
ETHICS AND THE PROFESSIONS

"What should we do, Doctor?" the nurse, Mrs. Philips, asked. The infant, born a half hour earlier, was barely breathing. Its color was blue, a sure sign of cyanosis brought on by a lack of oxygen in its blood. The team in the neonatal intensive care unit was calm. From the prenatal monitor as well as from early tests, they had known that the infant would be premature, with hydrocephalus and microcephaly (an abnormally small head). They were not surprised when the birth weight was a mere 4 pounds, 6 ounces.

Shortly after delivery by Caesarean section, the pediatrician had announced there was severe intracranial hemorrhaging. That meant a life of cerebral palsy, severe mental deficiency, and convulsions.

Mrs. Philips, looking at the tiny baby, felt personally that she wanted to give it every opportunity to live. However, the parents, who were poor, had already told the hospital their wish to discontinue all treatment. She heard the doctor answer her. "We do nothing," he said. "Let it be." He began gathering the instruments.

Mrs. Philips took a last look. Everything she held of personal value welled up in her and wanted to shout, "No!" But she remem-

bered her professional role. She was no longer a private person but a nurse who obeyed as best she could the rules of her professional code.

The conflict Mrs. Philips faces is a moral one. She is faced with the recognition that her own beliefs about right and wrong have collided with her professional obligations. She must decide her priorities. Do her duties as a nurse override the personal value she places on the sanctity of all life? Or should her conscience reign supreme?

Although the conflict is always real, Mrs. Philips has grown accustomed to the confrontation between two different sets of moral values. Mrs. Philips is a *professional*. The situation reminds her that her professional role entails duties, responsibilities, rights, and obligations which she is not bound to outside of her role as a nurse. As part of her professional training, she accepts the subordination of personal beliefs to the ethics of the nursing code.

The life-and-death drama of the neonatal

intensive care unit sharpens our attention, but many less heightened situations of our professional lives present the same moral dilemma. The roles defined by professional careers—in allied health sciences, business, law, criminal justice, engineering, journalism, education, and politics—place new moral demands on persons who have entered the fields. We need a special awareness of such problems if we are to fulfill the duties of professional life.

Professions have existed since ancient times—for example, in India and Greece. At that time they were restricted to elite classes. The morality of a professional was like that of a secret club; it bore no public scrutiny. Today the situation is quite different. As our industrial society has grown more specialized in its demands and services, different professions have been integrated into the social life. Professionals have proliferated and diversified. Many walks of life have become professionalized, such as educators, journalists, and corrections officers. With the growth of professional life, we need to focus more attention on its ethical requirements. A situation like that of Mrs. Philips drives home how central ethical decision making is to professional roles.

We may be inclined to think that we are already well-equipped to handle ethical decisions in the professions. Or we may be impatient, feeling that private moral beliefs will serve us adequately on the hospital ward, in the judge's chambers, on the police beat, or in the research laboratory. In the heat of a moment like Mrs. Philips' or when we advise a colleague on an important choice, the question behind this text may arise: Are there rules or principles for morally justifying a professional decision?

The branch of philosophy that studies such rules is called *ethics*. One of the first formulations of ethics was made by Aristotle, a member of the medical profession of ancient Greece. *Professional ethics* is concerned with rules insofar as they call forth decisions and judgments regarding the practice, method, policy, and research of various

professions. As Mrs. Philips recognized, ethical matters for professionals are so complex and removed from private interests that they require special study. At the same time, they derive from fundamental moral principles common to all ethical decisions. The entry examination in the field of professional ethics requires reflection on the basic questions of ethics: How can we tell right from wrong? What is the worth of an individual's pursuit of life, liberty, and happiness? What is good to strive after? How can we serve the interests of justice?

The first chapter of this unit provides material needed to take up the problems of ethical decision making within different professions: allied health sciences; business, industry, and technology; and law and criminal justice. Without a proper basis in ethics, we will deal with issues of paramount importance in a flimsy, superficial, and close-minded manner. Initially we need to be clear on three matters. First, we must know what a profession is and who can be regarded as a professional. Second, we have to understand the process of moral decision making, the nature of the inputs, and the kinds of obstacles that appear. Third, we must be familiar with the context of justification and the requirement of grounding moral choices in reasons.

