

# THE NONEXISTENCE OF MEDICAL ETHICS

GARY J. FOULK

Something called medical ethics has come to be spoken of in some circles as if it were a branch of ethics and, therefore, a branch of philosophy. Departments of philosophy are listing it as an area of specialization in the flyers they publish to advertize their offerings, papers about it are being presented, both orally and in print, to professional philosophical audiences, and there are institutes, centers, and conferences which devote their attention to it. Examples of issues which are said to fall under its domain are whether abortion is ever right, whether there are conditions under which euthanasia ought to be permitted, and whether a fetus has rights.

I find such talk disconcerting, both because it seems to reveal a misunderstanding about the nature of ethics and its relationship to particular moral and nonmoral questions, and because that misunderstanding is indicative of a broader misunderstanding about the relation of philosophy to matters of practical concern, a confusion which can support the danger to philosophy posed by the demand for relevance.

It is obviously crucial to be clear about what ethics is, and the following is a standard definition. Ethical theory consists in the attempt to answer two basic questions. The first is "What is the meaning or function of moral terms and judgments?" and the second is "What is an acceptable criterion for determining the truth value of moral judgments?" Answers to the first question are called meta-ethical theories, and answers to the second question are called normative ethical theories.

It is not the function of a normative ethical theory to propose particular moral judgments. Rather, it offers a general criterion which, in conjunction with the relevant nonmoral facts, enables one to determine the truth value of *any* particular moral judgment. Consider hedonistic act utilitarianism, for example. It states that a right act is one which produces the greatest balance of happiness over unhappiness for those affected by the act. It does not say that killing is wrong, that peace is good, *etc.* In order to decide on these matters,

having accepted this ethical theory, one would have to discover the consequences for happiness of killing and peace, and this is certainly not within the professional province of the normative ethical theorist or even the philosopher in general but, I would think, the sociologist or psychologist or some other social scientist.

A concern with particular moral judgments can of course give rise to and lead one to engage in ethics. For example, an interest in the truth value of the claim that capital punishment is sometimes right can lead one both to try to discover what "right" means, and thus engage in metaethics, and to try to determine under what conditions an act is right, and thus engage in normative ethics. But we must distinguish between what leads one to ethics and what ethics is. Although it is a necessary condition for intelligently deciding on the moral value of, say, extra-marital sex that one both know the meaning or function of the moral terms involved and the criterion for determining the moral value of *any* act or practice, the questions the answers to which would constitute this knowledge do not include the question about the moral value of extramarital sex. Thus particular and practical problems may lead one to ethics since the answers to the questions which define ethics are a necessary condition for solving them, and yet those practical problems and their solutions are not a part of ethics.

The consequences of these distinctions for medical ethics are easy to see, since one need only substitute some moral problem in the medical area for the examples I have used above and draw the same conclusions. Let me therefore make the point in a different way. Suppose the question before us is whether it would be right to kill newborn children with gross birth defects. Assuming that we know what the question means, answers to it would be supported by two kinds of evidence, on the one hand some normative ethical theory and on the other hand nonmoral facts about the practice in question. For example one answer might be

1. A right act is one which promotes the greatest happiness for the greatest number.
2. Killing newborn children with gross birth defects does promote the greatest happiness for the greatest number.
3. Killing newborn children with gross birth defects is right.

while another might be

1. A right act is one of which society approves.
2. Society does not approve of killing newborn children with gross birth defects.
3. Killing newborn children with gross birth defects is not right.

Now where in the discussion and debate about this issue and these arguments is the domain of medical ethics? A discussion of the first premise in each argument is a discussion of what general criterion to

accept for determining the moral value of actions, and this is no more relevant to determining the moral value of actions in the medical area than in any other area and could go on without even considering such problems. A discussion of the second premise in each argument is a discussion of nonmoral factual claims and is not an ethical issue at all, let alone a medical ethical issue. In some arguments it may, of course, be a philosophical issue or a matter for conceptual analysis while nevertheless nonethical. A discussion of whether the conclusion in each argument follows from the premises is a discussion about a logical matter and, even if we grant that there is a special kind of reasoning in ethics, has no special relationship to the particular medical subject matter of the conclusion. The only thing left is a discussion of the conclusion in each argument, but any such discussion which did not consist in an examination of the truth value of the premises offered in its support or the logical relation between the premises and the conclusion would hardly be a discussion at all but only an exchange of dogmatic, unsupported claims, and surely no one would want to claim that this is the domain of medical ethics. We may thus conclude that although particular moral judgments and problems having to do with medical matters are among those to which ethics is relevant, there is no such area of ethics as medical ethics, nor is there even in the discussion of these particular judgments and problems anything which could properly be called a discussion of medical ethics.

