Four Components of a Moral Event
- A primer on normative ethics -

Aaron R. Kunz, DO, MA, MME

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Disclosure, Background, & Thank You

- Disclosure
  - I have no actual or potential conflicts of interests to discuss.

- Background
  - MA in Bioethics
  - Consultant for UIHC Ethics Consult Service
  - Member of UIHC Ethics Working Group

- Thank You
  - Lauris Kaldjian, MD, PhD

Objectives

- Describe the four components of a moral event: agent, act, circumstance, outcome

- Compare four ethical approaches (virtues, principles, narrative, consequences) related to these four components.

- Develop a pragmatic method for identifying and clarifying ethical problems

Outline

- Foundational Knowledge

- The Moral Event

- Moral Frameworks

- The Four Questions

- Case Study/Q&A

Warm-Up Questions

- How do you define the word "moral"?

- How does this definition relate to your notion of "ethics"?

- Pair up with the person next to you and discuss for 5 minutes

Foundational Knowledge

Definitions

- Morals – ***standards of behaviors or beliefs*** concerning what is and is not acceptable
  - Right v wrong
  - Standards rooted in various areas of life (e.g., religion, culture, philosophy)

Definitions

- Ethics (aka "moral philosophy") – *a field of study* that involves systematizing, defending, and recommending concepts of right and wrong

- Most frequently when discussing "ethics" we are referring to one of three sub-fields of ethical study called "normative ethics"
  - Normative ethics = concerned with *ways to reason* what is right and wrong
  - Meta-ethics = investigates ethical principles' origination and meaning
  - Applied ethics = ethics as pertinent to specific controversial issues

https://www.iep.utm.edu/ethics

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This lecture is concerned with normative ethics
  - Ethics/Ethical = Moral framework/Ethical theory

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Definitions

- Moral uncertainty – *indecision surrounding a moral judgment*

- Moral distress – refers to the *experience of being morally constrained*
  - Occurs **when people make moral judgements** about the right course of action but are **unable or unwilling to carry it out.**
  - Internal: a personal failing (e.g., fear or lack of resolve)
  - External: situational (e.g., hierarchical decision making)

- Bioethics – study of ethical issues arising from advances in biology and medicine

Joan McCarthy & Rick Deady. Moral Distress Reconsidered. Nursing Ethics 15, no. 2 (2008): 254-62

The "Moral Event"

The Moral Event
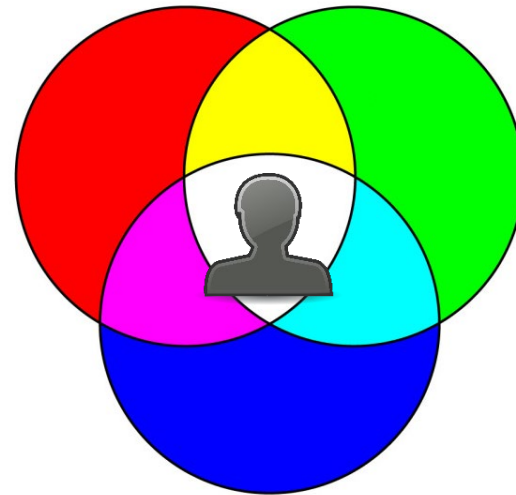
Agent   Act   Circumstances   Outcome

The Moral Event

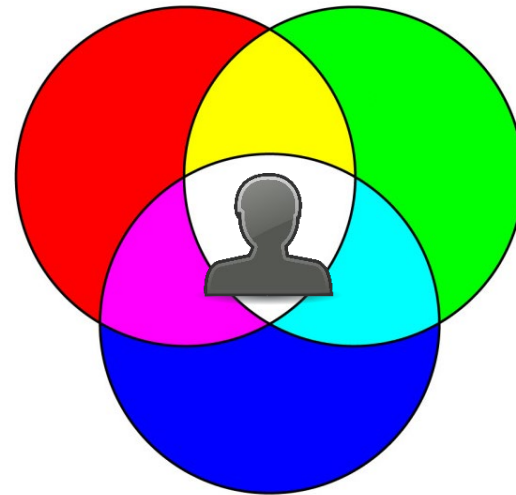| Element	Agent	Act	Circumstance	Outcome
Ethical Theory	Virtues (Virtue Ethics)	Principles (Deontology)	Particularizing Theories (Narrative Ethics)	Consequences (Teleology)
Foci	• Character • Intention • Desire • Choice • Will • Accountability • Caring	• Right • Good • Duty • Rule • Maxim	• Caring for this person or group in this place, time, etc. • Narrative, culture, uniqueness of the person • Experience • "Situation" ethics • Casuistry	• Outcomes • Harms/good • Pain/pleasure • Utility • Calculus

