

# BIOETHICS



PRINCIPLES, ISSUES, AND CASES

LEWIS VAUGHN

OXFORD  
UNIVERSITY PRESS

FIFTH EDITION

# Bioethics

---



# Bioethics

---

## Principles, Issues, and Cases

Fifth Edition

Lewis Vaughn

OXFORD  
UNIVERSITY PRESS

**OXFORD**  
UNIVERSITY PRESS

Oxford University Press is a department of the University of Oxford. It furthers the University's objective of excellence in research, scholarship, and education by publishing worldwide. Oxford is a registered trade mark of Oxford University Press in the UK and certain other countries.

Published in the United States of America by Oxford University Press  
198 Madison Avenue, New York, NY 10016, United States of America.

© 2023, 2020, 2017, 2013, 2010 by Oxford University Press

For titles covered by Section 112 of the US Higher Education Opportunity Act, please visit [www.oup.com/us/he](http://www.oup.com/us/he) for the latest information about pricing and alternate formats.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, without the prior permission in writing of Oxford University Press, or as expressly permitted by law, by license, or under terms agreed with the appropriate reproduction rights organization. Inquiries concerning reproduction outside the scope of the above should be sent to the Rights Department, Oxford University Press, at the address above.

You must not circulate this work in any other form and you must impose this same condition on any acquirer.

CIP data is on file at the Library of Congress.  
ISBN 978-0-19-760902-6  
Library of Congress Control Number: 2022931400

9 8 7 6 5 4 3 2 1

Printed by Sheridan Books, Inc., United States of America

## BRIEF CONTENTS

---

Preface xii

### **Part 1. Principles and Theories 1**

*Chapter 1* MORAL REASONING IN BIOETHICS 3

*Chapter 2* BIOETHICS AND MORAL THEORIES 38

### **Part 2. Medical Professional and Patient 95**

*Chapter 3* PATERNALISM AND PATIENT AUTONOMY 97

*Chapter 4* TRUTH-TELLING AND CONFIDENTIALITY 170

*Chapter 5* INFORMED CONSENT 200

*Chapter 6* HUMAN RESEARCH 238

### **Part 3. Life and Death 303**

*Chapter 7* ABORTION 305

*Chapter 8* REPRODUCTIVE TECHNOLOGY 391

*Chapter 9* GENETIC CHOICES 466

*Chapter 10* EUTHANASIA AND PHYSICIAN-ASSISTED SUICIDE 551

### **Part 4. Justice and Health Care 629**

*Chapter 11* DIVIDING UP HEALTH CARE RESOURCES 631

*Chapter 12* PANDEMIC ETHICS 697

*Chapter 13* RACE, RACIAL BIAS, AND HEALTH CARE 725

Appendix 749

Glossary 751

Index 755

# CONTENTS

Preface xii

## Part I. Principles and Theories I

### Chapter 1

#### MORAL REASONING IN BIOETHICS 3

Ethics and Bioethics 3

Ethics and the Moral Life 5

*In Depth: Morality and the Law* 7

Moral Principles in Bioethics 8

*Autonomy* 9

*Nonmaleficence* 10

*Beneficence* 10

*Utility* 11

*Justice* 12

Ethical Relativism 13

*In Depth: Anthropology and Moral Diversity* 14

Ethics and Religion 17

Moral Arguments 19

*Argument Fundamentals* 19

*Patterns of Moral Arguments* 22

*Review: Valid and Invalid Argument Forms* 23

*In Depth: Fallacies in Moral Reasoning* 24

*Evaluating Premises* 26

*Assessing Whole Arguments* 28

Obstacles to Critical Reasoning 29

*Denying Contrary Evidence* 30

*Looking for Confirming Evidence* 30

*Motivated Reasoning* 31

*Preferring Available Evidence* 32

*The Dunning-Kruger Effect* 33

Key Terms 34

Summary 34

Argument Exercises 35

Further Reading 36

Notes 37

### Chapter 2

#### BIOETHICS AND MORAL THEORIES 38

The Nature of Moral Theories 38

Influential Moral Theories 39

*Utilitarianism* 40

*In Depth: Utilitarianism and the Golden Rule* 42

*Kantian Ethics* 42

*Principlism* 44

*Natural Law Theory* 45

*Rawls's Contract Theory* 47

*Virtue Ethics* 49

*In Depth: Can Virtue Be Taught?* 50

*The Ethics of Care* 50

*Feminist Ethics* 51

*Casuistry* 52

Criteria for Judging Moral Theories 53

*Review: Evaluating Moral Theories: Criteria of Adequacy* 54

Applying the Criteria 54

*Utilitarianism* 55

*Kant's Theory* 56

Key Terms 57

Summary 57

Further Reading 58

Notes 58

**READINGS 59**

- “Utilitarianism,” *John Stuart Mill* 59  
 “The Moral Law,” *Immanuel Kant* 62  
*Nicomachean Ethics*, *Aristotle* 67  
 “The Need for More Than Justice,” *Annette C. Baier* 78  
 “Moral Saints,” *Susan Wolf* 86

**Part 2. Medical Professional and Patient 95****Chapter 3****PATERNALISM AND PATIENT AUTONOMY 97**

- Shades of Autonomy and Paternalism 97  
 Refusing Treatment 98  
   *In Depth: Physician Autonomy* 100  
 Futile Treatment 100  
   *Legal Brief: Advance Directives* 101  
   *Legal Brief: Refusing Treatment for Children on Religious Grounds* 102  
   *In Depth: CPR and DNR* 103  
   *In Depth: Moral Conflicts in Nursing* 103  
 Classic Case File: Elizabeth Bouvia 104  
 Applying Major Theories 105  
 Key Terms 106  
 Summary 106  
 Cases for Evaluation 107  
 Further Reading 109  
 Notes 110

**READINGS 110**

- “Paternalism,” *Gerald Dworkin* 110  
 “The Refutation of Medical Paternalism,” *Alan Goldman* 120  
 “Why Doctors Should Intervene,” *Terrence F. Ackerman* 126  
 “Autonomy, Futility, and the Limits of Medicine,” *Robert L. Schwartz* 131  
 “Four Models of the Physician-Patient Relationship,” *Ezekiel J. Emanuel and Linda L. Emanuel* 136

