PRINCIPIA BIOETHICA UNIVERSALIA:
PRACTICAL RATIONALITY, CONSTITUTIVE ALTRUISM AND
GLOBAL BIOETHICAL PRINCIPLISM

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This paper concludes a series of three ABA presentations which examine the connections between developmental psychological phenomenology, social values and bioethics. In the first paper, I argued that robust psychological autonomy was compatible with and necessary for strong community values, and suggested that this could be based on an object-relations conception of human nature. In the second, I identified nurturing as biopsychosocially foundational for ethics, offered a Freudian, constitutive account of altruism emerging from self-valuing, and grounded an “incipient principlism” on these ideas. Here, I extend the account by (1) conceiving autonomy as psychological integration; (2) developing constitutive altruism by appropriating aspects of Simon Blackburn’s expressivism and Philippa Foot’s conception of practical rationality, and (3) thereby consolidating “naturalistic incipient principlism” (NIP). NIP helps counteract the vogue depiction of global bioethical principlism as ethical coloniser. Global bioethics must affirm and exploit some such account as NIP to escape the discontents of ethical pluralism.

PREAMBLE

In a recent paper, Tristram Engelhardt describes the bioethics which emerged during the last thirty years or so as post-Christian and post-professional. Secular bioethics appeared to supply the moral direction, no longer to be derived from religious and professional insights, required to rehumanise positivist science and medicine, and promised the discovery through reason of a “substantive canonical morality” which could bind all rational persons in a basic consensus. However, this consensus is arguably preempted and manufactured, the consequence of the strategic imposition of particular rules and frameworks for rational debate, and the selection of participants likely to follow the rules. It continues the Enlightenment aspiration to provide a substantive ethic which transcends the diversity of religious and cultural understandings, but it also provides a product which can be utilised by the managers of society, eg in justifying health care policy. Bioethicists might appear, wrongly according to Engelhardt, to have become secular experts in values. He claims, in contrast, that the twentieth century demonstrated emphatically the plurality of our moral visions, the differences in how we rank human values, and the differences in our fundamental moral premises and principles. Consequently, we cannot share nor establish any substantive moral vision without begging background questions or arguing in circles. We are of necessity moral strangers, and in such circumstances, we can only draw moral authority from how we ourselves authorise our governments to act.

According to Engelhardt, our post-traditional societies are realising these facts, and recognising that conventional western bioethics is just one version of moral reality. Moral pluralism must be acknowledged, and we must recognise the limits to collaboration, as we enter the new millennium. We are indebted to Engelhardt for clearly articulating these broad movements in the history of ideas and of human societies. I strongly agree with him that our own dominant style of bioethics is one of many particular versions. But we part over the question of whether anything lies deeper than the particularities.

INTRODUCTION

Consider the broad themes of a recent debate involving Robert Baker, Tom Beauchamp and Ruth Macklin. Baker disputes the view that trans-cultural judgements and international bioethical codes can be justified in terms of fundamental moral principles, because no uniform standards and no content-ful secular principles can be discovered. According to Baker, we have only a polytheism of moral perspectives where the dominance of any one is a function of power, not principle. The power inherent in competing interpretive structures would appear to subvert any attempt to secure a standard which might speak across times and cultures. Universally claimed fundamental principles will be interpreted through different perceptual and narrative frameworks, rendering futile the ethical utility of principles. Any hope for an international bioethics must rest on a framework which bridges the many perspectives which exist, but which lies beyond the realm of moral principles.

Beauchamp replies that it is an institutional fact about the substance of morality that it contains fundamental and shared precepts; it is by appeal to this shared moral substance that persons are enabled to make justifiable cross-temporal and cross-cultural judgements. He emphasises that fundamental principles are fundamental, not specific, and that certain fundamental principles, eg not to cause harm, are universal. Universal principles must be specified in order to satisfy context and to become action-guiding, and negotiation among conflicting parties is often part of the specification process.

Macklin rejects Baker’s incommensurability claim by suggesting that the difference between western individualism and non-western communitarianism, lies in the priority accorded to different principles, and claims that for moral principles to be valid, it is not necessary that they must be accepted by all cultures, but that they be applicable.

Baker returns fire, asserting that any claim about what ought to apply can simply be rejected by saying “My culture doesn’t accept principle x or y” or “My culture doesn’t accept this interpretation of the principle” and that all cultures clearly do not, as a matter of fact, embrace the same moral principles. Moreover, he suggests that when people reject certain principles, they usually do so not from a consciously relativist position but from one which they see as objective or realist. So Macklin must convince others that her moral principles are the ones to accept, and this process hasn’t got a happy history.

