

Chapter 2

Theories of Ethics

It is hard to erect ethical theories, for it is difficult to imagine one theory that you can't change it in a given situation in order for the theory to be a matter of authority.

C. G. Jung (1954)

The task of an ethical theory is to give people clear ideas about the overall goal of achieving happiness in their lives and the ways to gain it. The main objective of ethics is to determine what is right, what is good, and what should be done to live an ethical life, meaning a good life. There are several approaches in ethics toward these central questions, each of which tries to serve as a compass for moral acts. Ethical theories try to explain the causes of ethical behavior and the criteria by which we can determine what is a right or a wrong act.

Greek theories of ethics are basically virtue oriented. They are perfectionist and idealistic in their character. They have definite conceptions of what is good for everyone and toward what people should strive to in order to obtain the good life. Annas (2002), a well-known scholar in ancient and modern conceptions of *eudaemonia* and well-being, defined virtue as:

a developed disposition of the agent to choose and do the right action for the right reason, with the right response to the situation. The person who does the right thing but has to force himself to do it is not yet virtuous, in any ancient theory . . . Moreover, ancient virtue is moral virtue, the disposition to be brave, just, generous and the like, and virtue is in ancient theories the locus of what we call morality. (pp. 2-3)

Different theories of ethics disagree mainly about the method of living a good life and about the final end of man's effort to attain the most valuable life. What is common to all theories of ethics is that they try to erect principles by which we can accept or reject various deeds. In the center of each theoretical approach to ethics is the question of which criteria will help us to determine whether or not an act is moral or immoral, or simply good or bad. Good and bad are controversial concepts, and before we make such a decision whether or not a certain problem requires an ethical solution, we must know the facts pertaining to the specific problem and clarify the relevant concepts. Relying on the rules and the guidelines of a given society does not necessarily constitute a moral act, for such rules can be bad, immoral, and unjust, and can even hurt the welfare of the public.

Opposing approaches to ethical theories exist. At one end of the spectrum we find a very extreme approach that negates the possibility of knowing what is good or bad, and at the other end is dogmatism or dogmatic belief, which negates all theoretical effort and rejects any view that opposes its own. Those who adhere to the first approach doubt everything and do not believe in the possibility of knowing the good in moral terms, whereas the latter accept only what is religiously or ideally in line with their belief and cling to it even when reality contradicts it. Both of these approaches to ethics narrow one's worldview and are not useful for helping professionals in their quest to find a just and uniform approach to the needs of the individual and society.

Philosophical ethics, or moral philosophy, tries to base its concepts and principles on a universal basis and is unwilling to accept any dogma as the desirable solution. One can find in the foundation of professional behavior of physicians and social workers principles and rules that guide the profession. These are based on theories of ethics that try to enhance rational behavior, rather than on religious dogma.

In social work, four valid principles of bioethics stem from the Hippocratic oath of antiquity, of which more will be said later in Chapter 13. The following are the four principles:

1. *Beneficence*: According to this principle the social worker must do what is good and useful to the patient or client.
2. *Nonmaleficence*: This principle means that the social worker should not harm the client.

3. *Justice*: According to this principle the social worker must adhere to what is just and respect justice.
4. *Autonomy*: This principle means that social workers should respect the right of the client to self-determination in matters of their own health and life.

Controversies exist in various cultures in the world, and even in different socioeconomic levels within a given culture regarding the definition of ethical behavior. Even the ethics of the helping professions is not uniform. Each profession has its own rules about what constitutes ethical or unethical behavior within a given profession. Professional identities are grounded in ethical perspectives and moral principles, which guide professionals in their decisionmaking regarding what is appropriate or inappropriate conduct vis-à-vis the colleague or client.

