

The primer to ethical analysis provides an introduction to ethical decision-making. The ethical theories discussed serve only as a starting point for understanding the foundations of moral philosophy. These foundations are being continually debated and revised.

## FOUR BASIC PRINCIPLES OF BIOMEDICAL ETHICS

### RESPECT FOR AUTONOMY

Does my action impinge on an individual's personal autonomy?  
Do all relevant parties consent to my action?  
Do I acknowledge and respect that others may choose differently?

### BENEFICENCE

Who benefits from my action and in what way?

### NON-MALEFICENCE

Which parties may be harmed by my action?  
What steps can I take to minimise this harm?  
Have I communicated risks involved in a truthful and open manner?  
In the event of a disaster, how can I avert the possible harm caused?

### JUSTICE

Have I identified all vulnerable groups that may be affected by my action?  
Is my proposed action equitable? How can I make it more equitable?

Source: Beauchamp, T. & Childress, J. (2001) Principles of Biomedical Ethics, 5th Ed, Oxford University Press, Oxford.

## A CHECKLIST FOR ETHICAL DECISION MAKING

A sound ethical decision-making process may incorporate the following abilities;

1. The ability to identify all related issues pertaining to the incident/issue/dilemma.
2. The ability to sort morally relevant issues from morally irrelevant issues in any given situation.
3. The ability to unpack the elements of morally relevant information.
4. The ability and willingness to research issues and reflect upon them.
5. The ability and willingness to seek advice.
6. The ability to form a well-reasoned, unbiased, and morally defensible conclusion in any given situation.
7. The ability to justify this position and act upon it.
8. The ability to challenge one's own moral framework in light of recalcitrant experiences.
9. Being in possession of a *consistent* moral framework.

## MAJOR ETHICAL THEORIES

### Action-based Approaches to Ethics

**Principlism** is a widely applied ethical approach based on four fundamental moral principles sometimes referred to as 'the big four'. Developed in the 1970s by the Americans Tom Beauchamp and James Childress, the principlist approach applies the principle of respect for autonomy, the principle of beneficence, the principle of non-maleficence and the principle of justice to contemporary ethical dilemmas. Although this approach is sometimes criticised for its lack of foundational theory and its Western-dominated methodology, principlism is widely used as a starting point for practical ethical decision-making in the clinical, technological and epidemiological professions.

Further Reading: Beauchamp, T. and Childress, J. (2001) *Principles of Biomedical Ethics*, 5th Edition, Oxford University Press, Oxford.

**Consequentialism** refers to a group of normative ethical theories which maintain that the moral status of an action is determined by the goodness or badness of its consequences. One common type of consequentialism is utilitarianism where a decision is made regarding the best course of action by simply applying a cost-benefit analysis to the situation. A commonly accepted utilitarian calculus for determining an action's moral acceptability is; "the greatest happiness for the greatest number." Thus, a consequentialist would typically attempt to calculate the consequences or outcome of a decision and if the benefits of the outcome are outweighed by the risks of either not performing the action or performing some other action, then the action is considered as morally desirable.

Critics of consequentialism often cite situations in which the application of a consequentialist theory runs into trouble. For instance, consequentialism would allow actions of slavery or torture if the benefits to the majority outweighed the harms to those who were enslaved or tortured. More specific versions of consequentialism have attempted to address this problem with some success.

Further Reading: Singer, P. (1979) *Practical Ethics*, Cambridge University Press, Cambridge.

The term **non-consequentialism** is given to a group of ethical theories that do not determine the moral status of an action solely by the goodness or badness of its consequences. Rather than calculating the consequences of an action and then deciding whether the benefits of performing that action are outweighed by its risks, a non-consequentialist will tend to take other considerations into account when deciding upon the morally right course of action.

The most referred to non-consequentialist ethical theory is deontology. A deontologist simply judges the moral acceptability of an action using a rights-based or duty-based system of analysis. In other words, a person who adopts a deontological system of ethical decision-making will typically think in terms of 'a person's right to act in some way' or 'a right to possess something.' Decisions are also made using duty-based justifications such as 'a duty to act on a certain principle' or 'a duty not to hinder some course of action.'

Deontologists are sometimes confronted with the problem of conflicting duties or rights. Thus, a morally right course of action may reveal that there are in fact two opposing rights applicable in any one situation.

Further Reading: McDonald, H. P. (2001) *Toward a Deontological Environmental Ethic*, *Environmental Ethics*, 23 (4), 411-430.

### Agent-based Approaches to Ethics

**Virtue-based** approaches to ethics place importance on the character of the person performing the action rather than on the action itself. Virtue ethics has its roots in Greek philosophy in the work of Aristotle and most recently in the work of Phillipa Foot and Alasdair MacIntyre. Hierarchies of virtues, like vices, have changed over time but generally include justice, temperance, charity, mercy and wisdom to name a few. Generally, virtue ethicists believe that traditional moral theories fail to acknowledge the importance of the role of inner character traits in ethical decision-making.

### Situation-based Approaches to Ethics

**Casuistry** is the name given to a newly revived school of ethical thought originating in 16th Century Spain. Casuists argue that specific cases inform moral principles, not vice versa. Thus, the best starting point for ethical-decision-making is examining particular cases and the respective decisions made about those cases. Casuistry is most easily applied to dilemmas in medical ethics where case study provides for effective teaching practices.

Further Reading: Jonsen, A. R. and Toulmin, S. E. (1988) *The Abuse of Casuistry: A History of Moral Reasoning*, University of California Press, Berkeley.

**Relativism** is the view that moral appraisals are essentially dependent upon a moral code that is specific to a time, place and culture. There are no absolute criteria with which moral actions may be appraised. A relativist may cite geographical, historical or anthropological data in support of his or her case. In short, moral relativism accepts what all human beings do as appropriate in their contexts. There is no basis for ethical argument or discussion.

Modern **feminist** approaches to ethical analysis developed in the seventies as a response to criticisms that contemporary fundamental moral principles generally failed to consider the importance of moral relationships, the role of emotion and the subjective in moral reasoning and generally failed to redress the repression of women in decisions concerning themselves. This alternative turns attention from moral judgements to focus on the importance of the moral impulse or moral attitude. Sometimes called an ethic of care, this approach to ethics concentrates on the "being" of ethics rather than on the "doing", much like a virtue ethics position. The central focus of an ethic of care is on loving, caring, empathy and sensitivity.

Further Reading: Tong, R. (1997) *Feminist Approaches to Bioethics: Theoretical Reflections and Practical Applications*, Westview Press, Boulder, Colorado.

**Geocultural** approaches to ethics vary considerably from region to region. Generally, they are responses to traditional Westernized approaches to ethical decision-making which are criticised as appealing to mostly American cultural traditions. South America, Asia and Northern Europe are regions where more culturally-specific approaches to ethics have been developed where, perspectives on liberty, social justice and the value of life differ significantly.

Further Reading: Wulff, H. (1994) *Against the four principles: a Nordic view*, In *Principles of Health Care Ethics*, R. Gillon and A. Lloyd (Eds.), Wiley, New York.

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