

gratifying trend has been the participation of many key people in these verifying details and correcting any mistakes. In particular, I have com- with Dax Cowart, Elizabeth Bouvia (through her lawyer), Jack Kevoork- s. Kenneth Edelin, and Nancy Wexler. Others have also communicated were indirectly involved in these cases, such as Russ Fine (Larry Mc- cy Cummings (God Committee), and Norman Fost (Johns Hopkins grateful for the cooperation of all these people, who continue to make i better text than it would have been without them.

ortant new section focuses on the Jesse Gelsinger case (in the chapter on enetics), which could have itself been a whole chapter. My student Satya now in our medical school, wrote an excellent paper for me on this case minar (later published in the *Monash Bioethics Review*). Other new sec- on Edward Tausk's breakthrough in constraint-induced therapy for ns, scandals in research ethics (deaths of Ellen Roche and the lead-paint lack children, both at Johns Hopkins), hand transplants, new Abicor art recipients, UNOS and the rule of rescue, separating conjoined twins case in England), Kendra's law in New York (for violent homeless pa- rarr case in Georgia (mother kills adult sons with Huntington's disease), with successful CHIP programs to get medical coverage to poor kids. hout several editions of this book, several users have provided great ncluding Lance Stell (Davidson University), Mark Yarborough, (Uni- colorado), and Louis Pojman (United States Military Academy). Stuart my sister institution, the University of Alabama-Tuscaloosa) provided ry commentary on two thirds of the chapters and especially on the first ethical theory.

w-Hill picked an extraordinary group of professors to review the last ny of whom have been using *Classic Cases* for a decade. In particular, I nk and acknowledge Paul I. Durbin at the University of Delaware, Lynn t the University of North Dakota, David Karnos at Montana State Uni- ngs, Daniel Holbrook at Washington State University, Albert Flores at tate University-Fullerton, and Marlene Spencer at Valencia Community ability advocate Karen Sadler has also helped me through the years. gifted students in the BS/MD program at UAB helped me with this l. During the summer of 2002, my full-time research assistant for this Agarwal, was a spectacular summer research assistant. For someone igh school, her ability to write, research, and edit material was amaz- oft also contributed to this edition before he went off to Oxford, and to ater extent, my later part-time, temporary research assistant, Matt Mal- ntributed heartily, especially on the sections in genetics and finance. I ese extraordinary students for helping me in this research-journey. araw-Hill, I thank Jon-David Hague, Ken King, Allison Ronak, and Jill helping me push out the fourth edition.

ys, I am eager to hear from students and professors using this book, so I me at the address below with any and all comments.

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CHAPTER 1

Moral Reasoning and Ethical Theories in Medical Ethics

PART ONE: MORAL REASONING

A. Common Mistakes in Moral Reasoning

There are well-known pitfalls into which students often fall in discussing issues in contemporary ethics, and one that is peculiar to medical ethics. In the following brief section, these mistakes are covered.

Begging the Question is to assume to be true what should be proved to be true. It is obviously easier to just assume a contentious point under debate than to do the hard work of proving it. Even if we can't prove a point, we must attempt to give reasons for it. To simply state that our given position is *obvious* is to avoid giving such reasons and not intellectually respectable.

Begging the question occurs frequently in debates about who is and who is not a person in those cases at the margins that involve comatose humans, human embryos and fetuses, and non-human animals. For example, someone may say, in referring to a nine-day-old human embryo, "No mere bit of cells the size of a dot could be a person." This debater has assumed that the size of a being, not its genes, DNA, or potential, determines its personhood, but that assumption needs both to be made explicit and defended. Similarly, someone might assert that "Anyone who calls a Crisis Center and says he is planning to commit suicide should be committed because he is not in control of his mind." This also begs the question because we have assumed that all suicides are irrational without even inquiring about the reasons a caller has for wanting to die (there may be cases of rational suicide, e.g., where a person is in the last stages of cancer and still mentally competent).

In general, question-begging statements are designed to mask the need for reasons or an argument. Unmasking such statements sometimes involves identifying and justifying key premises—both factual and evaluative—in our arguments.

