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PERSONALISM VERSUS PRINCIPLISM IN BIOETHICS

1. Contemporary search for foundations of bioethics

The bioethics of four principles, named as principlism, began in 1979 with the work of *Principles of Biomedical Ethics*¹ by Tom Beauchamp and James F. Childress and has been widely criticized since the 80s.² In recent years four rival approaches towards principlism have been specified in this critique. These include: a) *impartial rule theory*, developed by K. Danner Clouser; b) *casuistry*, represented by Albert Jonsen, and c) *virtue ethics*, developed by Edmund D. Pellegrino.³ The critique of principlism presented by K. Danner Clouser, Bernard Gert (1990)⁴ was not only defended by T. Beauchamp and J.F. Childress themselves (1994)⁵, but also by others, including B. Andrew Lustig (1992)⁶, David DeGrazia (1992)⁷, and Henry Richardson (1990,2000).⁸ The discussion has not weakened but continued till the present time. It was presented extensively in the June issue of *The Journal of Medicine and Philosophy* (June 2000). We want to join the discussion from the position of personalistic bioethics.

The Anglo-American bioethics develops under **the influence of multiple difficult**

¹ T. L. Beauchamp, James F. Childress, *Principles of Biomedical Ethics*, Oxford 1979.

² S. Toulmin, *The Tyranny of Principles*, „Hastings Center Report” 11 (Dec.) 1981, 31-39; A.R. Jonsen, S. Toulmin, *The Abuse of Casuistry: A History of Moral Reasoning*, Berkeley 1988.

³ Mentioned in: Tom. L. Beauchamp, *Principlism and its alleged competitors*, „Kennedy Institute of Ethics Journal” 5(3) Sep.1995, 181-198. See E.D., Pellegrino, D.C Thomasma., *The Virtues in Medical Practice*, New York 1993; Edmund D Pellegrino, *Toward a virtue-based normative ethics for the health professions*, „Kennedy Institute of Ethics Journal”, 5(3) Sep 1995, pp. 253-277.

⁴ K. Danner Clouser; Bernard Gert, *A critique of principlism*, „Journal of Medicine and Philosophy” 15(2) Apr. 1990, 219-236; K. Danner, *Common morality as an alternative to principlism*, „Kennedy Institute of Ethics Journal”, 5(3) Sep. 1995, pp. 219-236.

⁵ T. L. Beauchamp, James F. Childress, *Principles of Biomedical Ethics*, Oxford 1994⁴; Tom Beauchamp, *Replay to strong on Principlism and Casuistry*, „Journal of Medicine and Philosophy” 25(3) June 2000, pp. 342-347.

⁶ B. Andrew Lustig, *The method of ‘principlism’: a critique of the critique*, „Journal of Medicine and Philosophy”, 17(5) Oct. 1992, pp. 487-510.

⁷ David DeGrazia, *Moving forward in bioethical theory: theories, case, and specified principlism*, „Journal of Medicine and Philosophy”, 17(5) Oct 1992, pp. 511-539.

⁸ Henry Richardson, *Specifying Norms as a Way to Resolve Concrete Ethical Problems*, „Philosophy and Public Affairs” 19 (autumn) 1990, 279-310; H. Richardson, *Specifying, balancing, and interpreting bioethical principles*, „Journal of Medicine and Philosophy”, 25(3) June 2000, pp. 285-307.

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decisions connected with the contemporary development of medicine and biotechnology and under the pressure of needs made by courts of justice, after having received numerous appeals, must resolve complicated medical decisions. It also develops under the pressure of **respecting the autonomy** of each man, patient and physician **and respecting pluralistic moral judgments**. No wonder, those tendencies cause scientists first of all to **work out negotiation procedures**, which serve to resolve conflicts in order to keep social peace.

The procedures of establishing moral norms do not differ from those **making the law** in a democratic country. Ethics, including bioethics, is to serve political, state, economic or legislative structures. It loses its autonomy and independence from other disciplines. Legal positivism embraces not only the law but also morality.