Adopted from Edmund D. Pellegrino. Toward a Virtue-Based Normative Ethics for the Health Professions. Kennedy Institute of Ethics Journal 1995;5:253-277 (p. 271 – Figure 1)

The Moral Event

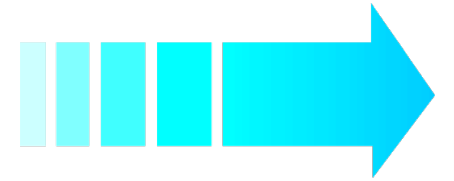| Agent	Act	Circumstances	Outcome
↓	↓	↓	↓
Virtues	Principles	Narratives	Consequences

Moral Frameworks

(aka Ethical Theories)
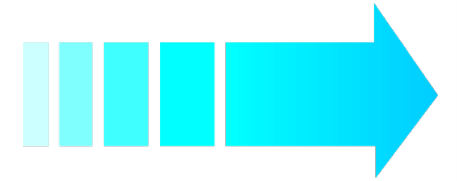
Framework 1 - Principles

Principles (Deontology)

- Guiding Thought: ***what we ought to do***
  - *Deon* – duty

- What makes a decision right?
  - ***Conforming* to a moral norm or rule**

- Let's examine one of the most common examples of deontology…

https://plato.stanford.edu/entries/ethics-deontological/
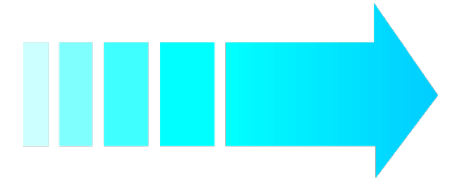
Principles (Deontology)

The Four Principles of Biomedical Ethics

- Beneficence – doing good and preventing harm

- Nonmaleficence – not doing harm

- Autonomy – respect for an individual's capacity to self-govern

- Justice – fair distribution of goods and services
  - In healthcare, often viewed as according to an individual's medical need

Beauchamp, T. L., & Childress, J. F. (2012). Principles of biomedical ethics. New York: Oxford University Press.
Outka, Gene. Social justice and equal access to health care. J Rel Ethics. 1974;2:11-32

Principles (Deontology)

- Strengths
  - Accounts for strong, widely shared moral intuitions
  - Accessible and readily applicable
  - Focus is on the act, which is generally viewed as within locus of control

- Critiques
  - How does one define each principle? (e.g., what is justice?)
  - How does one balance competing principles?
    - Which principle is the most important?
  - Adherence to duty doesn't always leave us feeling good…
    - Could be "ethical," despite bad outcome

https://plato.stanford.edu/entries/ethics-deontological/

Framework 2 - Consequences

Consequences (Teleology)

- Guiding Thought: ***the end justifies the means***
  - *Telos* - end

- What makes a decision right?
  - ***The <u>results</u> of one's acts are the basis for determining right and wrong***

- Let's examine one of the most common examples of teleology…

Consequences (Teleology)

Utilitarianism

- The <u>result of concern</u> in utilitarianism is the generation of "good" (aka utility) and the maximization of it

- May often hear the phrase "the greatest good for the greatest number of people."

- However, it's not quite that simple…

Consequences (Teleology)

Utilitarianism

If: aX + bY > 0

Then: the greatest good for the greatest number of people has occurred

Where:

a = outcome generated from an action for the majority

X = majority

b = outcome generated from an action for the minority

Y = minority

Consequences (Teleology)

- Strengths
  - Focus is on assuring action leads to best outcome
  - Easily accessible with its pros/cons list approach

- Critiques
  - How does one define "the good" to be maximized?
  - Are all "goods" of equal value? (e.g., quality v quantity of life)
  - Inability to predict all relevant consequences
  - Does the end always justify the means?

https://plato.stanford.edu/entries/consequentialism

Deontology (Upstream) v Teleology (Downstream)