- “Confronting Death: Who Chooses, Who Controls? A Dialogue Between Dax Cowart and Robert Burt,” *Dax Cowart and Robert Burt* 146

*Bouvia v. Superior Court*, California Court of Appeal 156

“Fundamental Elements of the Patient-Physician Relationship,” *AMA Council on Ethical and Judicial Affairs* 161

“Advocacy or Subservience for the Sake of Patients?” *Helga Kuhse* 162

**Chapter 4****TRUTH-TELLING AND CONFIDENTIALITY 170**

- Paternalism and Deception 170  
   *In Depth: Do Patients Want the Truth? Do Physicians Tell It?* 171  
 Confidential Truths 173  
   *Legal Brief: Confidentiality and a Duty to Warn* 174  
   *In Depth: Truth-Telling and Cultural Diversity* 175  
 Classic Case File: Carlos R. 176  
 Applying Major Theories 177  
 Key Terms 178  
 Summary 178  
 Cases for Evaluation 178  
 Further Reading 180  
 Notes 180

**READINGS 181**

- “On Telling Patients the Truth,” *Mack Lipkin* 181  
 “Is It Ever OK to Lie to Patients?” *Shelly K. Schwartz* 183  
 “Why Privacy Is Important,” *James Rachels* 186  
 “Confidentiality in Medicine—A Decrepit Concept,” *Mark Siegler* 192  
*Tarasoff v. Regents of the University of California*, Supreme Court of California 195



## Chapter 5

### INFORMED CONSENT 200

Autonomy and Consent 200

Conditions of Informed Consent 201

*In Depth: Decision-Making Capacity* 203

*In Depth: Two Views of Informed Consent* 205

*Legal Brief: Important Informed Consent Cases* 206

Applying Major Theories 207

Classic Case File: Jerry Canterbury 208

Key Terms 209

Summary 209

Cases for Evaluation 210

Further Reading 212

Notes 212

### READINGS 212

“The Concept of Informed Consent,” *Ruth R. Faden and Tom L. Beauchamp* 212

“Informed Consent—Must It Remain a Fairy Tale?” *Jay Katz* 217

“Transparency: Informed Consent in Primary Care,” *Howard Brody* 227

*Canterbury v. Spence*, United States Court of Appeals 234

## Chapter 6

### HUMAN RESEARCH 238

The Science of Clinical Trials 239

*In Depth: The Tuskegee Tragedy* 240

Beneficence, Science, and Placebos 241

Science and Informed Consent 244

*In Depth: Women in Clinical Trials* 245

Research on the Vulnerable 246

*In Depth: Why Enter a Clinical Trial?* 247

Applying Major Theories 250

Key Terms 251

Summary 251

Classic Case File: The UCLA Schizophrenia Study 252

Cases for Evaluation 253

Further Reading 257

Notes 257

### READINGS 258

*The Nuremberg Code* 258

*Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects*, World Medical Association 259

“The Belmont Report,” *The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research* 262

“Final Report: Human Radiation Experiments,” *Advisory Committee on Human Radiation Experiments* 265

“Of Mice but Not Men: Problems of the Randomized Clinical Trial,” *Samuel Hellman and Deborah S. Hellman* 271

“A Response to a Purported Ethical Difficulty with Randomized Clinical Trials Involving Cancer Patients,” *Benjamin Freedman* 277

“Racism and Research: The Case of the Tuskegee Syphilis Study,” *Allan M. Brandt* 281

“The Ethics of Clinical Research in the Third World,” *Marcia Angell* 293

“Ethical Issues in Clinical Trials in Developing Countries,” *Baruch Brody* 297

## Part 3. Life and Death 303

### Chapter 7

#### ABORTION 305

Starting Point: The Basics 305

*Fact File: U.S. Abortions* 306

*In Depth: Abortion and Public Opinion 2021* 309

The Legal Struggle 310

*In Depth: Abortions Performed Later in Pregnancy* 311

Persons and Rights 312

*In Depth: Does a Fetus Feel Pain?* 315

Applying Major Theories 316

Key Terms 317

Summary 317

Classic Case File: Nancy Klein 318

Cases for Evaluation 319

Further Reading 322

Notes 322

#### READINGS 323

“A Defense of Abortion,” *Judith Jarvis Thomson* 323

“Why Abortion Is Immoral,” *Don Marquis* 334

“On the Moral and Legal Status of Abortion,” *Mary Anne Warren* 346

“Abortion and the Concept of a Person,” *Jane English* 357

“Abortion,” *Margaret Olivia Little* 364

“Abortion Through a Feminist Ethics Lens,” *Susan Sherwin* 369

*Roe v. Wade*, United States Supreme Court 378

*Planned Parenthood of Southeastern Pennsylvania v. Casey*, United States Supreme Court 384

### Chapter 8

#### REPRODUCTIVE TECHNOLOGY 391

In Vitro Fertilization 391

*Fact File: Assisted Reproduction* 392

*In Depth: “Savior Siblings”* 395

Surrogacy 397

*In Depth: IVF and Children’s Future Children* 398

Cloning 400

*In Depth: Cloning Time Line* 403

Applying Major Theories 404

Key Terms 404

*In Depth: Sherri Shepherd: How Surrogacy Can Go Wrong* 405

Summary 405

Classic Case File: Baby M 406

Cases for Evaluation 407

Further Reading 409

Notes 410

#### READINGS 411

“IVF: The Simple Case,” *Peter Singer* 411

“The Presumptive Primacy of Procreative Liberty,” *John A. Robertson* 415

“Surrogate Mothering: Exploitation or Empowerment?” *Laura M. Purdy* 422

“Is Women’s Labor a Commodity?” *Elizabeth S. Anderson* 432

“Egg Donation and Commodification,” *Bonnie Steinbock* 445

“Cloning Human Beings: An Assessment of the Ethical Issues Pro and Con,” *Dan W. Brock* 454

