COMMENTS ON A MEDICAL ETHICS FOR THE FUTURE: 
A COMMENTARY ON ANDRE DE VRIES*

De Vries' warning about both the urgency and at the same time, the difficulty of shaping an ethics for the future, is both accurate and timely. Biomedical developments clearly will not allow us to opt out of making ethical decisions. For in effect, not to decide at all, by ignoring the problem, is to implement a particular course of events. However, as de Vries points out, there is no universally accepted definition of ethics, no set of principles algorithmically decidable in particular cases. How then are we to proceed? Such decisions are, as de Vries argues, partly emotional, and are therefore non-mechanistic. But at the same time they must be logical, or at least not unreasonable in our arguments and deliberations. Can we be logical without being purely mechanistic?

An elderly man, dying of chronic obstructive lung disease, is in an intensive care unit. He is unconscious and has left no directions for his care. His wife wants him to be taken off the ventilator. The attending physician has decided that it is too soon to cease aggressive therapy, and that he should be kept on the ventilator. No doubt they both have their reasons. But they conflict. What is the correct ethical decision?

One impressive and rather forbidding fact about the development of ethics is the disagreement and divergencies of principles when one attempts to rule on a particular case. In the hard choices characteristic of biomedical ethics, two or more moral principles characteristically conflict. Which principle has priority often appears to be determined by the religious, professional, or perhaps even political or philosophical presumptions or tenets of a particular individual. It seems that we can look at the pros and cons of a particular case, and, by dialogue and argument, map out justifications for the various conflicting proposals for resolution. But when it comes down to the hard choice of deciding one way or the other, characteristically we are prevented from a definitive resolution by the conflict of principles.

For example, when a Jehovah's Witness parent's refusal of a blood transfusion for his child threatens the child's life, there is the conflict between honoring freedom of religion and protecting a child from life-threatening harm. But in a particular case, it is very difficult to see how one of these principles clearly outweighs the other. Other issues like that of proxy consent also are involved. Do the parents have the right to make this decision for the child? Even if the child agrees not to have the transfusion, can this be regarded as a meaningful exercise of autonomy? Does the state have a right to decide to treat, on the basis of its interest in the well-being of this child? Certainly one can find out what
the general principles are, but how to prioritize them to definitively resolve the problem? We appear to have no method.

One’s observation is that in actual fact such decisions are ultimately arrived at by a kind of open-ended dialogue among the concerned participants. While principles will certainly play a role in a superior dialogue, they are seldom decisive in directing a particular outcome.

De Vries subscribes to the ethical principle of negotiating between individuals on the basis of responsibility, truthfulness and respect for opinions. As I see it, this principle is the correct approach for ethical reasoning about a particular biomedical-ethical problem or decision. In any pluralistic society, or in a pluralistic world, one cannot dogmatically adhere to religious or moral imperatives that others may not agree with, or may prioritize differently. However, the reaction to this pluralism should not be a moral relativism—‘whatever feels good is the right decision’. Relativism need not even bother to isolate ethical principles, let alone engage in meaningful dialogue on how to apply them. On the other hand, taking the hard stance of dogmatic authoritarianism—‘My principles are the right ones’—is not a reasonable or practical solution either. Rather, the reflective and honest person must attempt to sincerely negotiate a solution based on truthful and clear-minded dialogue. True, this process is very hard for stubborn or angry people to engage in; but the fact is that it is successfully accomplished in hospital wards every day all over the world. Of course it often fails too, but that doesn’t mean it can’t be done.

The method is as old as Socrates. You have a group of interested people willing to engage in a sincere attempt at dialogue with each other. Often the dialogue falters, sometimes it is very difficult to go on, and the participants are sometimes very uncomfortable with, not to say unwilling to accept, arguments urged on them by the others. But in the end, if the dialogue is a good one, the participants will at least better understand why their opponents take the views they persist in.

As a Canadian who lives in a highly pluralistic society composed of people of different ethnic and religious backgrounds, I may be even more constantly aware of pluralistic ethical dialogues than some who live in a more monolithic culture. Most Canadians were immigrants not too long ago. By necessity, Canadians have made something of a virtue out of diplomatic tact and negotiation with more powerful other countries. Our bilingual and multi-cultural society makes life for us, as an individual, a constant negotiation and interaction with others who may not cleave so closely to the particular principles we place a high priority on.

But no democratic country can tolerate the enforcement of one philosophical or religious viewpoint upon citizens who might wish to direct their personal affairs by individual philosophical principles. And even internal, national or