Approaching the Arguments: Premises, Conclusions, and the Fact-Value Gap In moral reasoning, a conclusion about a moral issue is supposed to follow logically from certain premises. If the premises logically support the conclusion,

the argument is said to be *valid*. In practical reasoning, validity should not be confused with truth: *Validity* refers to the form of an argument, whereas *truth* refers to the content of its premises. A *sound* argument is one that has both valid form and true premises.

In any moral argument, the conclusion will of course be evaluative. Such a conclusion can be based entirely on evaluative premises, or it can be based on some combination of evaluative and factual (nonevaluative) premises. But a moral argument can *never* be valid if the evaluative conclusion is derived from solely factual premises. Moral conclusions commonly state that something “ought” or “should” be the case; factual premises, on the other hand, state that something “is” the case. A point made famous by the eighteenth-century philosopher David Hume is that an “ought” conclusion cannot be validly derived from only “is” premises. A valid moral argument, therefore, must have at least one evaluative premise, so that the evaluative element in the conclusion is not pulled out of the air from factual premises but “flows through” the argument from the evaluative premise or premises to the evaluative conclusion.

In addition, if a moral argument includes a factual premise, in order to be valid it must somehow connect the factual and evaluative elements. The connection can take the form of a separate *connecting fact-value premise*, or it can be part of a larger premise.

Drawing an evaluative conclusion from solely factual premises—or omitting the fact-value connection if any premise is factual—is an error, sometimes called the *is-ought problem* or the *naturalistic fallacy*; more simply, it is called *jumping the fact-value gap*.

For example, suppose that someone says, “First, a fetus has a brain wave after 25 weeks of gestation,” and “Second, a conscious adult has a brain wave,” and then draws the conclusion, “Killing a fetus after 25 weeks gestation is as wrong as killing a conscious adult.” The crucial point with regard to ethical reasoning is that, while either the first or the second statement is entirely permissible as a *premise*, the two statements together do not lead to the conclusion: They are both factual, whereas the conclusion is evaluative. In other words, this is not a valid moral argument, because it has jumped the fact-value gap; something important is missing.

By contrast, here is a valid argument:

Premise 1 (factual). A human fetus has a brain wave after 25 weeks of gestation.

Premise 2 (connecting fact-value premise). A human with a brain wave is a person.

Premise 3 (evaluative premise). Killing a person is morally wrong.

Conclusion (evaluative). Therefore, killing a fetus with a brain wave is morally wrong.

As noted above, it would be permissible to combine premises 1 and 2 as “A human with a brain wave is a person (connecting fact-value premise),” if the

fact about fetal brain waves is understood. The traditional format for such an argument is:

1. A human with a brain wave is a person.
2. Killing a person is morally wrong.
3. Therefore, killing a human with a brain wave is morally wrong.

When a moral argument is valid—that is, when its premises are made explicit and lead properly to the conclusion—we can see it clearly, and we can also see exactly where we agree or disagree with it. In this example, for instance, it becomes clear that either the evaluative premise or the connecting fact-value premise could apply not only to abortion but also to euthanasia; this gives us a perspective from which we may or may not accept these premises.

It is helpful to understand that in a valid argument, each key term must be defined in the same way throughout. To define a key term in more than one way is to commit the fallacy of *ambiguity*. Obviously, then, defining a key term factually in a premise but evaluatively in the conclusion commits two fallacies: ambiguity and jumping the fact-value gap.

Jumping the fact-value gap is in essence a special version of begging the question because the evaluative nature of the conclusion (the question) is “begged” by being assumed in the factual premises. This naturalistic fallacy is sometimes inadvertent, but it often appears when people do not want to make the real premises of their argument explicit. When hidden premises (assumptions) are revealed, these premises must be justified, and that can be a difficult job.

Reductio Ad Absurdum is an argumentative strategy used so often in moral debates that it deserves early notice. Literally meaning *reductio to the absurd*, this strategy takes a premise of an argument and tries to show that it has ridiculous or absurd implications. For example, to the person who believes that nine-day-old embryos are persons, a *reductio* reply might be, “So you would baptize all the embryos that fail to survive to become fetuses? And you think Heaven has millions of embryos?”

