How "moral" are the principles of biomedical ethics?

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The Principles of Biomedical Ethics and the Common Morality

The principles of biomedical ethics – autonomy, nonmaleficence, benevolence, and justice – are of paradigmatic importance both for framing ethical problems in medicine, as well as in teaching ethics for medical students and professionals.

In order to underline this significance, Tom L. Beauchamp and James F. Childress base the principles in the common morality:

"[the common morality] refers to norms about right and wrong human conduct that are so widely shared that they form a stable social compact" (2013 p. 3).

This strategy "comes with a cost, namely the need to keep any theory in medical ethics open to, and thereby aware of, the challenges arising from biomedical research and clinical practice" (Karlsen & Solbakk 2011) and moral psychology [our addendum].

Measuring "Common Morality" (1)

For the purpose of the empirical investigation, we suggest to make use of moral research in psychology. We focus on those findings in moral research that align with the universality claim of the common morality in order to identify "dimensions" of morality that then can be empirically investigated.

Those findings, also inspired by the social intuitionist model (Haidt), refer to nearly instant reactions to scenarios of moral violations of people. Also cognitive approaches (e.g. the moral-conventional distinction model of Turiel) have emphasized the feature of universality of morality.

Other findings refer to the evolutionary conditions of the human species that framed the uniquely derived lifestyle of human foragers, which requires generosity and sharing due to extreme mutual interdependence, making community-orientation and cooperation other plausible features of a "common morality"

Measuring "Common Morality" (2)

Dimension	Description of left endpoint	Description of right endpoint
MO-NMO: moral – non-moral	A value is "moral" if it claims to be universally valid and its corresponding actions are judged as right or wrong.	A value is "non-moral" if it is not claimed that the value is universally valid and if corresponding actions are not subject of evaluations as right or wrong.
COM-SELF: community-oriented – self-oriented	A value is "community-oriented" if it refers to the goals of a community, common interest or the relation among individuals.	A value is "self-oriented" if it refers to the priority of personal goals, personal interests or the individual.
COOP-COMP: cooperative – competitive	A value is "cooperative" if it refers to the collaboration, cooperation or communication between human beings or institutions.	A value is "competitive" if it refers to the competition or rivalry between human beings or institutions.
PRI-CON: principle-focused – consequentialist	A value is "principle-focused" if it focuses on the legitimacy of the act itself when the value is used to valuate actions.	A value is "consequentialist" if it focuses to the evaluation of consequences of an action when the value is used to valuate actions.

Research Goal & Hypothesis

1) First, we wish to examine empirically the extent to which various values are judged as moral and whether such judgments are characterized by the features universality, communion and cooperation orientation.
2) Second, we wish to test whether the judgments generalize across different social domains. In doing so, we compare the evaluation of values in two different domains: medicine and business & finance.

We hypothesize that judgments of morality coincide strongly with the features universality, communion and cooperation orientation, and that these relations persist across different social domains.

We deduce out of this hypothesis: If the values that relate to the principles are, as expected, commonly characterized by these features, and these judgments persist across social domains of application, we have support for the claim that the principles are part of the common morality. If this is not the case, we have a conflicting result that needs further investigations.

Study Setup (1)

In a first step, we have – based on a literature review, expert interviews, and a small survey among health professionals (n=17) – identified 14 values (and widely shared value characterizations) that are of considerable importance within medicine:

- autonomy (Autonomie)
- care (Fürsorge)
- cost-effectiveness (Wirtschaftlichkeit)
- feasibility (technischer Imperativ)
- honesty (Ehrlichkeit)
- integrity (Integrität)
- justice (Gerechtigkeit)

- loyalty (Loyalität)
- non-maleficence (Nichtschaden)
- performance (Leistung)
- professionalism (Professionalität)
- reputation (Reputation)
- respect (Respekt)
- responsibility (Verantwortung)

The 14 business & finance values were: engagement (Engagement), competition (Wettbewerb), compliance (Regelkonformität), fairness (Fairness), integrity (Integrität), loyalty (Loyalität), nonmaleficence (Nichtschaden), performance (Leistung), professionalism (Professionalität), profitability (Profitabilität), reputation (Reputation), respect (Respekt), responsibility (Verantwortung), transparency (Transparenz). As expected, the values of both domains overlapped only partly.

