

# What is Applied Ethics?

## The Activities of the Centre for Applied Ethics of University of British Columbia

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### 1. Introduction

What is 'applied ethics'? In this paper, I want to report on the subject of 'applied ethics' in the North America, and especially, at the Centre for Applied Ethics at the University of British Columbia, and to make some comments. Although 'applied ethics' is seldom seriously considered in Japanese academic circumstances with the exception of some universities, it is now actively developing in several disciplines, universities, and laboratories in North America. The term 'applied ethics' has recently expanded to cover many problems. I don't know who first used the term 'applied ethics' but Peter Singer may be thought of as one of the first philosophers who used 'applied ethics' to express practical ethics.<sup>1</sup> By this term he means to express "the most striking development of the past twenty years." But it is not new, in his opinion. "It would, rather, be the revival of an entire department of the subject: applied ethics."<sup>2</sup> In his view, because applied ethics has a long tradition from Plato to recent philosophers, recent "development" of moral philosophy is considered a "revival."

In any case, Singer thought that "recent development" began "during the 1960s, when first the American civil rights movement, and then the Vietnam war and the rise of student activism began."<sup>3</sup> In such situations, philosophers were drawn into discussions of moral issues such as, "equality, justice, war, and civil disobedience," and it was important to answer the question, do philosophers make an appreciable contribution to such ethical issues? To answer the question means that philosophers "tell people what they ought or ought not to do" in fact, it is "the application of

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<sup>1</sup> Peter Singer ed., *Applied Ethics*, Oxford, 1986, p. 1.

<sup>2</sup> Ibid. p. 1.

<sup>3</sup> Ibid. p. 3.

philosophy to public issues,"<sup>4</sup> and serves to test the practical skill of philosophers.

At first, public and ethical problems which philosophers such as Peter Singer concerned themselves with were centred around bioethics.<sup>5</sup> Many problems never before encountered in our history appeared in medicine and the biological sciences. Bioethics was planned to research and resolve such ethical problems as whether medical operations are accepted, how security range of biological experiments is determined and what and how standards of such experiments are created. In such planning, researchers have concerned with people, relationships, laws, and politics, which was related to such problems. Results which the researchers found in bioethical issues affected another range that bioethics related never little to, e.g. environment, or business. Environmental Ethics, Biomedical Ethics, Business ethics and so any other Ethics appeared, and developed their range. They are called 'Applied Ethics'; they treated concrete problems and tried to resolve some ethical issues in a adequate way in which their issues should be treated.

But it is more important to see how to 'apply' ethics than to discover the origin of that name. For example, the Centre for Applied Ethics at U.B.C. deals with professional ethics, business ethics, health care ethics, environmental ethics, media ethics, computer ethics, bioethics, and biomedical ethics as sub-disciplines of Applied Ethics. The research is carried out by Professor Michael McDonald, the Centre's Director, Professor Peter Danielson, Professor Michael Burgess and invited scholars, who work here from around the world. They focus their research according to their interests. Professor McDonald is now interested in Retroactive Environmental Legislation and Retroactive Liability. Professor Burgess is now interested in Research Associates (Nursing, Forestry Economics). Professor Danielson is now interested in the problem of Global Warming.

## 2. Problems of Applied Ethics

Applied ethics intends to resolve or at least discuss the allied "moral dilemmas."<sup>6</sup> Such moral dilemmas are involved in many ordinary situations with other people, and in many situations which involve conflicting demands. For instance, the conflict between the individual's right to smoke and the law prohibiting smoking in a public place is not a moral dilemma. "Moral dilemma arises only if there are moral considerations for taking each of two opposing courses of action."<sup>7</sup>

When I hope, as the head of cigarettes company, that products sales will increase and I then prohibit employees of the company from smoking, then a serious moral dilemma will happen. It may be said by some moral philosophers that such case is never "genuine moral dilemma." In this case, I think, a conflict of demands is involved. While I must assure the employment of my employees and increase the products as much as possible, I also must satisfy the demand that the employees who do not smoke requests as general rule that we should not smoke in public place. It is certainly not easy to resolve such dilemma. I need to discuss it with managers, lawyers, the union, and if necessary, physicians, consultants, and so on.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid. p. 4.

<sup>6</sup> Tom L. Beauchamp, and James F. Childress, *Principles of Biomedical Ethics*, Oxford, 1989, p. 4

<sup>7</sup> Ibid., p. 5.

