

WHAT ARE MORAL DILEMMAS? HOW DO THEY DIFFER FROM PRACTICAL DILEMMAS?

Learning Outcomes. In this lesson, you'll learn to (1) Describe moral dilemmas, and explain the different ways in which they can arise, (2) Identify B-C's four moral principles, and explain what it means for them to hold *prima facie*, (3) Explain how moral disagreement can arise, and identify solutions for resolving this disagreement, and (4) Describe how moral principles can be applied to particular situations using specification, weighing, and balancing..

B-C define **moral dilemmas** as “circumstances in which moral obligations demand or appear to demand that a person adopt each of two (or more) alternative but incompatible actions, such that the person cannot perform all the required actions” (11). They argue that these can occur in TWO distinct ways:

1. A person believes that there is strong (but inconclusive) evidence that an action is morally right AND other strong (but equally inconclusive) evidence that an action is morally wrong. [Example: Some people think that abortion is like this, since there is *some* evidence that the fetus is relevantly like an adult human and *other* evidence that the fetus is NOT relevantly like an adult human.]
2. A person believes that he or she is morally obligated to do two different, mutually exclusive actions. [Example: Some people feel that acts of removing life-support from patients in persistent vegetative states are like this, since they believe that they are obligated BOTH to refrain from killing AND to act in a person's best interests.]

In some cases, moral dilemmas can be resolved by thinking carefully through the issues; in other cases, however, it may be that there is no perfect solution, and that we simply must do “the best we can.” Moral dilemmas should be carefully differentiated from **practical dilemmas**, which occur when a moral obligation (“I should pay for my parents' medical care”) runs up against personal desire (“I want to buy a new car.”). Even in practical dilemmas, though, it may not always be clear what to do (e.g., what if morality requires that I sacrifice my own life? Do I really have to do this?).

WHAT ARE THE FOUR PRINCIPLES? HOW DO THEY RELATE TO SPECIFIC MORAL RULES?

In the context of biomedical ethics, B-C propose that there are four overarching **moral principles** that can be derived from the common morality¹:

- A respect for **autonomy** that involves respecting and supporting the right of people to make their own decisions.
- A principle of **nonmaleficence** that forbids causing physical or psychological harm.
- A principle of **beneficence** that requires we provide certain types of assistance and aid.
- A principle of **justice** that requires we distribute benefits, costs, and risks fairly.

In order to be applicable to particular cases, the four principles must be **specified** in terms of **substantive rules** regarding the morality of particular actions (“always tell the truth”), **authority rules** regarding appropriate authority (“at least two physicians must sign off on procedure X”), and **procedural rules** regarding processes (rules regarding the distribution of organs for transplant). Different people (or groups of people) will specify moral rules in different ways; this will lead to the creation of different particular moralities. Always remember: *while all moral people should agree on the principles of the common morality, not everyone will (or should!) agree with you on the precise specification of the rules relevant to a particular morality.*

To see more about what specification means, consider the principle “Do No Harm,” which is related to nonmaleficence. What does this mean for medical professionals? In order to give it any content, we first have to say *who* it applies to (Physicians? All medical staff?) and then say *what* sorts of specific actions it prohibits them from taking (does this mean they can't give shots?). For many norms, there are going to be tricky cases (so, for example, does “Do No Harm” allow for medical staff to help a terminally patient die, if this patient is already in pain). There are relatively few moral norms (such as “Do not torture” or “Do not rape”) which can be applied without any specification.

It is also important to remember that most principles and rules (even when fully specified) will hold only **prima facie** (i.e., unless there are other, stronger moral principles that they conflict with), and that there will always be “tough cases” in which it is difficult to determine what to do. In these cases, you must **weigh** and **balance** the relevant principles and rules by considering carefully all the features of the individual case you are considering. There are ALWAYS going to be some cases in medicine for which we don't have a single, well-specified “rule” that tells us what to do.

Overruling principles (p. 23). In order to justify overruling one *prima facie* moral norm in favor of another, it is important to consider whether you have

¹¹ For a short introduction to the application of these principles in a fictional context see Brendan Shea, “The Medical Ethics of Miracle Max,” in *The Princess Bride and Philosophy: Inconceivable!*, ed. R. Greene (Chicago, IL: Open Court, 2015), 193–203, <https://philpapers.org/archive/BRETIME-3.pdf>. For an extended debate/analysis of how they work in medicine, see “Journal of Medical Ethics: Festschrift in Honor of R. Gillon,” *Journal of Medical Ethics* 29, no. 5 (October 1, 2003): 265–312. <https://jme.bmj.com/content/29/5>

1. good *reasons* for doing so, [Example: “I want to save the patient’s life”]
2. a realistic chance of achieving your moral *objective*, [Ex: “I really can save the life by ignoring the patient’s stated wishes”]
3. carefully considered *alternative* courses of action, [Ex: “I tried to get the patient to agree and failed.”]
4. *respected* the violated moral norm so far as it was possible, [Ex: “I documented my action, and am willing to accept the penalty.”]
5. *minimized* the negative effects of infringement on everyone involved, and [Ex: “I made it clear that it was *my* choice, and that neither my coworkers nor the patient should be blamed.”]
6. treated everyone involved *impartially* (and have not showed favoritism to anyone). [Ex: “I would do this for *any* patient; I’m not treating this person differently because he/she is my spouse/parent/sibling.”]

