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Procedure?

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Principlism: Bioethics as Procedure?

Abstract: In their book Principles of Biomedical Ethics, Tom Beauchamp and James Childress offer an account of bioethics, called “Principlism”, by way of specifying and balancing four clusters of principles.² These principles are found, as the author state, in a common morality, understood as a set of universally shared moral beliefs.

This paper seeks to introduce the following questions: Does this account of Beauchamp and Childress flow from common morality in a natural way? Can their proposals claim to be endorsed by the authority of common morality? If not, in what way does Principlism contribute to bioethics?

Keywords: Bioethics, Principlism, Common Morality.

I. What does Principlism propose?

Principlism, or the Four-Principles approach to bioethics, is the particular school of bioethics developed by Beauchamp and Childress’ *Principles of Biomedical Ethics*.³ Beauchamp and Childress claim that it is possible to identify four basic moral principles to be used as starting points for practical decision-making in biomedical hard cases.⁴

Principlism may be properly understood as an answer to the lack of consensus among ethical perspectives that can be found in the United States of America since the middle of the twentieth century. Considered as an answer, it offers to the perplexed practitioner the universality of its principles:

“(1) Respect for autonomy (a norm of respecting and supporting autonomous decisions), (2) nonmaleficence (a norm of avoiding the causation of harm), (3) beneficence (a group of norms pertaining to relieving, lessening, or preventing harm and providing benefits and balancing

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²Tom Beauchamp and James Childress, *Principles of Biomedical Ethics* (6^a. ed.), Oxford University Press, 2009, 25.

³ Although Beauchamp and Childress are not the only supporters of Principlism and this book is not their only contribution to it, this article focuses on the sixth edition of *Principles of Biomedical Ethics*. On different accounts of bioethics based on principles, see Viviana García, PhD dissertation *El consentimiento informado del paciente menor o incapaz*, A Coruña, Universidade da Coruña, 2011, 62-72.

⁴ See Beauchamp (note 2), 1-2.

benefits against risks and costs), and (4) justice (a group of fairly distributing benefits, risks and costs)”⁵.

These principles are put forward to express the general norms of common morality,⁶ which, in its turn, is understood as the set of norms shared by all persons committed to morality.⁷ They are suitable for solving hard biomedical cases among people who support different ethical theories. So the relevant question seems to be this: How can these principles be universally accepted in conditions of deep ethical disagreement?

From the principlist point of view, what we must do in order not to disturb this universal agreement about the Four Principles is to let aside our theoretical inquiries about its foundations. According to Beauchamp and Childress, the lack of moral consensus is more a theoretical than a practical question: “Convergence as well as consensus about principles among a group of persons is common in assessing cases and framing policies, even when deep theoretical differences divide the group”.⁸ These theoretical differences do not prevent reaching similar practical conclusions, so, at the level of conflict-solving, it does not matter which understanding of the foundations of the principles we support: “Reasons exist [...] for holding that [...] distinctions among types of theory are not as significant for practical ethics as some seem to think”.⁹ So in most cases ethical differences would be only theoretical differences, and therefore would not be much relevant: to solve practical biomedical questions, we can lay theories aside. Indeed, even if a fully satisfactory general ethical theory were available, practical questions would remain largely unaffected by it.¹⁰

So far the principlist proposal may be summarized as follows: In order to face up to the lack of ethical consensus and yet solve practical biomedical questions, we must look for a common morality, general moral beliefs universally shared. There we will find all the general norms we can expect to solve our bioethical dilemmas.

Nevertheless the Four Principles, although expressing norms about right and wrong in human actions, do not suffice to solve all biomedical cases. As a part of the common morality, principles are abstract, universal and content-thin norms, and “abstract norms do not contain enough specific information to provide direct and discerning guidance”.¹¹ The Four Principles are only a spare starting point for the development of more specific norms of conduct. For the purpose of addressing particular problems and contexts, they need to be

⁵ Beauchamp (note 2), 12-13.

⁶ See Beauchamp (note 2), 12.

⁷ See Beauchamp (note 2), 3.

⁸ Beauchamp (note 2), 362.