### Chapter 9

#### GENETIC CHOICES 466

Genes and Genomes 466

Genetic Testing 467

Gene Therapy 473

*Fact File: Genetic Testing for Cancer Risk* 475

Stem Cells 478

*Fact File: New Developments in Gene Therapy* 479

Applying Major Theories 481

Classic Case File: The Kingsburys 482

Key Terms 483

Summary 483

Cases for Evaluation 483

Further Reading 486

Notes 486

#### READINGS 487

“Genetics and Reproductive Risk: Can Having Children Be Immoral?” *Laura M. Purdy* 487

“The Morality of Screening for Disability,” *Jeff McMahan* 494

“Genetic Dilemmas and the Child’s Right to an Open Future,” *Dena S. Davis* 498

- “Disowning Knowledge: Issues in Genetic Testing,”  
*Robert Wachbroit* 509
- “The Non-Identity Problem and Genetic Harms—  
The Case of Wrongful Handicaps,” *Dan W.  
Brock* 513
- “Is Gene Therapy a Form of Eugenics?” *John  
Harris* 518
- “Genetic Enhancement,” *Walter Glannon* 524
- “Genetic Interventions and the Ethics of  
Enhancement of Human Beings,” *Julian  
Savulescu* 529
- “Germ-Line Gene Therapy,” *LeRoy Walters and  
Julie Gage Palmer* 538
- “What Does ‘Respect for Embryos’ Mean in the  
Context of Stem Cell Research?” *Bonnie  
Steinbock* 546
- Declaration on the Production and the Scientific and  
Therapeutic Use of Human Embryonic Stem  
Cells*, Pontifical Academy for Life 549

## Chapter 10

### EUTHANASIA AND PHYSICIAN- ASSISTED SUICIDE 551

- Deciding Life and Death 552  
*Legal Brief: Euthanasia and Assisted Suicide:  
Major Developments* 554  
*In Depth: Assisted Suicide: What Do Doctors  
Think?* 555
- Autonomy, Mercy, and Harm 556  
*In Depth: Oregon’s Death with Dignity Act* 558  
*In Depth: End-of-Life Decisions in the  
Netherlands* 560
- Applying Major Theories 560  
*In Depth: Physician-Assisted Suicide and Public  
Opinion* 561
- Classic Case File: Nancy Cruzan 562
- Key Terms 563
- Summary 563
- Cases for Evaluation 564
- Further Reading 567
- Notes 568

### READINGS 568

- “Death and Dignity: A Case of Individualized  
Decision Making,” *Timothy E. Quill* 568
- “Voluntary Active Euthanasia,” *Dan W. Brock* 572
- “When Self-Determination Runs Amok,” *Daniel  
Callahan* 584
- “Active and Passive Euthanasia,” *James  
Rachels* 589
- “Dying at the Right Time: Reflections on (Un)  
Assisted Suicide,” *John Hardwig* 593
- “The Philosophers’ Brief,” *Ronald Dworkin, Thomas  
Nagel, Robert Nozick, John Rawls, Thomas  
Scanlon, and Judith Jarvis Thomson* 604
- “Legalizing Assisted Dying Is Dangerous for  
Disabled People,” *Liz Carr* 613
- “‘For Now Have I My Death’ 1: The ‘Duty to Die’  
Versus the Duty to Help the Ill Stay Alive,”  
*Felicia Ackerman* 615
- Vacco v. Quill*, United States Supreme Court 626

## Part 4. Justice and Health Care 629

### Chapter 11

### DIVIDING UP HEALTH CARE RESOURCES 631

- Health Care in Trouble 631  
*Fact File: U.S. Health Care* 634
- Theories of Justice 635  
*In Depth: Comparing Health Care Systems:  
United States, Canada, and Germany* 636
- A Right to Health Care 638  
*In Depth: Public Health and Bioethics* 639
- The Ethics of Rationing 640
- Classic Case File: Christine deMeurers 642
- Key Terms 644
- Summary 644
- Cases for Evaluation 645
- Further Reading 648
- Notes 648

**READINGS 649**

- “Is There a Right to Health Care and, If So, What Does It Encompass?,” *Norman Daniels* 649
- “The Right to a Decent Minimum of Health Care,” *Allen E. Buchanan* 656
- “Rights to Health Care, Social Justice, and Fairness in Health Care Allocations: Frustrations in the Face of Finitude,” *H. Tristram Engelhardt, Jr.* 662
- “Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care,” *Eric C. Schneider, Dana O. Sarnak, David Squires, et al.* 670
- “Public Health Ethics: Mapping the Terrain,” *James F. Childress, Ruth R. Faden, Ruth D. Gaare, et al.* 675
- “Human Rights Approach to Public Health Policy,” *D. Tarantola and S. Gruskin* 686

**Chapter 12****PANDEMIC ETHICS 697**

- Pandemic Facts 698
- When Resources Are Scarce 699
- Personal Choices 702  
*In Depth: The Privilege of Social Distancing* 704
- COVID Falsehoods 705  
*In Depth: Against Pandemic Falsehoods* 707
- Key Terms 708
- Summary 708
- Cases for Evaluation 709
- Further Reading 711
- Notes 711

**READINGS 712**

- “Why Some Americans Refuse to Social Distance and Wear Masks,” *Michael Sandel with Colleen Walsh* 712
- “Fair Allocation of Scarce Medical Resources in the Time of Covid-19,” *Ezekiel J. Emanuel, Govind Persad, Ross Upshur, et al.* 715
- “ICU Triage: How Many Lives or Whose Lives?” *Angela Ballantyne* 722

**Chapter 13****RACE, RACIAL BIAS, AND HEALTH CARE 725**

- Race and Racism 725
- Health Disparities and Race 731
- Implicit Bias in Health Care 733  
*In Depth: Can Implicit Biases Be Changed?* 735
- Racial Profiling in Medicine 735
- Key Terms 737
- Summary 737
- Cases for Evaluation 738
- Further Reading 739
- Notes 739

**READING 740**

- “Racial Profiling in Medicine,” *Michael Root* 740

**Appendix 749**

- Glossary 751
- Index 755

## PREFACE

This fifth edition of *Bioethics* embodies all the features that have made it a best-selling textbook and includes all the most important changes and improvements that dozens of teachers have asked for recently and over the years. The book is, therefore, better than ever. And if it isn't, let even more good teachers say so and let the corrections and enhancements continue. And may the book remain, as so many teachers have said, exactly suitable to their teaching approach.