Also, remember that principles that get “overruled” in a moral decision do not simply go away, but leave a **moral residue**. For example, suppose that you have promised to help some classmates with a group project but decide that you are morally obligated to stay home with a sick child. In this situation, you must find some way to “make it up” to your classmates; you can’t simply say “Oh well, there’s nothing I can do.” Finally, remember that not every moral decision involves a dilemma. In many cases, the principles and rules will be perfectly clear (for example, it is almost never OK to run dangerous experiments on patients without their consent).

WHAT CAUSES MORAL DISAGREEMENT? HOW CAN WE DEAL WITH IT?

Moral disagreement is a fact of life—well-meaning people can (and do) disagree about what the “right thing to do” is. This disagreement might result from any of a number of causes:

1. It may result from incomplete evidence, or from factual disagreement about the resources that are actually available (“how much money do we have?”), the likely results of a policy (“what might be the side effects of this policy, if we were to adopt it?”), or other things of this type.
2. The parties may disagree on which moral norms are relevant, how the norms ought to be weighted, or which specific rules ought to be applied in this particular case. For example, in cases of triage (where there are more people than can be treated using available resources), one person may emphasize duties of justice (“being fair”), while another may think about beneficence (“doing the most possible good, all things considered”).
3. There may be disagreement on the **scope** of a moral norm (“Does the principle of beneficence apply to animals?” “Does killing a human fetus violate nonmaleficence?”) or about the nature of a key moral **concept** (“Does disconnecting a feeding tube count as *killing*?”)
4. The case may be one of the “tough” moral dilemmas that concern a fundamental aspect of a general moral principle or rule. These are the toughest to resolve, since the disagreement concerns a “deep” or “fundamental” question of morality. (“Do we have obligations of beneficence to strangers? Or do these only apply to people that we have relationships with?”)

In many cases, moral disagreements can be cleared up if each person involved takes the time to clearly articulate their reasons (and to listen to what the other party has to say). In a few tough cases, however, there may be no easy solution. In these cases, one must try to adopt an attitude of *tolerance*—recognize that that other person (even though he or she may disagree with you in this particular case) is genuinely trying to do the right thing, and that he or she may well have just as good reasons as you do.

QUESTIONS FOR REVIEW

1. Give an example of a rule/law/moral norm that is related to each of the four moral principles laid out above.
2. The principle of nonmaleficence holds that it is *prima facie* morally wrong to cause physical or psychological harm to someone. Can you describe a case where this principle is overruled by one or more of the other principles. In this case, how would respect the “moral residue” left over by the principle of nonmaleficence?
3. In this activity, I’d like you to reflect on how people can have moral disagreements even when both disputants accept the common morality. To begin with, you should (a) briefly describe a debate that involves a disagreement that involves morality. Now, do the following (b) identify at least two important factual and moral beliefs that are **SHARED** between the two sides of debate, and (c) identify at least one important factual/moral claim they disagree with.
 - a. Example: Gun Control. (a) People disagree on what sorts of guns private citizens can buy. (b) On both sides, many people agree that people have a right to self-defense, that being killed is bad, etc. They agree that guns make it much easier to kill/intimidate people (c) One disagreement involves the *effect* of regulating guns. Some people think that regulating guns will reduce total deaths (because criminals using guns can kill people more easily than criminals using other weapons), while others think it will increase total deaths (because the regulations will mostly keep guns out of the hands of those trying to defend themselves from criminals). Many public health questions are like this.

CASE STUDY: BABY K²

“**Baby K** was born at the Hospital in October of 1992 with anencephaly, a congenital malformation in which a major portion of the brain, skull, and scalp are missing. While the presence of a brain stem does support her autonomic functions and reflex actions, because Baby K

² Matter of Baby K, 16 F. 3d 590 (Court of Appeals, 4th Circuit 1993).

lacks a cerebrum, she is permanently unconscious. Thus, she has no cognitive abilities or awareness. She cannot see, hear, or otherwise interact with her environment.

When Baby K had difficulty breathing on her own at birth, Hospital physicians placed her on a mechanical ventilator. This respiratory support allowed the doctors to confirm the diagnosis and gave Ms. H, the mother, an opportunity to fully understand the diagnosis and prognosis of Baby K's condition. The physicians explained to Ms. H that most anencephalic infants die within a few days of birth due to breathing difficulties and other complications. Because aggressive treatment would serve no therapeutic or palliative purpose, they recommended that Baby K only be provided with supportive care in the form of nutrition, hydration, and warmth. ...

The treating physicians and Ms. H failed to reach an agreement as to the appropriate care. Ms. H [because of her religious beliefs] insisted that Baby K be provided with mechanical breathing assistance whenever the infant developed difficulty breathing on her own, while the physicians maintained that such care was inappropriate. ... The Hospital filed this action to resolve the issue of whether it is obligated to provide emergency medical treatment to Baby K that it deems medically and ethically inappropriate. Baby K's guardian *ad litem* and her father, Mr. K, joined in the Hospital's request for a declaration that the Hospital is not required to provide respiratory support or other aggressive treatments. Ms. H contested the Hospital's request for declaratory relief.” **Who do you agree with—the hospital (and father), or the mother? Why?**