Blasszauer (1995), a respected physician and medical ethicist in Hungary, lists six approaches to ethics that are relevant for the helping professions: The religious or theological, the intuitive or hedonistic, deontology, teleology, the golden rule, and the ethics of situations. During the past decades these six approaches were condensed for the most part into two: deontology—as per the great philosopher Immanuel Kant—and teleology. These are the approaches used in various parts of the world in solving ethical dilemmas. Before concentrating on these two ruling theories in ethics we shall briefly discuss the theological approach, the first theory about morals from which all other theories of ethics emanate.

THE THEOLOGICAL APPROACH

The theological approach represents the common denominator of all religious streams based on belief in one God (or in several Gods). Attitudes to ethics and morals are reflected in the sacred declarations, laws, prophecies, and rules of conduct in writing and in oral tradition that are handed down from one generation to the next. In all monotheistic religions one can find love of God and one's fellow human as a major subject; and even if their attitudes to ethics is dissimilar, common to all of them is a perception of ethics as God's command, meaning that good and bad is judged by God. The prize awarded to those

who do good and the punishment for those who do bad are included in this approach, and it serves to coerce people to do what is good in the eyes of God. In the Jewish religion for example, the fifth commandment declares: "Honor your father and your mother to lengthen your days upon the earth your God gave you" (Exodus 20:12). Here one finds the prize of those who fulfill this commandment—in longevity.

All the monotheistic religions place an emphasis on morals, and particularly on virtues, values, and love and respect for fellow humans. Common to all these religions is that they investigate and explain morals without reference to reality or to the social processes that are prevalent in a given society at a certain historical time, and they do not offer a rational explanation why evil, injustice, and violence exist in the world. Is it possible that God can be merciless? In his book *Good and Evil* Buber (1953) maintains that questions exist that are impossible to answer, such as, "How can evil exist when God exists? (p. 60).

According to the ethicist and philosopher Frankena (1973), theological theories determine what is considered the final criteria of moral behavior, or the ethical value that is created as a result of an action. Therefore, a certain action is good only if it creates more good than bad, and an action that will not create more good than bad is bad. The helping professions are interested in creating more good than bad, and all of them wish to see social justice as envisioned by the prophets. In social work, emphasis is placed on "normative ethics" because of its direct relevance to practice. Reamer (1999) claims that theories connected to normative ethics comprise the two main groups of theories in ethics mentioned previously, deontology and teleology, by creating norms of behavior generally accepted as ethically right, proper, and good.

THE INTUITIVE OR HEDONISTIC APPROACH

The intuitive approach to ethics claims that all "common men" are able to recognize by intuition or by keen visual perception, and without rational thinking, what is a good action or a bad one in terms of morals. Yet, it is impossible to base this approach on science or logical theory and to explain what makes such an action good or bad.

Some two thousand and four hundred years ago in ancient Greece there appeared a new ethical approach. Its main component was the notion that a morally good deed leads to a feeling of happiness and joy. This was the hedonistic approach to ethics. Among the philosophers who adopted this approach was Epicurus who lived between the years 314 and 270 BC. This philosopher declared that, even if a person wishes to attain happiness and pleasure, he or she must refrain from the extreme pursuit of bodily pleasures. For Epicurus, spiritual pleasures were far better than sensual ones, for they last longer. The great Roman philosophers, such as Seneca and Cicero, followed Epicurus and said that peace of mind, serenity, friendship, and harmonious relationships with others are spiritual pleasures open to all people.

In his wonderful book, *De Senectute (On Old Age)*, Cicero claimed: "pleasure hinders thought, is a foe to reason and, so to speak, blinds the eyes of the mind. It is, moreover, entirely alien to virtue" (Cicero, 1909, p. 60).

THE DEONTOLOGICAL APPROACH OF IMMANUEL KANT

Deontology stems from two Greek words, *deontos* and *Logos*. The first word means duty, the second knowledge or science. Deontology is, therefore, the ethical theory of moral obligations and duties. For example, is used to denote medical ethics in Turkish medical schools (Erdemir, 1995). In the religious attitude to ethics, deontology means the duties commanded by God. The term was first used by the philosopher Jeremy Bentham in his book *Deontology, or the Science of Morality* published in 1834 (see Kelly, 1990).