Such dilemmas are to be found in cases studied and discussed by bioethicists. Some typical examples are "abortion" or "the intentional cessation of lifesaving therapies in the case of permanently comatose patient, such as Karen Ann Quinlan and Paul Brophy."<sup>8</sup> The movement of Bioethics have given the foundation of informed consent in the progress to resolve such problems, and lead to the fields of Biomedical Ethics and Health Care Ethics to be treated more deeply in several cases.

The problem of informed consent is not restricted to physicians and patients. For example, in the case of a cancer patient, should a physician tell his patient that he has cancer and discuss various ways of treating it, as though patients understood their diseases and treatment methods, and the patient then makes the choice of treatment. Currently it is left to physicians to determine what they think is best for their patients. That is the obligation of health professionals. Is it, however, proper? For it has been said recently that "statements of proper professional conduct differ from earlier codes by focusing on the rights of those receiving health services rather than on the obligations of health professionals."<sup>9</sup> So what is the "proper professional conduct" which differs from earlier codes? In order to clarify this issue, let us consider the following case.

The development of genetic engineering, e.g., genetic manipulation, gene mutation and gene recombination would usually add a new kind of problem to the list of issues which we should discuss in area of medical ethics and decisions. For example, sickle cell anemia is known in Blacks

<sup>8</sup> The case of Karen Ann Quinlan is famous. She had been in a condition of permanent unconsciousness.

"Accurate medical diagnosis and prognosis are indispensable, but the judgment about whether to use life-prolonging measures hinges on the anticipated quality of life. The benefits of life-prolonging treatment to a permanently unconscious patient appear to be so limited as to render the treatment pointless. Any benefit to the patient would appear to rest in the slight possibility of a diagnostic or prognostic error or of a medical breakthrough, rather than in the quality of the life that is prolonged." But "whether the criteria for quality of life -- or, as we prefer, the criteria for determining the patient's best interests" is a serious question. (Tom L. Beauchamp, and James F. Childress; *Principles of Biomedical Ethics*, Oxford, 1989, p. 157.)

The case of Paul Brophy is as follows.

"Paul E. Brophy, Sr., a firefighter and emergency medical technician in Easton, Massachusetts, suffered a ruptured brain artery on March 22, 1983. Surgery was performed in April, but it was unsuccessful, and Brophy never regained consciousness. He was transferred to the New England Sinai Hospital in a persistent vegetative state. When he developed pneumonia in August, both his physicians and Patricia Brophy, his wife and legal guardian, concurred in an order not to resuscitate him if he suffered a cardiac arrest. In December 1983, Mrs. Brophy gave the physicians permission for a surgical procedure to insert a feeding tube into his stomach. He received seven and a half hours of nursing care each day, consisting of bathing, shaving, turning, and so on. Brophy's medical bills, approximately ten thousand dollars per month, were paid entirely by Blue Cross/Blue Shield." (Tom L. Beauchamp, and James F. Childress; *Principles of Biomedical Ethics*, Oxford, 1989, p. 420-2.)

<sup>9</sup> Ibid. p. 12

in Africa.<sup>10</sup>

Recently, it was found that the cause of that disease is in genes. I think that biotechnology will remove the gene responsible for sickle cell anemia in future. If we have a medical technique which remove the gene responsible for sickle cell anemia, we have no right to prevent patients from demanding such technique on a general rule that we should respect our personal life one another. This is the principle that is familiar to us. We might apply Golden Rule to this case. Or we might apply Kant's Categorical Imperative to it. In accordance with these principles we should agree with their demands, and we cannot oppose against such biotechniques. Is that a right choice for mankind? I suspect in this case that these principles are valuable.

Yet it is known that this gene has a strong effect against malaria. So it is generally believed that the gene responsible for sickle cell anemia is needed for future generations against malaria.<sup>11</sup> If that is so, we cannot remove that gene from the earth for mankind. Because we cannot deny that genes which are inconvenient for us in the present may be useful under different (future) conditions. If we eliminate the gene, it may mean that mankind will become extinct. Therefore we should preserve the gene, because it might be needed for future mankind, but a person who has the gene would not hope to keep it for himself. We fall into a moral dilemma; whether should we value a personal life or the general life of mankind, and whether all genes which are inconvenient for us at present should be eradicated or all genes be preserved for future mankind?