Deontology: duties & rules

Rightness **is not dependent** on its overall consequences

Teleology: maximize outcomes

Rightness **is dependent** on its overall consequences

Deontology (Upstream) v Teleology (Downstream)

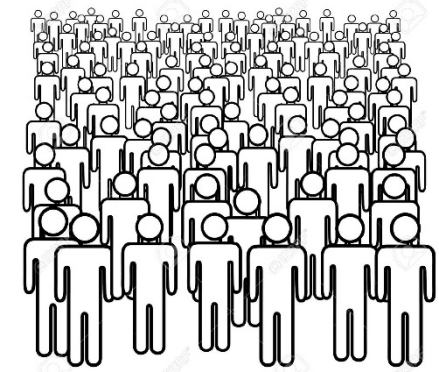- Unresolvable **ethical tension** between deontology and teleology at times...

Deontology: duties & rules

Rightness **is not dependent** on its overall consequences

Benefit to <u>individual</u> life

Benefit to <u>many</u> lives

LIMITED

RESOURCES

Teleology: maximize outcomes

Rightness **is dependent** on its overall consequences

Framework 3 - Virtues

Virtues (Virtue Ethics)

- Guiding Thought: *who we should be*
  - *Focus is on characters/traits that inform, guide, & motivate action* that consistently achieves the telos (end) specific to a given activity
  - *Arete* – excellence
  - Disposition that is well entrenched and multifaceted; more than a habit

- What makes a decision right?
  - *The degree to which the agent is acting in accordance with a virtue*
  - Rare to be perfectly virtuous, but one can be more or less virtuous depending on adherence to the specific virtue in question

- The *telos* of healthcare is healing
  - **Dispositions that give the capacity to heal well are the virtues of healthcare**
    - Virtues define the "good" health professional

https://plato.stanford.edu/entries/ethics-virtue/#FormVirtEthi

Pellegrino, Edmund D. Toward a Virtue-Based Normative Ethics for the Health Professions. *Kennedy Institute of Ethics Journal* 1995;5:253-277 (pp. 269-270)

Virtues (Virtue Ethics)

- We expect virtues of our students...

Clerkship Evaluations				
Compassionate	Efficient	Inquisitive	Professional	Self-directed
Confident	Enthusiastic	Mature	Quick learner	Sensitive
Conscientious	Hard working	Motivated	Reliable	Team player
Dependable	Independent	Observant	Respectful	Thorough

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Virtues (Virtue Ethics)

- We expect virtues of our ourselves as professionals...

Virtues that help us heal				
Fidelity to Trust	Benevolence	Effacement of Self-Interest (altruism)	Compassion and Caring	Honesty
Justice	Courage	Temperance (self-control)	Integrity	Practical Wisdom

Pellegrino & Thomasma. *The Virtues in Medical Practice*, 1993
Pellegrino, Edmund D. Toward a Virtue-Based Normative Ethics for the Health Professions. *Kennedy Institute of Ethics Journal* 1995;5:253-277 (pp. 269-270)

Virtues (Virtue Ethics)

- Virtues are earliest attempt to define a moral framework
  - Aristotle's *Nicomachean Ethics*

| Sphere of feeling or action	Excess (vice)	Mean (virtue)	Deficiency (vice)
Fear and confidence	Rashness	Courage	Cowardice
Pleasures and pains	Self-indulgence	Temperance	Insensibility (rare)
Getting and spending (minor)	Prodigality	Liberality	Meanness
Getting and spending (major)	Tastelessness	Magnificence	Niggardliness
Honour and dishonour (major)	Vanity	Proper pride	Pusillanimity
Honour and dishonour (minor)	Ambition	Proper ambition	Lack of ambition
Anger	Irascibility	Good temper	Lack of spirit
Self-expression	Boastfulness	Truthfulness	Mock modesty
Conversation	Buffoonery	Wittiness	Boorishness
Disposition to others	Obsequiousness	Friendliness	Cantankerousness
Shame	Bashfulness	Modesty	Shamelessness
Indignation	Envy	Proper indignation	Spite

Virtues (Virtue Ethics)

- Strengths
  - Motivates us to improve our own morality
  - Holistic approach to complex problems

