

Moral Reasoning in Medical Ethics

Maja Zitinski-Soljic, Ph.D.

Veleuciliste u Dubrovniku
(The Polytechnic of Dubrovnik), Croatia

Summary

Advances in biology and medicine challenge medical professionals in a new sense. Considering issues from a strictly clinical case oriented approach means that the nature of patient's clinical situation has been correctly apprehended. Since the medical decisions rely upon externally imposed constraints, whereas ethics functions as self-imposed constraints, the medical routine might come into conflict with patient needs. Values are aspects of truth and therefore are not relative. Pure questions of value as distinct from questions of fact refer to questions of how the humanistic, interpersonal or emphatic aspects of medicine reflect what to another person means the difference between utilitarian and deontological action guided prospective. Morality is not rooted only in reason, but in moral reason, so it is important to grasp how social impact of responsibility, duty and obligation affect citizens who do not want to be passive consumers of a new medical routine any more.

Introduction

In order to reexamine and clarify the "ethical status" of citizens in the "New Era", bioethics is concerned about the ambivalent nature of advances in biology and medicine, fields in which people are directly involved. One's ethical status includes the ethically significant goods and bads that result from practices, exhibited by new specialists who originally are servicers of human needs. Specialists are typically conditioned to see the world from the perspective of instrumental knowledge, which might fail to provide an adequate grounding for appreciation of ethical theory in circumstances when patients become more sophisticated, more demanding and more informed about the options available to them. Since physicians make ethical decisions on the most applied level, bioethics focuses on how certain standards and values guide physicians

in making difficult medical choices.

Ambiguities of "value-words"; the idea of relativity in ethics; teleological versus deontological theories, and the nature of value judgment, are some of the encountered issues.

Bioethics Is What its Main Issues Are

The term bioethics is usually used in a way that includes medical ethics¹ as a subset. Biomedical ethics considers problems from a strictly clinical case-oriented approach, and bioethics deals with the same issue from a more general and philosophical approach. If the nature of a patient's clinical situation has been correctly apprehended, it does not mean that the course of action will be morally justified.

Biomedical ethics is a branch of applied normative ethics, and therefore no restrictions placed on the exercise of patient's rights and protective provisions can be justified. Civic ethics of authenticity and civic ethics of autonomy require all persons be treated equally. This means that discrimination not only against some persons, but discrimination in favor of some persons will also be ethically wrong! Discrimination in favor of some persons disturbs the appeal for equal treatments of those who are not given full access to the benefits that the new technology and knowledge make available. Namely, if civic moral ideals are not carefully distinguished from totalizing character of communitarian moral ideals, only high-ranking individuals will be favored.

Physicians are not confronted only with perennial moral problems; powerful techniques of intervention emerge from new technological knowledge production systems, which deepen and redefine their moral responsibilities in recent years.

Citizens in the post-industrial society expect to see a medical-care system as being there to serve their needs and are ready to change their allegiances quickly if their requirements are not met. Therefore, a successful healthcare enterprise will listen to the voice of "the customer" and concentrate on customer satisfaction. Otherwise it would not be capable to develop the responsive, high quality service.

The general public is "the customer" and therefore deserves to be kept informed and protected. The physician's professional privilege to prescribe what is right for others and what they therefore need, coincide with increasing concerns for human rights issues and a more active patient's role in healthcare decisions.

¹ Mark G. Kuczewski: Bioethics: History & Resources;
<http://www-hsc.edu/~mbernste/tae.histandref.kuczewski.html> page 2 of 6

In this regard, principles of Medical Ethics² urge medical professionals to recognize responsibility not only to patients, but also to society, and law; recognize the responsibility to seek changes in those requirements, which are contrary to the best interests of the patient.

Medical experts decide what shall be done with, or to the sick. Medical experts will succeed in creating the need for their mediation particularly in the case when citizens will be willing to accept that which experts imputed them as a need.

The critics (Ivan Illich)³ denounce medical professionals for maintaining unjustifiable power over laypersons at the point professionals claim special, incommunicable knowledge not just about the way things are, and are to be made, but also about the reasons why their services ought to be needed.

New Professional's Prospective and Ethical Prospective

As Hare⁴ indicates, value-words like 'good', 'right', and 'ought' have its 'instrumental' (hypothetical) or non-moral uses, and its 'intrinsic' or moral uses. These two meanings are not the same in any of their contexts. The choice between the two occurs not between right and wrong, but between right and right!

