are important but do not tell me what specifically to do. Here the teleologist is right in insisting on considerations of circumstances and consequences, which always play a role in making concrete moral determinations. But given the way we are as human beings, certain acts consistently produce bad consequences, which always play a role in making concrete moral determinations. But given the way we are as human beings, certain acts consistently produce bad consequences so that they can be said to be intrinsically evil.

### **Mediating the Deontology/Teleology Debate**

The key to mediating between the deontological and teleological orientations — and, indeed, the key to overcoming the moral fragmentations characteristic of contemporary culture — is a convincing understanding of what we are like as human beings. From agreement on what we are like, it is a short step to agreeing on how we should act. An act is right because it promotes the human, and it is wrong because it distorts or diminishes a human person. In medical terms, an act is right when it benefits the patient and wrong when it harms or makes the patient's condition worse. Consistent and defensible ethical choices presuppose an order of goods which, in the absence of revelation from God, can only be rooted in an understanding of the structure of the person and the relationship between doctor and patient.

Such an understanding would provide the standards and limits for human actions, because it would constitute the basis for making judgments about the presence or absence of proportionate reasons for acting.

Deontologists worry, and rightly so, that purely teleological systems sacrifice basic values when good results for the majority are foreseen. A comprehensive or integral understanding of human being (including social dimensions like family, race, species), however, would furnish absolute standards and proscribe certain acts, even if a particular majority realize a short-term benefit. Norms rooted in human beings can be both specific and exceptionless because they do not depend upon cultural or classbound assessments of results. Then, circumstances and consequences of acts may be taken into account without worry that these considerations will erode moral norms. In effect, the best of both the deontological and teleological orientations can be integrated and preserved. The key is a convincing account of what it means to be human.

Where, however, can such an account of human existence and personhood be found? Where is there a theory of human being which is comprehensive enough to synthesize the major insights of Western thought with the traditional values of Western medicine and yet provide room enough to grow and develop in light of emerging research and learning? The benefits of this type of moral theory are obvious: it would provide a ground or foundation for morality, adherence to the basic moral norms and rules, an ultimate source of appeal in cases of conflict between moral principles and rules, and a basis on which to evaluate consequences of acts. Once a convincing account of personhood is articulated, working toward its flourishing and proscribing maleficent behaviors would both be more effective. Such an account would unify our rationale for being moral.

### **Conclusion: Contributions from Medicine, Philosophy and Religion**

Western medicine, both organic and psychiatric, can help in this project because doctors know a great deal about what is good for human life. Western philosophy, in its many traditions and styles, holds certain characteristics to be peculiarly human and it, too, will play a role. The Judeo-Christian tradition provides unwaivering testimony in support of conditions which are the prerequisites for human dignity. Finally, the idea that the structure of the human person provides the foundation of morality happens to be our Catholic tradition at its best. St. Thomas's moral philosophy was based upon this idea and Vatican II continued to insist upon the same notion. "The moral aspects of any procedure . . . must be determined by objective standards which are based on the nature of the person and the person's acts" (*The Church in the Modern World*, n. 51). The commentary on this statement explained that the nature of the person is a general principle which applies to all human actions and that in applying this criterion, no single dimension of the person can be omitted, isolated or highlighted to the detriment of all the rest. The person must be integrally and adequately considered.

Morality may seem to some to have disintegrated into a morass of relativism and emotivism but physicians generally recognize the need of more solid objective standards for doing medical ethics. On the horizon, there are reasons for hope. We know at least where the foundation for such an ethics lies. And the empirical information needed to build upon that foundation is at hand. We know generally what is humanizing and what dehumanizes. There will never be a time when all or even most people will agree about matters of ethics, but as Catholic professionals, we already have a system of ethics which does not ignore the wisdom of the past and provides room to integrate the wisdom emerging from contemporary scholarship. The challenge is to build wisely on our solid foundation.

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