The basic aim of such a bioethics is **peaceful community**. In order to maintain peace among negotiators **certain groups of human beings** at the beginning or end of their lives **are sacrificed**, eliminated by abortion or euthanasia. Since man in his prenatal period, childhood, or when he is terminally ill and dying, does not take part in the negotiating procedures, which are to decide who has the right to life.

Undoubtedly, principlism and casuistry contribute to work out useful procedures to reach consensus in ethical commissions or state institutions which need to take a stand towards new situations, emerging in the cause of the development of contemporary medicine and biotechnology. However, this pragmatic attitude promotes the idea „that bioethics is about resolving cases, not about moral theory”.⁹ Searching for theoretical foundations of bioethics is, according to some scientists, an unnecessary burden, which makes effective decision-taking difficult. They try „**to move bioethics away from theory**”. For them, „a good method of bioethical decision-making is one which resolves cases in ways that **are justifiable**

⁹ Ana Smith Iltis, *Bioethics as Methodological Case Resolution: Specification, Specified Principlism and Casuistry*, „Journal of Medicine and Philosophy” 25(3) June 2000, pp. 271-284.

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to the parties involved, not necessarily in ways that bring us 'close' to the right and the true”.¹⁰

The pragmatistic approach of Anglo-American bioethics, in the form of casuistry and principlism, i.e. procedural ethics gives this ethics an illusory independence from philosophy. This independence, as Alasdair MacIntyre claims, leads to effect that a rational justification to distinguish good and evil is lost, for the benefit of emotivistic culture of manipulation.

Despite the escape from philosophy this bioethics presupposes philosophical assumptions, which cannot be proved. It rejects the moral truth, so it takes the position of scepticism, relativism and wants to define all moral rights of people by means of negotiations in social or state institutions.

2. Principlism and its critique

Principlism appeals to the deontological ethics of W.D. Ross, which intuitively accepts *prima facie duty*. It rejects the ethics of Aristotle or the ethics of G.E. Moore and in the spirit of Kant, gives priority to commands and duties, namely what is right before what is good. At its start it places itself as a principle-based ethics. It accepts without deeper justifications, i.e. *prima facie*, four principles: respect for autonomy, beneficence, nonmaleficence and justice.

The founders of principlism, using these four formal principles, want to order common morality, which is for them a basic source of moral norms. On the one hand, they draw moral ideas from common morality, but on the other, they want to correct this mentality, and to eliminate its errors in order to improve and make it better.¹¹ They propose a way of reflective harmony, balancing different principles and values, interpretation and negotiation.

Principles **are to order discussion** but they do not possess any stable content, they are not hierarchically ordered, they are subject to discussion themselves, and hence „we have a

¹⁰ Ibid.

¹¹ T. L. Beauchamp, James F. Childress, *Principles of Biomedical Ethics*, op. cit., p. 112ff.

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free hand with judging which conflicting principles should win”.¹² As an example T. Beauchamp and J.F. Childress wrote that „homicide is *prima facie* wrong. However, it is not always wrong, e.g in order to stop unbearable pain and suffering. In certain circumstances homicide can be the only means to fulfill someone's duties”.¹³

As far as the ethics of principles by William Frankeny and W.D. Ross is concerned, T. L. Beauchamp and J. F. Childress give up searching **for one fundamental principle** or criterion of morality and they reject a hierarchical ordering of the principles which they worked out themselves. The content of the principles has a formal and indefinite character. Nothing is known about this proposal. No one knows from which source some and not other principles appear, what their content is or whether they form a coherent unity.