If the advocate of the premises accepts that the implication is absurd or ridiculous, then he must either give up the premise that is the basis for the implication (perhaps by changing the premise) or deny that the absurd implication really follows from the premise. In some situations, a proponent may reject the “absurdness” of the implication. For example, in arguing about whether nonhuman animal pain should count in our moral calculus, someone who disagrees might try a *reductio* by saying, “If you believe that, you can’t eat hamburgers and hot dogs!” But the proponent of animal rights might accept this implication and not think it “absurd” at all but merely a consistent implication for living in his general position.

Ad Hominem When discussion in ethics works best, people give objective reasons for their views. Sometimes people get frustrated with this difficult task and try to short-cut the process by making attacks on another person. Often such

The point is that no recourse to semantics or fact gathering will advance thinking in this example if the real moral issue (premise) is avoided. In fact, just the opposite occurs because the real moral issue—the possible personhood of a very early embryo—is avoided or begged by semantic obfuscation about contraception. Ultimately, someone has to have the guts or clarity to state, "I don't believe that early human embryos have moral status" or to state the opposite. Only then will we see the evaluative premise at stake and then we can begin to give reasons for or against that premise. But it won't help to endlessly deal just in facts or definitions.

E. Other Aspects of Moral Reasoning

Moral Disagreement As we shall see in Chapter 2, the Quinlan and Cruzan cases directly involved *moral disagreement*: that is, conflicting standards of morality and conflicting judgments about particular issues. In the case of Karen Quinlan, the nuns who were administrators at the hospital believed that morality is founded on unchanging standards given by God, whereas Karen's parents and their parish priest believed that moral rules must change in order to be compassionate. In the case of Nancy Cruzan, the attorney general of Missouri believed far more than Nancy's parents did that the state should protect vulnerable incompetent patients. Indirectly, these cases also involved general philosophical questions about morality: Where does morality come from? Is there such a thing as moral truth? If different standards exist by which to judge an issue, how are we able to live together?

When reasonable people need to discuss moral conflicts and general questions about morality, philosophical reflection can sometimes help. For instance, we can ask (as Socrates asks in the dialogue *Euthyphro*) whether morality depends on a god or gods, or whether it can exist independently. If we believe that morality depends on a deity, we must then go on to ask—to specify—how we know that any particular moral rule is that deity's will. If we turn to a source such as the Bible, we need to ask which of various interpretations we will choose, and how we will justify that choice. To engage in such *moral reasoning*, it is useful to consider several concepts.

Moral Pluralism Almost everyone realizes that people espouse different views about religion, morality, and the good life. This *sociological thesis* that people have different values is not controversial but fact. What is controversial is the thesis of *moral pluralism*, the claim that many nonequivalent values exist that are all correct. Moral pluralism is seen in the statement, "That may be true for you but it's not for me." Moral pluralism adopts a skeptical stance on the ability of moral discussion and education to lead us to the same values.

While sociological pluralism is compatible with the existence of absolute moral values, moral pluralism is not. As for the former, absolute moral values could exist but most people could be ignorant of them. Moral pluralism denies that they even exist.

How moral values might be true or false is a deep and difficult topic in ethical theory. How, even if those values were true, two different individuals might both come to understand them as true is a similar topic (the first topic is metaphysical, the second, epistemological).

attacks impugn the personal behavior of opponents and suggest negative things about them. *Ad hominem* literally means "to the human" and suggests a personal attack on an opponent.

Suppose two people are arguing about a single-payer system of medical finance. The first, a physician, opposes such a system, while the second, a lawyer, favors it. Suppose that after an initial attempt at refuting the physician's reasons, the lawyer says, "You physicians just fear a single-payer system because you're afraid that your high incomes will change under a new system." The lawyer here has made a personal attack on the physician by implying that the physician's reasons against a single-payer system are badly motivated, in this case, by greed. (Of course, if the physician replied, "And you lawyers just want a complicated system so everyone will have to go to court all the time and make you rich," then he or she too would have committed an *ad hominem* fallacy.)