*Bioethics* provides in-depth discussions of the philosophical, medical, scientific, social, and legal aspects of controversial bioethical issues and combines this material with a varied collection of thought-provoking readings. But on this foundation are laid elements that other texts sometimes forgo:

1. An extensive introduction to ethics, bioethics, moral principles, critical thinking, and moral reasoning
2. Full coverage of influential moral theories, including criteria and guidelines for evaluating them (the focus is on utilitarianism, Kantian ethics, natural law theory, Rawls's contract theory, principlism, virtue ethics, the ethics of care, and feminist ethics)
3. Detailed examinations of the classic cases that have helped shape debate in major issues
4. Collections of current, news-making cases for evaluation
5. Many pedagogical features to engage students and reinforce lessons in the main text
6. Writing that strives hard for clarity and concision to convey both the excitement and complexity of issues without sacrificing accuracy

### TOPICS AND READINGS

Eleven chapters cover many of the most controversial issues in bioethics, detailing the main arguments and filling out the discussions with background on the latest medical, legal, and social developments. The main issues include paternalism and patient autonomy, truth-telling, confidentiality, informed consent, research ethics, clinical trials, abortion, assisted reproduction, surrogacy, cloning, genetic testing, gene therapy, stem cells, euthanasia, physician-assisted suicide, the just allocation of health care, pandemic ethics, and racial bias in health and medicine.

Every issues chapter contains one to twelve readings, with each selection prefaced by a brief summary. The articles—old standards as well as new ones—reflect the major arguments and latest thinking in each debate. They present a diversity of perspectives on each topic, with pro and con positions well represented. In most cases, the relevant court rulings are also included.

### SPECIAL FEATURES

**A two-chapter introduction to bioethics, moral reasoning, moral theories, and critical thinking.** These chapters are designed not only to introduce the subject matter of bioethics but also to add coherence to subsequent chapter material and to provide the student with a framework for thinking critically about issues and cases.

Chapter 1 is an introduction to basic ethical concepts, the field of bioethics, moral principles and judgments, moral reasoning and arguments, the challenges of relativism, and the relationship between ethics and both religion and the law. Chapter 2 explores moral theory, shows how theories relate to moral principles and judgments, examines influential theories (including virtue ethics, the ethics of care, and feminist ethics), and demonstrates how they can be applied to moral problems. It also explains how to evaluate moral theories using plausible criteria of adequacy.

**Helpful chapter elements.** Each issues chapter contains:

1. Analyses of the most important arguments offered by the various parties to the debate. They reinforce and illustrate the lessons on moral reasoning in Chapter 1.
2. A section called “Applying Major Theories” showing how the moral theories can be applied to the issues. It ties the discussions of moral theories in Chapter 2 to the moral problems and illustrates the theories’ relevance.
3. A section labeled “Classic Case File” that examines in detail a famous bioethics case. The stories covered in these sections include those of Elizabeth Bouvia, Jerry Canterbury, Nancy Klein, Baby M, Nancy Cruzan, the Kingsburys, Christine deMeurers, and the UCLA Schizophrenia Study. These are in addition to many other controversial cases covered elsewhere in the book—for example, the Terri Schiavo controversy, the Tuskegee tragedy, the Willowbrook experiments, and the U.S. government’s human radiation studies.
4. A bank of “Cases for Evaluation” at the end of each chapter. These are recent news stories followed by discussion questions. They give students the chance to test their moral reasoning on challenging new scenarios that range across a broad spectrum of current topics.

**A diverse package of pedagogical aids.** Each issues chapter contains a chapter summary, suggestions for further reading, and a variety of text boxes. The boxes are mainly of three types:

1. “In Depth”—additional information, illustrations, or analyses of matters touched on in the main text.
2. “Fact File”—statistics on the social, medical, and scientific aspects of the chapter’s topic.
3. “Legal Brief”—summaries of important court rulings or updates on the status of legislation.

#### NEW TO THIS EDITION

##### *A Chapter on Pandemic Ethics*

Chapter 12 covers many of the most important life-and-death issues and moral debates that have occurred during the COVID-19 pandemic: emergency triage and the allocation of scarce medical resources (ICU beds, ventilators, medications, vaccines), the safety and welfare of health care workers, disparities in health care for racial and ethnic minorities, personal morality (whether to wear a mask, practice social distancing, get vaccinated, and self-isolate), the spreading of pandemic misinformation, cutting corners in coronavirus research, and contact tracing versus privacy rights.

##### *A Chapter on Race, Racial Bias, and Health Care*

Chapter 13 delves into the insidious effects of racial and ethnic bias on the health status of minorities and on nearly every facet of health care. It discusses prevailing misconceptions about race and provides philosophically sound definitions of racism (both individual and structural), racial prejudice, and racial discrimination. It debunks the myth that racism and racial discrimination are things of the past, shows how structural racism has caused large-scale racial inequalities in society, and documents the health disparities—the differences in mortality and disease—between Whites and minorities.

It examines the evidence of widespread racial and ethnic bias in health care, explores the powerful effects of implicit bias in clinical practice, and surveys the problem of racial profiling in diagnosis and treatment.

### Updates

- Abortion and public opinion (survey)
- Abortions performed later in pregnancy
- Statistics on assisted reproduction
- “Savior siblings”
- New developments in gene therapy
- The five main ways to do gene therapy
- Genetic testing for cancer risk
- Euthanasia and assisted suicide: major developments
- Oregon’s Death with Dignity Act
- U.S. health care: the uninsured, per capita spending, and health care quality
- Comparing health care systems: U.S., Canada, and Germany

### New Readings

- Michael Sandel with Colleen Walsh, “Why Some Americans Refuse to Social Distance and Wear Masks”
- Ezekiel J. Emanuel, Govind Persad, Ross Upshur, et al., “Fair Allocation of Scarce Medical Resources in the Time of Covid-19”
- Angela Ballantyne, “ICU Triage: How Many Lives or Whose Lives?”
- Michael Root, “Racial Profiling in Medicine”

### ANCILLARIES

The Oxford University Press Learning Link houses a wealth of instructor and student resources, including an Instructor’s Manual, Test Bank, and both Lecture and Art PowerPoint Presentations for instructor use. The site also includes Self-Quizzes, Videos and Video Quizzes, and Flashcards for student use. Please visit [www.oup.com/he/vaughn-bioethics5e](http://www.oup.com/he/vaughn-bioethics5e) to access these resources.