Study Setup (2)

We note that the term 'care' (Fürsorge) and not 'beneficence' was used in the survey, since the German 'Fürsorge' is more common than the technical term 'Benefizienz'.

Furthermore, we used general descriptions of 'fairness' and 'transparency' for business & finance that were very similar to the ones of 'justice' and 'honesty' in medicine; i.e., the semantics of these terms overlap, although there is a domain-specific tradition that, e.g., what is considered a matter of honesty (Ehrlichkeit) in medicine is often a matter of transparency (Transparenz) in business & finance.

In a second step, we created an online survey (in German) consisting of two parts: In the first part, the participant provided demographic information and information on their work experience in medicine. In the second part, the participants rated each value along four dimensions using a 6-point Likert scale.

After data quality checks, we analyzed the data of (n_1 = 317) students and professionals in medicine and business & finance (n_2 = 247).
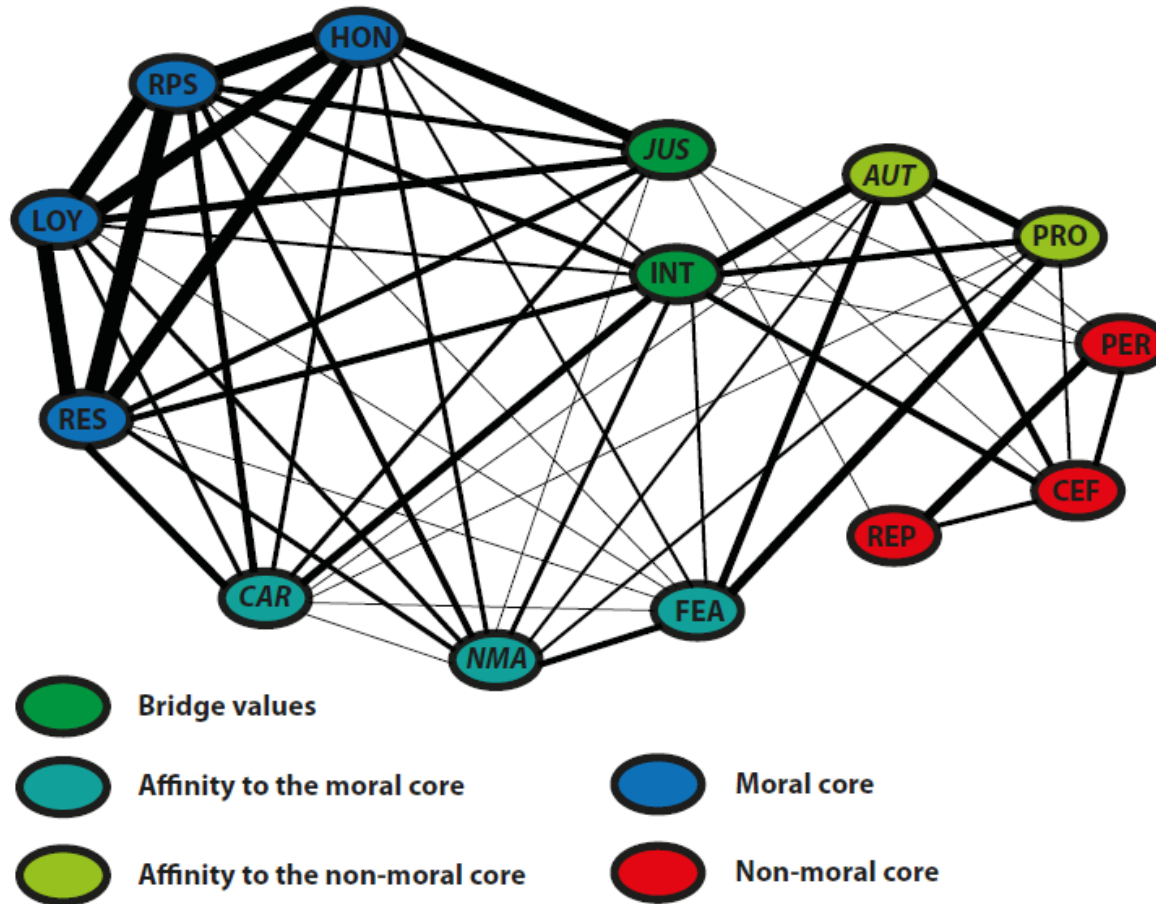
Result 1: Morality Dimensions