Avoiding the Evaluative Premise When it comes to discussing moral issues in medicine, one common fallacy among medical students and physicians is to persevere in acquiring and discussing facts while never mentioning the underlying moral premise. Perhaps because such people shy away from open moral disagreement (in order to get along) or because their training has emphasized the acquisition of facts, there is a mistake that often occurs where people argue more and more about the facts surrounding a moral issue and never explicitly discuss the ethics of the moral issue. This is a mistake because, for real discussion and any hope of progress, the real moral issue must be identified and discussed.

For example, and as we shall discuss at the end of Chapter 7 where abortion is discussed, a new movement has started to teach young women that possible pregnancies can be prevented after unprotected sex by immediately using common birth control pills in doubled dosages. This method works by preventing a very early human embryo from implanting on the uterine wall, after conception has occurred and the embryo has traveled down the fallopian tubes.

This method is called *emergency contraception* by its proponents, but conceptist critics (this is, people who believe moral personhood begins at human conception) argue that this method is an abortion. Medical students and physicians often retort that no abortion occurs because there is no "pregnancy." And why is there no pregnancy? Because many medical dictionaries define pregnancy as starting when the human embryo successfully implants on the uterine wall (mainly because many embryos do not successfully so implant).

But why should we let a dictionary define our moral views? After all, dictionaries were not written to provide moral guidance. The medical dictionary also is defining pregnancy partly in terms of likelihood of successful continuation of embryonic development and not making a statement about the moral status of the being before implantation.

A similar approach is to claim that, just as birth control pills act by preventing pregnancy, so their use after conception is also merely "contraception" because they are similarly (and only) "preventing" pregnancy, not creating abortions. (And so it also follows that physicians prescribing birth control pills for such purposes are not in the business of doing abortions.)

Fortunately, to do bioethics we need not decide about the truth or falsity of moral pluralism. From the above discussion, we can draw two conclusions: first, we can acknowledge both sociological pluralism and the difficulty of answering the moral pluralist's claim that there are no universal, absolute values and even if there were, there is no way for most of us to know them and agree about them. Second, this acknowledgment should make us humble about how passionately we champion our own absolute views or how passionately we champion any particular ethical or religious theory. We could, after all, be incorrect.

Moral Truth Pluralism raises the question whether there is or is not such a thing as truth in ethics. It is worth noting that this question goes back at least as far as the fifth century before the Christian, or Common, era (B.C.E.), when Socrates debated it with the Sophists; and it has also been a primary focus of ethical theory throughout the second half of the twentieth century. In part, this question has to do with the limitations of reasoning in ethics. Although moral truth is a rather difficult concept and is not the subject of this book, saying something about it at this point will be helpful.

Moral philosophers differ greatly about whether there is any truth at all in ethics. *Moral skeptics* believe that no objective ethical truth is possible. Against this is the position that a moral idea or statement can be true; ethical theories which hold that moral statements can be true (or false) in some objective way include *cognitivism*, *realism*, and *naturalism*. In theories like these, however, moral truth is not necessarily characterized by universal agreement. To put this second position another way, the premise, "If a statement is morally true, everyone will agree about it" does not necessarily hold. (This idea is not really startling: Consider that in science there are also truths which are known only to a small, highly educated elite.) The ancient Greeks, for instance, developed a naturalistic ethical theory called *perfectionism*, which assumed that people will not always agree about moral truths because some people are wiser than others.

Worldviews and Moral Issues A *worldview* is a comprehensive concept of life. Worldviews include overall philosophies of life such as religions, political theories such as Marxism or feminism, psychological theories such as Freudianism or behaviorism, and specific ethical theories such as utilitarianism. It is sometimes thought that a worldview will provide answers or solutions to all moral issues, but this is not necessarily true.

To begin with, some people believe that no one worldview or ethical theory could be good enough to capture the complicated reality of contemporary moral life. As a practical matter, we may be able to find small bits of truth even without discovering a true worldview or developing a completely satisfactory ethical theory. If we refused to act without the moral certainty of a worldview, we would be paralyzed. In actuality, throughout our lives we do formulate moral judgments as best we can when we make decisions and face crises: when we marry, give birth, raise children, and bury our dead. We may not be certain about what we should do, but most of us get by.