As we know, medical decision making procedure functions as a system of externally imposed constraints on the course of action. It is dependent on the objective clinical situation of a particular patient, and it is performed to the patient's best interest. In this respect, the idea of beneficence is understood from the perspective of medicine. The principles referred to, will be implicitly moral ones only if they are parallel to the person's own values and beliefs.

On the other hand, ethics functions as self-imposed constraints. The idea of personal autonomy in moral philosophy is self-governance, "A person's decision is autonomous if it derives from the person's own values and beliefs, is based on adequate information and understanding, and is not determined by internal or external constraints that compel the decision."⁵ Simply, the idea of beneficence, as understood from the perspective of the patient, differs⁶ from the prospective of a medical expert. Since respect for autonomy implies

² Windt, Peter Y.; Appleby, Peter C.; Battin, Margaret P. (et al.): Ethical Issues in the Professions), pg. 567

³ Ivan Illich: Professional Dominance (Windt, Peter Y.; Appleby, Peter C.; Battin, Margaret P. (et al.): Ethical Issues in the Professions),pg.25-26

⁴ Richard Hare: The Language of Morals, pg.160

⁵ Beauchamp, Tom L. & McCullough, Laurence B.: Medical Ethics-The Moral Responsibilities of Physicians, pg. 44

⁶ "Autonomous, informed patients have the right to decide that medical intervention to prevent death is

noninterference within person's beliefs, values, and exercise of an autonomy right, physicians should consider seriously how to determine the responsibility for their patient in order not to impair the patient's contribution to the decision-making procedure, and to acquire a realistic, "three-dimensional", interactive experience.

Debashis⁷ points out how specialist's thought sometimes becomes frozen and paralyzed in a given context because the specialist tend to see the world from the perspective of instrumental knowledge. The specialist "is a person who knows more and more about less and less." In his view, when the specialist cannot solve problems "with a small hammer", he looks for a bigger hammer rather than a different instrument!⁸

Principles can be applied in innumerable ways. The two, dominant, fundamental types of ethical theories in contemporary philosophy are Utilitarianism and Deontology.

John Rawls⁸ notes how important it is to distinguish between "the justification of a rule and the justification of a particular action falling under it".

The utilitarian typically stands in a position of the legislator, he emphasizes rules and looks to the past.

The deontologist typically assumes a "reasonable person" position and looks to the future.

Utilitarian hold pleasure and satisfaction for majority is the fundamental value. John Stuart Mill even proposed human happiness is the highest good! For the deontologist this is unacceptable, because all humans already by nature are oriented towards happiness, so no additional moral appeal to become happy is ever required! Thus, natural inclination has no moral value it has only legal value.

Utilitarianism measures the consequences of each individual action according to whether it maximizes good for the entire human community, regardless of the harm, which might result from it. Utilitarian approves the standpoint, although it does not provide the answer whether the majority decision might be wrong! Utilitarian accepts the view that ends do justify means! Implications are obvious: destructive means will destroy the most positive objectives!

The employment of the "Principle of Utility"⁹ allows suffering for a small minority. Injustice to a minority, or even only to one individual, should be qualified as wrong!

unacceptable; these patients have the right to refuse further treatment, even in the face of certain death." (Beauchamp, Tom L. & McCullough, Laurence B.: Medical Ethics-The Moral Responsibilities of Physicians), pg.45

⁷ Chatterjee Debashis: Leading Consciously-A Pilgrimage Toward Self-Mastery, pg.20-21

⁸ John Rawls: Two Concepts of Rules (Theories of Ethics, Edited by Philippa Foot), pg. 145

⁹ Windt, Peter Y.; Appleby, Peter C.; Battin, Margaret P. (et al.): Ethical Issues in the Professions, pg.529

Paradoxically, the fundamental reason to be considerate toward others is not the impact on them, but the consequences for oneself.

The deontologist focus on duty and respect for universal rules and carefully care not to confuse universal rules for absolute rules! They hold ethical reasoning of the individual must rely upon general social principles that “rational persons in certain ideal situations would agree upon and adopt”¹⁰ This means that all justifications must be based on human action, motivated for the right reasons such as an appeal on individual rights. Certain behavior is simply wrong, regardless of goods that it results.

The moral worth is an intrinsic value, therefore it must lie in the act itself and is not contingent upon either your happiness or any other consequences brought about the act. Or, as Windt¹¹ asserts, “acts are good for the sake of what is right and not because of the consequences they might produce.”