The second chapter is devoted to a discussion of the four chief ethical theories. The value of each theory consists in how correctly and completely it accounts for the facts of moral life, judgment, and decision making—both privately and professionally. Conversely, each theory allows us to deepen our insight into the position our specific moral decision reflects. The virtues and defects of each will be discussed. In a preliminary way, we will be able to examine the application of these theories to issues arising in professional ethics.

The third chapter of this unit looks into several important concepts relevant to the study of ethics. Without the bedrock of theory, our moral decisions are liable to be swept away in the heat of the moment.

Without knowledge of basic concepts, we are apt to be unable to communicate the position we defend. Although Chapters 2 and 3 operate independently, fully engaging the moral point of view of the professions requires familiarity with both.

Finally, thought is needed to apply the principles and concepts to the vital situation of making a moral choice. Most professional

decisions are arrived at in the midst of communication while we are addressing other professionals holding opposing points of view. We need to take account of competing choices while accepting the challenge of communication. Understanding how to be critical and open-minded, we can be in a position to evaluate competing claims. The fourth chapter addresses this area.

1. INITIAL CONCERNS

1. PROFESSIONS AND PROFESSIONALS

Even the most die-hard professional, be it doctor, lawyer, or police chief, is not a professional twenty-four hours a day. Each of us passes through a number of roles, knowingly or unknowingly, during the course of a week. A role is a form of life which a person adopts. Besides the role of a professional, one might also play the roles of parent, child, friend, consumer, and informed citizen. With each role comes characteristic responsibilities, rights and wrongs. No role completely limits our freedom to exercise personal choice, to do what we want and to believe what we believe. Much of the moral theory we are about to examine sets about to protect our liberties from invasive forces. Within any role there is room for free movement. On the other hand, being in a role can never justify doing wrong. For example, a parent cannot use discretionary judgment for the abuse of a child, nor can a person twist the truth to be disloyal to a friend.

In some ways a professional role is like a role in private life, such as friendship; in other ways it is different. In both cases, we acquire new rights, privileges, duties, and responsibilities. A lawyer in a professional role, for example, may be asked to favor unduly one's client and actually bring harm to the client's adversaries. Similarly, in friendship, we are morally bound to be loyal and to have a special interest in the person's well-being. If someone tries to harm our friend, we are duty-bound to defend him or her.

Roles in private life are "natural" to a per-

son; they allow a person to satisfy his or her needs as a person. Many have existed as long as society has. One can fall into a role just as one can fall into a friendship. By contrast, professional roles are predominantly products of society. Although we can feel a calling, our choice of profession concerns career, wage earning, and other social benefits. Nor can we haphazardly enter a professional role. Every profession has a well-defined training period, extending sometimes more than ten years. We are required to take specified courses, pass an entry-level exam, and, in many cases, undergo a period of intensive on-job experience. We adopt our professional roles only after being educated to them.

What is a profession? A profession consists of a group of people organized to serve a body of specialized knowledge in the interests of society. Some cloistered religious orders are not professional because their interest is primarily in otherworldly matters. New professional groups emerge, such as corrections officers, as work and information grow more specialized. At the center of a profession is a set of skills, proficiencies, techniques, and competencies involving a line of work. For the nurse, they involve caring for the patient. For the corporate manager, they involve administering to the complex of stockholder, regulatory agency, and employee. Each profession maintains standards of excellence, oversees work performance, and trains new members. Each shares a professional vocabulary, usually not understood by the layperson. Each provides means of professional communication (in the form of journals and meetings). And,

each has its professional code of ethics, which specifies the moral considerations of professional life as well as penalties and sanctions for violating them.

