

# *Ethical Reasoning & Confronting Relativism*

Ethics: Bioethics (Spring 2015)

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# Case of Baby Theresa

## ► Questions to ask:

- Are anencephalic infants alive or dead?
- Does Baby Theresa have any morally relevant interests?
  - Is biological existence *intrinsically* valuable?
- Is it legally and morally permissible to remove organs from a live donor, thereby killing the donor?
- Do physicians have an obligation one way or the other?
- What are the parents' obligations to the infant, to other infants?
- How can a hospital craft responsible policy in these sorts of scenarios? What place does public opinion have, if any?
- ...others?

# Case of Baby Theresa

## For Live Donation

- ▶ **General principle (GP):** “*If we can benefit someone without harming anyone, we ought to do so.*”
- ▶ Quality of life, not mere existence, is what matters morally.
- ▶ What are moral reasons for not “using” someone, and what does this mean?
  - Autonomy, best interests, substituted judgment N/A
- ▶ **Refutation: Sometimes sacrifice is morally and professionally permissible**

## Against Live Donation

- ▶ Will it benefit others...yes
- ▶ Will it harm BT...
  - Pain, suffering, anxiety? ...no
  - Hastened death...yes
    - **Refutation: Sanctity of life**
  - Using the infant...?
    - **Refutation: slippery slope, dignitary harm**
- ▶ GP does not apply when killing, especially innocents and especially for doctors

# *Remaining Questions...*

- ▶ Does the stated GP entail *supererogatory acts* or *strict obligations*?
- ▶ What is *dignitary harm*?
  - Can an anencephalic infant suffer this kind of harm?
- ▶ How do we and should we make quality of life judgments?
- ▶ How significant a concern is the slippery slope argument?
- ▶ Should physicians ever knowingly hasten death?
  - Is there a relevant moral distinction between *killing* and *letting die*, and is that distinction relevant here?

# *Other Cases:*

## *Jodie & Mary // Tracy*

- ▶ Break into groups! Diagram in a way that you find helpful!
  - **Reasons used by opposing sides**
    - **Support** for those reasons? (additional arguments, legal precedent, scientific facts, etc.?)
    - Do those reasons **support the conclusion?**?
    - **Refutations** of those reasons by the other side?
    - *Feel free to challenge or question analysis offered by Rachels & Rachels*
  - Do you see room for minimal agreement, negotiation, other positions?
    - Beware false dilemmas!
  - Are there useful *analogies* or illuminative *disanalogies* in the different cases that can help us figure out what ought to be done?

# Cultural Relativism



Are these cultural boundaries all that clear in all cases? What constitutes a culture?



Can only judge by light of own culture...but what is the value of coherence?



Tolerance as a *universal* virtue.... contradiction



# *Cultural Relativism*

- ▶ **OBSERVATION:** Culture A and Culture B have different values.
- ▶ **CONCLUSION:** There can be no universal values.
  - (So we should not judge other cultures, since doing so would incorrectly assume there are independent standards, and we risk cultural imperialism.)

# *Cultural Relativism*

## ▶ *Problems (among others)*

- Over-simplified observation, since different value beliefs can break into
  - **Commonly held values +**
  - Different social, historical, religious/cosmological, environmental circumstances
- Moving from *descriptive* premise to *normative* conclusion (is-ought)
- Can make moral judgments without authorizing imperialistic measures
- Threat of collapse of all meaningful ethical reasoning

# *Discussion*

- ▶ How do you foresee cultural relativism posing distinctive challenges for bioethics?
  - For example: Imagine physician and nurse from vastly different cultural backgrounds and ethical assumptions
- ▶ How might cultural differences be addressed in a responsible manner without falling into relativistic thinking?
  - Examples?

*Questions?*

»» COMMENTS?