- Critiques
  - Relativistic understanding of what is and isn't a virtue
  - Inability to provide adequate recommendations on course of action
 - Relies too much on individual's own judgment and motives (egoistic)

https://plato.stanford.edu/entries/ethics-virtue/#FormVirtEthi
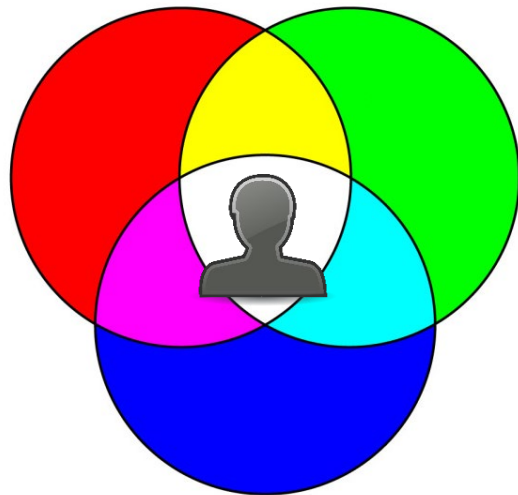
Circumstances (Narrative Ethics)
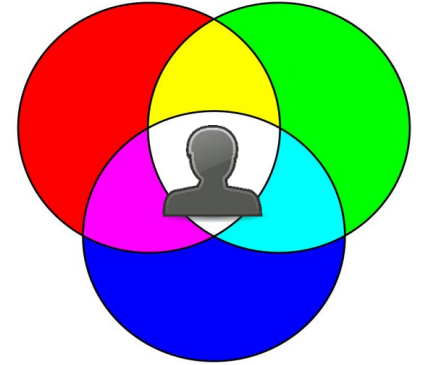
- Guiding Thought: ***what is going on***

- What makes a decision right?
  - ***It depends…***
  - There are many approaches within narrative ethics.

- Stories are foundational for how we view the world and our place in it
  - ***The process of telling and hearing the stories of our lives is morally significant***
  - Stories are not only descriptively informative, they are also normatively vital to connecting a particular life with the rest of a moral community
    - Both story and the storyteller open to normative analysis
    - Relations within the stories can reveal moral truths

- Example: Ethic of Care

https://iep.utm.edu/fem-e-n/#H3

Circumstances (Narrative Ethics)

Ethic of Care
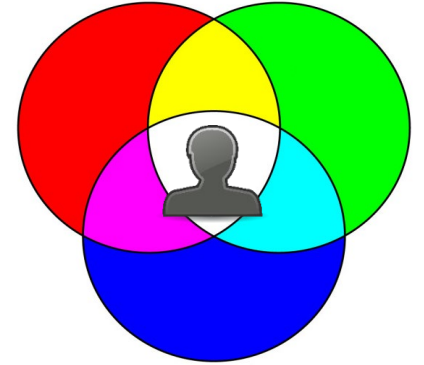
- Founded by Carol Gilligan, PhD; expanded by Nel Noddings, PhD

- Caring is essentially human and a moral attitude: "a longing for goodness that arises out of the experience or memory of being cared for"[1]

- What makes action right?: the degree to which one is engaging in a caring encounter[1]

  - "Receptive attention" motivates the carer to respond to the cared-for in ways that are helpful

  - Caring encounter also requires that the cared-for to recognize the care has occurred

  - Furthermore, caring also encompasses more public notions of "caring-about," which speaks to principle of justice and helps to establish, maintain, and enhance the caring encounter

1) https://infed.org/mobi/nel-noddings-the-ethics-of-care-and-education

Circumstances (Narrative Ethics)
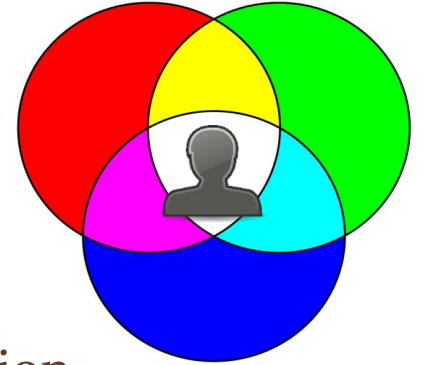
- Strengths
  - Focus on particularities, which can lens rightness/wrongness of a situation
  - Can help identify impetus for moral agent
  - Relationships and circumstances ground moral event in reality