Whether deontology does, or does not exhaust all possible moral-reasoning modes, it clearly divides values into extrinsic and intrinsic ones.

Extrinsic values extend to goods such as health, wealth, beauty, intelligence, and happiness. These are certainly valuable, but “they are not good without qualification because they have the potential to create both good and had effects when they are used for purely selfish ends.”¹²

Even human happiness-which Mill held as the highest good-can, according to Kant, create complacency, disinterest, and excessive self-assurance under certain conditions. Extrinsic values typically rely on inclination, precisely on something that we like, but with no regard to the question whether it is right or wrong!

According to Kant, reason is the faculty that can aid in the discovery of correct moral principles; thus it is reason not inclination, that should guide the will.

Social Impact of Physician’s Authority

Given a lack of consensus on what “bioethics” actually refers to, particularly in the case of an apparent conflict between medical routine and ethical requirement for patient’s autonomy, what is one to do? Or, what is the “social status” of a medical procedure conflicting the patient’s right to protect his own human dignity in circumstances when designed practices do not

¹⁰ Windt, Peter Y.; Appleby, Peter C.; Battin, Margaret P. (et al.); Ethical Issues in the Professions, pg. 530

¹¹ Windt, Peter Y.; Appleby, Peter C.; Battin, Margaret P. (et al.); Ethical Issues in the Professions, pg. 531

¹² Windt, Peter Y.; Appleby, Peter C.; Battin, Margaret P. (et al.); Ethical Issues in the Professions, pg. 530

improve his state of health nor protect him from utilitarian rules? Should the proposed medical procedure and practice be judged as unethical?

Herrera¹³ adds: “what is less clear is how we would distinguish an ethical law from an unethical one.”

In a democracy¹⁴, “the power to make laws, execute them, and achieve public justice must derive from the citizens themselves”. So if an average citizen acquires more knowledgeable view about health care he will not be in a position of a passive consumer of a new medical routine beyond his control. He will come to view physicians less as his trusted advisors, and more as medical consultants who make decisions with him, rather than for him.

The traditional view resulted from the place of the physician in history, when patients invited physicians to take responsibility for them. In return, the physician did not advise the patient of variety of possibilities to decide, and generally did not reveal to the patient his own processes of thinking in the way that a lawyer characteristically does.

The authority of the physician over the patient is not the only kind of authority exercised in medical practice. There is also the authority of the senior physician over the junior, and this sort of vertical interpersonal communicating style is, Macintyre¹⁵ argues, “so very nearly without parallel in the rest of our contemporary experience.”

To inquire of how physicians might be held accountable for upholding the ethical standards of their profession if the treatment program is not responsive to patient needs, a broader standpoint, rooted in virtue ethics is necessitated.

In the strategy of the decision-making procedure, the course of action in really significant choices occurs not in the dilemma upon right versus wrong! In circumstances when opposite parties stand firmly in one of the basic, core values, (such as individualism versus collectivism), the genuine dilemma center upon right versus right!

Alasdair Macintyre¹⁶ rises the question, “whose problems are the problems of medical ethics?” Traditional answer focuses the responsibility upon physicians and medical administrations. Macintyre disagrees, and suggests the answer we ought to give is that problems of medical ethics are the problems of patients!

¹³ C D Herrera: How are Law and Ethics Related;
<http://www-hsc.usc.edu/~mbernste/tae.ethics&law.herrera.html>, page 2 of 5

¹⁴ Windt, Peter Y.; Appleby, Peeter C; Battin, Margaret P. (et al.); Ethical Issues in the Professions, pg. 28

¹⁵ Philosophical Medical Ethics: Its Nature and Significance, Edited by Stuart F. Spicker and H. Tristram Engelhardt, pg. 205

¹⁶ Philosophical Medical Ethics: Its Nature and Significance, Edited by Stuart F. Spicker and H. Tristram Engelhardt, pg. 197

The physician's role in managing medical information depends on the sort of his culture's socializing pattern. It might be the "high context" communicating style present in a collectivist culture, as contrasted to the "low context", present in an individualist culture.

According to Hall¹⁷, the high-context style keeps most of the information "internalized in the person, and very little is in the coded, explicit, transmitted part of the message." The content of the information is implicit, ambiguous and deeply hidden in "circumstances". Therefore, cultures falling into the high-context style tend to communicate in an indirect fashion, favoring verbal ambiguities and feeling comfortable "talking for hours without clearly expressing an opinion".