„Unlike the principles of Kant, Mill, and Rawls, – states K. D. Clouser – those of principlism are not action guides that stem from an underlying, integrated moral theory. Hence problems arise in reconciling the principles with each other and, indeed, in interpreting them as action guides at all, since **they have no content in and of themselves**”.¹⁴

One has to agree with K. Donner Clouser's and Benard Gert's critique of principlism: „The ‘principles’ - they write - are in fact not guides to action, but rather they are merely a names for a **collection of sometimes superficially related matters** for consideration when dealing with a moral problem. The ‘principles’ lack any systematic relationship to each other, and they often conflict with each other. These conflicts are unresolvable, since there is **non unified moral theory** from which they are all derived”.¹⁵

By accepting this critique personalistic ethics proposes ordering the principles according to one norm of morality, called a personalistic norm and to work out an integral theory of person needed to judge fundamental problems in bioethics.

¹² Ibid, p. 116.

¹³ Ibid, p. 117.

¹⁴ K. Danner Clouser, *Common morality as an alternative to principlism*, op. cit., p. 236.

¹⁵ K. Danner Clouser; Bernard Gert, *A critique of principlism*, op. cit., p. 236.

3. Personalistic norm, its justification and scope

The personalistic norm is **revealed intuitively, directly in our moral experience**. It can be illustrated by the following example. If two friends A and B argue at the entrance of the hospital where their common friend C is dying whether they should tell him the truth or not, at the foundation of this argument there is an experience of the affirmation of the dignity of the person and **this affirmation is for them obvious** and unquestionable. „C is to receive the affirmation of A and B”.¹⁶ It is this affirmation of the sick as the person which challenges us to search for a proper act to fulfill the affirmation. It causes the arguing people to know that their argument is not only customary, cultural, esthetic, economic or legal but also a moral one. All other norms: medical, economic, technical, legal or norms of effectiveness in reaching consensus, can be included into the field of morality thanks to the personalistic norm. Since it decides what is good. Those involve in discussion argue only about moral rightness of particular act. In order to find out what is right one needs medical, psychological, legal knowledge, etc.

One can say that in the axiological-normative experience, mentioned above, we are dealing with a **fundamental value which is the dignity of the person** and which is at the foundation of the norm of morality. It constitutes a categorical norm which reminds us of Kant's ethics. It is given directly as in the case of *prima facie* ethics of J. Rawls or even more the ethics of intuition of values by Dietrich von Hildebrand or the intuition of the dignity of the person by K. Wojtyła and his followers.

The personalistic norm can be expressed by Latin formulas: *homo homini res sacra*, or *homo homini summum bonum*, or *persona est affirmanda propter se ipsam*.¹⁷ One can also refer to the second imperative of I. Kant, which states that each person is his own end and not

¹⁶ T. Styczeń, *Etyka niezależna?* Lublin 1980, p. 66.

¹⁷ A. Szostek, *Wokół godności prawdy i miłości*, Lublin 1995, p. 34.

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a mere instrumental means.¹⁸

Various philosophers have referred to the dignity of the person as the foundation of ethics. And so have the international declaration on human rights, constitutions of various countries and conventions on bioethics.

While searching for proper and righteous act, which would express the affirmation of the person, we must ask what the **objective good for person is**. These researches lead us to anthropology in order to define the nature of the person and his good. It will not be enough to take only the utilitarian definition of benefit, which shows the nearest and temporary good. Such a definition of good appears as philosophically empty, and ethically it can lead to building a theory of egoism rather than a theory of moral good. In such a case, for instance, technology finds itself superior to ethics. Personalistic search for objective good of the person tries to protect biotechnology and medicine against its dehumanization, against technototalitarian tendencies in which man would become a slave of his own technical inventions.

In order to specify the personalistic norm it is worthy mentioning the well known distinctions between **person and personality**, and in particular the **three distinctions of dignity** formulated by Adam Rodziński from the Polish school of personalistic ethics: **the dignity of the person, personal dignity and the dignity of personality**.¹⁹ It is precisely the first one, which is the foundation for the personalistic norm. Personal dignity is a feeling of one's own dignity and its outward expression. This feeling can be the same as the experience of the dignity of the person as such, but can become demanding on account of acquired vices (poor self-image, pride). The dignity of personality is connected with the character of man, with his biological, psychic or social characteristics, his abilities, achievements in the field of science, art or morality. We acknowledge and value somebody's authority in science, medicine

¹⁸ John, F. Crosby, *The Selfhood of the Human Person*, Washington 1996.

