



Review article

Universal principles in particular contexts

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Macklin, R.: 1999, *Against Relativism. Cultural Diversity and the Search for Ethical Universals in Medicine*. New York/Oxford: Oxford University Press. 290 pages. ISBN: 0-19-511632-1. Price: \$32.95.

In a well known article “How medicine saved the life of ethics” Stephen Toulmin argued that the subjective matter of medical practice had saved ethics both from the emptiness of universalism, the spiritless methods of “neutral” moral analysis and from the relativist positions of the emotivists. “In place of the earlier concern with attitudes, feelings and wishes, it substituted a new preoccupation with situations, needs, and interests; it required writers on applied ethics to go beyond the discussion of general principles and rules to a more scrupulous analysis of the particular kind of ‘cases’ in which they find their application.”¹ Toulmin seems to be convinced that the preoccupation of medical ethics with “situations, needs, and interests” would provide the objective basis to ethics needed to deal with the relativistic challenge. At the bedside, both clinical medicine and applied ethics would employ practical reasoning in the spirit of Aristotle to find the right treatment. This he contrasts with the ethics of universal principles which he finds out of touch with the moral life.

It is clear from Ruth Macklin’s book *Against Relativism* that Toulmin’s vision about the objectivity of applied ethics does not take into account the alleged cultural differences between what would count as “right treatment”. Toulmin has also been overly optimistic about the ability of applied ethics to free itself from the clutches of relativism. Macklin’s arguments in this book are mainly aimed against the contention that “what is right or wrong can be determined only by the beliefs and practices within a particular culture or subculture” (p. 4). This “pervasive dogma of post-modernism”, as she calls it (p. 5), has confused our contemporary culture and led many historians, anthropologists and feminists, for example, astray in their dealings with issues that are of vital importance. The

book is rich with examples that are taken from medicine and health care and are intended to show that there are ethical universals, norms and values that have cross-cultural validity. This problem is highly interesting and has great practical value in this era of increasingly multicultural society and globalisation.

Macklin has several arguments against the above contention. Some of them are based on crucial distinctions that defenders of ethical relativism typically fail to make. One is a clear distinction between those aspects of culture that harbour *ethical* issues proper and those matters of *etiquette* and religion that are of no or minor ethical significance. While the latter are clearly relative to culture, the former can in principle be universally justified. They *deserve* universal recognition although they are in fact far from being generally recognised. Another distinction often overlooked in relativist argumentation is the one between an *origin* of a practice or a norm and its *validity*. This distinction is useful, for example, in tackling the charge of cultural imperialism which is supposed to occur when “Western values” are applied to “non-Western” practices. A third distinction and the most important in this context is the one between *explanation* of a cultural practice and the *justification* of the same. While it is important to attempt to understand cultural practices by placing them in the context of society and history that has engendered them, this can at best explain the norms adhered to but it does not justify them. For that we need moral arguments and ethical principles.

But the most interesting distinction with which Macklin operates is the one between universalism and absolutism. The latter is frequently contrasted with relativism and these two positions can be regarded as parasitic upon each other as presumed opposites. As Macklin defines it, “absolutism implies an exceptionless set of immutable moral rules or prescriptions” (51). The futility of this view is often used as a ground for taking the relativistic stance that no moral rule is absolute but is determined by the beliefs of a particular

culture. Macklin sensibly refuses to choose between these false options. "I reject ethical relativism as firmly as I reject absolutism", she writes (5). The view that she defends is a universalist principlism rooted in the bioethical theory of Beauchamp and Childress. It is a common mistake of both critics of principlism and defenders of relativism to presume that principlism is insensitive to social context. While the four principles of bioethics (autonomy, non-maleficence, beneficence and justice) have a universal domain of applicability, they are "very general and require interpretation in light of relevant empirical facts and contexts before they can be applied" (51).