Consider now a recent contribution to meta-bioethics from Kathryn Montgomery, who claims that most bioethicists are dismissive of developments in continental philosophy, because they have been insulated from late twentieth century ideas by the persistent modernism of medicine itself. Nevertheless, according to Montgomery, the critique of medical ethics did become more overt during the 1990s, and members of this association will be familiar with the critical themes she identifies - that medical ethics is traditionally narrow and deductivist, bloodless and hyperrational in tone, and mistaken about the power and authenticity of its objective stance. She thinks that physicians themselves would find deductivist ethical rationality odd, because they are well used to the idea that neat logical constructs do not reflect actual practice. She calls for a reciprocal engagement of both the particular and the general, where narrative and interpretation are needed to recognise and understand problems, and where the meaning of principles is determined within the cultural world.

7 Ibid, 395-6.
9 Ibid, 420.
12 Ibid, 39.
13 Ibid, 42.
14 Ibid, 40.
Montgomery’s pejoratives – narrow, deductivist, bloodless, hyperrational – leave little doubt about her general position. Yet does “… the meaning of principles is determined within the cultural world” equate to Baker’s incommensurability, or to some type of specification of universal principles?

CONTEXT OF THE PROPOSAL

Today I build on ideas elaborated at two previous ABA conferences. Here in Adelaide in 1994, I proposed that robust psychological autonomy was compatible with and necessary for strong community values, and I suggested that this could be based on an object-relations conception of human nature and development. In Sydney in 2000, I provided the outline of such a conception, and argued how this supported a version of principlism:

1. The shared human experience of nurture and the kind of belonging central to childhood are plausibly basic and universal. Any human being must define himself or herself both as a distinct individual and as part of a group.
2. Humans generally do not require fulfilment or satisfaction as an external motivator for ethical behaviour, because adequate nurturing ensures that they are self-valuers who naturally define themselves in these two ways.
3. Freud’s later work in moral psychology emphasises how benevolence and other-regard, while not reducible to egoism, emerge from the persistence of the ego’s healthy narcissism, which is the subjective experience of a nourishing presence within. Genuine moral action is inevitably tied to natural desires, in contrast to the familiar Kantian split between the two categories, with its rational recognition of universal principles.
4. Altruism therefore does not imply sacrifice or thin-lipped duty, but is naturally constitutive of and in the lives of self-valuers.
5. Constitutive altruism as a natural disposition supports an incipient principlism, since the familiar concerns of autonomy, beneficence, non-maleficence and justice, are the general considerations which natural self-valuers will have in view when they contemplate action.

I concluded that principlism, rather than being bloodless and hyperrational, is indeed red-blooded, because if grounded in the natural concerns of people, it is a package deal reflecting the conflicting considerations which we must juggle, in order to reach particular ethical, social and political decisions. I now want to extend and strengthen this account in the following ways. I reconceptualise autonomy as psychological integration, and show how this helps us better understand the relationships between egoism, altruism and incipient moral principles. I consolidate this understanding by examining aspects of Simon Blackburn’s recent account of ethical expressivism, and Philippa Foot’s conception of practical rationality. What emerges from this exploration is “naturalistic incipient principlism” (NIP). I conclude by showing that global bioethics must affirm and exploit some such account as NIP to escape the discontents of ethical pluralism and incommensurability.

PSYCHOLOGICAL INTEGRATION

There are important parallels between individual neurosis and some aspects of western culture. Consumerism, individualism and racial stereotyping can insulate us for a time against our deepest fears, just as psychological processes like projection and splitting can offer us safety and security in the face of unmanageable anger, grief, or isolation. It is not surprising that those interested in the possibility of an international bioethics fear the dominance of a methodology which is perceived to endorse a narrow individualism and contractual self-interest. However, it is important for critics to be clear about whether they are targeting bioethical principlism or some cultural specifications of it, such as the US version with its “neurotic” emphasis on individualistic autonomy. Concentration on specific models of autonomy fails to engage with autonomy’s fundamental features. It is fruitful to think about the concept of integration, when considering the nature of autonomy.