¹⁹ A. Rodziński, *U podstaw kultury moralnej*, „Roczniki Filozoficzne” 16(1968) z. 2, p. 48f; see: A. Szostek, *Rola pojęcia godności w etyce*, w: *Wokół godności, prawdy i miłości*, op. cit. p.43ff.

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or morality because of his/her personality. We have greater respect and admiration for such a person.

Anglo-American ethicists, who have the empiristic mentality, **use the dignity of personality** to build a theory of ethics. Thus they reduce ethics to psychology or sociology of morality. Personalistic ethics, applying the dignity of the person, directs our behaviour towards the person as person. Somebody's personality may be of help but can be an obstacle as well. Even if someone has a destroyed psychic or moral personality, e.g. a criminal, he does not lose the dignity of the person, the dignity of being a human being and hence, even in prison he is treated in accordance with his dignity.

The more it is true of medicine, which is concerned with people having various biological, psychic or social defects. It is precisely the substitution of thinking in categories of the dignity of person for thinking in categories of a well or wrongly functioning organism, which allows Peter Singer, in his ethics, to place a well-developed animal over infants with anencephaly, or with Down's syndrome. From this perspective a strong and well-functioning criminal has the fullness of human rights and an innocent, disabled or terminally ill person is devoid of these rights and becomes a material to use by others.

The substitution of procedural ethics for the ethics of dignity of the person leads to similar effects. Since it creates **a contract beneficial to the creators of consensus**. A human being in his prenatal period, or terminally ill is not able to take part in these procedures and therefore, he loses his right to life. Procedural contractualistic ethics, does not deprive those who participate in this procedure, but those who are absent. The example is abortion or legal euthanasia. Protests of the disabled in Germany against the ideas of P. Singer protected them against legal euthanasia but did not stop the prenatal selection.

The personalistic norm **precedes** the principles of nonmaleficence, beneficence, respect for autonomy and justice. It is *norma normans* for the remaining principles. For it

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reveals that it is precisely the person who is the basis for our moral behaviour and not some non-personal reality, e.g. some legal, social or customary imperatives. Only after defining the objective good for the person we can say what is beneficence or nonmaleficence in medicine. Without this, beneficence can embrace various anti-human harmful actions against the person. One can notice this in these arguments which assert that abortion or euthanasia is good for the patient. In such a case annihilation of a human being is called beneficence.

The principle of affirmation of the person as person **is broader** than the principle of autonomy. For it concerns those people who have lost conscience or the ability to make decisions. It is difficult to talk about autonomy of a human embryo, the autonomy of man who had a serious accident or the autonomy of mentally ill.

The personalistic norm **embraces all people**, all men regardless of their development, illness or usefulness for society. One cannot exclude a man in his prenatal period or terminally ill or unconscious or dying.

This norm **opposes to selective humanism**, which attributes personal rights to some people and deprive others. This norm does not stem from the value of biologically defined life (ethics of quality of life versus ethics of sanctity of life). It is the other way round: person by his own existence makes his biological, psychic, etc. life worthy. In this context the value of the existence of person, the value of life cannot be a subject of negotiations, subject of consensus, cannot be given nor taken by a group of medical experts or some ethical commission or the state. It is an autotelic value. It is not comparable or countable. The value is one, unrepeatable just as every person is unique and unrepeatable.

