

HOW DOES MORALITY WORK? THE FUNCTION OF MORAL THEORY

Bioethics: Course Notes | Brendan.Shea@rctc.edu

Learning Outcomes. In this lesson, you'll learn to:

1. Explain and apply common criteria for evaluating ethical theories.
2. Identify problems with simple versions of divine command theory and ethical egoism.
3. Analyze the strengths and weaknesses of consequentialist moral theories.

In this lesson, we'll be talking about four of the most important **moral theories**, which deal with the foundations and justifications of moral reasoning. The four theories we will be discussing have all played an important role in helping to lay the foundations for contemporary political, legal, religious, and moral systems. In chapter 9, B-C argue that a proposed moral theory can be assessed using the following EIGHT criteria:

1. **Clarity.** The goal of moral theories is to help us make tough ethical decisions. So, the theory should use precise language and concepts, and avoid obscurity and vagueness.
2. **Coherence.** All of the parts on an ethical theory need to work together. The theory should avoid self-contradictions.
3. **Comprehensiveness.** The theory should cover as much ethical ground as possible. It should allow us to determine which actions are right or wrong in a wide variety of contexts.
4. **Simplicity.** Again, if the goal of an ethical theory is to help us make decisions, it needs to be as simple as possible (though it shouldn't be *too* simple, since this might mean leaving out important things). The basic concepts of an ethical theory should be simple enough for an average person to understand.
5. **Explanatory power.** The theory should answer some of the deep questions about morality. For example, what is the purpose of morality? Is it the same for every person and culture? What exactly *are* moral and legal rights?
6. **Justificatory power.** A theory is not just a list of rules—it should explain why certain actions are morally OK and why others are NOT OK. Among other things, an explanatory theory is easier to remember and easier to apply to new cases.
7. **Power (“Output”).** A theory should give us something of value, in that it should allow us to answer questions (such as “Under which conditions is physician-assisted dying morally OK?”) that we *didn't already know the answer to*. A moral theory that simply consisted of the rule “do whatever your gut tells you” would have low output power.
8. **Practicability.** A good theory needs to be realistic, in the sense that ordinary humans can actually live up to its demands. B-C suggest that utilitarianism (along with some versions of religious ethics) sometimes violate this, at least when they require people to do things like “give all of your possessions to charity.”

B-C argue that, insofar as no one of these theories is perfect, we ought to be **pluralists**—that is, we ought to feel free to use each theory when it is appropriate (for example, when we encounter certain sorts of ethical dilemmas), but also need to remember that each of these theories has its limitations.

TWO SAMPLE THEORIES: DIVINE COMMAND THEORY AND ETHICAL EGOISM

In order to see how the criteria work, it will help to consider two simple (and somewhat intuitive) ethical theories that are widely rejected by most ethicists (both historically and up to the present).

Divine command theory—“An action is ethical if and only if God says so.”¹¹

- The theory isn't especially **clear**—which religious texts or figures are we supposed to trust? How are we supposed to interpret these texts when they aren't clear? The theory isn't **comprehensive** or **powerful**, and historical religious texts provide little explicit guidance for how to handle many situations of interest to modern medicine. The theory also lacks **simplicity**, since the correct ways of translating and interpreting religious texts has been a matter of serious debate for

¹¹ While this simple (and popular!) version of normative divine command theory has well-recognized problems, there are a variety of more nuanced views concerning the relationship between religion and morality (many of which end up looking much more like “traditional” ethical theories). For more details, see Michael W. Austin, “Divine Command Theory,” in *Internet Encyclopedia of Philosophy*, June 2019, <https://www.iep.utm.edu/divine-c/>; John Hare, “Religion and Morality,” in *The Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta, Winter 2014, 2014, <https://plato.stanford.edu/archives/win2014/entries/religion-morality/>.

scholars for millennia. Many versions of this theory are not **practicable**, and make unrealistic demands on humans (giving up family, job, etc. to pursue a religious life).

- The theory isn't internally **coherent**. Many religions disagree on important moral issues, and most religious texts (the Bible, Koran, Vedas, and so on) seem to contain internal contradictions. Most versions of the theory also fail to cohere with important elements of the common morality (for example, many religious texts support slavery, stoning people, and so on).
- The theory lacks both **justificatory** and **explanatory power**. After all, if God decides what is good, then it is logically possible for God to change his/her mind tomorrow and make murder OK. And the fact that God promised not to do this is irrelevant: after all, the only thing that makes keeping promises morally worthwhile is God's approval (so, this too could change). On a more practical level, it's almost impossible to explain to someone who *doesn't* share your religious beliefs why they should accept punishments or judgments based on these.

It is important to note that many (perhaps most) religious ethicists are NOT divine command theorists in this sense. These thinkers hold that while religion is a good guide to what is moral, religion does not determine what is moral, and one cannot blindly follow religious texts or leaders. **Natural law theorists**, among others, often emphasize that it would be impossible for God to behave immorally, since this would be "contrary to God's nature."

Ethical egoism—"I morally ought to perform some action if and only if, and because, performing that action maximizes my self-interest."²

- The theory is perfectly clear—you should always do whatever suits YOU best, regardless of how this affects others. It's also very simple and internally consistent, since there is only one rule: maximize self-interest. For this same reason, it can easily be applied to each and every situation, has lots of output power.
- By contrast, the theory lacks justificatory or explanatory power (why on earth should other people agree that it's OK for you to ignore their interests, and pay attention only to yourself?). More importantly, it does not cohere at all with many central aspects of the common morality (for example, the common morality holds that lighting kittens on fire is wrong, even if you would enjoy doing so, and could avoid getting caught).
- Ethical egoism should be distinguished from the commonsense view that people who try to behave ethically generally lead happier, more satisfying lives. This latter view (unlike ethical egoism) is perfectly compatible with the fact that there are some circumstance (such as sacrificing your life to save someone else) in which behaving ethically really does involve self-sacrifice.

