Does Britain have a duty?

Some doctors in India obviously feel that they have all the professional skill they need to sort out their own medical problems. Others believe that India's health care problems are political more than medical. My impression was that many still look to the West and Britain in particular, with whom they feel a close affiliation, and several spoke to me of their hopes that communication and cooperation on the medical front between the two countries would increase. This view does not, however, seem to be shared by many doctors in Britain, who may feel that they have little responsibility towards our former colonies and certainly no obligation to offer any further job opportunities to Indian doctors, or any other overseas doctors. Indeed, as the new legislation suggests, there is a feeling that for the sake of our own graduates, we should exclude as many "foreigners" as possible.

But history, reason, and humanity suggest that Britain should do what she can to help her medical colleagues in India. As a recent

editorial in *Nature* pointed out (when talking about the West giving help to the Indian scientific community in the aftermath of Mrs Gandhi's assassination) "colleagues of Indian scientists in India and elsewhere, should exert themselves more energetically to help . . . go give a lecture, send a book, write a letter, is too trite for anything but a personal exhortation. Governments in the West can do more, and should, to help the enterprise along."² Surely the same is true for medicine too, and although many bodies including the royal colleges are active in this respect perhaps more dialogue is needed to define what sort of help is required and how this may best be effected. What is on offer at the moment—primarily limited work opportunities (often in unsuitable junior posts) and a crack at our exams—seems unlikely to be the most constructive form of help.

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Philosophical Medical Ethics

Deontological foundations for medical ethics?

RAANAN GILLON

In my last article I outlined the World Medical Association's principles of medical ethics and argued that all such codes, oaths, and declarations required some moral underpinning and that morally speaking they were not self sufficient. This was implicit in the Declaration of Geneva's appeal to "the laws of humanity." What, however, are these moral laws of humanity? Traditionally it has been the business of moral theology and its secular sister moral philosophy to try to answer this grand question, and, although moral philosophers have recently been rather more chary of attempting so ambitious a task, there remain strands even within contemporary moral philosophy that attempt to do so.

Among the diverse answers are two great categories of moral theory. One claims that answers to moral questions about which actions are right and which wrong ultimately depend solely on the nature of the consequences of those actions or proposed actions. Not surprisingly, this group of moral theories is called consequentialist, and its best known and most important members are those moral theories clustering under the name utilitarianism. I shall consider these in the next article. The second category of moral theories are the so called deontological theories (from the Greek word *deon*, duty, not from the Latin *deus*, god). At least some of the explanations of moral obligations offered by this group of theories are not reducible to considerations of consequences.

Certainly most human societies rely in part at least on moral rules that make no reference to consequences, and it is widely accepted by psychologists that our moral reasoning is based at least in part on obedience to non-consequentialist moral rules instilled in childhood. The great religions expect obedience to moral rules (for

example the Ten Commandments) that make no reference to consequences, and, as we have seen, some of the principles of medical ethics embodied in the declarations of the World Medical Association make no reference to consequences. None of this, however, shows either that moral explanation ought to be deontological or that these working moral rules cannot themselves be justified by reference to consequences.

How else then are deontological principles to be justified? Needless to say this is an enormous question with no simple answer. To offer any sort of outline account of one or two theories in a few paragraphs is bound to be inadequate and indeed to many philosophers offensively simplistic. Just as, however, kidney or liver function can be roughly explained in a few paragraphs for the benefit of philosophers who are interested, so too can the bare bones of philosophical theories be roughly outlined to non-philosophers; alas, here and throughout this series I offer no better and I hope that readers will bear this fairly limited objective in mind.

Two justifications

The great religions typically justify their deontological theories on one or both of two grounds. The first is that God has commanded the people he has created to obey his moral laws and it is their moral duty to obey their creator. The second is that the laws of nature include moral laws that bind everyone, including God. Even for believers there are important philosophical objections to the first position, for it commits them to accepting at least the logical possibility that if God were to command cruelty, injustice, or wanton destruction they would be obliged to accept that these were right and morally obligatory.

The second sort of religious justification, that morality stems from natural law, offers to religious and secular theorists alike a possible objective grounding for moral theories in "the laws of nature." In principle, at least, rational beings may be governed by

Imperial College of Science and Technology, London SW7 1NA

RAANAN GILLON, MB, MRCP, director, Imperial College health service, editor, *Journal of Medical Ethics*, and associated director, Institute of Medical Ethics

their moral natures according to natural laws in the same way that the human tendency to walk on two legs and to understand mathematics is governed by natural laws. Attempts to make morality objective on the basis of such natural laws are, however, full of philosophical pitfalls including the ambiguity of the term natural law, and it should be added that there is little contemporary secular philosophical enthusiasm for such theories.

