

Medical Science, Social Welfare, and Individual Lives: Integrating Competing Claims

1. There are different kinds of value—aesthetic value, moral value, epistemic value, etc—and we can call that “value pluralism.” There are also multiple sources of moral value. If there are multiple sources or grounds of moral value that is **moral pluralism**.

If someone defends the view that there is only one source or ground of moral value, that person is defending **moral monism**. J.S. Mill’s utilitarian moral theory is an example of moral monism. I suggest reasons for thinking that moral pluralism is true, and this is because such things as wellbeing, justice, autonomy, rights—perhaps other things, as well—are sources of moral value. They cannot all be assimilated to one fundamental value.

2. In addition to the multiple moral values there are different **contexts** of value—the individual, the community, all of humanity, inter-generational considerations, the distinctive claim on us of the present, obligations rooted in past actions, etc.

3. One consequence of that is that there is no ‘master’ principle or criterion of right action that applies in all cases. In addition, there is an ineliminable role for judgment. We cannot just ‘mechanically’ derive moral requirements from a fundamental principle. We need to be responsive to the various value-considerations in a situation and we need to make an integrative judgment concerning those considerations.

4. Often, that means that we have to make a **determination** of what is—for example—required by courage, by honesty, by compassion, by generosity, by *whatever* the relevant values are, taking all of them into account. As noted above, in many cases the agent needs to arrive at a specific determination of what to do rather than derive a requirement from a principle. The context of healthcare is especially apt for illustrating this because multiple values (and multiple contexts of value) are almost always involved.

5. The fact that much of ethics cannot be codified does not mean that moral judgments are subjective or that they cannot be supported by reasons. In fact, it makes *the giving of reasons* even more important. The grounds for a sound moral judgment can be articulated, and that might involve a number of important moral rules or generalizations but in a many cases the judgment still is not derivable from one or another principle.

6. Also, how should the science of medicine be pursued and what should be its priorities? If a nation has a nationalized healthcare system it still needs to address the question of what are the research priorities, how should severity of a disease or condition be weighed in contrast to the numbers of people possibly affected by it? How

should we balance the search for large-scale, long-term progress (say, in genetic engineering) against addressing current health issues? How should the support for research be weighed as a social priority in relation to other social aims?

7. How should public policy decisions concerning medicine, medical research, and health care be made? Should these emerge from the processes of political bargaining that shape many other aspects of public policy? How should matters of public health (diet, nutrition, exercise, hygiene, and so forth) be weighed against individual liberty and people having more rather than less freedom in deciding how to lead their lives? (There are also relevant issues of occupational safety and health-risks, environmental policy, and other matters bearing on the public policy aspects of healthcare.)