Kant could not help us find a way to resolve this dilemma. His imperative of the end in itself, is as follows:

“Act in such a way that you always treat humanity, whether in your own person or in the person of any other, never simply as a means, but always at the same time as an end.”<sup>12</sup>

In this case, if we accept any other person as an end in itself, we have to necessarily respect the choice of the person who has the gene. Otherwise, our utilitarian demand to keep the gene for future mankind means to regard the individual simply as a means.

Kant seeks the most universal moral principle. He has denied the universal validity of the so-called Golden Rule, “quod tibi non vis fieri,” to show the priority of his Categorical Imperative as a standard or principle of moral. In “Groundwork of Metaphysic of Moral”, he said;

“It [so-called Golden Rule] cannot be a universal law since it contains the ground neither of duties to oneself nor of duties of kindness to others (for many a man would readily agree that others should not help him if only he could be dispensed from affording help to them),

<sup>10</sup> Sickle cell anemia is “one of the hemoglobinopathies, occurring almost exclusively in Blacks, characterized by arthralgia. The conditions of this anemia are accompanied by acute attacks of abdominal pain, ulcerations of the lower extremities, sickle-shaped erythrocytes in the blood, and, for full clinical expression, the homozygous presence of S hemoglobin in the red blood cells”. Cf Blakiston's *Gould Medical Dictionary*, Third Edition, Mc Graw Book Company, New York.

<sup>11</sup> This problem was pointed out by Hisatake KATO, in his “*What is Bioethics?*” MIRAI-SYA, Tokyo, 1986.

<sup>12</sup> Immanuel Kant, *Groundwork of Metaphysic of Moral*, translated by H. J. Paton, Harper Torchbooks, New York, 1964, p. 96, S. 429.

nor finally of strict duties towards others; for on this basis the criminal would be able to dispute with the judges who punish him.”<sup>13</sup>

Don't do something which you don't want to be done to you. It is certain that if the criminal would say so the judges could not punish him, because they themselves might not want to be punished. In this Book, I think, Kant intended to establish a new foundation of moral other than principles of Christianity. But Kant mentioned special cases in order to deny the universality of other principles, e.g., the Golden Rule. On this point, he was right. Principles which are intended to be universal are useless and controvertible in special cases. According to Kant, the dilemma in the case of sickle cell anemia is not a serious one, but no dilemma occurs because everyone ought to be treated as an end in itself. But we cannot really treat every person in such a way. Subjects with sickle cell anemia could be regarded as the means by researchers. In a wide sense, we regard them and use them as the means for future mankind. We are in effect accustomed to treating other people as means such as in business dealings, or even asking someone how to find the train station.

What I want to point out is that there is a wide gulf between universal law and rules which should be applied to several particular cases and that universal law is not always so universal. I doubt whether we need a universal moral principle. The case of sickle cell anemia is very special. We must consider the various issues which will be generated from such a special case. We must ask whether the technology which removes this gene is viable or not, whether this gene must be preserved for mankind or not, and if has to be preserved, how this should be done. If we or our government hope to keep the gene, we must take care of the people who possess it. But if this increases the national debt, who should pay to support them? This problem would be resolved by politicians. If we do not hope, it amounts to the same thing. Therefore every ethical problem is always particular and connects to one another, and to circumstances, economics and politics.

Hence why is it difficult that universal laws are applied to special cases? Here we are confronted with the special features of an ethical problem. Our actions are not all determined by universal laws such as those of natural science. We have in ordinary actions nothing but various particular rules whose use is limited to particular problems. We learn these rules through our ordinary experience in our lives. I want to think of this issue by reviewing the case of Biomedical Ethics and the example that Professor McDonald proposes.

### 3. Features of Applied Ethics or Ethics

Biomedical Ethics distinguishes “between particular moral codes, which govern such groups as physicians, psychologists, and nurses, and general moral codes, which govern whole societies and apply to everyone alike.”<sup>14</sup> The former codes may be called “professional codes,” and the latter codes very simple and general codes, e.g., J.S. Mill's principle of “harm to others.” Informed

<sup>13</sup> Ibid. p. 97, S. 430.

<sup>14</sup> Tom L. Beauchamp, and James F. Childress; *Principles of Biomedical Ethics*, Oxford, 1989, p. 11

consent came from our being conscious of the difference of particular codes which physicians have and simple codes which other people live by. After informed consent proposed, the conversation between physicians and patients have been done fairly and equally. It was still not enough; the disease and cure concern not only physicians and patients, but also the family of patients, and nurses and health care administrators. If the disease is very unique or the treatment is very costly, both in terms of money and the efforts of many other people, like the Karen Ann Quinlan case, legal, economic or religious considerations must be made. And some cases may even involve government legislation. So moral dilemmas occur between the persons concerned. I do not think that moral dilemma consists of simple opposition of professional codes and general codes. As indicated above, universal laws or general codes seem less valuable and powerful than professional codes. Why then do moral dilemmas come about?