⁹ Beauchamp (note 2), 363.

¹⁰ See Beauchamp (note 2), 1-2.

¹¹ Beauchamp (note 2), 9.

interpreted and implemented. There is a further, two-fold feature of the Four Principles that explains their need of development: they are all equally binding but only *prima facie*. No one is a supreme moral value, overriding all other conflicting values. So, in particular circumstances, all principles can be justifiably overridden by moral norms with which they conflict,¹² insofar as they create an equal or stronger obligation. In those cases, agents must locate “the greater balance” of right over wrong by comparing the weights of competing norms. So as abstract and *prima facie* norms, principles have limits, limits that explain “the need to give them additional content”,¹³ by way of specification and balancing.

II. The common morality as the set of universally shared beliefs

Before paying attention to the way Beauchamp and Childress, by means of specification and balance, propose to construct an applied ethics, we might focus on the following question: if the four clusters of principles, as general norms for biomedical ethics, are so universally accepted, how do our ethical differences — even if only theoretical — occur? Let us put it the other way round: Is it true, as Beauchamp and Childress state, that the Four Principles are universal, part of a common morality that “is applicable to all persons in all places, and we rightly judge all human conduct by its standards”?¹⁴ From where does this common morality derive its authority?

The authors do not attempt to justify the correctness or authority of the common morality. They just affirm, as a matter of fact, that some general norms are universally adhered to, but they realise that universal agreement does not render norms *eo ipso* authoritative.¹⁵ In fact, they hold that common morality includes just moral beliefs, not objective standards prior to moral beliefs.¹⁶ Beauchamp and Childress do not try to offer reasons why common morality is or should be universally accepted, but just depict the factual situation of some moral beliefs being shared by all persons committed to morality. They just affirm that the norms of the common morality “have proven over time that their observance is essential for stability and civilized interaction”.¹⁷ And it is precisely because we are already convinced about this that “the literature of ethics does not usually debate the merit or acceptability of these basic moral commitments”.¹⁸ But this does not imply the claim that the moral norms of all societies are indistinguishable: only the most general and basic elements of morality are universally shared.

¹² See Beauchamp (note 2), 14-15.

¹³ Beauchamp (note 2), viii.

¹⁴ Beauchamp (note 2), 3.

¹⁵ See Beauchamp (note 2), 394.

¹⁶ See Beauchamp (note 2), 4.

¹⁷ Beauchamp (note 2), 394.

¹⁸ Beauchamp (note 2), 3.

Moreover, “debates do occur about their precise meaning, scope, weight, and strength [...]”.¹⁹ (This basic content of morality, precisely as universal, can also be found in most classical ethical theories). To be applied, these basic elements of morality need to be developed and, interestingly, can be developed in many different and even mutually exclusive options.²⁰ In Beauchamp and Childress’ words, “[t]he reason why directives in particular moralities often differ is that abstract starting points in the common morality can be coherently specified in more than one way to create practical guidelines and procedures”.²¹

III. The authority of particular moralities

Is every possible interpretation of the common morality justifiable, one wonders? And, most interestingly, is its interpretation as offered in *Principles of Biomedical Ethics* authoritative? Does it benefit from the authority of its basic principles?

To the latter question Beauchamp and Childress’s probable answer would be that they do not claim to have the authority of the common morality at every level of their account.²² Neither do they pretend their account to be universally accepted. At the same time, they understand that their proposal can be considered a justified set of ethical beliefs relying “on the authority of the norms in the common morality”,²³ but this claim of derivative authority depends on the method they employ to develop the principles.

Could, then, different legitimate interpretations of the four principles be developed? Beauchamp and Childress state that “different resolutions by specifications are often possible, and nothing in our method can ensure that only one specification or only one line of specification will be justifiable.”²⁴ In fact, they insist on making clear what they understand as a frequent mistake: to overlook that “even the firmest rules are likely to encounter exceptive cases”.²⁵ In their opinion, lack of consideration of this less than absolute character of moral norms has produced “many stubbornly imperious pronouncements in biomedical ethics”.²⁶ We must bear in mind that

“[d]ifferent parties may emphasize different principles or assign different weights to principles even when they agree on which principles are relevant. Such disagreement may persist even among morally committed persons who conform to all the demands that morality makes on them

¹⁹ Beauchamp (note 2), 3.