4. Against narrow, functionalistic concept of person

Ontological personalism embraces person in his existence and nature. The phenomenological definition of person's consciousness (*res cogitans, homo sapiens*),

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description of making acts of freedom (*homo liber*), using a language (*homo loquens*), ability to work and create technology (*homo faber, homo oeconomicus*), etc. are the expressions of person and his nature. The fact that these manifestations are revealed perhaps more distinctly in mature life or the fact that they imposed themselves upon us as first things (*ordo condoscendi*) does not mean that man in his prenatal period or childhood or while sleeping or having a serious illness in body or brain, is not a man (*ordo assendi*). Phenomenalistic, functionalistic and actualistic thinking does not take into account the simple fact that all these **manifestations are secondary in relation to the nature of person**, which he has from the beginning of his existence.²⁰

The decline of metaphysical thinking is so advanced in bioethics that such thinkers as P. Singer erases ontological differences between men and animals. This kind of vitalistic monism crosses out both the nature of animals and furthermore, the nature of man. It causes fatal results for ethics.

For P. Singer, „A newborn, ten-day-old infant is not a rational or self-aware being”. He thinks that „there are many non-human beings whose reasoning and self-consciousness, perceptiveness and ability to feel are much more developed than the abilities of a week- or a month- or even a year-old child. Hence, **the life of neonates has inferior value** than of a pig, dog or chimpanzee (...). It will be far better to make experiments on people with brain defects than to use animals”.²¹ Singer proposes treating a human embryo, till the moment it shows signs of the functioning brain, not as a human being, a person, but a thing and to regard infants with anencephalia or with Down's syndrome as dead and used them in transplantation.

²⁰ See J. P. Moreland and John Mitchell, *Is the Human Person a Substance or a Property-thing?*, „Ethics and Medicine” 11(3) 1995, p. 50-55; V. Possenti, *La bioetica alla ricerca dei principi: la persona*, „Medicina e Morale” 6(1992), p. 1075-1096; E. Sgreccia, *Manuale di bioetica. Fondamenti ed etica biomedica*, Milano 1994, p. 87ff, 124ff.

²¹ P. Singer, *Practical Ethics*, Cambridge 1979, p. 150f; cf. the critique of: A. Bohdanowicz, *Peter Singer i jego Etyka praktyczna. Szansa czy zagrożenie?* in: *Ad libertatem in veritate*. Ed by P. Moriniec. Opole 1996, pp.357-366.

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When we kill a newborn, he writes, „there is no person whose life is begun. When I think of myself as the person I am now, I realize that I did not come into existence until sometime after my birth. It is beginning of the life of the person (...) that is crucial so far as the right to life is concerned”.²² It is strange that P. Singer attributes to himself the honour of being person. However, he does not explain how he happened not to be person and then become person. One can continue his way of reasoning and say that the one who asserts the exclusion of others from the right to live is not a person because he has no moral sensitivity distinguishing persons as such but rather has characteristics revealed in the world animals.

Similarly, H.T. Engelhardt uses phenomenistic and **functionalistic concept of person** in his ethics. He began his reflection on person with the following statement: „Not all humans are equal. Health care confronts individuals of apparently widely divergent capacities: competent adults, mentally retarded adults, children, infants, and fetuses. These differences are the bases of morally relevant inequalities”.²³

It occurs that instead of opposing this segregation from a moral point of view, he confirms it creating a definition of person on this ground. Narrowing the world of persons only to those whose moral consciousness is functioning at the moment, he becomes entangled in difficulties and cannot answer whether a sleeping person whose consciousness is not functioning, is a person or is not.²⁴

The narrow, phenomenistic, actualistic concept of person **dehumanizes medical ethics**. Those who have been excluded from the world of human persons do not possess moral rights. The inclusion of a newborn, infant or profoundly mentally retarded into the world of

²² H. Kuhse and P. Singer, *Should the Baby Live*, New York 1988, p. 133.

²³ H. Tristram Engelhardt, *The Foundations of Bioethics*, New York, Oxford 1986, p. 104.

