

Ethics

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Introduction

In this report I will compare and contrast Deontology, Consequentialism and Virtue Ethics outlining key concepts and principles. I will evaluate traditional philosophical and radical perspectives underpinning health & social work practice and how they inform/influence ethical considerations. I will also explain a range of ethical principles and illustrate understanding using examples from day to day practice. The ethical principles I will be looking at are; autonomy, independence, protection from harm, paternalism, respect for others, confidentiality, consent, truth telling, equality, equity and justice.

Ethical Theories

Consequentialism

Consequentialism is results-based ethics. Consequentialism is based on two principles. The first principle is whether an act is right or wrong depends only on the results of that act. The second is the better the consequences an act produces the better the act. (Glossary Of Technical Terms, 2007)

Consequentialism gives guidance when faced with a moral dilemma. This guidance is; a person should choose the action that maximises good consequences.

It also gives general guidance on how to live. This guidance is; people should live so as to maximise good consequences. (Smith, 1995)

Different forms of consequentialism differ over what the good thing is that should be maximised. Two forms of consequentialism are; utilitarianism and hedonism.

Utilitarianism states that people should maximise human welfare or well-being.

Hedonism states that people should maximise human pleasures. (Darwell, 2003)

Deontology

Deontology is the ethical study of duties, rights and obligations focusing on the rightness and wrongness of the actions and not the consequences. Deontology takes many forms some of them are: rights, contractualism, divine command ethics, monistic deontology and duty.

(Glossary Of Technical Terms, 2007)

Rights are actions that are morally right which respect all rights and freedoms to which all humans are entitled.

Contractualism is the theory that actions are morally right if they respect the rules that everyone accept in a social relationship. (Darwell, Deontology, 2003)

Divine command ethics is the theory that actions are morally right when they agree with the rules and duties established by God.

Monistic deontology is the theory that actions are morally right when it coheres with a set of agreed duties and obligations. (Wolf, 1993)

Virtue Ethics

Virtue ethics is character-based ethics. Virtue ethics is a person rather than action based; it looks at the virtue or moral character of the person carrying out an action, rather than at ethical duties and rules, or the consequences of particular actions. (Glossary Of Technical Terms, 2007)

Virtue ethics not only deals with the rightness and wrongness of individual actions, it provides guidance as to the sort of characteristics and behaviours a good person will seek to achieve.

In that way, virtue ethics is concerned with the whole of a person's life, rather than particular episodes or actions. (Darwell, Virtue Ethics, 2003)

Virtue ethics teaches;

- An action is only right if it is an action that a virtuous person would carry out in the same circumstances.
- A virtuous person is a person who acts virtuously.
- A person acts virtuously if they possess and live the virtues .

- A virtue is a moral characteristic that a person needs to live well.

Most virtue theorists say that there is a common set of virtues that all humans would benefit from, rather than different sets for different sorts of people, and that these virtues are natural to mature humans – even if they are hard to acquire. (Taylor, 2002)

Compare and contrast theories

Consequentialism vs. Deontology

Consequentialism is often contrasted with deontological theories. Deontological theories hold that we have a duty to perform or refrain from certain types of actions and that this duty derives from the nature of the act itself, rather than from the consequences produced by the action. Consequently, a deontologist might argue that we should stick to our duty regardless of the consequences. For example, Kant famously argued that we have a moral duty to always tell the truth, even to a murderer who asks where the would-be victim is.

However, consequentialist and deontological theories are not necessarily mutually exclusive. For example, T.M. Scanlon advances the idea that human rights, which are commonly considered a "deontological" concept, can only be justified with reference to the consequences of having those rights. Similarly, Robert Nozick argues for a theory that is mostly consequentialist, but incorporates inviolable "side-constraints" which restrict the sort of actions agents are permitted to do. (Baron, 1997)

Consequentialism vs. Virtue Ethics

Consequentialism can also be contrasted with virtue ethics. Whereas consequentialist theories posit that consequences of action should be the primary focus of our thinking about ethics, virtue ethics insists that it is the character rather than the consequences of actions that should be the focal point. Some virtue ethicists hold that consequentialist theories totally disregard the development and importance of moral character. For example, Philippa Foot argues that consequences in themselves have no ethical content, unless it has been provided by a virtue such as benevolence.