The question sometimes arises as to whether in a specific incident a person has acted out of a professional or a private role. The off-duty police officer at the scene of a crime, or the physician passing an auto accident on the highway, are examples. The question is urgent because of the different moral factors surrounding private and professional roles. Laws like the Good Samaritan laws (which defend doctors from malpractice suits when administering emergency aid) suggest two things. First, a professional remains a professional, no matter what suit he or she wears, if the situation requires the specialized skills. Second, we nonetheless feel that the professional is entitled to a freedom from the moral burden of his or her professional cloak. We grant a type of immunity against seeking recompense for unprofessional conduct.

2. THE PROCESS OF ETHICAL DECISION MAKING

Whether as layperson or professional, when we encounter a situation requiring a moral decision, we need to know what we ought to do. Such decision making is *moral* (rather than just prudent, pragmatic, or useful) if it involves a rule or principle acceptable to the moral community constituting our society. In the next section we will look at four systems of rules that meet the criterion.

Reaching a decision about a moral matter requires several types of inputs. Suppose a lawyer is trying to decide how to proceed with a client charged with a felony offense whom the lawyer strongly suspects is guilty. First, he must collect the *facts* of the case. Second, he must ascertain his personal *beliefs* regarding the matter. Third, he must refer to the *code of ethics* regarding his profession. Fourth, he must acknowledge the *moral concerns* of the community as a whole.

Philosophers find it helpful to distinguish *factual* inputs from *value-laden* ones. The two behave differently in logic and explanation. From only the facts, we cannot derive a conclusion about what should morally be done. Without the facts, we cannot apply our values to our deeds. To proceed toward the decision, the lawyer must first be clear on the facts. Much moral disagreement can be traced to disagreement about the facts. For instance, physicians may agree that to tell the truth to terminal cancer patients is best, but they may withhold full information because they believe the negative effects will harm the person. The focus of disagreement is empirical. Resolving it will require data on what factors affect patient recovery.

Suppose the lawyer has the facts. He then faces the tangle of value considerations. The second thing he needs to know is the *weight* of reason behind each, so that he can prioritize his value-laden inputs and determine which outweigh or override which. Much of moral decision making consists of creating order among the inputs. Knowing the rules of priority, the lawyer can set aside his private beliefs regarding prosecution of the guilty and can view the situation through the eyes of the professional.

The third thing to facilitate the decision is *conceptual clarification*. Suppose the lawyer holds that he should be loyal to a client. Understanding the meaning of loyalty owed to a client and knowing when the concerns of the moral community come first constitute an important step toward deciding. In the health care decision whether to abort an anencephalic fetus (lacking the neocortical brain), clarity is needed regarding the concept of a person; different professionals may agree on what morally should and should not be done to persons but may lack clarity about the status of fetal personhood. Similarly a police officer wielding a billy club to ward off an attacker may be unclear about what use, if any, constitutes lethal force; the officer may accept the rule that permits lethal force to be used

to prevent a dangerous offense but may not know whether the billy club is a deadly weapon.

Even with the facts, priority rules for values, and conceptual clarity, the ethical decision may be elusive. The lawyer, for instance, may grasp the facts and may clearly see the obligation to be loyal to his client's interests even when being unfair to the client's adversary, but he may still lack the means of deciding whether the demand of fairness to the moral community overrides his professional duties. In the same way, health care professionals may agree that a mentally ill patient is offensive to others and that offensive behavior is grounds for commitment to an institution, but they may disagree about whether it is grounds *enough* for severely limiting an individual's freedom in this way.

The missing ingredient to ethical decision making is ethical theory. The combination of value-laden inputs, personal belief, and judgment about priorities is still insufficient to resolve all cases. The strongest appeal for including ethical theories as part of the decision is fairness. If we cannot handle all professional decisions without encountering unresolvable disagreements, we require additional input. This argument allows us to see how the ground of moral thought enters into every choice situation. It also underlines the need for careful study of the theories which have evolved from the most careful reflection of the moral community.

