

# ETHICS: CHALLENGE AND CRISIS

## Part I, What Ethics is not

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**Editor's Note:** Times are changing! And so are some of the "rules of the game" in dentistry. The Journal has invited Professor Arthur Schafer to submit a Three-Part series on Ethics. The opinions expressed within these articles are those of Professor Schafer and not necessarily in agreement with opinions, policies or guidelines of the Canadian Dental Association, any of the Corporate Bodies or licensing authorities.

The Journal invites the interest and input of the readers. Please send your comments to the Editor promptly. As space permits, your comments will appear in future issues of this Journal. All letters will be forwarded to CDA's Council on Ethics, for deliberation and consideration.

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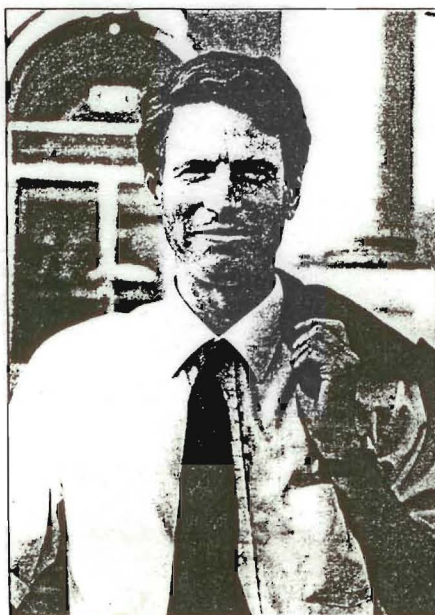
He received his undergraduate training at the University of Manitoba, and postgraduate work at University College, Oxford University, England.

Professor Schafer is a specialist in jurisprudence, moral, social and political philosophy, and bio-medical ethics.

He is widely known for his appearances as a television panellist and commentator, the writer of newspaper and magazine articles and scientific papers in professional and health sciences publications.

In the fields of direction and administration in university affairs, Professor Schafer has played major roles.

What do we mean by "Ethics"? Probably the easiest way to explain what morality requires of us is to say at the outset what Ethics is not.



Ethics is not what our feelings tell us; it is not what our religion requires of us; it is not only doing what the law requires of us; and it is not merely doing what the prevailing social norms require of us.

Consider those who try to decide what is right and what is wrong by consulting their "gut feelings" -- their conscience. The first problem such a person would encounter when faced with a difficult ethical decision is that one's "guts" are often divided, and the prompting of conscience is often unclear. Conscience may tell us to "do this" and "to do that" when "this and that" are contradictory. Thus, personal feelings may not provide a unique answer to serious problems for which we need an answer.

Moreover, we know from the study of psychology, sociology, anthropology and history that the origin of even our most deep-seated moral feelings is acculturation. The accidents of cultural conditioning (ie, what our parents, peers, schools, television have taught us) may not always provide an adequate moral compass.

Many of us have even observed that some of our feelings of moral guilt are irrational and subjective. They often originate in early childhood training, and as



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we come to moral maturity, most of us learn that we have to discount some feelings and strengthen others in the light of our developing experience and knowledge.

In short, attempting to resolve a moral issue simply by consulting one's moral intuition, or conscience, will often not be very useful.

If, as an alternative, we attempt to base our ethical judgement on religious beliefs, we immediately run into the problem that there are many different religions. The moral advice given by any one religion sometimes conflicts with advice given by other religions. Indeed, even within a single religious tradition there will often be conflicting moral interpretations.

For example, within Christianity, it is notoriously true that Protestants disagree with Catholics, and Presbyterians disagree with Baptists, so that there is not a unique religious perspective from which one could derive the right moral answers to an ethical dilemma.

In a multicultural and a religiously pluralistic society, such as Canada, there are many denominations of Christians as well as Moslems, Hindus, and Jews, not to mention smaller religious groups. Each of these religions offers insights, advice, rules and prohibitions, — many of which are inconsistent with those provided by the religion of their neighbors. Those who attempt to base their morality upon religion alone will find that they are unable to communicate effectively with fellow citizens, for they lack a common foundation, a *shared* point of view, by which to evaluate conduct.

One of the things for which we strive when we adopt the moral point of view is the achievement of a shared perspective on events, a perspective which could be shared by any other rational, impartial and dispassionate person, regardless of that person's religion, nationality, ethnicity, sex, age or other particular characteristics. One serious problem, then, with basing our moral judgements upon our religious commitments is that we cannot then establish with all of our fellow citizens a shared framework for moral evaluation and decision-making.

The prescriptions and prohibitions of the law are similarly unsatisfactory as a

foundation for morality. Being ethical cannot be identical with doing what the law requires. Our legal system does, of course, set a kind of minimum ethical standard. When a person violates the law, he/she is, in most cases, also violating some requirement of social living. Those who obey the law thereby avoid having the teeth of the law bite into their hide, but they could still end up being fairly mangy low-grade citizens. More specifically, a dentist could stay out of trouble with the law but still be a morally inadequate health professional.

So, while it is a legitimate aim of health professionals to stay out of trouble with the law, most ethically conscientious professionals aspire to a higher standard than the minimal safety netting provided by the legal system.

It is also important to notice, that there may be occasions when the law requires us to do something which is clearly unethical. There are bad or evil laws even in good societies and there are some soci-

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eties that are so morally corrupt that they require people regularly to do things that are morally objectionable. In an unjust society — or even a just society with some unjust laws, — conscientious persons may find themselves in conflict with a morally objectionable law. On occasion an ethical person may feel it necessary to ignore or disobey the law.

It is a worrying trend that increasingly in our hospitals and perhaps in our dental operatories, practitioners are not asking themselves, "What are my patient's health needs? What is the right sort of medical treatment for this person who needs my assistance?" Rather, they are asking, "Should I order this test, should I do this procedure (which is *not* medically indicated) in order to eliminate any chance of a lawsuit?"

Each of us, whether we are laymen or professionals, has a code of ethics or a set of moral rules, which we attempt to follow, or to which we pay at least lip service. For most of us, this moral code, or this set of "do's and don't's", is derived from the culture in which we live. We accept, we internalize, the prevailing norms of our society. Inevitably, each of us is heavily influenced by the cultural values of society. But it is also fair to say that one would be a morally narrow and inadequate person if one took one's sense of right and wrong entirely from one's culture, with no attempt at independent critical thought.

A morally mature, thoughtful adult attempts to analyze critically the prevailing social norms, and asks himself or herself whether the practices, norms, and mores of society meet the highest ethical standards. Thus, while each of us is inevitably influenced by the prevailing social norms, it is not enough simply to adopt these as one's own, unthinkingly and uncritically.

What each of us, as a mature citizen, attempts to do — or should attempt to do — is to develop a critical morality using only those social norms which can pass rational inspection and prove to be genuinely defensible. Those which are not rationally defensible should be rejected. Δ

(NEXT MONTH: DENTAL ETHICS, GETTING THE BALANCE RIGHT)