17 Philippa Foot, Natural Goodness, 2001, Oxford University Press.
According to Hinshelwood, some patients have conceptual and practical difficulties in authorising, or consenting to, treatment, if there is a real question about which part of them is doing the consenting, and he identifies one of the real concerns during psychotherapy as patients putting parts of their personalities at risk. He identifies the task of psychotherapy as helping the patient become more integrated, integration being the capacity to carry one’s own conflicts within oneself rather than evading them through mechanisms such as splitting and projection. Rational autonomy is at its highest level when choices, often conflicting, are available within the patient’s own mind. The moral, as well as the technical aim of therapy, is reintegration, and Hinshelwood advances this as the core of the professional ethics of psychoanalysis. In order to maximise the patient’s integration, the physician’s own personality should be integrated as well. The ability of both patient and physician to contain conflict within their own minds maximises their ability to confront the issues which bear on the interests of the patient, instead of colluding in pursuit of (for example), symptom control under the cover of an unexamined autonomy. Adequate integration amounts to a synchronic unity of strongly felt but often conflicting desires, ie a unity of conflicting aspects. The conflicts are of many kinds, one being that between the interests of oneself and others. Personal integration is therefore partly about tolerating the inevitable conflict between strongly felt desires concerning ourselves and others, desires which I have already suggested have a common source, and which provides rational grounds for the idea that those who are best able to consider others are those who healthily value themselves. Psychotherapy attempts to reintegrate the personality of someone whose earlier life experience somehow failed to produce an integrated, naturally and simultaneously self-valuing and other-regarding person. We will see that global bioethics must also incorporate this requirement.

BLACKBURN’S ETHICAL EXPRESSIVISM

Simon Blackburn has recently advanced an account of ethical expressivism by insisting that what is fundamentally necessary for ethics are our concerns, stances, attitudes, preferences and so on, and that to moralise is to insist on particular emotional responses. He endorses Bishop Butler’s claim, against the psychological egoist, that we do not aim just for pleasure or happiness, but desire various things in themselves, and as a result experience the pleasure of satisfying such desires. We can distinguish between desires for various things, including the good of others, and the pleasure we derive therefrom. Blackburn identifies as a perfectly natural and primary desire, not an instrumental one, the desire to benefit others as well as oneself, and that there is no conflict between altruism and self-interest. Nevertheless, the self-referential nature of other-regard varies. He concedes that a certain amount of other-regarding action can be selfish, while all other-regarding action must, in a weak logical though not selfish sense, be self-referential. It should be noted that psychotherapy may sometimes reveal that a particular person’s commitment or self-sacrifice is founded in neurotic strategies evolved to avoid painful conflict, just as another person’s overt selfishness can play the same role. Blackburn, not surprisingly, agrees with Hume that we cannot argue the knave into altruism, as Kant would try to do, since he simply does not share those natural dispositions towards others which are generally held. For Blackburn and Hume, certain people are simply lost causes. But most of us are motivated directly by concern for others, amongst our other natural concerns. Blackburn gives the ideas of duty, principle and impartiality, the traditional deontic rationalistic concepts, a contingent emotive basis. Action is reasonable insofar as it is selected against a background of desire and concern. Blackburn argues that in deliberating, we do not inspect our desires, but pay attention to features of the world in a way which is influenced, usually unconsciously, by the contingent desires we have. We can surely reflect on a particular desire we have, but, contra Kant, we cannot stand back from a desire independently of all our various desires. By contrast, the Kantian moral self appears to be the sublimation of a patriarchal authoritarian fantasy, stripped of feeling and desire in its pursuit of the

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19 R D Hinshelwood, “Primitive Mental Processes: Psychoanalysis and the Ethics of Integration” (1997) 4 Philosophy, Psychiatry & Psychology 121-143

20 Blackburn, above n 16, pp8-14.

21 Ibid, pp137-144.

22 Ibid, pp208-9
moral law.\textsuperscript{23} As such, there can be no moral ambiguity, surely an unnatural and unrealistic assessment of what morality, it seems, is about.

How does Blackburn deal with accusations of relativism and subjectivism concerning his expressivist theory? While he claims that there are better and worse ways of interpreting the world and better or worse kinds of evidence, these may be thought to simply play into the hands of those demanding categorical satisfaction, since the relevant criteria must still be provided.\textsuperscript{24} I consider, with Blackburn, that it is the naturalness of what we care about, which is shared and limited by our natures, which is what gives morality its objective status, and I term that objective idea constitutive altruism.

Constitutive altruism would then be moral action which benefits another, arising from a primary natural desire to benefit that other. Blackburn’s derivation of this kind of other-regard, it seems to me, is consistent with the Freudian link between moral action and natural desires, as emergent from a person’s own healthy and nourishing narcissism.