Deontology existed long before Kant, the famous philosopher who turned moral obligation into an important ingredient of his philosophy. Honoring God's commandments, irrespective of existing conditions, the happiness of the individual or even of the community is the theoretical basis of Kant's deontology. In this sense, this approach to ethics is different from those of Epicurus or Cicero. The latter philosophers saw in happiness, pleasures, joys, and particularly in spiritual pleasures the final purpose of human life. Kant created the principle of "categorical imperative," which meant for him that a human being

must act in principle so that his action can become a universal rule. His categorical imperative validates the law (moral) formally and absolutely. In his deontology only what can be judged by objective, universal rules can be called good or bad. Kant maintained that the human being is a rational entity. One is capable of creating one's own norms of ethical behavior. If this is indeed true, then the theory of morality is rational and any theory can gain universal validity.

If we accept Kant's approach as necessary and sufficient for normative ethics in the helping professions, then searching for other theories of ethics is unnecessary, for the moral law obligates the individual unconditionally. Thus a physician, for example, who accepts Kant's deontology as binding, believes that killing a fetus is an immoral act in itself, irrespective of circumstances, even if such an act may lead to the survival of the mother.

The same rule applies to the social worker and the doctor telling the truth to a client or patient. According to the theory of Kant, truth telling is always right. Similarly, keeping a promise given to a client or patient is necessary as per Kantian deontology, and the same applies to keeping contracts made with clients and patients, colleagues, and organizations. Deontology negates the prevalent approach that the goal sanctifies the means, especially when the means violate the law or the right of the human being.

Several problems are related to deontology. One of them refers to the language we use regarding what is right or improper, basically or as a matter of fact. Ethical conflicts can be created that are difficult to solve. For example, in the case of the doctor who is loyal to the deontological approach to ethics, and therefore will not kill the fetus in order to save the life of the mother when medically no other solution exists, the right of the patient to self-determination was not considered.

Frankena (1973) argued that Kant's reasons for keeping a promise are not always reasonable and convincing. Moreover, one cannot disregard the conflicts that can arise between opposing duties. Sometimes, keeping a promise can prevent the doctor or the social worker from giving the necessary help to the client or the patient, for example, a doctor who promises to tell the patient the truth about his or her health but is afraid that the truth will lead to the patient's suicide. Furthermore, the laws and regulations of a country or a society are not always sufficiently clear or precise and may at times conflict with each

other. Some laws may be simply immoral, such as discrimination on a religious, racist, or political basis.

THE TELEOLOGICAL APPROACH

The second major group of theories in ethics more prevalent today than deontology is the teleological, or the utilitarian, approach. This group of ethics stems from the ancient Greek concept of *telos*, meaning to bring something to its end or final goal. The roots of the utilitarian approach are also embedded in hedonistic philosophy, according to which the ethical value of a certain act is dependent on its utility, and the utility itself is expressed in the result that should be the best one in the short term.

Utilitarianism is the most prominent consequence-based theory. The classical origins of this theory are found in the writings of Jeremy Bentham (1748-1832) and John Stuart Mill (1806-1873). Problems with this theory include immoral preferences and actions, for example, obligatory suicides by frail elderly, or obligatory donation of body parts such as kidneys or livers by the sick for the benefit of the healthy majority. Still another problem in this theory is unjust distribution of social resources, especially in cases in which the interest of the majority overrides the rights of the minorities (Beauchamp and Childress, 1994).

As a theory in ethics, the utilitarian approach emphasizes that the economic resources of a society should be distributed in such a way that they will bring the greatest good to the largest number of people. This theory aims at correcting several shortcomings of the deontological approach. It wishes to enhance the good for others too, not only for the individual. It is based on the question: Which act will advance the greatest good over the bad?