Correlated dimensions	Medicine (n1 = 317)		Business & Finance (n2 = 274)	
	Correlation of aggregated data	# of values with significant (*) correlation	Correlation of aggregated data	# of values with significant (*) correlation
MO-NMO with COM-SELF	0.41***	10	0.53***	10
MO-NMO with COOP-COMP	0.58***	13	0.63***	14
COM-SELF with COOP-COMP	0.58***	14	0.68***	14
MO-NMO with PRI-CON	0.29***	7	0.35***	4
COM-SELF with PRI-CON	0.20***	5	0.31***	5
COOP-COMP with PRI-CON	0.24***	3	0.37***	6

Result 2: Value grouping (1)

Bridge values
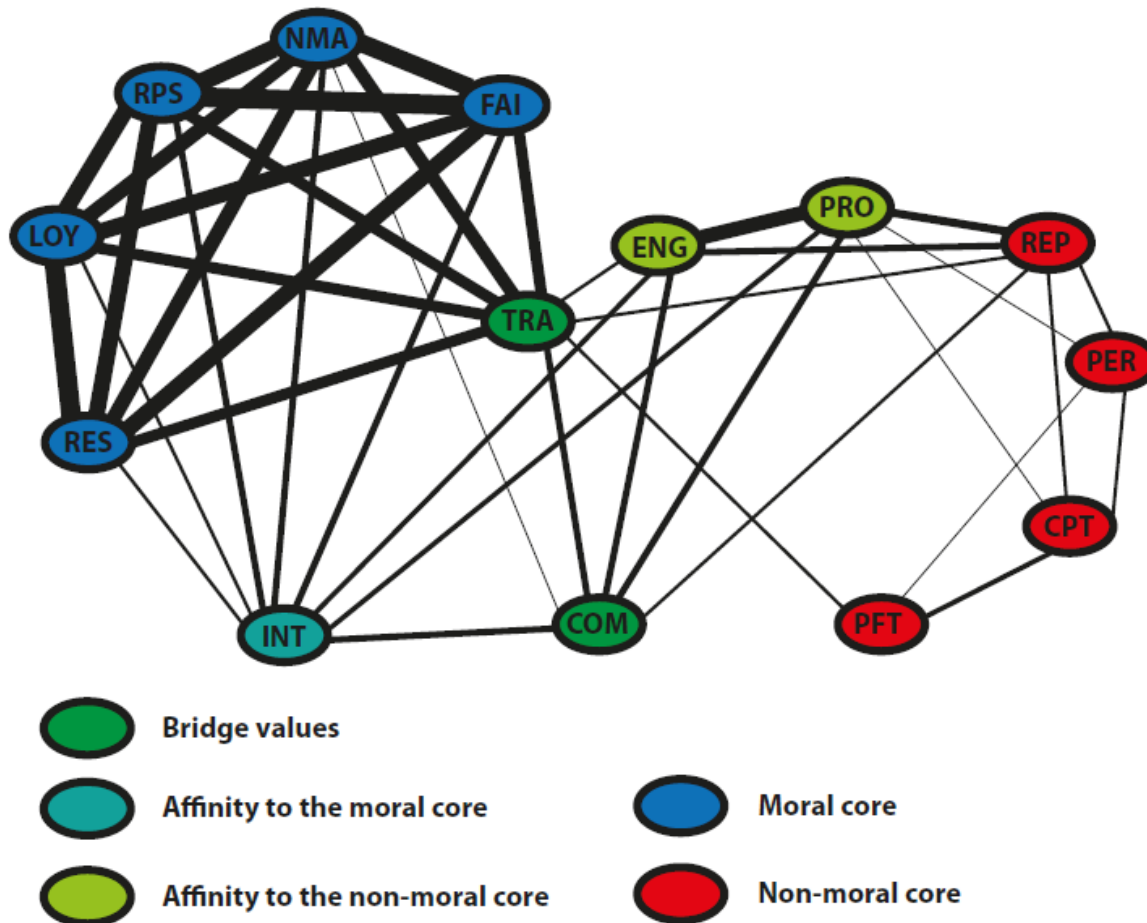
Affinity to the moral core