However, consequentialism and virtue ethics need not be understood to be entirely antagonistic. Consequentialist theories can consider character in several ways. For example,

the effects on the character of the agent or any other people involved in an action may be regarded as a relevant consequence. Similarly, a consequentialist theory may aim at the maximization of a particular virtue or set of virtues. Finally, following Foot's lead, one might adopt a sort of consequentialism that argues that virtuous activity ultimately produces the best consequences. (Baron, 1997)

Ethical Principles

Respect for autonomy

Respect for autonomy is respecting the decision-making capacities of autonomous people; enabling individuals to make reasoned informed consent. (Bartter, 2001) (S. Fry, 2010)

Beneficence

Beneficence is the considering the balancing of benefits of treatment against the risk and costs; the healthcare professional should act in a way that benefits the patient. (Bartter, 2001) (S. Fry, 2010)

Non maleficance

Non maleficance is avoiding the causation of harm; the healthcare professional should not harm the patient. All treatment involves some harm; even if minimal, but the harm should not be disproportionate to the benefits of treatment. (Bartter, 2001) (S. Fry, 2010)

Justices

Justices is the distribution of benefits, risks and costs fairly; the notion that patients in similar positions should be treated in a similar manner. (Bartter, 2001) (S. Fry, 2010)

Case Study

Mrs Y is 56 years old and has a learning disability. She is admitted to hospital with an ovarian cyst. The cyst is blocking her urethra and if left untreated will result in renal failure. Mrs Y needs an operation to remove the cyst. Mrs Y has indicated quite clearly that she does not want a needle inserted for the anaesthetic for the operation to remove the cyst – she is uncomfortable in a hospital setting and is frightened of needles.

The doctor is concerned that if the cyst is not removed Mrs Y will develop renal failure and require dialysis which would involve the regular use of needles and be very difficult to carry out given her fear of needles and discomfort with hospitals. The anaesthetist is concerned that if Mrs Y does not comply with the procedure then she would need to be physically restrained. Mrs Y's niece visits her in the care home every other month. The niece is adamant that her aunt should receive treatment.

Consideration of the ethical issues using the four principles mentioned above

Respect for autonomy

The principle of respect for autonomy entails taking into account and giving consideration to the patient's views on his / her treatment. Autonomy is not an all or nothing concept. Mrs Y may not be fully autonomous (and not legally competent to refuse treatment) but this does not mean that ethically her views should not be considered and respected as far as possible. She has expressed her wishes clearly; she does not want a needle inserted for the anaesthetic. An autonomous decision does not have to be the 'correct' decision from objective point of view otherwise individual needs and values would not be respected. However an autonomous decision is one that is informed. (Bartter, 2001) (S. Fry, 2010)

Beneficence

The healthcare professional should act to benefit his / her patient. This principle may clash with the principle of respect for autonomy when the patient makes a decision that the healthcare professional does not think will benefit the patient – is not in her best interests. Here we should consider both the long term and short-term effects of overriding Mrs Y's views. In the short-term Mrs Y will be frightened to have a needle inserted in her arm and to be in hospital – this may lead her to distrust healthcare professionals in the future and to be reluctant to seek medical help. In the long term there will be a benefit to Mrs Y in having her autonomy overridden on this occasion. Without treatment she will suffer serious and long-term health problems that would require medical intervention (ongoing dialysis) than treatment required now (operation).

The benefits of acting beneficently would need to be weighed against the dis -benefits of failing to respect Mrs Y's autonomy. (From a legal point of view the wishes o f a competent patient cannot be overridden in his / her best interests). (Bartter, 2001) (S. Fry, 2010)

Non malfeasance

Do no harm to the patient. Here, Mrs Y would be harmed by forcibly restraining her in order to insert the needle for anaesthesia. On the other hand if she is not treated now she will require ongoing dialysis a number of times per week. If she does not comply with dialysis it would be impractical to administer and may require restraint. Which course of action would result in the greatest harm? This assessment relies on assumptions: how successful is the operation likely to be; how likely will Mrs Y comply with dialysis. (Bartter, 2001) (S. Fry, 2010)

Justice

It would be relevant to consider cost effectiveness of the treatment options for Mrs Y, and the impact the decision about her treatment has on the availability of treatment for others (awaiting dialysis). (Bartter, 2001) (S. Fry, 2010)

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