Kant's supreme moral law

Perhaps one of the most important non-religious deontological moral theories was constructed and defended by the Prussian philosopher Immanuel Kant. Although a devout Christian, he believed that an adequate theory of morality had to be justifiable quite independently of considerations about God's existence and also quite independently of considerations about mankind's inclinations, purposes, or happiness. Kant believed that the truth of his moral theory was a necessary consequence of the rational nature of human beings. He believed that he could prove that any rational being necessarily recognised himself to be bound by what Kant called the "supreme moral law."

This supreme moral law stemmed from the fact that rational agents (or persons) intrinsically possessed an absolute moral value (in contrast with inanimate objects and "beasts"), which rendered them members of what he called the kingdom of "ends in themselves." Not only did all rational agents recognise themselves as ends in themselves but, in so far as they were rational, they also recognised all other rational agents to be ends in themselves, who should be respected as such.^{1,2}

THE THREE FORMULATIONS

The supreme moral law that encompassed this requirement could be expressed in three different ways: (1) The agent should "act only on that maxim through which you can at the same time will that it should become a universal law" (a maxim being any principle that in fact governs an individual's action or class of actions). (2) No person should be treated merely as a means but always also as an end. (3) The agent must always act as if he were a king creating a universal law for his kingdom of ends in themselves.

The first formula, sometimes known as the principle of universalisability, represents a fundamental theme within many different moral theories. The theme is perhaps most simply, though by no means precisely, expressed in the judaeochristian golden rule, "Do as you would be done by"; or alternatively in its negative form, "Do not do as you would not be done by." This theme is also explicitly stated to be a component of utilitarianism by J S Mill.³ But what seems to be crucially absent from at any rate most utilitarian theories is the Kantian claim that people have intrinsic moral worth that prevents their being used merely as means to an end (no matter how important or valuable that end may be).

CRITICISM

Kant's moral philosophy has been criticised for its excessive formalism, which some critics have misguidedly believed to have no implications for how people should actually behave. This, however, seems to be false. (One philosopher who is actively engaged in demonstrating the practical implications of Kant's moral philosophy is Dr O O'Neill.) Essentially, Kant's moral theory says act however you wish provided that your action conforms to the requirements of the moral law as represented above. The three principles (or as Kant argued, the single principle in its three guises; philosophers dispute their equivalence, sometimes vehemently⁴) undoubtedly provide important moral constraints in their demands for moral judgments to have universal application and for others to be treated as ends (what is sometimes called respect for persons).

Even if this is accepted, however, Kant's moral philosophy is rejected by some philosophers as offering far too austere, even arid,

a version of morality in that it seems to have no central place for any moral obligation of beneficence, such as a positive duty to love others or at least to help them or to be in some way concerned with promoting their happiness. A further criticism is of Kant's absolutism, for Kant was unequivocal that the supreme moral law applied categorically, without exception.

Pluralist moral theories

Absolutism in the sense of relying on moral principles that apply without exception is a common feature of many deontological theories of ethics but not all. As we have seen, the various declarations of the World Medical Association contain absolute principles (for instance, that doctors must never take part in torture). Logical problems arise if a moral theory is both pluralist (containing more than one fundamental moral principle) and absolutist, if the principles can conflict. Suppose, for example, I accept the principles that I should never harm others and that I should never deceive others; if both principles are absolute and I am faced with a situation where somebody would be harmed if I did not deceive him I am logically incapable of acting rightly.

PRIMA FACIE AND ABSOLUTE DUTY

An important contribution to analysis of this problem was made by the English intuitionist moral philosopher W D Ross. He believed that the primary task of the moral philosopher was to list those moral obligations that on mature reflection we know ourselves to have. We find, he says, that there are quite a number of these and that they may indeed on occasion conflict. He thus distinguished between prima facie duties and actual or absolute duty.

Prima facie duties are those moral obligations that, if there are no conflicting moral obligations, we know should guide our actions. Ross described various moral principles that he believed any reflective person would intuitively accept: duties of fidelity (the obligations to keep promises and not to deceive); duties of beneficence (obligations to try to help others); the duty of non-maleficence (the obligations, more stringent than the obligation to help others, not to harm others); duties of justice (obligations to promote the distribution of happiness or pleasure in accord with the merits—probably meaning deserts—of the persons concerned); duties of reparation (obligation to compensate others for harms we have caused them); duties of gratitude (obligations to repay in some way those who have helped us); and a duty of self improvement.