Frankena (1973), among others, differentiated the following three kinds of utility:

- *Act utility*, in which the central question is: What influence or result will my act exert on the balance between the good and the bad?
- *Overall utility*, in which the central question is: What will happen if all people behave in such and such a way? For example, if all physicians and social workers become private practitioners?

- *Legal utility*, in which the central question is: Which laws will advance the general good for everybody? This is the main question in social policymaking. For example, what benefits should be given to families with large numbers of children, or with elderly parents?

Reamer (1999) claims that some philosophers who adhere to utilitarian theory in ethics are naive to think that decision making can be ethical without first considering the possible results of such a decision. Therefore, the responsible approach is to try to envision the results of a certain action before doing it. "The ethics of actions" sees all actions that cause pleasure or happiness and prevent pain and suffering as being both ethical and moral.

Two versions of this theory exist: The utility of the acts and legal utility. According to the former, if a certain act promises the best results then it is right, irrespective of whether or not it violates a social law. The latter says that the properness of an act is determined in relation to the social law that stands as a criterion. The ethical purpose of the act determines not only the personal happiness of the individual who makes it but also the common good for a society.

Any act that benefits the greatest possible number of people is considered good from the perspective of the society. Thus the social worker or the doctor need always to weigh which act will benefit the greatest number of people. This approach to ethics sounds good, but it brings in its wake many dangers. For example, who decides what is best for the majority of the people, or what act will lead to the greatest happiness for them? Is it possible to make such a decision at all? What about the happiness of the minority? How can one envision and evaluate the future happiness and utility due to a certain act?

Reamer (1999) said that it is possible to use the utilitarian approach to ethics to justify opposing approaches to the "common good." He gave an illustration in which a social worker needed to decide whether to notify the authorities about a client who made unlawful use of the money received for the welfare of his family. The question raised from the perspective of the utilitarian approach is whether the utility the client receives from the fraud is equal to the laws of society or superior to them:

A main problem in the utilitarian approach to ethics pertains to different people bringing their worldview and the education they re-

ceived in their respective cultures into their considerations regarding the rightness or wrongness of a certain act. Critics of the utilitarian approach, such as Zarday (1987, as quoted in Blasszaver, 1995), claim, for example, that:

The utilitarian approach is a poor principle regarding the distribution of scarce medical resources and their use. This approach is prone to lead to serious inequality and cause substantial harm to individuals and minorities in society if it will treat the individual as "the average man" in the community. The utilitarian approach causes dehumanization in medicine and in other areas. (p. 6)

THE THEORY OF MORAL COMMITMENT

Both deontology and teleology are deficient and inadequate to serve as the most appropriate theories of ethics for the practicing professional. Both deal with moral judgments in concrete situations and are general in their natures, and both are based on subjective perceptions of what is good or bad. Ethical determinations are always relative to a particular historic time and people in specific circumstances. Samuelson (2001) said: "no matter how morality is to be judged, the judgments that is rendered is never merely opinion" (p. 225).

A theory of ethics that is based on a critic of the utilitarian approach was offered by Frankena (1973) in the 1970s. He called it "the theory of moral commitment." This theory is in fact a mixture of the two main groups of ethical theories: deontology and teleology. According to Frankena (1973), we have no moral obligation to do a thing, whether as a primary obligation (such as keeping a promise) or as a practical obligation (one that is actually right). Instead, we have to act as in the ethics of situations, meaning to do something that is not connected directly or indirectly to what makes a person's life good or bad. If not our deeds then at least our laws should have influence over the size of the good and the bad and on the balance between them, for morality exists to serve human beings—human beings do not exist to serve morality.

In the center of Frankena's (1973) theory is the principle of beneficence and justice, as mentioned previously in this book. Justice precedes utility, but no recipe or prescription can show when a certain act

is just. These two principles together define the commitments of the helping professionals. Frankena is aware of the possible conflicts between the two principles and indicates that there is no satisfactory solution. These principles are prone to conflict with each other both at the individual and at the social policy level.