Keep in mind that most of us do not arrive at adulthood with a pure worldview. Most of us have inherited bits and pieces of different worldviews from

different cultures, views which may have been reshaped or discarded by larger, pluralistic societies. Though there are some total communities (such as the Amish, Orthodox Jews, Jehovah's Witnesses, conservative Catholics, and the Primitive Baptist Church), even those of us who are raised in them may question our worldviews when confronted with very different moral ideas—as we typically are when we enter college.

Nor is it necessarily a bad thing that we don't have one all-encompassing worldview, because most such worldviews are simplistic and rigid. In bioethics, good judgments require knowledge of complex concepts, general facts, and specifics of each case, and the ability and willingness to balance different values. To impose a single, absolute worldview on an issue in bioethics would violate the rights of those involved and would therefore lead to many undesirable outcomes.

Similarly, it is not necessarily a bad thing that we can't figure out one monistic answer to a question such as "What makes an act right?" People and people's lives may be more complex than monistic answers to such questions would allow. Absorbing different aspects of several worldviews gives us more flexibility to adapt to changing situations in the modern world. Accepting parts of many ethical theories gives us different insights into moral issues without binding us to one rigid view.

Intuition and Moral Reflection Suppose that we think in terms of moral pluralism, understand that moral truth may not presuppose universal agreement, and recognize that for most people a worldview may not solve moral issues. How, then, is reasoning possible in ordinary morality?

The answer, as suggested above, is pragmatic, or practical. Not all of us have to agree on everything in order to agree on one particular thing. We can take specific cases one at a time; within each case, we can take specific arguments one at a time; and within each argument, we can sometimes even take specific premises one at a time.

In ethics, basic core beliefs are called *intuitions*. We all carry intuitions around inside us, and these come from many sources, including our own feelings. Ethical reasoning must always start somewhere, and intuitions are often our basis for accepting or rejecting premises in moral arguments; sometimes our intuitions themselves can serve as premises in such arguments. Some of our intuitions go together—in which case they are said to be *consistent*—but some contradict each other. We always need to see what our intuitions imply, how they may contradict other intuitions, how they compare with known facts, and how they compare with the views of people we respect.

In essence, seeing these aspects of our intuitions is *moral reflection*. Moral reflection is what allows us to accept or reject each premise of an argument; it is what allows us to find a good answer in a specific case. We should not be surprised if the premises we accept or reject, and the decisions we make in specific cases, vary as we gain more knowledge and experience in life; and we should not be surprised if some of our decisions change as a result of the process of moral reflection itself.

Moral reflection is a slow process, and it will not please those zealots who are impatient for moral progress and who want to uplift humanity rapidly by achieving moral consensus. But given the limitations on our powers of reasoning in

ethics; we may have no other choice than to adopt this slow process. Even if we accept moral pluralism, even if we cannot discover moral truth, and even if we cannot develop a perfect ethical theory, we still need rules by which to live. We still need to live with people who have different ideas, without thinking of those people as evil or terrible—and without resorting to force to solve our disagreements.

Delimiting Moral Issues

Mill's Principle of Harm The nineteenth-century political philosopher John Stuart Mill wrote *On Liberty* in 1859. This classic work contains an admirable distinction between private life and public morality—a distinction based on the concept of harm.

Mill believed that a civilized society must promote certain ideas and discourage certain vices. He also believed that a society can do this while granting individuals a sphere of private belief and action immune from interference by government. Mill saw that the power of the nation-state can be dangerous when used against the individual, and he held that governments and their agents—such as the police—should be forbidden to meddle in private life. Equally, he held, the majority should be prevented from becoming tyrannical. It should be forbidden to impose its social or religious beliefs on a dissenting minority.

Where is the line to be drawn between private life and public morality? Mill's rough rule of thumb is called his *harm principle*. According to this principle, private life encompasses those actions of an adult that are purely personal and that do not put other people at risk of harm.

In private life, as defined by this principle of harm, there should be no interference by government—even for a person's own good. For example, consider a certain form of sexual activity between two consenting adults: Even if other people consider this activity immoral, for Mill it will not be a moral question if no one else is affected.

Personal Life, Morality, Public Policy, and Legality Building on Mill's work, this book will make a distinction among four areas: (1) personal life, (2) morality, (3) public policy, (4) legality.