### ACKNOWLEDGMENTS

This edition of the text is measurably better than the first, thanks to the good people at Oxford

University Press—especially my editor Andrew Blitzer, assistant editors Rachel Boland and Lacey Harvey—and many reviewers:

- Keith Abney, Polytechnic State University at San Luis Obispo
- Kim Amer, DePaul University
- Jami L. Anderson, University of Michigan
- Carol Isaacson Barash, Boston University
- Deb Bennett-Woods, Regis University
- Don Berkich, Texas A&M University
- Stephan Blatti, University of Memphis
- William Bondeson, University of Missouri, Columbia
- Lori Brown, Eastern Michigan University
- Paul Benjamin Cherlin, Minneapolis College
- David W. Concepción, Ball State University
- Catherine Coverston, Brigham Young University
- Russell DiSilvestro, California State University, Sacramento
- John Doris, Washington University in St. Louis
- Denise Dudzinski, University of Washington School of Medicine
- Craig Duncan, Ithaca College
- Anne Edwards, Austin Peay State University
- John Elia, University of Georgia
- Christy Flanagan-Feddon, Regis University
- Jacqueline Fox, University of South Carolina School of Law
- Leslie P. Francis, University of Utah
- Devin Frank, University of Missouri–Columbia
- Kathryn M. Ganske, Shenandoah University
- Martin Gunderson, Macalester College
- Helen Habermann, University of Arizona
- Stephen Hanson, University of Louisville
- Karey Harwood, North Carolina State University
- Sheila R. Hollander, University of Memphis
- Chad Horne, Northwestern University
- Scott James, University of North Carolina, Wilmington
- James Joiner, Northern Arizona University
- William P. Kabasenche, Washington State University



Kristen Kringle-Baer, University of North  
Carolina Wilmington  
Susan Levin, Smith College  
Margaret Levvis, Central Connecticut State  
University  
Burden S. Lundgren, Old Dominion  
University  
John T. Meadors, Mississippi College  
Joan McGregor, Arizona State University  
Tristram McPherson, Virginia Tech  
Jonathan K. Miles, Bowling Green State  
University  
James Lindemann Nelson, Michigan State  
University  
Thomas Nenon, University of Memphis  
Laura Newhart, Eastern Kentucky  
University

Steve Odmark, Century College  
Assya Pascalev, Howard University  
Viorel Pâslaru, University of Dayton  
David J. Paul, Western Michigan University  
Anthony Preus, Binghamton University  
Susan M. Purviance, University of Toledo  
Sara Schuman, Washtenaw Community  
College  
David Schwan, Bowling Green State  
University  
Anita Silvers, San Francisco State University  
M. Josephine Snider, University of Florida  
Joseph Wellbank, Northeastern University  
Gladys B. White, Georgetown University  
David Yount, Mesa Community College







# Principles and Theories

---



# Moral Reasoning in Bioethics

Any serious and rewarding exploration of bioethics is bound to be a challenging journey. What makes the trip worthwhile? As you might expect, this entire text is a long answer to that question. You therefore may not fully appreciate the trek until you have already hiked far along the trail. The short answer comes in three parts.

First, bioethics—like ethics, its parent discipline—is about morality, and morality is about life. Morality is part of the unavoidable, bittersweet drama of being persons who think and feel and choose. **Morality** concerns beliefs regarding morally right and wrong actions and morally good and bad persons or character. Whether we like it or not, we seem confronted continually with the necessity to deliberate about right and wrong, to judge someone morally good or bad, to agree or disagree with the moral pronouncements of others, to accept or reject the moral outlook of our culture or community, and even to doubt or affirm the existence or nature of moral concepts themselves. Moral issues are thus inescapable—including (or especially) those that are the focus of bioethics. In the twenty-first century, few can remain entirely untouched by the pressing moral questions of fair distribution of health care resources, abortion and infanticide, euthanasia and assisted suicide, exploitative research on children and populations in developing countries, human cloning and genetic engineering, assisted reproduction and surrogate parenting, prevention and treatment of HIV/AIDS, the confidentiality and consent of patients, the refusal of medical treatment on religious grounds, experimentation on human embryos and fetuses, and the just allocation of scarce life-saving organs.

Second, it would be difficult to imagine moral issues more important—more closely gathered around the line between life and death, health and illness, pain and relief, hope and despair—than those addressed by bioethics. Whatever our view of these questions, there is little doubt that they matter immensely. Whatever answers we give will surely have weight, however they fall.

Third, as a systematic study of such questions, bioethics holds out the possibility of answers. The answers may or may not be to our liking; they may confirm or confute our preconceived notions; they may take us far or not far enough. But, as the following pages will show, the trail has more light than shadow—and thinking critically and carefully about the problems can help us see our way forward.

## ETHICS AND BIOETHICS

Morality is about people's moral judgments, principles, rules, standards, and theories—all of which help direct conduct, mark out moral practices, and provide the yardsticks for measuring moral worth. We use *morality* to refer generally to these aspects of our lives (as in "Morality is essential") or more specifically to the beliefs or practices of particular groups or persons (as in "American morality" or "Kant's morality"). *Moral*, of course, pertains to morality as just defined, though it is also sometimes employed as a synonym for right or good, just as *immoral* is often meant to be equivalent to wrong or bad. *Ethics*, as used in this text, is not synonymous with *morality*. **Ethics** is the study of morality using the tools and methods of

philosophy. Philosophy is a discipline that systematically examines life's big questions through critical reasoning, logical argument, and careful reflection. Thus, ethics—also known as *moral philosophy*—is a reasoned way of delving into the meaning and import of moral concepts and issues and of evaluating the merits of moral judgments and standards. (As with *morality* and *moral*, we may use *ethics* to say such things as “Kant’s ethics” or may use *ethical* or *unethical* to mean right or wrong, good or bad.) Ethics seeks to know whether an action is right or wrong, what moral standards should guide our conduct, whether moral principles can be justified, what moral virtues are worth cultivating and why, what ultimate ends people should pursue in life, whether there are good reasons for accepting a particular moral theory, and what the meaning is of such notions as *right*, *wrong*, *good*, and *bad*. Whenever we try to reason carefully about such things, we enter the realm of ethics: We *do* ethics.