Macklin shows very clearly the importance of distinguishing between the justifiability of a universal principle and its applicability in concrete situations. She is well aware that although principles are necessary for moral analysis they are not sufficient for that task. Therefore, successful ethical reasoning about practical matters requires attention to and even careful analysis of "all the cultural elements" (48) deemed relevant by knowledgeable people about the social context and power relations under scrutiny. At the same time Macklin rightly insists that while "narratives can enrich ethical inquiry and deepen our understanding, narrative alone cannot do the work of justification" (53). She shows an admirable sense for the reciprocity of the general and the particular in ethical analysis, insisting on the need for context sensitivity while preserving the universality of principles. It is all too rare to see an ethical analysis that both succeeds in describing the features of moral reasoning and in fleshing it out in terms of concrete examples as Macklin succeeds in doing in this book. This can be called a happy mediation between the universal and the particular. She argues convincingly that there is absolutely no opposition here, but rather a complementary function: "To apply any 'abstract' ethical principle it is first necessary to look at the social context, to take account of who stands to be affected and in what ways, and to factor in a large array of particular circumstances. There is no algorithm, no 'deductive' procedure for doing that" (48).

In line with this hermeneutic sensitivity to context, the major accomplishment in this book is the way in which the author describes several examples "of relevant facts and contexts" and shows how the four principles can be applied to them in a way which takes the variety of cultural practices into account. Most of these examples have to do with the experience of oppressed women and children in various parts of the world, but the author has travelled widely and worked with international organisations devoted to these issues. These examples make the text most

relevant to many serious contemporary concerns. The most frequently cited example is the practice of female genital mutilation in several countries. This horrible practice provides an excellent case for Macklin's argument. It clearly is a practice that is of no medical benefit to the individuals concerned. To the contrary: It is harmful to the women and is carried on by the forces of tradition. "It is a tradition defended and perpetuated by those who have traditionally held power, and it is practiced in their interests, not in the interests of women, who have not historically been empowered" (75). These same women, however, often carry on this tradition in order to protect themselves from shame. It is both ironic and sad, but at the same time indicative of the contextually confused theorists, that some – and even some feminist – anthropologists defend these social practices in the name of value-neutrality, tolerance and cultural sensitivity.

Most often this relativist anthropological position is cashed positively in terms of "respect for tradition" and negatively as a stance against cultural imperialism. Although the charge of imperialism must often be taken seriously, it is used rhetorically in this case and is of no moral importance. It is in fact a clear example of the fallacy of confusing the origin of a norm and its validity which I mentioned above. The demand for respecting tradition is much more elusive and seems to carry a moral force because values are fostered by tradition. It is in fact dangerous, however, to allot any kind of moral value to tradition as such. Tradition is not only the handing over of values and virtues from one generation to another but also the ideological reservoir of unjustified power relations, dominance and oppression. Macklin puts it succinctly: "female genital mutilation is only one among many traditional rituals and customs that oppress women and are therefore unjust" (80). She shows how this gruesome practice fails on all accounts when measured by the yardstick of the four principles of bioethics. Consequently, she refuses to pay any moral respect to tradition as such. Traditional factors simply must be subjected to ethical scrutiny before they are judged as being worthy of recognition. This is the important distinction between a cultural fact and an ethical desert.

Macklin's view about the mutual relationship between the general and the particular, respect for universality and context sensitivity, leads to some highly interesting results. She attempts to show that the principle of respect for persons does not lead to cultural imperialism but rather requires that the values of individuals be respected. This means, among other things, that when the values of individuals reflect the predominant values of their culture "we must be sensi-

tive to those values and respectful of the people who hold them" (100). On the other hand, Macklin also argues that traditional practices that individuals voluntarily accept do not deserve respect if they are harmful or evil (81). Clearly, there is a tension between these two contentions. To complicate this important issue even further, she claims that there is a "legitimate concept of family autonomy, subsuming the individual" (263) that needs to be taken into account alongside with the individualistic Western conception. This position, Macklin argues, "heeds the call for cultural awareness and sensitivity by framing the obligations of disclosure in a way that can be applied in any cultural context" (264). At the same time she insists that "it is not . . . the cultural tradition that should determine whether disclosure to a patient is ethically appropriate, but rather the patient's wish to communicate directly with the physician, to leave the communications to the family or something in between" (114).