Though we are inclined to think of moral dilemmas arising among several persons who share the same problem, we usually have some dilemma within ourselves. Professor McDonald demonstrates a 'conflict of interest' in the case of a gift planner in such a dilemma. He considers the essential elements of a conflict of interest. Its ethical significance is very interesting, and his proposal about how to avoid a conflict of interest is very useful, but our focus will be restricted to the why the conflict occurs.

He defines, according to Kernaghan and Langford, a conflict of interest, as "a situation in which a person, such as a public official, an employee, or a professional, has a private or personal interest sufficient to appear to influence the objective exercise of his or her official duties."<sup>15</sup> And he points out three key elements in that definition, "a private or personal interest, official duty, objective professional judgment."

In the case of Gift Planners and donor-relations he analyzed and treated some inevitable elements in such a relationship. A conflict of interest can arise in the relationship of donor and recipient which gift planners are expected to mediate fairly. But the important point made by Professor McDonald is that conflicts of interest appear in gift planners within themselves.

"A gift planner who is offered a substantial personal gift by a donor may face an actual or potential conflict of interest. Similarly, a gift planner can face a conflict of interest when it comes to taking donor lists from a previous to a new employer."<sup>16</sup>

Or

"Gift planners can and do form close personal relationships with donors. Indeed, this may be one of the reasons for the success of a particular gift planner. Yet this may come into conflict with loyalty to an employer who would like to 'use' that relationship to bring in further donations. What constitutes 'fair use' of such relationships as opposed to 'misuse' can be a difficult question to answer. Similarly complex ethical issues arise when it comes

<sup>15</sup> 'Ethical Issues for Gift Planners,' 'A Framework for Ethical Decision-Making: Version 4 Ethics Shareware' and 'Ethics and Conflict of Interest,' are available in Web-site of the Centre for Applied Ethics at <http://www.ethics.ubc.ca>.

<sup>16</sup> 'Ethical Issues for Gift Planners'

to balancing your own legitimate interests as professionals with careers or even your legitimate interests as human beings with lives to lead and families to feed against the demands of donors and employers.”<sup>17</sup>

Because the gift planner is aware of different rules which the donor and recipient have, he/she falls into a dilemma between their rules and his/her. If each of us has only one code of rules, then a dilemma or conflict may arise in our relations with others because of these different codes. But if we know as many codes as the above gift planner, then we find a dilemma or conflict of interest within ourselves, and thereby can resolve it more easily. Because then we can understand which dilemma or conflict arises in different situations and mediate it by our own decision-making. If this is to be possible, then we have to know as many different codes as possible. We do not have to become professionals, a donors or recipients, but rather only to know and understand their codes. Therefore, as Prof. McDonald indicates, “Discussion with others is particularly important when other decision-makers are involved, such as, your employer, co-workers, clients, or partners.”<sup>18</sup>

As these cases indicate, moral dilemmas arise when several opposing particular rules conflict with one another. Because we have various relations to other people who have different codes, universal moral laws are not applicable to individual cases. Instead, these codes in effect conflict with one another. Some codes seem universal to us, because they are widely accepted by many people. But in fact each particular code is relative to each particular person or group. In this sense, moral rules are different from the law of natural science.

#### 4. Conclusion

We do not need to search for only one universal moral law. In fact, we should develop not only individual responses but also share responses to individual dilemmas. Then if this principle can be applied successfully to a similar dilemma we will accept it as a more universal principle. If universal moral laws already in existence are not useful in resolving particular problems, they should be reconstructed. Therefore, if we find a new problem, a new ethics will have to be created to deal with it. Moral dilemmas arise from the conflict between several codes or interests. Where codes are particular, moral dilemmas are also particular. Therefore, in accordance with a particular problem in a particular situation, ethics are divided into subdivisions to resolve such particular moral dilemma.