THE GOLDEN RULE APPROACH

In 1975 a Swiss physician, Peter Hammerly, was charged with committing passive euthanasia on ten elderly patients. He stopped the machines that supplied them with intravenous life support and thus caused their death. The doctor defended himself saying that he acted in accordance with the "golden rule" that is prevalent among physicians in medicine. He said that he never did anything wrong, never asked for any benefit from his patient, and never did anything that he would not have done for his mother or father if they would have been in a similar condition. He even added that if he were in the same situation as his former patients he would wish that his doctor would behave toward him in a similar manner (Russell, 1977).

The principle of the golden rule is based on the famous dictum of Rabbi Hillel: "What is hated by you, don't do to your friend." This same theory is proposed in Matthew 7:12 and Luke 6:31. Fletcher (1997) developed his theory of situational ethics in the late 1960s as a result of his critique of legalism and antinomianism. Legalism claims that fixed moral laws exist that are to be obeyed at all times. Antinomianism maintains the contrary, that is, that no fixed moral principles exist and one's ethics are spontaneous. Fletcher advocated a middle way between these two approaches to ethics. He maintained that "our obligation is relative to the situation; but obligation in situation is absolute" (p. 27).

Fletcher proposed a key principle with which to guide moral decision making: Rather than obeying rules one should act in the most loving way possible. In Fletcher's situational ethics emphasis is placed on the idea that people come first, not principles. His theory does not ignore the past, the tradition of the Christian heritage, but it is not entirely bound by it. Situational ethics contains six fundamental principles based on the concept of love. These principles are the following:

1. Love only is always good
2. Love is the only norm
3. Love and justice are the same
4. Love is not liking
5. Love justifies the means
6. Love decides there and then

The only time the law should be obeyed is if it serves the interest of love; law should never be obeyed for its own sake. Many doctors subscribe to this dictum and act in accordance with its message regarding ethical matters. Yet, even if that dictum expresses practical wisdom, it is insufficient as the norm in human relationships. Blasszauer (1995) explains that such a principle would negate the social moral, for each individual would be able to decide what is moral or immoral for him or herself. The golden rule can be accepted by people on the condition that both the person making and the person receiving the consequences of the decision agree to the decision.

SITUATIONAL ETHICS

The last among the various theories of ethics discussed so far is situational ethics. Many doctors call it "clinical ethics." They think that this is the only ethics that one can rely on in reality, in real practice, in which each ethical decision is dependent on the specific situation at hand. In the ethics of situations no principles or general guidelines guide the decision maker. Everything depends and is based on the immediate situation and on the existing conditions. Thus, for example, those who accept this approach to ethics would not negate, nor would they accept, the principles according to which they should decide whether or not to conduct an abortion.

The ethics of situations is an extreme one because it views any situation as unique and singular, and does not recognize any norm of behavior. Blasszauer (1995) notes that it is hard to deal with the singularity and the uniqueness of each case. The education and the experience of the decision maker will be influential. Criticism of situational ethics is based on the fact that it rejects professional rules and disregards universal morality.

This ethics does not recognize the existence of moral values and narrows down the value of morality in an extreme way. Situations exist in which it is impossible to make a decision according to only one's conscience. To base one's actions on one's conscience without reference to a body of knowledge is insufficient. The ethics of situations can become a real danger to the medical profession, for it allows one to escape from the rules of law and morality, and to engage in inconsistencies in decision making regarding the life of the patient.

A major problem with situational ethics is that it is impossible to foresee the long-term consequences of one's actions. Another problem is that decisions may be based on personal whims rather than on universally accepted moral norms. Ethical decisions cannot be based solely on love or solely on practical, functional, or ethnocentric values. One should always weigh whether an action is morally right or wrong before the action is taken. No love can make a wrong action right.

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