

## Scientific Contribution

# A Method to Solve Ethical Dilemmas in Medicine

Yoshiro MAEDA

(University of Occupational and Environmental Health,

E-mail : y-maeda@med.uoeh-u.ac.jp)

### Abstract :

Many difficult ethical problems are faced in modern medicine. Recently, a tendency to make light of human lives has been observed. Within this environment, a reliable method to morally consider problems has been sought. So in this paper, first, the ethical dilemmas are identified in relationship between facts and values. Second, a method is presented to solve the ethical dilemmas. The method is as follows: (1) subtract facts from an existing case and make the domain of ethics visible; (2) analyze the complex of values by employing several principles as a system and extract all the possible ethical meanings; (3) compare the ethical meanings carefully and decide on their priorities within the case and make a decision on the action needed for the particular case. Thirdly by considering the case of selective non-treatment of a handicapped baby, this method is shown to make moral thinking possible. Finally, the article highlights the differences between the presented method and Beauchamp's method of specifying principles, which is the method to add a proviso to a main principle.

Keywords : facts and values, ethical dilemma, principles as system, No Self-impairment, Beauchamp

### Preface

Various ethical problems can be found in the field of medicine. Some of these problems have been treated according to medical ethics for many centuries. Examples of such problems include issues of confidentiality, euthanasia, and abortion. Certain new problems have been introduced because of technological

developments in medicine, such as those related to ES cells, death with dignity, and brain death and organ transplantation. These problems are included to the field of bioethics. In the general field of ethics, these serious problems are termed as “ethical dilemmas.” Is there any method to solve these dilemmas? How can we arrive at appropriate solutions? In particular, there seems to be some tendency to make light of human lives in modern bioethics. An effective method is required to consider medical ethics and bioethics. I propose a systematic method for that purpose. Before discussing such a method, however, it is necessary to identify the domain and problem of medical ethics.

### **(1) What is Ethics?: Identify the Domain**

To where does Ethics belong?

Aristotle characterized “ethics” in contrast to natural necessity.<sup>1</sup> For example, in physics, if we project an object of constant mass at a constant initial velocity in a constant direction, the result is always the same: the object arrives at same point. In this sense, such problems belong to natural necessity, namely “things that cannot be any other way.” Objects and processes in natural sciences are determined and have no room for any selection. Human affairs have different characteristics. For example, let us suppose that one person was engaged in a shoplifting. Then, does he continue to do this action after 5 or 10 years? He may do it from habit, or he may stop doing it with regrets. Thus, human affairs are not determined, and there is some room for selection in them. These matters belong to “things that can be other ways.” As long as we live, we are always exposed to decisions and selections, whether important or trifling.

In this variable, flexible field we are charged with our action. In this sense, we can say that ethics is possible in this unsettled selective field. The scientific judgments made by physicians are fact judgments; then these do not belong to ethics. However, the medical actions implemented by physicians are always carried out

in the variable and selective field. Therefore, these actions contain ethical meanings. As above, we can ascertain that ethics is only possible in this field related to choices and decisions.

### Definition of Ethics

Then, what do we study in ethics? These decisions are not made at random. They contain certain characteristics such as good, evil, desirable, undesirable, right, wrong, ought, and ought not. I will call such judgments that contain these characteristics “value judgments.” Therefore, we can define ethics as the science studying how to perform such value judgments in decisions.

These value judgments are penetrated into many areas of life: practical decisions to perform actions, personal characteristics such as good or bad character, and properties of social systems such as fairness and unfairness. All human practices are concerned with value judgments.

Here we need to consider the relationship between a value judgment and a rule or a law. When a value judgment is made, it is easy to transform it into a rule or a law. Furthermore, a value judgment is the foundation of every rule or law. In other words, ethics considers the underlying value judgments in laws, while laws treat value judgments as social rights and obligations.

### Whereabouts of Values

What is the nature of a value judgment? Two main theories have been advocated since ancient times. The first says that a fact judgment is objective but a value judgment is subjective and arbitrary. The first proponent of this view was a sophist, Protagoras, a good friend of the materialistic atomist, Democritus. Another proponent was the logical positivist, Ayer. He states that a scientific judgment is objective because of verification, but a value judgment is merely an expression of one's emotion.<sup>2</sup> This type of value subjectivism arises at the same time that materialistic objectivism arises as its twin opposite. If this theory were correct, however, even the judgment that you ought not kill an innocent

person would be merely a subjective judgment.