Science offers another way to study morality, and we must carefully distinguish this approach from that of moral philosophy. **Descriptive ethics** is the study of morality using the methodology of science. Its purpose is to investigate the *empirical* facts of morality—the actual beliefs, behaviors, and practices that constitute people’s moral experience. Those who carry out these inquiries (usually anthropologists, sociologists, historians, and psychologists) want to know, among other things, what moral beliefs a person or group has, what caused the subjects to have them, and how the beliefs influence behavior or social interaction. Very generally, the difference between ethics and descriptive ethics is this: In ethics we ask, as Socrates did, *How ought we to live?* In descriptive ethics we ask, *How do we in fact live?*

Ethics is a big subject, so we should not be surprised that it has three main branches, each dealing with more or less separate but related sets of ethical questions. **Normative ethics** is the search for, and justification of, moral standards, or norms. Most often the standards are moral

principles, rules, virtues, and theories, and the lofty aim of this branch is to establish rationally some or all of these as proper guides for our actions and judgments. In normative ethics, we ask questions like these: What moral principles, if any, should inform our moral judgments? What role should virtues play in our lives? Is the principle of autonomy justified? Are there any exceptions to the moral principle of “do not kill”? How should we resolve conflicts between moral norms? Is contractarianism a good moral theory? Is utilitarianism a better theory?

A branch that deals with much deeper ethical issues is metaethics. **Metaethics** is the study of the meaning and justification of basic moral beliefs. In normative ethics we might ask whether an action is right or whether a person is good, but in metaethics we would more likely ask *what it means* for an action to be right or for a person to be good. For example, does *right* mean *has the best consequences*, or *produces the most happiness*, or *commanded by God*? It is the business of metaethics to explore these and other equally fundamental questions: What, if anything, is the difference between moral and nonmoral beliefs? Are there such things as moral facts? If so, what sort of things are they, and how can they be known? Can moral statements be true or false—or are they just expressions of emotions or attitudes without any truth value? Can moral norms be justified or proven?

The third main branch is **applied ethics**, the use of moral norms and concepts to resolve practical moral issues. Here, the usual challenge is to employ moral principles, theories, arguments, or analyses to try to answer moral questions that confront people every day. Many such questions relate to a particular professional field such as law, business, or journalism, so we have specialized subfields of applied ethics like legal ethics, business ethics, and journalistic ethics. Probably the largest and most energetic subfield is bioethics.

**Bioethics** is applied ethics focused on health care, medical science, and medical technology. (*Biomedical ethics* is often used as a synonym,

and *medical ethics* is a related but narrower term used most often to refer to ethical problems in medical practice.) Ranging far and wide, bioethics seeks answers to a vast array of tough ethical questions: Is abortion ever morally permissible? Is a woman justified in having an abortion if prenatal genetic testing reveals that her fetus has a developmental defect? Should people be allowed to select embryos by the embryos' sex or other genetic characteristics? Should human embryos be used in medical research? Should human cloning be prohibited? Should physicians, nurses, physicians' assistants, and other health care professionals always be truthful with patients whatever the consequences? Should severely impaired newborns be given life-prolonging treatment or be allowed to die? Should people in persistent vegetative states be removed from life support? Should physicians help terminally ill patients commit suicide? Is it morally right to conduct medical research on patients without their consent if the research would save lives? Should human stem-cell research be banned? How should we decide who gets life-saving organ transplants when usable organs are scarce and many patients who do not get transplants will die? Should animals be used in biomedical research?

The ethical and technical scope of bioethics is wide. Bioethical questions and deliberations now fall to nonexpert and expert alike—to patients, families, and others as well as to philosophers, health care professionals, lawyers, judges, scientists, clergy, and public policy specialists. Though the heart of bioethics is moral philosophy, fully informed bioethics cannot be done without a good understanding of the relevant nonmoral facts and issues, especially the medical, scientific, technological, and legal ones.

### ETHICS AND THE MORAL LIFE

Morality, then, is a normative, or evaluative, enterprise. It concerns moral norms or standards that help us decide the rightness of actions, judge the goodness of persons or character, and

prescribe the form of moral conduct. There are, of course, other sorts of norms we apply in life—*nonmoral* norms. Aesthetic norms help us make value judgments about art; norms of etiquette about polite social behavior; grammatical norms about correct use of language; prudential norms about what is in one's interests; and legal norms about lawful and unlawful acts. But moral norms differ from these nonmoral kinds. Some of the features they are thought to possess include the following.

**Normative Dominance.** In our moral practice, moral norms are presumed to dominate other kinds of norms, to take precedence over them. Philosophers call this characteristic of moral norms *overridingness* because moral considerations so often seem to override other factors. A maxim of prudence, for example, may suggest that you should steal if you can avoid getting caught, but a moral prohibition against stealing would overrule such a principle. An aesthetic (or pragmatic) norm implying that homeless people should be thrown in jail for blocking the view of a beautiful public mural would have to yield to moral principles demanding more humane treatment of the homeless. A law mandating brutal actions against a minority group would conflict with moral principles of justice and would therefore be deemed illegitimate. We usually think that immoral laws are defective, that they need to be changed, or that, in rare cases, they should be defied through acts of civil disobedience.

**Universality.** Moral norms (but not *exclusively* moral norms) have universality: Moral principles or judgments apply in all relevantly similar situations. If it is wrong for you to tell a lie in a particular circumstance, then it is wrong for everyone in relevantly similar circumstances to tell a lie. Logic demands this sort of consistency. It makes no sense to say that Maria's doing action A in circumstances C is morally wrong, but John's doing A in circumstances relevantly similar to C is morally right. Universality,

however, is not unique to moral norms; it's a characteristic of all normative spheres.