²⁰ See Beauchamp (note 2), 3.

²¹ Beauchamp (note 2), 6.

²² See Beauchamp (note 2), 3-4.

²³ Beauchamp (note 2), 387; see 386-388.

²⁴ Beauchamp (note 2), 388.

²⁵ Beauchamp (note 2), 19.

²⁶ Beauchamp (note 2), 19.

[...]. We cannot hold persons to a higher practical standard than to make judgments conscientiously in light of the relevant norms and relevant evidence. [...] One person's conscientious assessment of his or her obligations may differ from another's, even when they confront the same moral problem".²⁷

This would allow for a variety of legitimate specifications, depending on cases and circumstances, and would make Principlism get closer to casuistry: "Prima facie principles of the sort we accept are not vulnerable to the casuists' critique and are not excluded by their methodology. The movement from principles to specified rules is similar to Jonsen's account of casuistical method, which involves tailoring maxims to fit a case through progressive interactions with other relevant cases".²⁸

As practitioners we may ask, nevertheless: What must we do when different valid accounts offer mutually exclusive options for a hard biomedical case? Beauchamp and Childress could answer that "various moral principles can and do conflict in the moral life. These conflicts sometimes produce irresolvable moral dilemmas"²⁹. In that case, neither option is morally preferable to the competing option. And so it will make no moral difference which option we choose.

Does this imply that every possible development of the Four Principles is justifiable? If so, any bioethics would be a valid one, because, the Four Principles being universally shared, they would be starting point of all of them. But the authors deny that those persons who accept particular moralities have the authoritative moral voice of common morality behind them.³⁰ Yet experience shows that even those "stubbornly imperious pronouncements" Beauchamp and Childress reject could probably be understood as interpretations of the Four Principles. What logically follows is that, if not all interpretations of the Four Principles enjoy the force of common morality, how can we know which ones do? Does not Principlism rest on answering this question? If it cannot be answered, what does Principlism contribute to bioethics?

IV. Two visions of Principlism

At this point, we might suggest the following points of discussion: If Beauchamp and Childress do not claim that their interpretation of the Four Principles is backed up by the authority of the common morality, how could it produce, one wonders, any substantial, decisive contribution to bioethics? If they profess their development is not an univocal

²⁷Beauchamp (note 2), 25.

²⁸ Beauchamp (note 2), 381.

²⁹ Beauchamp (note 2), 12.

³⁰ See Beauchamp (note 2), 6.

interpretation of this common morality, their position would rather be but one among several possible legitimate proposals for solving hard biomedical cases. If so, to give it priority would amount to some kind of an ideological imperialism or trick, stating the universality of their interpretative account after merely alleging general agreement on their basic principles (unless they justify the universal validity of their method of interpreting those principles).

If we take a look to the criticisms Principles of Biomedical Ethics have received, both the pluralistic and the univocal visions may be found. On the one hand, some critics say that the Four Principles are so pithless, so void of any substantial content that they “do not function as claimed [...]. [They] are in fact no guides to action, but rather they are merely names of a collection of sometimes superficially related matters for consideration when dealing with moral problems”.³¹

Beauchamp and Childress would answer that the more the substance, the less likely the agreement:

“attempts to bring the common morality into a more coherent unity through specification risk decreasing, rather than increasing, moral agreement in society. That is, a theory can introduce claims that generate disagreements not found in the initial considered judgments; or [...it] may turn out to be less clear and reliable for practical decision making than the common morality in its elemental forms”.³²

What we have, then, is mostly a conventional agreement:

“To be sure, we have the four principles —autonomy, justice, beneficence, and nonmaleficence—that we all agree upon. We all think that autonomy is good, that justice is good, that it is good to do good, and that is good not to inflict harm. In short, by definition, we think that good is good. It is what constitutes the good in various circumstances that we cannot agree upon”.³³

It seems, then, that what Principlism looks for is mostly an agreement rather than a set of rules for correctly solving hard biomedical cases. It is sceptical of “a strong measure of unity and systematic connection among rules, a clear pattern of justification, and a practical decision procedure that flows from a theory”.³⁴ Principlism rejects the model consisting of applying principles to cases: “Often we have reason to trust our immediate responses of moral persons more than a theory, principle or rule. We also have reason to trust norms in the common morality more than norms found in general theories. [...G]eneral ethical theories

³¹ Danner Clouser and Bernard Gert, A Critique of Principlism, in: *The Journal of Medicine and Philosophy* 15, 1990, 219.