**NATURAL GOODNESS AND PRACTICAL RATIONALITY**

One of the traditional objections to expressivist theories is that although they satisfy the requirement to be action-guiding, they disallow the grounds of a moral judgement from “reaching” the judgement, ie they disallow moral facts and truth conditions for moral facts. Philippa Foot has recently argued that we can meet the action-guiding requirement for moral judgements by regarding the rationality of moral action as on a par with the rationality of self-preserving action, and that these are both aspects of practical rationality.\textsuperscript{25} Moral judgements, like the judgements of prudence, give reasons for action which can be understood cognitively, and do not require in addition particular attitudes or feelings.

I am not here concerned to argue the merits and deficiencies of ethical cognitivism and non-cognitivism. What is common and appealing in both Blackburn’s and Foot’s accounts is this: moral action is a natural aspect of either our cognitive or emotional apparatus (or better, of some psychic process which integrates these elements), and requires no special explanation or motivation. Moral and prudential considerations are today usually perceived as sharply different, but they are aspects of the same rational will, and we should consider the convent that moral considerations are always overriding, as inconsistent with this position. The things which concern us include reasonable consideration of ourselves and others. The fulfilment of obligations can sometimes be harmful to others, and the practice of apparent virtue can sometimes satisfy neurotic requirements which are harmful to the self.

**CONSTITUTIVE ALTRUISM AS A FUNCTION OF INTEGRATION**

Integrated people can tolerate the conflicting aspects of themselves, and the conflicts between their own and others’ interests, without denying or suppressing the associated feelings of discomfort, pain and loss. This is an important aspect of their practical rationality. Rather than being externally motivated to act ethically, (eg the motivation of achieving happiness), their ethical action is naturally constitutive of their being. On some occasions it may be practically irrational for an integrated person to act in another’s interest, because there is too high a personal cost to pay, but this is not accompanied by a swamping guilt, rather a rational regret. The balance between defining oneself as an individual and as a member of a group is therefore not a calculus so much as a natural development. This is not to suggest that moral agency is simply a matter of mindless good luck; on the contrary, it requires continuous self-appraisal and self-constitution, on the background of a general disposition to justice, both to others and oneself.

**BIOETHICAL PRINCIPLES**

How does one move from a general disposition to a set of discrete principles? Freud saw that normative principles must be reasonable if they are to protect and benefit everyone, in contrast to

\textsuperscript{23} Ibid, pp250-256
\textsuperscript{24} Ibid, pp286-294
\textsuperscript{25} Foot, above n 17, pp5-24.
what he perceived as the pious, guilt-generating principles of duty espoused by Kant. He considered that, since individuals are normally concerned about each other and the community as well as themselves, moral principles ought not to be considered as absolutes, but as flexible guides which serve people’s interests, reflect real life and therefore can come into conflict. This is the sense in which I suggest that the principles of bioethics which are familiar to us should be viewed. They are incipient, in that they will require specification in different circumstances, and should not be specified prematurely in case this forecloses the ability to reappraise their role in relation to one’s actions. They are natural and objective in that they summarise the personal and inter-personal concerns of integrated people and so constitute their practical rationality. They conflict, and leave remainders, just as any practical deliberation can be untidy and incomplete. They are broad, not because they float independently of real life, and fail to reflect the richness of that life, but because this allows for the breadth and depth of particular perspectives and stories. However, the nature of principles as fundamental justifications is retained in favour of a pure perspectivalism. This justificatory function cuts across perspectives, including distorted western ones, because the familiar principles are general statements about self-constitution and welfare within groups and communities. They have achieved the status of principles because they consist of emotional / cognitive responses which are generally insisted upon.

GLOBAL BIOETHICS

How would NIP deal with the debate between Baker and Childress / Macklin? What is the status of bioethical principles in a multicultural world? Are principles in some sense universal, or must international bioethics develop through something distinct from moral principles?

Baker’s approach is a Hobbesian contractarian one, which assumes a background of conflicting interests. Baker asserts that the possibility of cooperation in the face of conflicting interests arises from the fact that some things which are valued will not be sacrificed in the name of cooperation – these things are described as non-negotiable goods. Whatever a group deems non-negotiable is a good which no agent would rationally assent to alienate, and hence it becomes a right whose violation is illegitimate in any and all possible moral frameworks, whose violation breaches the limits of morality itself. A negotiated morality can enforce norms which preserve different groups’ non-negotiable goods, reduce conflict and promote flourishing. Non-negotiable goods must be asserted and claimed, not just assumed to exist, because there is no a priori way of knowing what the goods are. So Baker’s account runs.