These passages are indicative of the importance that Macklin puts on context-sensitivity while preserving adherence to universal principles. It is questionable whether such a reconciliation always works without getting into contradictions. The main question in relation to this particular matter is what it means to respect individual autonomy. Macklin considers three different interpretations of this principle in relation to the question whether to disclose information about terminal illness to patients. The first is the position that the truth-telling practice in the United States regards information as the prerequisite of autonomous decision-making. According to the principle of respecting individual autonomy, this practice is right "whereas nondisclosure practice in other countries violates this practice and is ethically wrong" [it is annoying to see the distinction between US and "other cultures" used repeatedly in a book which in other respects is quite well aware of the diversity of cultural values]. This could be labelled an absolutist position because it deems wrong all ways to respect individual autonomy other than to disclose the truth to the individual. It is a peculiar aspect of this position that it harbours elements of paternalism in so far as it justifies overriding the will of a patient who does not want to be informed. The second position towards truth-telling that Macklin considers could be called a relativist attitude because it states that while it is right to reveal information about terminal illness to patients in the United States it is wrong in other cultures where family-centred values are more prominent. According to this view, individual autonomy need not be respected in these cultures. Here the requirement to respect traditional family values is used to override the principle of autonomy.

Macklin tries to find a way that mediates between these two extremes. She defines autonomy as "the human capacity for self-rule or self-determination" (9). This definition does not imply any conception of the way in which this capacity is to be exercised. If a patient chooses not to exercise self-rule in the sense which requires receiving information about her illness, then that is an autonomous decision which must be respected. "'Respect for persons' requires that in any country or culture, doctors should discuss with their patients whether they want to receive information and make decisions about their medical care or whether they want the physician to discuss these matters only with the family" (105). In this view, respect for autonomy simply requires that the patient be consulted, not that the patient is truthfully informed. This suggestion avoids the relativistic stance by making it a universal demand to observe the will of the patient without giving in to the absolutist requirement for informed decision. Clearly, the main determinant of the will of the patient in this regard is the cultural tradition.

Although Macklin claims that "'respect for tradition' is not an ethical principle of any sort, fundamental or derivative" (81), the view that she defends undeniably pays an implicit respect to tradition. The primary and explicit respect, however, is paid to the individual whose decisions are inevitably shaped by and fostered in a cultural context. The line between the individual and the culture cannot, therefore, be clearly drawn: they must simply be postulated in terms of the moral requirement of respect for persons. Macklin's contextual principlism implies such a position. But her argument works on two levels that she could sometimes have distinguished more clearly. On the level of justification of cultural practices she is quite categorical: "To distinguish between mere customs or cultural traditions, on the one hand, and practices that can be justified ethically, on the other, we need to use principles" (54). On the level of application, however, the principle of autonomy, in the weak form that Macklin adopts, does not allow this distinction to be employed. On that level, the will of the patient is to be observed regardless of whether it is influenced or even dominated by "mere customs or cultural traditions" (at least as long as they are not harmful) or by justified practices. The only practice that has to be carried out in that case is consultation with the patient. It remains an open question, however, how directive that consultation can legitimately be. Pursuit of this question would lead into discussion of interesting and complex issues that Macklin does not address in her book, although her own arguments make them pressing. In dealing with them one would need to undertake the task of

practical reasoning which Stephen Toulmin argued for in his article, but at the same time remain informed by universal principles which Macklin takes to lie at the heart of moral argument. That is the only defensible Aristotelianism in a post-Kantian world.

Note

1. *New Directions in Ethics. The Challenge of Applied Ethics.* DeMarco, J.P. and Fox, R.M. eds. New York/London: Routledge & Kegan Paul, p. 266.