- Critiques
  - Too contextual; lack of absolute leads to moral relativity
  - Difficult to define
  - Inductive reasoning does not always provide universal truths

Moral Frameworks

Ethical Theory	Virtues (Virtue Ethics)	Principles (Deontology)	Circumstances (Narrative Ethics)	Consequences (Teleology)
Guiding Thought	Who we should be	What we ought to do	What is going on	The end justifies the means
Am I ethical?	Degree of adherence to virtue	Conforming to a moral norm or rule	It depends...	Action(s) results in best outcome
Strengths	Motivates moral development; holistic	Shared moral intuitions; focus on action	Avoids impartial distance; focus on motivating particularities	Focus on outcomes and results
Critiques	Relative, unfocused, egoistic	Balance of principles, outcomes ignored	Too contextual, many approaches	Inability to predict all outcomes, methods to outcome ignored

The Four Questions

The Four Questions

- When confronted with a moral dilemma/event, ask yourself…

1. What is/are the ethical question(s)?

2. What are the relevant facts?

3. Who or what could be affected by the way the question gets resolved?

4. What are the relevant ethical considerations?

1) What is the ethical question?

- Use your "moral imagination" to consider how/why someone is experiencing moral distress regarding a particular situation

- Ethical questions tend to arise when individuals or groups might be harmed, disrespected, or disadvantaged

- Distinguish the nature of the question.
  - Is the question ethical v legal v scientific v personal-preference
  - Very important!

2) What are the relevant facts?

- Scientific facts
  - Provide link between bioethics and medicine
  - Important for assessing harms and benefits questions

- Social science facts
  - Inform how people might respond to disease, health care professional advice, socioeconomic differences in care, etc.

3) Who or what could be affected?

- Identify all stakeholders involved that may be affected by decision

- Consider ways in which stakeholders may be affected
  - Physically, emotionally, economically, etc.

4) What are the relevant ethical considerations?

- Respect for persons

- Harms and benefits

- Fairness

- Authenticity

- Responsibility

- etc.

- Also, assess which aspect of the moral event is most affected by the consideration(s) (ex. agent vs. act vs. circumstance vs. outcome)

https://science.education.nih.gov/supplements/webversions/bioethics/guide/teaching.html

Practice Time!

Case

- "Joe" a 62 year-old man admitted to the ICU for the past 10 weeks s/p CABG with complicated post-procedural course, including MRSA bacteria and subsequent hypoxic respiratory failure, tracheotomy, acute renal failure (temporized with dialysis), and hearing loss.

- Now off the vent but requiring ongoing pressor support and dialysis, the medical team believes Joe has a poor prognosis for surviving the hospitalization. Social work is looking into long-term acute care hospital in case he improves; family remains optimistic for a full recovery.

- Last night, Joe stated to his nurse "Stop everything. I want to die." An ethics and psychiatry consult are requested. This morning, Joe says the same statements again, this time with his family, the attending physician, and ethics consultant at bedside. Psychiatry further assesse the patient and determines him to have capacity for making this medical decision. Later in the morning, he becomes unconscious and requires re-intubation.

- The patient's wife, sister, and two adult children – one of them a nurse in the hospital – think Joe is incapacitated, with the patient's sister noting "You don't know Joe. He's never been a quitter. He would never make that kind of statement and he isn't thinking clearly. He had been getting better until this morning...Can you at least not pull the plug for a few days, maybe even a week, to give him a chance?"

- What should be done for Joe and his family?

THE FOUR QUESTIONS

1. What is/are the ethical question(s)?

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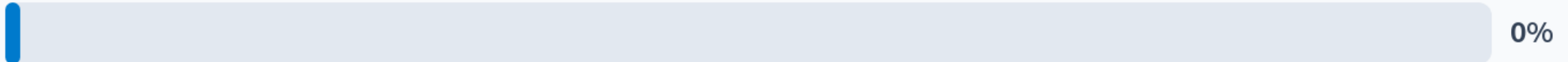
What should the medical team do?
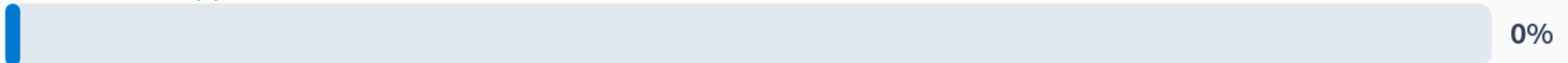
Compassionately extubate; allow natural death