The second major theory of values is that a value judgment is a transcendent judgment. While a fact judgment describes only what something is, value judgments state what it should be. Therefore, we cannot deduce any value judgment from a fact judgment. The major proponents of this theory are Plato and Wittgenstein (in his earlier stage of thought). Plato says that goodness is a transcendent way of being (hyperousia), while Wittgenstein concurs that values transcend truth and falsehood and hence we can actually say nothing about them.<sup>3</sup> According to these two, values are extremely incomprehensible qualities.

Actually these two theories of value are founded on a common philosophical supposition, namely, that the separation between facts and values is taken for granted, and that after ascertaining the facts, values are added to them, either as a subjective judgment or a transcendent quality. According to this view, the very nature of values added to facts is unintelligible. I call this view "The Logic of Addition."

However, another, contrary view is also possible. Let us suppose that we are drinking wine. Comments might include

This wine tastes sweet.

This wine tastes nice.

The first judgment expresses a property of the wine, and so we call this type of expression a "descriptive statement." The second judgment expresses an evaluation of the wine, making this type of expression an "evaluative statement."

Now, where does the judgment of "nice" arise? This judgment arises within the experience of drinking the wine. Therefore, the value is not located in a place that is distant from our experience. Then, when we think about value, should we think from such an immediate original experience? The person who advocated this view was Max Scheler, the founder of phenomenological value ethics. According to him, we start from the immediate original

experience,<sup>4</sup> and then we subtract the elements related to things and facts. Then, whatever remains will be the domain of value judgments.

Such a view is not very unusual. For example, when watching a medical drama on TV, we wonder whether the drama should turn this way or that. This is a value experience. When physicians perform medical practices, they experience the very same values.

When we think in this way, the value is neither merely subjective or personal nor an unknown that is located far beyond our reality. As long as we are living and acting, values are presented in that locale. Moreover, the locale where we are acting is not subjective and personal because many people are acting together in this field. Then, we want to set "the immediate experience", "the spot" as a starting point for our consideration.

The philosophical background of this viewpoint is that facts and values are not separate, as noted in the dualistic view. Instead, both are inseparably present in every original experience, and after we subtract the elements of fact from the immediate experience, the genuine field of values will remain. It is this very domain of values that we must analyze in ethics. With this consideration, I call this view of values "The Logic of Subtraction."

## **(2) Facts and Values: Identify the Problems**

### **Dynamic Relationship between Facts and Values**

In order to argue medical ethics concretely, we must further identify the relationships between facts and values. I will show the relationships in the following three theses.

- **Values Appear with Facts**

As previously noted, values appear in factual fields: the problems of values do not appear in abstract principles but rather in concrete cases. A grave ethical question is typically asked in an actual scene. In fact, this realistic scene is the very field where transcendence appears to us. The bedside where physicians are

working is one of those scenes. Therefore, the case study is respected and used in medical ethics.

- Values are Modified according to Factual Changes

We can describe this disputed point as “values move when pulled by facts.” A clear example of this relationship is brain death. The invention of the respirator is a change in a factual level. However, this change in facts gave rise to a new situation—brain death. New ethical problems then arose, such as whether brain death should be regarded as human death and whether organ transplantation should be accepted as a medical means.

Thus, a modification in value level arises by a change in factual level. The conventional ethics has explained this situation as follows: value judgments are shaken, they are no longer absolute but have been made merely relative. This does not mean, however, that the previous values and norms have lost their entire validity and become utterly arbitrary. Rather, this seems to mean that it is necessary to revise the ethical values or norms in regard to this new situation and express them again in newer forms. As to the former example, the definition of human death and the morality of organ transplantation are rethought due to the emergence of brain death.

In the field of medicine, situations such as ES cell transplantation, cloning, and preimplantation diagnosis are emerging in newer forms. Bioethics is the science that relates to the sphere of these problems.

- Values are not Reducible to Facts

Although values will move as pulled by facts, value judgments are not reduced to fact judgments. Here, I use the term “reduce” in the same way as does the philosophy of science. In this context, “to reduce” means to explain a certain matter using the languages or matters belonging to a lower level than the original level of the matter.

