

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?
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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?