According to Ross, it is self evident to any mature person on reflection that all these principles of conduct are prima facie moral obligations or moral rules of conduct that should undoubtedly prevail unless to obey them would result in a clash with some other rule of conduct. Although he did not claim that the list was exhaustive, he had no doubts that it was "correct as far as it goes," and that the "moral order expressed in these propositions is just as much part of the fundamental nature of the universe . . . as is the spatial or numerical structure expressed in the axioms of geometry or arithmetic."

What should be done when these prima facie principles conflict in any given circumstances? Ross did not believe that they could be immutably ranked or weighted so that we could know in advance which principles should take precedence over which. He also did not believe in any decisive overarching principle such as the Kantian supreme moral principle or the utilitarian greatest happiness principle by reference to which moral conflicts could be settled. Our moral life was far more complicated than the systematisers and simplifiers of ethics accepted, and when it came to specific cases of moral conflict we could only have opinions not knowledge about which principle took precedence.

Clearly it would be preferable to have some determinate procedure for resolving moral conflicts, but any decision procedure must, Ross believed, incorporate and reflect our basic moral intuitions. These were basic facts that any adequate moral theory had to encompass.⁵

CASUISTRY

In the absence of a determinate decision procedure the most common method for making decisions in cases where moral principles conflict is the much maligned method of casuistry, developed so exhaustively by both the Jewish and the Roman Catholic religions, also adopted by Kant, and also (in a way) by the British legal system. Essentially the method, whose objective is the application of accepted moral principles to specific circumstances in which these principles conflict, requires the careful separation of the moral principles relevant to a particular case, comparison with clearer or "paradigm" cases determined by each of the principles, and an attempt to settle the difficult case as coherently as possible with the existing pattern. Though the methods of casuistry have far more value than the common pejorative use of the term indicates, they are, none the less, radically limited so far as determining or questioning what those basic principles and their relative importance should be.

OTHERS

One further approach of pluralist deontological moral philosophers to the resolution of conflicting moral principles is to rank the principles in order of priority. For example, John Rawls, to whose theory I shall return when I discuss the principle of justice, argues for a "lexical ordering" of his two main principles, an order "which

requires us to satisfy the first principle in the ordering before we can move on to the second"⁶

The questions whether a determinate method for resolving moral conflict is attainable in principle and has been attained are among the most hotly disputed in moral philosophy. In the next article I shall consider a cluster of theories that offer an affirmative answer to both these questions.

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Needs and Opportunities in Rehabilitation

The time is now: education and organisation of services

DAPHNE GLOAG

At one rehabilitation centre I visited a group of medical students, interested and concerned young people, were having their introduction to rehabilitation—the only half day devoted to the subject in the entire course. Few medical schools do more than this formally. The subject is assumed also to be part of general clinical teaching, but may not amount to much. But while many workers are urging more initial teaching of rehabilitation and subsequent training, the concept and practice of rehabilitation are coming in for increasing criticism from disabled people. Finkelstein, for example, has argued that rehabilitation should not exist as a separate medical discipline: to start with, it should be a normal part of good medical practice; but beyond this, for the more social issues, medicine is a bad base from which to approach a disabled person's problems.¹

I return later to these arguments, but the first point—that rehabilitation should be an integral part of good medicine in general—would be widely accepted, though it is usefully treated also as a specialist subject. One of the strongest convictions I have formed while working on this series is that rehabilitation needs to be a philosophy permeating many branches of medicine: a habit of looking for the strengths and weaknesses in a person's functioning and helping him to develop the best possible level of functioning—

physically, mentally, and socially—and to work out the best possible way of life, assisted by whatever high powered and simple aids are needed and acceptable. Many of the actions that flow from this are clearly outside the scope of medical and even paramedical services; but within ordinary medical practice there should be not only the vision of how things might be better for an individual patient but also some of the activities (or initiation or at least knowledge of activities) that are needed to make them so. For visions to become real motivation of patients and relatives and of other workers is central. In theory, with this kind of orientation, many powerful changes could happen here and now, without waiting for the millennium of increased resources—much though these are needed too. Staff who are rehabilitation minded will develop different approaches to patients and families and will devise often informal ways of getting things done where full fledged facilities are not available. But this will happen widely only when rehabilitation, as an attitude, a strategy, and a commitment—wider than physical medicine—is part of the philosophy of medical teaching right from the start.

Education and training

UNDERGRADUATE TEACHING

"No one ever suggested to us," said a young doctor, "that all those patients with strokes filling the wards might have something