Issues of *personal life* are purely private and affect no one else.

When someone else is affected, issues move from the personal area to the second area, the realm of *morality*.

When society attempts to promote certain values while at the same time tolerating individuals' personal disagreement with those values, issues move into the third area, *public policy*. Actions in the area of public policy—like those in the area of morality—do affect other people's interests. However, negative actions in this area are not necessarily considered immoral; similarly, if some positive action is encouraged by public policy, omitting to perform that action would not be considered immoral. For example, consider alcohol. Though society tends to discourage drinking (as by taxation) and regulate it (alcohol cannot be sold to minors), people may in general drink without being seen as immoral. For another example, consider adoption. Society would like adults to adopt needy children (and may offer

tax incentives to encourage adoption), but no one thinks it immoral for a childless couple not to adopt a baby.

When society decides to promote certain actions and discourage certain other actions without tolerating individual disagreement, issues move into the fourth area, *legality*. In this area, some actions (such as paying taxes) are compulsory and others (theft, murder) are forbidden. Omitting a legally compulsory action or committing a legally forbidden action is punishable by the force of the state. In general, the more harmful an action is considered, the more likely it is to fall into the area of legality.

The effect of these distinctions is to limit the range of morality from two ends: first, by carving out a zone of private, personal life; and second, by allowing society to encourage and discourage behaviors without explicit moral judgment. In summary, then:

- **Personal Life:** Concerns actions that are purely private and affect no other person (or persons).
- **Morality:** Concerns interpersonal actions—situations where one person's actions affect other people.
- **Public Policy:** On the one hand, concerns actions which affect other people negatively, but which society tolerates, though it attempts to discourage such actions (as by education). On the other hand, concerns actions which affect other people positively and which society attempts to encourage (as through incentives).
- **Legality and Illegality:** Concerns positive actions which are, by law, compulsory; and negative actions which are, by law, forbidden. Penalties (such as fines and incarceration) are imposed for omitting compulsory actions or performing forbidden actions.

Here are some further examples: Smoking is a personal issue; smoking in your child's room is a moral issue; taxing tobacco products heavily is a public policy issue; prohibiting the sale of cigarettes to minors is a legal issue. To repeat: According to these distinctions, *not every issue is moral*. An issue such as masturbation, or littering in one's own car, or individual and family religious beliefs, is not a moral issue at all.

It should be understood that although these distinctions will be used in this text, they would not be recognized—as Mill's more general distinction might not be recognized—in some evaluative frameworks or worldviews. For example, a factual testator might see no reason to tolerate drinking by anyone, even in private; and Roman Catholicism forbids the use of contraceptive devices by married couples (a stand reaffirmed by the Pope in 1993). There are various reasons for such disagreement. In some worldviews, everything in life may be seen as a moral issue: That is, the "personal" area is always the "moral" area. Other frameworks may make a distinction between personal and moral issues but may come to different conclusions about what actually falls into each area; for example, such a framework might consider not only harm to others but also self-harm as a matter of morality. Another framework might assume that there is simply no such thing as

The implication of this view for medical ethics is that moral inquiry must not only ask, "What virtues should a good physician possess?" but also, "What virtues should a good person possess who happens to be a physician?" The narrow question is, "What should a good physician do?" The broader question is, "What should a good person do?"

Not all physicians in ancient times agreed about the role of a good physician, and here looms one of the great divides in medical ethics. Hippocrates and his brethren adopted not only a patient-centered ethics but also a sanctity-of-all-life worldview, holding that physicians should neither perform abortions nor assist in euthanasia of any kind. But most ancient Greek physicians took a *naturalistic* approach that was a precursor to the scientific worldview. In other words, they advocated forming conclusions based on what one could see and feel. These physicians did not practice medicine based on assumptions about gods and goddesses or about an afterlife, so they were more oriented to helping patients in the here-and-now. Accordingly, they often helped terminally ill patients to die. Most such Greek physicians adopted a quality-of-life view, believing that it was futile to maintain a life of pain and suffering that had little chance of amelioration. It is unclear whether their aid was role-defined, or whether it stemmed from compassion. In either case, the majority of naturalistic physicians used their factual knowledge and technical skills for very different evaluative ends than their Hippocratic counterparts.