3. OBJECTIVITY AND JUSTIFYING ETHICAL DECISIONS

There are two distinct contexts in which we look at ethical decisions. One is when we are trying to discover what is morally acceptable to do. The nurse listening to the plea of an incurable patient suffering from pain to be allowed to die is in the throes of a difficult situation. He or she must decide in the heat of the moment. The other con-

text is when, at a cooler hour, we reflect on justifying what should be done. Justification consists in showing that the weight of reason dictates that a course of action is morally acceptable. We are ill-advised to undertake an act that cannot be ethically justified, because the moral community regards such behavior as wrong.

Reasons in support of an ethical decision come from different levels of generality. The strongest derive directly from ethical theory. For example, if a company faces the option of making a moderate profit from a policy that is expected to cause severe environmental damage, one could appeal to utilitarian considerations. In one form, these state that an act ought to maximize the social good to humanity. Since the integrity of the environment *outweighs* the good of a moderate profit, applying the principle of utility supplies the decision-making factor. The weakest reasons come from intuitions or "feelings" about what is wrong or right. We may have an intuition that mandatory on-job drug testing is wrong, but the feeling stands in need of finding a middle-level rule to support it. Between intuitions and basic principles lie many rules important to the professional role, such as the lawyer's duty to be loyal to a client, or the physician's to care for the health of a patient. We will see, in Ross's theory of *prima facie* duties, how the rules look as an ensemble.

Are ethical decisions, even if justified, *objective*? In asking the question, people sometimes overlook the radical differences between factual and value-laden input. They observe that factual statements are objective when there is universal agreement about the data as well as support from scientific theory. Then they are liable to conclude that since value-laden statements lack universal agreement, no such thing as objectivity exists in ethics. Moral decisions, they say, are expressions of a person's subjective beliefs, at the very worst, no better than statements of personal taste, such as preferring vanilla over chocolate. They insist that moral deci-

sions, being relative to a person's desires, may conflict with one another on the same issue without hope of resolution.

The denial of objectivity in ethics (called relativism) mistakenly assumes that facts and values behave the same way. It also misconstrues the nature of moral disagreement. Moral disagreement over the use of police discretion in bringing criminals to trial, for example, indicates an initial phase in the process of arriving at an objective moral point of view. The proponent of a narrow use of discretion challenges the statement of an advocate of wide use by citing counterexamples and objections. To produce more weighty reasons, the wide-use advocate must deepen and generalize his or her position. This revised statement is then open to further challenge and revision. The net result is the development of viewpoints having greater degrees of objectivity. Disagreement in ethical decision making is, therefore, an essential aspect of finding an objective basis for what ought to be done. Without it, our moral reasons would lack substance.

Acceptance of moral disagreement is the means we have of resolving conflicts in decision making. Ethical decisions are unlike factual ones in that the latter are based on indisputable data, but they are both ultimately grounded in principles. The process of statement, objection, and revision drives the basis of the decision to deeper ground. Whether final agreement about a single issue, such as whistle blowing or punishment, is possible is itself an open question. We have different ethical theories which appear to carry the conflict back to the level of ultimate principles. We lack a "unified field

theory." Hence the commitment to objectivity in ethics is a moral commitment. In essence, we are agreeing to keep an open-minded communication alive within the moral community.

Sometimes one hears that ethical decisions should be settled by polls or votes. The viewpoint misunderstands the hard work of ethics. One's own reasons for deciding, say, in favor of governmental regulation of the investment industry, ought to be susceptible to challenge at every step. A consensus on a moral matter is a pragmatic waystation, not a final solution. Individuals have diverse training in finding reasons to act, being conceptually clear, and accepting the challenge of critics. By favoring an open forum, our society acknowledges the factor of moral change.

Many of the problems faced by professionals in the health care sciences and in engineering are direct results of technological innovation. The question of a patient's right or entitlement to a death in accordance with his or her wishes did not arise until the advent of our modern life-sustaining techniques. Not only do the facts change, however. Our understanding of our values grows (or declines) over time with our commitment to the moral community. For decisions to move in step with facts and understanding, we must relinquish the belief of settling a question "once and for all." The open-ended approach is especially relevant to the professional context. A single new input, like *Roe v. Wade* (which legalized abortion), throws an entire field of decision into question. Continuing vigilance is our only hope in safeguarding objectivity.