On the other had, in the low context style the information is explicit, clear, and accurate,, There are four fundamental dilemma paradigms of right-versus-right choices, (presented by Kidder¹⁸) which stand as these models:

1. Truth versus loyalty
2. Individual versus community
3. Short-term versus long-term
4. Justice versus mercy

Communicating information to patients and to the general public depends on the style physicians use to disclose useful information. Telling the truth about the patient's condition can conflict with caring for the patient's welfare in the case when duties of proper care suggest a suppression of information. But, if physicians suppress relevant information in order to gain authority over laypersons, their combat for public support (two-way communication) in a democratic social environment will fail. To gain a new and higher public support of medical profession today does not mean to confuse it with publicity (one way communication with the authoritarian values inherent in them). Even if an authoritarian physician does things right, it doesn't mean that he "does the right thing"¹⁹. One-way communicating style enables physicians to pursue their professional power over laypersons and exploit the fears and prejudices of those who submit.

Are Ethical Values Relative?

Relativist view is rooted in cynicism, since it renders meaningless all attempts to compare

¹⁷ Rudolph F. Verderber: *Communicate!* Pg. 67

¹⁸ Rushworth M. Kidder: *How Good People make Tough choices*, <http://www.globalethics.org/pub/toughchoices.html>, page 4 of 11

¹⁹ *Ethics-The Heart of Leadership*, Edited by Joanne B. Ciulla, pg. 13

the diverse moral standards with one another and assess their particular worth.

A cynic typically has an irresistible need to expose his own practice as a very significant, for he claims, everything is relative and there is nothing worth admiring in this world! So, he pretends he is wiser from what he really is! His task results in damaging other people's incentives to strive for a better world. Cynics start tolerating defeatism in morals, which is worse than the evils they are attacking. Cynicism is a task in which it's agent is not fully aware of the damage, he is causing. Cynics discourage every positive practice, very often they accuse the opposite party for hypocrisy. Hence, the tendency to look for ideals to follow is not hypocritical-namely, ideals are prescriptive (normative) terms, and practices are descriptive terms. We should not be convicted of inconsistency, only for the sake of being aware of gaps between our ideals and our practices. As every cynicism becomes self-paralyzing, the purpose of endorsing relativity in ethics can be defined as an excuse for causing damage. Stace²⁰ considers that "ethical relativity can only end in destroying the conception of morality altogether".

Mary Midgley²¹ finds out a peace of information about those people, who pull downwards, trying to lower the ideals, are not necessarily cynics. They may still be idealists themselves. But these down-pullers, even when may be aiming at honesty, they don't make it clear why honesty should be thought so significant, when other, larger ideals like autonomy, freedom, independence, and truth, are dropped!

Relativists hold that everything is relative, and simultaneously reject the relativity of their own proposition!

The danger of relativism is that it disregards and ignores the diverse value systems, which enrich the human existence and form identities of other cultures. Values and virtues that enhance the understanding of human existence are inherently normative and universal. They therefore contain within themselves a commitment to truth, which transcends any particular morality and contribute to universal moral foundation of human existence, which serve as an argument against ethical relativism.

Like all other knowledge, values arise in problematic situations. Every value system in some form or other is a reflection of the question, "what man is?" Values are inescapable, everything we do, include our preferences or avoidance, full of value implications, referring to our attitudes for, or against something. "Valuation is a constant dimension of all human

²⁰ W. T. Stace: What is Ethical Relativism? (Philosophy-Contemporary Perspectives on Perennial Issues), pg. 521

²¹ Mary Midgley: The Problem of Humbug (Media Ethics, Edited by Matthew Kieran)pg. 47

existence”²².

Values are definitely aspects of truth. This consideration doesn't have only a descriptive relevance! The commitment to truth is a universal good, which Brinkman²³ (like MacIntyre) also defined as “ethics of inquiry”, since it can lead to the exchange between different moral orientations and foster critical questioning of our own moral culture and thus prevent us from remaining “imprisoned within our own standpoint.”

The process of comparison of different moral standards presupposes the existence of some superior standard, which is applicable to all. And the existence of such standard is precisely the basis for denying relativity, and accepting faith and hope about the possibility of moral progress.

If we accept the thesis that no one knows that right is, we still can't logically deny that there is any right. Edel²⁴ declares, “Relativity characterizes moral ignorance, not moral truth”.