Christian Ethics, Christian Virtues

By the fourth century C.E., Christianity had added its theological virtues of faith, hope, and charity to the list of human virtues. The paradigmatic virtue of compassion (charity) that many today associate with a good physician comes in part from Christianity's emphasis on helping others. The etymological root of "compassion" means to "to suffer with," as Jesus of Nazareth is held by Christians to have suffered with, and for, humans on the cross.

Here we have two differences of emphasis that later came to be fused. Where naturalistic physicians emphasized technical competence in curing disease, religious physicians emphasized compassion in *being with* patients. When the limits of technical competence had been reached—as they were often reached very soon during these centuries—compassion became the supreme virtue. Both traditions contributed to today's definition of good physicians: Every patient wants a physician who is both knowledgeable and merciful.

Virtue ethics in medicine also underlies the apprentice system of medical education, in which young medical students gradually assume more responsibility by assisting older physicians in treating patients. The attending physician teaches the resident, who teaches the intern, who teaches the third-year student. What is taught, theoretically, is not only how to perform a procedure but also how to be compassionate, wise, courageous, and patient-centered.

What would virtue ethics say about a particular issue in medical ethics? The general answer is that with every new case, the physician-in-training should imitate the reasoning and empathy of good physicians. Thus confronted with a 14-year-old patient who refuses to eat after being partially paralyzed after an auto

self-harm distinct from harm to others, that when we harm ourselves we also in some sense harm others.

As we shall see, the Quinlan case may have arisen in part because the hospital and the Catholic hierarchy on the one hand and Karen Quinlan's family on the other did not agree on a distinction between personal and moral issues. It is worth pointing out, in this regard, that other religiously affiliated hospitals may reject distinctions assumed by a patient or a patient's family and mandate their own values within their own walls. Patients and families need to be aware of this, since they may not agree with the policies of a hospital to which they have been referred.

PART TWO: ETHICAL THEORIES AND MEDICAL ETHICS: A HISTORICAL OVERVIEW

The Greeks and the Virtues

The teaching of the major ancient Greek philosophers—Socrates, Plato, and Aristotle—as well as the general culture of fifth-century (B.C.E.) Athens—advocated virtue ethics, the ethical theory that emphasizes acquiring good traits of character. Virtue theory applied to medicine emphasizes creating physicians with such traits.

Our English word *ethics* derives from the Greek *ethos*, meaning "disposition" or "character." *Ethos* was an inseparable part of the Greek phrase *ethike aretai* (literally "skills of character"). The Greek word *areté* means at once "excellence," "good," and "skill." Our modern "ethics" builds on, but differs from, *ethike aretai* because two millennia of later theories of ethics built other meanings onto the original concept.

From at least as early as the time of Homer (sometime from eighth- to sixth-century B.C.E.), presocratic Greek ethics emphasized *ethike arete* in performing a role well. That is to say, the scope of ethical inquiry was limited to the roles one fulfilled. If one wanted to know about ethics, one asked about the traits of a good soldier, physician, mother, or ruler. For example, one would ask, "What is the goal of being a soldier?" Answer: "To defend one's country." Then one asks, "What excellences are needed to defend one's country?" Answer: "Physical strength, courage, skill in using weapons, organization in fighting in groups, temperance, and cunning."

Such ethics were teleological. In other words, they assumed that things developed towards a natural goal. In Greek medicine, if we want to know what makes a good physician, we need to know the purpose of medicine. That purpose is to heal the sick. What virtues are needed to do so? Answer: compassion, knowledge of healing, and skill in human relations.

Role-defined ethics remain powerful today and are the basis on which more universal principles build. For example, medical students first try to live by virtues of that role.

Socrates, Plato, and Aristotle, in a combined move of ethical genius, attempted to transcend role-defined ethics and to argue that there were distinctive *ethika aretai* of a good person. What are they? In their view, they were the cardinal (primary) virtues of courage, temperance, wisdom, and justice (in dealing with people). These are the distinctive excellences necessary to function best in human society.