ABSTRACT. Traditional medical approaches to moral issues found in the clinical setting can, if properly understood, enlighten our philosophical understanding of moral issues. Moral problem-solving, as distinct from ethical and metaethical theorizing, requires that one reckon with practical complexities and uncertainties. In this setting the quality of one's answer depends not so much upon its content as upon the quality of reasoning which supports it. As the discipline which especially focuses upon the attributes of good-quality reasoning, philosophy therefore has much to contribute to the clinical enterprise of moral (and medical) problem-solving.

Key Words: Problem-solving, Practical complexity, Uncertainty, Moral ingenuity, Quality of reasoning, Philosophy.

I. INTRODUCTION

I have been teaching medical philosophy in a clinical setting for about five years, primarily working on hospital rounds with resident physicians specializing in internal medicine or in pediatrics. Five years is hardly what one would call 'vast experience', yet it has at least been long enough to prompt a few reflections. It has been 'hands-on' philosophy, for one engages daily in the effort to render the insights and skills of philosophy practically useful to those who must make sometimes very difficult decisions. There are some who would say that this enterprise is something of a contradiction in terms — that philosophy is inherently too theoretical, too abstract, to be of genuinely practical utility. Others (many of them philosophers) find no contradiction, but rather a kind of servility in the task. Applied philosophy, it is thought, is not really philosophy at all, but simply the rather mundane, common sense business of drawing appropriate inferences from the tenets of one philosophic school or another to the particular situation at hand: e.g., 'now, what would Rawls say about this?'.

If anything has become obvious to me in the past five years, it is that 'applied philosophy' is neither of these. One need neither to resign himself to hopeless abstraction or to tedious inference-drawing. One can be very practical while still fully a philosopher. I will admit that this has come as something of a surprise to me. Although my concept of what philosophy IS (the questions it finds interesting, the methods with which it pursues those questions) has remained quite untouched, my notion of what philosophy DOES (the points at which its questions touch our lives, the ways in which...
its methods can shape our thinking) has changed considerably over the years.

Perhaps the best way to elucidate this is to share some specific views which I have changed. Early in my clinical work I took a particular interest in some common physician responses to ethical issues. I shall focus on seven of them here. Mostly I would find these responses to be philosophically rather vacant, morally useless, and personally annoying. While I still have my quibbles with each, I have found merit in them that initially escaped me, and each has prompted further philosophical reflections which I shall also share.

Collectively these ‘seven sayings’ can teach us some important lessons about the nature of moral problem-solving. Through them we will see in Section II that, unlike ‘pure’ ethical and metaethical theorizing, moral problem-solving requires us to confront not only the moral issues themselves, but also their untidy interactions with factual uncertainties, political and legal complexities, and practical obstacles.

And yet — and here I hope is the striking message of this essay — moral problem-solving, untidy though it be, still requires thoroughly philosophical thinking. The moral credibility of a proposed answer, as we will see in Section III, depends more on the quality of reasoning which supports that answer than on the content of that answer. As the discipline which focuses enormous attention on the attributes of good-quality reasoning, philosophy can therefore offer significant contributions toward the resolution of practical moral problems in the clinical setting.

II. SEVEN SAYINGS

Saying 1: “Oh, that’s easy — just do X”. Particularly in discussions of hypothetical cases, one hears this saying as a physician responds to some terrible moral dilemma with a rather simple, practical answer which at the same time manages to change the case description. To wit, the philosopher: “A patient appears in the emergency room in full cardiopulmonary arrest; he is resuscitated but needs an intensive care bed; the intensive care unit is full, occupied by a mother of four, and alcoholic priest, a scientist, and a convicted rapist; whom should you send out of the unit to meet his doom?” The physician: “Call up a few extra nurses and activate the ‘swing’ bed so that you don’t have to send out anyone prematurely”; or “chances are, one of the patients can be sent to the ‘step-down unit’ without risk — send him”; or “patients with cardiac arrest do not necessarily benefit from intensive care — let’s arrange to monitor him on a regular hospital floor”.