Health Care Ethics deals with such problems as “whether physicians or nurses may ever legitimately hasten the death of patients,” or “whether a particular patient may be allowed to die.”<sup>19</sup>

<sup>17</sup> ‘Ethical Issues for Gift Planners.’ There are two ways that Professor McDonald proposed to avoid conflict of interest. The first is to “get out of the situation” or “to vacate one of the roles that is in conflict.” And the second is to “make known to all affected parties your private interest” or “to declare to all affected parties in question.”

<sup>18</sup> ‘A Framework for Ethical Decision-Making: Version 4 Ethics Shareware’

<sup>19</sup> Tom L. Beauchamp, and James F. Childress; *Principles of Biomedical Ethics*, Oxford, 1989, p. 3.

Business Ethics examines "specific ethical dilemmas such as insider trading, discrimination, employee rights, and deceptive advertising."<sup>20</sup> Other areas include Environmental Ethics, Professional Ethics, Media Ethics, Computer Ethics and so on. Future ethics studies will likely be decided in accordance with future problems and dilemmas.

When we consider a moral question, we need to know and understand the codes unique to the dilemma in question. And in order to know and understand these codes, we need to communicate with people concerned with ethical issues. In that sense, applied ethics is a process, which has produced "Particular Judgments and Actions," "Rules," "Principles," and "Ethical Theories,"<sup>21</sup> It is therefore important that applied ethics be intercultural and interdisciplinary, in order to deal with problems involving very different political, economical, legal, medical and biological codes. This is a very interesting aspect of "applied ethics."

As noted above, it is important that we have contact with others, and communicate with them. Discussing moral dilemmas with numerous people is necessary to understanding their morality and their ways of resolving dilemmas. It also makes such dilemmas public. For a discussion leads us from private interests to public interests. The direction that these discussions take us in is, I think, very important in giving ethics new significance. Peter Singer notes that "although applied ethics has now established itself in academia, it still has its critics. Behind much of the criticism lies the belief that ethics is the realm of feeling and emotion: if there can be no objective truth in ethics, it may seem, there can be no scope for reason and argument."<sup>22</sup>

I think the academic world in Japan still holds such beliefs. Certainly ethics concerns itself largely with personal beliefs. If personal beliefs were completely individual, we could not converse with other people. But personal beliefs are constructed from communications with people over a long period of time. They include some public part in themselves. Therefore our conversation is possible. What we or ethics can propose is to create the place to make such communications possible and how to do it. And in the process of discussing ethical problems, we ourselves learn what life is, what living is, and how to live, as our ancestors did. This process itself gives meaning to our lives.

It is in this sense that I am interested in the activities of the Centre for Applied Ethics in U.B.C., especially in CAERNETS, which is maintained by staff of the Centre for Applied Ethics. They also have a present speakers twice a month. Scheduled for the Fall are: Phil Gosselin, Philosophy, University of Brandon, "Abortion: Potential and probabilities" (September 10), Eric Higgs, Philosophy, University of Alberta, "Environmental ethics: restoration and professionalization" (October 8), Walter Glannon, Post-doctoral fellow, U.B.C., "Moral status of embryos" (October 15), and Peta Bowden, Philosophy, Murdoch University, Australia, "Feminist ethics and care" (November 19). The Centre for Applied Ethics has an independent Home Page on Internet, which includes Working Papers, Applied Ethics Resources on WWW, Canadian Applied Ethics Research Nets (CAERNETS), and other listings. CAERNETS was created to "offer researchers from many disciplines easy access to a broad range of up-to-date information, services and innovative research tools, as well as a valuable link with other researchers, who, under normal circumstances would be

<sup>20</sup> Thomas I. White; *Business Ethics. A Philosophical Reader*, MacMillan, New York, 1993, p. 29.

<sup>21</sup> Tom L. Beauchamp, and James F. Childress; *Principles of Biomedical Ethics*, Oxford, 1989, p. 6.

<sup>22</sup> Peter Singer ed., *Applied Ethics*, Oxford, 1986, p. 6.



difficult to access as they are scattered across many disciplines, professions and geographic locations”, and is comprised of six independent electronic networks: Accounting Ethics Network (ACCNET) Canadian Bioethics Network (BIOETHNET) Canadian Business and Professional Ethics Network (CBPENET) Cross-Cultural Health Care Ethics Network (CCHCNET) Réseau Québécois des Ethiciennes et Ethiciens (RQEE) Sustainable Development Ethics Network (SUSTNET).

We should turn our attention to their consultants and training activities in order to understand “applied ethics.” And we should engage the Centre or the network in discussions about moral dilemmas, and offer our information and data concerning applied ethics in Japan.

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