²⁴ *Ibid.*, 107. Mary Ann Warren says that in order to be a person one should fulfill one of the five criteria: 1. Consciousness and in particular the ability to feel pain; 2. Reasoning, the developed capacity; 3. self.-motivated activity; 4. The capacity to communicate; 5. The presence of self-concepts. M.A. Warren *On the Moral and Legal Status of Abortion*, in: James A. Sterba, ed. *Morality In Practice*, Hardford, Wadsworth, 144-145. To this list, Joseph Fletcher adds: 1. self-control; 2. a sense of the future and the past; 3. the ability to relate to others; and 4. curiosity. J. Fletcher, *Indicator of Humanhood: A Tentative Profile*, „Hastings Center Report”, vol. 2 (1972).

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persons depends on the whim of others who regard themselves as persons. We have here to do with personism in the same meaning as clasism or nazism, which consider certain human beings inferior to others. H.T. Engelhardt sets a hierarchy of human beings whom the society of persons accepts in a better or worse way. It depends on the whim of mother who can accept or reject a child, **on the whim of a society**. The criterion of such an acceptance or rejection is a peaceful community. The right to life of inferior human beings depends on the fact whether their existence disturbs social peace. If it does, it means that without any moral doubts one can treat them as things whom by definition they are.

Therefore, a patient belonging to a group of persons has the fullness of rights, and the one who belongs to the inferior human beings does not have. In this way medicine may serve the annihilation of sub-people by means of abortion or euthanasia. In doing this medicine contradicts its proper goal. „If doctors do not see human beings as entitled to their respect - writes Luke Gormally - they will fail in the exercise of the most basic virtues which should be exhibited in our dealings with all human beings. Without the dispositions to treat ‘patients as persons’ medicine must fail in the pursuit of its distinctive goals”.²⁵

Personalism demands that bioethics should take into account the integral concept of person. Biomedical sciences, empirical psychology, sociology in their methods may only describe personality and its characteristics and cannot describe person. This requires a philosophical method, one can say an ontological one. Transferring **segregation of people**, on the basis of their biological features, into the field of bioethics is not an ethics but a theory of egoism of a group that has regarded their biological characteristics as giving them the right to **discriminate** those who do not have such properties.

²⁵ L. Gormally, *Goals and Initial Assumptions in Bioethics*, Paper for „The Origins of Bioethics” Congress, p. 6. See. Edmund D., Pellegrino, David C. Thomasma, *For the Patient's Good: The Restoration of Beneficence in Health Care*, New York, Oxford University Press, 1988; Edmund .D Pellegrino, *The Goals and ends of medicine: how are they to be defined?*, w: *The Goals of Medicine: The Forgotten Issue in Health Care Reform*, red. D. Callahan, M. J. Hanson, Washington DC 1999, pp. 55-68

SUMMARY

Taking into account the personalistic view the author criticizes the bioethics of the four principles, which was once put forward by Tom L. Beauchamp and James F. Childress and named as principlism by its opponents. It occurs that one cannot find justification for the above mentioned four basic principles (autonomy, nonmaleficence, beneficence and justice), which would give them moral character and constitute their adequate content. Such a justification – according to the author of the article – can be provided by the following personalistic norm: *persona est affirmanda propter se ipsam*. This norm is basic to these principles, which are subsidiary.

Without referring to the affirmation of dignity of the human person for himself, i.e. without defining that bioethics is concerned about the human person and his real good, the proposed principles cannot be applied since they do not have any content, and no wonder, being in mutual conflict they contradict one another. The roulette in the form of mutually conflicting principles, where one principle eliminates the other, for example beneficence eliminates autonomy, and the other way round, shows that we deal with bioethics of ‘principles without principles’, i.e. without a principle which would give these efforts a moral character and which would allow us to find what is the good in the beneficence.

One cannot avoid the question about the value of human life to which a given personalistic norm refers directly. One cannot avoid referring to philosophical anthropology which defines a concept of person and real, objective good for person. In doing so numerous bioethicists deal for example with the problem of personal status of a human embryo or with problems related to the possibility of interfering and changing the genetic structure of man.

The author opposes the narrow, functionalistic concept of person presented by such bioethicists as H. T. Engelhardt or P. Singer who regard it as a basis of many wrong moral choices in their bioethics.