I believe that the kind of confusion which has led people to think that there is such a thing as medical ethics is also at least in part responsible for people taking seriously the claim that philosophy should be relevant, namely the confusion between what can give rise to philosophy and that to which philosophy is relevant, on the one hand, and what philosophy is, on the other. Of course I have just admitted in the drawing of this distinction, as well as earlier, that philosophy is relevant to practical beliefs, judgments, and problems. In claiming to know that contact with poison ivy can cause unpleasant consequences one is presupposing answers to philosophical questions about the meaning of "to know" and the adequate analysis of the concept of causality. In believing that one's car has a flat tire one is presupposing answers to philosophical questions about the ontological status of the physical world. In believing that one has a right to act freely under certain circumstances one is presupposing answers to philosophical questions about the analysis of rights and the concept of a free act. Examples could continue, but we have always known that philosophy had this kind of relevance to nonphilosophical issues and, fortunately, many of us still know that while it may be interesting and enticing to some to see these connections, they and the practical issues they link to philosophy are not them-

selves a part of philosophy, and anything other than a brief acknowledgment of them would be misleading and an overemphasis if one's business and goal is to engage in philosophy itself.

But it is just this kind of overemphasis that one sees advocated and practiced by the representatives of the demand that philosophy be relevant, as for example in those textbooks which represent by their contents the view that it is appropriate for a significant part of the work in a philosophy course to be devoted to the reading of, to use the most neutral and inoffensive word, nonphilosophers. Obviously such advocates are not thinking of the sense of the relevance of philosophy which I have admitted and given examples of above, a sense in accordance with which a philosophy teacher might spend as much as one class meeting showing this relevance but then have the obligation to devote the rest of the course to philosophy.

I therefore suggest that the source of their view that philosophy is relevant is their belief that the practical issues and problems which can lead to philosophy really are a *part* of philosophy and therefore that in reading Richard Nixon or Germaine Greer one is indeed studying that discipline. There is another possible explanation, namely that those in question know the difference between what is and what is not philosophy and in urging the relevance of philosophy are simply urging that much of the work called work in philosophy be in fact devoted to something else, but surely the deceptiveness of such a policy makes the former hypothesis the more generous, although it is dismaying in terms of a concern for the health of the discipline to suppose that either explanation should have an application to philosophers.

I have linked the view that there is an area of philosophy called medical ethics with the view that philosophy is and should be relevant through the claim that they both rest on the same kind of failure, namely the failure to see the distinction between philosophy and nonphilosophical matters or ethics and nonethical matters. I take it to be evidence for this that it tends to be the same people who both advocate relevance in philosophy and claim that the focus in ethics should be on practical moral issues. I have also pointed out how this failure can lead to the presentation of material as philosophy or ethics which is not properly so described.

It would be blatantly false, however, to claim that none of the work *called* relevant or work in medical ethics is respectable philosophy or ethics, especially if we are talking about the work of philosophers as opposed to the novelists, theologians, social activists, psychologists, politicians, *etc.*, who fill the "relevance" textbooks. Even here, however, we must distinguish between a philosopher doing philosophy as opposed to his using his skill at conceptual analysis and his philosophical knowledge in a discussion of a nonphilosophical pro-

blem. My only thesis is that insofar as anything so described is philosophy it will consist in an attempt to answer philosophical questions and engage in philosophical analysis which is related to practical views and issues only in the ways I have described, and insofar as it is ethics it will consist in an attempt to answer the questions which define ethical theory. None of this work delineates or constitutes some special kind of ethics or area of philosophy called medical ethics, any more than it constitutes business ethics or sexual ethics or political ethics or driving ethics or any other kind of "ethics" one might think to be generated by the particular subject of some moral judgment.

### Indiana State University