³² Beauchamp (note 2), 397.

³³ Tuija Takala, What is Wrong With Global Bioethics?, in: *Cambridge Quarterly of Healthcare Ethics* 10, 2001, 73. Needless to say, the emptiness alleged by Takala would make superfluous the objection of imperialism.

³⁴ Beauchamp (note 2), 397.

should not be expected to yield concrete rules or judgments capable of resolving all contingent moral conflicts”.³⁵

To some academics, then, the Four Principles are not much more than common words too vague and insufficient to ground a global Ethics upon.³⁶ But Principles of Biomedical Ethics is an implementation, by way of specification and balancing, of the Four Principles, and what Beauchamp and Childress propose is basically a method to reduce indetermination and face hard cases. Is this a sufficient reason to believe that Principlism offers a real, workable, global bioethics?

The view of Principlism as seeking to offer a global bioethics underlies a second kind of critiques. Several writers deny the starting point of Principlism, i.e., the conviction that the Four Principles are universal: “The Georgetown principles do not hold the monopoly in health-care ethics”.³⁷ What these authors really intend to deny is not the universal truth that good is good. They rather doubt that the account of the Four Principles that Principlism proposes is a universal one. They reject the principlist interpretation of the good, and the way we can know it and try to respect it in our behaviour. Beauchamp and Childress suggest putting these questions aside, since they are but a part of ethical theories. Yet, their own account of bioethics suggests that they are indispensable and that a general agreement on them is far from being taken for granted.

To better appreciate the rational strength of these criticisms, we could consider the method of coherence, the specification and balancing procedure that the authors propose as an appropriate development of the common morality.³⁸ This method has been criticised as intuitionism, and this might be not a completely misleading critique, given the proximity between Principlism and Casuistry that Beauchamp and Childress affirm. But maybe there is no need to further analyse their method, because we have their answer ready at hand: Beauchamp and Childress do not pretend to carry the common morality authority to every level of their account: “[...A]lthough specifications and adjustments of moral beliefs beyond the common morality should be guided by considerations of overall coherence, such considerations will not always pick out a unique set of moral beliefs as most justified”.³⁹

³⁵Beauchamp ((note 2), 397.

³⁶ See Takala (note 33), 73.

³⁷ Matti Häyry, European Values in Bioethics: Why, What and How to be Used?, in: *Theoretical Medicine* 24, 2003 208. See, also, Takala, (note 33) *passim*; Anthony Fisher, Is Bioethics an American Plot?, in: www.mercatornet.com, 04-12-2009, *passim*; Søren Holm, Not Just Autonomy. The Principles of American Biomedical Ethics, in: *Journal of Medical Ethics* 21, 1995, 332-338; Edwin R. DuBose, Ronald P. Hamel and Laurence J. O’Connell (eds.), *A Matter of Principles? Ferment in U.S. Bioethics*, Trinity Press International, 1994, *passim*.

³⁸ See Beauchamp (note 2), 385.

³⁹ Beauchamp (note 2), 388.