Affinity to the non-moral core

Moral core

Non-moral core

Result 2: Value grouping (2)

Result (3)

We hypothesized that we can characterize the common morality using three dimensions that were derived from current empirical research in morality.

We found that these dimensions correlate strongly across the social domains medicine and business & finance. In addition, we identified values that form a moral core within both domains – respect, loyalty and responsibility. **This data is consistent with the notion of a common morality**, i.e. there are values that are perceived as being highly moral across social domains.

We found that **the values associated with the principles of biomedical ethics are not part of the moral core**. In particular, it is questionable, whether nonmaleficence and in particular autonomy are perceived as being part of the common morality based on the ratings given by the participants.

Interestingly, in the business and finance domain, nonmaleficence is part of the moral core, indicating a domain-specificity of the perceived morality of this value.

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Normative consequences

From the point of view of medical ethics, our result may be surprising, if not worrying at first sight, because one may **consider this as an indication of a failure to convey the desired normativity of values to professionals who should work with them**.

Furthermore, the result may indicate that the principles – in particular nonmaleficence and autonomy – **may not in the same way be grounded in the moral psychology of medical professionals as other moral values**.

Our findings indicate that **even within the same cultural frame** we find that the degree of perceived morality of a value differs between social spheres.

This raises the question how principles, which are inherently not as moral-laden as assumed, guide health care providers in conflict situations to find a helpful – and for their part "moral" orientation – that would render action guidance?

Practical consequences (1)

We suggest that the way the principles are discussed and learned within biomedical ethics – namely as instruments to deal with dilemmatic situations – influences to some degree their grounding in the individual's moral psychology.

If values like nonmaleficence or autonomy are regularly discussed in cases that involve a conflict between them, it is likely that the initial appeal to understand autonomy as "moral" (i.e., providing unambiguous action guidance) is weakened.

In that respect, it is of interest that professionals in our survey consider for example loyalty to be significantly less moral (dimension MO-NMO) compared to the students, although loyalty is considered to be among the moral foundations whose moral psychology has an evolutionary history.

That is, the social practice of dealing with the principles in a specific way in biomedical ethics may foster or erode at least to some degree the foundation of the principles (and other values) in common morality.

Practical consequences (2)

Our findings support the suggestions by other scholars that the principles of biomedical ethics serve primarily as instruments in deliberated justifications, but lack grounding in a universal "common morality".

Thus, we suggest understanding principlism, and biomedical ethical theories generally, **not as theories of guiding right actions, but rather, as procedures by which one's decisions and actions in medicine can achieve a reasonable degree of moral justification**.

This justification and the actions that follow **may even involve overcoming the initial moral appeal of values grounded in the common morality**.