As a simple example, let us suppose I break my leg; this

illustrates a change in the factual level. The resulting value judgment would be, “you should treat your leg.” But how does this judgment arise? I break a leg, and then I feel intense pain and find it difficult to walk. These are changes in facts expressed in the relationship of cause and effect. However, the judgment, “you should treat your leg” does not come out of causes and effects. Rather, when we ask why should we treat the broken leg, we will notice that there are higher level value judgments such as “we should lessen one’s pain,” or “it is better to recover one’s health.” These higher-level value judgments give the lower-level value judgments a reason or a ground.

I want to call the higher-level value judgments giving reasons to lower-level value judgments “the principle.” The principles are often expressed in a more general form. We are not always conscious of such higher-level principles. Rather we often recognize them for the first time through some shocking factual changes. What we can ascertain here is that if we want to give some reasons to value judgments, we explain them by way of higher-level principles, which are not reducible to facts.

### The Ethical Dilemma

In fact, another relationship can be found between values and facts. Namely, one value does not always appear connected with one fact, but rather, many values often appear entangled within one fact or one situation. Such a connection between facts and values is called an “ethical dilemma,” or a “moral conflict.”

As an example, let us consider the famous theft pulled off by Jean Valjean in Victor Hugo’s *Les Misérables*. Jean stole a loaf of bread to save the children of his elder sister who had brought him up. As a result, he was imprisoned for many years. His act was certainly a theft, but if the perspective is changed, it can also be seen as an act of benevolence. The unjust society in the background of this story also plays a role. We can, therefore, discern several ethical meanings or values here—theft, benevolence, and injustice appear entangled in this one event.

Similar situations often appear in medical practices. For example, when someone is unable to overlook a terminal patient's pain and turns off the respirator—we can see this act as killing the patient, or we can see it as an act of benevolence. It is this type of ethical problem that we often treat in traditional medical ethics and modern clinical ethics.

Here, I label recognitions such as theft, benevolence, and killing with the term “ethical meaning.” This term refers to the recognition of a situation, including value judgments. When we look at a series of facts, we may recognize this as theft or benevolence. In this understanding, several value judgments are also included. Here we also notice that ethical meanings are dependent upon the viewpoints from which the situation is seen.

In these two sections, we have identified two types of ethical problems. One involves reconstructing ethical views in the face of new situations caused mainly by technology (bioethics). The second refers to deciding on the best answer in the midst of the complexity of values (medical ethics). Next, I will consider medical ethics problems. Bioethics will, perhaps, also be explained in this discussion.

### **(3) A Method to Solve Ethical Dilemmas in Medicine**

#### **Viewpoint**

How can we solve ethical dilemmas in medicine? Here, I would explore one method.

Let us consider the following example. Suppose an unknown object is given to us. How can we know what the object is? We will measure its mass, examine its hardness, and perform spectroscopic analysis, etc. Namely, we investigate the body from many aspects and then we can understand what it is.

We want to apply this manner of thinking to the analysis of ethical meanings. As shown by the examples of Jean Valjean and euthanasia, these problematic cases have several ethical meanings and values. The method outlined here involves the following



process. We analyze each case and extract all the major ethical meanings that the case can have. Next, we compare these meanings and value judgments and deliberately consider the order of priority between them. Lastly, we decide what to do in each case.

Some questions arise here. How can we extract all the main ethical meanings from a problem case? Again, using the example of an unknown object, we enumerate the viewpoints used to determine its identity. But what is the viewpoint in such an analysis?

Here, “viewpoint” has a function similar to that of “coordinates” or “ruler” in measuring. Coordinates provide a criterion for measuring objects. Furthermore if several viewpoints as a whole are sufficient to determine an object, the object will be identified by using them. Similarly, a viewpoint provides a criterion for analyzing an ethical case, and if we can show several viewpoints to be sufficient as a whole to cover the ethical meanings that the case has, we can draw fully the ethical meanings by using them. The viewpoints as a whole will function like “a coordinate system” in analyzing a case.