**Impartiality.** Implicit in moral norms is the notion of impartiality—the idea that everyone should be considered equal, that everyone's interests should count the same. From the perspective of morality, no person is any better than any other. Everyone should be treated the same unless there is a morally relevant difference between persons. We probably would be completely baffled if someone seriously said something like “murder is wrong . . . except when committed by myself,” when there was no morally relevant difference between that person and the rest of the world. If we took such a statement seriously at all, we would likely not only reject it but also would not even consider it a bona fide moral statement.

The requirement of moral impartiality prohibits discrimination against people merely because they are different—different in ways that are not morally relevant. Two people can be different in many ways: skin color, weight, gender, income, age, occupation, and so forth. But these are not differences relevant to the way they should be treated as persons. However, if there are morally relevant differences between people, then we may have good reasons to treat them differently, and this treatment would not be a violation of impartiality. This is how philosopher James Rachels explains the point:

The requirement of impartiality, then, is at bottom nothing more than a proscription against arbitrariness in dealing with people. It is a rule that forbids us from treating one person differently from another *when there is no good reason to do so*. But if this explains what is wrong with racism, it also explains why, in some special kinds of cases, it is not racist to treat people differently. Suppose a film director was making a movie about the life of Martin Luther King, Jr. He would have a perfectly good reason for ruling out Tom Cruise for the starring role. Obviously, such casting would make no sense. Because there would be a good reason for it,

the director's “discrimination” would not be arbitrary and so would not be open to criticism.<sup>1</sup>

**Reasonableness.** To participate in morality—to engage in the essential, unavoidable practices of the moral life—is to do moral reasoning. If our moral judgments are to have any weight at all, if they are to be anything more than mere personal taste or knee-jerk emotional response, they must be backed by the best of reasons. They must be the result of careful reflection in which we arrive at good reasons for accepting them, reasons that could be acknowledged as such by any other reasoning persons.

Both logic and our commonsense moral experience demand that the thorough sifting of reasons constitutes the main work of our moral deliberations—regardless of our particular moral outlook or theory. We would think it odd, perhaps even perverse, if someone asserted that physician-assisted suicide is always morally wrong—and then said she has no reasons at all for believing such a judgment but *just does*. Whatever our views on physician-assisted suicide, we would be justified in ignoring her judgment, for we would have no way to distinguish it from personal whim or wishful thinking. Likewise she herself (if she genuinely had no good reasons for her assertion) would be in the same boat, adrift with a firm opinion moored to nothing solid.

Our feelings, of course, are also part of our moral experience. When we ponder a moral issue we care about (abortion, for example), we may feel anger, sadness, disgust, fear, irritation, or sympathy. Such strong emotions are normal and often useful, helping us empathize with others, deepening our understanding of human suffering, and sharpening our insight into the consequences of our moral decisions. But our feelings can mislead us by reflecting not moral truth but our own psychological needs, our own personal or cultural biases, or our concern for personal advantage. Throughout history, some people's feelings led them to conclude that women should be burned for witchcraft, that

## IN DEPTH MORALITY AND THE LAW

Some people confuse morality with the law, or identify the one with the other, but the two are distinct though they may often coincide. Laws are norms enacted or enforced by the state to protect or promote the public good. They specify which actions are *legally* right or wrong. But these same actions can also be judged *morally* right or wrong, and these two kinds of judgments will not necessarily agree. Lying to a friend about a personal matter, deliberately trying to destroy yourself through reckless living, or failing to save a drowning child (when you easily could have) may be immoral—but not illegal. Racial bias, discrimination based on gender or sexual orientation, slavery, spousal rape, and unequal treatment of minority groups are immoral—but, depending on the society, they may not be illegal.

Much of the time, however, morality and the law overlap. Often what is immoral also turns out to be illegal. This is usually the case when immoral actions cause substantial harm to others, whether physical or

economic. Thus, murder and embezzlement are both immoral and illegal, backed by social disapproval and severe sanctions imposed by law. Controversy often arises when an action is not obviously or seriously harmful but is considered immoral by some who want the practice prohibited by law. The contentious notion at work is that something may be made illegal solely on the grounds that it is immoral, regardless of any physical or economic harm involved. This view of the law is known as *legal moralism*, and it sometimes underlies debates about the legalization of abortion, euthanasia, reproductive technology, contraception, and other practices.

Many issues in bioethics have both a moral and legal dimension, and it is important not to confuse the two. Sometimes the question at hand is a moral one (whether, for example, euthanasia is ever morally permissible); whether a practice should be legal or illegal then is beside the point. Sometimes the question is about legality. And sometimes the discussion concerns both. A person may consider physician-assisted suicide morally acceptable but argue that it should nevertheless be illegal because allowing the practice to become widespread would harm both patients and the medical profession.

whole races should be exterminated, that Black men should be lynched, and that adherents of a different religion were evil. Critical reasoning can help restrain such terrible impulses. It can help us put our feelings in proper perspective and achieve a measure of impartiality. Most of all, it can guide us to moral judgments that are trustworthy because they are supported by the best of reasons.

The moral life, then, is about grappling with a distinctive class of norms marked by normative dominance, universality, impartiality, and reasonableness. As we saw earlier, these norms can include moral principles, rules, theories, and judgments. We should notice that we commonly apply these norms to two distinct spheres of our moral experience—to both moral *obligations* and moral *values*.

Moral obligations concern our duty, what we are obligated to do. That is, obligations are about conduct, how we ought or ought not to behave. In this sphere, we talk primarily about *actions*. We may look to moral principles or rules to guide our actions, or study a moral theory that purports to explain right actions, or make judgments about right or wrong actions.

Moral values, however, generally concern those things that we judge to be morally good, bad, praiseworthy, or blameworthy. Normally we use such words to describe persons (as in “He is a good person” or “She is to blame for hurting them”), their character (“He is virtuous”; “She is honest”), or their motives (“She did wrong but did not mean to”). Note that we also attribute *nonmoral* value to things. If we say that a book or bicycle or vacation is good, we mean good in



a nonmoral sense. Such things in themselves cannot have *moral* value.