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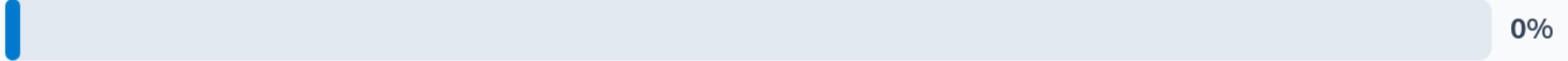
Offer a time-limited trial of intensive medical interventions

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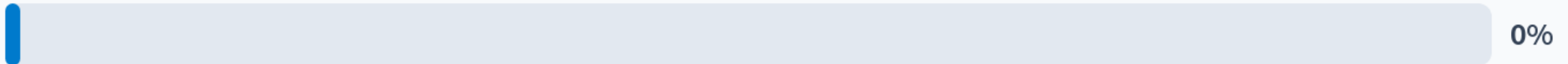
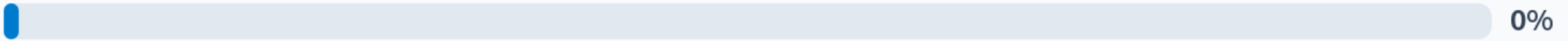Continue fully supportive cares without a time-limitation
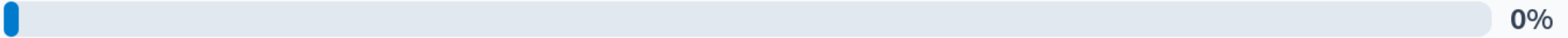
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Some other approach

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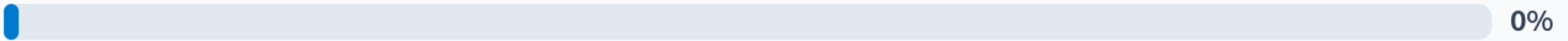# Which moral framework did you utilize to come to your decision?
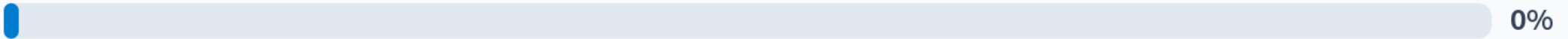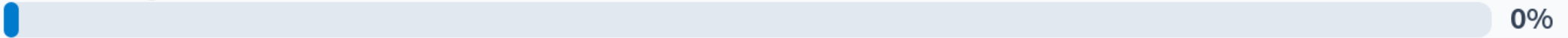
Virtue Ethics

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Deontology

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Narrative Ethics

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Teleology

0%

Something else

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Helpful phrases for sparking discussion and justification...

- "Why do you think that?"

- "Tell me more about that. I'd like to understand more about what you're thinking and why you think so."

- "What if we change one element of this scenario—would our thinking remain the same? Why? Why not?"

- "Are there any exceptions to the belief you have just expressed? What would make an exception justifiable in your mind?"

- "Are there certain practices that we can all agree are ethically wrong? If so, what are some examples? Why do we agree that these are ethically wrong?"

Ethical Case Analysis

1) Ethical Question(s)
4) Ethical Considerations
5) Moral Frameworks

2) Relevant Facts
3) Who or what affected

Deontology

Autonomy

treatment / test

Diagnosis, Prognosis

Probability of outcomes

Teleology
Deontology
Narrative Ethics

Goals of care

Teleology
Deontology
Virtue Ethics

Level of treatment burden (suffering)

Teleology
Deontology
Virtue Ethics
Narrative Ethics

Virtue Ethics
Family Values

Virtue Ethics
Patient Values

Virtue Ethics
Provider Values

Psychosocial

Cost

Teleology
Deontology

Narrative Ethics

Wrap-Up

Take Home Points

- Ethics is more than just "The Four Principles"…

- Ask "The Four Questions" when encountering a moral event

- Determine a course of action and explore justifications for actions and their adherence to a moral framework, using the moral event as an anchor for ethical theories and map for exploring them
  - Mind alternative courses of action, their moral frameworks, potential for conflict with your course of action, and seek to understand rather than defend

- You may not find the right answer, and that's ok
  - Sometimes enough to know you have reasoned something to be wrong

Questions?

Thank You!