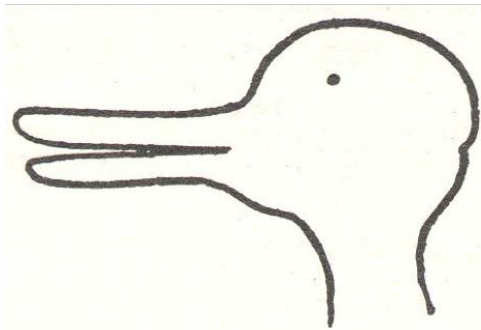
Here, we need to know the coordinates used in order to draw ethical meanings are also ethical principles. In the example of Jean Valjean, in order to discover the meaning of theft, we need to consider the case in light of the ethical principle, “You should not hurt others.” However, when we consider this case in light of the principle “You should be kind to poor people,” we will recognize benevolence in the case. In this way, the viewpoints of ethical analyses are also ethical principles.

We can then ascertain that principles in ethics have two functions. The first is, as we have said, the function to give a reason for each value judgment by answering the “why” question. The second function is to provide a framework to determine each ethical meaning or value judgment. In this way, we notice that principles are indispensable for considering ethical dilemmas.

As the “duck-rabbit figure” of “theory-ladenness” shows, we do not often notice that we can have a different view as long as we

persist with one viewpoint. The same argument is valid for the analysis of ethical meaning. If we persist in using one viewpoint, we cannot notice the existence of another view. Furthermore, if we do not have a viewpoint, we do not discern any ethical element corresponding to it. For example, it is often said that a person who has not been loved by others cannot love others. Therefore, it is necessary to instruct students to recognize various viewpoints.

The next question then arises—how do we discover various ethical viewpoints without omitting any?



duck-rabbit figure

### A Set of Principles that Avoid Omission

In the example of euthanasia, we consider the case from the viewpoints of harm and benevolence. Are there any other viewpoints we could use? We may notice that the will of the patient, namely autonomy is an important factor. Are there any other factors?

In order to fully analyze ethical meanings of a case, it is necessary to avoid serious omissions from the set of viewpoints. The next task will be to discover a set of ethical viewpoints or principles that will adequately cover all questions.

This leads us to consider Kant's ethical theory, which explains ethical principles systematically. Kant's argument, briefly

explained, is to consider what will happen if what I want to do becomes a universal law. The characteristic of his argument is not to obey my personal will, but to obey a universal will as a rational being. Let us consider Kant's arguments briefly.<sup>5</sup>

First, the act to terminate my life to escape pains which are parts of my life, contains a self-contradiction when the act is made a universal law. By using this argument, Kant explained that suicide has a type of dubious immorality. It is a type of duty, called "the perfect duty to oneself." Not only physical self-impairment such as committing suicide or getting tattoos but also mental ones such as choosing prostitution or taking drugs belong to this type of duty.

In the same manner, we can explain the duty "you should not hurt others without a reason," as "the perfect duty to others." For example, stealing that violates the proprietary rights of others will also deny all proprietary rights when it becomes the universal law. However, will the thief get angry if another person robs the item which the thief has stolen for himself? This shows that the act of theft contradicts itself when it is made a universal law. This type of duty contains prohibitions against killing others and default on agreements as well. Generally, this type of duty is regulated by social laws.

Another type of duty is known as "imperfect duty to oneself," or the unwillingness to develop the potentialities is against duty. This would also contains a self-contradiction if it was made into a universal law. The duty to advance oneself morally, as well as the duty to extend the natural quality of the self, belong to duties of this kind.

The last type of duties is "to help others in need," which is called "the imperfect duty to others." If one makes it a universal law not to help needy others, one will deny one's own hope to receive help from others in the future when he himself will be needy, which is another type of self-contradiction. Thus the duty of doing good deeds is assigned to us, which is also called the duty of love.

This section surveyed the "four kinds of duty" as described by

Kant. It is necessary, however, to be careful that each duty imposed on us does not conflict with other duties. For example, according to Kant's arguments, I must understand that it is not my duty to help needy people when I am also in a very difficult situation. The proof here is based on a priori methods and not on conflict with other duties.

If the above arguments are valid, the four principles and resulting viewpoints can be systematically derived and used to analyze moral conflicts. We can also expect no major omissions. Below are the four duties and their labels.

