

# *Ethical Reasoning & Confronting Relativism*

Ethics: Bioethics (Fall 2014)

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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 duties* 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

- ▶ Break into groups and unpack the arguments similarly!  
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.)
- ▶ *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
  - 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?