It can be questioned at a number of related levels. At the outset, any framework which purports to bridge perspectives begins to sound like something common or fundamental. Secondly, if a dominant groups’ non-negotiable goods include the persecution and/or killing of another, then we need something stronger than the mutual recognition of non-negotiable goods. Contractarian ethics locates fairness in the agreement by parties to the contract, but of course agreement to exploitative contracts by vulnerable parties may occur under duress. Third, Baker’s account, reliant on assertions of rights and norms to which agents assent, itself depends on a particular (western) cultural perspective, that of the negotiated contract in the face of and in the assumed context of conflict and self-interest. As a bridge across otherwise irreconcilable perspectives, it is as surely questionable as any system of principles which maps concerns as seemingly fundamental as self-determination, welfare, harm and justice. There also seems no reason not to bring against Baker the charge that, far from producing a scheme which lies beyond principles, his proposal simply advances a single principle – the principle of respect for non-negotiable goods – to provide a basis for trans-cultural ethics. Finally, if a good is non-negotiable, it is put beyond anyone’s critical appraisal, a problematic status.

Will a global bioethics be a system such as the contractual respect of non-negotiable goods, or some kind of moral fundamentalism? It will be clear to you where my sympathy lies, but I want to clarify the status of naturalistic incipient principles. One way of doing this is to respond to the sort of criticism which might be brought against the idea that what I have in mind are principles at all. Is it not the case that if we speak of of self-valuing integrated persons, of natural concern for others, of naturally constitutive altruism and so on, we are speaking more dispositionally, in the sense of virtue or character? Well I certainly think that we are speaking of dispositions and character, and, if you wish, of virtues. But it is their fundamental aspect that I want to emphasise. As I have argued previously, the four familiar bioethical principles are a package deal, not just because they come into conflict, but because they help to constitute each other. If altruism is partly constitutive of the healthy ego, then...

26 Blackburn, above n16, pp269-278.
autonomy and beneficence, while they may conflict, are closely and developmentally related. Concern for others is exercised through beneficence, non-maleficence and justice. The self-valuing integrated person’s concern for herself and others is the natural expression of integrated functioning or practical rationality.

CONCLUSION

Reality teaches us that harm to others is sometime inevitable, and practical rationality will sometimes involve us in harming another knowingly. This indicates that the principles which I am describing are not absolute, yet they are fundamental. It is in this sense that I submit that they are universal, but this does not prevent their application and specification being influenced by contingent cultural facts. On this view, vice may be seen as a form of natural defect, and unless we conceive bioethics in some such way, we will prevent ourselves addressing the many problems which confront us. The effects and defects of western individualism, just like those concerning the treatment of women by the Taliban, can only be appraised if we share a common conception of the fundamental nature of moral reality. I submit NIP as a basis for global bioethics, as it is a conception which no culture can reject. You will see that I agree with Engelhardt in a number of respects, most importantly the particularity of western bioethics as conceived and practised. We differ is in how we understand the bases of particular moral realities. Engelhardt proposes that consensus is impossible because no rational process can yield consensus from different fundamental propositions. My idea is that we undergo the same experiences from which morality develops, and that fundamental principles are as much dispositional as propositional. Our particular moral practices are indeed culturally influenced, but like the cultures they instantiate, they are appropriate subjects for rational critique.

POSTSCRIPT

I am indebted to Tris Engelhardt who constructively criticised the paper on a number of points. I briefly respond to his central criticism:

If one wishes to claim that NIP is universal, one must defend it against the criticism that such ideas prove either too much or too little. It is either contentful, claiming for its particular principles a universal status, over which there will be much dispute, or it is an empty formalism which goes no further than saying that people generally develop a moral sense, leaving the content of that sense open and varied.

Response:

NIP show that moral considerations are developmental, natural and “interconstitutive”. It provides grounds for thinking that someone who has no significant regard for other is not the rationally self-interested person who traditional philosophy has always been puzzled by, but someone who is defective in some fundamental way. Principilism provides a broad means by which to check on moral health. The virtue (!) of principilism is demonstrated by the way in which the US / Western variety has been subjected to the criticism that it overemphasises individualistic autonomy. This criticism could only derive from perceptions which depend on some view of the importance of balance in the health of individuals’ and cultures’ practical rationality. It is this balance which constitutes the content of principilism in its fundamental, natural form. Such an incipient content is all and everything that can be depended on for a global ethic capable of critical appraisal.

The alternative view is that the only possibility is to exercise permission between moral strangers, whose forbearance will prevent the imposition of any monolithic system. The problem here is that many of the systems we see in our pluralistic world, contain within them claims to universal ontological and moral truth. Given the normative force of belief, it is difficult to see how these can coexist with the principle of forbearance, which pluralism requires. How can one be a true Catholic and a true pluralist?

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