There could be one vision of Principlism left: Could it be that the imperialism that Principlism has been accused of consists just of that kind of emptiness it asserts of common morality? If a so thin-content morality is our last authoritative guide, we have no substantive direction to our hard cases; and we could not expect it. Bioethics could be no much more than a procedure. As Campbell states,

“The principlist response to pluralism characteristically has been to stress the moral significance of shared procedures at the risk of adopting a stance of metaphysical neutrality or agnosticism about the nature of the good life. We can, on the principlist account, be “friendly strangers” [...], because of a shared commitment to procedural values of moral reasoning and accountability, as well as to institutional procedures that express convictions about the equality of persons, and the presence of a general trust that others will respect the common principles and rules of the moral life. The public affirmation of a substantive position rooted in a particular vision of human nature and destiny may, by contrast, risk divisiveness and disruption, a moral babel that threatens to subvert the moral reliance on publicly accessible reasons espoused by principlism”.⁴⁰

V. By way of a conclusion

Beauchamp and Childress no doubt deserve much praise for trying to give a universal guide for practitioners of bioethics worldwide. The intent to rely on a common morality is to be equally praised. Yet several serious problems arise. Let us just summarise but a handful of them.

First, the “American Plot” criticism has been but mentioned in this article. To a European mind this may seem clear, but possibly many an American would remind us that there are always two views. As a literal phrase, “the American Plot” is an exaggeration but its merits should not be dismissed without further consideration. Perhaps the right answer goes along the lines of the unawares, maybe even reluctant, “imperialism” (sic) typical of the Anglo Saxons: not imposing but taking for granted that our vision of life, death, pain, love, happiness, and interpersonal relations, is the natural vision of everybody (a bit like speaking louder to foreign people when they do not understand English, instead of trying their language). No doubt the globalisation brought about by the Roman Empire was at the same time a process of Romanization — intended or not, imposed or longed for, it is quite another question. Is it too bold to think that several of our present day cultural and ethical discussions were originally Anglo American and Northern European agendas? The fact that this is often due to imitation rather than to imposition tells us much about the spontaneous strength of Anglo Saxon culture but do not change things.

Beauchamp and Childress can claim that their Principlism significantly contributes to solve our hard biomedical cases only if it is a univocal and universal interpretation of the

⁴⁰ Courtney S. Campbell, Principlism and Religion: The Law and the Prophets, in: DuBose (note 37), 185.

common morality. If not, it will not really help us too much to face up to the lack of ethical consensus at the practical, conflict-solving level. Spaniards, Latin Americans or Africans may happen to have a different approach to death, pain, family or happiness — indeed they do, as every casual visitor to Latin America has seen. Or perhaps they have preserved their traditional agreement on fundamentals to a degree higher than Americans and Europeans. Or may be they still think in terms of human nature, substance and accident — and who could say they should stop doing so and change to Beauchamp and Childress reasoning? If they still share a good deal of basic agreement, why should they go for a minimal, procedural agreement, perhaps crafted in another society? Why to look for a common minimal denominator if they still have a common maximal or medium denominator? What if instead of Beauchamp and Childress we ask Guatemalans or Salvadoreans to write a bioethical code according to their cultures, and then expand it to the whole Planet?

Second, the risk of becoming a new kind of excluding monism cannot be disregarded. All points of view are admitted, no fundamental agreement is needed, we are told; but those claiming a substantial position on some contested, difficult topics, could be de facto denied a chance of being considered on equal footing as all the rest. Principlism could thus result a monistic account of common morality insofar as it denies any possibility of a correct or better interpretation of it. Any interpretation that means to exclude any other interpretation must itself be excluded: we must accept even contrary accounts of the principles.

Given the limitations of this paper, we can but advance some other problems not duly dealt with in it: First, the risk of fostering a narrow positivism. Since fragmentation and excessive pluralism bring about a situation of near anomie — no one can address his or her fellow citizen in a language cogent for all —, people tend to take shelter in the narrow-minded, short-sighted positivism of the written norms and regulations actually in force, no matter how ungrounded, ill framed, irrelevant or ephemeral they may happen to be. Second, the common morality criticisms: What if a common morality no longer exists, or simply is hard to discern? Can it be substituted by an artificial, ephemeral agreement, as if we were writing the rules for a Western club — and then impose them to the rest of the World? The terrorism threat, the weakness of civil society, and the close connections governments have with the media, all put together, bring about the fact that policing people's minds, or changing the mentality of a society becomes a (relatively) feasible task. Not to mention the possibility that our common morality could come to depend, in the end, on the entertainment industry. But of this later.

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