- No Self-impairment (Perfect duties to oneself)
- Personal Growth (Imperfect duties to oneself)
- No Harm (Perfect duties to others)
- Benevolence (Imperfect duty to others)

Can we adapt these principles to the world of medical ethics? There is one problem. The characteristics of medical ethics must also be taken into account. In medical care, a patient obtains a curative benefit for his body by accepting the intervention of others called physicians. The medical care takes place in a patient's internal private body. Therefore, in medical ethics, "respect for autonomy" is particularly important.

In recent years, it is said that a shift has taken place from the principle of "benevolence" of physicians (paternalism) to the "autonomy" of patients. This description, however, is somewhat misleading because even previously, the patient consent to treatment was shown implicitly by his/her coming to the hospital. Nevertheless, in modern invasive medicine, the traditional implicit consent is insufficient, and without the explicit consent of patients, medical practice cannot be performed. We can better understand this change in thus: In recent years, a change in the priority relation has taken place from the "benevolence" > "autonomy" relation to the "autonomy" > "benevolence" relation.

Thus, medical ethics must add "respect for autonomy" to the

basic four ethical principles of Kant. We will now present the four principles as viewpoints, as coordinates, to analyze a case in medical ethics. In the following list, “the perfect duties to self” and “the imperfect duties to self” are combined as one

- Respect for Autonomy (the specific principle of medical care)
- No Self-impairment (the perfect and imperfect duties to oneself)
- No Harm (the perfect duty to others)
- Benevolence (the imperfect duty to others)

One may think that our viewpoints for medical ethics are the same as the principles of Beauchamp and Childress: “Respect for Autonomy,” “Nonmaleficence,” “Beneficence,” and “Justice.”<sup>6</sup> According to Beauchamp, however, their principles are not derived in a systematic way as they were by Kant. They were discovered gradually in the process of studying ethical principle in medicine. In that sense, their principles have no guarantee that they are inclusive, thus having no serious omissions. In their view, as long as the person himself chooses, no direct reason can be used for deterring suicide.<sup>7</sup> This is a major deficiency for a framework of medical ethics, because this field faces many difficult problems such as euthanasia and non-treatment that are concerned with the “No Self-impairment” principle.

On the other hand, “Justice” is one of their principles—more specifically, distributive justice. In medical ethics, problems concerning the allocation of scarce resources sometimes arise. Therefore, this is an important viewpoint. However, from the standpoint of clinicians, what is required is to make the best decision under the given conditions. Therefore, from a clinical perspective, the problem of distributive justice can be considered a secondary principle. Moreover, the principle of justice is not deontological because it is related to the fairness of results.

The important point is that no serious omissions must be found in the set of ethical principles, otherwise we cannot use them as a framework to analyze ethical dilemmas. The method for naming or

counting them is not the main issue. We derived our principles mainly from the Kantian a priori method. From a common sense perspective, these principles also seem to be valid. Because, even if one wishes to commit suicide, get a tattoo, choose prostitution, or do drugs, clearly these are not desirable from a common sense viewpoint.

Next, we consider a concrete problem by using this method to show the usage and the validity of ethical principles.

#### **(4) Case: Selective Nontreatment of Handicapped Newborns**

“In 1981, a girl was born with spina bifida cystica. The attending physician opposed the neurosurgical treatment, and said that even if the first surgery were successful, surgery must be done many times. At worst, the operation would not take care of her hydrocephalus and she would go through life with mental retardation. Her parents decided to leave their baby as she was, without treatment. However, someone in the hospital opposed this decision and appealed to the court. The court made the decision that surgery must be performed. The mother said, ‘It’s difficult for them to realize that we may be condemning our daughter to a life of surgical procedure after procedure.’”<sup>8</sup>

The first step in the case analysis is to analyze the factual conditions of the case. For this purpose, A. Jonsen’s four topics—medical indication, preference of the patient, quality of life (QOL), and surrounding conditions—are highly useful.<sup>9</sup> These topics (topika in Aristotle's term) are not value judgments by themselves, but they indicate the factual elements, which easily affect the value judgments in a case. According to these topics, we analyze the case and identify the problems.