Strictly speaking, only actions are morally *right* or *wrong*, but persons are morally *good* or *bad* (or some degree of goodness or badness). With this distinction we can acknowledge a simple fact of the moral life: A good person can do something wrong, and a bad person can do something right. A Gandhi can tell a lie, and a Hitler can save a drowning man.

In addition, we may judge an action right or wrong depending on the motive behind it. If John knocks a stranger down in the street to prevent her from being hit by a car, we would deem his action right (and might judge him a good person). But if he knocks her down because he dislikes the color of her skin, we would believe his action wrong (and likely think him evil).

The general meaning of *right* and *wrong* seems clear to just about everyone. But we should be careful to differentiate degrees of meaning in these moral terms. *Right* can mean either “obligatory” or “permissible.” An obligatory action is one that would be wrong *not* to perform. We are obligated or required to do it. A permissible action is one that is permitted. It is not wrong to perform it. *Wrong* means “prohibited.” A prohibited action is one that would be wrong to perform. We are obligated or required *not* to do it. A *supererogatory* action is one that is “above and beyond” our duty. It is praiseworthy—a good thing to do—but not required. Giving all your possessions to the poor is generally considered a supererogatory act.

### MORAL PRINCIPLES IN BIOETHICS

As noted earlier, the main work of bioethics is trying to solve bioethical problems using the potent resources and methods of moral philosophy, which include, at a minimum, critical reasoning, logical argument, and conceptual analysis. Many, perhaps most, moral philosophers would be quick to point out that beyond these tools of reason we also have the considerable help of moral principles. (The same could be

said about moral theories, which we explore in the next chapter.) Certainly to be useful, moral principles must be interpreted, often filled out with specifics, and balanced with other moral concerns. But both in everyday life and in bioethics, moral principles are widely thought to be indispensable to moral decision-making.

We can see appeals to moral principles in countless cases. Confronted by a pain-racked, terminally ill patient who demands to have his life ended, his physician refuses to comply, relying on the principle that “it is wrong to intentionally take a life.” Another physician makes a different choice in similar circumstances, insisting that the relevant principle is “ending the suffering of a hopelessly ill patient is morally permissible.” An infant is born anencephalic (without a brain); it will never have a conscious life and will die in a few days. The parents decide to donate the infant’s organs to other children so they might live, which involves taking the organs right away before they deteriorate. A critic of the parents’ decision argues that “it is unethical to kill in order to save.” But someone else appeals to the principle “save as many children as possible.”<sup>2</sup> In such ways moral principles help guide our actions and inform our judgments about right and wrong, good and evil.

As discussed in Chapter 2, moral principles are often drawn from a moral theory, which is a moral standard on the most general level. The principles are derived from or supported by the theory. Many times we simply appeal directly to a plausible moral principle without thinking much about its theoretical underpinnings.

Philosophers make a distinction between absolute and *prima facie* principles (or duties). An *absolute* principle applies without exceptions. An absolute principle that we should not lie demands that we never lie regardless of the circumstances or the consequences. In contrast, a *prima facie* principle applies in all cases unless an exception is warranted. Exceptions are justified when the principle conflicts with other principles and is thereby overridden. W. D. Ross is given credit for drawing this distinction in his

1930 book *The Right and the Good*.<sup>3</sup> It is essential to his account of ethics, which has a core of several moral principles or duties, any of which might come into conflict.

Physicians have a *prima facie* duty to be truthful to their patients as well as a *prima facie* duty to promote their welfare. But if these duties come in conflict—if, for example, telling a patient the truth about his condition would somehow result in his death—a physician might decide that the duty of truthfulness should yield to the weightier duty to do good for the patient.

Moral principles are many and varied, but in bioethics the following have traditionally been extremely influential and particularly relevant to the kinds of moral issues that arise in health care, medical research, and biotechnology. In fact, many—perhaps most—of the thorniest issues in bioethics arise from conflicts among these basic principles. In one formulation or another, each one has been integral to major moral theories, providing evidence that the principles capture something essential in our moral experience. The principles are (1) autonomy, (2) non-maleficence, (3) beneficence, (4) utility, and (5) justice.<sup>4</sup>

### Autonomy

*Autonomy* refers to a person's rational capacity for self-governance or self-determination—the ability to direct one's own life and choose for oneself. The principle of autonomy insists on full respect for autonomy. One way to express the principle is: *Autonomous persons should be allowed to exercise their capacity for self-determination*. According to one major ethical tradition, autonomous persons have intrinsic worth precisely because they have the power to make rational decisions and moral choices. They therefore must be treated with respect, which means not violating their autonomy by ignoring or thwarting their ability to choose their own paths and make their own judgments.

The principle of respect for autonomy places severe restraints on what can be done to an autonomous person. There are exceptions, but in

general we are not permitted to violate people's autonomy just because we disagree with their decisions, or because society might benefit, or because the violation is for their own good. We cannot legitimately impair someone's autonomy without strong justification for doing so. Conducting medical experiments on patients without their consent, treating competent patients against their will, physically restraining or confining patients for no medical reason—such practices constitute obvious violations of personal autonomy.

Not all restrictions on autonomy, however, are of the physical kind. Autonomy involves the capacity to make personal choices, but choices cannot be considered entirely autonomous unless they are fully informed. When we make decisions in ignorance—without relevant information or blinded by misinformation—our autonomy is diminished just as surely as if someone physically manipulated us. If this is correct, then we have a plausible explanation of why lying is generally prohibited: Lying is wrong because it undermines personal autonomy. Enshrined in bioethics and in the law, then, is the precept of *informed consent*, which demands that patients be allowed to freely consent to or decline treatments and that they receive the information they need to make informed judgments about them.

In many ways, autonomy is a delicate thing, easily compromised and readily thwarted. Often a person's autonomy is severely undermined not by other people but by nature, nurture, or his or her own actions. Some drug addicts and alcoholics, people with serious psychiatric illness, and those with severe mental impairment are thought to have drastically diminished autonomy (or to be essentially nonautonomous). Bioethical questions then arise about what is permissible to do to them and who will represent their interests or make decisions regarding their care. Infants and children are also not fully autonomous, and the same sorts of questions are forced on parents, guardians, and health care workers.