The moral systems of different cultures should be viewed as expressions of different types of rationality, which nonetheless together constitute the unity of human reason.

Why Morality Is Not Rooted in reason solely

If we wish to provide an answer that all rational men would acknowledge as a reason for being moral, we must scrutinize practices, encouraged by reason solely, as distinct from practices encouraged by moral reason.

We must enquire whether it is by means of our ideas, -or, from reason alone that we distinguish between vice (evil) and virtue (moral good). Traditionally, philosophy is divided into speculative and practical. Morality is always comprehended under the practical division of philosophy, which means that morality has significant influence on human actions.

As Oldenquist²⁵ argues, human actions always go beyond calm and indolent judgments of the understanding. The decision-making process requires activities of promoting values, which would not only advertise what is good, but also ordain what is right. From this perspective, morals cannot be derived from reason alone!

As well as many philosophers, Gert²⁶ also denies the possibility that actions acquire their merit from conformity to reason, as if all immoral activities were due only to ignorance or

²² Abraham Edel: *Method in Ethical Theory*, pg. 188

²³ Klaus Brinkmann: *Volume 11: Ethics* <http://www.bu.edu/wcp/IntroV1.htm>, page 2 of 7

²⁴ Abraham Edel: *Ethical Judgment-The Use of Science in Ethics*, pg. 21

²⁵ Andrew G. Oldenquist: *Moral Philosophy-Text and Readings*, pg. 181

²⁶ Bernard Gert: *The Moral Rules*, pg. 200

irrationality! He states that, “Immoral action usually involves doing evil to those we do care about.”

Therefore, any misuse of a position of power which might result even in undesirable effects on third parties, should be labeled as unethical, in other words, corrupt!

Since virtue is not discovered by a deduction of reason, nor is the conclusion of reason, the reason appears to be an inactive principle!

David Hume²⁷ stated, “reason is the discovery of truth or falsehood.” This means that reason can aid in the discovery of correct moral principles, but the reason still doesn’t ascertain that moral principles will be pursued! Human reasoning is ethical only in the case if it claims that the opposite behavior is immoral. The fundamental reason for being moral is to avoid causing evil for others. In this respect, reason itself is a morally neutral principle!

Moral Rules

Since moral rules rather tell us what we must not do to each other, with any effort to specify what we should do in a positive sense, the positive choice remains “uncovered”. Therefore, moral rules have exceptions: in particular circumstances we should break them deliberately in order to be virtuous and accomplish positive requirements of moral ideals! Moral rules are not there to be followed blindly, which means the universal requirements should not be confused with absolute requirements! Morality consists from both, moral rules and moral ideals! And, as Gert²⁸ emphasizes, conservatives would prefer moral rules, since liberals adore moral ideals!

In order to give an account of notions such as responsibility, duty, and obligation, and establish options and theories of conduct, Searle²⁹ suggests that we should distinguish between two kinds of rules, regulative and constitutive rules.

Regulative rules regulate those activities which exist independently of these rules (the rules of polite table behavior regulate eating but eating exists independently of these rules). Although independent activities lack social meaning and therefore are logically dependent on the rules, these activities are noninstitutional, or brute facts.

Constitutive rules create and define new forms of behavior (create the possibility of, or define activity (the activity of playing chess is constituted by action in accordance with these

²⁷ Andrew G. Oldenquist: Moral Philosophy-Text and Readings, pg. 182

²⁸ Bernard Gert: The Moral Rules, pg. 63

²⁹ John H. Searle: How to Derive ‘Ought’ from ‘Is’ (Theories of Ethics, Edited by Philippa Foot), pg. 111-113

rules. Chess has no existence apart from these rules). Many forms of obligations are institutionalized like this, regarding the way of how fundamental good is conceived.

Obviously, regulative rules are not stemming from the heading of ethics, and constitutive rules are simply institutionalized practices! Constitutive rules might be very well accepted in the society and deeply embedded in tradition, but still they do not come from ethical judgment.

Both types of rules lack substance as a specific guide to conduct since they depend on feeling, and institutionalized emotional consensus. Therefore, the idea of responsibility, duty, and obligation must not be derived from rules. It should be derived exclusively from universal principles!

Since natural inclination and social compliance have only legal, or extrinsic value, as long as natural inclination and social compliance do not correspond to universal requirements,, they lack moral value!