In this case, the medical indications are the disease of spina bifida cystica, several remedies, and a prognosis. Death is not imminent if the surgery is done, but repeated major surgeries must be performed. If surgery fails, she may be mentally retarded from hydrocephalus. Concerning the preferences of the patient, because

the baby's will cannot be known, the parents' will becomes important. They want not to have the surgery. The infant's QOL for the present and future is not good. Successive surgeries may cause considerable suffering to the baby. As to the surrounding circumstances, the parents' economic situation and other factors need to be considered. After considering them, we "subtract" these factual elements from this case, and then the remaining ethical complex of values will be made clear to us.

Then to analyze this complexity of values, we use our four frameworks as viewpoints. Let us first consider the case from the viewpoint of "Respect for Autonomy." From this viewpoint, we understand that the parents do not want surgery, and that the problem is how the parents' will be esteemed on the decision of the treatment policy. This is one of the main points in this case.

Next, we consider this case from the viewpoint of "No Self-impairment." This principle is the negation of suicide, but from the perspective of persons surrounding the patient, the principle is also understood as the duty to keep the patient alive to the greatest extent possible. To what extent should we maintain the patient's life? In this case this viewpoint is the very center of the problem.

From the perspective of "No Harm," we notice that two ways of thinking are possible here. One is the prohibition of harming the handicapped child by not performing the surgery and letting her die. The other is the prohibition against giving her a very painful life by performing many surgeries. In this case, there is ambiguity in regard to the harm. This is the essential point of this case. As a secondary point, we can also consider the harm caused to the family or other children by giving the family an immense load of care for a child with severe disabilities.

Concerning the point of "benevolence," we can also take two perspectives. One option is to operate on the child and keep her alive. The other is the option to allow the child to avoid a painful life of many surgeries by not doing the first one. Even if the surgery is withheld, however, the duty to provide sufficient care to

this baby always remains.

Analyzing the case in this manner, its main issues emerge. Here, we can consider which circumstances are possible, allowing or justifying termination of the treatment.

(1) Medical futility: This is expressed as “physicians do not have the duty to treat when the treatments are considered futile medically.” The reason of futility is used when curative effects are not expected from treatments. This reason, however, is not immediately applied in this case.

(2) Personhood as the core of human life is irreversibly lost: The personhood argument was first used in the abortion debate. However, because the fetus has the potential to become a person, this argument must be used rather in cases where the personality has been irreversibly lost, such as with anencephaly. Because it is doubtful that the patients in such cases will receive a therapeutic benefit, the positive duty to treat patients is believed to be lost. In this case, however, the potentiality of personhood is not lost, and hence this argument is also not applied to this case.

(3) If the harm caused by treating exceeds the harm caused by not treating, it is inferred that the patient should not be treated. This point is central to this case—the comparison between two types of “Harms.”

If, then, the harm of treatment is greater than that of no treatment, is the withholding of treatment justified? Here, we must consider how this argument is related to the principle of “No Self-impairment,” because we should not shorten a life deliberately. From the Kantian perspective, the principle of “No Self-impairment” is “the perfect duty to oneself,” and “No Harm” is also “the perfect duty to others.” Then we must ask ourselves whether it is the duty required of human beings to maintain a patient’s life to a degree that does serious harm to the patient. It is only God who is finally responsible for life itself, isn't it? What is required of us is the duty not to abandon conscientiously any needed treatment. As long as we are moral beings, we cannot seriously harm others. Thinking in this manner, the duty to



maintain lives is indeed a very important duty, but we notice that there is a moral limitation to this duty. We are limited moral beings. The point here is concerned with the relationship between “No Harm” and “No Self-impairment.”

The point of reversal between the benefits of treatment and non-treatment is a crucial question that belongs to the medical specialists. As for the problem of value judgment, however, the patient, parents, and society are also involved in this problem.

Here we must consider the moral position of the parents’ “Respect for Autonomy.” In the case where a child’s welfare is endangered, the child’s welfare must be given priority over the parents’ decision. However, in a case such as this example, which is ambiguous and difficult to decide, it is considered desirable to respect the parents’ intentions as much as possible, because it is the parents who feel the most intimate affections for their child. This is also a view that stresses “benevolence.”

In general, the selective non-treatment of a handicapped child uses “the best interests of the child” as a basic principle. But the reason why the best interests principle must be used has not been explained clearly. My argument resulted in a similar conclusion, but by using the system of principles explained here, the reason can be more clearly understood.