Other moral theories commonly rejected by biomedical ethicists include **cultural relativism** (the view that an action is ethical if and only if it is widely accepted in your culture) and **subjectivism** (the view that an action is ethical if and only if you happen to approve of it).

ISN'T IT ALL ABOUT THE CONSEQUENCES? CONSEQUENTIALISM AND UTILITARIANISM

Consequentialist ethical theories hold that the moral rightness (or wrongness) of an action depends *only* on the net consequences of the action. According to a consequentialist, everyone counts for exactly the same, and you ought to try to produce "the greatest good" (or, if you can't avoid causing harm, you ought to aim to cause the *least* amount of harm). Historically, the most influential version of consequentialism is **utilitarianism**, according to which the only consequences that matter are peoples' levels of well-being (or **utility**). While utilitarians disagree on the exact nature of utility, they generally agree that we ought to try to maximize things such as pleasure, happiness, bodily health, and the realization of peoples' preferences (we should try to make sure that people "get what they want").

Consequentialism is perhaps the simplest ethical theory to understand, and the other three theories we will be discussing in next lesson (deontology, rights-based theories, and virtue-based theories) can be seen as ways of altering or adding on to it.

- **Types of Utilitarians**³. According to utilitarianism, the only *fundamental* moral principle is the **principle of utility** ("Maximize net well-being"). However, different groups of utilitarians interpret this in slightly different ways:

² Robert Shaver, "Egoism," in *The Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta, Spring 2019, 2019, <https://plato.stanford.edu/archives/spr2019/entries/egoism/>.

³ John Stuart Mill's classic defense of utilitarianism is freely available here: John Stuart Mill, *Utilitarianism*, 1879, 19, <https://www.gutenberg.org/ebooks/11224>. For a contemporary introduction to the act/rule distinction, see Stephen Nathanson, "Utilitarianism, Act and Rule," June 2019, <https://www.iep.utm.edu/util-a-r/>. Finally, for a critique of utilitarianism (and a

- **Act utilitarians** claim that we can use the principle of utility directly to judge particular acts (by figuring out what the effects of the act would be).
- **Rule utilitarians**, by contrast, argue that we should use the principle of utility to change the rightness or wrongness of different *rules* or *policies* (for example, “don’t kill innocent people” or “don’t lie to your patients”), and then judge the morality of particular acts by reference to these rules.
- **Utilitarianism in Action: An Example.** Suppose that a physician has good reason to believe that a (fully competent adult) patient is making a choice that is harmful (for example, perhaps the patient is leaning toward having a dangerous, elective surgery). This choice may also indirectly affect others (e.g., the patient’s children). At least some utilitarians would suggest that a physician ought to try and discourage this action, even if it required “breaking the rules” (such as lying or withholding information). Of course, the physician also needs to consider the possible long-term consequences if these actions were found out (e.g., this might cause people to distrust the medical system, thus potentially causing more net harm than would simply letting the patient have the surgery).
- **Strengths.** Utilitarianism is very simple, clear, and internally coherent (all of the parts of the theory “fit together”). It provides explanations and justifications for the rightness and wrongness of many common actions. It is very useful in making “big picture” decisions about laws and policies (e.g., regarding health care financing, euthanasia laws, public health programs, and so on).
- **Weaknesses.** Act utilitarianism can be impracticable in many situations (especially those concerning personal relationships, since it is difficult to predict the effects of individual actions). Also, it cannot coherently be combined with three aspects of the common morality. First, it sanctions some apparently **immoral actions** (“sacrifice the virgin to appease to dragon”) and condones **immoral preferences** (“pedophilia *would* be OK if only the pedophiles enjoyed it more than the children didn’t enjoy it.”) Second, it is very demanding (“give ALL your money to feed the starving, except that you need to feed yourself”). Finally, it allows **unjust distributions** (“give the money to whoever will enjoy it the most, not to who ‘deserves it.’”) Becoming an act utilitarian thus requires that you give up large chunks of the common morality. [Rule utilitarianism does better on many of these problem areas.]

REVIEW QUESTIONS

1. Do you agree with B-C’s criteria for evaluating ethical theories? Are there any criteria you would add (or remove)? Which criteria, if any, do you find to be most/least important?
2. While divine command theory and ethical egoism have always been relatively unpopular among ethicists, they have remained consistently popular among “ordinary people.” Why do you think this is? Do you think the criticisms of these theories laid out above are good reasons for abandoning these views?
3. Suppose that you are given an opportunity to work for a biological weapons manufacturer, and that you are morally opposed to such weapons. It pays good money, and your family is OK with it. Further suppose that (a) if you take the job, you will not be especially hard-working, and will only churn out 5 weapons a year and (b) if you turn down the job, a biological-weapons fanatic will get it, and she will churn out 25 weapons a year (all of these weapons will immediately be used on civilians). What would a utilitarian advise you to do? What do you think?
4. One real-life application of utilitarian ethics occurred during the Black Plague. Many Italian cities (such as Florence) quarantined the sick in their houses, but suffered death tolls of >50%. Milan, however, began shooting strangers on sight, and quarantining entire neighborhoods the second a single person showed symptoms (this often led to everyone in the neighborhood dying, but prevented any chance of the disease spreading outside the neighborhood). Milan’s death toll was around 10% (including those killed by the police). What city would you rather live in? Which policy would you adopt, if you were in charge of a city? (Note: the numbers here are estimates, since reliable data is tough to get regarding this time period).