The Nature of Value Judgment

A value judgment differs from other sorts of judgment. Alfred Ayer³⁰ states that, in so far as statements of value are significant, they are “scientific” statements; Evaluative criteria rely upon an apriori judgment and are appropriate even without reference to experience, because normative ethical concepts are irreducible to empirical concepts.

Obviously, intrinsic values are designed to stimulate action, encourage conduct, and provide an action guiding prospective. Thus, although this theory might be said to be radically subjectivist, it differs in a very important respect form the ordinary subjectivist theory! The main objection to the subjectivist theory is that the validity of ethical judgments, is not determined by the nature of their author’s feelings! For it does not imply that the existence of any feelings is a necessary and sufficient condition of the validity of an ethical judgment! If ethical judgments were simply statements about speaker’s feelings, than values would be arbitrarily invented, and it would be imposible to argue about questions of value! The job of evaluative statements is not only to express the speaker’s emotions, but to praise or condemn, and to laud or insult.

Sensory and observational truth conditions, as Thomas E. Hill³¹ points out, -show little light upon the meanings of evaluative statements. When we make value judgments, at the same time we make an assessment of our own values! This means that values have both,

³⁰ Problems of Ethics, Edited by Robert E. Dewey (et al.), pg. 400

³¹ Thomas E. Hill: the Concept of Meaning, pg. 210

descriptive and normative relevance. The intention to define the value phenomenon in terms of contents of consciousness fails: No unity can be discovered in consciousness of various people, various times, and various cultures judged.

Abraham Edel³² argues that if no unity in value phenomenon is found in consciousness, it is still possible that some sort of unity may be discovered at some other level, for example at the anthropological concept of culture.

Anthropological analysis asserts that the unity in the value concept doesn't rely upon the thesis that all men have some uniform qualities in consciousness, but in the fact that "the historical career of mankind on the globe,...has increasingly taken a unified form".³³

Richard Hare³⁴ asserts that statements of value are not controlled by observation, as ordinary empirical propositions are, but only by a mysterious "intellectual intuition".

William Frankena³⁵ also emphasizes that intrinsic values consist of intuitive judgments, which are held to be genuine synthetic propositions. Values cannot be either proved or contrasted, since pure questions of value (as distinct from questions of fact) are independent from any judgment related to existence!

Moralities always involve a value judgment, such as "Telling lies is wrong!" Although such a statement has the same grammatical form as the statement "the earth is round" it is not objective, because it does not state any factual truth or falsity at all. Moral assertions are different from descriptive statements otherwise they could no longer function to evaluate! A value judgment has the different logical status, -it refers to normative symbols, or an assumption about what is appropriate or desirable to do!

The true/false criterion does not apply to a value judgment, since the moral assertion performs a very different job from descriptive statements. To assess the quality of moral assertion the right/wrong criterion is needed! Symbols of right and wrong should never be involved in the meaning of purely empirical propositions because of its connection with commanding!

John Searle³⁶ maintains, "Put metaphysically, values cannot lie in the world, for if they did they would cease to be values and would just be another part of the world"

³² Abraham Edel: Method in Ethical Theory, pg. 192

³³ Abraham Edel: Method in Ethical Theory, pg. 194

³⁴ Problems of Ethics, Edited by Robert E. Dewey (et. Al.),pg. 403

³⁵ William Frankena: Perspectives on Morality, pg. 12

³⁶ John H. Searle: How to Derive 'Ought' from 'Is' (Theories of Ethics, Edited by Philippa Foot), pg. 110

Conclusion

Moral reasoning in medical ethics typically functions as a system of beneficence, as understood from the perspective of medicine. Physicians and other healthcare professionals should be held accountable for principles that guide their action, particularly in the case if the treatment program is not responsive to patient needs. The significant choice occurs in the dilemma upon right versus right! Principles can be applied in many ways. Utilitarianism and deontology are the two fundamental types of ethical theories, involved. Utilitarians measure consequences according to whether they maximize the good, regardless of some harm they might produce. Deontologists argue, acts are good for the sake of what is right, and not because of good consequences! Deontological principles count as universal values. Particularly in healthcare system, deontology takes into consideration emphatic aspects of medicine and acknowledges what to another person constitutes the difference between utilitarian and deontological guiding principles. Intrinsic values are rooted in moral reason and a firm stand against relativism. Immoral action involves unintentionally doing evil to those we do not care about. Responsibility duty and obligation should be derived from universal principles, not from rules. Paradigms are not arbitrary nor subjective, since its role is to evaluate and prescribe, not only to describe!

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