According to a famous opinion, bioethics is a movement away from the sanctity of life, and it abandons this principle. But I wonder who decided this. Some people might say, “If you adhere to this principle, you cannot address many difficult problems of modern medicine.” However, if we consider a difficult case such as stopping life-sustaining treatment by using a system of ethical principles, we do not abandon the respect for human life, and at the same time, we can construct an argument to justify the stopping of life-sustaining treatment. My method is not deontology that regards one duty as an absolute duty, but rather that which uses several duties as a system.

## **(5) Beauchamp’s Method**

As is well known, Beauchamp and Childress wrote “Principles of Biomedical Ethics,” and presented the four principles of “Respect for Autonomy,” “Nonmaleficence,” “Beneficence,” and “Justice.” Their work discusses each of these principles in detail. However, when we consider the problematic cases found in medical ethics, some questions arise regarding their principles. Which principle should I use? Should I use just one of these four principles or several principles? Beauchamp has written a paper on this point.<sup>10</sup> This method is also explained in the fourth edition of “Principles of Biomedical Ethics.” Next, we examine his way of thinking and consider the differences between his method and the one presented in this paper.

Beauchamp begins his case considerations with a general principle, about which he is deeply convinced. It is usually one of his four principles. And if a problem cannot be solved by this means, another principle will be added as a condition of the proviso (unless ~), and the first general principle will be modified and made more concrete. This procedure is called “specification” by him.

In his paper, “Respect for Autonomy” is accepted as a premise. He considers the case of a person who sells a kidney to save himself and family from a financial problem. Beauchamp argues that as long as the person makes this choice autonomously, there is no reason to stop this action. However, since the organ trade may be exploiting the poor person, he adds a proviso that the trade must be done in a fair manner. He adds the principle of “Justice” as a condition of the proviso.

Some problems can be noted in his arguments. First, excessive confidence seems to be placed upon “Respect for Autonomy.” Second, no principle equivalent to “No Self-impairment” is included in his framework. From these points arises a doubt: did he select his favorite principles and consider the case according to them? This procedure does not seem to have much credibility. The values competing with each other in one case can include more than two ones. In the case of the handicapped newborn, “the good deed to the

child,” “harm to the child,” “duty to maintain the child's life” and “parents’ will” are opposed to each other. Beauchamp’s specifications then hit a limit, and a method that uses several principles from the beginning seems more appropriate for analyzing ethical dilemmas.

Here, I want to show the basic differences between Beauchamp's method and mine. Beauchamp’s arguments are principle-based. He starts with a principle and adds specificity to it while remaining at the level of principle, and then he comes near the reality of the situation. By contrast, my arguments are case-based. I admit that ethical problems such as ethical dilemmas arise in cases (see “Whereabouts of Values”). And then, to analyze cases, I use a systematic method according to the stated principles.

Beauchamp and Childress’ s arguments are initially formulated to draw up the ethical guidelines of the nation. Because of these circumstances, they may stick to general principles.

On this point I want to consider what can be said from my method. In this method, we first consider individual cases from several principles, but in the process of analyzing many cases, we can realize that some type of cases have similar arguments. From this perspective, my method has some similarity with the casuistry (paradigm case and analogy). In the same manner, we come to understand the certain disputed points in certain problem areas. If we generalize these common characteristics, policies and guidelines can be formulated for problem areas, such as a guideline for the treatment of handicapped newborns or one for a clinical trial.

However, there is a difference between a spontaneously arising norm and a norm formulated by my method. My method has the firm foundation of formal principles as a framework. This foundation suggests that this method can also be applied successfully to the bioethics, which seeks to formulate new norms when faced with new situations.

## **Conclusion**

The principles explained here, used as a coordinate system, enable us to make ethical issues visible, as does a magnifying glass, and to analyze difficult issues, as does a surgical knife. If we can learn this analytical method, we can sharpen our moral consciousness and discrimination abilities.

Modern medicine has become more complex. Therefore, it may be suggested that it is difficult to think ethically now. However, health professionals such as physicians and nurses, as well as the patients, their families, and society, must not abandon the choice to “think ethically.” Even in today’s complex medical world, this seems to be possible.

## Notes

- 1 Aristotle, *Nicomachean Ethics*. 1139a
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